



Challenging Behaviours in Children with Autism Spectrum Disorders: Parental Reports

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Abstract

The aim of the study is to analyze occurrence & severity rating of challenging behaviors and adaptive behaviors of their children with ASD. A total number of 32 parents of children with ASD participated in the study. A challenging behavior questionnaire developed specifically for the study used for data collection. The parental reports were analyzed and the challenging behaviors and adaptive behaviors were categorized based on their frequency and severity of occurrence. Results found that the challenging behaviours are more in occurrence than adaptive behaviours. The study suggests that carrying out an elaborative parental interview will help the professionals to design individualized management options for children with ASD. Also addressing and controlling these behaviours can have a significant & positive influence on: facilitating language stimulation, child's learning and interaction with others in surrounding environments. Parents can be given guidelines to manage the challenging behaviours.

Keywords: Adaptive behaviours, Violent and destructive behaviours, Hyperactivity.

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Introduction

There is an evidence of increasing suspensions and expulsions from schools among children with Autism spectrum disorders (ASD), and it is well documented that families having a child with an ASD are more likely to experience high levels of stress and anxiety owing to many challenging behaviors exhibited by the children (Fitzgerald & Matthews, 2000). Behaviour in ways that others identify as “challenging” or problematic is not exclusive to children with ASD. It is part of being human. “Most of our behaviours reflect attempt to meet our needs, satisfy our desires, cope with frustrations and high levels of emotion” (Clements & Zarkowska, 2000). Behavior may be inappropriate because the individual lacks appropriate communication and may interact inappropriately. Children with ASD may have trouble expressing physical and emotional needs which may cause frustration and lead to problematic behavior. They may have trouble making friends and responding in positive ways to their environment (Cafiero, 2001).

Challenging behaviors, such as stereotypes, aggression, property destruction, and self-injury are often exhibited by children with autism spectrum disorders (ASD). These behaviors have a significant impact on the quality of life of children with ASD and their family and

generate a risk to the physical safety of the child and those around them. Additionally, if the behaviors go untreated, they are more than likely to persist into adulthood and continue to increase in severity as the child physically matures (Matson, Wilkins & Macken (2008); Green et.al (2006).

Literature supports the belief that children with autism spectrum disorder have problems in three main areas: (a) socialization, (b) communication, and (c) behavior (Dyches et al., 2004). Adaptive behaviors consist of those skills that make an individual self-sufficient and socially competent (Sparrow et al., 2005). The severity of adaptive behavior symptoms is different with each child with ASD, and these indications change as the child grow up (Akshoomoff & Stahmer, 2006). Adaptive skills are another aspect of development that contributes strongly to prognosis (Gillham, Carter, Volkmar, & Sparrow, 2000). Adaptive skills are those involved with using whatever capacities the individual possesses to function within the everyday environment. These skills are particularly important in children with ASD and related conditions because it is these, rather than cognitive level, that contribute most to the individual's ability to function successfully and independently in the world (Lisset al., 2001). In 1991, Rodrigue, Morgan, & Geffken found that adaptive behavior skill achievement for the child with ASD was varied and unpredictable. Restrictions in development of adaptive behaviors may result in maladaptive behaviors: (a) insistence on sameness (i.e., clothing, schedules, or food), (b) obsession with routines (i.e., memorizing

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schedules, washing hands, brushing teeth), (c) fascination with self-stimulating behaviors (i.e., hand-flapping, noise-making, stacking objects), or (d) inappropriate response to sounds, pain, touch, or light (Akshoomoff & Stahmer).

Buschbacher & Fox (2003) indicated that young children with ASD are at risk for displaying behaviors – often considered challenging by their parents and the professionals - because of their developmental delay in speech & language and social interaction. There is, therefore, the need to distinguish among the varieties of behaviours which are considered challenging or violent (Ashdown, R,1993). Thus the concept of challenging behavior is complex. The factors influencing behaviors are: psychological, physical, communication-related, situational & environmental.

A child with an ASD may exhibit different or unusual behavior because of an illness or discomfort, or a new and unfamiliar occurrence or meeting unfamiliar persons, which interrupt the routine of events the child relies on. Challenging behavior may also occur because the child is unable to express his/her feelings or to communicate needs, and may do so by running away, expressing fear, withdrawing or being destructive or aggressive. In every situation the behavior has an explanation. The challenge to parents and professional is to find the explanation for the behavior and either teaches the child how to cope, or manipulate the environment or the circumstances to ensure that the child settles and interacts positively.

