RESEARCH

In Parents' Voices: To What Extent Do Practitioners Need to Treat Stereotypical and Repetitive Behavior of Children Diagnosed with Autism Spectrum Disorder?

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Abstract
Stereotypy—restricted and repetitive behaviors characteristic of autism spectrum disorder (ASD)—can influence children's independence and self-determination. Limited research has explored how parents perceive these behaviors and the need for intervention. This qualitative study, conducted in the Midwestern United States, examined the perspectives of nine parents of children with ASD. Semi-structured interviews were analyzed using thematic analysis, revealing four themes: (a) type and topography of stereotypical behaviors; (b) reactions from parents, siblings, teachers, peers, and community members; (c) perceived need for treatment; and (d) behavioral strategies used at home. Parents described stereotypical behaviors as both challenging and beneficial to their child's functioning. Most did not view intervention as necessary except when behaviors created medical or safety concerns. Findings underscore the importance of understanding parent perspectives to inform educators and practitioners in developing compassionate, evidence-based supports that honor both family priorities and neurodiversity.
Keywords: autism spectrum disorder, stereotypy, repetitive and restrictive movements, parent perspectives, intervention, treatment

Stereotypy—restricted, repetitive movements or vocalizations—is a core feature of autism spectrum disorder (ASD) and may influence children's ability to participate in daily activities, develop independence, and engage socially. According to the DSM-5 (American Psychiatric Association, 2013), these behaviors can include hand flapping, body rocking, pacing, echolalia, repetitive object manipulation, or adherence to highly specific routines. In behavior analytic literature, stereotypy is typically defined as repetitive and invariant behavior maintained by nonsocial reinforcement (Rapp & Vollmer, 2005). Educational and parent-centered literature often uses the term *stimming* to emphasize possible roles in sensory regulation or emotional comfort (Kapp et al., 2019). Across terminology, stereotypy

is common, persistent across development, and may vary widely in form, intensity, and function (Mayes & Calhoun, 2011; Chebli et al., 2016).

Behavior Analytic Perspectives on Stereotypy

Within applied behavior analysis (ABA), stereotypy has historically been conceptualized as behavior maintained by automatic reinforcement—internal sensory consequences that are not dependent on social interaction (Ahearn et al., 2007). Consequently, intervention research has focused on identifying environmental arrangements or contingencies that reduce engagement in these behaviors or increase alternative, socially meaningful skills. A substantial body of work has evaluated antecedent-based interventions such as noncontingent reinforcement, environmental enrichment, and stimulus control manipulations (Carr et al., 2000; LeBlanc et al., 2000; Lydon et al., 2017; Rapp et al., 2017). These approaches attempt to compete with or substitute the sensory stimulation that stereotypy produces. However, repeated exposure to stimuli may produce satiation, reducing long-term effectiveness (Lanovaz et al., 2011). Other antecedent approaches include visual prompts, contextual modifications, and physical exercise (Prupas & Reid, 2001; Haley et al., 2010), though their generalizability remains mixed.

Consequence-based interventions have also been widely studied. Strategies with the strongest empirical support include response interruption and redirection (RIRD), differential reinforcement procedures, and response cost (Ahearn et al., 2007; Liu-Gitz & Banda, 2010; Schumacher & Rapp, 2011; Cassella et al., 2001). Punishment-based procedures such as verbal reprimands or contingent demands may temporarily suppress behavior but bring concerns about acceptability, potential increases in other forms of stereotypy, and limited feasibility in natural settings (Athens et al., 2008; Rapp et al., 2009; Lanovaz et al., 2013). Lerman and Vorndran (2002) noted that punishment requires consistent application to remain effective, which is rarely practical in classrooms, homes, or community settings.

Despite decades of study, the field has not reached consensus on when stereotypy requires treatment. Some interventions aim to reduce behaviors that interfere with learning (Cook & Rapp, 2020; Dib & Sturmey, 2007), hinder peer socialization (Reese et al., 2005), or elevate risk of self-injury (Guess & Carr, 1991; Minshawi et al., 2014). Others focus on promoting engagement in adaptive or meaningful activities rather than simply suppressing repetitive actions (Chung & Cannella-Malone, 2010; Lang et al., 2010a; Specht et al., 2016). These expanded approaches align with broader concerns about quality of life and inclusive participation.

