

Understanding and Responding to Unsafe Behavior in Autistic Youth

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“What can I do? My client hits himself and me; he pushed over the table, he screamed and yelled and scratched my hands, he pushed me away and screamed ‘no!’ and I just don’t know how to work on goals when these things are happening?”

Music therapists have a responsibility to ensure therapy is safe for the client, which requires therapists to cultivate a deeper understanding of unsafe behaviors and the various ways in which to respond, according to an individual client’s needs and the specific circumstances of the moment. When a client is hurting themselves or others, damaging property, or otherwise engaging in unsafe behavior, it can be difficult to know what exactly the right response is.

There is not One Right Answer.

No single method, technique, or approach will work for every person in every situation. What works for Jessica on Monday might not work for Jessica on Tuesday, and what works for Benjamin might never, ever work for Michael.

Cultivate the Therapeutic Relationship

Therapy must be based on compassion and respect for the client. Take the time to develop a strong relationship with your client. Be a stable adult presence in their lives. Be consistent and predictable, be caring, and be authentic – even disabled children can tell when you are faking it. As time passes, you might need to pull your focus back from mastering goals and return it to the relationship. As Fritz Perls (founder of Gestalt therapy) and Irvin Yalom (godfather of group therapy) say, it’s the relationship that heals. This statement is no less true when providing music therapy to autistic youth.

Be mindful of your own stress response.

In moments of stress and conflict, it is normal and natural to have a physiological response to unsafe behaviors. Personally, I often begin sweating, my temperature can change, and my heart might race. It is very important to recognize these responses, refrain from judging yourself for a natural stress response, and ensure you respond to your client rather than your own escalated physiological state.

Staying calm is always your first responsibility. Even if you feel internal chaos, it is important to manage your facial expression and body language to stay calm and neutral. Becoming visibly upset and flustered risks escalating the situation, inappropriately centering your own emotional needs, and/or impacting the client's sense of self. Be intentional about your use of voice (volume, tone, inflection, rate of speed): often, less is more.

Examine Your Biases

Unsafe behaviors are often described as “challenging behavior,” especially by those rooted in Applied Behavior Analysis (ABA). Before labeling a client's actions as “challenging,” therapists should ask themselves: challenging for who?

There are many examples of “challenging behavior” that mostly challenge therapists, rather than the autistic youth. If a child says no to turning off their favorite cartoons, is this behavior challenging to the child, or the therapist? Honest appraisals reveal that it is the therapist who is being frustrated or challenged by the behavior, not the child. If a child bangs their head against a hard surface, who is truly experiencing the most adversity in that moment? No matter how difficult this may be to witness, the client is the one truly experiencing the most challenge in that moment.

By examining our own biases as therapists, we can determine which behaviors we label as challenging because of our own feelings of inadequacy, insecurity, confusion, or frustration, and which behaviors we label as challenging because the client experiences those moments as challenging. Being mindful and honest with ourselves about the feelings that arise in therapy can help a therapist prioritize which behaviors require a more decisive response.

Some therapists may need to explore these feelings further through discussions with supportive team members, supervision, personal therapy, and/or reflective activities such as journaling.

Rule out primary needs

Abraham Maslow points out that primary needs – such as the need for air, water, food, and sleep – form the foundation for other categories of need. In the same vein, music therapists must first consider whether fundamental biological needs are unmet. Is your client thirsty, hungry, exhausted, or sick?

A music therapist is not qualified to rule out medical causes; however, the therapist's observations may provide important information that helps medical professionals determine whether your client is sick. If you suspect a client is sick, injured, thirsty, hungry, exhausted, or experiencing another basic primary need, it is vital that the therapist communicate this information to the relevant parties.

Rather than telling a child their need for food or water can only be met after they adequately perform some task or another, keep the child's water bottle within reach. If snack time falls during the session, instead of prolonging it until “after music,” bring the snack along. After all, enjoying good music, good food, and good company together is a normal and appropriate pleasure for human beings.

Autistic children are often expected to “work for” a single m&m candy, or half of a gummy bear, or a sip of juice. Consider how you would feel if your friend offered to share their candy but gave you a single m&m. How would you feel if your boss announced they brought cookies for everyone in the department, but instead of being invited to eat the cookie during the lunch meeting, your boss broke the cookie up into 12 pieces, and you received one small piece for every 30 minutes you met standards? Would you be frustrated, or insulted? Is this a natural way to interact with another person? If you would find this arrangement distasteful for yourself, then find a way to provide your autistic clients with candy, chips, or other treats in a way that is more natural to how human beings share and enjoy food with one another.

When clients are hungry, and you feed them one salty Goldfish cracker at a time, then make them wait till after the session to drink, you may inadvertently be working against your client and their legitimate biological needs.