Hattier, Matson, Belva & Horovitz (2011) studied the occurrence of challenging behaviors in children with autism spectrum disorders and atypical development. Greater percentages of problematic behaviors were found in the ASD group as compared to the group with atypical development. Challenging behaviors are variables affecting the behavioral presentation of those with ASDs and may be considered in the management plans for these children. Challenge is to develop programs that can help families to learn and apply effective practices with their children, while the family system gains strengths, competence, and confidence (and stress reduction) needed for short-term improvements, and longitudinal change in the child's developmental-behavioral trajectory. Addressing these challenging behaviors will aids to improve children's functional Skills (language, play & academic), quality of life, and physical safety, social, emotional & personal changes.

Need of the study

Challenging behaviors need to be addressed so as to avoid negative social, personal & emotional changes. The most effective way to begin management would be to review parental reports about the challenging behaviors. This would help identifying the list of challenging behaviors & their severity as perceived by the parents. The list would help in collecting basic management methods from team of

professionals including the Occupational Therapist, Speech language pathologist, Audiologist, Psychologists, Doctors & Special Educators who are actively involved in the management of the challenging behaviors. There is a need to identify adaptive behaviours exhibited by the child as the set of behavior boost up the confidence of the care giver can be used to facilitate language stimulation & develop rapport with the child.

Aim of the study

The aim of the study is to analyze occurrence & severity rating of challenging behaviors and adaptive behaviours of their children with ASD as reported by parents.

Methodology

Participants

A total number of 32 parents of children with ASD participated in the study. All the children had been diagnosed with autism based on CARS and DSM IV and their level of mental retardation ranged from mild to severe. The mother's educational levels ranged from 10th to master's degree. All of the children have been receiving intervention.

Tool

A challenging behaviour questionnaire developed specifically for the study used for data collection (Appendix 1). The developed questionnaire was validated by five professionals. Four questions were asked, Problem behaviours of your child, ratings of the behaviours in terms of the difficulty to manage it & thirdly adaptive behaviours in your child and Problem behaviours seen in other children.

Procedure

Interview was conducted in one to one setting in quiet room. Before beginning the interview participants were briefed about the purpose of the study and its implications. The interview was conducted by two authors who noted the responses individually and tabulated it immediately after the interview. The interview took an average duration of 20 minutes.

Instructions

"We are trying to elicit, how different parents reports challenging behaviours. Parents were asked to report about the four categories of questions namely, Problem behaviours of your child & their ratings of it. [0:doesn't bother, I am not sure if it's a problem behaviour, 1: problematic but can be managed most of the time, 2: mostly problematic, 3: very difficult to manage], Adaptive behaviours seen in your child and Problem behaviours seen in other children.

Results and Discussion

The results were analyzed in three sub – headings.

1. Categorization of challenging behaviours as reported by the parents based upon Peshawaria and Venkatesan (1992).
2. To categorize and analyze adaptive behaviours as reported by parents using Vineland Adaptive Behaviour Scale (Sparrow et al., 1984).
3. To identify behaviours which scores highest on a severity rating scale as rated by parents

There are various ways in which the behaviours are viewed. A speech language pathologist (SLP) would say the child has challenging behaviours because he/she cannot communicate. An occupational therapist would attribute challenging behaviours to sensory processing issues while a Psychologist & Special educator tries using applied behaviour analysis to handle it. A SLP working with children having ASD needs to function in a trans-disciplinary way, So as to appreciate the best management method for the challenging behaviours.

1. Categorization of challenging behaviours as reported by parents based on Peshawaria and Venkatesan(1992).

The variety of behaviours arranged in maximum in occurrence to minimum in occurrence in children,

some categories like Violent and destructive behaviour, Self – injurious behaviours, Odd behaviours, Repetitive behaviours, but the frequency of occurrence of behaviour is maximum for Violent and destructive behaviours, Self – injurious behaviours, Repetitive behaviours, Hyperactivity, Temper tantrums and Odd behaviours. But Violent and destructive behaviour, alone has maximum frequency of occurrence. The category of behaviours which is minimal for children with ASD is rebellious behaviours, anti – social behaviour, fears and misbehaves with others. This is probably nature of autism in which the child is least concerned about things around him and prefers to be alone.

