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## **MODULE 20: Autistic Behaviour**

Autistic behaviour can be challenging as it can vary so widely, both in comparison to neurotypical behaviour, and in comparison between individuals on the spectrum. Here you will explore some of the more difficult aspects of autistic behaviour and the reasons behind these behaviours. You will learn about how autism manifests itself in a child's behaviour at home and at school, as well as gaining an understanding of Theory of Mind and how it relates to ASD. The final section provides an overview of strategies and techniques used to address and manage autistic behaviour in children.

20.1 How autistic behavior can be challenging

20.2 Child behavior and how to identify autism

20.3 Theory of Mind

20.4 Addressing child behaviour

### **20.1 How autistic behavior can be challenging**

Those on the autism spectrum can exhibit challenging behaviours. Here we explore these behaviours and what aspects of autism might trigger them.

#### **20.1.1 Self-injury**

Those on the autism spectrum, particularly those with accompanying learning disabilities or complex needs, might injure themselves deliberately. Self-injurious behaviours can happen at any age. These behaviours can include:

- Slapping or punching
- Pinching their skin
- Pulling their hair
- Banging their head against hard surfaces
- Gouging their eyes
- Picking at wounds or eczema
- Scratching until blood is drawn



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- Biting their arms or legs

### Reasons for self-injury

The reasons for self-injury are often complex and multifaceted. These can include:

Communication problems - With mastering verbal and non-verbal communication posing such a problem to those on the autism spectrum, self-injury can be a quick way to gain attention. It can be used as an attempt to communicate frustration, anxiety, excitement or even boredom.

Developmental remnants – Infant behaviours such as hand mouthing may continue into later life.

Medical issues or illness - Self-injury can communicate pain and discomfort stemming from illness, toothache, headache, digestive problems, skin conditions, epilepsy or other medical problems.

Mental health problems – Self-injury might indicate anxiety or depressive disorders, particularly in high functioning or Asperger's individuals.

Neurochemical systems– High beta-endorphin levels increase pain threshold and can even make pain pleasurable.

Sensory stimulation – Self-injury can be an attempt to block out unwelcome environmental sensory input in times of overstimulation or to gain sensory input in times of understimulation.

### **20.1.2 Violence**

Those on the autism spectrum can also turn their aggressive behaviors towards others. These behaviours can include:

- Pinching
- Kicking
- Slapping
- Attacking with objects
- Spitting
- Hair pulling
- Biting
- Punching



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### Reasons for violence

- Feeling threatened by a change in routine
- Interacting with an unfamiliar person and feeling threatened
- Unwillingness to do something
- Frustration with inability to communicate
- Feeling physically uncomfortable – unwell, hungry, thirsty or needing the toilet
- Feeling overwhelmed by sensory input, particularly if there is no option for them to escape it
- Feeling understimulated and trying to gain sensory input
- Impatience in waiting for something, exacerbated by inability to understand time
- Feeling ignored and looking for attention
- Feeling anxious about an upcoming transition
- Resisting a transition
- Reacting to an unwanted past transition
- Seeking or trying to avoid sensory input from the targeted individual
- Seeking a reaction from nearby adults or children
- Struggling to get needs met through conventional modes of communication
- Attempting to express pain in the body
- Feeling distress in response to a change in environment
- Feeling overwhelmed by a complicated instruction, not able to understand what is expected of them
- Reacting to a punishment or disciplinary action they don't understand

As can be seen, with few avenues to express their emotions or communicate their needs, there are many reasons why individuals on the autism spectrum might turn to violence. Thankfully, violence decreases when efficient communication methods are introduced between the individual on the spectrum and their parents, carers and educators. It is thought that between 3% and 7% of those on the autism spectrum have a history of hurting or attempting to hurt others.

### MODULE 20: Autistic behaviour

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## 20.1.3 Pica and smearing



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Other challenging behaviours that those on the autism spectrum might exhibit are pica and smearing.

Pica is defined by the Oxford Dictionary as 'a tendency or craving to eat substances other than normal food (such as clay, plaster, or ashes).

People on the autism spectrum may consume objects or substances that are not food for a number of reasons. It could be that the individual does not have an understanding of what is edible and what is inedible. Alternatively, the person could be seeking extra sensory stimulation and texture, taste or smell of the item might appeal to their need for stimulation in the moment. Other motivations for autism-related pica are the attempt to relieve stress or anxiety in relation to overstimulation, to seek attention or create a reaction.

Faecal smearing is when faecal matter is smeared in inappropriate places or even used as an art tool.

