

Autism and challenging behaviour

Edit Maior

Diagnostic criteria for autism (DSM-IV)

- A) qualitative impairment in social interaction, as manifested by at least two of the following:
 1. marked impairments in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body posture, and gestures to regulate social interaction
 2. failure to develop peer relationships appropriate to developmental level
 3. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people, (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
 4. lack of social or emotional reciprocity (not actively participating in simple social play or games, preferring solitary activities, or involving others in activities only as tools or "mechanical" aids)

Diagnostic criteria for autism (DSM-IV)

- (B) qualitative impairments in communication as manifested by at least one of the following:
 1. delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
 2. in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 3. stereotyped and repetitive use of language or idiosyncratic language
 4. lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

Diagnostic criteria for autism
(DSM-IV)

- (C) restricted repetitive and stereotyped patterns of behavior, interests and activities, as manifested by at least two of the following:
 1. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
 2. apparently inflexible adherence to specific, nonfunctional routines or rituals
 3. stereotyped and repetitive motor mannerisms (e.g hand or finger flapping or twisting, or complex whole-body movements)
 4. persistent preoccupation with parts of objects

Restricted repetitive and stereotyped patterns of
behavior, interests and activities

These behaviour are present in typically developing people, too

The difference is in the intensity, duration and frequency in the case of children with autism

Absence of consciousness

Sensory integration deficit

Restricted repetitive and stereotyped patterns of
behavior, interests and activities

- Fixation of objects
- Blinking
- Gazing
- Fixation of lights
- Whole body movements
- Running around in circles
- Tiptoeing
- Walking back and forth
- Jumping
- Repetitive head movements

- Handflapping, handclapping
- Touching different textures
- Fingers in nose
- Hair touching
- Putting fingers in mouth
- Opening –closing mouth
- Repetitive smelling and tasting objects
- Senseless sounds
- Echolalia, singing

- Placing objects in order
- Spinning objects
- Preoccupation with small details, parts of objects
- Repetitive door closing/opening
- Repetitive drawing
- Resistance to change
- Insistence on wearing the same clothes
- Insistence on walking always the same road
- Repeating the same questions, telephone numbers
- Repetitive play
- “Useless talents” / very good mechanic
memory/counting/remembering a spot/
- Obsessions /birthdates, train schedules, dinosaurs/

How to manage challenging behaviour?

- . Developing a behaviour intervention plan (Dalrymple& Porco, 1993).
- Collaboration between
- parents
- classroom teacher
- special educator
- psychologist
- assistant teacher
- shadow

1. Identification of the Problem Behaviour

- Describing the behaviour in measurable terms
- operationalizing
- frequency
- intensity
- duration
- circumstances
- identify patterns, possible reinforcers, triggers, context – antecedents and consequences (ABC)

2. Functional Analysis of Behaviour

- Transitions
- Preferred activity change
- Lack of understanding of instructions, requests
- Communication intent
- Seeking and getting attention
- Escaping from task request
- Frustration
- Autostimulation (Donnellan, Mirenda, Mesaros, & Fassbender, 1984; Durand & Crimmins, 1988).
- Challenging behaviours may be adaptive for children with autism as they are a way to communicate, to interact or satisfy needs

3. Identification of an Alternative Behaviour

- identify an alternative, socially acceptable behaviour that can serve the same function
- evaluate skills, needs, abilities of child
- offer assistance - systematic instruction and reinforcement

4. Identification of Strategies for Changing Behaviour

- Remove distracting stimuli.
- Make changes in physical arrangements – seating, relax place
- Provide a clear and predictable schedule
- Alternate tasks
- Provide choices- offer possibility for the child to choose
- Provide access to favourite activities and peers
- Teach child to ask for break when needed
- Teach communication and social skills
- Use reinforcers
- Consider developmental level and needs of the child
- Encourage independence
- Teach self management skills

4. Identification of Strategies for Changing Behaviour

- Consider sensory issues (interferes with attention, are extremely reinforcing for the child, are stigmatizing)
- Provide opportunities for sensory self regulation
- Examples....

Reactive or Consequence-based Interventions

- Ignoring the behaviour – in the case of attention-seeking behaviours
- Redirection – teaching alternative behaviour, providing help, visual aids, opportunities to practise
- Removal from the reinforcements

Reinforcers

“The frequency of a certain behaviour grows when a particular consequence is given after the behaviour”(Kazdin, 1994)-
operant conditioning (Skinner)

Positive reinforcers

“.....when frequency of a behaviour grows due to a positive event, consequence”

Negative reinforcers

- when frequency grows due to elimination of an aversive, negative event, stimuli after the response was given

Extinction – not offering the reinforcer for a behaviour previously reinforced

- can not be used in the case of selfstimulating behaviour

Modelling – used in teaching new, alternative behaviour

Chaining – small steps, reinforcement of each step until the final behaviour is learned

Task analysis

Back and forth chains

Prompting:

Spatial
Temporal
Topographical
Physical
Verbal
Demonstration
Modelling

5. Developing the behaviour plan

- Environmental changes needed
- Intervention on antecedent level
- Intervention on consequence level
- Identifying and practising alternative behaviour
- Observation and monitorization of progress
- Consistency in implementation of the plan between the team members

6. Evaluating the behaviour plan

- Is the intervention being implemented consistently?
- Are there changes to be made?
- Do the reinforcers have the role and effect counted?
- Are alternative strategies needed?
- Is the plan practical and realizable?

AAT

- AAT provides assistant teachers, consulting for 12 children integrated individually in mainstream kindergarten, 1 child integrated in mainstream school
- The children attend 1-2-3-4 hours/day in kindergarten, depending on the level of functioning
- Almost all of them have assistant teachers “provided” by the association

- The teacher gets an evaluation of the child, which includes:
- Strengths of the child
- Needs of the child
- What activities he can attend, do with and without support
- Problematic behaviors and possible ways to react to these
- This is all formulated in a common language, in a very concrete form
- The teacher and the shadow work together on common goals

- Abilities
- Difficulties
- Needs
- Activities he/she loves doing
- Activities he/she hates doing- are frustrating for him/her
- Support needed

- There is a daily observation checklist completion by the shadow, for monitoring the child's progress, needs, functioning
- This scale includes: response to name, sitting still, paying attention to the educator, completing a task, accepting other children around, or in play, eating, verbal and nonverbal communication, eye contact, imitation, initiating interaction, etc.

• video
