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Perspective

Stereotypical Behavior in Autism

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Restricted, repetitive, and stereotyped forms of behavior are one of three core diagnostic features of autistic disorder (and are a frequent target of behavioral intercessions for children with autism. Although the fundamental causes of stereotypy are unknown, most scientists in the field believe it comprises a class of operant behaviors maintained by augmentation contingencies. A substantial body of research provides attestation for a sensory function of stereotypy, whereby behavior is maintained by automatic reinforcement.this literature contends that social consequences are not operative, and this has encouraged a torrent of behavioral interventions presuming a predetermined sensory or self-restorative function of stereotypy. According to the Diagnostic and Statistical handbook of Mental Disorders, one essential diagnostic feature of autistic disorder is the presence of confined, repetitive, and stereotyped patterns of behaviors, activities, and returns Stereotypy and stereotypic behavior are umbrella terms that refer to this broad class of topographically indistinguishable behaviors. A behavior is defined as stereotypy when it fits the necessary form, which involves repetition, rigidity, and invariance, as well as a inclination to be inappropriate in nature. Stereotypic behaviors are highly diversified in presentation. Behaviors may be verbal or nonverbal, fine or gross motor-oriented, as well as simple or complex. Additionally, they may happen with or without objects. Some forms involve stereotyped and monotonous motor mannerisms or use of language. Common examples of stereotypy are hand flapping, body rocking, toe walking, revoving objects, sniffing, immediate and retarded echolalia, and running objects across one's peripheral vision.defining feature of children with autism invoves stereotypy, characterized as restrictive and repetitive vocal and motor behavior. The recent literature review seeks to (a) determine the number of observed studies using behavioral interventions to treat stereotypy exhibited by children with autism or other extensive development disorder, (b) identify the assessment techniques used to regulate the function of stereotypy, (c) broadly categorize the treatment procedures, (d) summarize findings of other applicable variables.

Stereotypies do not only occur in the surroundings of a neurodevelopmental disorder (i.e., secondary stereotypies) like autism, blindness, or intellectual disability, they are also distinguished in typically developing infants (i.e., primary stereotypies); the latter usually abate around age 3 years (Thelen, 1979) whereas secondary stereotypies tend to preserve through life in various form. In autism, stereotypies are frequent and disabling, and whether they correlate to a hyperkinetic movement disorder, a homeostatic reaction aiming at sensory modulation, or a regulator of arousal remains to be established. So far, it has been challenging to differentiate among these different possibilities, not only because of lack of objective and quantitative means to evaluate stereotypies, but in our opinion also because of the underappreciated divergence of their clinical presentations. A third sensory-equilibration view prefess that individuals with ASD engage in stereotypical movements to regulate auditory, visual, vestibular, tactile, and/or proprioceptive stimulation (Gabriels et al., 2008) by decreasing sensory stimulation or by inducing heightened sensory experience. Another proceed towards is to view stereotypies as a motor disorder that does not depend on functional interpretation, but returns involuntary output of a dysregulated motor control system, likely including the basal ganglia and dopaminergic paasageways, Recent research on prophet of differential treatment responsivity replicates some of these findings, but also introduces a greater specificity to the learning intrusion phenomenon. identified a behavioral profile for a naturalistic behavioral interference, Pivotal Response Training (PRT) that prospectively distinguished between children who would respond or fail to respond positively to PRT.

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