**Clinical Child Psychology and Psychiatry**

# "It feels like something difficult is coming back to haunt me": An exploration of 'meltdowns' associated with Autistic Spectrum Disorder from a parental perspective.

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**"It feels like something difficult is coming back to haunt me": An exploration of 'meltdowns' associated with Autistic Spectrum Disorder from a parental perspective.**

*For submission to Clinical Child Psychology and Psychiatry*

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Abstract

The research explored the experience and understandings expressed by parents of children with autism concerning 'meltdowns', which are commonly described as distressing, escalating episodes of conflicts.  Semi-structured interviews were conducted with six parents of children with a diagnosis of autism regarding their experience of 'meltdowns'. Parents were asked to track the process of the meltdowns as well as to describe their experiences. Three over-arching themes emerged which encapsulated their experience: Circularity of Meltdowns, Parents' Adverse Childhood Experiences with Corrective Scripts, and Condemnation. The findings suggested that the meltdowns were perceived as having an escalating and predictable process, that parents anticipated meltdowns with anxiety, experienced feeling of helplessness and felt condemned by others. Importantly, it also appeared that parents' responses were influenced by their own childhood experiences of parenting and that they attempted to 'correct' these to be better parents. A model of the metdowns is suggested along with a discussion of clinical implications for early intervention with families.

Autism Spectrum Disorder (ASD) refers to a neurodevelopmental disorder (DSM (5), APA 2013,) involving two main impairments: difficulties in socio-communicative interactions and restricted and repetitive patterns of behaviours. It is regarded as a spectrum condition with wide ranging individual presentations. However, homogeneous traits and patterns are apparent in individuals at the upper end of the spectrum (Kamp-Becker et al., 2010). In this research, the focus will be on parents of children with 'High Functioning Autism'.

**Parental Stress and 'Meltdowns'**

Parenting stress is consistently reported as being higher in families of a child with ASD, than families of children with other conditions (Mugno, Ruta, D'Arrigo, & Mazzone, 2007). Elevated levels of stress in these families may be a consequence of the difficulties in parenting a child with ASD (Estes et al., 2014). There are many detrimental outcomes of parenting stress within this group, ranging from physical burnout (Weiss, 2002) to mental health issues, such as affect or anxiety disorders (Benson & Karlof, 2009).

Behavioural problems associated with ASD are often referred to as 'meltdowns', which are intense explosions of difficult behaviours which resemble 'tantrums' in younger children, but are more intense, protracted and potentially physically and emotionally dangerous to both the child and parents (Mazefsky, 2012). Parents explain these problems in various ways. Some understand them as related to the egocentric nature of ASD traits, explaining that their child's difficult behaviour governs and controls their life choices to meet the child's demands (Myers, Mackintosh, & Goin-Kochel, 2009). Although the meltdowns can be seen to cause stress for the parents, arguably it is a more complex process than simple cause-

effect (Hastings et al., 2005). A transactional process may emerge where parental stress and distress interact with and possibly exacerbate the child's difficult behaviours (Baker et al., 2003). Over time this reciprocal pattern is prone to escalation and leads to characteristic sequences of highly emotional interactions between parents and child (Neece, Green, & Baker, 2012).

Meltdowns share similarities with temper tantrums, but differ with regards to antecedent, function and presentation, as they do not have a set agenda dependent on another individual and can be uncontrollable (Lipsky, 2011). Reports suggest that 94% of individuals with ASD exhibit a minimum of one challenging behaviour (Matson, Wilkins, & Macken, 2008). The typical behaviours, such as kicking, screaming, destruction of property and withdrawing are disruptive and destructive for the individual with ASD and intervening persons, particularly caregivers (Larson, 2006). It has been proposed that meltdown experiences are a circular process, which implies that behaviours of parent and child are perpetuating (Colvin & Sheehan, 2012).

