

Understanding and managing behaviours that challenge

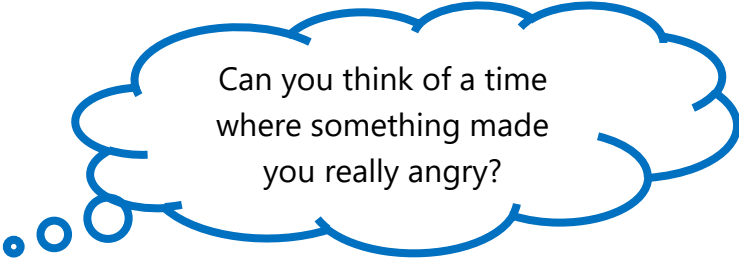
This toolkit is for parents or carers of a child with additional needs or a developmental disability.

Here are some ideas and strategies ***around supporting behaviours that challenge.***

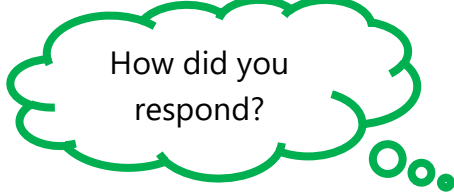


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Can you think of a time
where something made
you really angry?



How did you
respond?

What are behaviours that challenge?

Challenging behaviours may include:

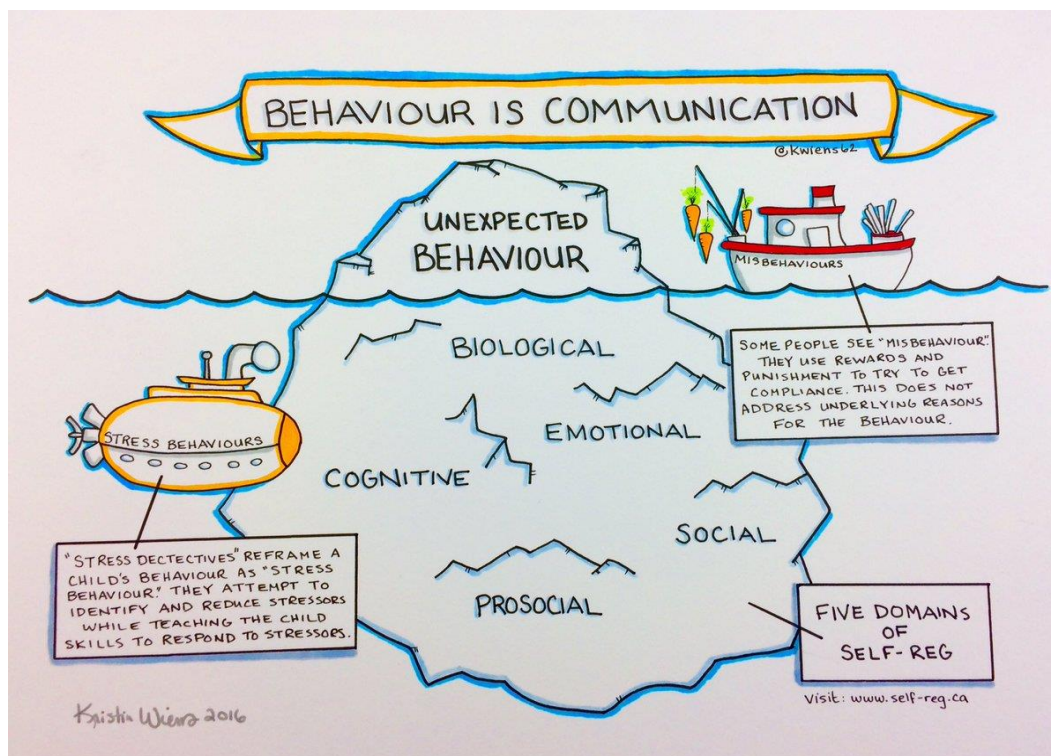
- **Physical aggression** (e.g. hitting, kicking, biting)
- **Self-injurious behaviours** (e.g. head banging)
- **Verbal aggression** (e.g. swearing or making threats)
- **Disruption of environment** (e.g. throwing or damaging property)
- **Stereotyped behaviours** (e.g. rocking, spinning)

At some point in all of our lives we may have engaged in behaviours that could be described as challenging. Children with additional needs and or developmental delay may also present with behaviours that are challenging. Perhaps, you might like to spend a few moments thinking about what behaviours these might be for your child?