Consider the Role of Trauma

PTSD and trauma reactions are not confined to typically developing children, and some research suggests that PTSD may be more common in autistics than allistics (non-autistics), particularly in autistic youth exposed to applied behavior analysis (ABA). A complete overview of the intersection of autism and trauma is beyond the scope of this toolkit, and music therapists are urged to pursue additional education and training in this area.

Read more:

Kupferstein, H. (2018). Evidence of increased PTSD symptoms in autistics exposed to applied behavior analysis. *Advances in Autism*, 4(1), 19-29.

<https://www.emerald.com/insight/content/doi/10.1108/AIA-08-2017-0016/full/html>

Consider the Sensory Environment

All music therapists know to consider the therapeutic space and adjust the environment to set the client up for a successful session. When providing services for autistic students, these considerations may require extra attention.

Autistic people process sensory information in a variety of ways that differ from neurotypical sensory experiences, and this can have a significant impact on a client’s ability to safely participate in therapy. Sensory stimuli may come in “too big” or “too small,” and they may be processed at different rates. While you may prefer a brightly lit room, feeling this helps you see, an autistic person might feel like they are drowning in the brightest floodlights. While you may feel that a light touch on your shoulder is reassuring, an autistic person might experience light touch as a painful burning – or the sensation may barely register at all. To complicate matters, the way sensory information is processed can change throughout the day and across the lifespan.

Sensory processing can be influenced by other factors, such as the amount and quality of sleep.

Autistic people often expend a lot of energy to cope with the hostile sensory environment, and this can have a cumulative effect. Keep filling that glass up with water, and sooner or later it will overflow and splash across the room.

When considering the sensory environment, evaluate the space through each sense. Consider the lights, colors and contrast, visual textures, and patterns. Be sensitive to common visual elements that trigger migraines and seizures, which can be common comorbid conditions for many autists. Remember that your autistic client may detect the flicker of fluorescent lights that you cannot see. They may hear the cacophony of electricity buzzing through appliances. Other small and subtle sounds that are imperceptible to you, or easy to filter out, may crash into their brain as loud as a rock concert, and sounds that are loud to you might be agonizing and excruciatingly painful.

When evaluating the sensory environment or assessing your client's current state of sensory regulation, remember to go deeper than the five senses taught in grade school (sight, hearing, taste, smell, touch) and include the vestibular, proprioceptive, and interoceptive senses.

Read more:

Practical Solutions for Stabilizing Students with Classic Autism to be Ready to Learn: Getting to Go!
by Judy Endow

Encourage Safe Stimming

Stimming serves many purposes for autistic people, from emotional expression to nervous system regulation. Flapping hands, jumping up and down, shaking a leg, staring at objects, eating foods with strong flavors or distinct textures, and myriad other forms of stimming can help regulate the nervous system, which is fundamental to maintaining emotional regulation. Refrain from stopping a client from stimming when these stims are safe – jumping up and down may be the one thing preventing a meltdown due to sensory processing differences.

Read more:

What is stimming? <http://www.what-is-stimming.org>

Come Prepared to Address a Variety of Goals/Objectives

When unsafe behavior interferes with your ability to address goals and objectives, it is a sign that you need to adjust and expand your focus. Come to sessions prepared with datasheets and materials that allow you to focus on many areas. If you have eight objectives instead of three, you give yourself more flexibility to respond to day-to-day, moment-to-moment client needs while still leaving each session knowing you have data addressing your treatment plan, even if you cannot work on every goal every day.

Respect Autistic Culture: Don't Coerce Eye Contact

Autistic people are individuals and, as such, have a range of experiences with making eye contact. Some people might find it devastatingly painful, while others may find it confusing and uncomfortable. Some people may not be able to process complex stimuli like spoken language while making eye contact. If you insist that a client make eye contact with you while verbally greeting you, you may be “overfilling their cup” and pushing them into meltdown or shutdown – and for what? So that you can have the satisfaction of forcing your own neurotypical cultural norms onto a person with different cultural expectations for eye contact?

Some music therapists may be surprised to see autism as possessing its own culture, with its own cultural norms. The truth is that norms surrounding interactions such as making eye contact are cultural norms, and just as Deaf culture exists, Autistic culture also exists. Eye contact is only the beginning: therapists who work with autistic clients are urged to pursue knowledge of autistic culture – not with the expectation of becoming “culturally competent” but rather with the goal of expressing cultural humility.

Read more:

Waters, A., & Asbill, L. (2013). Reflections on cultural humility: Given the complexity of multiculturalism, it is beneficial to understand cultural competency as a process rather than an end product. *American Psychological Association Public Interest Directorate*.
<https://www.apa.org/pi/families/resources/newsletter/2013/08/cultural-humility>