# Supporting someone in autistic meltdown

**What is a meltdown?**

A ‘meltdown’ is a word used in the autistic community to describe a period of acute stress, anxiety or overload during which time the person experiencing a meltdown will temporarily lose behavioural and emotional control.

In autistic children, a meltdown can sometimes be mistaken wrongly for a ‘temper tantrum’ or similar. In adults it may look like an anxiety or panic attack, or someone may become entirely unresponsive (shutdown). It is important to remember that the person having a meltdown has no control over it, and the triggers and consequences of a meltdown are different to those of a tantrum. It is important to use the word meltdown rather than tantrum or any other description.

**How can I tell if this is a meltdown?**

Every person’s experience of a meltdown is different, and each meltdown can be different to each individual, depending on the circumstances. A meltdown can manifest in several ways, of which the following are just a few examples:

* Evidence of tension in the body such as raised shoulders or hugging oneself
* Clenching fists, hand-flapping or hand-twirling
* Physical ‘tics’, such as coughing, clicking fingers (these may be ‘stims’ – see below)
* Covering face, eyes or ears
* Banging or hitting the head
* Repeating phrases, almost like a chant
* Excessive crying, shouting or moaning
* Rocking, pacing, becoming very restless or trying to get away
* Adopting a foetal position, perhaps on the floor or curling into a chair
* Being unable to communicate
* Being totally unresponsive

Most meltdowns last only a short period of time, and they tend to have a definite end.

**Anticipating a meltdown**

If the behaviour of the person you are with begins to alter, or if they begin to exhibit some of the following, it may be a sign that they are heading towards a meltdown:

* An increase in ‘stimming’: stimming refers to self-stimulatory behaviour, usually repetitive physical movements, sounds or movement of objects (fiddling/fidgeting). This might include rocking, pacing, feeling textures, fiddling with items, clearing the throat, nail-biting, tapping a foot etc. Stimming is a calming activity which feels good to an autistic person, and which can alleviate an overwhelming sensory environment. Stimming often escalates prior to a meltdown.
* Signs of anxiety: sighing, tension in the body, shifting in a seat, wanting to change the subject, looking distracted.
* Disengaging from discussion, appearing to glaze over, or shut down.
* Someone saying they feel uncomfortable or overwhelmed – many autistic people can identify when they are heading towards meltdown.

**Avoiding a meltdown**

You may be able to help the person avoid a meltdown by doing the following:

* Calming the sensory environment as much as possible: turn off lights, close blinds, switch off electrical equipment, close doors. Aim to make the space as quiet and low sensory as possible.
* Suggesting the person has a break or leaves the room and goes to a ‘safe’ place for a short while. Alternatively you may leave the room if they are comfortable staying there on their own, and it is safe for them to do so.
* Allowing stimming – this should never be stopped.
* If you know the person uses headphones, suggest they use these.
* Changing the subject or inviting them to talk about a subject that is ‘safe’ to them.
* Ensuring that your body language and tone is calm and neutral. Sit still, talk softly, if at all.
* Not asking questions as this may lead to overload – this includes questions such as ‘are you ok?’ and ‘can I get you anything?’

Often the triggers that cause meltdown can be avoided in the first place, such as making sure that any changes to routine are clearly explained in advance, checking the sensory environment, ensuring that the person always has a safe place to retreat to, and the knowledge that they can go without any questions being asked.

**How to support someone in meltdown**

If the person you are with does go into meltdown the following steps should help you to support them appropriately:

**Prioritise safety**

* Ensure you and the person having the meltdown are safe and they cannot harm themselves or others.
* Be aware that someone having a meltdown may display self-injurious behaviour (such as hitting themselves or objects). Stopping this behaviour is likely to escalate the meltdown, so you may have to stay present and do all you can to reduce the sensory environment. Serious self-injurious behaviour may need intervention, but only as a last resort.
* Do not restrain or touch the person; ensure they are able to leave the room.
* If the person leaves the room, do not chase after them, but follow at a short distance to ensure they are safe.

**Calm down**

* Being present when someone is having a meltdown can be distressing and stressful. However, you need to remain calm to help them remain calm.
* Take a few deep breaths and remember the meltdown will soon pass.
* Sit still and try to reduce your movements as much as possible.

**Quieten down**

* Your aim is to reduce as much sensory stimulation as possible: do not speak unnecessarily. Less is best.
* However unnatural it feels, do not ask questions or you may add to the overload.
* If you do talk, keep your voice quiet, calm and neutral.
* If you need to, you can make statements such as ‘I can see this is hard for you, take your time, there is no hurry’ or ‘you are safe here’ or ‘I can stay here with you’.

**Slow down**

* Meltdowns often occur at inconvenient times; accept that it will soon be over and give the person plenty of time to recover.
* Try not to ‘clock-watch’. Hurrying them will add to anxiety and prolong the meltdown.
* If the meltdown seems to have ended, ask if they want to carry on with the session but accept that they will probably need a rest.

**Help the person re-establish control**

* Once the meltdown has ended, give the person an opportunity to explain what triggered the meltdown if they want to do so, but don’t force them to talk about it as it may trigger another meltdown.
* Provide reassurance that it has ended now, and that there is no judgement about having a meltdown.
* The person is likely to be exhausted and may need a break, or to end the session.
* Don’t expect them to make any decisions, such as rearranging the session.
* Check they have somewhere safe to go to and let them leave.