Research from a behavioural perspective suggests that meltdowns can be understood in terms of a sequence of predisposing, precipitating and perpetuating factors (Mazefsky & Handen, 2011). Predisposing factors include an increased sensitivity to sensory stimulation, difficulties in understanding social relationships and anxiety (Lipsky, 2011). Precipitating events can be frustration of needs and criticism from parents (Matson et al 2008), which are perpetuated by anger from the parents due to the behaviours and passivity in intervention (Baker et al., 2003). Parents are required to be mindful of their child's and others' safety due to the display of meltdowns, especially when out in public (Ryan, 2010). However, there is relatively

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little qualitative research, which explores the experience of meltdowns from a caregiver's perspective.

Stigma is generally attached to an ASD child's difficult behaviours, particularly in public settings (Gill & Liamputtong, 2011). Parents describe feeling misunderstood by onlookers, who they see as making negative judgements regarding their parenting, which leads to embarrassment, anxiety and a desire to remain secluded (Fleischmann, 2004). Research findings suggest that parents of children with ASD are less likely to attend public events, even compared to parents of children with conduct disorders, who exhibit similar behaviours (Lee, Harrington, Louie, & Newschaffer, 2008). Qualitative accounts from mothers of children with ASD indicate that they feel a persistent, subjective feeling of stigmatisation from other individuals and organisations (Gill & Liamputtong, 2011).

Interestingly, when the influence of behaviour problems on parenting stress is accounted for, the child's developmental delays and other difficulties do not contribute to other additional variance in stress experienced by parents (Baker, Blacher, Crnic, & Edelbrock, 2002). This indicates that the outcome of stress may be the direct result of a parent's experience of the child's problem behaviour. However, similar behavioural difficulties associated with other disorders are not predictive of the same level of stress experienced by ASD parents (Lee et al., 2008). Therefore, perhaps the *parent's* role in the transactional model (Baker et al., 2003) may belie the crucial differentiation that contributes to the pronounced disparity in stress, rather than the child's behaviour itself.

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**The Relationship between Meltdowns and a Parent's Adverse Developmental History**

Parent's intervention in their child's maladaptive behaviour requires a parenting stance, which varies between individuals, depending on parenting style and the child (Osborne, McHugh, Saunders, & Reed, 2008). A number of environmental and biological factors can influence parenting style, and one of the most influential contributors is an individual's past experience of being parented (Lomanowska, Boivin, Hertzman, & Fleming, in press). If mothers report positive experiences of being parented, this predicts later positive traits, such as warmth and stimulating maternal behaviour towards their own child. Conversely, if a mother's early parented experiences comprise adversity; this has been associated with later difficulties parenting in the next generation (Moehler, Biringen, & Poustka, 2007). This intergenerational transmission of parenting style outlines that a negative or positive past will influence present parenting behaviours (Belsky et al., 2005).

The medium for translation of past adversity and inconsistent care experiences to the present may be due to an insecure attachment relationship during childhood (Sitko, Bentall, Shevlin, & Sellwood, 2014). Where parents of children with autism have insecure attachment models, this has been shown to negatively affect their relational skills with respect to their child (Seskin et al., 2010). Roberts, Lyall, Rich-Edwards, Ascherio and Weisskopf (2013) also identified past childhood abuse and adversity in parents raising a child with ASD. The researchers furthered this, by suggesting that there is an intergenerational causal process, which links mother's negative childhood experiences and increased risk for ASD in the next generation.

Overall, it may be inferred that within this parent group, insecure attachment models and experience of trauma is likely to impact on managing and understanding their child's difficult behaviour. A transactional approach may provide a systemic

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explanation for these interacting factors (Baker et al., 2003) within the family unit and

wider social systems (Kinnear et al., 2015). Assessment of the overall psychological

functioning of the family unit raising a child with ASD requires consideration of the

reciprocal nature of these processes (Hastings et al., 2005) and implicates the

influence of societal factors, such as stigmatisation, in the outcome.


