**Autistic Spectrum Disorders (ASD) and Challenging Behaviours**

Some, but not all, persons with ASD exhibit challenging behaviour on occasion. Challenging behavior can include self-injurious behavior, aggression towards other, damage to property, inappropriate sexual behaviour, among other things. There is very little research on this topic and much concern about stigmatizing particular individuals as “problems”, but it deserves some attention for classroom management and in planning for employment and independent living.

There are several possible causes of challenging behaviour (see below). The best way to deal with them is to monitor the behaviour closely, conduct a functional analysis to identify any contributing or associated factors (time of day, time of month, setting, recent activities, events immediately before, events immediately after, etc.) and then review the possible causes for a likely match.

**Possible Causes of Challenging Behaviour**

1) Communication

Even people with strong communication skills may sometimes have difficulty expressing things in words and resort to behaviouraly communication

* Frustration with a situation – the person may not like an activity, may need something (a tool, a drink of water, a restroom break, and help with something) or may be worried about something.
* Confusion about new aspects of a situation – the person may not understand the instructions being given to them, changes in a routine, a new situation or activity, changes in the environment, or what others are doing.
* Confusion about goal, purpose or sequence of activity – the person may be confuses about why they are supposed to do something or about what comes next in the sequence. Even individuals who are normally clear and “anchored” about their regular routine may have an occasional bad day when they don’t feel well, and lose track of the purpose or sequence of activities. They may become confused and frustrated. If clear, visual guises are available in the work space/lass, the can reorient themselves.
* Over-stimulation – the person may be upset about too many new things, new activities, or new people in the environment.
* Under-stimulation – the person may be bored, may be attracted to certain kinds of stimulation (certain lights, sounds, textures), or may find certain actions soothing. This can lead to self-stimulating behaviours or self-injuring behaviours, such as shouting loudly, or pulling their own hair.
  + What to look for – pay close attention to recent events, actions of others, and settings of behaviour. Notice if behaviours increase or decrease when the person is engaged in activities.
  + What to do – the most common approaches for these behaviours are “functional communication behaviour” (teaching the person more appropriate ways to communicate their message). Follow the NET principle (Name the inappropriate behaviour, Explain why it is inappropriate, Teach a more appropriate behaviour). Accommodations might also be helpful.

2) Physical/Neurological Issues

* Gastro-intestinal pain – the person may be experiencing cramps from diarrhea, constipation or general intestinal problems. There is a higher incidence of GI problems among people with ASD.
* Lack of sleep – the person may be tired and irritable. There is a higher incidence of sleep disturbance among people with ASD.
* Hyper-sensitivity – the person may find certain kinds of light, sound or other stimuli very uncomfortable.
* Pain – there may be other typical medical issues causing the person pain.
* Side-effects – some research says that more than half of all people with ASD are taking some form of psychotropic medicine. These medicines can have serious side effects including nausea, drowsiness/sedation, abdominal pain, fatigue, headaches, and general agitation, among other things.
  + What to look for – pay close attention to person’s actions just before and after the behaviours for signs of pain or distraction.
  + What to do – speak with Disability Services

3) Psychiatric Issues

* Depression – people have ASD have increased rates of mood disorders.
* Attention Deficit – there is anecdotal evidence of ADHD in people with ASD.
* Anxiety disorders – individuals may experience a lot of anxiety from sensory issues, communication issues, and cognitive issues. In many cases, anxiety might become pervasive.
* Aggressive Urges – a few people with ASD have aggressive issues, emotional outbursts, or extreme self-injuring behavior which they cannot control. Occasionally they may be prescribed anti-psychotic medications, but this does not mean they are experiencing psychosis.
  + What to look for – these situations are a last resort for situations in which there do not seem to be any connections to other factors
  + What to do – speak with Disability Services