Understanding and Alleviating Anger Rumination and Perseveration

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Introduction

Anger rumination is a cognitive-emotional process referring to the tendency to dwell on frustrating experiences and recall past anger experiences (Sukhodolsky et al. 2001). Generally speaking, rumination represents a maladaptive form of emotion processing that involves remaining focused on what has stressed or bothered a person by repetitively and passively dwelling upon distress, past mistakes, regrets, and short-comings (Nolen-Hoeksema 1991; Nolen-Hoeksema et al. 2008).

Rumination may inhibit the use of cognitive control strategies such as reappraisal (being able to assess a situation or someone again or in a different way by taking a different perspective) and problem solving, due to the prolongation of emotional distress.

Anger rumination can deplete self-regulatory resources, leading to reduced behavioral inhibition (Kashdan et al., 2009). Social anxiety could also lead to anger rumination, which in turn could lead to hostility or expressions of anger.

Anger rumination is also related to autism symptom severity. It is also associated with poorer functioning, including more depression symptoms and overall emotional and behavioral dysregulation. (Patel et al. 2017). Rumination may also be a factor in other forms of behavior of concern such as disruptive behaviors (irritability, anger and aggression). While memory is often an autistic strength, it can also keep negative thoughts returning time and time again.

Repetitive thoughts and dwelling on negative incidents can make a person become “stuck”. This fixation is called perseveration. Perseverative thinking repeats over and over, without the person consciously deciding to make it happen. Perseverative thoughts can happen because a person may be trying to manage stress, process information, shift attention, can’t stop thinking about certain things, or can’t control behaviors.

Perseveration may look like:

- worrying about something that might happen because it happened in the past
- having difficulty getting past being angry or scared
- continuing to ask the same question long after getting an answer to the question
- going over previous conversations or interactions in the mind (also known as looping thoughts)
- repeating an action over and over again (also known as repetitive or restrictive behaviors)
- repeatedly talking about something that happened a long time ago
- giving the same answer to a different set of questions, even if it makes no sense

Anger rumination may possibly be part of the core ASD symptoms, particularly in regards to repetitive or restrictive behaviors (RRBs). Examples of RRB's would be rigid thinking, insistence on sameness, and perseveration. Because autistic people have trouble stopping perseverative thoughts, this may predispose them to rumination.

Difficulty in stopping perseverative thoughts may predispose autistic children to engage in rumination. Impairments in emotional reactivity and cognitive control in combination with RRB's may impede the use of adaptive emotional regulation strategies such as problem solving. These impairments may predispose autistic children to an increased risk for developing comorbid psychiatric disorders such as depression and anxiety.

This becomes a cycle because deficits in cognitive control and using maladaptive strategies like rumination can prevent a person from using a more effective strategy like problem solving. Engaging in anger rumination or ruminative thoughts in general could be tied into deficits in emotional regulation in ASD. The connection of anger rumination, emotional dysregulation and RRBs could make autistic individuals more susceptible to a risk of disruptive behaviors.

Rumination and Mental Health Issues

Autism spectrum disorders often present with co-occurring conditions, particularly mental health issues. Many mental health conditions can cause rumination, but rumination may also intensify the symptoms of some pre-existing conditions. In an article from *Medical News Today*, these examples of mental health issues and rumination were given.

Depression: A person with depression may ruminate on very negative or self-defeating thoughts. For example, they may obsess over a belief that they are unworthy, not good enough, or doomed to fail.

Anxiety: People with anxiety may ruminate on specific fears, such as the idea that something bad will happen to their family – or they might ruminate more generally, continually scanning their mind for things that might go wrong.

Obsessive-compulsive disorder (OCD): People with OCD may feel overwhelmed by intrusive thoughts about things that could go wrong. To relieve these thoughts, they may engage in rituals, such as checking door locks, cleaning, or counting.

Phobias: People with phobias may ruminate on their fears, especially when they encounter the source of their phobia. For example, a person with a spider phobia may be unable to think about anything but their fear when in the same room as a spider.

