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CHALLENGING BEHAVIORS OF CHILDREN IN DEVELOPMENTAL NORMS AND WITH AUTISM SPECTRUM DISORDERS. RESEARCH USING THE BPI-S INVENTORY*

Introduction: Challenging behaviors are not a common phenomenon only in groups of children with developmental disorders. They also pertain to children within the normal developmental range. Due to the nature of the problem and its occurrence, it seems crucial to understand challenging behaviors that may pose a threat to the children themselves and their surroundings.

Research Aim: The aim of the research was to show any differences in the level of challenging behaviors in a group of developmentally normal children and in a group of children with autism spectrum disorders, as well as to determine the differences in their severity.

Method: The research procedure utilized the observation method. The study involved 77 children from public elementary schools, public kindergartens, a non-public special kindergarten, and non-public kindergartens in the Podkarpackie Voivodeship. To measure challenging behaviors, the BPI-S – The Behavior Problems Inventory for Individuals with Intellectual Disabilities – Short Form, authored by Rojahn (development of the Polish version of the questionnaire: Lew-Koralewicz and Łaba-Hornecka) was used. The BPI-S questionnaire was completed by teachers; children's participation in the study was indirect.

Results: A significant difference between the examined groups occurred in the area of stereotyped behaviors. No statistically significant difference was noted in the area of self-injurious behaviors and aggressive/destructive behaviors. In the group of typically developing children, aggressive/destructive behaviors were of moderate intensity. Meanwhile, in children with autism spectrum disorders, the same behaviors were characterized by low intensity. Conversely, the intensity of self-injurious behaviors in both groups was mostly moderate.

Conclusions: The presented research findings provide a significant basis for undertaking systematic studies in this problematic area. Challenging behaviors are a barrier to learning and an obstacle to internalizing appropriate social behaviors. Issues of such behavior should be viewed globally, and actions should be taken that will comprehensively support

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both developmentally typical children and children with autism spectrum disorders and their families.

Keywords: challenging behaviors, autism spectrum disorders, developmental norm, intellectual disability

INTRODUCTION

Children's social development takes place most fully in the first environment, which is the family. Here, children experience themselves, learn values, but above all, feel a sense of security. As they grow older, their needs increase, and the quality of experiences gained from various social contacts also changes. Social relationships, primarily those of a friendly nature, reveal new mechanisms for children to familiarize themselves with previously unknown emotions and the world of unfamiliar people. The children observe, talk, propose, and encourage joint activities. They take on the role of friends, adapt to specific norms and rules of conduct, and then transfer them to other social situations (Miśkowiec, 2016; see Pindera et al., 2006; Surma, 2011; Waloszek, 2007). At this stage, children must abandon the egocentric approach to the environment and should exhibit behaviors that will be acceptable to other children (Hurlock, 1985).

Entering into a wider circle of relationships is not always simple and obvious for children. They may manifest inappropriate behaviors that are rooted in their developmental or social nature (Skarbek, 2018). The literature on the subject contains numerous definitions of abnormalities in behavior that can significantly hinder social functioning. A simple approach indicates two categories – individual ones, which reside within the individual and result from biological conditions, and social ones, which have their source outside the individual (Wysocka, 2009).

According to Achenbach (1991), inappropriate behaviors can also be considered in three categories, namely: internalizing behaviors, externalizing behaviors, and other behavioral disorders. When it comes to internalizing disorders, they are described as withdrawal and inhibition of the individual, as well as excessive control. Individuals are unable to show their full potential as they are blocked by shyness. They are passive in social interactions and responses. Externalizing behaviors typically include those related to maladjustment and aggression. Such individuals oppose generally accepted norms. On the other hand, behavioral disorders include social problems, non-compliance with social norms, and challenges in peer relationships (Wysocka, 2009).

A different classification of behavioral abnormalities was presented by Pisula and Kołakowski (2014). The authors focused on three types of behaviors described in the literature as irritating, undesirable, and behavioral disorders. Irritating behaviors are those that are age-appropriate for children but may cause a lot of con-

cern among caregivers. Undesirable behaviors are inappropriate for the children's age and the level of their behavioral development, which can be very problematic not only for the parents but also for the children themselves. The third type is a collection of undesirable behaviors that are challenging and problematic and last for a certain period, usually several months. The effects of such behavior are significantly felt by the children themselves and their immediate surroundings. Small children can exhibit challenging behaviors for many reasons (e.g., due to physiological differences, developmental deficits, traumatic experiences from the past, and environmental factors; see Raine, 2002).

