<u>The use of punishment with autistic children who use behaviour that challenges</u>

Autism Spectrum Disorder (ASD) is characterised by persistent impairments in social interaction and social communication across several contexts (American Psychiatric Association, 2013). Although prevalence figures are not consistent, evidence suggests that the majority of children with ASD will use at least one problematic behaviour (Hattier, Matson, Belva, & Horovitz, 2011), and that children with ASD tend to use more challenging behaviours than children without an ASD diagnosis. Behaviours may include, failure to comply, property destruction, absconding, and harm to self and/or others (Gadow et al. 2004). These behaviours may be a due to a dysregulation of emotional state, as well as the child's attempt to react or escape from aversive stimuli (Brewer et al., 2014). For children with ASD, challenging behaviour can lead to negative outcomes, including the use of physical interventions, poor relationships, accessing ineffective education, as well as impacting negatively on the well-being of the whole family (Hastings et al., 2005; Kanne & Mazurek, 2011).

Behaviour that challenges has been described in the following way:

"behaviour can be described as challenging when it is of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion" *(Royal College of Psychiatrists et al., 2007).*

Emerson (1995) suggests that challenging behaviour is culturally specific, and describes it as "culturally abnormal behaviour(s)" (P4). With this definition in mind, challenging behaviour can be seen as socially constructed, disobeying social rules.

The National Institute for Health and Care Excellence (NICE; 2013) guidelines for children with ASD and behaviour that challenges recommend personalised interventions that are based on behavioural principles and a functional assessment of behaviour. The guidelines advise working closely with families and carers, in which a shared understanding of the function of the behaviour is developed. Although not specifically recommended by NICE, positive behavioural support (PBS) is gaining popularity and evidence base. It is a values-led approach, focusing on quality of life, community involvement, choice, and respect (Allen, James, Evans, Hawkins, & Jenkins, 2005). Although behaviour change is a key feature of PBS, it is often seen as a secondary gain to improving the individual's quality of life. One of the primary features of a PBS intervention is the implementation of proactive strategies (Johnston, Foxx, Jacobson, Green, & Mulick, 2006). This could include, making changes to the environment, skills building for the individual, and implementing appropriate responses to the challenging behaviour. PBS and its position on punishment is not straightforward, and few researchers explicitly state that PBS should never involve the use of punishment. Therefore, although PBS focuses primarily on proactive strategies, a small proportion of the strategies are reactive in order to reduce episodic severity. Some researchers argue that punishment should not be included as it often leads to escalation, rather than resolution in the immediate aftermath (LaVigna & Willis, 2012), and therefore it does not 'result in a decrease in the immediate likelihood of response continuation or escalation' (LaVigna & Willis, 2012). This definition of a reactive strategy is in contrast to the idea that punishment should decrease *future* occurrences of the target behaviour (Emerson, 2001).

Behavioural theory is based on the belief that behaviour is learnt. Operant conditioning works on the premise that behaviour can be maintained or altered by reinforcement and punishment, increasing or decreasing the probability that it is likely to occur in the future (Emerson, 2001). Other mechanisms can also maintain behaviours, for example, sensory stimulation (Emerson, 2001), or through imitating the reactions of others (Bandura, 1977).

This essay will focus on the use, effectiveness, and ethics of punishment, a topic that often attracts controversy, but is also well installed within our society (e.g. Bunting, Webb & Healy, 2010; Lacey & Pickard, 2015). The 'lay' persons use of the word 'punishment' is often associated with negativity and retribution, but behavioural theory describes it as a procedure that reduces or eradicates a behaviour (Sundel & Sundel, 2017). This can be through positive punishment (the introduction of a punisher in response to the behaviour), and negative punishment (the removal of a positive reinforcer following the behaviour).

