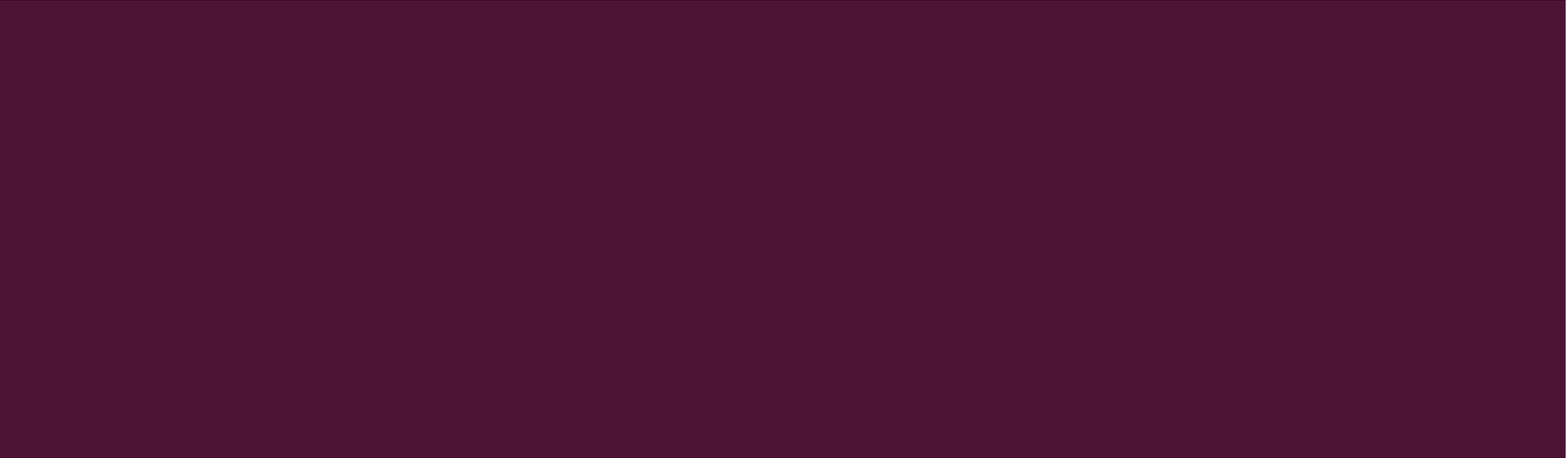




# CHALLENGING BEHAVIOUR

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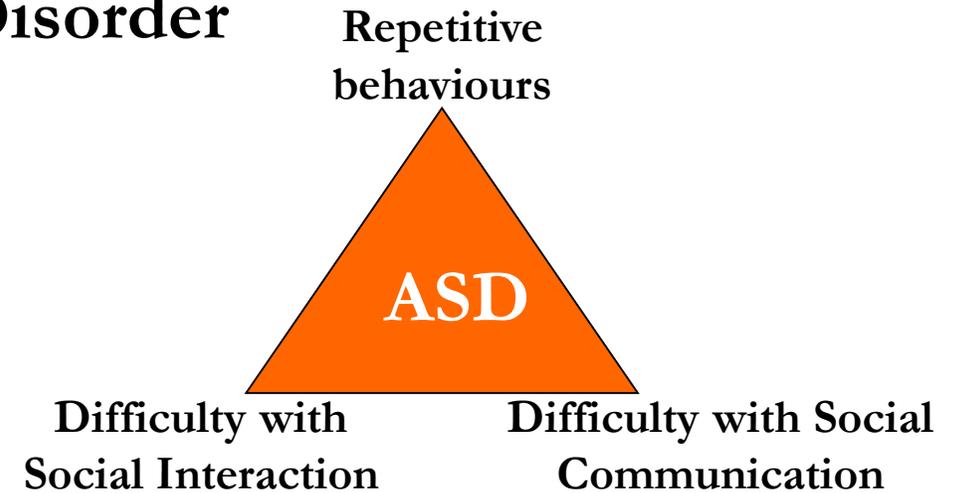
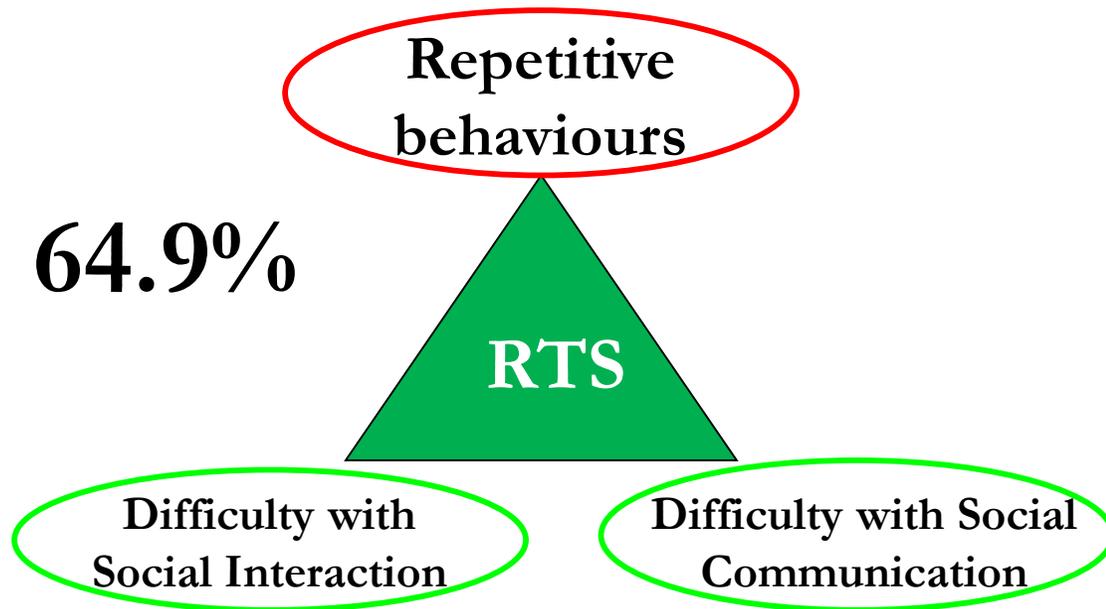


# EXAMPLES OF CHALLENGING BEHAVIOUR?

- **Hurting others** (e.g. hair pulling, hitting, head-butting)
- **Self-injury** (e.g. head banging, eye poking, hand biting)
- **Destructive behaviours** (e.g. throwing things, breaking furniture, tearing things up)
- **Eating inedible objects** (e.g. cigarette butts, pen lids, bedding)
- **Other behaviours** (e.g. spitting, smearing, repetitive rocking stripping off , running away)

# BEHAVIOUR AND RTS

## Autism Spectrum Disorder



# WHY DOES CHALLENGING BEHAVIOUR OCCUR?

- There is always a reason for challenging behaviour. It's important to **understand the reasons** behind challenging behaviour for change to happen!
- **Health Problems, Pain**
- **Social attention:** It may be a good way of getting other people's attention, even if it is negative, e.g., shouting
- **To get something:** A person may learn behaviours that get them things they want, e.g., food, objects etc
- **Escape:** It may help to avoid things a person doesn't like e.g. dentist
- **Sensory:** Sometimes people enjoy the feeling that certain behaviours give them, i.e. rocking, humming, etc.
- **Control** - what is going on around them and to get their needs met.

# ASD/ OTHER RELATED CAUSES

- Difficulties may be due to **hearing loss** that has not been detected
- **Understanding skills** being overestimated
- Difficulties when given **too much language** to process.
- Difficulties understanding **abstract concepts** (things that cannot be seen or touched), negatives (e.g. “not”, don’t”) and time concepts (e.g. “yesterday”, “this afternoon”).
- Difficulties **understanding sarcasm** and taking things literally (e.g. “Oh, that’s great!” when you actually mean the opposite). Understanding this requires attention to tone of voice, facial expression and body language which the person might not understand.

