

The Incredible 5-Point Scale

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Patricia Howlin, a researcher from the UK, once said that having autism must be like falling through Alice's looking glass (from *Alice in Wonderland*), everything is chaotic and confusing. Nothing seems to make sense, not even our natural social order. A child on the autism spectrum may not understand that the teacher is the boss and he is not, and so be terribly frustrated that he does not get to make up any of the school rules. Such social confusion can easily lead to social stress, anxiety, and even aggressive behavior.

We have learned that individuals with autism tend to work best when taught within visual and predictable routines. Simon Baron Cohen (in press) suggests that if individuals with ASD possess good systematizing skills, it may be possible to use those skills to compensate for difficulties in empathizing skills. This would imply that students with ASD may learn best using visual and predictable "systems". Dr. Tony Attwood (2006) says that the more someone with ASD understands his or her emotions, the more able that person is to express them appropriately.

The Incredible 5-point Scale (Buron & Curtis. 2003) introduces the use of a scale to teach social and emotional concepts to individuals who have difficulty learning such concepts, but who have a relative strength in learning systems. An example of learning a concept with a scale can be illustrated by a student who often talks too loud for the situation. Telling that person to "be quiet" or "use an inside voice" hasn't changed the behavior. Using a scale to further break down the expectations might be helpful (figure one). The first step is to decide how you want to break down the concept. In this case, we broke volume down to illustrate silence all the way to screaming. Once you have

created your scale, you can write a story for the student to explain the scale. You can then post the scale near the student's desk or personal space. I recommend you review the schedule often when the student is calm and ready to learn. Do not wait until the person is upset or in the midst of screaming to teach.

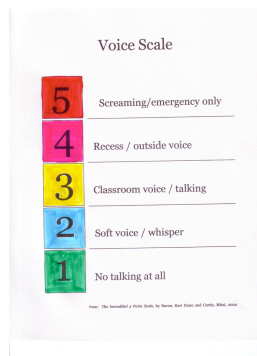


Figure one

Once the student learns about the volume scale and has studied it repetitively, the parent or teacher can begin practicing its use in different environments. One way to do this is to use a small 5 point scale (some teachers wear these on their ID tags) as a visual prompt. When the student in this case is talking loudly in the library, the teacher can get the student's attention, point to the 4 on the small scale and pull her finger down to a 2. This provides a non-confrontational, systematic and visual way for prompting the student.

Individuals with autism tend to have unusually high levels of stress (Smith Myles, 2002). Children and adolescents with ASD tend to have multiple problems related to stress and anxiety issues. Stress can be caused from such things as social confusion, changes in the schedule or environment, miscommunication, or a sense of loss of control. These problems can include external symptoms such as tantrums, screaming, aggression towards others, self-aggression, destruction of property, or social withdrawal. These behaviors may appear to 'come out of nowhere' to the parent or teacher who is not aware

that the student is under stress. It is important to remember that behavior happens for a reason and that stress and anxiety can play a significant role in triggering unwanted behavior.

If we know that most children with ASD have problems with high levels of stress and anxiety, and if we know that varied forms of stress reduction can release physical tension caused by stress and anxiety thereby increasing physical control, then it seems logical that we should attempt to teach the person with ASD to relax when they encounter frustrating situations. The Groden Center has had success in teaching relaxation routines to children with ASD (Groden, et al. 1994) and such routines have been used as part of a successful behavior management program to reduce aggressive behavior (Gerdtz, J. 2000).

The 5-point scale can be used to help teach the person with ASD to recognize different levels of stress and anxiety. The scale visually breaks down a person's responses to stress by labeling each level with what the behavior looks like, what the level feels like, and what stress reduction exercise or routines can be used to reduce the stress level. The person with ASD and his caregiver can begin to think in terms of 'being at' a level 1, 2, 3, 4, or 5 using the scale as a visual prompt. After much practice and patience, the person can be prompted to bring their stress level down from a 4 to a 2 using the scale as a guide. The 5-point scale is a cognitive behavioral method of teaching that attempts to teach the student how to recognize their own internal emotional states and then to practice successful responses to those emotions. We now have published case studies and objective scientific evidence that CBT does significantly reduce mood disorders in children and adults with Asperger's Syndrome (Attwood. In press).