In light of the above, challenging behaviors are quite common and have an adverse effect on children's cognitive and social development, posing risks to the children themselves and their surroundings, and may result in social problems and academic failures (Klass et al., 1995; see Wójcik, 2024). Schopler et al. (1995, see Nadachewicz, 2018; Suchowierska et al., 2012) indicated the types of challenging behaviors. These include: aggression, self-harm (auto-aggression), demonstrations, persistent repetition of certain activities, and behavioral deficits. Emerson (2001) classifies challenging behaviors in children with developmental disorders as aggression, temper outbursts, socially disruptive behaviors, self-injurious behaviors, destructive behaviors, physical aggression, lack of adaptive behaviors, and ritualistic and stereotyped behaviors. Each of the aforementioned behaviors can take various forms, with different intensities and frequencies of occurrence. However, like any other behavior, challenging behaviors also serve specific functions (Pietrowska, 2013). Thus, they are not sporadic or one-time events. They constitute stable behavior patterns (Suchowierska et al., 2012).

In pre-school and early school-age children, behavioral challenges can vary in terms of form and intensity. Children may show challenges in forming relationships, which manifest as avoiding contact with peers. There may be problems with emotional regulation, such as frequent and unreasonable outbursts of crying and anger. Challenges in adapting and adjusting to the norms and rules prevailing in the group can also occur. Aggressive behaviors are also common among the described children. These can be verbal and physical. The most common ones include kicking, pulling, and using inappropriate words (Denham & Burton, 2003, see Siemek, 1987).

In children with autism spectrum disorders, challenging behaviors differ in terms of frequency and intensity (Kildahl et al., 2023; Leader et al., 2022; McTiernani et al., 2011). Co-occurrence of other health issues, such as eating (Courtemanche et al., 2016; Edelson, 2021) or sleep problems (Callahan et al., 2022), also contributes to challenging behaviors. Issues with sensory integration and the associated educational challenges (Mallory & Keehn, 2021; see O'Donnell et al., 2012) translate into the occurrence of these behaviors (Griffin et al., 2022). In this group of children, the most commonly mentioned self-injurious behaviors include: hitting the head, biting, banging objects against their own head, hitting themselves with objects, pinching, scratch-

ing, consuming inedible items, inserting fingers into body openings, drinking large amounts of fluids, trichotillomania, bruxism, and provoking vomiting (Baghdadli et al., 2003; Turkington & Anan, 2007). Aggressive behaviors mainly include hitting another person, verbal aggression, throwing objects at another person, scratching, pulling hair, and biting (Didden et al., 2012, Nyakundi & Wairungu, 2021; Suchowierska et al., 2012). Other behaviors aimed at demonstrating and expressing dissatisfaction are shouting, fleeing, or throwing objects (Schopler et al., 1995). When describing behaviors in a group of children with autism spectrum disorders, one cannot overlook stereotyped behaviors. A persistent drive to repeat certain actions to maintain, for example, the same daily routine, scenarios of behavior in specific situations, or even excessive focus on the properties of an object (shape, surface, smell) are examples of those stereotyped behaviors. Specificity and dynamics of these behaviors change with the child's development. In order to maintain stability of their environment, small children will often perform routine activities, such as drinking from the same cup or maintaining a consistent spot at a table (Bodfish et al., 2000; Miltenberger, 2008; Pissula, 2010). Behavioral deficits are the last group of challenging behaviors in children with autism spectrum disorders (Schopler et al., 1995). Motivation is the starting point for them. The lack of success and deficits in social skills lead to failure, which in turn reduces motivation (Suchowierska et al., 2012).

