



Behavioral Challenges

What kinds of behavioral challenges might we face with our child?

Children with autism spectrum disorders (ASDs) may have a hard time relating to and communicating with other people. They may attempt to communicate through their behaviors. For example, children with ASDs may have a hard time telling their parents that they do not want to do an activity that is requested of them and throw a tantrum instead of using words. Many children with ASDs also are impulsive and may be over-responsive or under-responsive to sensory or environmental input. These qualities can lead to behavioral challenges, as might their repetitive behaviors or interest in sameness. They may become very upset when there is change in their routine. They may not understand why another child may not want to play exactly the way they want to. Each child's behavior is unique. Learning behavioral principles can help you increase the likelihood your child will respond how you would like him to and reduce problem behaviors.

What should we know about behavioral principles?

Basic behavioral principles can help explain how children with and without ASDs learn to respond to requests made of them. Things that happen in the environment as well as emotions cause children to exhibit behavioral responses. Most responses help a child interact with others and are adaptive. Other behavioral responses prevent a child from participating in learning activities or negatively affect social interaction.

Some reasons problem behaviors might occur include

- Behaviors that serve as *communication*, like throwing a tantrum to get a cookie
- Behavior that gets *attention*, such as crying until a parent gets off the telephone
- Behavior to *avoid* an adult request; for example, dropping to the floor when asked to walk
- Behaviors that are *repetitive* or *habits*, like nail biting

Some problem behaviors result from frustration (that is, not being able to make their need understood).

- *Self-stimulating* behaviors such as rocking back and forth when bored or to tune out too much outside stimulation
- Behaviors caused by a child's *neurology*, like tics or hyperactivity

Some of these neurobehavioral problems can be treated using medications. (Ask your child's doctor about the "Medications and Your Child" handout.) However, it is important to first understand if there is a reason for the problem behavior. Treatment is more effective if the reasons why the behavior is occurring are also addressed.

Some behaviors start out for one reason and then keep happening because they have been reinforced; they get attention or something else the child wants when the behavior occurs. For instance, a child who first bangs his head because of ear pain may continue to head bang with tantrums if he mistakenly thinks that is how to request attention.

Talk to your pediatrician, a school behavior specialist, or a psychologist if your child has challenging behaviors (ranging from interrupting to self-injury) that are problematic for you and your family. The reasons that behaviors occur can be different for each child.

What can we do to change behavior?

You can increase adaptive behaviors and decrease problem behavior by taking consistent action. That means trying to always have the same response when the behaviors occur.

1. Reward the child's adaptive behavior.

You can increase behaviors you want from your child with positive reinforcement or praise or reward when a desired behavior occurs. Teaching a child how to behave in a positive fashion is the most important part of any behavioral plan. Most children learn language by receiving a reward, such as praise, for saying a word or sentence. It might take a while for your child's behavior to change because you will need to teach her what behaviors are pleasing to you.

Rewards vary from child to child. Smiles, praise, and earning privileges are all examples of rewards. One way to use rewards is to have a star or sticker chart where a child gets a star or sticker for desired behavior. When the child earns enough stars or stickers, she can trade them in for a reward. It is not the same as bribing.

2. Have your child earn privileges for desired behaviors and withhold them for undesired behaviors.

Working for reinforcement helps teach new behaviors. One way to decrease behaviors you do not want from your child is to have your child earn privileges for favorite activities such

as computer time with desired behaviors, and have him lose it when he engages in behaviors you do not want. Time-out is an example of removing a child from activities as a response to undesired behaviors. It will only work if “time-in” is positive. Teaching your child behaviors you want will help him know which behaviors you do not want him to engage in. Sometimes children act up because they find the class- or adult-directed behavior stressful—time-out may be a relief. If that seems to be the case, it is important to figure out what is stressful for the child about the adult-directed activity. For example, if a child is disruptive because he cannot learn the way he is being taught, it is important to change the teaching strategy.

Time-out for younger children needs to happen as soon as the problem behavior occurs. The amount of time a child is in time-out should depend on his understanding. A guide is 30 seconds to 1 minute per year of mental age.

If you put your child in time-out, make sure he is safe. Tell your child why he is in time-out, but do not talk to him and attend to him while he is in time-out. As soon as time-out is over, direct your child to an activity that he can be successful in and get reinforced. He needs to learn how you want him to behave.

3. Have consequences for undesired behaviors.

Sometimes consequences are necessary for challenging behaviors. What is considered punishment varies from child to child. Consequences can range from staying after class to cleaning up a mess made during a tantrum. Spanking your child and other physical punishment may teach your child to use violence with anger and is not endorsed by the American Academy of Pediatrics.

How can we better understand behavioral problems?

Think about your child’s behavior using the ABC method.

A = Antecedent, or what happened before your child’s behavior

B = Behavior, or what your child did

C = Consequence, or what happened after your child’s behavior

This can help you to think about why the behavior happened so you can prevent it in the future. The goal is to avoid situations that can lead to problem behavior and to reinforce desired behaviors so they happen more frequently. A simple chart can help you keep track of your child’s behavior so you can figure out why it is happening. It might look like the following:

Date and Time of Behavior	Antecedent	Behavior	Consequence
Monday 8:00–8:15	Told to turn off TV	“No” and tantrum	I turned off TV and took him to school bus after he stopped.

Schools can also help you understand behaviors. You can ask your child’s school about a *functional behavioral analysis* and behavioral intervention plan if your child is having behavioral problems in school. This analysis looks at your child’s specific behaviors and when they occur. It should help you to find out what might influence problem behaviors and identify ways to change them. Many families benefit from input from a behavioral health professional to better understand their child’s behavior and develop a plan to help. You can ask your child’s doctor or school psychologist for a referral to a psychologist, social worker, Board Certified Behavioral Analyst, or another behavioral health professional to help you and your family learn how to teach your child more adaptive behaviors.

Managing behaviors is challenging and requires consistency but also flexibility over time. Your child’s behaviors and your expectations will change as your child matures. The plan you use may change over time, but the basic principles remain the same.

Resources

American Academy of Pediatrics HealthyChildren.org: www.HealthyChildren.org

Center for Effective Collaboration and Practice Functional Behavioral Assessment: <http://cecp.air.org/fba>

Harris SL, Weiss MJ. *Right from the Start: Behavioral Intervention for Young Children with Autism*. 2nd ed. Bethesda, MD: Woodbine House; 2007

Myles BS, Southwick J. *Asperger Syndrome and Difficult Moments: Practical Solutions for Tantrums, Rage, and Meltdowns*. 2nd rev ed. Shawnee Mission, KS: Autism Asperger Publishing; 2005

Phelan TW. *1-2-3 Magic: Effective Discipline for Children 2-12*. 4th ed. Glen Ellyn, IL: ParentMagic, Inc; 2010

US Department of Health and Human Services, National Institute of Mental Health, National Institutes of Health. *Autism: Causes, Symptoms, Signs, Diagnosis and Treatments—Everything You Need to Know About Autism*. Smith S, ed. Rev ed. Rockville, MD: National Institute of Mental Health; 2011

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Autism: Caring for Children With Autism Spectrum Disorders: A Resource Toolkit for Clinicians*, 2nd Edition. Copyright © 2013 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™