The use of punishment

Historically, punishment practices were closely associated with harsh techniques, such as sensory punishment, physical punishment and use of electric shock (e.g. Risley, 1968). However, more recently it includes sanctions, such as telling someone off, making them apologise, restraint, and removing property or a desired activity (Rajyaguru, Moran, Cordero, & Pearson, 2019). Although the types of punishment may have changed, as punishment remains an embedded part of society, it is not surprising that punishment and exclusion are the most common responses to the use of challenging behaviour in educational settings (Sprick, Borgmeier & Nolet, 2002), and frequently used by parents, with

65% of Americans approving of spanking their young children (Regalado, Sareen, Inkelas, Wissow, & Halfon 2004).

The use of punishment with individuals with ASD is inconsistent. It has been suggested that autistic children are among those most likely to receive corporal punishment (Anderson, 2014). However, other studies have found that parents of children with ASD report to implement discipline to a lesser extent than parents with typically developing children (Boonen et al., 2015). These parents also report allowing more leeway with complying with requests, rules, and expectations (Boonen et al., 2015; Maljaars et al., 2014).

When considering the use of behavioural recommendations by professionals, there appeared to be a paradigm shift, with the biggest change between 1980s and 1990s, from commonly used coercive and decelerative consequence-based procedures to proactive antecedent approaches focusing on quality of life (Michaels, Brown, & Mirabella, 2005). Despite this, consequence based procedures are still used, and although there was a rise in reinforcement-based interventions at the beginning of the 21st century, there was only a slight decrease in punishment-based interventions for self-harm – a trend that coincided with the increased use of functional assessments (Kahng, Iwata, & Lewin, 2002). It was also reported that PBS experts do not always agree on what techniques are considered appropriate, and a small proportion of PBS practitioners would, under certain conditions, use sensory and physical punishment, as well a contingent electric shock (Michaels, Brown, & Mirabella, 2005). In a later study investigating the reasons why PBS experts utilise specific procedures, they found that these experts ranked research based alternatives as their most compelling influence, and ethics as the third of the three influences (Brown, Michaels, Oliva,

& Woolf, 2008). However, with the focus of PBS on quality of life, it is hoped that the use of punishment has continued to decline.

Does punishment work?

Punishment, by definition, should be effective in reducing the target behaviour. Despite this, there is qualitative data that suggests unsuccessful use of punishment and time out, which led to the maintenance of or increase in behaviour that challenges in autistic children (e.g. Agazzi, Tan, & Tan, 2013; Armstrong, DeLoatche, Preece, & Agazzi, 2015). In addition, it has been found that negative, controlling parent behaviours (using discipline and/or punishment), made a significant contribution to the behaviour problems of children with ASD (Boonen et al., 2014). Furthermore, previous evidence suggests that an interaction has also been found to maintain these behaviours, where the problematic behaviours of the child can negatively reinforce the behaviour of the parent, and as a result, maintain the behaviours in both the parent and the child (Reid, Patterson, & Snyder, 2002). These findings suggest that when parents of children with ASD use discipline and control, it may be associated with poorer outcomes overall.

The long-term maintenance and generalisation of behaviour change through punishment should also be considered. Studies suggest that the use of discipline and punishment, as well as inconsistent responses, have been found to predict a rise in behaviour that challenges with children and young people with ASD over time (Dieleman, De Pauw, Soenens, Beyers, & Prinzie, 2017; Osborne, McHugh, Saunders, & Reed, 2008). In addition, it has long been known that punishment effects rarely transfer to other settings in mainstream populations (Lernan & Vorndran, 2002). Therefore, for an individual with ASD

where generalisation is already problematic (e.g. Hwang & Hughes, 2000; Ozonoff & Miller, 1995), the generalisation of the effects of punishment will likely be further impacted.