## WHAT CAN I DO? - THERE IS NO QUICK FIX.

- There is a lot that can be done to prevent or reduce challenging behaviour.
- Work out if the person is in pain or bored
- Is there a way of teaching the person to show you what they want in another way? Develop their communication skills
- Keep a record of the behaviour
- When safe to do so, ignore it and distract the person
- Ask your GP/social worker if the person can get a referral for a “functional assessment” to better understand the reasons behind their behaviour

## THINGS TO CONSIDER-WHY

- It is important when faced with CB to think about why is this behaviour being displayed? By looking at the meaning behind the child's behaviour, as a parent or carer you can provide support and guidance to your child at this difficult time. There are questions to think about when looking at why the CB is being displayed.
- Is the behaviour new, or has it been on-going for a while?
- Who does the behaviour occur with?
- Is there a pattern to the behaviour, for example at a certain time of the day?
- Is this a behaviour to avoid doing something, or to escape?
- Is this a behaviour for a need to be met, or for interaction or attention?

## THINGS TO CONSIDER-WHY

- Is this a behaviour for a sensory reward?
- Is the trigger for the behaviour known or unknown?
- Have there been any changes in medical history? For example, illness or medication.
- What changes in the environment have occurred? For example, change in daily routine, activities, peer groups, lack of stimulation, over stimulation, fatigue, pain or discomfort, changes in noise level, or changes to the people around the child, peers or professionals.

## THINGS TO CONSIDER-WHY

- Over-sensitivity or under-sensitivity to sensory stimuli, a change in routine, transition between activities, or physical reasons like feeling unwell, tired or hungry. Not being able to communicate these difficulties can lead to anxiety, anger and frustration, and then to an outburst of challenging behaviour.
- Every behaviour has a function for the person displaying it. Sometimes this can be a form of communication, a wider mental health problem, biological cause or an environmental cause.

# HOW YOU APPROACH THE BEHAVIOUR

- **CONSISTENCY:** Be consistent in your approach to the behaviour, and ask others around the person to use the same consistent approach.
- **COMMUNICATION:** Speak clearly and precisely using short sentences. By limiting your communication, the person is less likely to feel overloaded by information and more likely to be able to process what you say. Support the person to communicate their wants, needs and physical pain or discomfort, eg by using visual supports.

# HOW YOU APPROACH THE BEHAVIOUR

- **REWARDS:** Using rewards and motivators can help to encourage a particular behaviour. Even if the behaviour or task is very short, if it is followed by lots of praise and a reward, the person can learn that the behaviour is acceptable.
- **RELAXATION:** Look at [anger/emotions management](#) and create opportunities for relaxation. You can do this by, for example, looking at bubble lamps, smelling essential oils, listening to music, massages, or swinging on a swing. Challenging behaviour can often be diffused by an activity that releases energy or pent-up anger or anxiety. This might be punching a punch bag, bouncing on a trampoline or running around the garden.

# POSITIVE BEHAVIOUR SUPPORT

- A 'positive behaviour support' approach is recommended by the key professional bodies. It includes:
- treating the person with dignity
- creating meaningful relationships
- teaching new skills to replace behaviours which challenge
- not using punishment
- having access to meaningful activities.

# BEHAVIOURAL ASSESSMENT

- A comprehensive behaviour assessment should include:
- a functional assessment of behaviour (to look at reasons or 'functions' for challenging behaviour)
- medical health check
- mental health check
- communication assessment
- social or environmental factors that may affect behaviour.
- **Most strategies rely on increasing structure and improving communication and choice.**

# FUNCTIONAL ASSESSMENT

- A **‘functional assessment’** is a good way to find out the exact causes of a person’s behaviour. This is usually carried out by a Psychologist or behaviour nurse.
- The next step is to use the information to plan how to reduce challenging behaviour or lessen the impact on the person and those caring for them.

## FUNCTIONAL ASSESSMENT – YOU CAN...

- Keeping a record can help us find out **why** a person is behaving in a certain way. It is important to record:
- **1. Description of the behaviour** i.e. exactly what happens
- **2. Early warning signs**, e.g. becoming red in the face
- **3. What happens before the behaviour**, e.g. does something trigger the behaviours? E.g. noisy environment, being told no, etc.
- **4. What happens after the event**, i.e. what is the person getting or not getting from the behaviour that makes them do it again?

## STAGES OF BEHAVIOUR

- Challenging behaviour is unlikely to come ‘out of the blue’, it usually develops in stages:
- **Green ‘Proactive’ phase:** where a person is mostly calm and relaxed
- **Amber ‘Active’ phase:** where a person starts to become anxious. Quick action must be taken to avoid challenging behaviour
- **Red ‘Reactive’ phase:** where challenging behaviour occurs
- **Blue ‘Post-Reactive’ phase:** where the person starts to relax again

## ABC Behaviour chart

This ABC chart can be used to record behavioural concerns.

