# Use of Over Energy Correction (OEC) for Intervention Therapists at a Center-Based Treatment Facility for Autism Spectrum Disorders (ASD)

**By Amanda Freger, MEd**


## Abstract

Caregivers and therapists can often experience high stress levels or burnout when working in intensive environments with children who are diagnosed with Autism Spectrum Disorders (ASDs). It was hypothesized that a single breathing exercise, practiced several times per day over an extended period of time, may assist in decreasing stress levels and burnout and assist in developing resiliency. A breathing exercise designed to integrate left and right hemispheric activity was used. The breathing exercise appeared to be effective with respect to the subjects perceived ratings. Specifically, at work, subjects reported being able to gain a deeper understanding of their mind body awareness to anticipate using self-talk on the job to decrease distractibility and to increase focus. Subjects also reported greater resiliency across settings other than the workplace, decreased stress levels, and increased energy levels


Key words: Autustic Spectrum Disorder, Energy Psychology, caregivers, stress reduction, resiliency

## Introduction

Working with students with autism in a center-based program can be extremely demanding for the practitioner in terms of implementing Applied Behavioral Analysis (ABA) programming in a precise manner. ABA involves implementing a 3-part contingency including an antecedent, behavior, and consequence. An antecedent is what occurs right before the target behavior. It can be verbal, such as a command or request. It can also be physical, such a toy or object, or a light, sound, or something else in the environment. An antecedent may come from the environment, from another person, or be internal (such as a thought or feeling). A resulting behavior: this is the person's response or lack of response to the antecedent. It can be an action, a verbal response, or something else. A consequence is what comes directly after the behavior. It can include positive reinforcement of the desired behavior, or no reaction for incorrect/inappropriate responses. An antecedent, for example, is when a teacher says "It's time to clean up your toys" at the end of the day. The resulting behavior is when the student yells "no!" The resulting consequence could be the teacher removes the toys and says "Okay, toys are all done." A modified behavior that might prove more helpful could be illustrated in the following example: Antecedent: The teacher says "time to clean up" at the end of the day. Behavior: The student is reminded to ask, "Can I have 5 more minutes?" Consequence: The teacher says, "Of course you can have 5 more minutes!"

Skills are individually designed and implemented mostly with reinforcement-based protocols. ABA is considered an evidence-based best practice treatment by the US Surgeon General and by the American Psychological Association (Autism Speaks, Web ref.).

When implementing curriculum and managing behavior simultaneously, attention to task and detail are required. Subtle, often unnoticed demands on the therapist's body can appear when managing behavior includes working with individuals who can be aggressive. The cognitive, psychological, emotional, and physiological demands that can be placed on staff can be overwhelming.

Skilled clinicians who work with persons diagnosed with ASD can perform functional behavioral analyses with a fair degree of success in predicting under which demands and stresses a person might demonstrate aggressive behaviors. However, even with extensive analysis to anticipate and prepare for potential triggerings of aggressive behaviors, a patient's stress response can be activated unexpectedly when he perceives he is under threat. The stress response can trigger adrenaline, which can intensify related bodily functions, including the release of cortisol. Cortisol release maintains blood pressure and blood sugar levels to assist in successfully acting to avoid the perceived threat (American Psychological Association, Web ref).
Intense psychological and physical responses to stress are particularly problematic in people who have ASD. People who have limited effective verbal communication skills may evidence sudden and intense aggression towards themselves and others, property destruction, and may elope.

This study took place at a small center-based, licensed private school in southwestern Pennsylvania, specializing in treating Autism solely with an Applied Behavioral Analysis (ABA) approach. School aged children, 5-21 years old, attended at the year round center daily to learn academic and behavioral skills. The staff are equipped with longstanding, intensive training and supervision protocols to prepare them with the best possible ABA skill set in treating people diagnosed with ASD. Because of the demonstrated clinical effectiveness of precise ABA treatment in teaching curriculum concepts and for implementing behavior management protocols, center-based programs often attract children with ASD and developmental disabilities who are in great need of global treatment. For example, functional life skills are often delayed in these populations, making attendance in traditional schools difficult. Additionally, the profound lack of communicative skills, along with aggressive and/or self-injurious behaviors, can prohibit participations in a traditional school placement.