Reducing Anger Rumination

Because rumination is tied to perseverative thoughts, we will look at strategies to reduce perseveration and come up with better adaptive and effective ways to cope. These include:

- building interoceptive awareness
- sensory regulation
- anxiety reduction
- low arousal approach practices
- exercise
- strategies for parking perseverative thoughts

By using these tools in the early stages of perseveration, rumination can be reduced and lessen the chance of behaviors of concern occurring.

Building Interoceptive Awareness

The ability to recognize, understand and interpret emotions and feelings comes through the sensory system's eighth sense – interoception. It is the foundation from where all other senses are processed and helps us to regulate the body's needs.

What exactly is interoception? Muscles and joints have receptors that tell you where your body parts are. Interoception works much the same way, but the receptors are in your organs including your skin. These receptors send messages about the body to the brain, helping to regulate vital functions such as hunger, thirst, digestion, or heart rate.

Understanding these bodily feelings can help with interpretation of what's going on inside the body. If your bladder is full, you need to urinate. If your heart is beating fast, you may be anxious and need to take a few deep breathes to slow it down.

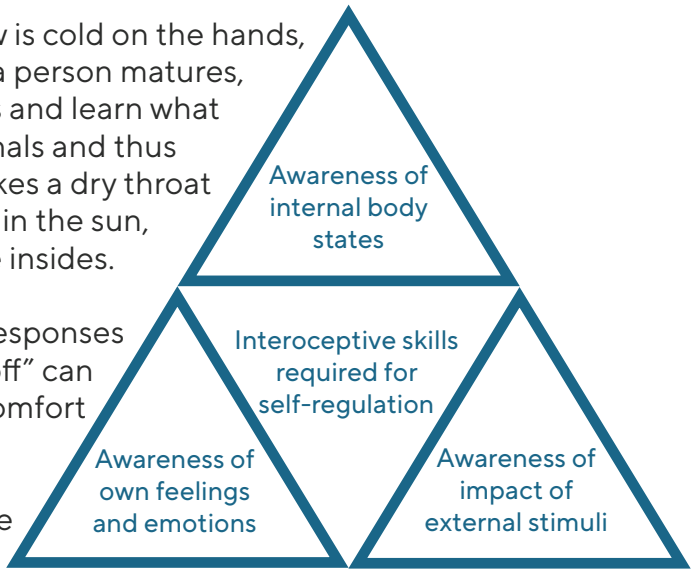
Interoception also affects the interpretation of emotions. Emotions may not be "felt". If you can't tune in to the body cues that help interpret emotion, it is harder to identify the emotion. It's important to understand this aspect, because not feeling emotions affects a person's behavior. For example, a person may not recognize fear because they don't perceive that tense muscles, shallow breathing and a racing heart mean fear.

Autistic people may have difficulty interpreting bodily feelings. They may not be able to tell when they are feeling pain or fatigue. An itch may be felt as pain or pain may feel ticklish. A bladder may have to be so full to the point of discomfort before having the sensation that they need to "go".

Interoceptive challenges also affect the ability to self-regulate. Self-regulation is the ability to manage our emotions.

Children learn through their senses - touching snow is cold on the hands, jumping in mud will make you dirty and wet etc. As a person matures, they may start to look deeper into their body signals and learn what actions help promote comfortable feeling body signals and thus regulate their emotions. Having a glass of water makes a dry throat feel better, sitting in the shade is cooler than sitting in the sun, and a bowl of soup can satisfy hunger and warm the insides.

When the interoceptive sense is impaired, certain responses may not be regulated. Not understanding feeling "off" can lead to a meltdown because the real source of discomfort can't be pinpointed. Stress also affects the ability to understand internal states and make decisions. It is important to be aware of this in order to discover the source of unexplained behavior.



Reference: Interoception Kit SA DoE

The 5 Stages of Interoceptive Awareness

There are 5 stages in developing interoceptive awareness:

1. **Noticing** – The person needs to notice that the sensation is happening. They may not know what it means or what the word is for it, but they have noticed that something has happened; something is different. Ex. sweaty palms, rapid breathing, growly stomach

2. **Naming** – The person learns how to describe what they've noticed. This includes naming the sensation and where it is happening. Ex. "My chest is rising and breathing is becoming harder."

