

Obsessions, repetitive behaviour and routines

Obsessions, repetitive behaviour and routines can be a source of enjoyment for people with an autism spectrum disorder (ASD), and a way to cope with everyday life. But they may also limit people's involvement in other activities and cause distress.

This guide, which is aimed at parents and carers, looks at:

- obsessions, repetitive behaviour and routines in more detail
- what function they have
- how you can respond to them.

We use the word 'child' to refer to adult sons and daughters as well as younger children, unless the information given is specifically about young children.

Obsessions

“My mind was constantly whirring with thoughts, worries and concerns. The time spent with my obsession was the only time in which I had a clear mind - it gave me that much sought-after relaxation.” Young person with Asperger syndrome

People with an ASD have many different obsessions but some of the more common ones include computers, trains, historical dates or events, science, or particular TV programmes. Many younger children with an ASD like Thomas the Tank Engine, dinosaurs or particular cartoon characters. Sometimes, people develop obsessions with things like car registration numbers, bus or train timetables, postcodes, traffic lights, numbers, shapes or body parts such as feet or elbows.

People with an ASD may also become attached to objects (or parts of objects), such as toys, figurines or model cars - or more unusual objects like milk bottle tops, stones or shoes. An interest in collecting is also quite common: it might be *Star Trek* or *Dr Who* DVDs, travel brochures, insects, leaves or bus tickets.

It is the intensity and duration of a person's interest in a particular topic, object or collection that marks it out as an obsession. People will often learn a lot about a thing they are obsessed with, be intensely interested in it for a long time, and feel strongly about it.

There are several reasons why people with an ASD may develop obsessions, including:

- obsessions may provide structure, order and predictability, and help people cope with the uncertainties of daily life
- people who find social interaction difficult might use their special interests as a way to start conversations and feel more self-assured in social situations
- obsessions may help people to relax and feel happy
- people can get a lot of enjoyment from learning about a particular subject or gathering together items of interest.

Repetitive behaviour

“I quickly become overwhelmed [in social situations]. Is it surprising that I then feel like blocking the world out and literally putting my thoughts back in order? That I start to rock to tell myself which feelings are mine? That I start speaking to myself or groaning to block out other sounds and so that I know which thoughts are mine? I think anyone experiencing life this way would do the same.” Adult with autism

Repetitive behaviour may include arm- or hand-flapping, finger-flicking, rocking, jumping, spinning or twirling, head-banging and complex body movements.

You may also see the repetitive use of an object, such as flicking a rubber band or twirling a piece of string, or repetitive activities involving the senses (such as repeatedly feeling a particular texture).

Many people with an ASD have sensory sensitivity and may be over- or under-sensitive to sights, sounds, smells, taste and touch. This sensitivity can also affect people's balance ('vestibular' system) and body awareness ('proprioception' - knowing where our bodies are and how they are moving). Repetitive behaviour can be a way to deal with sensory sensitivity.

Although repetitive behaviour varies from person to person, the reasons behind it may be the same:

- an attempt to gain sensory input, eg rocking may be a way to stimulate the balance (vestibular) system; hand-flapping may provide visual stimulation
- an attempt to reduce sensory input, eg focusing on one particular sound may reduce the impact of a loud, distressing environment; this may particularly be seen in social situations
- a way to deal with stress and anxiety and to block out uncertainty. Some adolescents or adults may revert to old repetitive behaviours such as hand-flapping or rocking if anxious or stressed
- a source of enjoyment and occupation.

Routines and resistance to change

“Reality to an autistic person is a confusing, interacting mass of events, people, places, sounds and sights... Set routines, times, particular routes and rituals all help to get order into an unbearably chaotic life. Trying to keep everything the same reduces some of the terrible fear.” Jolliffe (1992) in Howlin (2004), p.137.

Many people with an ASD have a strong preference for routines and sameness. Routines often serve an important function - they introduce order, structure and predictability and help to manage anxiety. Because of this, it can be very distressing if a person's routine is disrupted.