- 'A' stands for **antecedents**, that is, what happens immediately before the behavioural outburst and can include any triggers, signs of distress or environmental information.
- 'B' refers to the **behaviour** itself and is a description of what actually happened during the outburst or what the behaviour 'looked' like.
- 'C' refers to the **consequences** of the behaviour, or what happened immediately after the behaviour and can include information about other people's responses to the behaviour and the eventual outcome for the person.

It can also be a good idea to keep track of where and when the behaviour occurred to help in identifying any patterns. There are some filled in examples from page 2.

Day, date and time	Antecedent	Behaviour	Consequence	Notes

## Example 1

Male autistic adult, non-verbal, with sensory difficulties, lives in a placement. His mum visits on weekends and Wednesday evenings

Day, date and time	Antecedent	Behaviour	Consequence	Notes
Wed 1 Nov	Son calm. Watching TV with staff and other service users.	Son ran away from mum. Shut door of room and would not come out. Screamed and lashed out when she came into room.	Mum left. Son eventually calmed and was distressed mum was not there.	
Wed 8 Nov	Son calm. Playing with tablet computer in room alone.	Son screamed and covered face when mum entered room.	After trying to talk to son Mum left. Son calmed down.	

# MANAGING REPETITIVE BEHAVIOURS

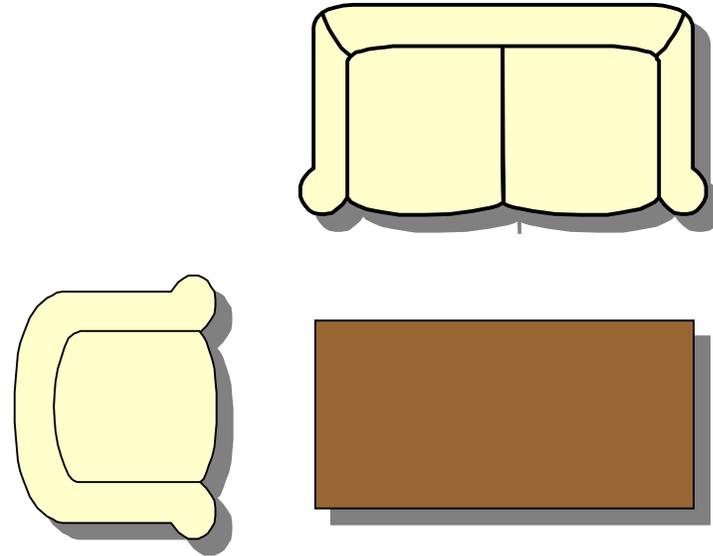
- Aim to reduce/restrict repetitive behaviour/ rituals etc rather than stop them completely.
- Make gradual changes rather than sudden removal of objects or changes in routine
- Be mindful that replacement behaviours may develop.
- General principal is the *graded change technique* which can be used for a number of different behaviours and interests.

# RESISTANCE TO CHANGE: SMALL CHANGES: CHANGING/MOVING FURNITURE

Case study: Emily

Emily could not tolerate the smallest change in her physical environment.

Everything had to be 'just so' and for years the furniture had been arranged in exactly the same way.