3. **Linking Feelings** – The person attaches a feeling to the interoceptive sensation. Sometimes there may not be a specific feeling. Ex. The rising chest and harder breathing may mean anxiety.

4. **Understanding the Impact** – This will require thinking, planning and reflecting. For example, if a person is tired and they don't go to bed, they may get a headache or get upset more easily.

5. **Managing** – This is about taking action to address the need and understanding what makes the body feel good or comfortable. Ex. The rising chest and difficulty breathing signals anxiety. Engaging in some exercise such a walk or jumping on a mini trampoline may help reduce those feelings.

Interoceptive activities to create awareness focus on creating and noticing a change in some aspect of one's internal self, such as muscular system, breathing, temperature, pulse or touch.

Informal Strategies for Developing Self-Regulation

Occupation therapist Kelly Mahler is doing excellent work in the area of interoception and self-regulation. Here are some of her informal strategies for caregivers and support staff to teach the initial stages of noticing and naming.

1. **Body Talk** - Label the way your body feels during activities. Ex. I am sweating because I am hot after running. My stomach is no longer growling after I ate that sandwich.

2. **Build Body Curiosity** – Teach the person to notice how their body feels during activities. Ex. How does this make your head feel? Your hands? Your legs?

3. **Teach that Body Signals are Clues to Emotions** – Ex. You can't sit still and feel jumpy – you may be worried about something. You have no appetite and your palms are sweaty – you might be anxious.

More Awareness Activities – The Body Check Chart

Make a body check chart by lying down on a long piece of paper and have someone draw the outline of the body. You now have the outline of a person's own body which can be used for interoception activities.

This handout provides guidance on how to create a body check chart.

There are some good body awareness activities that can be used in relation to the body check chart (from He's Extraordinary):

1. Point to different body parts on a child's chart and have them wiggle that body part on their actual body. This shows you that the child understands their chart and how it is connected to their body.

2. Play a game of Simon Says using the chart. Use actions like clench your fists, breath really hard, touch your heart, etc. Ask them to point to the body parts on the chart they used for each action.

3. Turn their chart into a self-portrait, getting them to draw all of their body parts on their chart so it's not just an outline. If they can spell, they may label the parts as well, if not pictures are fine.

4. Point to a body part on their body check chart and ask them how it feels right now. For example, eyes: they could be itchy, sleepy, awake, dry, watery, etc.

These ideas will increase a person's understanding of their body and the signals it sends to them. This is the foundation to being able to interpret those internal signals and then know what to do in order to be more comfortable and content.

The Structure of an Interoception Activity

Whatever interoception activity is chosen, it should:

- focus for at least 30 seconds on a particular part of the body.
- enable a change to occur in one's body state while labeling the movement and part of the body involved Ex. doing leg lifts
- repeat the activity a second time
- encourage the person to identify a change in their body state ex. stretch/relax, contract/release

Research has shown that over time, noticing aspects of one's body:

Within 8-10 weeks:

- Decreases heart rate during the interoception activity
- Decreases externalizing challenging behaviors
- Increases engagement in learning
- Increases prosocial behaviors—kindness, helpfulness, connections to others

Over 16+ weeks:

- Decrease in stress
- Can help manage anxiety
- Promotes caring and empathy

Building interoceptive awareness will support the development of better emotional regulation and coping strategies. A regulated person will be less stressed and anxious and therefore less likely to engage in perseverative thoughts and rumination.

Understanding Sensory Overload and Its Affect

Sensory overload happens when there is more input coming in from the senses than the brain can sort and process. Autistic people tend to be more hypersensitive to sensory input, making sensory overload more likely.

Some signs of sensory overload are:

- Difficulty focusing due to competing sensory input
- Extreme irritability
- Restlessness and discomfort
- Urge to cover ears or shield eyes from sensory input
- feeling overly excited or "wound up"
- Stress, fear, or anxiety about the surroundings
- Rapid breathing
- Self-harming behaviors

Sensory overload will not only affect sensory regulation, but also emotional and cognitive regulation. Emotional regulation lets a person respond to social rules with a range of emotions through initiating, inhibiting, or modulating their behavior in a given situation to ensure social acceptance. Cognitive regulation allows a person to use cognitive (mental) processes necessary for problem solving and related abilities in order to demonstrate attention and persistence to tasks.

