



Early Childhood: Behaviour



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Aggression, frustration and temper tantrums

“William gets really frustrated with some activities...he throws himself on the floor, yelling and kicking out at others.”

Why does this happen?

- Children with autism can become frustrated very easily when having difficulty with an activity or interacting with others. An inability to communicate the problem also leads to further frustration, with the common result being aggressive behaviour, screaming and crying or tantrum like behaviour.
- Children with autism may not understand that other people are able to help them with a problem. They may continue to struggle with a difficult task until they reach the limit of their frustration. (See also Developing Skills > Learning to ask for help)
- A change in routine can cause extreme anxiety in a child with autism resulting in frustration or emotional behaviour- I.e. driving to school a different way may lead to the child screaming and crying in the back seat as the change in surroundings may have confused him or her.
- Children with autism may find social situations unpredictable and frightening. They lack the verbal skills to express their emotions and may experience a ‘meltdown’ as they struggle to cope.
- Aggression can be triggered by an extreme sensitivity to certain sounds, smells or sensations. This could be something that adults do not even notice, such as the noise from a hand dryer in the bathroom, or the flickering of a fluorescent light.
- Aggression may be used by the child with autism to avoid something he doesn’t want to do.
- Aggression may be used to gain attention. If the response to disruptive behaviour causes great fuss and excitement the behaviour may become entrenched – a hard habit to break.
- Children with autism have difficulty sharing and taking turns, this may be a result of their difficulty anticipating future events. Perhaps they sense that if they can’t have what they desire at that moment, they will never have it. This may result in a tantrum or ‘hitting out’ at others.
- Short, intense outbursts of rage and aggression may be associated with epileptic seizures.

What you can do

- Remain calm and remind yourself that the child's behaviour is an attempt at communication; he's not just being naughty or difficult.
- It is important that activities match the child's developmental ability. Simplify or modify an activity if it seems too difficult for him.
- The child may become quite upset and abandon a task completely if he fails. Give the child lots of encouragement and reassurance. Children with autism seem to need a lot more reassurance than other children.
- Teach the child a standard phrase or signal to use when he needs help, such as raising his hand and/or saying, "help please." Teaching the sign for help is also very useful.
- Provide the child with a safe place for 'timeout' when he is feeling overloaded
- Consult an occupational therapist if the child appears to have sensory problems. Ear plugs may help to filter out excessive noise if this is a problem.
- If aggressive behaviour occurs in order to avoid a task, e.g. packing away blocks, use clear, simple language to tell the child firmly what is expected of him. "William, pack up blocks." If he is still acting aggressively, calmly remove him from the situation for a few minutes. Do not look at him or give him any attention during this time. Bring the child back to finish the job, using your hand over his if necessary to help pack up. Give lots of praise when the job is completed.
- If the behaviour is attention seeking, attend to your child with a firm, no-fuss approach. Take him to a quiet place for a few minutes until he is calm, then return him to the task or activity. Ensure other staff and adults know how to deal with the behaviour and agree on the manner in which it will be handled.
- It may take some time for the child to understand the social rules of sharing and turn-taking. While progress may be slow, these skills should be practised and repeated frequently from a young age.

Note

- Some young children with autism have a very strong negative reaction to hearing the word 'no'. Like a red rag to a bull, this word can provoke an outburst or a full-scale tantrum. If you are dealing with behaviour of concern, be aware of your language and how the child responds to your words.
- The child may require a medical review to rule out seizures that could be the cause of aggression. Epilepsy occurs in 10-30% of children who have autism. (Gabis, Pomery Andriola 2005)

Creating a comfort zone or withdrawal space

“Tegan gets really anxious and upset. I’ve tried to calm her down but she doesn’t respond.”

Why does this happen?

- Children with autism are very sensitive to certain sounds or sensations. They can become overwhelmed and distressed in a noisy or chaotic environment.
- A child with autism may not respond to common techniques used to calm a child such as holding and cuddling. In fact, this may make them even more anxious.
- Some children with autism need ‘timeout’ from the stress and demands of social interaction.
- Often the stress of completing set work, sitting in a classroom and attending to tasks is overwhelming and children need a safe space for downtime or to move to when feeling upset.

What you can do

- Try to create an environment that is calm, predictable and structured
- Be aware of annoying distractions in the classroom for the child with autism such as fluorescent lights that hum and flicker or noisy ceiling fans.