RESEARCH PROBLEM AND AIM

The aim of the research was to demonstrate possible differences in the level of challenging behaviors in a group of typically developing children and in a group of children with autism spectrum disorders, as well as to determine the differences in those behaviors' intensity. The main research problem was formulated as follows: What challenging behaviors do the studied typically developing children and children with autism spectrum disorders exhibit, and what is their intensity? To specify this problem further, additional research questions were introduced:

1. Are there any differences in the levels of challenging behaviors and if so, what are they in a group of typically developing children as compared to a group of children with autism spectrum disorders?
2. Are there any differences in the intensity of certain forms of challenging behaviors, and if so, what are they in a group of typically developing children as compared to children with autism spectrum disorders?

With regard to the first specific problem, a hypothesis was proposed which assumes that children with autism spectrum disorders achieve significantly higher scores in categories related to self-injurious, aggressive/destructive, and stereotyped behaviors compared to typically developing children.

In the group of children with autism spectrum disorders, confirmation of the proposed hypothetical assumption can be found in research results, including those by Adams et al. (2023), Lacavalier et al. (2006), Nuske et al. (2023), and Steinfeldt-Kristensen et al. (2020). Based on their own research, Lovaas (1993) stated that self-aggression and aggression are effective means used by children to attract attention or express disapproval toward their surroundings. They can take a mild form expressed in screaming or they can pose a threat when expressed by means of hitting, biting, overturning furniture, hitting with the head, among others. With regard to stereotyped behaviors, they are a constant part of the day for every child with autism spectrum disorders. There are many patterns of such behaviors, but they differ from each other (Miltenberger, 2008; Pisula, 2010).

In relation to the second specific problem, a hypothesis was posed, assuming that the intensity of individual categories of challenging behaviors (self-injurious and aggressive/destructive) is greater in the group of children with autism spectrum disorders than in the group of children in the developmental norm. Evidence supporting the proposed hypothetical assumption can be found in research results by Richards et al. (2016; see Soke et al., 2016), which showed that some forms of challenging behaviors are chronic. Self-injurious and aggressive/destructive behaviors are characterized by greater intensity in children with autism spectrum disorders.

Poor literature on the subject of challenging behaviors occurring in a group of developmentally normal children of pre-school and early school age prevents the provision of reliable confirmation of the established hypotheses. However, epidemiological data are not clear enough to definitively determine the frequency of challenging behaviors in children with developmental disorders (Lew-Koralewicz, 2017). Challenging behaviors are observed in 70% of children with developmental disorders as early as ages 1 to 3 (Keller et al., 2009).

MATERIALS AND METHODS

The study included 77 children from general primary schools, public kindergartens, a private special kindergarten, and private kindergartens in the Podkarpackie Voivodeship. The selection was purposeful. Place of residence (Podkarpackie Voivodeship) and similar developmental age of the children in the normative development and the children with autism spectrum disorders were the criteria for selecting the sample. Both the teachers and the examined children were to be from the same educational institutions (i.e., general primary school, public kindergarten, private special kindergarten, and private kindergarten). Two groups were formed. The first group consisted of 38 children in normative development, while the second group was made up of 39 children with autism spectrum disorders.

In the first group, the BPI-S questionnaire was filled out by 7 preschool educators. They were all women with over 10 years of experience in the profession. The educators worked in a public preschool ($n = 4$) and in a private preschool ($n = 3$). Their average age was 40 years. In this group, 22 boys and 16 girls of pre-school age were studied: 5 years old ($n = 27$) and 6 years old ($n = 11$). Their participation in the study was indirect. In terms of communication, they communicated verbally using: complex sentences ($n = 30$), simple sentences ($n = 4$), single words ($n = 3$), and one child did not communicate in any of the methods listed in the questionnaire, did not communicate verbally, did not use gestures, PECS, or multimedia applications. A total of 29 children came from complete families, while nine children were from incomplete families.

In the second group, the BPI-S questionnaire was completed by 14 pre-school teachers. They were women in the profession for about 5 years, working in a public kindergarten ($n = 5$), a non-public special kindergarten ($n = 4$), and a non-public kindergarten ($n = 3$). Their average age was 35 years. 28 boys and 11 girls made up the group. Their participation in the study, similar to children in normal developmental range, was intermediate. In 14 cases, the children had an additional, intellectual disability, namely: five children had mild intellectual disability, seven had a moderate disability, and two had an unknown disability. The children were of pre-school and early school age. The children's ages were 5 years ($n = 16$), 6 years ($n = 10$), 7 years ($n = 8$), and 8 years ($n = 5$) of age. They communicated verbally using: complex statements ($n = 14$), simple sentences ($n = 14$), single words ($n = 3$); two children did not communicate verbally but used gestures for communication, two children did not communicate verbally but used PECS for communication, and four children did not communicate in any of the methods mentioned in the questionnaire, did not communicate verbally, did not use gestures, PECS, or multimedia applications. A total of 37 children came from complete families. Two children were from an incomplete family.