Reducing Sensory Overload

A sensory diet, an individualized plan of physical activities and accommodations to help a person meet their sensory needs, is a plan that provides the sensory input needed to stay focused and organized throughout the day. Its main goal is to prevent sensory and emotional overload by meeting the nervous system's sensory needs; however, it can also be used as a recovery technique. Remember - anger rumination reduces the ability to self-regulate.

Understanding a person's sensory profile and the activities which support calmness and regulation can really help when a person feels overwhelmed and out of control. Engaging people in sensory experiences on a regular schedule can support focus, attentiveness, and interaction. Individuals tend to feel less anxious when they feel comfortable and in control. (This circles back to the information on interoceptive awareness.)

An occupational therapist (OT) usually designs a sensory diet. Parents and caregivers can then use the tailored activities at home; teachers/educational assistants can use it at school. The reason it is recommended to consult with an OT who has experience with sensory processing issues is because one the trickiest aspects of sensory difficulty is recognizing when a person is overreactive or underreactive in any given moment, then adjusting sensory input to meet them where they are, and providing the right challenge to help them move forward into a "just right" state of being.

If an OT consultation is not available, don't be afraid to use observational checklists to gather information to create a person's sensory profile. There are numerous sensory checklists available online or in books such as *Answers to Questions Teachers Ask about Sensory Integration or Building Bridges Through Sensory Integration.*

Activities for a Sensory Diet

Once the sensory profile is created after observing and compiling a checklist, certain activities which address specific sensory systems can be chosen based on a person's needs. Here are some examples of activities that can be used as part of a sensory diet:

Proprioception

Proprioceptive input can be achieved through lifting, pushing, and pulling heavy objects. Some ideas are:

- pushing a stroller or cart
- pulling a wagon filled with objects
- carrying a backpack
- playing hopscotch
- push-ups against the wall
- lifting weights
- wearing a weighted vest
- vacuuming
- swimming

Vestibular

Vestibular input (sense of movement) is created by any type of movement such as spinning or swinging. Some ideas are:

- swinging on a swing
- lying in a hammock
- spinning on a Sit n' Spin or disc
- rolling
- jumping jacks
- dancing

Tactile

The tactile sense detects light touch, deep pressure, texture, temperature, vibration, and pain. Some ideas are:

- drawing in sand or salt
- hand massage
- high fives
- play with therapy putty, squeeze balls, a band to pull on
- crocheting, knitting or sewing
- messy play with shaving cream or foamy soap

These are just a few of the optional activities that can be used to create a sensory diet. There are more examples here. Pinterest also has lots of examples of sensory diets and templates. There are also some great printables organized by sensory system and age. Ideas for sensory diet activities to use at home can be found here.

Using Sensory Tools to Support Regulation

The sensory diet uses sensory tools and supports in order to foster regulation. Some examples of these tools are:

1. **Provide quiet spaces when needed** - This can be as simple as a one man tent or creating a tent by draping a sheet over a chair.

2. **Alternative seating** – some children need to move around in order to focus so an exercise ball works for them. A Move N'Sit cushion allows a person to move a little from side to side when seated.

3. **Noise cancelling headphones** – for individuals who need auditory input reduction

4. **Handheld fidgets** – fidget spinners, Tangle Toys, a fidget for your digit.

5. **Chewelry** – for individuals who need oral motor stimulation or for calming through chewing or sucking

6. **Carpet Square or beanbag chair** – defines the seating space or where to sit

7. **Deep pressure activities** – weighted blanket, sitting with a weighted animal on the lap

Use these tools throughout the day to keep a person regulated. Over time, individuals will know what they need and when, and can access the tools that are helpful to them. This is why doing the interoceptive awareness work is so important and an integral part of using a sensory diet.

