

INTRODUCTION

Behavior in individuals with autism can be difficult, puzzling and challenging to the people who are supporting them. It is often misunderstood and as a result of this, not handled effectively. Parents, caregivers and support personnel often bring their own emotions, feelings and judgement to a situation. We look through the behavioral lens with our own beliefs and past experiences.

Ross Greene, author of the *Explosive Child*, has a wonderful saying – Children do well if they can. If they aren't doing well, they are missing the skills and tools to regulate their behavior. Children are often not in control of their behavior nor do they have the power to manipulate.

Behavior covers a wide range of issues such as restricted play, stimming, rigidity in thinking, the need for sameness, ignoring requests, and hyper- or hypo-reactivity to sensory input. Challenging behavior can encompass self-injurious behavior, hurting others, aggression, meltdowns, and behaving in socially inappropriate ways.

It is important to understand what is at the root of many troubling behaviors – anxiety. Communication difficulties, inability to self-regulate, sensory overload, and unrealistic expectations/demands can be triggers or causes for difficult behavior. Unchecked anxiety can increase stress levels and greatly affect a person's well-being.

When thinking about and addressing behavior, it's important to take a step back and self-reflect. This means examining our role in triggering an incidence and how we interact with that person. This is not easy to do as all of us mean well and want the best for the individuals we are supporting. We have to understand that autistic neurology is different from our own and we can't expect that their way of thinking will be the same as ours.

A solid relationship is the foundation to supporting individuals with ASD. If you don't come from a place of respect, behavior is likely to escalate over time. Be a detective when gathering information around the possible triggers for challenging behavior – have there been changes at home, trauma, a new school, an incident with someone, sleep disturbances, or medical concerns?

Behavior is a complex topic with many facets to it. No matter what situation you are dealing with, it is important to keep a person's dignity intact and not break their trust. Keep the person's well-being uppermost in your mind. Remember, no matter what happens there is always a way forward when the relationship is solid.

Sincerely,



Maureen Bennie

Director, Autism Awareness Centre Inc.



ADDRESSING CHALLENGING BEHAVIOR AND ASD

GOING BEYOND WHAT WE SEE

Every week, I receive detailed e-mails describing various aspects of challenging behavior. The person has made a list of everything the child has broken, what they said, and the advice and strategies they have tried to help the child. When talking about challenging behavior, we have to go deeper and look beyond the behavior itself. Think of the behavior you observe as just the tip of an iceberg; below the surface of the waterline lies the cause of behavior. We need to delve below the waterline and address the root cause, not the behavior itself.

One of my colleagues and long time speaker at our conferences, Bo Hejlskov Elvén, says, “People behave if they can.” If a person is able to self-regulate, use calming strategies, can interact well within an environment, and express needs and wishes, you will likely not have challenging or distressed behavior from that person. They have effective ways of communicating and coping. If the person being supported is exhibiting signs of distress, something is amiss and that needs to be explored and understood. We juggle this balancing act every day with our two young adults with autism – even more so during the COVID-19 pandemic with the daily changes and restrictions.

In order to support a person who has challenging behavior, the observer must change the lens through which they view behavior. This can start with the language used to describe challenging behavior – words like obsessive, controlling, manipulative, deliberate place the blame on the individual with ASD. Carers often feel shame and guilt about how a situation unfolded, but we have to reflect and review how we are handling things and be honest about what isn’t working or makes us uncomfortable. We have to:

- evaluate our contribution to a stressful or challenging situation
- question our response and what we are doing to contribute
- ask questions and examine to gain deeper insight into why a situation escalated to a crisis point
- identify and eradicate harmful practices such as restraint
- not focus on the individual, but recognize that the whole system around that individual has an impact on well-being
- foster better relationships between staff and service users, parents and children
- look at staff/parental stress levels by debriefing after a crisis situation

What are the causes of challenging and distressed behavior?

Challenging behavior occurs because of high levels of stress, physical discomfort, or the lack of physical or mental well-being. By identifying the causes rather than focusing on the behavior itself, this can reduce behavioral situations while improving the person’s quality of life.

Some possible causes of distressed behavior are:

Physical Health – lack of regular exercise, constipation, dental problems, undiagnosed conditions such as diabetes. Pain is a subjective emotional response and the physical experience of it has to be interpreted. This is where [interoceptive awareness](#) comes in.

Lack of Structure and Predictability – Having a predictable routine is calming. All of us need routines to keep ourselves centered.

Anxiety – Learn to recognize the early signs of anxiety and support with [calming strategies](#) before things escalate.

Sensory Overload – When the sensory systems become overloaded, a person will feel overwhelmed. Learn the sensory profile of the individual and what help they need to regulate. Look at developing a [sensory diet](#). Have tools available that help with stress such as a ball to squeeze or a [fidget toy](#). Address [interoceptive awareness](#) as well as a person can learn to interpret their own body signals.

Frustration – Can happen due to communication issues, boredom, or lack of autonomy.

Demands and Requests – The main cause of distress is demands from carers. [Studio III UK](#) found that 65% of incidences of distressed behavior were preceded by a demand or request from a carer.

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. (I wrote about this in the [anger rumination](#) post.)

Assess Behavior Using ABC (Antecedent, Behavior, Consequence)

ABC has been around for a long time. When gathering this information, it helps to write it down.

Antecedent – This is what happens before the behavior occurs. Look at the setting/ environment, internal state of the person, and variables such as who is in the room, new people, a change in routine. Make notes and try not to make assumptions.

Behavior – These are the actions you are trying to find an explanation for. Record information about frequency, intensity, duration of behavior, how many times it has happened, and any specific details like self-injury, throwing things etc.

Consequences – Look at what happens over and over again. Does the person get a hug, something unexpected that they find rewarding like what you say, tone of voice, an activity stops, or the person gets to escape.

Antecedents and consequences can make a behavior more or less likely to occur. Behaviors are often learned and a person may need to be shown a better way to get the result that they want. Again, we are identifying the root cause of behavior and not focusing on the behavior itself. We are exploring the function of the behavior and the reasons why it may be occurring.