A person on the autism spectrum might engage in this behavior for a number of reasons, most of which are sensory in nature. When a child is understimulated, they might enjoy smearing because of the sensory stimulation it brings. Not only the smell and texture but also the movement of the arms when smearing and the excitement of the inevitable reaction,



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whether it involves scolding, punishment, shouting or crying, will be welcomed as sensory stimulation. If overstimulated, it could be that the individual dislikes the sensation of wiping.

Other reasons for this behaviour include feeling ill or unwell, having a fear of toilets or not understanding where faeces needs to go.

## **20.2 Child Behaviour and How to Identify Autism**

### **20.2.1 Eating, Sleeping and 'Meltdowns'**

#### **Eating**

Children on the autism spectrum tend to be very selective with their food and have a limited range of favourites they will eat. Being extremely sensitive to taste, smell, colour and texture, they may go to extreme lengths to avoid foods that they dislike or cause them discomfort.

Some children will suffer from nutritional deficiencies and malnutrition because of their limited diet. ASD individuals are often attracted to high calorie, carbohydrate-based foods that can cause constipation and impair gut function.

#### **Sleeping**

ASD children can have difficulties sleeping. This can be caused by fear of darkness or going to sleep, reduced secretion of melatonin, a hormone which regulates sleep patterns, distraction by light, sound, touch or smell stimuli in the sleeping environment, sensitivity to caffeine or sugar consumption or other gastrointestinal issues. Children might also have difficulty in understanding when they are supposed to go to sleep.



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### Meltdowns

Children on the autism spectrum may have an occasional meltdown, which generally includes behaviours similar to temper tantrums. However there are some marked differences:

- A child in a meltdown does not seek a reaction and cannot consider safety. Neither will they be placated by a toy or a valued item, like a child throwing a tantrum would.
- During a meltdown, the child is truly out of control, often overstimulated, and has no means of calming themselves down. A child throwing a tantrum pretends to be out of control.



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## 20.2.2 Behaviour at school



Children on the autism spectrum, especially those who are undiagnosed and are not receiving the support they need, can run into major problems with their schooling in both its social and academic aspects.

### Lunch and break times

The dining hall can be daunting for an ASD child. The combination of perhaps unfamiliar foods and their tastes, smells and textures, along with the noise and constant movement can be emotionally taxing. This can cause avoidance of the room and anxiety or challenging behaviour in the run up to lunchtime.

The playground is no easier for them, where the rules and structure of the classroom are done away with. The unwritten 'social rules' of the playground are exceptionally difficult for children on the spectrum to grasp and they find it challenging to engage with group play successfully. If they do manage to get involved, there may be numerous disciplinary issues



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where the ASD child behaves in ways that are not expected by or acceptable to their peers. Children with ASD are often found alone and on the side lines of the playground. Some will be happy with this state of affairs, whilst others will be keen to interact but be unsure of how to navigate the complex social territory of the playground.

In the classroom:

Children on the autism spectrum will often find themselves in trouble at school without understanding why. They may be chastised for not responding to their name, for engaging in self-stimulating behaviours or for repeating what others say. Complex instructions can confuse them and leave them unable to work out what is required of them. This might be misunderstood as unwillingness or inability to work on the tasks assigned to them, which can lead to unnecessary disciplinary action or a lowering of the teacher's standards with regards to the ASD student's academic abilities. This is likely to lead to underachievement.

### **20.2.3 Autism checklist**

The Autism Treatment Center in the USA has a checklist to help parents, educators and carers to identify whether a child should be diagnosed for autism. If the answers to the following questions are mostly negative, it is encouraged that a diagnosis is sought from a health professional.

- Does your child consistently turn his head when you call his name?
- Does your child make direct eye contact with you as much as other children?
- Does your child look at toys you show her?
- When you play with your child, does he smile at you often?
- Does your child use gestures and eye contact to communicate with you?
- Does your child engage in exchanges of sounds (or words) with you in a back and forth interaction/conversation?

If the answers to the following questions are mostly positive a diagnosis is also advised.

- Does your child prefer to be alone or appear aloof?
- Does your child have an unusual insistence on routine?
- Does your child resist being held or touched?
- Does your child spin objects or have an unusual sensory interest in objects (e.g. peering, sniffing, licking or watching)?
- Does your child engage in repetitious motor movements?
- Does your child laugh, cry or show distress for no apparent reason?
- Does your child show no response to verbal instructions despite a normal hearing test?





