



Understanding Your Child's Behavior

In this handout, we hope to help you better understand your child's behaviors, particularly those behaviors that have been labeled "autistic."

"Repetitive," "unusual," or "limited" behaviors are commonly seen in people with Autism Spectrum Disorder (ASD) in their:

- Actions
- Interests
- Activities, Routines, or Rituals

Examples may include:

- Avoiding eye contact
- Mouthing or chewing on objects or fingers
- Toe walking or hand flapping
- Visually examining objects very carefully (e.g., wheels on a toy car)
- Vocalizing in seemingly "random" patterns
- Holding or "hoarding" familiar and/or comforting objects
- Running away or removing oneself from an overwhelming or stressful situation
- Intense need for sameness, rigidity in following rules, and inflexibility
- Use of "scripted" language (e.g., memorized words or phrases from favorite movies, books, shows)
- Use of repetitive questions (e.g., "What's next?" "Is it time for car?")
- Emotions expressed through "echolalia" (i.e., repeating another's words and/or phrases); for example, a highly confused and distressed child repeating "You need to use your words!" loudly to himself or herself
- Preoccupation with specific topics or areas of interest

Historically, these behaviors were referred to as "stimming," "inappropriate," "problematic," "negative," or "strange." Parents and professionals were encouraged to stop, "manage," eliminate, or extinguish these "autistic" behaviors.

More recent efforts to understand and address these behaviors have led researchers and practitioners to two essential (yet historically overlooked) sources of information:

- Child development research and practice, which has closely examined the causes and functions of similar behaviors in young children
- Adults with autism who have articulated and/or written about the causes and purposes of their behaviors

This information has helped us understand that these behaviors are not bizarre or strange. They are simply *attempts to cope* with situations that people with ASD have *not developed* the communication, interaction, and **self-regulation** skills to handle (self-regulation can also be called self-control or self-management).

What is Self-Regulation?

Simply put, self-regulation is a person's ability to do three essential things:

- *Process or filter sensory information* (everything we see, hear, touch, smell, and taste)
- *Manage and express emotions* (e.g., tiredness, boredom, anxiety, excitement, confusion)
- *Keep oneself calm, alert, and focused* in various activities and situations

In order to pay attention to people and activities in the environment, a person must be able to do all three of these things *effectively*.

For example, to participate in classroom activities, children must effectively do the following:

- Process sensory information (e.g., in the classroom, filter out sounds such as other students talking, the hum of the air conditioner, fluorescent lights, background noise)
- Manage and express emotions (e.g., keep themselves calm and focused despite any tiredness, boredom, anxiety, frustration, excitement, or other emotions they may feel)
- Stay calm, alert, and focused enough to attend to their teachers and classroom activities in order to learn academic material

Children's ability to communicate, interact, focus, and function in everyday social situations depends on their ability to cope with or control their emotions and behaviors. If children are unable to self-regulate in a classroom environment, they will have a very difficult time paying attention, participating, communicating, interacting, and learning.

As they develop, young children progress from using **physical coping strategies** (e.g., chewing, jumping, rocking) to using **language-based coping strategies** (e.g., telling oneself "only five more minutes until lunch" or "I can ask for a break and get some water").

It has been well documented that children with ASD have *significant difficulties* with self-regulation. Therefore, children with ASDs must work much harder than typically developing children to manage their emotions and behaviors and interact with others in everyday social situations. It is more difficult for them to relate to others, form peer relationships, and engage in positive social interactions.

With a new understanding of autism and self-regulation, a very different picture of "autistic" behavior emerges...

Particular behaviors previously referred to as "stimming," inappropriate," or "negative" are now understood to be either communication and/or self-regulation attempts. In other words, these behaviors are a child's best effort to:

- Convey a message such as "I don't like this!" "I'm very stressed!" "I need help!" or "I'm confused"
- Calm or soothe himself in the face of intense anxiety, frustration, confusion, and/or "sensory overload"
- "Rev up" or alert herself (and others) when she is tired, bored, hungry, etc.

A child with ASD previously seen as intentionally "misbehaving" or "pushing people's buttons" is now understood to be:

- Unable to predict the behavior and intentions of others
- Confused, frustrated, stressed, and/or overwhelmed in certain social situations

Children with ASDs do not have the same abilities as typically developing children to learn appropriate behavior simply by observing others.

In social situations, children with ASDs often use “unusual” behaviors to self-soothe and/or gain some social control. Behaviors formerly labeled “autistic” (e.g., avoiding eye contact, hand flapping, use of scripted language, talking excessively about their interests; see the list of behaviors on the first page of this handout for more examples) are now understood to be “**self-regulation strategies.**”

As parents, teachers, and treatment providers, we must recognize these and other behaviors as attempts to communicate and/or emotionally regulate. This will make it easier to understand and support children with ASDs.

Without this understanding, well-intentioned parents and professionals may try to “manage” or stop a child from engaging in self-regulation behaviors. Although this may work in the short-term to stop a particular behavior, children often resort to other (and often more desperate) coping or self-regulation strategies such as screaming, running away, hitting, biting, throwing, or breaking objects.

What Can I Do For My Child?

Because children with ASDs often cannot develop effective self-regulation strategies on their own, it is very important to help them develop effective communication and self-regulation strategies that are socially acceptable. Examples of strategies you can give your child include:

- Clenching hands together or squeezing a rubber ball when stressed
- Asking for help, a break, or a hug when overwhelmed
- Holding a favorite object or book during difficult transitions from activity to activity
- Looking at a visual schedule to figure out what’s happening next or to understand the sequence of activities (e.g., get dressed, use the bathroom, eat breakfast, get in the car, drive to school)

The most severe, challenging, or difficult behaviors seen in children with ASDs (e.g., aggression, head-banging, violent tantrums) usually occur in situations when children are *extremely* “dysregulated” and have not developed effective communication and self-regulation strategies.

What are your child’s particular self-regulation strategies?

Think about a typical activity, interaction, or situation that is difficult for your child:

1. Consider what your child’s behavior is communicating about what he or she may be thinking and feeling
2. Put *words* to your child’s *actions*:
 - “I’m doing this because...”
 - “I’m trying to tell you that...”
3. Consider how you could change the situation, activity, or environment to help your child communicate more clearly and/or become more calm, alert, and focused (e.g., offer choices, help your child understand what’s happening, show your child how to say “no” appropriately, offer a soothing toy or object)

Remember, you are in the best position to understand your child’s behavior and support his or her self-regulation!

Medical Review:
Dana Won, M.D.

Authors:
Andrew Shahan, M.A.
Shauna Joye, Ph.D.

Last Updated:
March 2013