INFORMATION SHEET

Finding the Reasons for Challenging Behaviour: Part 2

Challenging
BEHAVIOUR
foundation

*making a difference
to the lives of people with
severe learning disabilities*

All behaviour happens for a reason and understanding why someone might display behaviour that challenges is vital. This information sheet aims to further your understanding of challenging behaviour and help you to identify times and situations when the behaviour may be more likely to occur.

All our information sheets are available to download free of charge because we believe that money should not be a barrier to getting the information you need when you need it.

Please see the end of this information sheet for details of how to support us.

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We look at what may lead to this behaviour, as well as the different stages of behaviour, and explain how a 'functional assessment' can increase our understanding of challenging behaviour.

Finding the Reasons for Challenging Behaviour is the second information sheet in this series. It is recommended that it is read alongside *"Understanding Challenging Behaviour: Part 1" and "Positive Behaviour Support Planning: Part 3"*

Why does it happen?

Very young children often display challenging behaviour at around two years old. They know what they want but they don't have the language or social skills to get it. They can't say what they want and so continue the 'terrible twos' until the child develops the skills needed to communicate in a more socially acceptable way.

Children or adults with a severe learning disability are also typically either unable to talk or have very limited verbal communication skills. As they cannot express their needs verbally, they must use other ways to get their needs and wants understood and met, and so challenging behaviour may continue. The needs that the person wants to have met are reasonable (e.g. wanting a drink or wanting to stop an activity that they don't like). It is simply the way that they are communicating the need that is problematic.

People with learning disabilities sometimes have very little choice or control over their lives. Anyone who is not given choices and is unable to control what happens in their day to day life is at risk of developing challenging behaviour. It can be a very effective way of influencing what happens to you!

It may be tempting to think that people "know exactly what they're doing", but remember, many of our own immediate reactions to situations are fairly automatic, particularly when we are feeling scared or angry. Do you intend to raise your voice when you are stressed, or does it just happen? Sometimes a person's behaviour is an emotional response over

which they have little control.

Challenging behaviour in people with severe learning disabilities is not deliberate or planned. Rather, in situations of need, people with severe learning disabilities may simply behave automatically in ways which have been successful in the past. People will learn to use what works.

The first step in understanding challenging behaviour is to try and find out why the behaviour is happening. Common reasons include:

Health

It is important to first rule out an underlying medical problem. If the person is experiencing pain or discomfort and is unable to tell carers this, challenging behaviour may occur. Often health conditions are missed due to 'diagnostic overshadowing' when professionals attribute the behaviour to the person's learning disability.

If someone's behaviour suddenly gets worse, one of the first things to check with a GP or nurse is their health. Common conditions such as ear infections, tooth-ache, constipation, urinary tract infections or epilepsy, may all cause challenging behaviour. It is essential to get the right treatment for these health conditions.

Similarly, untreated mental health conditions in people with severe learning disabilities can cause or increase challenging behaviour. Like physical problems, mental health conditions should be explored, and people should get the treatment that they need.

Adults and young people over the age of 14 with severe learning disabilities are entitled to a free annual health check. This is usually carried out by the person's GP and helps the person to stay well and identify any health needs early and so the right treatment can be given.

Change

It is also important to consider if there have been any big changes in the person's life that could be causing the person to display challenging behaviour. Has a brother or sister left home? Has there been a death in the family, divorce, a house or school move, or a favourite carer leaving? These are important issues and the person may need support to understand and come to terms with these.

What is the purpose (or *Function*) of the challenging behaviour?

When challenging behaviour happens it may seem as though there is no obvious reason. Statements like, "That's just what John does" or "It just came out of the blue", are common. However, there will **always** be a reason why the behaviour has happened. Although confusingly, the reason it is happening **now** won't necessarily be the reason it started. The challenge for families and paid carers is to work out the purpose of the behaviour for the person and how to prevent it from happening again.

