



Symptom severity and challenging behavior in children with ASD

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ARTICLE INFO

Article history:

Received 12 November 2010

Accepted 26 November 2010

Available online 24 December 2010

Keywords:

Challenging behavior

Autism spectrum disorders

Children

Early intensive behavioral intervention

ABSTRACT

The prevalence of challenging behaviors in the autism spectrum disorders (ASD) population is often assumed to be high but relatively little research has actually been published on it. Furthermore, challenging behaviors are likely to impede progress in evidence-based treatment programs, such as early intensive behavioral intervention (EIBI). Little or no previous research has evaluated the prevalence of various topographies of challenging behavior in a population of children with ASD receiving EIBI services, nor evaluated the relationship between such behaviors and the severity of ASD symptoms. Using data from the ASD-DC and the ASD-BPC in 84 children with autism receiving EIBI services, the current study conducted a regression analysis of relations between endorsement of challenging behaviors and ASD symptom severity. Results indicated that 94% of the sample reported the presence of challenging behavior, stereotypical behaviors were the most commonly reported, and that the presence of challenging behavior was predicted by ASD severity.

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1. Introduction

The core features of autism spectrum disorders (ASD) are communication impairments, social skills deficits, and the presence of repetitive or overly restricted behaviors (American Psychiatric Association, 2000). Because of delays in these skills, children with ASD are particularly at risk for developing challenging behaviors (Chamberlain, Chung, & Jenner, 1993; McClintock, Hall, & Oliver, 2003). Indeed, Matson and colleagues recently reported that up to 94% of children with ASD exhibit at least one challenging behavior (Matson, Wilkins, & Macken, 2009). Specifically, children with ASD have been reported to engage in a wide range of challenging behaviors such as tantrums, aggression, stereotypy, and self-injury (Horner, Carr, Strain, Todd, & Reed, 2002; Matson, Wilkins, et al., 2009).

Challenging behaviors are typically defined as behaviors that are not socially acceptable, physically dangerous, and those that negatively impact education (Matson, Mahan, Hess, Fodstad, & Neal, 2010). These behaviors limit the development of social relationships (Anderson, Laken, Bradley, & Chen, 1992; Matson & Wilkins, 2007; Matson, Neal, Fodstad, & Hess, 2010; Myrbakk & Tetzchner, 2008), place the individual and their family members in unsafe and problematic situations (Emerson, 2000; Holden & Gitlesen, 2006) and interfere with effective education (Carr, Taylor, & Robinson, 1991; Horner, Diemer, & Brazeau, 1992). Further it has been shown that aggressive behavior is a strong predictor of stress for parents of children with developmental disabilities (Baker, Blacher, Crnin, & Edelbrock, 2002) and is one of the most prominent impediments to placement in less restrictive environments (Shoham-Vardi et al., 1996).

In addition to ASD, the presence of intellectual disability (ID) places the child at risk for engaging in challenging behaviors (Holden & Gitlesen, 2006; McClintock et al., 2003; Myrbakk & Tetzchner, 2008). Recently, Holden and Gitlesen (2006) found

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that as severity of ID increased, challenging behavior also increased. Further, the presence of challenging behaviors was associated with ASD severity. Self-injury and stereotypy were more common in people with a severe/profound degree of ID and people with a diagnosis of ASD were more likely to show self-injury, aggression, and destruction of property (McClintock et al., 2003). Also, it has been reported that about one third of participants who display challenging behaviors have comorbid diagnosis of ASD and ID (Myrbakk & Tetzchner, 2008).

The critical role that challenging behaviors play in the development of children with ASD is clear. However, the overall prevalence of these behaviors in children with ASD is not well known. A recent study by Matson, Wilkins, et al. (2009) is one of the few studies that has examined challenging behaviors in children with ASD and potential causal factors. The authors demonstrated that children with ASD exhibited more challenging behaviors than typically developing children as well as children with Axis I diagnoses (e.g., anxiety disorder, attention deficit hyperactivity disorder, etc.). They also found that stereotypic behaviors and self-injury were the most frequently endorsed behaviors and that overall levels of challenging behavior were positively correlated with severity of ASD (Matson, Wilkins, et al., 2009).

Given the effectiveness of early intensive behavioral intervention (EIBI) in ASD treatment (Granpeesheh, Tarbox, & Dixon, 2009; Matson & Smith, 2008), it is important to examine challenging behaviors within the context of EIBI. The primary purpose of EIBI services is to establish skills, across developmental domains, but skill acquisition is likely to be impeded by the presence of challenging behaviors. However, studies evaluating the presence of challenging behaviors in ASD are limited generally, and there are few if any studies which have evaluated the presence of challenging behaviors in children with ASD who are receiving EIBI services. Therefore, the purpose of the present study was to examine challenging behaviors across a sample of children with ASD who were currently receiving these services. The focus was on the prevalence of challenging behaviors, types of behaviors reported, and the relationship between severity of ASD and challenging behaviors.

2. Method

2.1. Participants

A total of 84 children with ASD were included in the study (66 males). The ratio of male to female approximates that found in the general ASD population (Fombonne, 1999). The average age of the participants was 94.2 months, ranging from 29 to 218 months. All children had received a diagnosis of autistic disorder. Formal diagnoses of comorbid disorders were few, with 18 participants also diagnosed with some level of ID. Parents or caregivers of the participants served as informants for the study.

The study took place at the Center for Autism and Related Disorders (CARD), which provides intensive applied behavior analytic (ABA) services for children diagnosed with an ASD. The CARD treatment program is individualized and comprehensive, in that it addresses all developmental domains in which a child needs help, including language, social skills, play skills, independent living skills, perspective-taking, and academic skills. The emphasis of the CARD program is to build functional skills and reduce challenging behaviors, with the overall goal of achieving generalization of learned skills to all aspects of a child's daily life (Granpeesheh, Tarbox, & Bishop, 2010).

2.2. Materials

Autism symptom severity and challenging behaviors were measured by the Autism Spectrum Disorders–Diagnostic for Children (ASD–DC; Matson, Gonzales, Wilkins, & Rivet, 2008) and Autism Spectrum Disorder–Behavior Problems for Children (ASD–BPC; Matson, Gonzales, & Rivet, 2008) respectively. The ASD–DC was designed by Matson and colleagues to evaluate symptoms of autism, PDD–NOS, and Asperger's disorder. According to Matson, Gonzales, Wilkins, et al. (2008), items were created through a review of ASD literature, DSM–IV–TR and ICD–10, and clinical observations. They were designed to be easily understood by persons unfamiliar with mental health terminology and have been found to have good reliability and validity (Matson, Gonzales, Wilkins, et al., 2008; Matson, Gonzales, & Wilkins, 2009). ASD–BPC was designed by Matson to assess challenging behaviors for children with ASD. A total of 18 items related to challenging behaviors were constructed using the same procedure as the ASD–DC. The ASD–BPC items had adequate to excellent test–retest and inter-rater reliability (Matson, Gonzales, & Rivet, 2008).

3. Procedures

Assessment packets including the ASD–DC and ASD–BPC were distributed to 451 potential participants in 15 different CARD offices. Of the 451 participants, the parents of 111 children completed the assessment packets according to the directions printed. Of the 111 assessment packets returned, 27 had missing data and were removed from the study. The remaining 84 children who had complete assessment packets served as participants in the present study. These 84 children resided in the following states: California, New York, and Virginia.

4. Results

Across the entire sample of participants there was a high level of reported challenging behaviors, with 94% of the participants showing some form of challenging behavior on the ASD–BPC. Repeated and unusual vocalizations (73.8%),

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