Neurodiversity, Identity, and Ethical Questions

In recent years, autistic self-advocates, neurodiversity scholars, and some clinicians have raised concerns about interventions designed to eliminate stereotypy. Stimming is described as an integral aspect of autistic identity, a communication method, and a coping strategy for managing sensory overload or emotional stress (Kapp et al., 2019). Some writers argue that reducing stereotypy may violate dignity and bodily autonomy, particularly when children are required to maintain eye contact, keep their body still, or suppress movement to conform to neurotypical expectations (Spath & Jongsma, 2020). Non-academic sources similarly document fears about trauma, coercion, and the social consequences of interventions that prioritize compliance over self-regulation (Fahrenheit, 2020; Shoyer, 2015; Anxious Advocate, 2015).

From a quality-of-life perspective, stimming has been shown to support sensory processing,

emotional regulation, and attention (McCarty et al., 2021). Interventionists must therefore weigh the functional benefits of stereotypy alongside potential risks such as social stigma (Cunningham & Schreibman, 2008), bullying (Rex et al., 2018), loneliness (Nevill et al., 2020), depression (Greenlee et al., 2020), parental stress (Hill-Chapman et al., 2013), or challenges with employment and adult functioning (Marsack-Topolewski & Church, 2019). The complex interplay between harm, benefit, and autonomy has created tension between behavior analytic practice and neurodiversity-oriented frameworks.

Social Validity and the Importance of Consumer Perspectives

Social validity—defined by Wolf (1978) as the acceptability and relevance of intervention goals, procedures, and outcomes—has long been considered essential in ABA. Yet research suggests that social validity data are not consistently gathered or reported in studies targeting stereotypy (Ferguson et al., 2019). Leaf et al. (2022) emphasized that meaningful intervention must reflect the preferences and lived experiences of clients, their families, and the professionals who support them. Understanding when and why caregivers view stereotypy as problematic—or beneficial—is therefore key to designing interventions that are compassionate, acceptable, and effective.

The divide between traditional behavioral perspectives and more recent neurodiversity-oriented critiques underscores the need for nuanced, contextually grounded research that includes voices often overlooked in intervention literature. Parents, in particular, have deep knowledge of their child's behavior across environments and time, and they are central decision makers regarding whether intervention is sought, accepted, or continued. Their perspectives may align with behavior analytic interpretations, neurodiversity frameworks, or somewhere in between.

Why Parents' Perspectives Matter

Parents play a central role in identifying, interpreting, and responding to stereotypical behaviors in their children. They are often the first to notice changes in frequency or form and the first to adapt the home environment to support (or attempt to modify) the behavior (McLaughlin & Fleury, 2020). Because children with ASD vary widely in communication skills, parents may serve as critical informants for describing behavioral patterns, contextual triggers, and perceived benefits or challenges.

Despite the extensive empirical literature on assessment and treatment of stereotypy, relatively little is known about how parents conceptualize these behaviors, when they view them as needing intervention, or what strategies they use or prefer. Parent perceptions may differ from professional assumptions. For example, behaviors considered disruptive or incongruent in school settings may be viewed as harmless or self-regulating at home. Conversely, behaviors behavior analysts may consider benign could present substantial challenges for families during community outings or daily routines.

Understanding parental perspectives helps bridge the gap between intervention science and lived experience. It also supports neurodiversity-affirming and family-centered practice, both of which the new JAASEP editorial team is explicitly encouraging.

Summary and Rationale for the Present Study

Taken together, the literature reflects an active debate regarding the meaning, function, and treatment of stereotypy in ASD. While behavioral research offers numerous strategies for reducing repetitive behaviors, neurodiversity-oriented perspectives emphasize acceptance, autonomy, and

the potential benefits of stimming. Families occupy the center of this debate, yet their voices remain underrepresented in empirical work.

The present study addresses this gap by examining parents' descriptions of their child's stereotypical behavior; their interpretations of its purpose, frequency, and impact; their views on responses from others; and their perspectives on whether intervention is needed. These insights are critical for informing educators, behavior analysts, and practitioners seeking to develop compassionate and evidence-based supports that honor both family priorities and neurodiversity.

