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Functional analysis of challenging behavior in children with autism spectrum disorders: A summary of 10 cases

Mark O'Reilly^{a,*}, Mandy Rispoli^b, Tonya Davis^c, Wendy Machalicek^d,
Russell Lang^e, Jeff Sigafoos^f, Soyeon Kang^a, Giulio Lancioni^g,
Vanessa Green^f, Robert Didden^h

^a The Meadows Center for Preventing Educational Risk, The University of Texas at Austin, United States

^b Texas A&M University at College Station, United States

^c Baylor University, United States

^d University of Wisconsin-Madison, United States

^e The Eli and Eydythe L. Broad Asperger Research Center, University of California, Santa Barbara, United States

^f Victoria University of Wellington, New Zealand

^g University of Bari, Italy

^h Radboud University Nijmegen, The Netherlands

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ABSTRACT

Children with autism spectrum disorders (ASDs) often present with challenging behavior, such as aggression and self-injury. In studies of children with other types of developmental disabilities challenging behavior appears more often to be maintained by attention or escape from demands. Less is known about the operant function of challenging behavior in children with ASD. The aim of the present study was to provide an analysis of the function of challenging behaviors in 10 children with ASD or PDD-NOS. Each child was assessed across five conditions (i.e., attention, escape, tangible, alone, and play). Each condition was presented 8–10 times in a multielement design while the percentage of 10-s intervals with challenging behavior (e.g., aggression, self-injury) was recorded. The results showed that for 8 of the 10 children, challenging behavior was maintained by automatic reinforcement, but by multiple sources of reinforcement for the other 2 children. The overall findings differ from the results of studies on children with other types of developmental disabilities, suggesting the possibility of a characteristically more non-social function to the challenging behavior of children with ASD.

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* Corresponding author at: Department of Special Education, 1 University Station, D5300, The University of Texas, Austin, TX 78712, United States. Tel.: +1 512 627 9029; fax: +1 512 471 2471.

E-mail address: markoreilly@mail.utexas.edu (M. O'Reilly).

The number of individuals with a diagnosis of autism spectrum disorder (ASD) has risen dramatically in recent years from 4 to 5 per 10,000 to approximately 1 in 150 (Centers for Disease Control and Prevention, 2008). ASD is characterized as a triad of symptoms including language and social skills deficits, and stereotyped response patterns (American Psychiatric Association, 2000). Educational research with this population has tended to focus on the development of early intervention strategies to teach communication and social skills (National Research Council, 2001). This emphasis is justified given the fact that deficits in these areas are characteristic of ASD.

Another important area of need for individuals with ASD is the assessment and treatment of challenging behaviors (Matson & LoVullo, 2008; Matson & Nebel-Schwalm, 2007). This is an important area of need because of the high prevalence of stereotyped movements, and ritualistic/repetitive behavior among individuals with ASD (Green et al., 2006). Examples include body rocking, hand flapping, repeating words or phrases, following fixed and rigid routines, insisting on access to a specific item, and insisting on doing exactly the same activities in exactly the same way every day. These types of stereotyped movements and ritualistic/repetitive patterns of behavior seem to be significantly more prevalent in the ASD population in comparison to other types of developmental disabilities (Green et al., 2006; Lord & Pickles, 1996; Szatmari, Bartolucci, & Bremner, 1989; Turner, 1999). Such challenging behaviors are treatment priorities because they are socially inappropriate, challenging to educators, parents, and support personnel, and can interfere with instruction, or attempts at inclusion in regular life settings (Sigafos, Arthur, & O'Reilly, 2003).

Additionally, when stereotyped movements or repetitive/ritualistic patterns of behavior are prevented or interfered with, such as when a teacher redirects a child from stereotyped behavior to an educational activity, this may set the occasion for escalation to other forms of challenging behavior, such as self-injury and aggression (Hausman, Kahng, Farrell, & M, 2009; Kuhn, Hardesty, & Sweeney, 2009; Murphy, MacDonald, Hall, & Oliver, 2000; Sigafos, Green, Payne, O'Reilly, & Lancioni, 2009).

Variables such as communication and social skills deficits, intellectual disability, and possible co-occurring psychopathology, may increase the risk of challenging behavior among the ASD population (Matson & Nebel-Schwalm, 2007). Baghdadli, Pascal, Grisi, and Aussilloux (2003), for example, found that 50% of a sample of 222 children with autistic disorder evidenced self-injurious behavior with more severe levels of autism and greater delays in adaptive living skills posing greater risk for self-injury. Hartley, Sikora, and McCoy (2008) asked parents of 169 children with autistic disorder to rate their child using the Child Behavior Checklist (Achenbach & Rescorla, 2000). One-third of these children were reported to display clinically significant maladaptive behavior such as aggression. Additionally, autistic disorder, a subgroup of the ASDs, has been described as a risk marker for challenging behaviors such as self-injury and aggression (McClintock, Hall, & Oliver, 2003).

There is general consensus that interventions for challenging behavior are more effective when based on the results of a prior functional assessment that identifies the variables that set the occasion for, and maintain, an individual's challenging behavior (Sigafos et al., 2003). In line with this general consensus, there is an emerging body of research directed at the functional assessment of challenging behavior in persons with ASD (Matson & Nebel-Schwalm, 2007). Reese, Richman, Zarcone, and Zarcone (2003), for example, conducted functional assessment interviews with care providers of 100 children with autism using an interview protocol adapted from O'Neill et al. (1997). Parents reported that approximately 30% of children engaged in challenging behavior in order to gain access to perseverative activities with 63% of the group engaging in challenging behavior for multiple reasons (i.e., to access attention, to escape demanding activities, and to generate automatically reinforcing consequences, that is for self-stimulation). Similar results were obtained in a subsequent study (Reese, Richman, Belmont, & Morse, 2005). In a third relevant study, Love, Carr, and LeBlanc (2009), had parents of children with ASD undertake systematic observations of their child's challenging behavior (narrative recording of antecedents and consequences relative to challenging behavior) while brief functional analyses were conducted with another group (social conditions were systematically and repeatedly presented to empirically determine maintaining consequences for challenging behavior in an outpatient clinic setting). Approximately 40% of the children (for both narrative recording and brief functional analysis protocols) engaged in challenging behavior across multiple social contexts indicating that challenging behavior was multiply controlled.

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