It is often assumed that the same things are punishing for everyone. However, what serves as punishment or reinforcement is determined by the subsequent behaviour of the individual. This can be complicated further when considering autistic children as they are likely to experience situations differently to neurotypical individuals. With this in mind, strategies such as time-out could actually serve to reinforce a behaviour for someone with ASD. Although time out is not seen as a punishment but instead a self regulation strategy (Webster-Stratton, 2016), the individual is being removed from opportunities for meaningful positive interactions with others, as well as engaging in activities of choice (and can therefore be classed as a negative punishment). Despite this, as some children with ASD may wish to avoid social interactions, timeout can inadvertently reinforce the behaviour through escaping unpleasant situations. For example, if a child throws something in a busy classroom setting, removing them to a quiet space could reinforce the behaviour if the function of the behaviour was sensory overstimulation. This generalisation of what is classed as a punishment could also be true for other reprimands e.g. school exclusions, which could ultimately increase the behaviour as it was inadvertently reinforced rather than punished.

Ethics and the use of punishment

It is important to consider ethics and the negative effects of punishment in relation to behaviours that challenge. Although certain punishments are considered 'normal' within society, in the general population, not only has exposure to punishment been shown to be

ineffective in long term behaviour change (Costenbader & Markson, 1998), it is also associated with higher rates of school dropout, increase in aggression, truancy, and impact on mental health (Sprick, Borgmeier, & Nolet, 2002; Lerman & Vorndran, 2002; Afifi, Mota, Dasiewicz, MacMillan, & Sareen, 2012). In addition, the individual who is carrying out the punishment will be modelling undesirable behaviours through social learning (Bandura, 1977), which can be copied by the young person, for example, victims of physical abuse have been found to have a higher probability of becoming future perpetrators (Bordin, Paula, Nascimento & Duarte, 2006).

Although many of the aversive consequence-based recommendations used by professionals are now longer perceived as acceptable by them, a small percentage indicated that they may still use a full range of these techniques (Michaels, Brown, & Mirabella, 2005). However, not only can this be considered morally wrong, the use of punishment and restrictive interventions can be considered to violate their human rights for freedom from torture and inhuman or degrading treatment (Human Rights Act, 1998). In addition, using the least restive treatment is supported by governmental policy (Department of Health and Social Care, 2014) following evidence of abuse and that restrictive interventions have not always been used as a last resort in health and care. Restrictive interventions have been used to inflict pain, punish or humiliate individuals, and they have shown to cause physical and psychological trauma for both the individual and the staff member (Department of Health and Social Care, 2014). The recommendation for the use of punishment in a PBS plan should therefore be considered in relation to these violations of human rights and ensure that any restrictions are used as a last resort.

An alternative, and more ethical, consequence based behavioural approach is the use of differential reinforcements. This involves reinforcing a more desired behaviour, whilst withholding reinforcement for unwanted behaviours. These have been conceptualised into providing reinforcement for the absence of the problem behaviour (differential reinforcement of other behaviour, DRO) and for the engagement in desirable behaviours (differential reinforcement of alternative behaviour, DRA; Fitzpatrick, Srivorakiat, Wink, Pedapati, & Erickson, 2016). Although there is not scope in this essay to discuss the use of reinforcement-based interventions, they have been found to be effective in reducing undesirable behaviours, and they teach the individual skills to manage in the situation (Weston, Hodges & Davis, 2018; Wong et al., 2015). However, the focus on functional assessment and quality of life is vital to ensure the individuals needs are being met, and to enable effective and ethical recommendations (Brosnan & Healy, 2011).

Conclusion

This essay aimed to discuss the use, effectiveness, and ethics of punishment. Historically, treatment choice and acceptability of behavioural strategies was primarily based on effectiveness of the intervention (Lennox & Miltenberger, 1990), which focused on the use of punishment. However, the field has continued to evolve, and as paradigms have shifted other variables are now considered critical in the acceptability of treatment approaches. The focus on quality of life by PBS practitioners has supported this shift. However, although punishment and consequent based procedures are being used less often with children with ASD, these procedures are continuing to be used due to the perception that 'bad' behaviour should be punished within our culture (e.g. use of prisons and fines). However, whilst PBS is about understanding the function of the behaviour rather than

elimination, it's focus on quality of life should continue to move us in the right direction,

keeping individuals at the center.

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