**Rationale and Aims of the Present Study**

Meltdowns may be an inevitable accompaniment of an ASD diagnosis (Attwood,

Evans, & Lesko, 2014). Research has investigated the nature of these behaviours

for the individual with ASD (Colvin & Sheehan, 2012), but has neglected how parents

experience meltdowns (Bedrossian, 2015).  Furthermore, based on literature which

reports childhood adversity among these parents (Roberts et al., 2013; Seskin et al.,

2010) this research also aimed to explore the influence of parent's developmental

history on meltdowns and the interventions parent's employ.

The two specific aims of the research were to explore:

a. Parents' accounts of meltdowns and how they try to manage their child's

difficult behaviours.

a) Their understanding of the influence of their own developmental histories on

their parenting strategies


# Method

Semi-structured interviews were carried out with parents. Interpretative

Phenomenological Analysis (IPA) was used to guide the interviews and analysis to

capture the experience of 'meltdowns' of six parents. IPA was chosen to move

beyond participant's descriptions, by actively engaging in interpreting their experiences, including their attempts to make sense of their world.

A semi-structured interview schedule was used to guide the format of the session, comprising three broad areas: Understanding of ASD, Nature of Meltdowns and Developmental History. Questions were formulated based on the aims of the research, facilitated by past evidence in the area. Other queries emerged from the interview, which were unique, based on the participant's responses, and a reflection of their personal lived experience.

**Participants**

Full approval for the study was gained from the relevant University Ethics Committee in line with British Psychological Society research ethics guidelines. The parents engaging in the study were part of a support network for families with a child with autism. A detailed information sheet for the study was produced and parents signed a consent form to participate and to allow their data to be used for publication.

Six participants were recruited as a purposive sample, having a child who had received a diagnosis from a multi-disciplinary team of ASD and who would be considered 'High-Functioning' (See Table 1).

Table1. Participant information (pseudonyms used)

|  | Age | Background | Family composition | Diagnoses |
|---|---|---|---|---|
| **Jenny** | 31 | White British University student | Married, 3 children (8,3 and 1), all live at home | Eldest child (8) ASD diagnosis |
| **Pru** | 47 | White British Tutor | Co-habiting, one child | Child (9) ASD |
| **Florence** | 46 | White British Volunteer ASD | Married, one child | Child (12) ASD |
| **Trish** | 37 | White British | Married, 2 children; 20 (left home) and 18 | Child 18 ASD at home |
| **Peter** | 49 | White British Manager | Married to Trish. As above | As above |
| **Nancy** | 40 | White British | Cohabiting, 2 children (8, 6) | Child (6) on ASD assessment pathway |

**Analysis**

All interviews were transcribed verbatim, in accordance with IPA transcription

template guidelines. Transcripts were first anonymised and then descriptively coded.

Preliminary codes were then re-analysed to cluster them into preliminary themes.

This interpretative analysis was repeated and resulted in the eventual emergence of

subordinate themes. Finally, these were examined across the six transcripts to

develop the superordinate themes. As part of the internal validity enhancement

procedure, an independent analysis of one of the transcripts was carried out by the

investigator (RD), which produced a good agreement and high qualitative inter-rater

agreement in terms of similar themes being derived

# Findings

Three superordinate themes emerged in the analysis; *Living in Dread: Anxiety and
fear of escalating patterns, Parents Attempting to Correct for Negative Childhood
Experiences and Condemnation from the Self and Others*. The quotes offered

represent general themes shared by the participants.