Reducing Anxiety

Anxiety is a complex subject because there is no one cause for its occurrence. For autistic people, there can be a number of reasons for anxiety such as:

- Difficulty with social situations
- Unpredictability
- Loss or change of routine
- Not being able to identify, understand and manage emotions (refer back to the interoception section)
- Sensory overload/unfriendly sensory environment
- Feeling misunderstood and wanting to fit in by masking or camouflaging autistic traits

When an autistic person feels anxious, perseverative thoughts can start. Those repetitive thoughts and dwelling on negative incidents can make a person become "stuck".

Tips for Managing Anxiety

- **Know the anxiety triggers** – Triggers can be identified through keeping a journal or observational notes.
- **Monitor and manage energy levels** – Develop an awareness of energy levels after events and activities such as school or work. Allow for breaks, periods of rest, and the chance to engage in enjoyable interests that can recharge the batteries.
- **Accommodations in the environment** – Altering the environment can help with sensory overload. Have quiet spaces, soft lighting, wear noise cancelling headphones.
- **Reduce demands** – If a person is struggling, stop talking, allow for personal space, and reduce the demands on that person.
- **Use sensory tools to calm and soothe** – Some of these tools were discussed in the Reducing Sensory Overload section. Examples are fidgets, items that provide deep pressure, stress balls to squeeze etc.
- **Use relaxation and calming activities** – Examples of these could be meditation, yoga, listening to music, and physical activity.
- **Visual schedules and routines** – Visual schedules and routines provide structure and predictability.
- **Consider using an anxiety app** – Molehill Mountain was designed specifically for autistic people. Brain in Hand can also help with anxiety and executive function support.

Using the Low Arousal Approach

The Low Arousal Approach emphasizes a range of behavior management strategies that focus on the reduction of stress, fear and frustration and seeks to prevent aggression and crisis situations. This approach seeks to understand the role of the 'situation' by identifying triggers and using low intensity strategies and solutions to avoid punitive consequences for distressed individuals.

Parents and carers learn to spot the signs of escalating anxiety and stress and defuse and de-escalate before behaviors become problematic. (The previous section discussed anxiety reduction.) Some of the behaviors will include perseveration and anger rumination. It is not about controlling a person or assigning blame, but rather looking at behavior through a different lens.

The Low Arousal Approach teaches us to understand our approach within the context of the psycho-physiological (or arousal level) of the person we are supporting. The approach spells out the differences between and the need for proactive, active and reactive strategies. It teaches us to recognize the difference between a person who is calm, one that is escalating, one that is in crisis, and one that is in post-crisis recovery.

This approach is anchored in relationship building, trust, respect and a philosophy of care. Without these four things, it's hard for a person to feel confident, secure and safe. It's also about understanding autistic neurology which has some unique points that must be taken into account. It is difficult for a person to adapt, to be able to interpret their internal states and feelings, and effectively express wants and needs in every situation. (Again, this circles back to interoception.)

Low Arousal also encourages us to think about a person's happiness and well-being. Are we creating a life that is fulfilling for the autistic person? Are there activities that support their interests and passions? Do they exercise to reduce anxiety? Is the physical and emotional environment conducive to their needs?

A Personalized Environment Rather than Prescribed

A personalized environment means the day moves to the rhythm of the person rather than the other way around. This doesn't mean chaos or anything goes, but it means following patterns of functioning and regulation that work for that person. A personalized environment is easier to achieve at home than it is in a school or community setting, because it can be more difficult to create an individualized day within those settings.

Respecting autistic neurology, the environment should be predictable and structured. This comes from using visual supports and having routines. There should be activities and things that support a person's interests, accessed independently, and choices are respected. It is important to teach flexibility too, as unexpected things happen in life. (See the Resilience Booklet for more information on flexibility.)

