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Dr. Wright has served on a number of review committees over the last ten years. He is a team leader for the Child and Adolescent Certification Examination of the American Board of Psychiatry and Neurology. Dr. Wright’s clinical practice is focused on young children and on children and adolescents with developmental problems. He has received the Teacher of the Year Award from the Children and Adolescent Psychiatry Residency Training Program and the Clinical Science Research and Research Advancement Awards from the School of Medicine.

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Questions for the SCATN consultants? You can send questions or comments via email to Elizabeth Wilkinson at Elizabeth.Wilkinson@uscmed.sc.edu. Questions will be distributed to consultants and responses emailed back to you.


This article describes two types of stereotyped behaviors seen in children with an ASD – self stimulatory and socially mediated and the importance of differentiating between the two when interventions are initiated. Stereotypy and stereotyped behaviors are a broad group of behaviors involving repetition, rigidity, and invariance in individuals with autism spectrum disorders (ASDs). These behaviors are common in ASDs and in other sensory and developmental disabilities. Stereotyped behaviors in children with ASDs are often developmentally and socially inappropriate, and can be stigmatizing making peer interaction, community activities and schooling difficult. Stereotyped behaviors are also present in typically developing kids and are seen as more socially appropriate in nature. People often wrongly use the terms self-stimulatory and stereotyped as interchangeable. Self-stimulatory behaviors continue because they produce desired sensory stimuli. While some stereotyped behaviors are self-stimulatory, this is not always true. Some stereotypies may be socially mediated, with outside reinforcement rather than self-reinforcement (as in self-stimulatory behaviors). Socially mediated stereotypies may increase during stress or may be dependent on the level of attention gained from the behavior.

No one method of decreasing stereotypy works for everyone, further supporting that stereotypies may serve different purposes to different children. Self stimulatory stereotypies can often be replaced with a more socially acceptable behavior addressing the same sensory need but this type of intervention does not work for those behaviors that are socially or externally reinforced. Thus, while stereotyped behaviors are often seen as sensory and self-reinforced, they may also be maintained by social, or other external, reinforcement. It is important to be mindful of this when determining an appropriate intervention.

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