Sometimes minor changes such as moving between two activities can be distressing; for others big events like holidays, birthdays or Christmas, which create change and upheaval, can cause anxiety. Unexpected changes are often most difficult to deal with.

Some people with an ASD have daily timetables so that they know what is going to happen, when. However, the need for routine and sameness can extend beyond this. You might see:

- changes to the physical environment (such as the layout of furniture in a room), or the presence of new people or absence of familiar ones, being difficult to manage
- rigid preferences about things like food (only eating food of a certain colour), clothing (only wearing clothes made from specific fabrics), or everyday objects (only using particular types of soap or brands of toilet paper)
- a need for routine around daily activities such as meals or bedtime. Routines can become almost ritualistic in nature, having to be followed precisely with attention paid to the tiniest details
- verbal rituals, with a person repeatedly asking the same questions and needing a specific answer
- compulsive behaviour, for example a person might be constantly washing their hands or checking locks. This does not necessarily mean they have obsessive compulsive disorder (OCD) but if you are concerned about this, speak to your GP/MD in the first instance.

People's dependence on routines can increase during times of change, stress or illness and may even become more dominant or elaborate at these times (Attwood, 1998). Dependence on routines may increase or re-emerge during adolescence.

Routines can have a profound effect on the lives of people with an ASD, their family and carers, but it is possible to make a person less reliant on them

Is it an obsession or a hobby?

We all have hobbies and interests and - generally - a strong preference for routine. Here are five questions that can help us distinguish between hobbies and interests, and obsessive behaviour.

- Does the person appear distressed when engaging in the behaviour or does the person give signs that they are trying to resist the behaviour? (Eg: someone who flaps their hands may try to sit on their hands to prevent the behaviour.)
- Can the person stop the behaviour independently?
- Is the behaviour impacting on the person's learning?
- Is the behaviour limiting the person's social opportunities?
- Is the behaviour causing significant disruption to other people, eg parents, carers and family? (Clements and Zarkowska, 2000)

If your answer to any of the questions above is 'yes', it may be appropriate to look at ways of helping your child to reduce obsessive or repetitive behaviour.

Think about whether, by setting limits around a particular behaviour, you are really helping your child. Is the behaviour actually a real issue for them, for you, or for other people in their life?

Focus on developing skills that your child can use instead of repetitive or obsessive behaviour. Try to understand the function of the behaviour, then make small, gradual changes and be consistent. Here are some ideas to help you.

How to respond: understand and intervene

Understand the function of the behaviour

Obsessions, repetitive behaviour and routines are frequently important and meaningful to people with an ASD, helping them to manage anxiety and have some measure of control over a confusing and chaotic world. For others, the behaviour may help with sensory issues. Take a careful look at what you think might be causing the behaviour and what purpose it might serve.

For example, does your child always seem to find a particular environment, like a classroom, hard to cope with? Is it too bright? Could you turn off strip lighting and rely on natural daylight instead?

Intervene early

Repetitive behaviours, obsessions and routines are generally harder to change the longer they continue.

A behaviour that is perhaps acceptable in a young child may not be appropriate as they get older and may, by this time, be very difficult to change. For example, a child who is obsessed with shoes

and tries to touch people's feet might not present too much of a problem, but an adolescent or adult doing the same thing - especially to strangers - will obviously be problematic.

It will help if you can set limits around repetitive behaviours from an early age (see the section 'How to help: set limits') and look out for any new behaviour that emerges as your child gets older.

How to respond: increase structure

Making your child's environment and surroundings (including social situations where possible) more structured can help them to feel more in control and may reduce anxiety. If anxiety is reduced, the need to engage in repetitive behaviour and adhere strictly to routines may also, in time, be reduced. Here are some suggestions for creating a more structured environment.

Visual supports

Visual supports such as photos, symbols, written lists or physical objects can really help people with an ASD.

