

**CONSIDERATIONS IN THE USE OF MEDICATION  
TO CHANGE THE BEHAVIOR  
OF PEOPLE WITH AUTISM SPECTRUM DISORDERS (ASD)**

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**GENERAL CONSIDERATIONS**

- There are no medications that can make a person with Autism Spectrum Disorders stop acting, thinking and feeling like a person with Autism Spectrum Disorders. Autism Spectrum Disorders are clinical disorders as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.
- People with Autism Spectrum Disorders tend to respond to the environment, not create it. If you want the person with Autism Spectrum Disorders to display a different set of behaviors, then change the environment first. They will often then change their responses.
- People with Autism Spectrum Disorders often cannot tolerate specific sensory input. It is important to identify what sensory stimuli are most aversive for the person and reduce and eliminate as many as you can, as much of the time as possible.
- Medication should not be used as the only element of a treatment plan. Environmental accommodations and specific skill building (such as relaxation training and communication skills) must be part of all treatment plans.
- Psychotropic medication is most effective when treating a specific mental illness. Autism is a developmental disability, not a mental illness. There are no medications that change specific behaviors. Psychotropic medications will tend to suppress all behavior, adaptive and maladaptive.
- Every effort should be made to avoid giving multiple medications at the same time to address the behavioral challenges of the person with Autism Spectrum Disorders, unless the use of one medication **REQUIRES** the concomitant use of another.

- Decisions about medication use and change **MUST** be driven by accurate, complete, objective and comprehensive data collection and analysis. Teams should avoid making decisions based on what team members “think” or “believe” about the medication’s effectiveness.
- While data is being collected and analyzed, staff must develop and implement a “**REACTIVE STRATEGY**”. This strategy directs staff and others as to what specifically should be done and said with the individual at any time that the target, problematic, behavior occurs. The reactive strategy should be designed to protect the client and everyone else from being injured. A consistent, formalized, written, and practiced reactive strategy protects everyone from injury and helps prevent inadvertently reinforcing the problematic behavior.
- People with Autism Spectrum Disorders have limited communication strategies. It is important to remember that one behavior may have multiple meanings or functions for the individual. Therefore, it will probably require multiple environmental and programmatic adaptations to reduce or eliminate a problematic behavior.

### **USING MEDICATION AS ONE ASPECT OF A TREATMENT PLAN FOR A PERSON WITH AUTISM SPECTRUM DISORDERS**

1. It is the responsibility of the physician to determine what medications are given, when and how. Staff and families must always carefully follow all physician instructions.
2. Physicians may make some decisions based on staff/family reports, due to the fact that people with Autism Spectrum Disorders cannot always talk about themselves. Providing accurate, objective, data-based, clinical information to physicians is an important responsibility of clinical staff. Clinical staff should **ALWAYS** accompany direct care staff and/or family member to appointments with physicians and should be a key reporter to physicians by telephone and/or in writing.
3. **BEFORE** medication is administered, it is important to carefully and precisely describe the **TARGET BEHAVIOR** for which medication is being sought. Without a completely accurate and detailed description, staff will not know what behavior is the target behavior and will not be able to collect accurate data. Descriptions such as “aggression” or “self-injury” are not specific enough to promote the collection of accurate data.
4. **BEFORE** medication is given to treat the behavior of a person with ASD, careful data should be collected about the frequency, intensity, location and duration of the problematic behavior defined in #3 above.
5. **BEFORE** medication is administered, data needs to be analyzed, looking for patterns and trends in time, place, and activity, staffing patterns or other factors that indicate that something in the person’s life needs to be changed on their behalf.

Some examples are:

- Data analysis indicates that the individual hits others during shaving. The individual grows a beard, shaves in another way or shaves less often.
  - Data analysis indicates that self-injury tends to occur more than two hours after the person has eaten. The individual is provided with more frequent opportunities to eat.
  - Data analysis indicates that the problematic behavior tends to occur frequently in the presence of a particular staff member. We change the staffing patterns. At the same time, we begin to analyze the behavior/attitude/communication style of staff with whom the problematic behavior tends NOT to occur and provide training to all staff that interact with the individual.
  - Data analysis indicates that the problematic behavior tends to occur more often during unstructured times. We provide more structure to the individual more of the time.
  - Data analysis indicates that the problematic behavior tends to occur more often on days when the individual has not slept well the night before. We create a relaxation ritual for the person that helps them relax and fall asleep more easily or change the way we interact with the individual when s/he awakens during the night.
6. When medication administration begins, careful data must continue to be collected, analyzed and made available to the treating physician by the clinical staff.
  7. Careful attention should be paid to recording any or all changes that occur in the individual's life, routine, staffing, work, living environment, etc. during the period of medication administration.
  8. Clinical staff should consult with the treating physician to determine what length of time it will take for the medication to reach its peak effectiveness.
  9. Clinical staff must gather information about the potential side effects of the medication being used and ensure that ALL staff on ALL shifts and ALL family members are alerted to and watching for any side effects in the individual.
  10. **REMEMBER DUE TO THE NATURE OF AUTISM SPECTRUM DISORDERS, MOST INDIVIDUALS WILL BE UNABLE TO DESCRIBE TO STAFF/FAMILY/PHYSICIANS IF THEY ARE EXPERIENCING ANY ADVERSE SIDE EFFECT. ANY CHANGE IN ANY BEHAVIOR AFTER MEDICATION ADMINISTRATION HAS BEGUN MUST BE VIEWED AS AN INDICATOR OF A POSSIBLE SIDE EFFECT AND BE REPORTED IMMEDIATELY TO THE TREATING PHYSICIAN.**

11. If no significant improvement is noted in the target behavior as indicated by data collection and analysis for the period of time that the physician has indicated is necessary for an effective trial of the medication, clinical staff must report this to the treating physician.
12. If there is more than one treating physician, it is the responsibility of the clinical staff to make this fact known to all treating physicians so that they can communicate with one another.
13. All medications for an individual should be purchased through the same pharmacy to help prevent any adverse drug interactions.