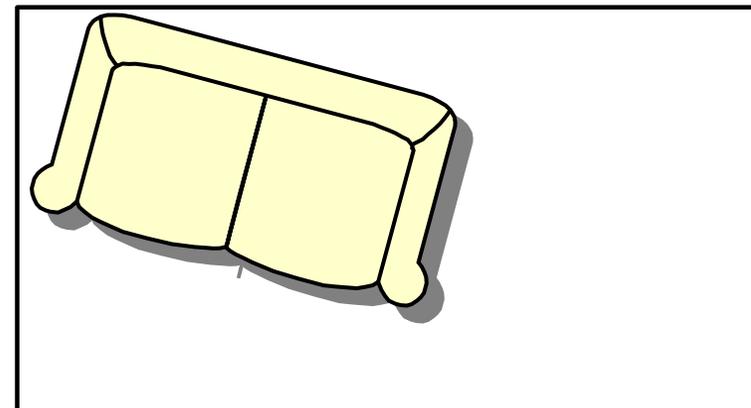
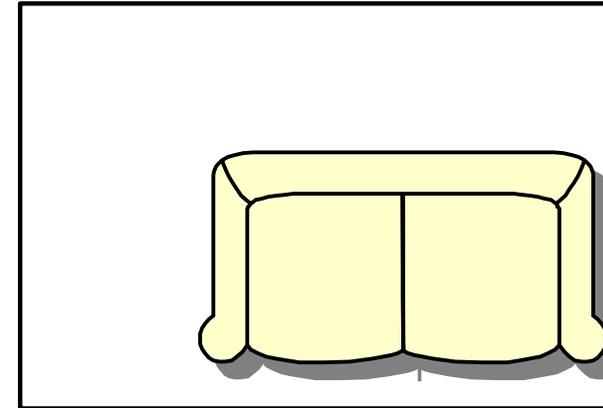
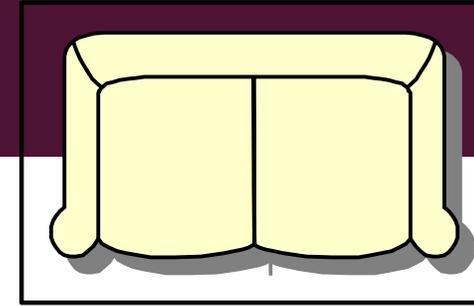


## SUCCESSFUL SOLUTION:

- Step one: They used tape to mark an outline round the sofa and explained to Emily that the sofa had to be within these limits.

- Step two: At a small distance at a time, her parents moved the tape, enlarging the area in which the sofa was located. Each time they repositioned the sofa within these limits.

Example from Whitaker (2005).  
Challenging behaviour and autism



# RESISTANCE TO CHANGE: MOVING FROM SCHOOL TO COLLEGE/ WORK

## Case study: Charlie

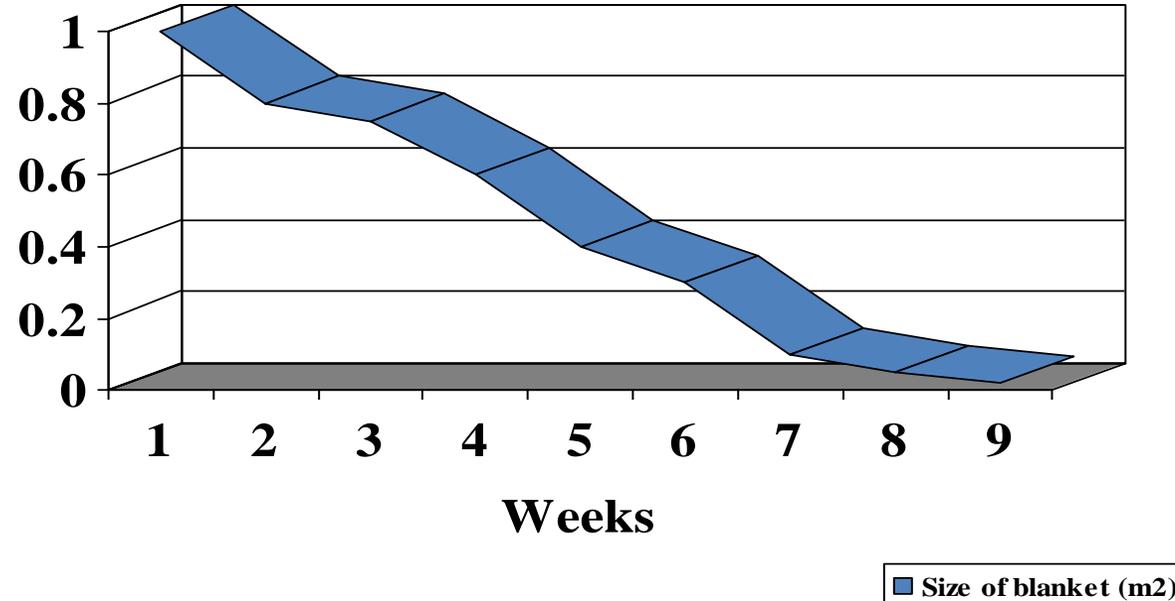
- Charlie secured himself a part-time job at bakery.
- Charlie was gradually integrated into the work place over a long period of time.
- Initially Charlie worked two hours per week at the company, which was soon increased to half a day a week and then again up to one day a week. Over time this will increase until Charlie works there full time.