Changing Our Responses through Training and Practice

We tend to view behavior through a judgmental lens. We may interpret behavior based on our own experience and knowledge base. Parents have to abandon their assumptions about their child's behavior, such as it is:

- attention seeking
- trying to upset you
- a result of bad manners
- a demonstration that you are a bad parent and not in control
- because the child must learn to behave
- the behaviors must be stopped to protect the child

One of the hardest things for parents to do is change how they interact with their child. They may want to change their approach but fall back into ingrained habits, especially when stressed. Children may also work towards getting a certain reaction which is predictable and comforting. Some families also have conflict around how to handle and react to a child's challenging behavior. Low Arousal stresses the importance of working as a team and having a consistent approach. This involves changing beliefs. Move away from aversive interventions such as scolding, reprimands, or punishment. Parents have to focus on their own responses and behavior and be fluent in a collection of strategies that rapidly reduce aggression. Talking about incidents, also called debriefing, should happen shortly after an incident so that strong emotions are dealt with and not buried as they will eventually surface.

How can we help?

In order to help, we first have to figure out the function of the behavior. Is it:

- communication and interaction?
- sensation – addressing a sensory or emotional need?
- tangible benefit? – The person is trying to get something they want such as food, drink, or time with a favorite thing, for example.
- demand avoidance? – may not understand what the request is, refusal to cooperate
- social avoidance? – Social anxiety and/or avoidance of social situations, which can also be perceived as a threat.

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How do we de-escalate a challenging behavior situation such as perseveration or anger rumination which can lead to a crisis?

When a crisis situation is happening, reduce demands and requests. Appear calm yourself, which is shown through body language. Avoid folding your arms, clenching fists, or grinding teeth. Breathe slowly and regularly. It takes practice to appear calm on the outside when you are scared and stressed on the inside.

Personal Space – Keep a minimum distance of 3 feet. Moving towards the person can be perceived as a threat.

Eye Contact – Sustained eye contact is a universal sign of aggression in the animal world. Avoid staring when a person is aroused, but do try and maintain regular intermittent contact.

Touch – Avoid touching when a person is in a state of arousal. When they are calming down, it may be appropriate to touch them, but be aware that they may not interpret this as you intended it.

Noise Reduction – Get the environment quiet – no TV, radio, music, background talking etc.

Listen to the Person – Sometimes it's something simple that is bothering them. It may not be a big deal to us, but a big deal to the person. Validate what they are saying. Watch your body language and maintain space.

Communication – Speak slowly, softly and use simple sentences. Don't engage in arguing.

Distract – Try changing the subject, talking about something they like.

Remove other people – Remove the other people around the person who is getting upset, not the upset person.

None of these strategies are about giving in or letting a person get their own way. These are strategies that diffuse an escalating situation.

Let's Get Physical – Making Exercise and Movement a Part of the Day

Physical activity should be a part of everyone's day throughout their lifespan. Regular exercise lessens anxiety, improves sleep, increases endurance, builds muscles, develops motor skills and offers opportunities for socializing. Whether being involved in organized sports on a team, solo activities (swimming, archery, martial arts), or just playing outdoors, physical activity offers the chance to grow stronger, expand interests, and adds to the enjoyment of life.

It can be daunting to get a person moving on a regular basis, but with supports and accommodations physical activity can become an enjoyable part of the day.

Little Steps to Get Moving

If a person has not been physically active, enrolling them in a sport or lessons may be too much to start with. Think about doing simple things like:

1. Walking to the corner store to get a few things.
2. Walking the dog.
3. Walking to school or the library.
4. Creating a family routine like shooting some hoops after dinner or walking to a nearby park.
5. Introducing little body breaks throughout the day – 5 minutes on a mini-trampoline in between activities, running on the spot during a TV commercial, set an alarm on a phone to get up and move for a few minutes every hour.

Build the Prerequisite Physical Skills

A person will have more success with physical activity if they have some of the prerequisite skills. Physical literacy can be practiced through a series of simple exercises that only take minutes to do. Some examples of physical literacy skills are:

- balance
- coordination
- tracking a moving object in the air
- catching
- throwing
- striking (hitting an object with a stick, racquet, bat etc.)
- agility (used in sports like soccer, basketball, hockey, volleyball, racquet sports, martial arts, dance)
- jumping
- skipping
- hopping

For guidance and structure, the Active for Life website has a number of activities that target these skills. They are short (5 – 15 minutes) and a list of equipment and instructions are provided.