Persons who may be significantly impaired benefit enormously from a program such as this facility offers. Although many staff who want to work at such a center have had experience with this population, it is not often that they have the resources to place high levels of demands on a student with beneficial outcomes rather than with inducement of stress and worsening of problematic behaviors. This, coupled with the fact that aggressive behaviors tend to be rapidly and frequently triggered in this population, may be stressful to staff who work under these conditions, leading the staff themselves to experience increased adrenaline and cortisol. Over longer periods of time, this can lead staff to feel tiredness, irritability, negative thought looping, decreased job satisfaction, depression, lowered self-esteem. They may often utilize poor coping skills, such as self-medication, and may experience problems in interacting with others in other life domains.

Historically, supervision addressed cognitive and psychological factors – for both patients and staff – enabling staff to continue to work under these challenging conditions. Over time, it appears that staff can become seriously stressed, both cognitively and emotionally, despite their thinking that as they perform better at their job with experience, they will get more

gratification from their job and will be happier. However, from a mind-body approach we often see that prolonged, heightened physiological responses may contribute to some people developing chronic illnesses, even thought they appear on the surface to be happy working in these settings. In addition, behavioral health care workers and educational staff often experience very high rates of burnout under such stresses.

**Research focus**

The purpose of this pilot study was to explore if a single Energy Psychology technique can reduce perceived physical symptoms. During a regular group supervision session, it was revealed by some staff who work directly with the students at this center that on a daily basis, they had enough energy to perform their work duties, but were experiencing much lower levels of performance in other areas of their lives. This prompted exploration of the following intervention.

It was hypothesized that a single, two-minute Energy Psychology technique called an Over Energy Correction (OEC), typically used to correct a lack of proper polarization in the brain, can also help correct a reversed state of energy flow in the body. (Association for Comprehensive Energy Psychology). Benzinger & Sohn (1991) identified the four modes of the cerebral cortex which are the: basal left, basal right, frontal right, and frontal left. The authors discussed that if the front to back axis is imbalanced, the four quadrants of the brain will not be properly polarized, and the energy field will be shifted forward or back. It was stated that it may also see-saw between the two, first shifting forward and giving a racy, hyperactive feeling and then swinging backwards, crashing from over-expenditure of energy. Eengaging in the OEC and while sitting in the interlocked position reconfigures the left to right side energy flow. By inhaling through the nose (positioning the tongue up against the roof of the mouth) and exhaling through the mouth (positioning the tongue flat), the top to bottom energy flow is reconfigured.

It is hypothesized in this study that correcting hemispheric polarity or energy flow by only engaging in an OEC can produce feelings of calmness or feelings of being more alert. Such global reversals will increase staff energy level and positive mood during and after work. Also, it may increase their individual overall energy levels, while lessening the feeling of being drained or burnt out.

**Methods**

Four intervention therapists at the center volunteered for this assignment. Participants were all female, Caucasian, held at least a bachelor's degree and ranged in age from 23-32. There was no specific tangible compensation awarded for participation. Each participant was given a 6-question Likert scale rating assessment specifically for this study that was completed pre and post intervention. Participants were asked to respond to the 6 statements with the following ratings: 1-not at all; 2-somewhat; 3-netural; 4-most likely; 5-definitely.

1. I generally have enough energy to perform my basic job functions.
2. I generally feel positive while doing my job.
3. I generally have enough energy to exert after work.
4. I generally feel more positive after work when doing what I need to do.
5. I would like to have more energy to do the things I need to do.
6. I would rate my overall energy level in daily life as ____, where 1 is no energy and 10 is having the most energy I could possibly have, naturally.