Other behaviours like smells objects, bites others, bangs head, hits self, bites self, grinding teeth, eating inedible things, poking eyes and ears, flapping hands, rocking body and head, hyperactivity, etc. may be attributed in part of sensory issues. Some other behaviours like pinching, pulling others hair, using vulgar language, laughing inappropriately, running away from home, etc. may not have sensory involvement.

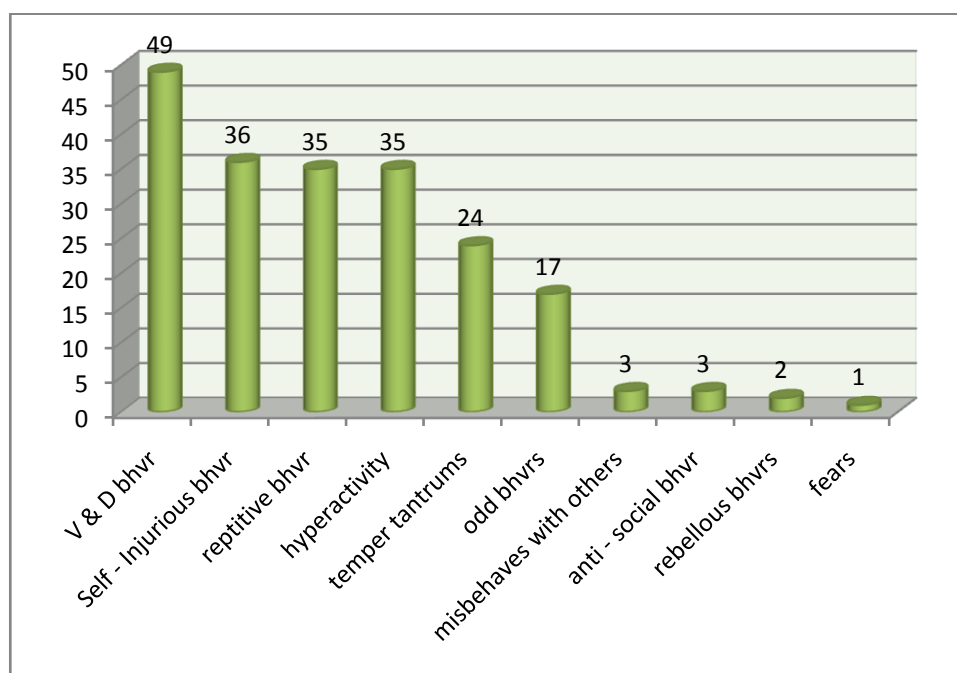


Figure I. Frequency of occurrence of challenging behaviours in own child & other children.

More prominent Violent and Destructive behaviours reported were: Pinches others, Hits others, pushing others and bites others. Similar findings were reported by Mazurek et al., (2013). More prominent Self Injurious behaviours reported were: Head banging, Self-hitting, Bites self. Results of the present study is in congruence with the findings reported by Poustka & Lisch, (1993) & Wodka (2013) that the self-injurious

behaviours are more prevalent in children with ASD & prevalence rate may be as high as 52% based on parental report. More prominent repetitive behaviours reported were: Hand flapping, Obsessed with things, Echolalia and Body rocking. Results of the present study is in congruence with the findings reported by Honey et al, 2008; Lam et al, 2008; Russell et al, 2005; Green et al., 2006; Lord & pickles, 1996; Turner,1999). More

prominent Hyperactivity behaviour reported was: “Does not sit at one place”(most of the parents reported)”The current findings, and those reported by others (Judith sinziq et al, 2009) that the hyperactivity coexist with children with ASDs.

Study reports various challenging behaviours in children and the frequency of occurrence of these behaviours are more than adaptive behaviours. Challenging behaviours in children with ASD can be attributed to unresponsive environments, inability to communicate requests appropriately & to seek sensory stimulation Poustka &Lisch, (1993) & Wodka (2013).