Consider the case of Johnny, age 10, who has problems with explosive behavior at school. His teacher used the 5-Point scale as a worksheet (figure 2) to help Johnny focus on the different levels of stressful behavior he exhibited during class. The teacher helped Johnny determine how each level of frustration might feel, then what situation might make him feel that way and finally how he typically reacts at that level.

Johnny's Frustration Scale

Rating	How feel?	What?	Reaction
5	devastated horrible!	if someone I know dies if I am in a tornado	I might lose control scream or even hit something
4	Angry! hurt	if I am teased if someone takes my stuff	I might say rude things I could tell the principal
3	Very frustrated	if I get a D instead of an A if I lose a race in gym	I might cry but I hope not I can call my mom
2	frustrated	if they change the lunch menu without telling me	write an official complaint make mad sounds
1	a little bit frustrated	if someone is late when I miss my TV shows	write a note in my journal.

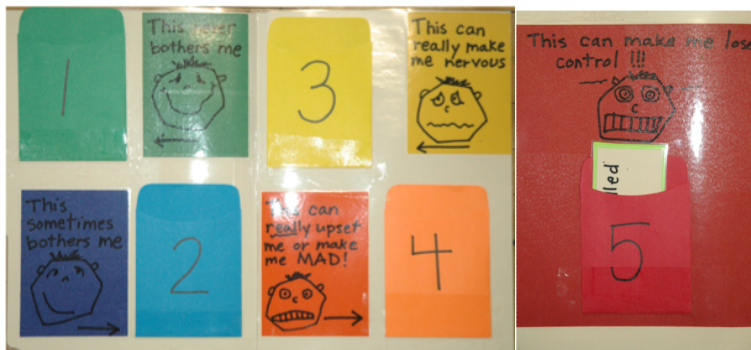
figure 3

(figure 2)

Johnny's teacher had her own small scale that she wore around her neck with her ID tag. When Johnny exhibited level 2 behaviors, she would get his attention and point to the 2 on her scale to prompt him to get out his relaxation photo album. If Johnny exhibited level 4 behaviors, she would point to the 4 on her scale and pull her finger down to a 2, visually illustrating (without words) that she wanted him to pull his level down to a 2.

Another way of using the 5-point scale is to give a student input on her own Functional Behavior Assessment (FBA). Sue had demonstrated several confusing bouts of explosive behavior. Her educational team decided to conduct an FBA. To involve Sue in her own evaluation, I used an activity designed to teach her the use of a 5-point scale while she gave me feedback about her own stressors. The activity was made from a






file folder, marker, index cards and library pockets (Figure 3). There were 5 pockets labeled with: This never bothers me (1), this sometimes bothers me (2), this can make me really nervous (3), this can make me really mad (4) and this can make me lose control! (5). I had about a dozen or so typical school situations written on the index cards and after explaining each pocket, asked her to put each card in the pocket that fit how it made her feel.



(figure 3)

I then transferred Sue's answers to a chart (figure 4) and included it in the FBA report.

Fill in your own Stress Scale

Level	Person, Place or Thing	Makes me feel like this
5		This could make me lose control!!! 
4		This can really upset me. 
3		This can make me feel nervous. 
2		This sometimes bothers me. 
1		This never bothers Me. 

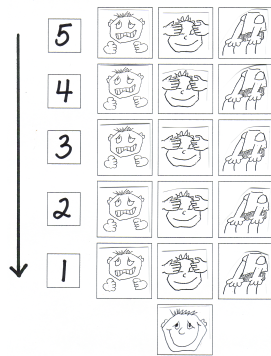
(figure 4)