Method

Participants

Nine parents (six mothers and three fathers) from seven families in the Midwestern United States participated in this study. Children ranged in age from 6 to 17 years (median age 9); four were boys and three were girls. Three children were adolescents (ages 12, 13, and 17), while the remaining children were between 6 and 9 years old. All had a formal diagnosis of autism spectrum disorder (ASD) confirmed by a pediatrician and engaged in at least one form of stereotypical behavior. Reported co-occurring conditions included attention deficit hyperactivity disorder (n = 2), obsessive–compulsive disorder (n = 1), sensory processing disorder (n = 2), bipolar disorder (n = 1), and oppositional defiant disorder (n = 1).

Parents ranged in age from 40 to 59 years (M = 48.6). Parent-reported ethnicities included Caucasian (n = 7), American Indian (n = 1), and African American (n = 1). Six families reported that one or both parents were employed. All pseudonyms used in reporting the findings were assigned by the researcher.

Children demonstrated a range of verbal abilities from significantly delayed communication (n = 5) to age-appropriate language skills (n = 2). Reported stereotypical behaviors included echolalia or repetitive vocalizations (n = 3), lining up items (n = 2), highly fixated interests (n = 2), motor stereotypy such as hand flapping or finger movements (n = 5), rocking or pacing (n = 3), and toe walking (n = 2). Time spent in general education settings varied: four children spent more than 80% of their day in general education, one spent 50%, one primarily attended work sites in the community, and one attended a self-contained classroom on a half-day schedule.

Recruitment and Interview Procedure

Parents were recruited through a research flier distributed across local community organizations, autism support networks, and educational service agencies. To participate, parents needed to have a child aged 3–17 with a confirmed ASD diagnosis and parent-reported stereotypical behaviors, including repetitive motor or vocal actions, insistence on sameness, echolalia, or restricted interests. Parents who expressed interest contacted the researcher directly and received a study information sheet and consent form via email.

After obtaining informed consent, semi-structured interviews were scheduled at a time convenient for the parent and conducted either in person or via secure videoconference. Interviews lasted between 30 and 60 minutes and followed an open-ended protocol exploring:

(a) parents' descriptions of their child's stereotypical behaviors;
(b) the frequency and settings in which behaviors occurred;
(c) typical responses from parents, siblings, teachers, peers, and community members;
(d) perceptions of when treatment was necessary; and

(e) any strategies the family used to manage or support the behavior.

The interviewer used prompts as needed to clarify responses or obtain elaboration. All interviews were audio-recorded and professionally transcribed. Transcripts were checked for accuracy before analysis.

Data Analysis and Trustworthiness

Data were analyzed using Braun and Clarke's (2006) six-phase thematic analysis framework. The researcher began by reading each transcript multiple times to gain familiarity with the data and generated initial line-by-line codes identifying meaningful units related to parents' perceptions, interpretations, and experiences. Codes were compiled into a master spreadsheet and grouped into clusters based on conceptual similarity. These clusters were refined into candidate themes.

Themes were iteratively reviewed by returning to the full transcripts to ensure representativeness and internal coherence. Analytic memos and a documented audit trail were maintained throughout to record coding decisions and reflexive considerations. An independent qualitative researcher unaffiliated with the study reviewed the final codebook, theme structure, and theme definitions to enhance credibility. Peer debriefing was used to explore alternative interpretations, and discrepancies were resolved through discussion. Pseudonyms were applied during analysis and reporting to protect participant confidentiality.

Ethical Considerations

The study received approval from the university's Institutional Review Board. Participants were informed of their rights, including voluntary participation and the ability to withdraw at any time. All data were stored securely, and identifying information was removed during transcription and analysis.

Results

Thematic analysis of the interview transcripts revealed four overarching themes describing parents' perceptions of their child's stereotypical behaviors: (a) type and topography of stereotypy, (b) reactions from others, (c) perceived need for treatment, and (d) behavioral strategies used in the home. These themes reflect a range of interpretations, emotional responses, and practical considerations across families. A summary of themes with representative quotes is provided in Table 1.

Theme 1: Type and Topography of Stereotypical Behaviors

Parents described a wide range of repetitive behaviors that varied in frequency, intensity, sensory profile, and contextual triggers. Motor behaviors included hand flapping, toe walking, pacing, rocking, finger movements, and repetitive object manipulation. Vocal behaviors included scripting, humming, repeating phrases, and echolalia.