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The ATC also says that many children who are delayed at 12 to 18 months will catch up with their peers by 3 years old and will then continue to develop at the same rate as their peers. This is because the range of normal development is extremely wide. Some children who show these delays, however, will be diagnosed on the autism spectrum.

### **20.3 Theory of Mind**

#### **20.3.1 What is Theory of Mind?**

Theory of Mind is the branch of cognitive science that explores how we ascribe thoughts, beliefs, emotions, feelings and plans that differ from our own to others. It is also concerned with investigating how we use these ideas about the mental states of others to understand and explain the actions of others in the past and predict what people will do in the future. In a sense, having a Theory of Mind allows us to 'mindread'.

Theory of Mind is the basis for being able to express empathy. By inferring another person's mental state and emotions, we are able to adjust what we say and do to offer them comfort or solidarity. Through doing so, we build and strengthen relationships.





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Individuals on the autism spectrum have different levels of Theory of Mind. One individual may be unable to understand that others have beliefs, thoughts and feelings, while another might be aware that others do have different ideas and mental states, but be unable to discern what these are. The social cues read by neurotypical individuals may be missed by those on the autism spectrum.

This can affect their ability to express empathy, something they might be eager to show, as they lack the understanding of the other person's thinking. Once an individual on the autism spectrum is made aware of the feelings of another, they are much more likely to show empathy. Others on the autism spectrum are not aware that others have thoughts or even that they have thoughts, unable to think objectively about thinking. This makes empathy impossible.

The typical Theory of Mind development for neurotypical people is as follows: Understanding the difference between thoughts and reality, and ascribing wants to others at age 2, understanding that others think and know different things at age 3, and understanding that thoughts may not be true at age 4.

### **20.3.2 The Maxi test**



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The Maxi test and its variants, which are known as ‘false belief tests’, are used to test the emergence of Theory of Mind.

Two researchers, Wimmer and Perner<sup>2</sup>, were the originators of the Maxi test, during which children between the ages of 3 and 9 were told the following story using puppets and props:

Maxi is a little boy who sees his mother bring home chocolate and watches her put it in a blue cupboard. He then leaves the scene to go out to play and the mother moves the chocolate to a green cupboard. When Maxi returns to the scene, the child is asked which cupboard Maxi will look in to find the chocolate.

If a child has a Theory of Mind, they will answer that Maxi will look in the blue cupboard, realizing that Maxi has a false belief because of the crucial information he missed being out of the room. Children without a Theory of Mind will answer that Maxi will look in the green cupboard. They will not be able to distinguish between their own mind and Maxi’s as they are unable to hold a model of someone else’s mind in their own. Thus they conclude that Maxi knows what they know.



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When children on the autism spectrum have participated in Theory of Mind tests such as the Maxi test, they succeed at significantly lower levels compared with neurotypical children. ASD children tend to score much higher in other cognitive tasks that test language capabilities and intelligence, in comparison to Theory of Mind tests.

A study by Baron-Cohen, Leslie and Frith<sup>3</sup> tested children on the autism spectrum and children with Down syndrome on a series of tests including cognitive tasks and the Theory of Mind test. Though ASD children performed better in the cognitive tasks, the children with Down syndrome scored significantly higher in the Theory of Mind test. The level of success of children on the autism spectrum in this task did not improve as the children got older. These results led to the conclusions that deficit of Theory of Mind is a specific feature of autism and is not simply a consequence of impaired cognitive function.

### **20.3.3 Learning Theory of Mind**

There are many interventions parents, educators and carers of those on the autism spectrum can take to teach Theory of Mind and thereby improve social skills and empathy.

#### Theory of Mind coaching

Advocated by Diane Twachtman-Cullen, this approach sees parents, family members, teachers and friends assisting the individual to learn Theory of Mind through everyday social interaction. They might help them to read and identify facial expressions and tones of voice and to infer thoughts, feelings and beliefs of others, offering a running commentary of others behaviours and subtle social cues.

#### Role play

Children on the autism spectrum may be able to gain an experience of Theory of Mind through role playing and acting. Pretending to be someone else requires a shift away from self into another person's role. This might allow children with ASD to understand concepts such as perspectives, body language and emotions. There are available resources of plays and role-play ideas for individuals on the autism spectrum.



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**Learning materials**

The University of Cambridge developed a comprehensive program to teach emotions and Theory of Mind in 2002 called 'Human Emotions'. With the choices of CD or DVD options, the program teaches 412 feelings through stories, voice and video clips and games. Learning emotions to this level of subtlety could greatly assist those on the autism spectrum in being able to understand body language, facial expression and tone, making it easier for them to make inferences about the mental and emotional states of others.