The 5-Point scale has also been successfully used with nonverbal students with ASD who are not as able to contribute to the formation of a chart. Karen, who is 12 years old, would often scream during group time. Her teacher developed a voice level scale

using pictures to illustrate a closed mouth, a talking mouth with a little talking bubble, a talking mouth with a bigger talking bubble, and large mouth with a talking bubble with big words, and a screaming mouth with an exploded talking bubble. She taught Karen about the scale in a very direct and fun way by pointing to the closed mouth picture, pointing to her own closed mouth and having Karen close her mouth while looking in the mirror. Karen was rewarded with praise for modeling the closed mouth. The teacher taught the talking mouth by using a low hooting sound (which Karen was able to make), pointing to the picture and again encouraging Karen to model the sound in the mirror. The teacher then opened her mouth wide and made a modified screaming sound while pointing to the screaming picture. Karen enjoyed screaming and easily modeled the teacher's scream. During the group, the teacher had the scale ready and prompted a classroom assistant to work with Karen, showing her the scale and pointing to the closed mouth. When Karen would scream, the assistant showed her the scale pointing to the scream and pulling her finger down the scale to the closed mouth. Within days, Karen began to respond to the visual prompt to stop screaming and within a month, Karen sat in group with a prompt card with the number 1 on it as a reminder to remain silent. The teacher used a #2 card to interact with Karen from time to time during the group and allowing her to verbally participate.

It is important to recognize early symptoms of social stress and anxiety, such as repetitive movement, perseverative talking, swearing, oppositional behavior, inattention or escape behavior. Stress reduction strategies can then be introduced on the person's schedule prior to any predictably stressful situation. A helpful strategy for teaching relaxation is the use of a calming sequence. A calming sequence is a short series of

relaxation strategies taught in a visual and repetitive way. I typically use the 5-point scale to illustrate “coming down” from anxious to calm while repeating the calming sequence 5 times (figure 5). A typical calming sequence might involve squeezing hands, rubbing your head, rubbing your legs, slow breathing or stretching your arms. Some students may inject their own flavor into the sequence which is fine, as long as the action is actually relaxing for that person. The actions should also be ones the person can do themselves (now or eventually) so that the sequence does not rely on another person.

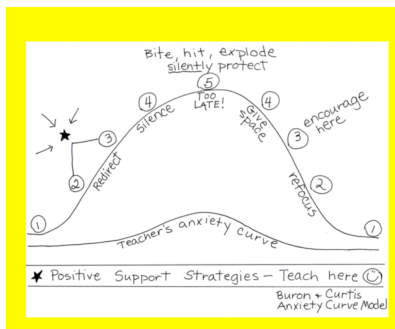


(Buron, Manns, Schultz, and Thomas, figure 5)

The calming sequence should be available visually and should be practiced repetitively several times every day. The more the routine is practiced, the more accessible it should be when high levels of anxiety set in. If your child has a tantrum whenever there is an unexpected TV schedule change, then a calming sequence can be done prior to looking at the TV guide as a way of preparing for the possible change or disappointment. *When My Autism Gets Too Big!* (Buron. 2003) is an example of using a book to help teach a calming sequence to children with ASD. In the book, I included deep breathing, visualization and slow rhythmic breathing as a part of the sequence.

Any successful program includes adequate staff training. One method of teaching the 5-point scale concept as it relates to explosive behavior, is to use the anxiety curve

model (figure 6). This model visually illustrates the escalation of anxiety, point of explosion and the de-escalation phase.



(figure 6)

I explain to parents and educators that teaching takes place when everybody is calm (at a 1). Levels 2 and 3 indicate heightened anxiety and it is here that redirection or refocusing needs to take place. I often hear that the explosion came out of nowhere, however, when such a situation is examined carefully we can usually begin to identify subtle symptoms of anxiety that later can lead to less tolerance, greater frustration and possibly explosion. For example, Eric is a 5th grader who has been known to explode, seemingly out of nowhere. Eric's educational team began to look closer and noticed that tantrums happened more often when Eric arrived at school with a grumpy face. His teacher began to ease up on her demands when Eric's face looked this way, assuming he might have less tolerance for demands on his "grumpy days". The team also realized that if they talked to Eric when he was at a 4 (typically characterized by swearing or yelling at others), it increased the chances he would escalate to a 5 (aggressive and destructive behavior).

After an explosive event, Eric needed about 10-15 minutes of silence before he had regained enough emotional control to handle verbal input from his teacher or parent.

Using the anxiety curve model helped Eric's team to visualize the symptoms of his stress as well as become very planful about their own responses.

It is the recommendation of this author that all children who engage in destructive, aggressive or explosive behavior have goals and objectives on their educational plans that address relaxation. Such goals and objectives can be addressed in a variety of ways, one of which is with an incredible 5-point scale.

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