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Analysis of risk factors and early predictors of challenging behavior for children with autism spectrum disorder[☆]

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ABSTRACT

The current study evaluated risk factors for the occurrence, frequency and severity of challenging behavior among a sample of individuals with a diagnosis of autism, under the age of eighteen, in Ireland. Age, gender, hours of intervention received, age at diagnosis, presence of challenging behavior at diagnosis and treatment type at diagnosis were not found to be significant predictors for the frequency or severity of challenging behavior. The participants' IQ was found to be a significant predictor of the frequency and severity of the behaviors measured. Lower IQ predicted greater frequencies of stereotyped behavior, aggression and self-injurious behavior along with increased severity of stereotyped behavior and self-injurious behavior. The intervention participants were currently receiving was not significant in predicting the frequency of challenging behavior, nor the severity of aggressive or self-injurious behaviors. However, this variable was a significant predictor of severity of stereotyped behaviors with individuals currently in Applied Behavior Analysis interventions presenting with more severe stereotyped behavior than those currently in "eclectic" interventions. Additional findings and implications in relation to these variables are discussed.

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Research on the prevalence of challenging behavior among individuals with intellectual disabilities has established a prevalence rate of 10–15% (Emerson et al., 2001a; Holden & Gitlesen, 2006). Challenging behavior includes aggression, self-injurious behaviors, stereotypes and other destructive or disruptive behaviors. In particular, investigation of specific factors associated with the presence of challenging behavior has determined that those individuals with a diagnosis of autism will be more at risk for developing challenging behaviors (Holden & Gitlesen, 2006). This is not surprising given the social and communicative deficits which are core to the disorder. In an investigation of self-injurious behavior (SIB) among children with autism, Baghdadli, Pascal, Grisi, and Aussilloux (2003) found that 50% of their 222 participants experienced SIB and 14.6% had severe SIB.

Negative implications on an individual's life coincide with the presence of challenging behavior. Physical consequences may be apparent in the form of physical injury to themselves, staff or others around them. Emerson et al. (2001b) describe the physical outcomes of SIB as including secondary infections, physical malformation of the face or limbs, loss of sight or hearing, additional neurological damage and even death. Such risks for the physical well-being of the individual, and those around them, impact on the individual's socialization and integration potential. Emerson et al. (2001b) regard those with challenging behavior as at risk of social exclusion. Academic, developmental and adaptive behavior may also be affected, in

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that challenging behaviors interfere with learning and development (Holden & Gitlesen, 2006). Finally, Matson and Nebel-Schwalm (2007) make reference to the long-term outcome for an individual with persisting, severe challenging behavior, suggesting bleak consequences and long-term inpatient care.

Emerson (2001) defined challenging behavior as “culturally abnormal behavior(s) of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy or behavior which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities” (p. 3). Despite its debilitating effects, more extensive research is needed in order to ascertain the most effective and efficient methods of intervening. Baghdadli et al. (2003) maintain that research on prevalence of SIB’s, risk factors, outcomes and treatments is insufficient to date. Specifically, there is a lack of such information regarding children with SIB.

Matson and Nebel-Schwalm (2007) note that there is a lack of research in the areas of best assessment of challenging behavior in children with ASD, development of scaling methods for challenging behavior, co-morbidity as an influential variable, goals of assessment and systematic means of assessment, treatment priorities and risk factors. Further, they suggest that research in the area of risk factors would be beneficial in terms of identifying those who are most likely to develop challenging behavior and establishing the degree of difficulty in treating specific children’s behaviors. Essentially, the authors recognise these factors as significant in determining how early assessment and intervention needs to occur, how intensive intervention may need to be and what types of treatment strategies may be necessary.

Research to date in relation to risk factors associated with challenging behavior, has implicated a number of variables. Holden and Gitlesen (2006) carried out a total population study of challenging behavior in Norway. They found a prevalence of 11.1% for people with mental retardation. Challenging behavior was independent of gender. It was associated with age and autism but not with syndromes and increased with severity of mental retardation. One third of people with challenging behavior lived with their natural families and had less communication and social skills.

Emerson et al. (2001a) conducted a total population study in England to assess the prevalence of challenging behavior and its associated variables. They found that challenging behavior was present in 10–15% of people with mental retardation. Approximately two-thirds of those with problem behavior were male and nearly two-thirds were adolescents or young adults. Those with severe challenging behavior needed greater levels of assistance in eating, dressing and washing and had more restricted expressive and receptive communication.

Baghdadli et al. (2003) evaluated risk factors for self-injurious behaviors among children with autism. Results indicated that 50% of the children experienced SIB and 14.6% had severe SIB. Risk factors included chronological age, associated perinatal condition, higher degree of autism and a higher daily living skills delay. Parental class, sex and epilepsy were also assessed but not found to be associated.

Murphy, Healy, and Leader (2009) assessed risk factors associated with challenging behavior among children with autism in Ireland. Over 82% of the participants displayed challenging behavior. Age was not found to be a risk factor, while level of intellectual functioning was associated with severity of SIB. Type of intervention received by the participants was not associated with prevalence of challenging behavior. However, those receiving Applied Behavior Analysis displayed a higher frequency of stereotypy and showed higher levels of aggression. There was a much greater number of participants in Applied Behavior Analysis interventions (67.5%), limiting representation of challenging behavior among participants in alternative interventions.

The present study incorporates many of these variables with the intent to evaluate age, gender, IQ, hours of intervention received and type of intervention received in relation to the presence, frequency and severity of challenging behavior among participants with autism. In addition, the participant’s age at diagnosis, presence of challenging behavior at diagnosis, intervention being received at diagnosis and current intervention will be investigated to establish whether these variables have an effect on the same dependent variables. Research investigating these additional factors would be beneficial in order to ascertain their relationship with the development of challenging behavior among children with ASD.

Early identification of ASD is crucial so that children can receive the most appropriate and effective intervention. Early identification and intensive, early intervention during the toddler and preschool years improves outcomes for most children with autism (Filipek et al., 2000). The current study aims to identify the age at which each participant was diagnosed and how this is related to the presence, frequency and severity of SIB, aggressive and stereotypic behavior for each, considering also whether challenging behavior was present at diagnosis.

Early intervention is necessary but which intervention should be implemented after diagnosis is still an issue which attracts much dispute. Many therapies and treatments are implemented with children with ASD but not one in particular which has decidedly won the support and commitment from all treatment providers for children with autism. Some of the available treatments include TEACCH, elimination diets, Facilitated Communication, Sensory-integration, DIR, medical treatments, “eclectic” interventions and early intensive behavioral intervention. The current study will evaluate intervention type for associations with challenging behavior.

Given the predicted persistence of challenging behavior throughout an individual’s life (Emerson et al., 2001b), an expansion of research evaluating challenging behavior and its associated variables is necessary in order to ascertain best practices which are of most benefit and least harm to the individual concerned. The present study aims to evaluate age, IQ, gender, hours of intervention received, age at diagnosis, presence of challenging behavior at diagnosis, treatment type at diagnosis and current treatment type in order to contribute to and expand the existing research evaluating risk factors for the presence of challenging behavior.

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