**Living in Dread: Anxiety and fear of escalating patterns**

The meltdowns took many forms, but were commonly experienced as a complex,

recurring process, with many facets and contributions from both the parent and the

child. They were widely experienced as unpredictable in what triggered them and in

how they would progress and possibly escalate out of control. Overall this theme

captures the experience of unpredictability, helplessness, anticipatory high anxiety

and dread of the recurrence of the meltdowns:

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*he has very fixed ideas with what he wants and if something isn't exactly how he*

*wants it he can have huge meltdowns just the slightest thing like the internet going*

*off for a couple of minutes can produce […] huge you know violent outbursts (Pru)*

Parents appeared to have a view of their child as having fixed and rigid

psychological states and hence searched for explanations that were not related to

the child's mental states or possibly relational factors. Instead the focus was on

external factors:

*my parents had come round sort of unexpectedly which was okay but my daughter*

*doesn't really like people turning up unexpectedly […]….. she didn't realise until we*

*got out of the car that we weren't at this place that's five minutes away so then that*

*was another thing cos […] we weren't where she thought she was going […] then*

*she said there were too many people and we were also walking along the river and*

*the river was suddenly too loud (Nancy)*

This suggests that parents are making sense of their child by focusing on general

factors related to an ASD diagnosis rather than specific mental states which could

offer an understanding specific to their child. Viewing their child in such a general

way involved trying to foresee, control or avoid external triggers. Remaining in this

state of constant vigilance was described as exhausting and frustrating.

        The parents' accounts suggested that they frequently felt a need to oversee

all their child's behaviour and activities, which results in constant anxiety and

hypervigilance. These feelings indicate a starting point for the circular nature of a

meltdown situation, rather than the child's display of difficult behaviour, or even the

preceding events:

*Yeah it's huge [the anxiety] it's there all the time you know erm (.) and […] it's very*

*difficult because sometimes you just want to desperately avoid meltdowns but at the*

*same time it isn't always good to do everything to avoid them because […] you'd*

*make the world an artificial place for them where they get everything they want so*

*they don't have a meltdown (Pru)*

A strong thread in this theme was a sense that the parents felt helpless, as they

could not influence their child's emotions and actions. They also described how this

in turn resulted in ineffective intervention, such as attempts to stifle, suppress or

pacify the meltdown:

*when my son would have a meltdown you'd have to get his father stomping around*

*and saying 'I can't cope with this' […] but it just makes it worse (Pru)*

The parents also appeared to consider that their own negative feelings could

become counterproductive to the intervention, resulting in a battle between the

parent and the child:

*if I manage to hold it [frustration] in but I think there have been times when […] I do*

*tend to have to physically manhandle her (Nancy)*

The accounts also indicated that there were significant emotional consequences for

the parents. They described that their child eventually returns to calm, but the

parents are left with negative feelings of being 'emotionally drained':


*[after a meltdown I feel] tired drained frustrated annoyed erm because everything*

*just seems to have just gone back to normal often you know there's no residual*

*(Peter)*


This emotional state for the parents was also seen as necessitating their continued

hyper-vigilance in attempting to anticipate and prevent the possibility of the next

meltdown:


*because he needs constant supervision one of us is always on duty and so we can't*

*just relax (Pru)*


Thus the 'end' of a meltdown was also seen as the possible starting point for

anticipating the next meltdown. Meltdowns were, therefore, experienced as

controlling and pervasive throughout family life:


*we're all trying to work round my daughter all of the time (Nancy)*

*it's not healthy erm for me not healthy for him it's exhausting and it interferes with*

*everything else […] (Florence)*


However, the picture was not all negative and parents also described positive factors

following a meltdown, including empathy from the child or affection seeking

behaviours. Parents describe taking solace in these moments, but not enough to

combat the anxiety in anticipation of further meltdowns. This perpetuating process

contextualises the meltdowns within the family system (Kinnear et al., 2015), and

may indicate the maintenance of the child's behaviours by the parent's emotions.