We appreciate that these behaviours can be difficult to manage and we understand that they can affect the wellbeing of the individual as well as other family members particularly where behaviours put the individual or other family members at risk of harm. These behaviours can also prevent the individual or other family members from having a normal family life and/or accessing the local community. Therefore, effecting the individual's as well as the overall family's quality of life.

Although a child with an additional need or developmental delay may have a challenging behaviour. This by no means is a reflection on your parenting and there is usually a reason why a child may present with a challenging behaviour e.g. to signal that something is not right, to indicate that they might need help. Therefore, it is up to people who know the child well to work out what this reason might be.

Understanding behaviour as a form of communication



Behaviour is seen as a form of communication. The **Iceberg metaphor** shown in the picture above shows us that the unexpected behaviour (what we can see) can often be triggered by things that we cannot see. Therefore, it is important to think about what could be causing the behaviour.

For example: A child biting, biting is the behaviour that we see. What could be triggering the child to bite?

Is the
child
teething?

Are they
hungry?

Angry?

Pain?

Children with additional needs or developmental delay may also develop challenging behaviour as a way of communicating to their parent/carers, family members and/or teaching teams something that they may not be able to communicate in words or picture symbols in order to get their needs met.

If children have successfully been able to get their needs met through using challenging behaviour. Children learn that this behaviour is effective and this increases the likelihood of the child using this behaviour to get their needs met the next time.

- 1 Sensory
- 2 Escape
- 3 Attention
- 4 Tangibles

We describe behaviours that challenge as serving a **function**. There are four key functions: your child could be: engaging in a challenging behaviour in order to get a **sensory** need met, it could be to **escape** e.g. being asked to do something that they do not want to do. **Attention** e.g. gaining access to people and seeking interaction/connection or engaging in a challenging behaviour in order to access **tangibles** e.g. a food item that a child wants.

As a parent/carer, you and anyone supporting your child can work together to find out whether your child is engaging in a challenging behaviour in order to get a specific need met and this can be done through completing ABC charts.



Assessment of Behaviour – ABC Charts

ABC charts, you may have probably seen these before. When they are used well they can be absolutely invaluable. They consist of three components: **Antecedent** (what was happening before including what your child was doing, what were you doing, where were you), **Behaviour** (what was the behaviour, what did it look like), **Consequence** (what happened immediately after the behaviour what did you do, what did your child do)

ABC charts can help us to identify patterns and possible functions which that behaviour is serving. However, it can also show us that there is not an obvious pattern and we may need to think about different types of support. Remember, there may be underlying reasons behind a behaviour too. Perhaps your child had a not so great day at school or feels unwell.

Ideally you and those supporting your child will complete ABC charts over a period of time. Let's look at an example:

<u>Antecedent</u>	<u>Behaviour</u>	<u>Consequence</u>
Mid-morning. Child is feeling unwell. Staff have mentioned 'morning snack soon'. Member of staff busy preparing toast. Classroom smelling of toast. Child taps staff preparing toast and told in a minute.	Child hits out at member of staff.	Member of staff preparing toast gives child piece of toast. Child calms and sits over at the table eating his toast.

In the example completed you can see that we know what was happening before and what was happening after the behaviour. We can also see a description about the behaviour itself. You may also want to consider which **setting** the behaviour occurred in and what time of day it was. Was this at school? At home?

From the antecedents identified we can see that it is mid-morning for the child. The child's teaching team have spoken about the morning snack happening soon. Staff are busy preparing the mid-morning snack and the classroom smells of toast.

The child hits out at the member of staff.

Consequence is that the staff responds by giving the child a piece of toast. The child instantly calms and takes their toast over to eat at the snack table.

Considering for the four functions the one which is most appropriate for this situation is **Tangible**.