• A physical space where the child can withdraw to is important. Either a quiet corner with a beanbag or a small room adjoining a classroom are useful safe areas.

• The room should have minimal furniture and should be quiet and cool. Ensure the space has functioning blinds to control the amount of light. Bright sunlight or glare could cause the child further distress. Remove posters, artwork and other visual distractions from the space.

• The child could bring their own items from home to utilise in the quiet space for down time – small sensory toys, play dough, blocks or books, leggo etc.

• Do not introduce the items to the child until the child is calm.

• Ensure there is nothing in the room that could pose a risk to the child or cause injury.

• The child must not be locked in the room at any time and the space is not to be used for “punishment”. The child needs to associate the room with being able to calm down and feel safe.

• Allow the child time for repetitive or obsessive behaviour if this helps her to be calm. Gradually introduce more appropriate relaxation techniques, such as listening to music through headphones, reading a favourite story or visualising a peaceful image. Vigorous physical activity is also great for burning up anxious feelings.

• If the child may need to be taught a specific phrase to use when she wants time out. The child may need to be directed to go to their safe place if you can see the child becoming upset.

• Children with limited verbal skills could be given a ‘timeout’ card – a laminated card with a picture of their special place. They can give this card to their teacher when they need time out.

- Some children with autism find firm pressure very soothing, such as the sensation of being 'sandwiched' between bean bags. They may find being enclosed in a safe place is much more calming than being held by another person.

Note

Some children may enjoy their 'own space' so much that they refuse to come out or participate in any activities. It may be necessary to limit the amount of time the child can spend in this place, or allow her to go to her comfort zone a limited number of times per session. You could also use the comfort zone as a reward for positive behaviour or trying new activities.

Lack of self control

“Sometimes Daniel will throw a toy or block across the room without any thought as to where it might land or that it may injure another child.”

Why does this happen?

- Children with limited verbal skills may exhibit this behaviour as a way of communicating. The behaviour may be their way of saying “I’m bored” or “It’s noisy in here”.
- Most children with autism lack empathy and cannot understand the consequences of their actions.
- Children with autism become frustrated very quickly. Disruptive behaviour may appear when the child experiences frustration or failure while attempting a difficult activity.
- Some young children with autism are unable to distinguish between positive and negative attention from an adult. They may enjoy the attention received when they cause a ‘scene’, but lack an understanding that the behaviour is inappropriate. Many children with autism are unable to play creatively. Their interests may be narrow and limited, leading to boredom and inappropriate behaviour. Creative play skills need to be specifically taught. Children with autism do not develop these skills naturally.

What you can do

Teach the child a standard phrase to use when the child has had enough of an activity. He could raise his hand and/or say, “finished.” Teach the child the sign for finished.

Visual schedules could also help the child when it is time to move from one activity to the next.

Ensure the activity is not too difficult for the child. Some tasks may need to be broken down to make them more manageable. This will ensure success and minimise frustration.

- Ask yourself some questions about the behaviour. When does it occur? What happened immediately before the behaviour occurred? If the behaviour is very frequent, keep a diary noting the time and circumstances of the behaviour. Review the diary to check if there is a pattern to the behaviour.

Be aware of your reaction to inappropriate behaviour. Do you and others react with shock or surprise? The child may be enjoying your highly emotional reaction. Tell the child firmly what you expect and what is appropriate. Ask the child to pick up the toy. You may have to use your hand over the child’s hand to pick it up if he refuses.

Reward good behaviour by offering the child a favourite toy to take home. Alternately, reward the child with time at his preferred or obsessive activity.

Develop the child’s play skills. The child may not know how to play creatively or what to do in certain activities. Don’t assume that the child knows what to do because you’ve told him or her. Guide him through activities step-by-step. Some

activities will need to be repeated for the child to understand and develop the related skills.

Managing self-injurious behaviour

"I find it really distressing when I see Patrick banging his head."

Types of self-injurious behaviour

Children and adults with autism may engage in self-injurious behaviours, also known as self-harm. Self-injurious behaviours are actions that the child performs that result in physical injury to the child's own body. Typical forms of self-injurious behaviour include:

- Hitting oneself with hands or other body parts
- Head-banging
- Biting oneself
- Picking at skin or sores
- Scratching or rubbing oneself repeatedly.