The research procedure used the observation method, employing the BPI-S - The Behavior Problems Inventory for Individuals with Intellectual Disabilities - Short Form, authored by Rojahn (the Polish version of the questionnaire was developed by Lew-Koralewicz and Łaba-Hornecka; see <https://bpi.haoliang.me>). The tool's reliability was calculated using Cronbach's α coefficient and additionally McDonald's α for frequency and severity. The analysis showed that the statements regarding self-injurious, aggressive/destructive, and stereotyped behaviors were characterized by a satisfactory level of reliability. Reliability of both dimensions of severity was satisfactory (>0.8). Reliability analysis was conducted using the method of double measurement. The analyses were carried out on a sample of 70 individuals. The intraclass correlation coefficient (ICC) was high - above 0.9 for all analyzed factors, both frequency and severity (Lew-Koralewicz et al., 2024).

The tool's broad application justified using it. It is used to diagnose behavioral problems in children and adults with intellectual disabilities (Csorba et al., 2011; Dinya et al., 2012; Gashool et al., 2015; Rojahn et al., 2010). It is used to determine the level of challenging behaviors in children with autism spectrum disorders (Courtemanche et al., 2016), in patients with schizophrenia (Thorson et al., 2008), in children with Cri du Chat syndrome (Collins & Cornish, 2002), and in children and adolescents with visual impairments (Lang & Sarimski, 2018). It has also been applied in assessing the effectiveness of pharmacological treatments for behavioral problems (Snyder et al., 2002). Challenging behaviors are not always exhibited only by individuals with developmental disorders. They also occur in individuals with normal development (Suchowierska et al., 2012).

The questionnaire identifies three types of behavioral problems: Self-injurious behaviors, which are characteristic of a given individual and are repeated ritually (i.e., biting, hitting the head, hitting with another part of the body (except the head, such as with the hand), scratching oneself, eating non-food items, inserting objects into the nose, ears, anus, etc., pulling out one's hair, grinding teeth (apparently worn teeth). Aggressive/destructive behaviors, that is, those that are intentionally directed at other people such as hitting others, kicking others, pushing others, biting others, grabbing and pulling others, scratching others, pinching others, verbally insulting others, destroying things (tearing clothes, throwing chairs, smashing tables), bullying – being malicious or cruel. Stereotyped behaviors, that is, ones that look strange and atypical, include rocking, repetitive body movements, sniffing objects, one's own body, waving hands or shaking shoulders, playing with objects (e.g., rolling, spinning), repetitive hand and/or finger movements, shouting and screaming, walking, jumping, hopping, running, rubbing one's body, staring at hands or objects, taking unordinary body postures, clapping, making grimaces, facial expressions. Teachers had to address all statements and indicate the behaviors they observed in the children studied over the past two months, marking the number indicating average frequency of a given behavior and its intensity (mild, moderate, severe). For stereotyped behaviors, no severity scale was provided.

The research was made possible thanks to the permissions of the management of two public primary schools, three public kindergartens, one non-public special kindergarten, and two non-public kindergartens in the Subcarpathian Voivodeship. The management ($n = 8$) as well as the teachers ($n = 24$) did not refuse to participate in the study. The teachers were aware that they could interrupt the observation at any time and decline further participation in the study. However, none of them did so. Informed consent was obtained from each teacher conducting the research on the children, and orally from the parents of the subjects. There were, however, single cases of parents who refused to participate in the study – their children were then not considered in the research process. Due to anonymity, no data other than that contained in the BPI-S questionnaire were collected.

