Biting

I freely admit this is 'nicked' from the National Autism Society’s website and can be found at: www.autism.org.uk/living-with-autism/understanding-behaviour/challenging-behaviour/biting.aspx

So all credit goes to them for this useful article!

Possible reasons for biting

- Communication difficulties: for individuals who may not be able to communicate their wants, needs, and emotional states effectively, biting can be an extremely effective way of letting others know that something is not right, and is therefore a very useful and powerful form of communication.

- Learned behaviour: we all learn from experiences that we have had and we use this information to determine how to behave in the future. If we find that behaving in a particular way brings about a good outcome for us (by either reducing or stopping an undesirable experience or increasing a desirable one) then we are more likely to behave that way again in the future. Some individuals might also appreciate the physical or emotional reaction of others in response to biting. The individual may enjoy the sound of a raised voice or the sense of control created by behaving in a way which brings a predictable reaction from others (Clements and Zarkowska, 2000).

- Frustration or distress: sometimes biting can be an expression of sheer frustration or distress in response to a range of different stressors and challenging situations. It is important to remember that life can be exceptionally overwhelming at times for individuals with an ASD and that sometimes, the person may engage in a behaviour (such as biting) that is a response to this.

- An attempt to gain sensory input: many people with an ASD experience sensory difficulties, so it can be helpful to consider the possible sensory functions of particular behaviours. Chewing and biting are propioceptive activities. That is, they provide sensory input to the proprioceptive system, which regulates what different parts of the body are doing at different times. Biting can also provide oral stimulation and may provide pleasant or even necessary stimulation to this sensory system.

- Toothache or jaw pain (as with teething children): in some cases, biting may be a response to physical pain, in particular tooth or jaw ache.

- Developmental stages: the mouthing of objects is a normal part of development. Babies put various objects in their mouths to explore the size, shape, and texture of the objects. This normally becomes a problem if the child continues to mouth objects frequently past the age of 18 months or so. However, a child who missed the initial mouthing phase due to sensitivity in the mouth area or medical issues may have to go through this phase later.
How to respond

- **Rule out medical and dental causes**
  Ensure that an individual (particularly someone who has limited communication) is not biting as a response to physical pain such as toothache or jaw ache. It can be a good idea to arrange a check-up with the dentist or GP to rule out any possible physical causes for the behaviour.

- **Functional analysis**
  Getting to the bottom of why the individual bites is crucial in determining the best way of responding to the behaviour (ie: if the biting is an expression of frustration, the focus of intervention will be on teaching the person alternative and more appropriate ways of coping with frustration). A good way of determining why a person may be engaging in a particular behaviour is to keep a record of behavioural incidents. This can help to identify patterns that provide clues about why the behaviour may be occurring. Some individuals (particularly adolescents and adults with high-functioning autism or Asperger syndrome) may be able to communicate their reasons for biting, either verbally or through the use of visual strategies.

- **Improve communication**
  Assist the individual to develop alternative, more appropriate ways of communicating their wants, needs, physical discomfort and emotional states. Visual strategies can be very effective for people with an ASD, as they can be used in a broad range of situations and are particularly useful for indicating physical pain or communicating emotional states. Social stories can also be helpful in describing why it is not appropriate to bite and by outlining what the individual is able to do instead of biting.

- **Environmental modifications**
  Try to plan for situations that the individual finds challenging and make necessary adjustments to the environment (such as minimising unpleasant sensory stimuli, reducing the number of people, increasing structure through the use of timetables or schedules, and maintaining familiar routines where possible).

- **Increase sensory opportunities**
  If the individual is biting to gain sensory input, then it is important to provide alternative and more appropriate ways of meeting this need. The following are some ideas on alternative ways of providing this sensory input.

  - **Chewy Tubes** are cylindrical pieces of rubber tubing (which are safe, non-toxic, washable and latex-free) that can be sucked or chewed on and provide good resistance for people who need the sensory input provided by biting. Studies have shown that chewies appear to provide a calming, focusing and organising function and act as a release for stress (Scheerer, 1991).
  
  - Another option may be to put together a bum bag of items that provide a range of sensory experiences, such as raw pasta or dried fruit, that the individual can be re-directed to.

- **Anger management and relaxation training**
  Some people with an ASD may experience difficulties managing emotions such as stress, anxiety and frustration, which may lead to behavioural outbursts such as biting. It can therefore be of assistance for individuals to learn how to identify the physical cues or bodily sensations which
indicate that they are becoming agitated and then to develop a repertoire of alternative, more appropriate activities to assist them to calm down. Examples of these may include taking a few deep breaths, counting to ten, going for a walk, listening to music, walking away from the scene, or asking for help. Relaxation approaches such as deep breathing, thinking positive thoughts, redirection to pleasant, calming activities (such as taking a bath, listening to relaxing music, aromatherapy, playing on a computer, swinging, jumping on a trampoline), may also help.

- **Supervise and redirect**
  Try to anticipate problems and prevent them if possible. It may be necessary to provide extra supervision initially (particularly during situations that are known to be difficult for the individual) and be ready to intervene quickly if necessary. Redirect the individual to another activity or area where there are fewer opportunities for biting and provide encouragement for the first occurrence of appropriate behaviour (eg Jane, nice looking at your book).

- **Reinforce appropriate behaviour**
  It is important to pay attention to instances of behaviour that we want to encourage to help the individual learn that other, more appropriate ways of behaving lead to positive outcomes. Rewards can take the form of verbal praise and attention, preferred activities, toys, tokens or small amounts of favourite foods or drinks. Clearly name the behaviour that you are rewarding eg Satti, thats good sharing with your sister! and ensure that rewards are provided immediately after the behaviour that you wish to encourage.

- **Respond quickly and consistently to incidents of behaviour**
  Keep responses to biting behaviour to a minimum by limiting verbal comments, facial expressions and other displays of emotion, as these may inadvertently reinforce the behaviour. Try to speak calmly and clearly and keep facial expressions neutral.

  Dependent on reason for biting (to be explored via functional analysis), respond to the underlying cause of the behaviour. Some examples are provided below:

  Communication difficulties: encourage individual to use alternative forms of communication (eg, visual signs or symbols), for example 'Elizabeth, you need to use your signs/point to what you want'. Use a range of symbols that the individual can carry around to communicate basic needs such as 'yes', 'no', 'stop', 'go away - I need space', 'pain'. For further information regarding the use of picture symbols visit the Picture Exchange Communication System (PECS) website at [www.pecs.org.uk](http://www.pecs.org.uk)

  Frustration or distress: remind individual of anger management/relaxation strategies, eg 'Sarah, you need to calm down. Take three deep breaths.'

  Sensory issues: re-direct individual to alternative sensory activity such as Chewy Tube, or bum bag with edible items.

  Redirect the individual to another activity and praise the first occurrence of appropriate behaviour eg 'Jackie, that's nice listening to your music.'

  Maintain physical space and closely supervise the individual following an incident of biting. Be ready to redirect the individual if necessary.
When and how to get extra help

If the biting behaviour is presenting significant risks to the person or those around them or is resistant to intervention, it may be important to get specialist help to deal with the behaviour. Arrange an appointment with your Family Doctor to discuss the issue and to request referral to a behavioural specialist if appropriate.