Try a Variety of Activities

Sample a variety of activities to figure out what a person may enjoy doing. When trying out new physical activities, include one or more from these 3 areas:

Fitness – activities that encourage moderate to vigorous activity that elevate the heart rate such as biking or jogging

Social Interaction – activities that involve one or more people such as tennis, badminton, squash, or catch

Independent Activities – activities that can be done alone such as yoga, Wii Fit, lifting weights

Incorporating Visual Supports for Physical Activity

Using visual supports strengthen memory and learning, particularly for those who are weaker with auditory processing (hearing verbal descriptions and instructions and turning them into actions). Video modelling and feedback can show an athlete what they look like and what needs to change in their movement or how to do something correctly. It can also help them learn a skill or break down the sequence of a skill.

Drawings or pictures support physical instruction. Hand over hand demonstrations can work as well. Physical positioning with guidance from an instructor can help with muscle memory and teach how things feel physically.

You can also use visual supports to show the instruction breakdown of a lesson, show the sequence of a particular skill, procedures (putting on hockey equipment) and assigning time for physical activity in the daily schedule.

How to Stay Motivated with Physical Activity

Offer regular breaks and a quiet space to regroup, especially if a person is feeling overwhelmed and needs time to self-regulate and regain control. Learning something new can feel exhausting and frustrating because of the time and focus it takes to master a skill. Progress can be slow and plateaus sometime feel like they will last forever. Setbacks can happen if an injury occurs or life circumstances become overwhelming.

Motivation through praise and encouragement, no matter how small the progress is, can help a person get past these rough patches. Keeping track of progress in a little book or on a chart can also help a person see that they are improving in small, incremental steps.

Children should engage in 60 – 90 minutes of physical activity a day. Active for Life has an Activities and Log Skills tracking sheet to keep track of exercise. Some kids enjoy lists and charts and find it motivating to keep track of what they are doing. Whenever a child is active, have them record their times in the appropriate row and column on the sheet. At the end of the day and again at the end of the week, add up the totals to see how they are doing. You can set small goals such as increasing the time for an activity or trying a new skill. Sometimes seeing things written down can lessen the anxiety of having to think of something to do or it can inspire a child to add something of their own to the list.

There are lots of ways to get moving and it doesn't have to be expensive or complicated. Visit the Active for Life website for more ideas on how to help a child become active. Working physical activity into the daily routine will benefit a person for their lifetime, particularly with anxiety management, regulation, and stress reduction.

Perseveration and "Parking" Those Thoughts

Perseveration, or getting stuck with certain thoughts, can occur because a person is having difficulty managing stress, processing information, shifting attention, or controlling certain behaviors or thoughts. Perseveration can also be a coping mechanism when feeling overwhelmed, anxious, or not familiar with a situation (hence the need for predictability). It also predisposes a person to rumination.

Getting stuck is often a sign of a sensory overload. Reducing sensory overload through a sensory diet and the use of sensory tools was explored in an earlier section.

It may help to have a plan to get unstuck when repetitive thoughts happen. We've looked at building interoceptive awareness to identify emotions and internal states, anxiety reduction, using low arousal approaches, and physical activity to help reduce perseveration and rumination.

Another option may be "parking" those thoughts. Judy Endow, autistic adult and visual thinker, wrote an excellent blog post on this topic and how she helps her clients park those repetitive thoughts. Judy says, "Sometimes the perseveration is happening because the individual is thinking about something they do not want to forget and haven't yet figured out another way to hold onto their visual thought."

Some of her ideas for parking thoughts are:

1. Create a parking garage or parking lot in your mind. Park the picture of that thought into the garage for access at a later time. To first practice this concept, it may be helpful to draw the garage, build a 3 dimensional structure, or use a box. Draw the visual thought that needs to park and put in the garage. This lets a person know the thought is still there for later retrieval but it doesn't need to be kept by repeating it.

2. Write out the visual thought or draw it so that there is a concrete record of it. Direct instruction and repetitious practice will have to happen before the seemingly simple idea of writing it down becomes a viable everyday strategy.