**Parents Attempting to Correct for Negative Childhood Experiences**

Parents expressed a variety of adverse childhood experiences, with disclosures

including death of a key caregiver, inconsistent care, controlling parented style and

domestic violence. Running through their accounts was also a theme of wanting to

do things better for their children. The negative experiences were described as

frightening and dangerous:

*My father was a very violent man to my mum over a long period (Peter)*

*I was severely emotionally abused as a child […] and I was screamed and screamed*

*at for years on end and thrown out of home at a very young age (Pru)*

Aside from the danger, the parents also described a lack of clarity and structure in

their experience of being parented:

*as children they [parents] didn't really discipline us I don't think (Jenny)*

The parents felt that these experiences had damaging consequences for the

resulting attachment relationship with their child. Though not overtly seen to be

connected to the causes of meltdowns, the parents indicated that these early

experiences left them vulnerable:

*the reason I suffer from stress and anxiety is because my mother was schizophrenic and I was severely emotionally abused (Pru)*

The parents also described that their childhood experiences gave a confusing model of parenting, for example experiencing role reversals and being relied upon for support:

*I was a latch key by the age of nine by the time I was ten I was quite sufficient in self-care cooking cleaning whatever (Trish)*

Participants experienced violent, degrading acts inflicted upon them as children. The majority of preceding events are not recalled in great detail, but feelings associated with this, are held onto throughout adult life. These experiences are reflected on with resentment, bitterness and confusion, especially when messages are conflicting and contradictory:

*I can remember was being shut in the cold cupboard for what felt like a lifetime (Trish)*

The accounts suggested that parents felt that their attachment relationship to their own child was influenced negatively by these experiences and that they transferred aspects of these experiences in seeing their child as persecuting them:

*I was quite resentful for a while toward him (her child) it's like 'why are you doing this' (Florence)*

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*I remember thinking 'ohh just stop […] I'm thinking why don't you (her child) just not*

*do it' (Jenny)*

Running through this theme was a thread of the parents wanting to do things better

with their own children. Some described wanting to do the opposite of their

experience of being parented:

*Every decision I've made I've always asked myself 'what would my mum do' answer*

*it and then do the opposite that's been my philosophy (Trish)*

*I've always had this in my mind that what my mother did has to stop here it can't*

*continue into the next generation (Florence)*

However, their accounts also indicated attempts to apply positive aspects (replicative

scripts) from their childhoods in relation to their parenting:

*from my childhood I've tried to take the nice stuff and keep that and […] be different*

*where I feel (.) where I can […] I can see that my parents weren't necessarily going*

*about it the right way (Peter)*

To overcome their negative childhood experiences the parents described searching

for ways to gain competence as parents, for example searching for information to

advise parents on management of meltdowns:

*I was desperate not to be like that [own parent] and that I was going to be a fantastic*

*parent and I got all these parenting books ….I was gunna do it right and I was gunna*

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*be a constant predictable parent … and I was really confident that with proper*

*parenting my child would turn out alright and that I could provide what was never*

*provided for me (Pru)*

It appeared that responses to the meltdowns were influenced by attempts at

correcting their script by pursuing knowledge in parenting and ASD. Sometimes

parents described employing passive responses to meltdowns so as not to resemble

their parents and prevent replication of adverse childhood experiences. In these

accounts parents also sometimes indicated a merging of the impact of their own

childhood experiences with what they had been taught to do in, for example,

parenting classes:

*meltdowns (.) are distressing for the child they're exhausting you know he needed*

*reassuring and loving and cuddling and not punishment erm but he also needed to*

*understand the process […] so there was no way I was gunna (.) reinforce that*

*behaviour (Florence)*

This appeared to lead to contradictory feelings for the parents, in that they perceived

that they could not be both an expert in meltdown management as well as being the

loving parent they desired to be. Hence, the mediation of meltdowns became

entangled with a wish to provide love and security. The parents described how,

despite their best efforts, some negative factors that they experienced were

transmitted through the generations:

*it's quite complex [my childhood] and not very nice and actually has <u>absolutely</u> no*

*bearing on what I do with my son well I say that (.) maybe the certain amount of*

*controlling element carries over because I'm trying to control what happens to him*

*but I'm not I'm trying to equip him that's the difference I'm very aware that […] I don't*

*wanna do what she did to me (Florence)*

Florence illustrates the dilemmas here in seeing her parenting as both not related to

her childhood, but acknowledging that at times she replicates aspects of her

experience.

