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Review

Characteristics of aggression among persons with autism spectrum disorders



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ABSTRACT

Autism spectrum disorder (ASD) is a commonly occurring life long developmental disorder with core symptoms of communication and social skills deficits. Stereotyped and repetitive behaviors are also present. Along with these core symptoms, a number of co-occurring problems such as aggression are present. The present study reviewed papers that describe various characteristics of aggressive behaviors among persons with ASD. The preponderance of studies involved children who were male. Aggression was more severe in males. Where the maintaining variables were studied, tangible and escape, and some core aspects of ASD such as cognitive rigidity and poor social and communication skills, were associated with aggression. The implication of these data and other characteristics of this challenging behavior are discussed.

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1. Introduction

Autism spectrum disorders (ASD) have become a highly studied topic. This development is certainly justified given the serious nature and life long course of the problem (Matson & Boisjoli, 2008; Matson, Gonzalez, & Wilkins, 2009; Matson & LoVullo, 2009; Osada, Tachimori, Koyama, & Kurita, 2012; Smith, Maenner, & Seltzer, 2012). Prevalence studies have continued to show greater and greater rates of ASD. Thus, once considered rare, the disorder is now viewed as one of the most common and debilitating of the childhood disorders (Matson, Boisjoli, Hess, & Wilkins, 2010a; Matson, Dempsey, & Fodstad, 2009a, Matson, Dempsey, & Fodstad, 2009b). Similarly, feeding issues are common and can lead to behavior problems (Matson et al., 2005). Additionally, there is no cure. Thus, developmental course and other age-related factors and characteristics need to be taken into account (Horovitz & Matson, 2010; Matson et al., 1997; Matson & Rivet, 2008).

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Treatments, therefore, must be adjusted based not only on the heterogeneity of core symptoms but also on various age-related factors (Matson, Gonzalez, et al., 2009d).

Core features of the disorder include social, communication, rituals and stereotypies (Matson et al., 2010a; Steiner, Goldsmith, Snow, & Chawarska, 2012). The heterogeneity of ASD within core symptoms is well known, as are the presence of other debilitating problems. Thus, a variety of comorbid features are also present, some at very high rates. Among these issues are a variety of mental health and adaptive behaviors (Matson et al., 2009b; Matson, Hess, & Boisjoli, 2010b; Matson, Rivet, Fodstad, Dempsey, & Boisjoli, 2009e; Smith and Matson, 2010a,b,c). Challenging behaviors also occur at very high rates (Healy, Brett, & Leader, 2013; Rispoli et al., 2013; Symons, 2011). Feeding disorders, noncompliance, and self-injurious behavior (SIB) are also among the most common and serious behaviors (Kuhn & Matson, 2002; Matson & Kuhn, 2001; Miles & Wilder, 2009).

Aggression is another of these serious, comorbid challenging behaviors, that approximately half of individuals with ASD exhibit (Kanne & Mazurek, 2011; Mazurek, Kanne, & Wodka, 2013). To date, however, this problem is not routinely screened for among persons with ASD (Matson & Nebel-Schwalm, 2007). Routine screening is necessary, however. If not, the identification and treatment of the problem is likely to be hit or miss. Additionally, these evaluations are essential in efforts to assess frequency and severity of these problems.

Given these issues, it is critical to establish a better idea about the characteristics of aggression as it applies to persons with ASD. The purpose of the current paper was to review studies on aggressive behavior and who and how they are expressed. These data have important implications for assessment and treatment, as well as for a better understanding of the causes of aggression.

2. Method

Scopus was searched to identify articles that would be appropriate for the current review. The search terms *autism*, *autism spectrum disorder*, *aggressive behavior*, and *aggression* were used. Papers were identified that looked at incidence, assessment, or treatment of aggressive behavior among persons with autism or ASD. The term *autism* or *ASD* will be used interchangeably throughout the remainder of the paper. Papers were also cross-referenced to identify other papers.

Given that almost all papers pre-date *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5; American Psychiatric Association, 2013)*, autism, pervasive developmental disorder – not otherwise specified (PDD-NOS), and Asperger's syndrome are included. Some papers included only persons with ASD. However, many papers included typically developing children, children with other developmental disabilities such as intellectual disabilities, and mental health groups such as persons with attention-deficit/hyperactivity disorder. Focus in the current paper is on descriptions of aggression for those persons with autism. A total of 35 papers were included in the review.

3. Results and discussion

Several patterns are evident in the studies that were reviewed. First, the sample sizes varied dramatically, from 3339 to 1. Of the 35 studies included in the review, 13 had more than 100 participants, whereas 14 papers had four participants or fewer. These studies account for the bulk of papers reviewed and underscores the nature of the research on this variable. The purpose of each study appears to be the primary factor accounting for the sample size. Large sample studies were geared toward exploring patterns of behavior and associated risk factors. Many of these studies also included both ASD and non-ASD groups, so flat rates of aggression could be compared using ASD as an independent variable. Small sample size studies tended to focus more on treatment and, to a lesser extent, factors that maintain aggression. At this point, the field is lacking large, controlled outcome studies that focus specifically on aggression among persons with ASD (Table 1).

Since most studies focus on children, and since pharmacotherapy is controversial with this group due to potential long-term side effects and questionable efficacy (Siegel, 2012), behaviorally based studies are urgently needed. Aggression, imbedded in challenging behaviors imbedded in other co-occurring problems with respect to mental health issues, compounded by the treatment of core ASD symptoms in early intensive behavioral interventions is often used. In clinical practice, such approaches are very common. However, these methods do not provide adequate precision in establishing the most efficacious treatments for aggression in this population. Thus, the need for papers that specifically address this problem separately are needed.

As noted, most of the papers reviewed address children. Only six papers included focused on adults, whereas 12 focused exclusively on children under 10 years of age. The remaining papers had samples consisting of various ages, with some including participants across age ranges. The included papers show serious age gaps. Much more research on aggression in persons with ASD who are over 20 years old are needed. The presentation and severity of these behaviors will likely differ significantly among adults. Additionally, aggressive behavior has a particularly strong influence on an individual's residential, vocational, and/or treatment placement, and thus his or her independence, additional opportunities (e.g., social interaction), and quality of life (Kaat & Lecavalier, 2013). As such, this research should be a much higher priority than is currently the case.

As would be predicted, males have been more frequently studied than females with respect to aggression in persons with ASD. The vast majority of the studies included reported that the proportion of participants that were male was over 70% (i.e., 28 of 34 studies).

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