# Behavioral Approaches to Managing Severe Problem Behaviors in Children with Autism Spectrum and Related Developmental Disorders

## **A Descriptive Analysis**

Peter Doehring, PhD<sup>a</sup>,\*, Brian Reichow, PhD, BCBA-D<sup>b</sup>, Tamara Palka, MD<sup>c</sup>, Cara Phillips, PhD, BCBA<sup>d</sup>, Louis Hagopian, PhD<sup>e</sup>

#### **KEYWORDS**

- Autism Intellectual disability Aggression Self-injury Behavioral intervention
- Applied behavior analysis
  Outcome research
  Children

#### **KEY POINTS**

- Severe problem behaviors such as aggression and self-injury are not uncommon in children with autism spectrum disorder (ASD) or intellectual disability (ID).
- This review covers 101 outcome studies published since 1995 that used behavioral techniques to address severe aggression, self-injury, and property destruction, in children between 6 and 18 years of age.
- Researchers relied on proactive and preventative behavioral techniques driven by functional behavioral assessment, with specific interventions associated with specific behavioral targets and functions.
- Researchers are increasingly interested in applying these techniques outside of specialized hospital and residential programs, although these techniques will be challenging for community-based practitioners to implement.

Funding Sources: Nil. Conflicts of Interest: Nil.

The protocol for this review is registered with PROSPERO (CRD42013003105).

<sup>a</sup> ASD Roadmap, 5 Nine Gates Road, Chadds Ford, PA 19317, USA; <sup>b</sup> Child Study Center, Yale School of Medicine, 230 South Frontage Road, New Haven, CT 06519, USA; <sup>c</sup> Developmental Disorders Unit, Foundations Behavioral Health, 833 East Butler Avenue, Doylestown, PA 18901, USA; <sup>d</sup> Neurobehavioral Inpatient Unit, Kennedy Krieger Institute, The Johns Hopkins School of Medicine, 707 North Broadway, Baltimore, MD 21205, USA; <sup>e</sup> Neurobehavioral Inpatient Unit, Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, The Johns Hopkins School of Medicine, 707 North Broadway, Baltimore, MD 21205, USA

\* Corresponding author.

E-mail address: peter@asdroadmap.org

Child Adolesc Psychiatric Clin N Am 23 (2014) 25–40 http://dx.doi.org/10.1016/j.chc.2013.08.001

childpsych.theclinics.com

#### INTRODUCTION

The term "problem behavior" or "challenging behavior" is generally used to refer to behaviors such as aggression, self-injury, property destruction, pica, elopement, and other behaviors that can result in injury to self or others, or that can significantly impair functioning. The prevalence of behavior problems among persons with autism spectrum disorders (ASD) and related developmental disorders such as intellectual disability (ID) is approximately 50%. <sup>1–5</sup> Known risk factors include the severity of autistic symptoms, impulsivity, level of intellectual disability, and communication deficits. <sup>6,7</sup> Individuals typically display multiple types of problem behavior, and the levels of severity can range from relatively minor and short-lived to severe, chronic, and potentially life-threatening. <sup>3,8</sup>

The impact of such behaviors can vary from child to child. Self-injurious behavior (SIB) and aggression can lead to significant injuries to self and others. 9-12 Problem behavior can severely limit the integration of the person into their school and community, and place tremendous stress on the family. 13,14 Children with ASD are 9 times more likely to seek emergency-room care related to mental health issues and, in some cases, may require acute psychiatric hospitalization. In a recent survey commissioned by the Pennsylvania Bureau of Autism Services, 17 almost 9% of Pennsylvania families with children with ASD in middle or high school reported that they had sought urgent hospital care (eg, emergency-room use or hospitalization) in the past year, most often for aggression or self-injury. Individuals with persistent problem behavior are at increased risk for residential placement, seclusion, physical restraint, other restrictive measures, and excessive medication. 9,18 The increasing rates of ASD,19 coupled with the high prevalence of problem behavior, and its adverse impact on children and families, makes this a topic of major concern.

Fortunately, a range of therapeutic interventions designed to address problem behavior associated with ASD have been and are being developed. Although no medication can address the core deficits in ASD at present, they are used to treat psychiatric conditions that may co-occur with ASD and to target associated features such as irritability and problem behavior, <sup>20</sup> and thus better enable individuals with ASD to participate in therapeutic programming. <sup>21</sup> At present only 2 medications, risperidone and aripiprazole, are approved by the Food and Drug Administration for addressing irritability in children with ASD. However, other medications have shown promise, and their safety and efficacy is currently being evaluated. <sup>22,23</sup>

Behavioral interventions based on applied behavior analysis (ABA) relevant to ASD can broadly be categorized as either comprehensive or problem-focused. Comprehensive interventions, including early intensive behavioral intervention, use behavioral intervention tactics to intensively teach a broad range of adaptive skills over an extended period. These methods are generally regarded as empirically supported,<sup>24</sup> but are not the focus of this review. Rather, this article focuses on problem-focused behavioral interventions that are more time-limited and are designed to address problem behavior such as aggression and self-injury. Studies describing this category of behavioral interventions for aggression, self-injury, and related behaviors span a period of 40 years. 11,25–29 Contemporary behavioral interventions use a range of behavioral procedures based on the results of functional behavioral assessment, which is designed to identify the controlling antecedents and reinforcing consequences for problem behavior. Research shows that, in 60% to 75% of cases, problem behavior is maintained by social consequences,

### Download English Version:

# https://daneshyari.com/en/article/4150462

Download Persian Version:

https://daneshyari.com/article/4150462

<u>Daneshyari.com</u>