A visual timetable could help your child to see what is going to happen next (for example, across the course of a day). This makes things more predictable and helps them to feel prepared. It may lessen their reliance on strict routines of their own making.

Visual supports like egg timers or 'time timers' (available online) can help some people with an ASD to understand abstract concepts like time, plan what they need to do, when in order to complete a task, and understand the concept of waiting.

Visual supports can also be useful if your child asks the same question repeatedly. One parent wrote down the answer to a question, put it on the fridge and, whenever her son asked the question, told him to go to the fridge and find the answer. For children who can't read, you could use pictures instead of words.

Pre-planning

You may be able to help your child to cope with change, or activities and events that could be stressful, by planning for them in advance.

Change is unavoidable but it can be really difficult for many people with an ASD. You may not always be able to prepare for change a long time in advance, but try to give your child as much warning as possible. Gradually introducing the idea of a new person, place, object or circumstance can help them cope with the change. Try to talk about the event or activity when everyone is fairly relaxed and happy.

Presenting information visually can be a good idea, as your child can refer to it as often as they need to.

You could try using calendars so that your child knows how many days it is before an event - such as **Christmas** - happens. This can help them feel prepared. Your child might also like to see photos of places or objects in advance so they know what to expect - for example, a picture of their Christmas present (not all children with an ASD like surprises); or a photo of the building they are going to for an appointment.

Using **social stories** could also be helpful. These are short stories, often with pictures, that describe different situations and activities so that people with an ASD know what to expect.

Pre-planning can also involve **structuring the environment**. For example, a pupil with an ASD might go to use a computer in the library at lunchtime if they find being in the playground too stressful. Or if a child has **sensory sensitivity**, minimising the impact of things like noises (eg school bells) or smells (eg perfumes or soaps) can help them to cope better.

It is possible that more structured environments may reduce boredom, which is sometimes a reason for repetitive behaviour. You might prepare **a range of enjoyable or calming activities** to re-direct your child to if they seem bored or stressed.

How to respond: skill development

Self-regulation skills

Self-regulation skills are any activities that help your child to manage their own behaviour and emotions.

If you can help your child to identify when they are feeling stressed or anxious and use an alternative response (such as relaxation techniques or asking for help), you may, in time, see less repetitive and obsessively habitual behaviour.

Research has also shown that increasing a person's insight into an obsession or repetitive behaviour can significantly reduce it. This includes people with quite severe **learning disabilities** (Koegel et al, 1995, in Howlin, 2004).

Social skills training

Teaching **social skills** such as how to start and end a conversation, appropriate things to talk about, and how to read other people's 'cues' (eg, we sometimes raise our eyebrows slightly if we want to speak or say something like 'Yes, but...') may mean someone with an ASD feels more confident and doesn't need to rely on talking about particular subjects, such as a special interest.

Coping with change

We have already discussed ways to help prepare your child for change (see the section 'Pre-planning'). However, if unexpected changes do happen and your child is finding it hard to cope, try re-directing them to a calming activity, or encourage them to use simple relaxation techniques such as breathing exercises.

You could use praise or other rewards for coping with change. In the long term, this may help make your child more tolerant of change.

Explore alternative activities

One way to interrupt repetitive behaviour is for a child to do another enjoyable activity that has the same function. Here are some examples:

- a child who rocks to get sensory input could go on a swing
- a child who flicks their fingers for visual stimulation could play with a kaleidoscope or a bubble gun
- a child who puts inedible objects in their mouth could have a bag with edible alternatives (that provide similar sensory experiences) such as raw pasta or spaghetti, or seeds and nuts
- a child who smears their poo could have a bag with play dough in it to use instead.

How to respond: set limits

Setting limits around repetitive behaviour, routines and obsessions is an important and often essential way to minimise their impact on your child's life. You could set limits in a number of ways depending which behaviour concerns you:

- ration objects (eg can only carry five pebbles in pocket)
- ration times (eg can watch Thomas the Tank Engine DVD for 20 minutes twice a day)
- ration places (eg spinning only allowed at home).