Many parents framed their child's stereotypical behaviors as predictable and recognizable patterns. Several referred to "daily routines" or "habits he always goes back to," emphasizing the repetitive and stable quality of the behavior. Although some behaviors were loud, disruptive, or drew social attention, others were subtle and easily overlooked in familiar environments.

Parents described varied sensory or emotional functions of these behaviors. Some noted that stereotypy increased when the child was tired, excited, overwhelmed, or transitioning between activities. Others described stereotypy as a sign of contentment or focus. For example, one parent explained, "When she starts humming, she's usually trying to settle herself." Another shared, "The pacing helps him organize himself before he can do something else."

Overall, parents viewed stereotypy not as a single phenomenon but as a constellation of behaviors shaped by developmental level, sensory needs, emotional regulation, and environment

Table 1 Summary of themes and illustrative quotes

Theme	Description	Representative Parent Quote
Type and Topography of Stereotypical Behaviors	Parents identified both motor and vocal forms of stereotypy, often serving a calming or sensory-regulatory function.	"When he starts rocking, it usually means he's trying to calm himself after a long day."
People's Reactions to the Child	Responses from peers, teachers, and community members ranged from understanding to discomfort; parents often acted as advocates	"Her teacher lets her step out and squeeze her putty—it helps, and no one makes a big deal of it."
Need for Treatment	Most parents viewed stereotypical behaviors as benign unless safety or participation was affected	"It's part of who she is. Unless she's hurting herself, I don't see a reason to stop it."
Behavioral Treatment Used in the Home and the Community	Interventions were parent-initiated and pragmatic, such as timers, breaks, or replacement activities.	"We use a timer for video time, and that seems to help him switch without a meltdown."

Note. Quotes are lightly edited for clarity and to preserve participant anonymity.

Theme 2: Reactions from Parents, Siblings, Teachers, Peers, and Community Members

Reactions from others ranged widely, from acceptance to discomfort to misunderstanding. Parents frequently described their own responses as a mix of familiarity, patience, and sometimes stress—particularly when behaviors intensified in public settings. Some discussed moments of frustration, especially when stereotypy interfered with daily routines, but most emphasized adjusting expectations to support their child.

Siblings commonly ignored the behaviors or incorporated them into their understanding of daily family life. Some siblings gently requested space when the behavior encroached on personal boundaries, but few described negative emotional responses.

Teachers demonstrated varying levels of understanding. Several parents described educators who discretely redirected behavior or offered sensory alternatives without drawing attention. Others noted that some teachers were unsure how to respond or interpreted the behavior as task avoidance.

Community responses tended to be the most unpredictable and stressful for families. Parents noted instances of staring, confusion, or visible discomfort from strangers. Some described avoiding certain public spaces because transitions were difficult or reactions felt stigmatizing. One parent explained, "It's not the behavior that bothers me—it's people not knowing what they're seeing."

Despite these challenges, parents often assumed the role of advocate or educator, explaining the behavior to others when appropriate and shielding their child emotionally when necessary.

Theme 3: Perceived Need for Treatment

A central theme across interviews was the distinction between behavior that was disruptive or harmful and behavior that was simply "part of who he is." Most parents did *not* view stereotypy as requiring treatment unless it created safety risks or interfered substantially with learning or community functioning.

Several parents explicitly rejected the idea of "stopping" the behavior, describing it as a coping mechanism or self-regulation strategy. "If it helps him stay calm, why would I take that away?" one parent asked. Another echoed, "It keeps her grounded. It's not hurting anyone."

Parents identified specific situations where intervention would be considered:

- Medical risk (e.g., toe walking causing pain or X-ray-confirmed tight heel cords)
- Significant disruption (e.g., pacing preventing participation in class activities)
- Self-injury (e.g., repetitive hitting or biting)
- Public safety concerns (e.g., behaviors interfering with road-crossing, community outings)

Outside of these contexts, parents overwhelmingly endorsed acceptance rather than intervention. They also expressed concerns that attempting to reduce stereotypy could increase anxiety or lead to escalation. One parent noted that interrupting a scripting routine often caused her child to "start over from the beginning," resulting in frustration or distress.

These views reflect a nuanced understanding of the behavior's function and a preference for supportive, individualized strategies rather than suppression.