For Pru, her beliefs that her child's meltdowns are a link to her difficult

childhood directly influences how she intervenes. The prompting of negative

memories during meltdowns influences her attempts to suppress and stifle, rather

than actively problem-solve. This is an attempt to repress the memories that

accompany the onset of meltdown behaviours:

*when my son starts screaming it triggers those feelings of stress that I had when my*

*mother used to scream […] and there's behaviours that he does that erm (.) that that*

*kind of bring it all back it sort of like triggering which is why I think that I find it*

*particularly stressful […] there you know there's a link between the past and the*

*present (Pru)*

This association captures the unwanted and terrifying nature of meltdowns in her life,

which brings with it a host of negative issues from the past. The meltdowns may

challenge a parent's own insecure attachment style and pressures to correct their

script. This is summarised again by Pru,

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*it feels like something difficult is coming back to haunt me […] it's not just about the*

*meltdowns it's about a whole load of other things as well that you know tend to get*

*stressed a lot and […] anything to do with er (.) confrontation or criticism or things*

*tends to stress me which […] because of erm issues that I'd had in the past so*

*having a son that's very oppositional and confrontational […] that's quite difficult (Pru)*

Overall, this theme encompassed parents' acknowledgement of association

between meltdowns and their past, and despite the difficulty of executing correction,

they persevere with their active attempt to correct this script, and remain resilient in

their meltdown management approach.

**Condemnation from Self and Others**

The theme of condemnation emerged from parents' experience of judgement from

others and themselves. It featured their feelings of responsibility for the meltdowns

and condemnation and criticism by others. More broadly the parents even

condemned themselves for having passed on 'faulty' genes to their child. Reports of

disapproval and censure from strangers and family members, especially when out in

public were frequent and clearly painful:

*so my daughter went into full meltdown in a shoe shop I was out with my mum and I*

*was like 'we're going home' I got up picked her up lifted her out we went in a taxi and*

*got home and when I went got home my mum went absolutely crazy at me for*

*ruining her shopping trip (Jenny)*

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Sometimes censure from others is silent, but often, strangers vocalise their criticisms, and even take action on the child's meltdowns:

*people don't actually say anything but I get a feeling that people just think that we're hopeless parents (Nancy)*

Participants recall being upset by these events and as a result, their intervention in the meltdown was not reflective and considered, but emotionally driven to prevent the negative consequences anticipated from public meltdowns.

*it does change the way I intervene cos I would just do anything I can to get out of the situation (.) even if it's just taking my daughter away so that nobody else know she's having the meltdown (Nancy)*

These experiences appeared to engender a sense of isolation for the families and a belief that withdrawing was the only solution:

*We can't meet up with other families cos he won't he doesn't get on with the children and (.) erm (.) and most of your friends a lot of them the people that you think are your friends will stop contacting you because they don't want your child being with their child and er (.) so it's socially very isolating (Pru)*

This further reinforced any negative feelings and beliefs associated with blaming the self. These negative judgements appeared to place parents in a dilemma of feeling a need to be seen to be able to control and manage meltdowns, to receive acceptance

from others, but feeling anxious and helpless regarding their ability to do so. In addition, this seems to conflict with their corrective scripts around not wanting to be controlling. However, parents also described some support from others who were educated in ASD:

*meeting other parents in the same boat and stuff is really helping […] and just having things explained a different way you just get more and more detail (Nancy)*

Although positive, these exceptions appeared to fuel a sense of 'us' and 'them', people who understand and those who do not. A second layer of this theme consisted of criticism from the inside, including a sense of failure as parents, but an even deeper sense of responsibility for passing on 'faulty genes':

*I think it [ASD] probably comes from my mother's side (Trish)*
*My family the only member I could possibly put it [ASD] down to would be my brother (Peter)*

Within this frame parents appeared to engage in self-confirming re-appraisal of their family and started to retrospectively reflect on ASD traits within other family members. Pru's self-blame reflects beliefs that she personally has transmitted her child's diagnosis. She saw her mother's schizophrenia and her child's ASD as genetically overlapping.

