

Should repetitive behaviours be discouraged in older children with intellectual disabilities?

The importance of considering level of development when understanding the behaviour of individuals with intellectual disability: the case of repetitive behaviours and restricted interests.

Children with intellectual disabilities develop more slowly and to a lower ceiling level than typically developing children. This means that for their age they may show behaviour that is more commonly seen in younger children*. However, sometimes parents may see such behaviour as problematic in older children, and seek medication. One area we have looked at includes repetitive behaviour and restricted interests (RBRI); such behaviours are very common in young typically developing children. Between the ages of 2 to 6 years most typically developing children show strong preferences for sameness and things being in the right place. They are very observant of changes in their home environment and the slightest change can cause a tantrum (for ex in how their food is arranged on a plate). Tantrums may also result if their plan for action is thwarted. They like the same routines in play. These behaviours usually decrease in frequency around the age of 6-7 years, but some can still be seen in typically developing teenagers and adults in that they prefer routines, and don't like change. However we have seen teenagers with DS put on medication to stop this inappropriate behaviour.

A further complication is that the measures used in research on these behaviours have been developed by researchers interested in Obsessive Compulsive disorder or Autistic Spectrum Disorder, where repetitive behaviours and restricted interests are used as key diagnostic criteria; although in such disorders the behaviours are so intense that they interfere with everyday life. However, we have carried out studies with typically developing children aged from 2-19 years; we have found that although the behaviours tended to decrease around the age of 7 years, they still occur up to age 19 years. There is some research showing that adults may also demonstrate some levels of RBRI without being diagnosed with a psychiatric condition.

We carried out several studies with individuals with Down syndrome aged from 3 to 30 years, showing that the RBRI behaviours are very similar to those seen in typically developing younger peers. RBRI were as frequent, but tended to be more intense. Similar findings have been demonstrated in children, teenagers and adults with other conditions associated with intellectual disability. We believe that the increased intensity and for example insistence in "sameness" may be because that individuals find it easier to live in a more predictive environment, where they can control aspects of their everyday lives. They may find changes more difficult to deal with for this reason. Right into adulthood we have found distress when objects in rooms are changed. Also RBRI have been found to be associated with anxiety, and may be one way of reducing stress in an unpredictable world.

Most individuals with Down syndrome have a ceiling of development around 7 years, so their RBRI

are appropriate. Furthermore we found no relationship between RBRI and mental health problems in a large sample, suggesting that they are developmentally appropriate.

This emphasis on developmental appropriateness does not deny the importance of age appropriateness, particularly in adults, in relation to dressing, work and leisure opportunities, and in choice of how to live their lives. Rather, we need to consider how RBRI, that appear immature for age, have important functions in how children and adults with Down syndrome have some control in their lives.

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Publication

[Repetitive Behaviours and Restricted Interests in Individuals with Down Syndrome-One Way of Managing Their World?](#)

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*An article that discusses more behaviours often seen as worrying by parents of children with ID can be seen in: Cunningham, C., Glenn, S. (2011). Age, social and developmental appropriateness: Has the pendulum swung too far? *Down Syndrome Quarterly*, 13, 3-7.