## Case study: Patrick

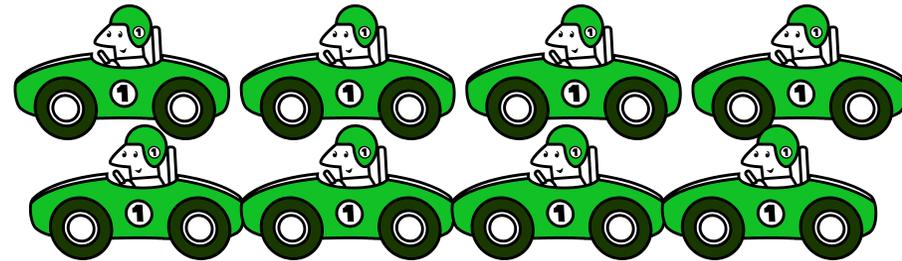
Patrick refused to leave his blanket at any time. Since he was coming up to school age this started to look inappropriate. His mother could only take the blanket from him at night while he slept.

She started to cut small pieces off the blanket at night until this was faded to a small piece that he could carry in his pocket.



# LINING UP OBJECTS

- Step one: gradual reduction of number of cars from 50 to 20



- Step two: Further reduction in length of lines to 5 cars only



- Step three: Pairs of cars only allowed in house, though these scattered in various rooms



## ENVIRONMENTAL CONSIDERATIONS:

- Tailor visual supports so that they are meaningful for the child or young person , for example, words, pictures or symbols
- Making reasonable adjustments or adaptations to the amount of personal space given
- Considering individual sensory sensitivities to lighting, noise levels and the colour of walls and furnishings.

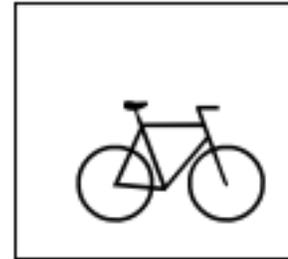
# Social Interaction and Communication

Start early and ask for a speech and language referral.

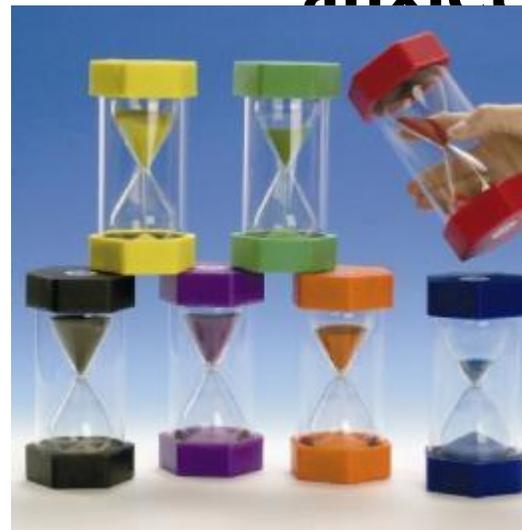


**Pictorial  
Exchange  
Communication  
System (PECS)**

Would you like to travel by...



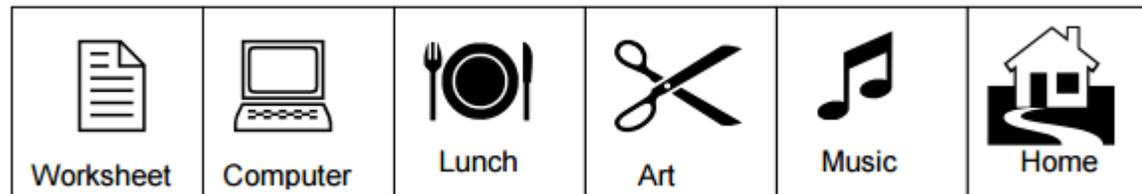
**Offering choice  
can reduce  
anxiety.**