Antecedents might also be helpful for us to think about the environment including skills teaching which we could change in order to support the child. In this particular example we could think about:

- A visual timetable to support the child to understand when snack time is.
- We could support the child to wait for snack time by using a sand timer.
- Perhaps snack time could be prepared outside of the classroom
- Skills teaching: supporting the child with PECS or Makaton so that they can

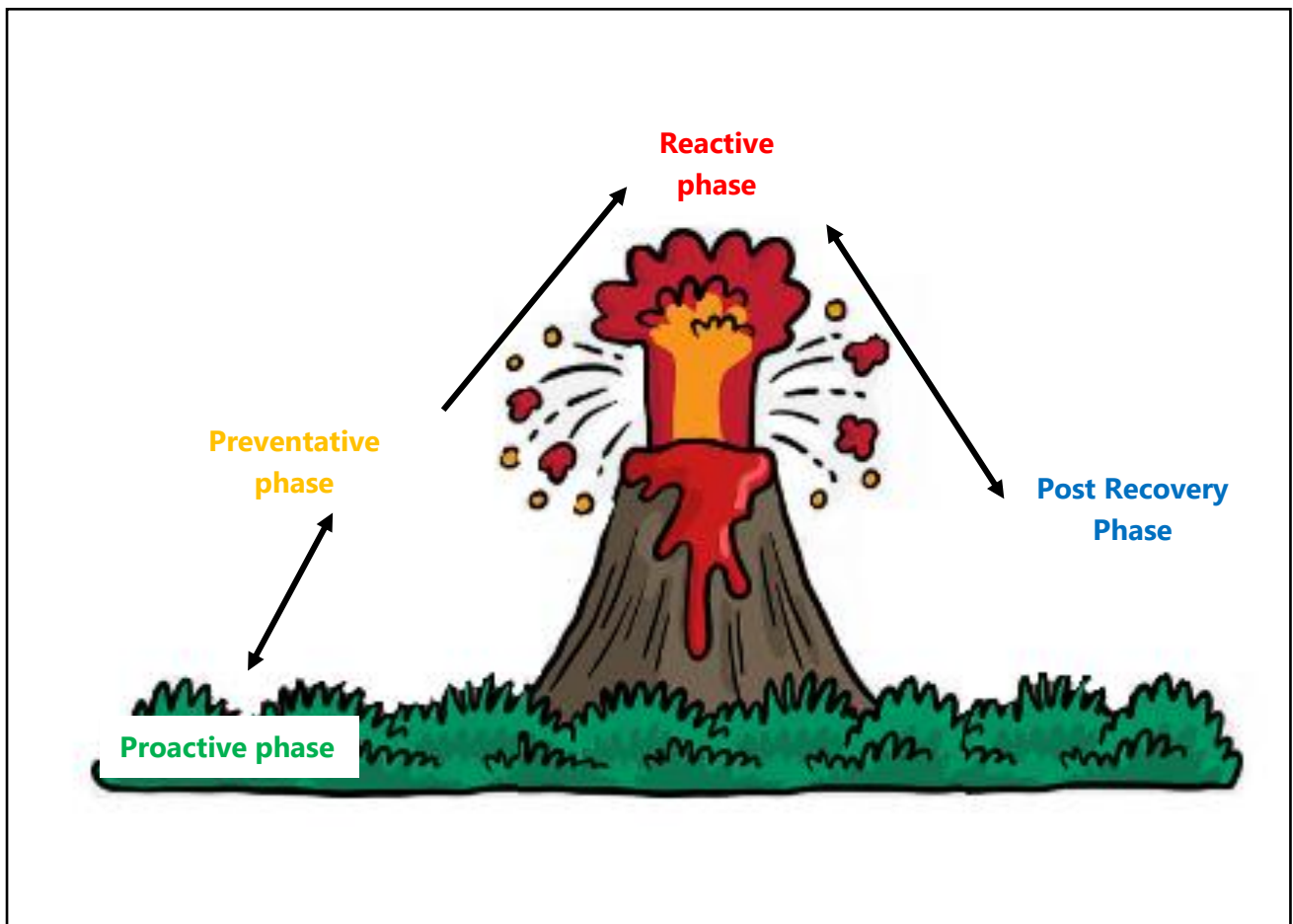
Setting Events and Triggers

- **Setting events** can be a number of things which have happened in the past or present for example: the environment, how the individual feels are they unwell? Are they feeling hungry? Did they get a good night's sleep. These setting events can contribute to an increase in the individual's anxiety and/or decrease an individual's tolerance.
- **Triggers** are more immediate and happen directly before the challenging behaviour. Types of triggers can include: being asked to do something, being told that they can not have something, being bored and not wanting to do a particular activity.

Being aware of the setting events and triggers can help you to think about changes and/or skills teaching which can be put in place to prevent an increase in your child's anxiety and reduce challenging behaviours from occurring.

Arousal Curve (Volcano Model)

Challenging Behaviour can appear to happen out of nowhere and sometimes those early signals can be tricky to see. Behaviour develops in stages, these stages are also known as the arousal curve. The arousal curve can also be shown within a visual of a volcano.



Your child will go through four stages of behaviour:

- Proactive phase**
- Preventative phase**
- Reactive phase**
- Post Recovery phase**

The following pages will go through each of these phases where we will discuss what your child might be feeling and doing at each stage. Also, we will spend some time thinking about some possible strategies which might be useful to help your child when they are in a specific phase.

Proactive Phase

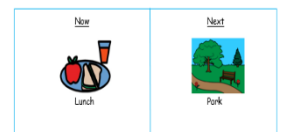
During this phase, your child will be feeling calm, happy and relaxed.



They might be playing with a toy that they love or engaging in an interaction with their older brother or sister who they enjoy spending time with. The aim is for your child to stay in this phase as much as possible.

Therefore, it might be helpful to think about what things help them to feel calm and relaxed. You might want to put a list together, this list could include:

