



## Recognizing Autism-Related Behavioral Abnormalities in Children

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### Description

Autism Spectrum Disorder (ASD) is a complex developmental condition that affects how a person behaves, interacts with others, communicates, and learns. One of the hallmarks of autism is the presence of behavioral abnormalities, which can vary widely among children with the disorder. Understanding these behaviors is essential for providing appropriate support and interventions. This article delves into the common behavioral abnormalities observed in children with autism and discusses their implications.

### Common behavioral abnormalities

Children with autism often engage in repetitive behaviors, such as hand-flapping, rocking, or repeating the same words or phrases (echolalia) [1]. These behaviors can serve as a coping mechanism to help them deal with anxiety or sensory overload. Additionally, many children with autism have a strong preference for routines and can become distressed if their routines are disrupted. This insistence on sameness can make everyday activities challenging for both the child and their caregivers [2].

Many children with autism experience sensory processing issues, where they are either hypersensitive or hyposensitive to sensory stimuli. For example, a child might be extremely sensitive to loud noises, bright lights, or certain textures, which can lead to behavioral outbursts if they feel overwhelmed. Conversely, some children may seek out sensory stimulation and engage in behaviors like spinning objects, staring at lights, or feeling certain textures.

Autism significantly impacts a child's ability to communicate and interact socially. Children with autism may have difficulty understanding and using nonverbal communication, such as eye contact, facial expressions, and body language. They might also struggle with understanding social norms and cues, which can lead to inappropriate or misunderstood behaviors in social situations. These difficulties can result in frustration and behavioral issues as the child tries to navigate social interactions [3].

In some cases, children with autism may exhibit aggressive behaviors, such as hitting, biting, or kicking, or self-injurious behaviors, like head-banging or skin-picking. These behaviors can stem from an inability to communicate their needs or feelings

effectively, leading to frustration and anger. They can also be a response to sensory overload or a way to seek sensory input.

Transitions, such as moving from one activity to another or changing environments, can be particularly challenging for children with autism. They might have difficulty understanding the concept of time or struggle with the unpredictability of new situations. This can result in meltdowns or refusals to participate in new activities. Providing clear, consistent routines and advance warnings about transitions can help mitigate these difficulties [4].

### Implications for intervention

ABA is a widely used intervention that focuses on improving specific behaviors, such as social skills, communication, and adaptive learning skills. It involves breaking down complex behaviors into smaller, manageable steps and using reinforcement techniques to encourage positive behaviors [5].

For children with sensory processing issues, sensory integration therapy can be beneficial. This therapy aims to help children respond more appropriately to sensory stimuli by engaging them in activities that challenge their sensory processing abilities in a controlled, gradual manner. Augmentative and Alternative Communication (AAC) tools, such as Picture Exchange Communication Systems (PECS) or speech-generating devices, can help children with autism who have difficulty with verbal communication. These tools provide alternative ways for children to express their needs and reduce frustration-related behaviors [6-10].

Social skills training programs can help children with autism learn how to interact appropriately with others. These programs often use role-playing, social stories, and other techniques to teach children how to recognize and respond to social cues. Establishing a clear and consistent routine can help reduce anxiety and behavioral issues related to unpredictability. Visual schedules and timers can be useful tools for helping children understand and anticipate transitions.

### Conclusion

Behavioral abnormalities in children with autism are varied and complex, reflecting the diverse nature of the disorder. By understanding these behaviors and their underlying causes, caregivers and professionals can better support children with autism in managing their behaviors and improving their quality of life. Early intervention and tailored support are key to helping children with autism navigate their world more comfortably and successfully.

### References

1. Kim YS (2011) Prevalence of autism spectrum disorders in a total population sample. *Am J Psychiatry* 168: 904-912.
2. Zablotsky B, Black LI, Maenner MJ, Schieve LA, Blumberg SJ (2015) Estimated prevalence of autism and other developmental disabilities following questionnaire changes in the 2014 national health interview survey. *Natl Health Stat Rep* 87: 1-20.
3. Maenner MJ (2021) Prevalence and characteristics of autism spectrum disorder among children aged 8 years-autism and developmental disabilities monitoring network, 11 sites, United States, 2018. *MMWR Surveill Summ* 70: 1-16.

4. Bolte S, Girdler S, Marschik PB (2019) The contribution of environmental exposure to the etiology of autism spectrum disorder. *Cell Mol Life Sci* 76: 1275-1297.
5. Persico AM, Bourgeron T (2006) Searching for ways out of the autism maze: Genetic, epigenetic and environmental clues. *Trends Neurosci* 29: 349-358.
6. Lucchina L, Depino AM (2014) Altered peripheral and central inflammatory responses in a mouse model of autism. *Autism Res* 7: 273-289.
7. Nolen-Hoeksema S, Wisco BE, Lyubomirsky S (2008) Rethinking rumination. *Perspect Psychol Sci*. 3(5): 400-24.
8. Martin JR, Mindfulness (1997) A proposed common factor. *J Psychother Integr* 7: 291-312.
9. Wahl K, Ertle A, Bohne A, Zurowski B, Kordon A (2011) Relations between a ruminative thinking style and obsessive-compulsive symptoms in non-clinical samples. *Anxiety Stress Coping* 24(2): 217-225.
10. Watkins ER (2009) Depressive rumination and co-morbidity: Evidence for brooding as a transdiagnostic process. *J Rational-Emot Cognitive-Behav Ther* 27(3): 160-175.