Participants completed this pre-assessment in isolation under observation via cameras. Assessments were numbered by each participant in order to maintain anonymity. Two days after the pre-assessment, the intervention was taught in a group setting. This is the 2-minute OEC breathing exercise. The OEC is used in different ways, depending on the handedness of the participant. A right-dominant participant will cross their left foot over the right foot, and right arm over her left arm, lock the fingers together, and twist the arms up against the chest. A left-dominant participant will cross her right foot over the left, and left arm over her right arm, lock the fingers together, and twist the arms up against the chest. All participants sit in their appropriate positions, while inhaling through the nose and exhaling through the mouth, for 2 minutes. The procedure was demonstrated and participants were directed to perform this three times per day, seven days a week. Participants were permitted to complete at least two of the three daily exercises in the work setting, at the center. They were periodically reminded and checked to verify if they were complying with the instructions. Participants were emphatically instructed they should immediately stop the exercise and notify this researcher at any time if they experienced discomfort. At the conclusion of 8 weeks, the post assessment was completed in isolation under video camera observation .

Approximately one year later, 3 of the 4 participants were available and again volunteered to complete the same study with the above instructions.

**Results**

Items 1 and 2 measure energy levels during the work day. Items 3 and 4 measure energy and positive mood, respectively, after the work day. Item 5 measures desire to have more energy to do things necessary. Item 6 measures overall energy level in daily life. (See Table 1.)

**TABLE 1. Pre and post questionnaire results from 4 participants**

| Participant | A-PRE | A-POST | B-PRE | B-POST | C-PRE | C-POST | D-PRE | D-POST |
|---|---|---|---|---|---|---|---|---|
| Quest 1 | 4 | 4 | 5 | 4 | 4 | 4 | 4 | 4 |
| Quest 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Quest 3 | 4 | 4 | 3 | 4 | 2 | 3 | 2 | 4 |
| Quest 4 | 3 | 4 | 2 | 4 | 3 | 3 | 3 | 4 |
| Quest 5 | 5 | 3 | 5 | 2 | 5 | 4 | 5 | 2 |
| Quest 6 | 5 | 7 | 7 | 8 | 6 | 7 | 6 | 7 |

On the first item, participants A, C and D remained the same before and after treatment. On item two, all participants remained the same before and after treatment. Generally, participants rated their job performance and satisfaction during the work day high before and after the intervention.

On item three, participants B, C, and D increased one point, and on item four participants A, B, and D increased one point. A majority of participants, therefore, rated that their satisfaction after the work day had improved after the intervention.

On item five, all participants indicated that they desired to have more energy to do the things they needed to do at a lesser rating on the post assessment than on the pre-assessment.

On item six, all participants indicated that their overall energy level had increased from their pre-assessment rating when compared with their post assessment rating.

All participants disclosed that they consistently performed the intervention as directed for the duration of the study.

**One-year follow-up**

Participants A, B and D volunteered to participate in the same study with the same pre- and post-assessment after approximately one year. (See Table 2.)

**TABLE 2. Pre- and post-questionnaire results from 3 participants approximately one year later**

| Participant | A-PRE | A-POST | B-PRE | B-POST | D-PRE | D-POST |
|---|---|---|---|---|---|---|
| Quest 1 | 4 | 4 | 4 | 5 | 4 | 5 |
| Quest 2 | 4 | 4 | 4 | 4 | 4 | 4 |
| Quest 3 | 2 | 4 | 2 | 4 | 4 | 4 |
| Quest 4 | 2 | 4 | 2 | 4 | 4 | 5 |
| Quest 5 | 5 | 3 | 5 | 2 | 3 | 2 |
| Quest 6 | 5 | 8 | 7 | 8 | 7 | 8 |

On the first item, participants' B and D scores increased after treatment, and A remained the same. The prior year, B decreased and A and D remained the same after post treatment. On item two, all participants remained the same before and after treatment at a rating of 4. This is highly consistent with their ratings from the prior year. Generally, participants rated their job performance and satisfaction during the work day high before and after the intervention.