The research procedure received a positive evaluation from the Bioethics Committee of the University of Rzeszów, complied with the recommendations contained in the Helsinki Declaration, respecting the dignity of the participants. Teachers were guaranteed informed, anonymous, and voluntary participation in the study. At any moment during the research, they could refuse to continue their participation.

DATA ANALYSIS

As a result of the data analysis, statistically significant differences in the levels of challenging behaviors were shown between the group of developmentally typical children and the group of children with autism spectrum disorders within the categories specified in the BPI-S questionnaire, and differences in the intensity of these behaviors in the studied groups were determined.

RESULTS

Based on the assessment of specified areas of challenging behaviors of children in the typical development group and in the group of children with autism spectrum disorders (Table 1), it was found that a significant difference between the studied groups occurred in the area of stereotyped behaviors ($p = 0.035$). The arithmetic mean obtained by children with autism spectrum disorders was higher than in the group of typically developing children. There was no statistically significant difference in the area of self-injurious behaviors and aggressive/destructive behaviors.

Table 1

Comparison of the level of challenging behaviors in a group of typically developing children and in a group of children with autism spectrum disorders

Behavior	<i>t</i> test for independent samples					
	children within the developmental norm		children with autism spectrum disorders		comparison of averages	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t₀</i>	<i>p</i>
Self-injurious	29.12	7.25	30.34	12.56	0.578	0.675
Aggressive/Destructive	31.32	14.87	30.98	10.45	-2.789	0.078
Stereotyped	28.21	25.65	30.45	13.98	-1.709	0.035*

M – arithmetic mean, *SD* – standard deviation, *t₀* – Student's *t* test, *p* – level of statistical significance; * $p < 0.05$.

Note. Own study.

In the analysis of challenging behaviors in terms of their severity in the studied group of children within the normal developmental range, it was noted that a small number demonstrated self-injurious behaviors. If such behaviors occurred, they mostly resulted in moderate injuries and involved only 4 cases. Individual persons displayed behaviors that did not cause significant injuries (mild severity). A problem of severe intensity, meaning that the behavior could lead from moderate to severe injuries, also concerned only a few cases (Table 2). In reference to the entire group of subjects (n = 38), indications of individual behaviors classified as self-injurious included self-biting (n = 6), head hitting (n = 6), body hitting (except for the head) with the child's own hand or with any other body part (n = 6), self-scratching (n = 6), pica (ingesting non-food items; n = 6), inserting objects in nose, ears, anus, etc. (n = 5), hair pulling (tearing out patches of hair; n = 6), teeth grinding (evidence of ground teeth; n = 6).

Aggressive/destructive behaviors were also mostly a problem of moderate intensity. Behaviors that did not cause significant harm to others (mild severity) were exhibited by 2 to 11 of the participants. Cases, where the behavior could cause moderate or serious injury to others (severe intensity) concerned 3 to 6 participants (Table 3). Here also, regarding the entire group of respondents (n = 38), indications for individual behaviors included in aggressive/destructive behaviors were hitting others (n = 25), kicking others (n = 24), pushing others (n = 24), biting others (n = 24), grabbing and pulling others (n = 22), scratching others (n = 22), pinching others (n = 20), being verbally abusive with others (n = 20), destroying things (e.g., rips clothes, throws chairs, smashes tables; n = 21), bullying – being mean or cruel (e.g., grabbing toys or food from others; n = 18). No severity scale was provided for stereotyped behaviors.

Table 2
Self-injurious behaviors –intensity of the problem – group of children in normal development

Self-injurious behaviors	the intensity of the problem			number of participants (n)
	Mild	moderate	Severe	
Self-biting	1	4	1	6
Head hitting	1	4	1	6
Body hitting (except for the head) with own hand or with any other body part	1	4	1	6
Self-scratching	1	4	1	6
Pica (ingesting non-food items)	2	3	1	6
Inserting objects in nose, ears, anus, etc.	0	4	1	5
Hair pulling (tearing out patches of hair)	1	4	1	6
Teeth grinding (evidence of ground teeth)	1	4	1	6

Note. Own study.