2.To categorize and analyze adaptive behaviours as reported by parents

Adaptive behavior refers to “the performance of daily activities required for personal and social sufficiency” (Sparrow, Balla, &Cicchetti, 1984). The Vineland Adaptive Behavior Scales Survey form (Sparrow et al., 1984), a nationally standardized semi structured caretaker interview instrument that assesses day-to-day adaptive functioning, was used to categorize the adaptive behaviours reported by parents of children with ASD. The Vineland consists of four domains: Communication, Daily Living, Socialization, and Motor. For the purpose of this study, only data on the first three domains were used. Motor domain data were not reported by parents. Each domain contains several sub domains, which are listed and described in Table I.

Table I. Vineland Adaptive Behavior Scales Domains and Sub domains (Sparrow et al., 1984)

Domains	Sub domains	
Communication	<ul style="list-style-type: none"> • Expressive • Receptive • Reading & Written 	<ul style="list-style-type: none"> • Communicates through gestures, speaks phrases • Follows commands or obeys instructions • Reading books, interested in study, operated computers
Daily living	<ul style="list-style-type: none"> • Personal • Domestic 	<ul style="list-style-type: none"> • Independent toilet control, dresses well, follows ADL'S • Keeps place clean, keeps things in proper place
Socialization	<ul style="list-style-type: none"> • Play & Leisure 	<ul style="list-style-type: none"> • Likes music, Singing, Plays imaginatively, mingles with others

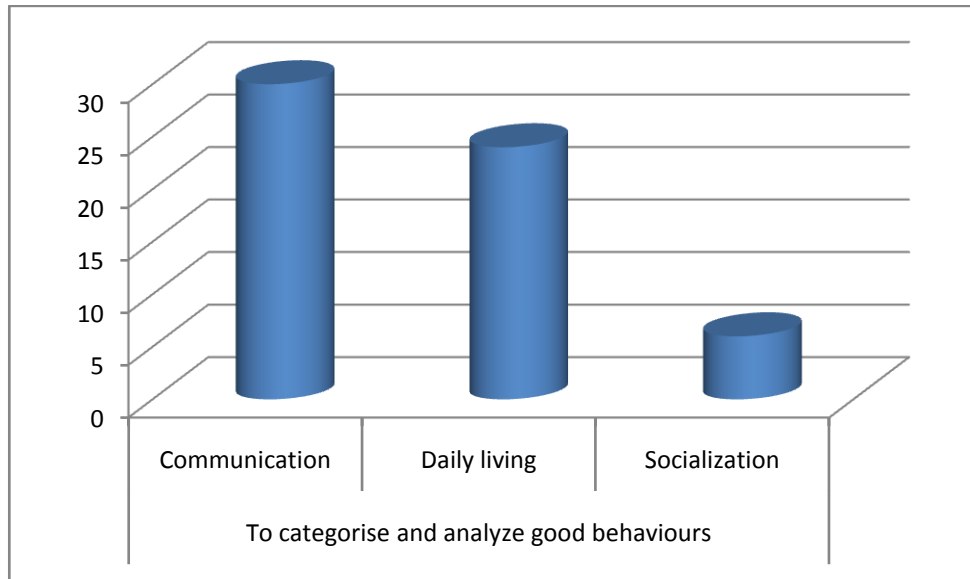


Figure II. Adaptive behaviours as identified in their own children by parents.

While exploring the adaptive behaviours, the parents reported more in favour of the communicative domain wherein more number of parents reported in the area of receptive communication (follows commands, 18 parents reported). Skills pertaining to the reading and writing sub domain were reported more consistently by parents of high functional autistic children. Among the adaptive behaviours included in the present study, the socialization skills were reported to be poor in children with ASD. Investigations of adaptive skills in children with autism have found consistent, differential impairments, particularly in the area of socialization

(Rodrigue, Morgan, & Geffken, 1991; Volkmar et al., 1987). Similar findings were reported by (Anderson et al., 2004; Heimann et al., 2006; Pisula, 2007; Tomanik et al., 2004; Hall et al., 2008) when compared to other skills of communication and daily living.

3.To identify behaviours which scores highest on a severity rating scale as rated by parents:

Parents rated their children's severity of the behaviours in the following order from highest to lowest. Behaviours which scored highest to lowest on a severity rating scale have been shown in Figure III.

