Understanding the underlying reason of irritability and behaviors is key to providing the families with the best management strategies.

Behaviors are communicative. Just remember your ARD’s in addressing irritability and challenging behaviors to understand why patients are coming in and next steps. These steps have been made into a quicklist of questions to ask, timed... ASSESSMENT

1. A is for antecedent
   What is preceding the episode of irritability or challenging behavior?
   - First get a sense from family when the challenging behavior(s) occur or have been occurring?
   - Ask about medical antecedents like: insufficient sleep, pain (dental, constipation, etiia media, eczema or skin breakdown)
   - Ask about recent changes like: parent work schedule change, new overreworking classroom, insufficient school support.
   - Ask the child. (Parent, if child is not speaking, this is important)
   - If families have a hard time with identifying triggers, ask them to describe a day in their life or give a challenging example from right before it starts to the resolution.
   - A common immediate antecedent/triggers behavior might include a transition around a preferred activity (transitions away from technology)
   - This provides clue and context as to whether some triggering events could be addressed through medical care, behavioral, or educational approaches.

Behaviors are communicative and the actual behavior itself is often less important than the context. Try to understand what your patient is communicating by engaging in that behavior.

Aggressions or expressions of irritability are often occurring because children:
   - Feel overwhelmed (and could benefit from sensory regulation strategies with OT)
   - Lack the ability to communicate (and could benefit from SLP)
   - May not understand that real child has autism—could be labeling them as having defiance—writing a letter for IEP and speaking to schools could be helpful.
   - Sometimes it is not possible to identify what the behavior means and seems to be unpredictable.
   - Children with ASD sometimes have irritability and mood lability without clear reasons—but they still benefit from behavioral approaches.

2. B is for behavior
   What is the specific behavior that is bothering to the child and/or family? What is this communicating?

Children’s behavior may be inadvertently reinforced by actions from caregivers, adults, or teachers that follow:
   - For instance, children who have aggression towards other children may be suspended from school as a result.
   - The suspension itself may be positively reinforcing the aggression because the child escapes something that may be challenging for them (school).
   - Understanding what is happening as a result of the behavior or irritability can provide clues to whether that behavior has been inadvertently promoted.

3. C is for consequence
   Consequence doesn’t necessarily mean punishment, but what exactly is happening after the behavior occurs?
   - The next step depends on the reason for the underlying behavior: e.g. treat the pain, infection, constipation, or address the recent change in environment.
   - Other steps and might include referrals to OT for sensory difficulties, Speech-Language for communication difficulties, or advocating for more supports in school or more behavioral work through ABA.
   - An ABA team can provide additional guidance and take notes on underlying behaviors.
   - If child is not receiving ABA but are in school, write a letter asking the school to complete an IEP, or functional behavioral analysis, to get an idea of when behaviors are occurring.
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   - Lastly, medication such as an alpha agonist (Guasfalone, Ciofinina) for irritability/impulsivity or a neurotic (Disperiden) can be an option, but understanding the underlying reason and behavioral supports are a good first step. Refer to Psychiatry or BP 2 if any questions about these medications.

4. D is for do