Table 3

Aggressive/destructive behaviors – intensity of the problem – group of children in normal development

Aggressive/destructive behaviors	the intensity of the problem			number of participants (n)
	Mild	moderate	Severe	
Hitting others	11	11	3	25
Kicking others	7	14	3	24
Pushing others	4	15	5	24
Biting others	4	16	4	24
Grabbing and pulling others	6	11	5	22
Scratching others	9	8	5	22
Pinching others	5	10	5	20
Verbally abusive with others	5	9	6	20
Destroying things (e.g. rips clothes, throws chairs, smashes tables)	5	10	6	21
Bullying – being mean or cruel (e.g. grabbing toys or food from others)	2	11	5	18

Note. Own study.

In the group of children with autism spectrum disorders, a small number also exhibited self-injurious behaviors. If such behaviors occurred and caused injuries, they were mostly at a moderate level. Mild and severe intensity behaviors were also present in several cases (Table 4). Referring to the entire study group (n = 39), indications of specific items included in self-injurious behaviors were as follows: self-biting (n = 5), head hitting (n = 3), body hitting (except the head) with one's own hand or with any other body part (n = 11), self-scratching (n = 1), pica (ingestion non-food items; n = 7), teeth grinding (evidence of ground teeth; n = 1). In the studied group, no behaviors such as inserting objects in nose, ears, anus, etc. and hair pulling (tearing out patches of hair; were recorded.

Aggressive/destructive behaviors were mostly a problem of mild intensity. These behaviors did not cause significant harm to other individuals. Moderate and severe intensity behaviors, which were also exhibited by the studied children, are not insignificant either. The problem of moderate intensity involved 2 to 8 participants, whereas the issue of severe intensity concerned only a few cases (Table 5). Here as well, in reference to the entire group of respondents (n = 39), the indications for specific behaviors included in aggressive/destructive behaviors comprised hitting others (n = 17), kicking others (n = 10), pushing others (n = 17), biting others (n = 5), grabbing and pulling others (n = 10), scratching others (n = 6), pinching others (n = 8), being verbally abusive with others (n = 5), destroying

things (e.g., rips clothes, throws chairs, smashes tables; n = 10), bullying – being mean or cruel (e.g., grabbing toys or food from others; n = 14).

Table 4
Self-injurious behaviors – intensity of the problem – group of children with autism spectrum disorders

Self-injurious behaviors	the intensity of the problem			Number of participants (n)
	Mild	moderate	Severe	
Self-biting	2	2	1	5
Head hitting	1	0	2	3
Body hitting (except for the head) with own hand or with any other body part	3	6	2	11
Self-scratching	1	0	0	1
Pica (ingesting non-food items)	3	3	1	7
Inserting objects in nose, ears, anus, etc.	0	0	0	0
Hair pulling (tearing out patches of hair)	0	0	0	0
Teeth grinding (evidence of ground teeth)	0	0	1	1

Note. Own study.

Table 5
Aggressive/destructive behaviors – intensity of the problem – group of children with autism spectrum disorders

Aggressive/destructive behaviors	the intensity of the problem			Number of participants (n)
	Mild	moderate	Severe	
Hitting others	9	8	0	17
Kicking others	5	4	1	10
Pushing others	9	6	2	17
Biting others	2	2	1	5
Grabbing and pulling others	4	4	2	10
Scratching others	3	3	0	6
Pinching others	6	2	0	8
Being verbally abusive with others	3	2	0	5
Destroying things (e.g. rips clothes, throws chairs, smashes tables)	6	3	1	10
Bullying – being mean or cruel (e.g., grabbing toys or food from others)	8	5	1	14

Note. Own study.

DISCUSSION

The goal of the presented study was to show potential differences in the level of challenging behaviors in a group of typically developing children and in a group of children with autism spectrum disorders, as well as determine differences in the severity of behaviors in the studied groups of children. Based on the obtained research results, answers to the posed research problems were formulated. Referring to the first specific problem and the proposed research hypothesis, it is stated that the obtained research results only partially confirmed the hypothesis, suggesting that children with autism spectrum disorders achieve significantly higher scores in subscales related to self-injurious, aggressive/destructive, and stereotypic behaviors compared to typically developing children.