Although there are many reasons why a person may display challenging behaviour, there are four common purposes:

> *1. Social Attention:* We have all heard the saying, "It's just attention seeking

behaviour". It isn't *bad* to want attention from others. However, for a variety of reasons (e.g., limited communication skills, boredom, or an inability to occupy themselves) some people may learn that behaving in a particular way is a reliable way of attracting any kind of attention from others. For example:

Sarah loves 1:1 adult interaction, but at school Sarah must share the teacher or assistant's time with the rest of the class. Sarah is sitting unattended.	Sarah wets herself	The teacher or assistant takes Sarah out of the classroom to help her clean up and change into dry clothes	Sarah gets 1:1 time with an adult. She learns that when she wants attention from an adult at school that she wets herself then she gets attention	The function of Sarah's behaviour is that it gets her **ATTENTION**

2. *Tangible**s**:* Sometimes the desire for certain things (e.g., food, drink, objects or activities) provides the motivation for the behaviour. Again, it isn't *bad* to want these things. If you are hungry, it makes sense to try to get something to eat. If you see something in the shop that you like, it makes sense to try to buy it. However, it becomes a problem when the person learns to act inappropriately to get these things. For example:

Tom is thirsty	He finds a cup and throws it at someone	Tom gets given a drink	Tom has learned that when he wants a drink he throws a cup and he gets a drink	The function of Tom's behaviour is that it gets him something **TANGIBLE (i.e., a particular item that he wants)**

3. *Escape:* Whilst many people like attention, some would prefer to be left alone at times. Some people will behave in a way that helps them to avoid/escape situations or activities that they don't like or don't find that rewarding. For example:

Holly doesn't enjoy/like group activities	Holly hits the person in the group sitting nearest to her	The teacher takes Holly to sit out in the quiet corridor	Holly learns that when she wants to be taken out of a group activity, she hits someone and gets removed from the class	The function of Holly's behaviour is that it helps her **ESCAPE**

4. Sensory: Sometimes behaviour is internally rewarding, or self-reinforcing, i.e., what is happening around the person (externally) is not as important as what is happening inside the person. For example:

Farhan has been on his own in the sitting room for 20 minutes, he is unable to occupy himself	Farhan rocks back and forth and hums loudly	Farhan likes the feeling he gets from this, he can do this for a long time	Farhan learns that when he has nothing to do he can stimulate himself by rocking and humming	The function of Farhan's behaviour is **SENSORY**

The behaviour displayed may appear pointless, annoying or distressing to the observer. However, for the person themselves, the behaviour may serve the function of helping them cope with unpleasant negative feelings such as boredom or anxiety. Although a challenging behaviour may appear negative to us, the behaviour may serve as a positive coping strategy for the individual: if you can't cope with someone sitting too close, biting them will make them move away!

Whatever the function of the behaviour is, there will be certain times and specific situations when you could predict that a person may be more likely to display challenging behaviour. Understanding **"Setting events"** and **"triggers"** to behaviour for the person you care for can help you to avoid certain situations or put things in place which could help to prevent an incident of challenging behaviour.

Setting events

A setting event is anything that increases a person's level of anxiety or makes a person more sensitive to and less tolerant of people, environments and situations. Setting events can also be called 'slow triggers'.

A setting event can be something that happened in the past (e.g., being near someone who was upset or angry; or not getting enough sleep the night before), or it can be about what is happening now (e.g., feeling ill, hungry or thirsty; or going into a crowded/noisy room).

Setting events build up over time and increase the person's level of anxiety or sensitivity. The more setting events there are, or the more anxiety they cause, the more likely someone is to display challenging behaviour in response to a 'trigger'.

For example, asking a young person to put their shoes on might be fine on a good day, but on a day when several setting events have occurred, e.g., they're feeling unwell and have had little sleep, the same request might trigger a response like throwing the shoes.

Setting events happen to everybody whether we have a learning disability or not. The difference is that we usually have a clearer understanding of what is happening and can do something about it. For example, if we are tired, have a head ache and have to get on a busy train, we might take a paracetamol, try to nap and block the noise out with headphones. We also understand that it won't last forever and so we can just cope until it's over.