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## 20.4 Addressing Child Behavior

Managing the behaviour of children on the autism spectrum can be a challenge, but is made significantly easier with effective communication and discipline approaches, relevant therapies and sensory provisions.



### 20.4.1 Communication



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People on the autism spectrum are, by and large, visual learners and communicators. Considering that a great deal of learning and communicating is done through speaking and listening, areas in which those with ASD are not strongest, there is little surprise that misunderstandings arise and learning is not as effective as it could be.

Any instruction given should be backed up with a visual aid where possible. Expectations of behaviour should be presented in their positive form, rather than beginning with 'no' or 'don't' e.g. 'no hitting' becomes 'touch gently' or 'keep your hands on your lap'. These expectations should also be presented in a visual form such as on a flashcard with an illustration or image depicting the desired behaviour. These images can be pointed to in the event of the child needing a reminder.

Children on the ASD spectrum may also need a visual format to be able to make their needs known. A system called PECS allows non-verbal children to form sentences such as 'I want a drink please' or 'I need to go to the toilet' with a wide range of images. These images can also be used by parents, carers and educators to communicate their instructions or the day's activities. When the ASD child is able to understand what is expected of them and to communicate their needs and wants, this should reduce the anxiety and frustration that can lead to difficult-to-manage behaviours.

### **20.4.2 Therapies and Sensory Provisions**



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There are a wide range of therapies available to help those with ASD improve their skills, some of which will have an effect on behaviour. These include:

Speech and Language Therapy (SLT)—Suitable for non-verbal or highly-verbal children on the autism spectrum, this therapy aims to assist them in communicating more effectively with those around them

Occupational Therapy (OT)— This therapy considers cognitive, physical and motor skills to implement programs that foster independence and wider participation in life. Targeted skills might be learning to dress independently, tie shoes or use the toilet. This can improve behaviour because it allows children to gain independence, which is likely to improve the parent-child relationship.

Sound or music therapy— This therapy aims to regulate sound sensitivity. This would improve behaviour because a child is less likely to act out due to feeling overloaded with auditory stimulation.





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Behavioural issues often stem from feeling under or over stimulated. There are many provisions that can be made that empower children on the autism spectrum to regulate their stimulation themselves. For overstimulation, it is advised to provide a dark, quiet space. This could be achieved with a tent, a light-blocking blanket or by installing light-blocking curtains or blinds. If a child on the autism spectrum has a place to go when they are feeling overwhelmed by sensory stimuli, they are much less likely to act out in frustration. For understimulation, a sensory exploration area or box of sensory toys might be used. Sand, water, gravel, squishy toys, hug pillows, stretch bands, putty, rattles, action song tapes or videos, swings and trampolines are all popular options. For anxious or hyperactive children, a weighted vest might be an option. It delivers deep pressure touch stimulation, which might help them feel calmer and more focused. Ear defenders and sunglasses can help, too.

### **20.4.3 Discipline**

Discipline is often used with neurotypical children to try and reduce undesirable behaviours and promote desirable behaviours. Children on the autism spectrum also respond to discipline, but for it to improve behaviour effectively and on a long term basis, the following guidelines are recommended:

Setting clear expectations - Clear expectations, rules and boundaries expressed in their positive form with visual aids. 'Do not run indoors' becomes 'Walk indoors' with pictures of a person walking. These are communicated verbally and the child's attention is redirected to them at suitable intervals.

Redirection – When a child on the autism spectrum is showing undesirable behaviour, reorienting them to an acceptable activity can be enough to stop it.

Praise – When a child shows a desirable behaviour, praise can be effective. Stating the name of the child, the action and 'good', such as 'Henry, you put away the crayons, that is good,' perhaps accompanied by a visual aid, can improve behaviour.

Rewards – Token boards can be effective in improving behaviour. A reward is chosen by the child from a selection provided. A pictorial representation of this reward is attached (often with Velcro) to the end of the board. The child then has three or four tasks to do before receiving the reward, each of which earns a token. When the required number of tokens are acquired and stuck on the board, the reward is offered.

The following approaches are not recommended:

Corporal punishment or spanking – Children on the autism spectrum often has problems with connecting deeds and their consequences, a necessary skill to understand corporal



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punishment. Spanking an ASD child may make him think that he is permitted to discipline others or himself, which may lead to an increase in violent behaviour and self-harm.

Shouting – Due to sensory issues, shouting can lead to more violence, self-harm and destructive behaviours.

**EXAM LINK**