A significant difference between the studied groups was only noted in the area of stereotyped behaviors. Here, the mean score indicated a higher value in the group of children with autism spectrum disorders. Children with autism spectrum disorders pay a lot of attention to daily rituals. No statistically significant difference was observed between the studied groups in the area of self-injurious behaviors and aggressive/destructive behaviors. Analysis of collected material indicates that challenging behaviors are not solely characteristic of individuals with autism spectrum disorders. The manifestations of these behaviors will differ. The studied children with autism spectrum disorders typically participate in therapy interventions aimed at helping them cope with problematic behaviors. It is known that any undertaken therapy effectively interrupts the process of increasing negative behaviors and also blocks their reinforcement. Results of the present research could be expanded in the future through further explorations, which are significant for cognitive and practical reasons, focused on supportive actions not only for children exhibiting challenging behaviors but also for their families. In this area, it would also be important to identify triggers that lead to such behaviors and the situations in which these behaviors occur.

In the referenced studies, intellectual disability was indicated as a secondary disability occurring in children with autism spectrum disorders. These studies correspond with results of other researchers. There are few studies that could be compared with the results obtained in this publication. If there are any, they mainly concern adolescents with intellectual disabilities and their comparative groups (i.e., individuals within the normal developmental range). Research conducted by Mikrut (2005, 2011; cf. Mikrut & Olszewski, 1998) can be a good example. It indicates that in the group of students with mild intellectual disabilities, compared to students with typical intellectual functioning, a lower level of overall aggression, hostile physical attacks, negativism, suspicion, irritability, and guilt was observed. Additionally, ways of expressing aggression among intellectually disabled students were different. Verbal aggression occurred more frequently in the group of intellectually disabled students than in individuals with typical intellectual function-

ing. They were verbally aggressive – threatening others, criticizing, and yelling. They employed physical aggression to a much lesser extent. Another example is the study conducted by Pająk (2014), which aimed to determine the level of behavioral disorders, dominance of externalizing or internalizing disorders in a group of 34 students with normal intellectual abilities and 30 students with mild intellectual disabilities. The results in individual subscales for internalizing and externalizing behaviors were significantly higher in the group of students with normal intellectual abilities. In the overall picture of problem behaviors, a higher level of results was found among students in regular schools. Studying the literature on challenging behaviors in groups of children with autism spectrum disorders and typically developing children, it is observed that relatively few studies have been published on this topic.

Regarding the second problem and the proposed research hypothesis, it is stated that the obtained research results did not confirm the proposed hypothesis, which assumed that the intensity of individual categories of challenging behaviors (self-injurious and aggressive/destructive) is greater in the group of children with autism spectrum disorders than in the group of children within normal development. It was noted that in the group of children with typical development, aggressive/destructive behaviors were of moderate intensity. In contrast, in children with autism spectrum disorders, the same behaviors were characterized by low intensity. Meanwhile, the intensity of self-injurious behaviors in both groups was mostly moderate.

In light of the above, it can be observed that preschool and early school-aged children within the developmental norm may display behavioral disturbances. These are most often a result of irregularities in psychomotor development and disturbances in the dynamics of neural processes (Jaczewski, 2005, see Popielarska & Popielarska, 2000). It is also important to remember that challenging behaviors occur for a reason. Fatigue, hunger, and excessive stimuli reduce the ability to control emotions.

All children experience feelings of anger, discontent, rage, and frustration. They may then tease others by breaking established rules within the group. If such behaviors occur occasionally, they are considered normal and developmental. Concerns may arise in situations where children are constantly aggressive (Siek, 1987). Lack of specialized assistance to the child in early development stages, when developmental abnormalities are noticed, will lead to entrenching inappropriate behaviors that will be challenging to correct and eliminate. Providing the child with psychological and educational support, including early developmental assistance, can mitigate and even reduce deficits (Twardowski, 2012).

CONCLUSIONS

It is important to pay attention to the problem of challenging behaviors not only in children with developmental disorders, but also in typically developing children. In the cited analyses and descriptions of research results, it was found that a significant difference between the studied groups occurred in the area of stereotyped behaviors. There was no statistically significant difference in the area of self-injurious and aggressive/destructive behaviors. In the group of typically developing children, there were more indications of aggressive/destructive behaviors than self-injurious ones. In the group of children with autism spectrum disorders, it was similar (i.e., more indications of aggressive/destructive behaviors was noted than self-injurious ones). Meanwhile, the intensity of self-injurious behaviors in both groups was mostly moderate.