Why does this happen?

- The behaviour may be a form of communication. This may be seen in a child who is profoundly intellectually disabled and has little or no verbal skills.
- The child may be experiencing extreme anxiety.
- The child may be in pain and unable to communicate. Ear and urinary tract infections can often cause a dramatic increase in self-injurious behaviour.
- The behaviour may be caused by frustration if the child is unable to complete a task or does not get what he wants.

What you can do

Observe the behaviour, when and where it occurs, who is present at the time and any other factors that may contribute. i.e. does the child bite their hand when they hear a certain noise.

- Don't ignore the behaviour but do attend to the child with a minimum of attention. Reactions of surprise or anger may result in the behaviour being reinforced. Give a clear and firm verbal message, e.g. "Patrick Stop!" "Hands down" Try to redirect him toward a more appropriate activity that you know the child will enjoy. Do not use the word "No" as it can make the situation worse.
- Give the child lots of praise, attention and rewards for appropriate behaviour and when the child uses words or gesture to communicate.
- Consult with a speech therapist to assist in the development of speech and picture exchange programs or signing if required. Developing the child's functional communication is of utmost importance to encourage the child to communicate their needs rather than engaging in self-injurious behaviour.
- Distraction may be used to prevent self-injury. Give the child a favourite toy or other distraction to play with in situations where the child is likely to hurt themselves.

- If the behaviour is out of character, it may have a medical cause such as an ear infection, urinary tract infection or stomach pain.

- A consultation with a paediatrician may be required if the behaviour is frequent, severe and ongoing, to determine if medication is required as part of a behaviour management strategy.

Phobias and excessive fears

“When it’s windy Jack refuses to come outside to play. He’s absolutely terrified.”

Why does this happen?

- A child with autism may experience fear based on a connection made from a single frightening experience. A situation that has previously caused anxiety can trigger a fearful reaction, even an extreme over-reaction. Eg. A child that fears dogs may run away in terror from a dog that is being walked on a lead quite some distance away.

- Children with autism may have fear of things that are not concrete- if they cannot touch it and understand it in a meaningful way they will likely be afraid of it – i.e. wind, the dark.

- Loud noises or things that can make sudden loud noise are a common source of fear for children with autism- balloons.

Fear of failure- many children with autism have a perfectionist streak and will not attempt something for fear they will get it wrong and spend inordinate amounts of time completing the task.

- Looking at people directly in the eye can be very uncomfortable or cause a great deal of anxiety.

- Speaking to people directly- some children with autism are afraid to speak up in front of others and will only speak if using a funny accent or speaking “through” a toy or another object.

- Some fears may be related to sensory processing issues and discomfort- trying new foods may be a time of high anxiety.

- Fears and phobias may trigger avoidance or aggressive behaviour in the child seeking to get away from the cause of their fear.

- In a nonverbal child, avoidance or aggression may be the only way they have to communicate their fear.

What you can do

- Observe the child if they are exhibiting avoidance or aggressive behaviour- note the environment, people present and other variables such as noise , wind, light and dark to find the trigger

- Consult with an occupational therapist conduct an assessment and sensory profile and provide support to desensitise the child.
 - When the child is calm, talk to him about his fears. Try to find out the real cause of his anxiety. The child might fear the wind because he was frightened once by a fierce storm. Or he may have an extreme aversion to the sensation of wind in his hair. Examine each situation from the child's perspective to gain an understanding of the problem.
 - Gradually desensitise the child to the phobia. Choose a time when the child is calm, perhaps doing an activity they enjoy. Progressively expose the child to the source of the anxiety.
 - Social stories can be used assist in overcoming phobias.
 - Always encourage and reward "good looking" or "good speaking" when the child is doing either of those directly with you
 - Understand that overcoming phobias and fears may take time and creativity and old fears once overcome may be replaced with new ones
- If the child is acutely anxious for long periods of time and in great distress the child's parents may need to consult with a paediatrician regarding appropriate medication

Stress and anxiety

“Ashleigh often becomes so worked up over things that she can’t participate in activities. We don’t know what’s causing her to get so upset.”

Why does this happen?

Children with autism can become anxious for a number of reasons. They may become stressed in a noisy, busy environment or by a change in routine.