Identifying triggers

A trigger is the event that happens immediately before the challenging behaviour to 'cause' it. This is also known as an 'antecedent'. To use an everyday phrase, it is the straw that broke the camel's back.

Being aware of the potential triggers for challenging behaviour can be the first step in reducing the behaviour. Knowing what the triggers are can help you to avoid them. If you can't avoid them, it can help you to predict specific times that challenging behaviour may be more likely to happen, so you can help the person to cope better.

Some common examples of triggers are:

- Being asked to do something - or told to stop doing something
- Being told you can't have or do something you want
- A particular individual or activity
- Entering a noisy, hot, or crowded place
- Being bored, or not being spoken to or involved
- Not understanding what you are being asked to do

Knowing the triggers for the person you care for can help you to put things in place to reduce their anxiety. For example, if someone hates crowded places you could identify quieter times to go shopping and teach the person a way to communicate that they are anxious and want to leave. Providing the person with more control over their environment and a way to communicate could help them to manage their anxiety and prevent their behaviour escalating.

Different stages of behaviour:

Challenging behaviour can happen very quickly or with signals that are hard to spot but is unlikely to come 'out of the blue'. Behaviour develops in stages and the 'arousal curve' diagram below shows these:

Red

(Reactive phase)
Incident

Amber

(Active phase)

Anxious, aroused, agitated or distressed

Blue

(Post reactive phase)