There are few studies in the literature that specifically concern challenging behaviors in pre-school and early school-aged children with autism spectrum disorders and typically developing children. This article may contribute to the discussion on common and specific traits and needs of both typically developing children and those with developmental disorders, hence challenging a barrier to learning and forming an obstacle to internalizing appropriate social behaviors. What is important in all of this are actions taken by educational institutions and family homes. It should be noted that the longer a child remains in an unfavorable situation caused by challenging behaviors, the more challenging it will be to modify those behaviors. Such behavioral issues should be viewed globally and actions should be taken that comprehensively support children with autism spectrum disorders, their able-bodied peers, as well as their families.

LIMITATIONS

The studied sample was selected deliberately. Results of the research should be treated with caution, not least due to the small sample size and the heterogeneity of the group of children with autism spectrum disorders (14 children were characterized by comorbid disabilities). The children under study may also have exhibited a range of behaviors that were not observed by the teachers. Therefore, they cannot be fully generalized to the entire population of children both in typical development and those with autism spectrum disorders. However, they represent an important thread that can be expanded in the future, particularly concerning the topic of behaviors in a group of typically developing children.

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ZACHOWANIA TRUDNE DZIECI W NORMIE ROZWOJOWEJ I Z ZABURZENIAMI ZE SPEKTRUM AUTYZMU. BADANIA Z ZASTOSOWANIEM INWENTARZA BPI-S

Wprowadzenie: Zachowania trudne nie są zjawiskiem powszechnym tylko w grupie dzieci z zaburzeniami rozwoju. Dotyczą one również dzieci w normie rozwojowej. Ze względu na istotę problemu i jego występowanie kluczowe wydaje się poznanie zachowań trudnych, które mogą stanowić zagrożenie dla samego dziecka oraz jego otoczenia.

Cel badań: Celem badań było ukazanie ewentualnych różnic w poziomie zachowań trudnych w grupie dzieci w normie rozwojowej i w grupie dzieci z zaburzeniami ze spektrum autyzmu oraz określenie różnic w ich nasileniu.

Metoda badań: W postępowaniu badawczym wykorzystano metodę obserwacji. Badaniami objęto 77 dzieci ze szkół podstawowych ogólnodostępnych, przedszkoli publicznych, niepublicznego przedszkola specjalnego oraz przedszkoli niepublicznych w województwie podkarpackim. W celu pomiaru zachowań trudnych wykorzystano BPI-S – Inwentarz Problemów Behawioralnych dla Osób z Niepełnosprawnością Intelktualną – wersja skrócona, autorstwa Johannes Rojahn (opracowanie wersji polskiej kwestionariusza: Aneta Lew-Koralewicz, Agnieszka Łaba-Hornecka). Kwestionariusz BPI-S wypełniany był przez nauczycielki, a udział dzieci w badaniu był pośredni.

Wyniki: Istotna różnica między badanymi grupami wystąpiła w zakresie zachowań stereotypowych. Brak istotnej statystycznie różnicy odnotowano w zakresie zachowań autoagresywnych i zachowań agresywnych/destrukcyjnych. W grupie dzieci w normie rozwojowej zachowania agresywne/destrukcyjne, były o umiarkowanym nasileniu. Podczas gdy u dzieci z zaburzeniami ze spektrum autyzmu te same zachowania cechowały się słabym nasileniem. Z kolei nasilenie zachowań autoagresywnych w obydwu grupach było w większości umiarkowane.

Wnioski: Zaprezentowane wyniki badań stanowią istotną przesłankę do podejmowania systematycznych badań w tym problemowym obszarze. Trudne zachowania są barierą w nauce oraz przeszkodą w internalizowaniu odpowiednich społecznych zachowań. Kwestie takiego zachowania należy postrzegać globalnie i podejmować takie działania, które w sposób wszechstronny udzielą wsparcia zarówno dzieciom w normie rozwojowej jak i dzieciom z zaburzeniami ze spektrum autyzmu oraz ich rodzinom.

Słowa kluczowe: zachowania trudne, zaburzenia ze spektrum autyzmu, norma rozwojowa, niepełnosprawność intelektualna