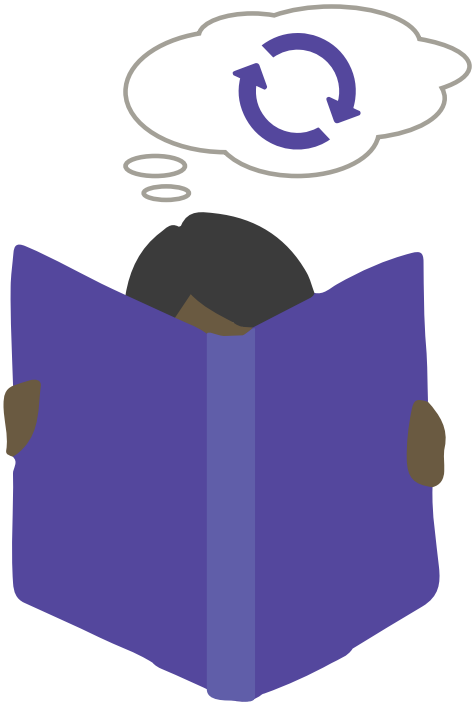
3. Visually pull up a future scene of when you need to remember your current thought. Again, this can be done through drawings or pictures.

Other visual ideas could be using a basket or a bowl to put thoughts into. This can either be done by imagining the thoughts and sweeping them into the basket or bowl or writing them out on paper and physically putting thoughts away into the basket or bowl for the time being.

Distraction can also temporarily stop repeating thoughts. Distraction is like a "pause button". Simple activities can help with perseveration such as doing chores, engaging in a favorite activity like baking or building something, and can provide a break from repetitive thoughts.

When my thoughts keep repeating, I can:

1. Do a body check using my body check chart to understand my feelings.
2. Use my sensory tools that keep me calm.
3. Get up and start moving.
4. Put my thoughts into my parking garage.
5. Draw or write out my thought so it is recorded.
6. Place my thought into a basket or bowl.
7. Hit the pause button on my thought by doing an activity I like.



Danielle Sullivan, an autistic mom, has some tips for reducing cognitive perseveration. These ideas may not work or be suitable for every person, but they are worth trying.

- **Talk about your concerns** – Talk about the issue you perceive, allowing lots of response time for the autistic person. They may feel encouraged to talk more if you start the conversation. Make no judgments – just offer support.

- **Make a plan together to get unstuck** - There are many ideas throughout this booklet on getting unstuck such as creating a sensory diet, a body check chart, using calming strategies, reducing anxiety, physical movement, etc.

- **Put perseveration on the daily schedule** – Only do this if the perseveration is not causing anxiety, stress or anger rumination. If a person needs to be able to talk about something repeatedly, allow them some time in the day to do so.

- **Have a time limit, or use a visual cue to redirect** – This is a similar idea to having this on the visual schedule. There is a set time and length for talking about something, and then the person is redirected.

- **Develop a self-monitoring system** - If the reason perseveration occurs is due to stress or feeling anxious, then improving awareness of these feelings will help with solutions. Creating awareness was discussed at length in the interoception section. There are numerous ideas throughout this booklet to address the reduction of stress and anxiety.

Conclusion

Anger rumination and perseveration are closely linked. It is important to understand that rumination is a maladaptive form of emotion processing that involves remaining focused on what has stressed or bothered a person by repetitively and passively dwelling upon upsets, past mistakes, regrets, and short-comings. The ability to self-regulate is reduced and can result in behavior of concern. The connection of anger rumination, emotional dysregulation and restrictive and repetitive behaviors could make autistic individuals more susceptible to a risk of disruptive behaviors.

There is a lot that can be done to reduce perseveration and rumination such as teaching interoceptive awareness, self-regulation, preventing sensory overload, reducing anxiety and stress by using low arousal approaches, engaging in daily physical activity, and parking perseverative thoughts.

An autistic person will have their own reasons and circumstances as to why they ruminate or have certain repetitive thoughts. Creating an individualized plan that supports positive changes in these areas using various activities can pave the way for happiness, well-being and long term good mental health.

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