On item three, participants A and B increased 2 points each, and D remained the same. However, A and B's pre-ratings were lower than their pre rating the prior year. On item four, participants A and B increased 2 points and D increased one point. A majority of participants, therefore, rated that their satisfaction after the work day had improved after the intervention, which is consistent with the prior year's results.

On item five, all participants indicated that they desired to have more energy to do the things they needed to do at a lesser rating on the post-assessment than on the pre assessment. Each participant's post score was identical to their post score the year prior.

On item six, all participants indicated that their overall energy level had increased from their pre-assessment rating when compared with their post-assessment rating. For participants A and D, the annual post score was higher when compared with the initial study post score.

**Discussion**

There are several limitations to this work. The first and primary is that this researcher

conducted these surveys under a dual relationship as the participants' supervisor, which could have led to biases of performing for their supervisor. Second, and simultaneous with the first limitation, was that staff identity was not concealed and was voluntary. However, while this is not a formal study, in order to minimize this researcher's bias in making assessments, the identities of the participants were concealed from the researcher. Participants numbered their pre and post surveys, with no other identity markers. The assessments were collected by someone other than this researcher each time to protect participant anonymity. Despite the small sample size and the lack of ability to be random, this researcher strongly made clear through disclosure that participation was strictly voluntary and for purposes of this study only, separate from any formal job performance evaluation.
It should be noted that the Likert scale questionnaire utilized was designed by this researcher for the sole purpose of this study, very specifically to address the reported needs of the participants. Therefore, the researcher's primary intention was to assist the participants in achieving a better quality of life. In further research, it would be better to use standardized, validated assessment tools.

An interesting observation that seems consistent with participants' needs, is that they all rated job performance /satisfaction very similarly on the pre and post assessments. Participants expressed wanting to increase their energy level outside of the workplace, which was what this method was designed to increase. The results appear to be relatively successful and useful. Antidotal reports from all participants at the conclusion of the post assessments supported the usefulness of this exercise, and all indicated they were likely to continue to utilize this intervention as needed. Participants indicated they felt relief from over-stress when they engaged in the OEC, and several stated they continued to use the tool during times intheir lives when they were feeling overwhelmed.

As ASD's are becoming more prevalent, the demand for more skilled service persons is necessary. Because this population appears to have challenging energetic boundaries, it is imperative that staff are trained to be mindful of the likelihood of feeling worn down after dealing with these sorts of problems over time, and are given the wellness tools to maintain their own psychological, emotional, and physical health. Although this study was the first of its kind, replication with a larger sample, with the lack of a dual relationship, and with a standardized assessment tool may be confirm that highly beneficial for line staff working intensely with this population. Another area for future exploration could be how using a technique, such as this, could potentially assist staff in building resiliency and decrease job turnover which can be high in these types of positions.

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## Further Helpful Reading


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**Mandi Freger, M.Ed., DCEP, LBS, LPC,** has worked in many service lines of behavioral health treatment, including serving as a supervisor in both outpatient and residential settings. In providing decades of psychotherapeutic treatment to various populations, she gained extensive experience with people with Autism Spectrum Disorders (ASDs).

Mandi was one of the initial candidates to obtain the Behavior Specialist license, as well as status as a Certified Trainer in Functional Behavioral Assessment in Pennsylvania, with an emphasis on ASD treatment planning. She is also a Licensed Professional Counselor in Pennsylvania.

Originally trained in Energy Psychology techniques (EMDR and TFT Test DxTM) to treat trauma, mood and pain disorders and learning challenges, Mandi has been using a variety of bioenergy-based modalities with children, adolescents, adults, and staff. Mandi is a former board member and Education Chair for the Association for Comprehensive Energy Psychology and holds diplomate status in Comprehensive Energy Psychology.

Mandi is currently hosting a web-based talk show, The Energy of Autism

Mandi Freger, M.Ed., DCEP, LBS, LPC
PA Licensed Professional Counselor PC008174
PA Licensed Behavior Specialist BH000192
www.mandifreger.com mandi@mandifreger.com