Everyone involved with your child should take the same consistent approach to setting limits. Have clear rules about where, when, with whom and for how long a behaviour is allowed. You could present this information visually, with a focus on when your child **can** engage in the behaviour. This may help if they feel anxious about restricted access to an obsession or activity. Here is an example of how to set limits.

Identify the repetitive behaviour, obsession or routine of concern. *Jane likes to talk about train engines. Jane currently starts talking about train engines after about ten seconds of conversation for up to 15 minutes.*

Think about reasonable limits you can put in place that your child can manage. Behavioural change is most likely to be successful and your child less likely to be distressed if you start small and go slowly. *Jane is allowed to talk about train engines after 20 seconds of conversation for five minutes only. She is also getting social skills training.*

Gradually increase time restrictions and introduce other limits. *Jane is first allowed to talk about train engines three times a day. Then, Jane is only allowed to talk about train engines with her family three times a day. The eventual goal is for Jane to speak about train engines to her family only for one minute, twice a day.*

If you place limits around obsessions or repetitive behaviour, you might need to think about things your child can do instead: perhaps joining a club or group; taking up a sport or leisure activity; or entering further education, job preparation training or employment if possible.

How to respond: make use of obsessions

Obsessions can be used to increase your child's skills and areas of interest, promote self-esteem, and encourage socialising. You may find you can look at a particular obsession and think of ways to develop it into something more functional. Here are some examples.

- An obsession with computers could be developed into someone studying or working in IT.
- A person with a special interest in historical dates could join a history group and meet people with similar interests.
- A person with knowledge of sport or music would be a valuable member of a pub quiz team.
- An obsession with rubbish could be used to develop an interest in recycling, and a child given the job of sorting items for recycling.
- An interest in particular sounds could be channelled into learning a musical instrument.
- A strong preference for ordering or lining up objects could be developed into housework skills. You can also use obsessions to motivate and reward your child. Follow a less desired activity (such as homework) by a chance to do something your child really loves (such as extra time on the computer).

If you, and other people your child knows, can show an interest in their obsession this may be welcomed and help to boost your child's self-esteem.

“Showing an interest in a child's obsession can help a parent to enjoy a level of communication that had perhaps never seemed achievable before.” Young person with Asperger syndrome

How to respond: summary

- Ask yourself if the obsession, routine or repetitive behaviour restrict your child's opportunities, cause distress or discomfort or impact on learning. If not, is it really necessary to intervene?
- Think about the function of the repetitive behaviour, routine or obsession. What does your child get out of it?
- Intervene early: set limits around repetitive behaviour and obsessions from a young age (and new ones if they emerge).
- Make the world a more structured and predictable place. Try using [visual supports](#) (such as daily timetables), [social stories](#), or pre-planning strategies to prepare for change or events that might be stressful. This may limit reliance on routines or repetitive behaviour.
- Help your child to develop skills where possible, for example [social skills training](#), learning relaxation techniques or learning to identify emotions. These can all be ways of managing stress or uncertainty (which may lead to repetitive behaviour).
- Look at things that your child can do instead of carrying out a repetitive behaviour or focusing on an obsession.
- If you need to, set clear, consistent limits - for example, ration an object, the time your child is allowed to spend talking about it, or the places where they can carry out a particular behaviour.
- Remember that obsessions and repetitive behaviour can be therapeutic and help your child to relax, or calm down if agitated. Don't take away all access to an obsession or try to change behaviour overnight - this could be distressing. Make gradual changes.
- Make use of obsessions, they could be a way to socialise, learn a new skill or improve self-esteem. People may eventually be able to [study](#) or [work](#) in related areas.

I freely admit this is 'nicked' from the National Autism Society's website and can be found at:

www.autism.org.uk/18352

So all credit goes to them for this useful article!