

Atypical behaviors in children with autism and children with a history of language impairment

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Received 22 December 2005; received in revised form 1 February 2006; accepted 10 February 2006

Abstract

The frequency, course, and inter-relationships of atypical eating, sleeping, self-injurious behavior, aggression and temper tantrums in children with autism and children with a history of language impairment (HLI), was investigated using a parent interview that was created to examine these problem behaviors. The relationships between these behaviors and language, IQ, severity of autistic symptoms and depression were also assessed. Atypical eating behavior, abnormal sleep patterns, temper tantrums, and self-injurious behavior were significantly more common in the children with autism than those with HLI. Within the autism group, children who exhibited more atypical behaviors tended to have a lower nonverbal IQ, lower levels of expressive language, more severe social deficits and more repetitive behaviors. No relationship between the number of atypical behaviors and measures of cognitive or language ability was noted in the HLI group. However, having more atypical behaviors was related to increased restricted, repetitive behaviors in children with HLI. The atypical behaviors could be divided into two groups: abnormal eating and sleeping, which were independent and tended to begin early in life; and self-injury, tantrums and aggression, which began later and were inter-related. Sleep abnormalities were more common in children (groups combined) diagnosed with major depression.

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Keywords: Autism; Language Impairment; Eating; Sleep; Self-injurious behavior; Aggression; Temper; Tantrum

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Children with autism display many abnormal behaviors that, while not essential to the diagnosis, cause serious distress for both the child and the family. Unusual eating habits, abnormal sleep patterns, temper tantrums, and aggression to self and to others are among the most common of these abnormal behaviors. In order to achieve a greater understanding of abnormal behaviors in the context of autism, it is important to better characterize their frequency and course as well as to explore their relationship to other aspects of children's functioning including language, intelligence, and severity of autistic symptoms. To achieve this goal, we developed an interview for parents of children participating in two of the Collaborative Programs of Excellence in Autism (CPEA) sites, Boston and Salt Lake City. We begin by reviewing published studies of these behaviors in children with autism.

1. Atypical eating behavior

Atypical eating behavior occurs so frequently in children with autism (Raiten & Massaro, 1986) that at one time it was included among the diagnostic indicators (Ritvo & Freeman, 1978). The most common feeding problem is excessive food selectivity, by type and texture (Ahearn, Castine, Nault, & Green, 2001; Field, Garland, & Williams, 2003; Williams, Dalrymple, & Neal, 2000). Other abnormalities are rituals surrounding eating and food refusal (Schreck, Williams, & Smith, 2004; Williams et al., 2000). Some children with autism may have inadequate nutrition as a result of their limited diets (Raiten & Massaro, 1986; Williams et al., 2000).

Although it has been described, complete food refusal appears to be relatively rare in autism compared to other developmental disabilities. When it does occur, it may be due to gastrointestinal problems. In one study of factors predisposing children to feeding problems, 3 of the 26 children with autism showed complete food refusal, all of whom suffered from gastroesophageal reflux (Field et al., 2003).

A number of hypotheses have been proposed to explain feeding difficulties in children with autism. One hypothesis is that feeding difficulty may be a learned aversion to food secondary to gastrointestinal problems (Field et al., 2003). Others propose that feeding problems result from sensory aversions (Williams et al., 2000). Another hypothesis is that these feeding difficulties are examples of one of the hallmark features of autism: restricted repetitive interests and behaviors and insistence on sameness (Ahearn et al., 2001; Williams et al., 2000). These hypotheses are not mutually exclusive.

2. Abnormal sleep patterns

Sleep problems are more common in children with developmental disabilities than in typically developing children (Richdale, Francis, Gavidia-Payne, & Cotton, 2000). Among developmentally disabled children, sleep problems tend to be more common in younger children and are associated with self-injury, aggression, screaming, tantrums, noncompliance, and impulsivity (Clements, Wing, & Dunn, 1986; Wiggs & Stores, 1996). It is unknown whether these associations occur in children with autism as well.

Research based upon parental report suggests that children with autism are more likely to have sleep difficulties than children with other developmental disabilities and children with no developmental diagnosis (Polimeni, Richdale, & Francis, 2005; Schreck & Mulick, 2000). Among the most commonly reported problems are difficulty falling asleep, frequent awakenings throughout the night and early morning awakenings (Hering, Epstein, Elroy, Iancu, & Zelnik, 1999; Honomichl, Goodlin-Jones, Burnham, Gaylor, & Anders, 2002; Hoshino, Watanabe,

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