Theme 4: Behavioral Strategies Used in the Home

Families described a range of informal, pragmatic strategies used to support their child's stereotypy. These approaches were typically developed through trial and error and were grounded in the child's sensory needs rather than formal assessment.

Common strategies included:

- Timers and structured transitions to support movement between activities
- Weighted blankets, warm baths, warm towels, or other sensory supports
- Removing the child from overstimulating environments
- Providing alternative activities such as fidget items or visual tasks
- Allowing breaks during community outings
- Redirecting gently without forcing cessation

Parents emphasized that these strategies were flexible, not rigid programs. Most did not collect data or monitor progress formally. Their goal was to support regulation and prevent escalation, not eliminate the behavior. One parent summarized: "We try different things, and if it works, we keep it. If not, we change it."

In some cases, parents reported collaborating with teachers or therapists to create consistent responses across home and school, though systematic intervention was rare. Several parents stated that they lacked guidance on how to address stereotypy beyond what they learned through personal experience.

Summary of Themes

Across interviews, parents described

stereotypy as a complex and multifaceted behavior that served regulatory, sensory, emotional, and sometimes social functions. Although it occasionally created stress or difficulty—particularly in community settings—parents viewed stereotypy as manageable and often beneficial. Most strongly favored acceptance and support over treatment except when safety or significant disruption was involved.

These findings underscore the importance of parent perspectives in designing neurodiversity-affirming, compassionate supports that respect the child's emotional and sensory needs while balancing functional demands of home, school, and community environments.

A summary of themes and representative quotes is presented in Table 1.

Discussion

This study explored parents' perceptions of their child's stereotypical behaviors, including how they interpret these behaviors, respond to them, and determine when—if ever—intervention is necessary. Across interviews, parents described stereotypy as both beneficial and challenging, with its meaning shaped by context, sensory needs, and daily routines. These findings contribute to research on autism and repetitive behavior by centering the voices of parents, who play a central role in decision-making about intervention and who observe these behaviors across settings and developmental stages.

Interpretation of Stereotypy as Adaptive and Context-Dependent

Parents consistently identified stereotypy as a behavior that served important self-regulatory and sensory functions for their children. Behaviors such as rocking, pacing, humming, and scripting were often interpreted as calming strategies or signals that the child was attempting to manage sensory input or transition between tasks. This aligns with research showing that repetitive behaviors may support attention, self-regulation, and emotional coping (Kapp et al., 2019; McCarty et al., 2021).

At the same time, parents recognized that stereotypy could be disruptive in certain settings. Some behaviors interfered with sustained participation in structured school tasks, complicated transitions, or created challenges in public spaces where the behavior drew unwanted attention. These nuanced interpretations reflect a balance familiar in the literature: stereotypy can function both adaptively and maladaptively depending on the child and situation (Boyd et al., 2012; Lang et al., 2010b). The parental lens, however, highlights that not all repetitive behavior requires change and that categorical assumptions about stereotypy as "problem behavior" are overly simplistic.

Social Responses and the Burden of Interpretation

A key finding concerned the emotional work parents performed when responding not only to the behavior but also to others' reactions. Although siblings and some teachers responded supportively and flexibly, community members were often described as confused, uncomfortable, or judgmental. These experiences reinforced parents' advocacy roles and shaped how families planned outings, navigated transitions, and interpreted risk.

The literature has documented that social stigma, misunderstanding, and bullying may be associated with visible repetitive behaviors (Cunningham & Schreibman, 2008; Rex et al., 2018). Parents in this study echoed these concerns but emphasized that the stigma—not the behavior—was often the most distressing aspect of community participation. These findings have implications for

school personnel and community organizations, which play a critical role in shaping socially accepting environments.

When Parents Consider Intervention Necessary

A major contribution of this study is the insight into parents' decision-making about when stereotypy warrants treatment. Most parents did not perceive repetitive behaviors as inherently problematic. Instead, they articulated clear thresholds for concern:

- behaviors associated with medical risk or discomfort (e.g., chronic toe walking);
- behaviors causing significant disruption to learning or daily functioning;
- behaviors posing safety risks during transitions or community outings;
- behaviors escalating into self-injury.