- Activities they enjoy doing
- How your child communicates with others
- How should those supporting your child communicate with them
- Routine and structure (e.g. visual timetable) and ending activities (e.g. a countdown)
- Strategies to support transitions from one activity to the next (e.g. now-next board)
- Optimum sensory environments (e.g. if the young person needs to wear ear defenders in noisy environments providing them with an opportunity to put these on prior to entering the noisy environment).
- Enabling your child to make choices e.g. between two favourite tangibles.
- Ensuring medical health needs are met



During the proactive phase, this is also the perfect opportunity to support your child to develop skills in a variety of areas including:

- Communication e.g. signs or picture cards to indicate when they would like to request access to an item e.g. a slice of cake or practising socially appropriate ways of getting someone's attention e.g. "Let's put our hands up"
- Some children may find waiting difficult and therefore during this phase we can teach a child to wait and be able to cooperate with waiting
- Teaching independence skills e.g. this could be teaching them to become more independent at brushing their teeth or their personal care.



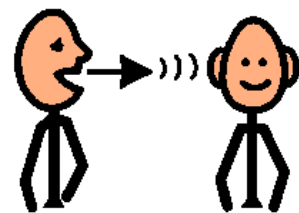
Developing a variety of skills might also reduce the frequency of challenging behaviours if your child has an appropriate, effective way of responding to an unmet need.

Preventative Phase

During this phase, your child may start to feel anxious or distressed.



During this phase, you might start to notice some early warning signs that the young person is starting to become anxious or distressed. You might notice subtle changes e.g. body language, facial expressions, and vocalisations. It might be helpful to spend some time thinking about what your child does during this phase and also perhaps how they look.



As soon as you notice some of these subtle signs, as a parent/carer you might want to try to take action and put in a strategy that will help to support your child to return to feeling calm and relaxed and in the proactive phase.

Again, have a think about what strategies might help your child to feel less anxious and/or distressed and more happy and calm:

- Distract/redirect young person to another activity
- Stay calm
- Ignore the **behaviour** (but not the child)
- Change your child's environment
- If you can, change of face for your child e.g. support from Dad/Older sibling
- Withdraw

Reactive Phase

During this phase, this is where the challenging behaviour occurs.