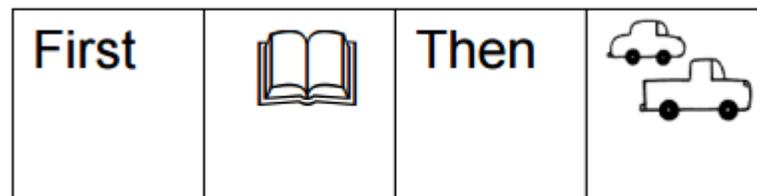
**Clearly indicate  
the end of an  
activity to help  
with transitions.**

# CHANGES IN ROUTINE AND UNPREDICTABLE EVENTS CAN BE DISTRESSING FOR CHILDREN WITH RTS AND ASD.

## Visual Supports (to increase routine and predictability)



## Sequencing – Now and Next



Visual supports be helpful at managing transitions and change

# SELF INJURIOUS BEHAVIOUR

- Family carers and teachers can do a range of things when a person is showing self-injurious behaviour:
- Consider **pain** as a cause
- Teach communication skills
- Ensure that the person is safe, but try not to react to the self-injury as though it were a 'message'
- Seek advice from a psychologist or behavioural specialist
- Many challenging behaviours are effective ways for a person with learning disability to control what is going on around them.

## SELF INJURIOUS BEHAVIOUR

- There is not much research to show that medicine can help with reducing self-injurious behaviour.
- People often try to use protective devices (e.g. helmets, arm splints or padding) if a person's self-injury is very severe.
- These devices are best used as **short term** measures, as people can become dependent on them and they can limit how much the person can move.

# WHAT CAUSES PICA AND POLYDIPSIA?

- The exact causes of these conditions are unknown. Pica can be linked to mineral deficiencies but both conditions are often due to learned behaviours. These include:
- Social attention
- Getting a favourite activity
- Escaping from a situation
- Sensory feedback
- A functional assessment can help identify **why** an adult or child is eating inedible objects or drinking excessively.

# PICA AND POLYDIPSIA

- Once the cause(s) has been identified, the following can be tried:
- **Social attention:** ignore the behaviour (when safe) or prevent the adult or child from eating/drinking the object/liquid with the least possible attention. It is vital to provide lots of positive attention when the person is not eating/drinking inedible objects. In the longer term, teach a safe way of asking for attention (e.g., sign for help).
- **Obtaining a favourite activity:** ensure the adult or child can access their favourite activity/object without eating/drinking a harmful item. In the longer term, teach a safe way of asking for their favourite activity (e.g., sign for biscuit).
- **Escaping from a situation:** look for behaviours that tend to occur before the adult or child eats/drinks something inedible. These can tell you that the person wants to end an activity or escape. Think about whether the activity is too long, difficult, or something the person doesn't like.
- **Sensory feedback** (e.g., taste): provide the adult or child with items that safely offer the same experience. For example, if a person eats cigarette butts due to the strong taste, provide strong tasting foods (e.g., marmite).

## WHAT CAN I DO? - PICA

- Request a general health check from a GP to rule out medical problems as the cause.
- Request a blood test from a GP to rule out iron and zinc deficiencies as the cause
- Request a mental health assessment to rule out mental health problems as the cause.
- Ask your GP or social worker for a referral to a clinical psychologist or behavioural specialist for an assessment.

# SUMMARY

- Some possible strategies that might help but this is not an exhaustive list.
- Key points to remember:
  - Work to *modify* the behaviour not eliminate it.
  - Make *gradual* rather sudden changes in routine and the environment.
  - Take small steps
  - Can take a long time before you see results.
- Deal with one behaviour at a time.
- Keep an eye out for any 'new' behaviours
- Young children: prevention is better than intervention.

# GETTING HELP

- The Challenging Behaviour Foundation's Family Support Service offers confidential emotional support by telephone or email. We also have a Family Carers' Email Network to put you in touch with other families.
- Carers' charities, support groups and parent networks all offer support.
- Siblings can get in touch with other young people in their position or join in special activities through young carers charities.
- A carer's assessment from adult social services looks at whether you need extra support. This can be short breaks or respite, financial support, or help to get into training or work.
- Families may be entitled to different benefits or funding, like direct payments.

Early intervention for behaviours that challenge:

<http://www.challengingbehaviour.org.uk/>

[www.findresources.co.uk](http://www.findresources.co.uk)

<http://w3.cerebra.org.uk/research/research-papers/self-injurious-behaviour-in-children-with-intellectual-disability/>