*there you know there's a link between the past and the present erm but obviously the*

*two conditions are related they're genetically related conditions (.) so sort of that*

*knowledge that I've kind of passed something on is quite difficult (Pru)*

Overall their acceptance of blame appeared to shape their attempts to make sense

of meltdowns, in that they attributed the child's difficult behaviour to their parenting

faults. Their accounts in turn indicated that they were mindful of wanting to provide

better experiences, but felt defeated by the meltdowns:

*back then I kept thinking what if it is cos I'm weak what if it i- what if it is me (Jenny)*

*my role was I had to stand back and watch this happen while the therapist and*

*everybody else dealt with my son and I <u>never</u> felt so inept (Florence)*

Engaging in self-blame for the child's condition and behaviour appeared to engender

a sense of hopelessness. Condemnation from the self and other, acted to perpetuate

the predisposed anxiety from childhood, and contributed to the initial stage of the

circular process of meltdowns. Accepting their biased beliefs of responsibility also

appeared to lead to delays in seeking help, as participants believed meltdowns

reflected poor parenting:

*I just got to the point where I was just like I can't do this but again I don't know why*

*now I d- didn't ask for any extra help I think it's probably because I was erm probably*

*pride really because I worked at the nursery […] (laughs) thinking back on it- and*

*embarrassment as well it's both (Jenny)*

Parents, therefore, indicated that they were often reluctant to seek advice due to pride, their beliefs about autism and dissatisfaction with their own parenting ability.

**Discussion**

The aim of the research was to explore parents' experience of meltdowns and how they regarded their own developmental history as related to their experience of meltdowns.
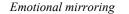
Three super-ordinate themes emerged in parents' accounts of meltdowns: *Living in Dread: Anxiety and fear of escalating patterns, Attempting to Correct for Negative Childhood Experiences and Condemnation from the Self and Others*. Surprisingly most of the parents described extremely negative, even harrowing childhood experiences in their own families. This appeared to fuel a vulnerability and self-doubt about their own parenting. We do not know what proportions of parents of a child with autism have had such severely difficult childhood experiences. However, the literature (Roberts, et al., 2013) and our current work with families suggests that many of these parents do report extremely difficult family experiences and a wish to provide better experiences for their children.

The parents' attempts to 'correct' their own experiences seemed to be challenged by their lack of a positive working model and by a sense of condemnation from self and others. Their accounts indicated that meltdowns are not simply triggered by external, concrete factors, but occur as a circular process shaped by the parents' underlying thoughts, feelings and anxieties. Their reports indicated that these feelings might also maintain the process of meltdowns and their negative consequences. Although a somewhat adaptive response to assist preparation for a

difficult scenario, the anxiety in anticipation of a meltdown appears to be pervasive and dictatorial in parents' lives (Schaaf et al., 2011).

Meltdowns were not seen as isolated events, but as aggravated by issues specific to a parent's adverse childhood and anxiety related to their developmental insecure attachment relationship. This seems to promote and contribute to the experience of hypervigilance in anticipation of the next meltdown, and may provide an explanation for the increased levels of stress within this parent group (Rivard, Terroux, Parent-Boursier, & Mercier, 2014). The significance of the proposed circular model (See Figure 1) is an indication of a process, which does not have an end point, as associated predisposing factors are constantly perpetuated. This process may require therapeutic mediation to break the cycle. These findings develop understanding of the nature of ASD meltdowns from the parent's perspective, as being affected by the negative consequences of the child's behaviour (Silva & Schalock, 2012), but also influencing the child's behaviour (Baker et al., 2003).

