

Speech and language deficits in children with autism may not cause tantrums

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Speech or language impairments may not be the cause of more frequent tantrums in children with autism, according to Penn State College of Medicine researchers. The findings could help parents of children with autism seek out the best treatment for behavior problems.

Children with autism experience more tantrums than children without, according to the researchers, and [speech](#) therapists, preschool teachers, parents and others often blame these frequent outbursts on speech and [language](#) problems. Some children with [autism spectrum disorder](#) are not able to speak or have speech that is not clear or well-understood by others.

To investigate this correlation, the researchers studied the relationship between language and tantrum frequency in 240 children with autism between the ages of 15 and 71 months of age. The researchers, who published their results in a recent issue of the *Journal of Development and Physical Disabilities*, said that the children's IQ, their ability to understand language and their ability to use words and speak clearly, explained less than 3 percent of their tantrums.

"We had children in our sample with clear speech and enough intelligence to be able to communicate, and their tantrums were just as high in that group," said Cheryl D. Tierney, associate professor of pediatrics, College of Medicine, and section chief, behavior and developmental pediatrics, Penn State Children's Hospital.

The researchers also found that children who spoke at the level of a 2-year-old with normal development had more tantrums than children with lower speech skills.

"There is a common pervasive misbelief that children with autism have more tantrum behaviors because they have difficulty communicating their wants and their needs to caregivers and other adults," Tierney explained. "The belief is that their inability to express themselves with speech and language is the driving force for these behaviors, and that if we can improve their speech and their language the behaviors will get better on their own. But we found that only a very tiny percentage of temper tantrums are caused by having the inability to communicate well with others or an inability to be understood by others."

In the study, Tierney and co-investigator Susan D. Mayes, professor of psychiatry, addressed the limitations in previous research by including a larger sample of children and capturing more measurements. They add that their study is unique because it measures IQ and it separates speech and language as different variables that might affect tantrum behavior in children with autism.

"IQ is extremely important because a child that has the mental capacity to understand and use language may display different behaviors compared to a child who doesn't have the mental capacity and comprehension to use language," Tierney said.

She also explained the difference between language and speech in the study of children with autism.

"Language is a child's ability to understand the purpose of words and to understand what is said," she said. "Speech is their ability to use their mouth, tongue, lips and jaw to form the sounds of words and make those sounds intelligible to other people."

The study doesn't answer the question of what causes tantrums in children with autism, but mood dysregulation and a low tolerance for frustration—two common traits—are likely factors that should be studied further, Tierney said.

Tierney suggests enough evidence has accumulated to shift the emphasis from improving speech to improving behavior.

"We should stop telling parents of children with autism that their child's behavior will get better once they start talking or their language improves, because we now have enough studies to show that that is unlikely to happen without additional help," she said.

That help should come in the form of applied behavior analysis, and having a well-trained and certified [behavior](#) analyst on a child's treatment team is key to improved outcomes, Tierney added.

"This form of therapy can help [children](#) with [autism](#) become more flexible and can show them how to get their needs met when they use behaviors that are more socially acceptable than having a tantrum," Tierney said.

Provided by Pennsylvania State University

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