At this point, de-escalation strategies tend to be least effective and as a parent/carer your main priority is to act quickly and ensure everyone at home is safe (including your child with additional needs or developmental delay and other children who are living at home).

Safety is key!

Some of the strategies that you might like to think about includes:

- Try to appear calm
- Reduce all communication including eye contact if communication overwhelms your child
- Can you try to distract your child with something else e.g. a favourite toy?
- Being mindful of your environment e.g. remove hazardous objects, create a safe space for your child, personal spaces.
- You might also need to call for assistance from another adult within the family home therefore it might be helpful to spend some time putting a reactive plan together.
- For other children in your house it might also be helpful to spend some time with them and think about a safety plan which will aim to ensure they are not at risk of harm.
- Adaptations to the environment for example some behaviours that challenge (e.g. head banging/butting) may require an adaptation to the environment for example e.g. availability of pillows which can be accessed and placed underneath your child's head when this behaviour occurs.

A safety plan with your children could include:

- A code word/phrase
- What I need to do when Mum or Dad says the code word/phrase?
- Where is my safe space?
- What activities can I do in my safe space?
- When do I know when it is ok to come out of my safe space?



Post Recovery Phase

**During this phase, the incident will have finished
and there will be a recovery phase**

The incident will have finished and your child will be recovering and becoming calm and relaxed again. It is important though that this will take time and during this phase there is a risk of possible escalation.



Some of the strategies that you might like to think about using includes:

- Keep communication to a minimum with your child.
- Giving them their own space for some time.
- Provide your child with access to activities which support them to be calm and relaxed.
- Reduce requests and demands.
- Check everyone is ok.
- You might have to seek/administer first aid for your child/yourself or other members of the family.
- Reflect on what has happened and use ABC charts.



Useful Information

Self-help Apps

Self-help apps can be a useful and viable way of support. The NHS have published apps on their digital library, some focussed on helping you relax include:



Useful Websites

The following websites may offer some useful resources and information regarding building resilience, learning disabilities, and mental health support.

- <https://www.nhs.uk/apps-library/category/mental-health/>
- <https://www.mind.org.uk/media/17944275/peer-support-toolkit-final.pdf>
- <https://www.mind.org.uk/>
- <https://www.psycom.net/dealing-with-change>

Further Support

Helping Hands Psychology Team: If you require further support please use the contact details overleaf to contact the Helping Hands team in your designated Children's Centre.

GP: If you are concerned about yourself or a member of the family you can access support from your local GP.

Charities: Charity organisations such as Mind Cymru, Samaritans and Young Minds may also be able to provide you with support regarding resilience.

Mind Cymru	02920 395 123
Samaritans	116 125
Young Minds	0808 802 5544

Local Support Groups: Groups are a great way to meet new people and to talk about shared experiences. Here are the links to some we are aware of in the local area:

https://www.facebook.com/SparrowsAln/	http://www.valleydaffodils.co.uk/
https://www.magicparents.co.uk/	http://www.buildingbridgesproject.org.uk/
https://hopegb.co.uk/	http://www.onelife.wales/About-us/
https://www.asdinfo.wales.co.uk/newport-autism-support-group/	

Supporting Siblings: If you are worried about your sibling child please visit: <https://www.sibs.org.uk/> for further information and resources or alternatively please contact the Helping Hands team.

Contact

This toolkit was created by the **Helping Hands Psychology for Children with Additional Needs** team at Aneurin Bevan University Health Board (ABUHB).

Your feedback is important to us! If you would like to tell us what you thought about this self-help toolkit, please get in touch with us by emailing ABB.HelpingHandsTeam@wales.nhs.uk. We would love to hear from you.

Serennu Children's Centre

01633 748023

Nevill Hall Children's Centre

01873 732713

Caerphilly Children's Centre

02920 867447

Please contact the team if you would be interested in any of our other toolkits on the following topics –

Sleep

Supporting Siblings

Transition

Friendships

Anxiety

Additionally, if you need any help or support with using or accessing these resources, please do not hesitate to contact a member of the Helping Hands Psychology Team.