*Figure 1: A proposed model of the circular process of meltdowns*



*Emotional mirroring*

Parent's physiological responses to child's emotional state ](mirror neurones)

Implicit memories from childhood: hurt, upset, 'not good enough'

CHILD – angry, 'don't want to do this'

PARENT – asks, insists,…flight, **freeze**

My own parenting experience is not a helpful guide

Experience of condemnation

Professional advice and books are confusing/contradictory (do not reinforce behaviour; show love)

Combined effect of arousal, confusion, and self–doubt

***Feel inadequate, fight-flight triggered, cycle repeats***

The majority of research has focused on the experience of stress involved in raising a child with ASD (Baker et al., 2003; Davis & Carter, 2008), but the findings of this research allude to anxiety and hypervigilance regarding meltdowns and difficult behaviour preceding the onset of stress. The findings also question the cause-effect notion of parental stress as an outcome of the child's meltdowns, emphasising the reciprocal nature of the process. However, this research did not explore mediators of

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the anxiety, such as self-efficacy, or detail the positive factors following a meltdown.

Future research into these factors could be vital in guiding intervention.

The main findings of this research indicate that anxiety experienced by these

parents is influenced by difficult childhood experiences and insecure attachment,

manifesting in anticipation of their child's meltdowns. Most frequently this featured an

attachment orientation involving dismissing feelings and attempting to avoid

emotional conflicts and confrontations. These findings supplement research, which

highlights the negative impact of insecure attachment and consequent internal

working models in relating to a child with ASD (Seskin et al., 2010). The disclosure of

a variety of adverse childhood experiences by all participants is consistent with past

research (Roberts et al., 2013), and may identify this population group as being at

risk of having a child with ASD. Along with Roberts et al. we call for more research in

this area.

In addition, the parents' responses to meltdowns appear to be related to self-

inflicted pressure and desire to correct negative scripts and provide positive,

structured experiences, which they feel they were denied in their own childhood.

Meltdowns challenge the execution of this corrective script and create self-doubt

about parenting competency. Such doubts and reflection on negative memories

make positive responses difficult (May, 2005). Intervention may need to focus on

amending parenting behaviours, where this is not available or is ineffective; over-

correction could result in parents being passive and helpless.

The findings indicate that parents condemn themselves for causing ASD,

which suggests the need for professionals and clinicians to discuss aetiology at the

diagnosis stage, to discourage parents from engaging in self-blame (Harrington,

Patrick, Edwards, & Brand, 2006). The child's difficult behaviour was found to elicit

judgement and condemnation from family members and strangers, adding to parents'

anxiety, (Kinnear et al., 2015) and highlighting the influence of societal judgement on

meltdowns and parents' interventions. This emphasises the difficulties for parents in

maintaining informal support, which often dissolves after a diagnosis (Woodgate,

Ateah, & Secco, 2008) and the lack of therapeutic input despite the potential benefits

for parents (Keen, Couzens, Muspratt, & Rodger, 2010).

In conclusion, our findings suggest that meltdowns are shaped by a complex

interplay of factors. Parents and professionals may find it more tolerable to attribute

young people's behaviour to concrete factors like heat, noise, busyness and pain

rather than thoughts or feelings. The lived experience of these young people can be

very hard to understand and tolerate and our study suggests that parents are very

vulnerable to feeling blamed. This makes it all the harder for them to be able to

reflect on the meltdowns in terms of relational processes. All of the parents in our

study had tried very hard to overcome their own difficult childhood attachment

experiences in their own families. They need their efforts to develop corrective

scripts to be acknowledged to help them to be able to reflect on their role in the

meltdown processes. Our study indicates that the alternative is to risk seeing the

children predominantly through a diagnostic label, rather like robots or just sets of

behaviours and the meaning of their experience is missed. Importantly this can result

in a form of mirroring of the children's preference for concrete, predictable

experiences and avoidance of feeling.

A further eight families seen in a clinical family therapy context provided

corroborating background data in that this interview was employed to explore their

experience of meltdowns. This supported the findings of this study and also

suggested that the format of this interview has useful clinical applications. All of the

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families reported that an exploration of the circular process maintaining meltdowns

was helpful in assisting them to develop alternative  coping strategies.

Word count 6971

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