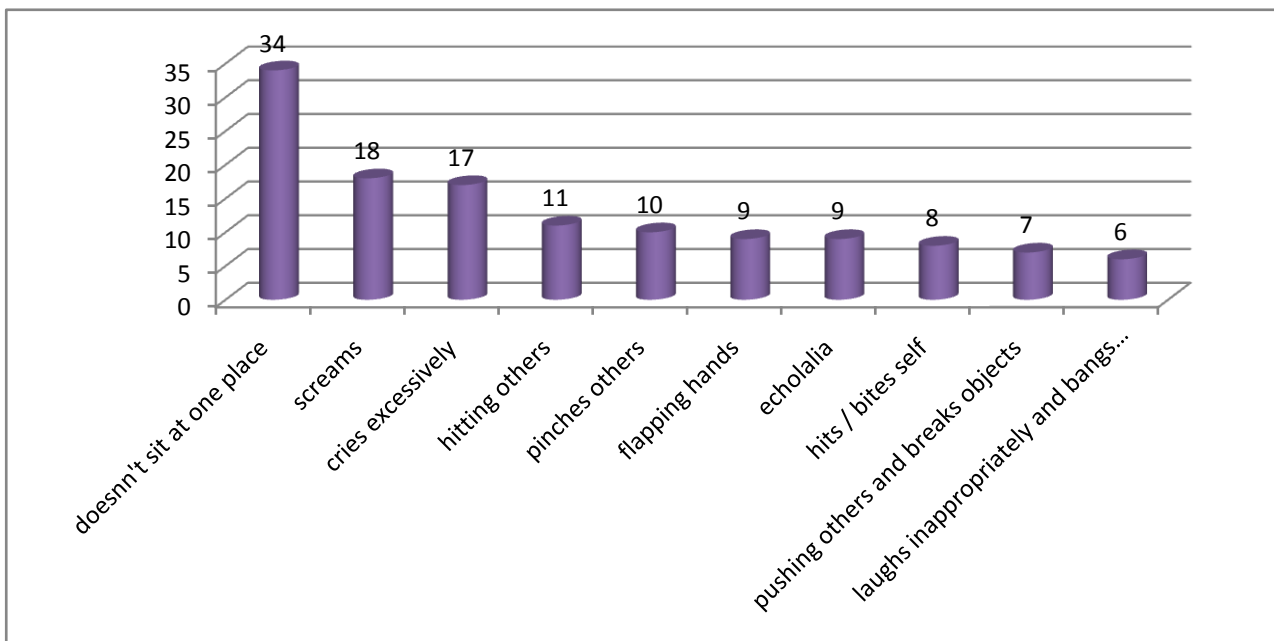


Figure III. Indicating behaviours as rated by parents in terms of severity

Conclusion

As observed from the parental reports, most of the behaviors were found either with sensory processing issues or without sensory processing issues or combination of both. The current findings, and those reported in literature suggest that a picture of challenging behaviors in children with ASD may be effective for interventions geared towards replacing the behavior with an alternative and socially acceptable form of communication. Challenging behaviours are more in occurrence than adaptive behaviours. Carrying out an elaborative parental interview, will help the professionals to design individualized management options for children with ASD. Also addressing and controlling these behaviours can have a significant & positive influence on: facilitating language stimulation, Interaction with others and learning. Parents can be given guidelines to manage the challenging behaviours. At present there is no course or a subject amalgamating the principles of applied behavior analysis and sensory integration to address the challenging behaviors which needs to be developed.

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APPENDIX - I

REPORT ABOUT BEHAVIOURS PARENTS

Name of the parent: Age/ Gender: Education:
 Name of the child: Age/Gender: Attending Class:
 Diagnosis:

Tell me about the problem behaviours of your child.

S/no	Behaviour	Why does it occur	Age of Occurrence/Disappearance/ Duration	Intervention which was suggested or Helped	Ratings

Ratings: 0: I am not sure if it is problem behaviours, doesn't bother, 1: problematic but can be managed most of the time, 2: mostly problematic, 3: very difficult to manage.

Good behaviours:

S/no	Behaviour	S/no	Behaviour
1.		4.	
2.		5.	
3.		6.	

Problem behaviour in other children:

S/no	Behaviour	S/no	Behaviour
1.		4.	
2.		5.	
3.		6.	