Difficulty interpreting and expressing emotions can cause stress and anxiety. The child may be stressed by an inability to interpret social situations or fear that a frightening experience may re-occur, to the point where this fear can dominate the child’s life. Sometimes a fear can be quite irrational.

Self-injury, repetitive behaviour and tantrums can all occur if anxiety is left unchecked

Not comprehending what is happening in a situation can cause anxiety and stress. Becoming overheated or dehydrated- children with autism often do not recognise when they are too hot, will not dress for the weather and need to be told when to remove clothing if it is warm.

A child with autism may also be so ‘busy’ or preoccupied they forget to drink unless actively prompted. Being overheated can contribute to the child being more stressed than necessary and less able to cope.

What you can do

Observe and record the Childs’ behaviour and the surrounding events. Is there a pattern to the behaviour?

Create a calm, stress-free environment. Background music can be calming.

Children with autism thrive on routine. Sessions should have a well-defined, predictable structure. Reduce the child’s anxiety about future events by using picture boards or activity strips.

If there is going to be a change in the routine tell the child ahead of time or show them on the visual timetable.

Destructive behaviour may be avoided by giving the child something to do that will burn up anxiety, such as ripping up scrap paper, flattening boxes etc.

If the child becomes anxious in social situations you will need to interpret various situations for the child; be explicit about exactly what she needs to do and say in each situation. The child may need frequent prompts and reminders of appropriate social language.

Provide a quiet space for timeout. The child may need a secure place to which she can withdraw when she feels anxious. (See also Behaviour Management > Creating a comfort zone)

If you can see the child is hot and sweaty, anxious, stressed or aggressive, encourage the child to remove their jumper, have a break from the activity and a drink. It may be enough of a distraction to stop the behaviour and to allow them too literally cool down enough to process what is happening.

Repetitive and self-stimulatory behaviour

“Billy spends so much time flapping his hands, how can I get him to stop?”

Types of self-stimulatory behaviour:

Visual

Staring at lights, repetitive blinking, moving fingers in front of the eyes, hand-flapping

Auditory

Tapping ears, snapping fingers, making vocal sounds

Tactile

Rubbing the skin with one's hands or with another object, scratching

Vestibular (sense of balance)

Rocking front to back, rocking side-to-side, spinning

Taste

Placing body parts or objects in one's mouth, licking objects

Smell

Smelling objects, sniffing people.

Why does this happen?

- Children with autism may engage in this type of behaviour because they enjoy the sensation. It is their 'hobby'.
- The behaviour may serve a purpose – it may help to keep the child feeling calm and safe.
- This behaviour may be seen more frequently when the child is feeling anxious or stressed.

Why is this behaviour a problem?

- Constant self-stimulatory behaviour can inhibit learning and the child's ability to play attention
- Self-stimulatory in public places such as school can cause the child to become ridiculed or bullied.

What you can do

- The child's behaviour serves a purpose, so it is important to replace the behaviour with something more acceptable. Attempts to stop the behaviour altogether are unlikely to succeed. The flapping may stop but a new repetitive behaviour may emerge.
- Examine your own feelings about the behaviour. Does it interfere with his learning? Does it disturb others? If the answer is 'no' it may be that you are the only one bothered by the behaviour. Where possible, identify the source of anxiety and make changes to the environment that will reduce the child's stress.
- Try to control the behaviour by keeping the child's hands busy. Choose an activity that you know he will enjoy. Keep the activity very short at first, reward and praise the child for completing the task without flapping.
- When the child appears anxious and unhappy, allow them some time to engage in the behaviour as a form of relaxation. Gradually introduce more appropriate methods

of relaxation, such as listening to music with headphones, blowing bubbles or reading a favourite story.

- Allow the child to engage in the self-stimulatory behaviour but restrict the activity to certain situations, e.g. only doing small flaps in his pocket so it is not so noticeable.
- A small toy in the child's pocket to fiddle with may reduce anxiety and self-stimulatory behaviour.
- If the child becomes overloaded by too much noise or chaos, he might benefit from having a special place to which he can withdraw. The child will need to be taught a specific phrase to use when wanting to use the withdrawal space. (See also Behaviour Management > Creating a comfort zone)
- Encourage vigorous physical activity. This can help relieve feelings of anxiety and distress. Trampolines and swings are wonderful pieces of equipment where children (or even adults) with autism can engage in very physical self-stimulatory behaviour but in a more socially acceptable way.