These thresholds are largely consistent with recommendations in the functional behavior assessment and ABA literature, which emphasize intervening when behavior is dangerous, substantially interferes with learning, or significantly reduces access to meaningful activities (Cook & Rapp, 2020; Dib & Sturmey, 2007). However, parents emphasized a greater caution regarding intervention, expressing concerns that attempts to suppress stereotypy could increase anxiety, cause escalation, or remove effective coping strategies. This perspective offers an important counterbalance to intervention models that prioritize reduction over understanding.

Home-Based Strategies and Family Expertise

Parents described a variety of intuitive, experience-based strategies—timers, sensory activities, scheduled breaks, environmental adjustments—that they found helpful for supporting their children. These approaches were flexible rather than programmatic and were used to help the child regulate rather than eliminate behavior. Most families had not received guidance specific to stereotypy from professionals.

These findings reinforce the need for practitioner collaboration with families and for interventions that respect home routines, parental expertise, and the child's sensory-emotional needs. They also highlight that families may benefit from clearer communication from behavior analysts and educators about when intervention is recommended, what strategies are most appropriate, and how to integrate supports across environments.

Implications for Educators

The findings underscore several implications for teachers and school specialists who support autistic students:

1. Interpret stereotypy through a strengths-based lens. Teachers can view stereotypy not solely as a distraction or problem behavior but as a possible tool for self-regulation or communication.
2. Use unobtrusive, supportive responses. Parents described teachers who successfully redirected behavior or offered sensory alternatives without drawing attention. These subtle supports foster dignity and reduce stigma.
3. Promote inclusive classroom climates. Teacher modeling and peer education can reduce negative reactions from classmates and improve acceptance in both academic and social settings.
4. Collaborate with families. Parents often held nuanced knowledge about behavioral triggers and effective supports. Educators should integrate this expertise when designing accommodations or behavior plans.

Overall, educators can play a crucial role in creating environments where stereotypy is understood contextually and responded to compassionately.

Implications for Behavior Analysts

For behavior analysts, the findings highlight the importance of:

1. Prioritizing social validity. Parents clearly articulated when they did—and did not—want intervention. ABA practitioners should include families in all phases of assessment, goal selection, and treatment.
2. Aligning practice with neurodiversity-affirming principles. Rather than defaulting to reduction-based goals, practitioners should consider whether stereotypy serves adaptive functions and whether intervention is necessary or desired.
3. Providing clear rationales for recommendations. Parents noted limited guidance on stereotypy from professionals. Practitioners should explain the purpose of interventions, potential risks, and evidence-supported options.
4. Developing supportive, flexible strategies. Parent-generated strategies in this study were practical and sensory-based. ABA practitioners can build on this by offering structured but respectful supports that enhance regulation and participation without coercion.

Implications for Families

Families may benefit from:

1. opportunities to discuss stereotypy with professionals who validate its regulatory function;
2. guidance in distinguishing between benign and harmful forms of stereotypy;
3. strategies for managing community participation or transitions;
4. support groups or connections with other families navigating similar experiences;
5. education about school-based accommodations that might reduce stigma or exclusion.

These implications support family-centered and neurodiversity-affirming practice, reflecting recent shifts in the field and the editors' stated priorities.

Limitations and Future Directions

This study is limited by its small sample size and regional focus, which may affect generalizability. Parent perspectives were captured at a specific developmental moment and may evolve as children age. Future research should explore the perspectives of autistic individuals themselves, teachers, and professionals from diverse cultural backgrounds. Studies comparing home and school perceptions, or examining how practitioners interpret stereotypy in relation to neurodiversity-informed frameworks, would help bridge perspectives and refine intervention decision-making.

Additionally, research should continue examining how children themselves describe the purpose and meaning of their repetitive behaviors, particularly as communication skills develop. Parent voices are essential, but they represent only one dimension of the broader experience of autistic individuals.

Conclusion

Parents in this study viewed stereotypical behaviors as multifaceted, meaningful, and often beneficial to their children's well-being. While some behaviors created challenges in school or community settings, most parents did not perceive intervention as necessary unless safety, learning, or medical concerns were present. These findings reinforce the importance of understanding parent

perspectives and integrating them into intervention planning. Educators, behavior analysts, and practitioners can use these insights to develop compassionate, context-sensitive supports that honor neurodiversity, strengthen family partnerships, and promote more inclusive and responsive educational environments.

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