Calming down but still need to be careful

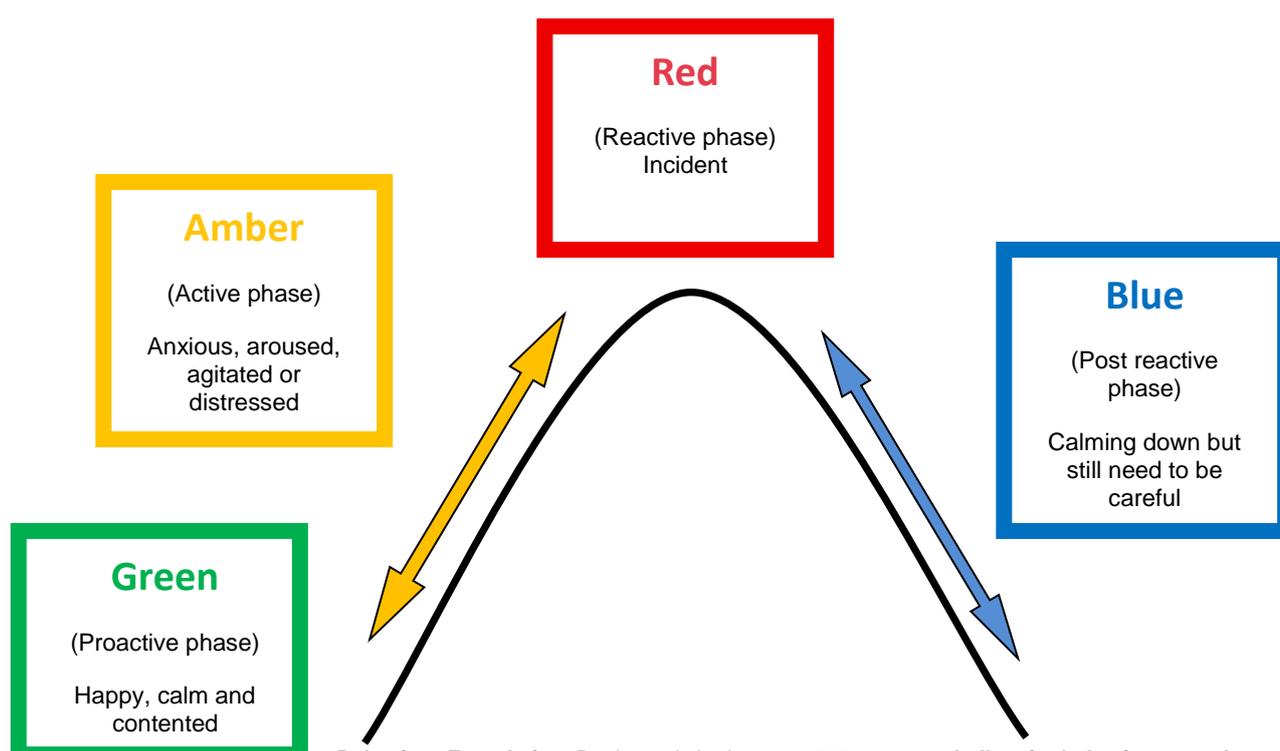**Green**

(Proactive phase)

Happy, calm and contented

Figure 1: Arousal curve showing different stages of behaviour

The Green 'Proactive' phase is where the person is feeling mostly calm and relaxed and can engage positively with you in a meaningful way. The aim is to try and support the person to stay in this phase as much as possible. It is important to think about what it is that is helping the person to feel calm and relaxed and to plan this into their day. The green phase is when the person is most able to learn useful skills to help them get what they want and need.

The Amber 'Active' phase is where the person may be starting to feel anxious or distressed and there is a chance that they may escalate their behaviour. Here we need to take swift action to support the person to return to the Green Proactive phase as quickly as possible, to prevent an escalation to the crisis phase. The amber arrow on the Arousal Curve diagram points in both directions because the person's arousal (or distress) can go up or down.

In the Amber 'active' phase we can see 'early warning signs' that the person is expressing that they are anxious; wanting something they are unable to ask for verbally; not liking something; feeling bored, etc. These early warning signs provide the opportunity to intervene before the behaviour escalates to a full-blown incident of challenging behaviour and taking the time to spot them is essential.

The Red 'Reactive' phase is where challenging behaviour actually occurs, and we need to do something quickly to achieve safe and rapid control over the situation to prevent unnecessary distress and injury.

The final Blue 'Post Reactive' phase is where the incident is over, and the person is starting to recover and become calm and relaxed again. We still need to be careful here as there is a risk of behaviour escalating to red again – the blue arrow on the Arousal Curve also points in both directions.

Identifying the different stages of behaviour can help you to make sure the person has what they need on a day to day basis.

Functional Assessment

An assessment of challenging behaviour is usually called a **'functional assessment'** and aims to provide some answers about the reasons behind an individual's behaviour.

By conducting a functional assessment, you are learning about people *before* you intervene in their lives. Rather than basing support strategies simply on 'hunches', 'trial and error', or 'what seemed to work for someone else'. A functional assessment will guide the development of a more individualised behaviour support plan.

A functional assessment is usually carried out by a Psychologist or other behaviour

specialist in collaboration with parents/ family carers or primary carers. How you access this service will vary in different parts of the UK, but your GP or Social Worker will advise you.

As a family carer, you are likely to be asked questions about the challenging behaviour of your family member. This may be in a face-to-face interview, by questionnaire or you may be asked to fill in rating scales. You may also be asked to keep a recording chart (see next section). In addition to this, the person doing the functional assessment may also observe the behaviour where it usually happens e.g., in the family home, the school, or the supermarket. If this is the case invite them on a typical day, don't increase support staff or reduce demands especially for the day of the observation. It is actually helpful if the professional sees the behaviour for themselves.

The professional doing the assessment will analyse all the information collected to conclude the most likely function(s) of the challenging behaviour.

Recording Behaviour

Keeping a record of challenging behaviour can help identify its function. It is important to record:

1. ***A definition of the challenging behaviour in question:*** Before conducting a functional assessment, it is essential to have a clear definition of the behaviour of concern. This is a description of what the behaviour looks like, which may include specific examples of the behaviour, as well as how often it happens.

   For example: Rather than saying "John has tantrums", which does not provide a clear description of the actual behaviour, it is better to agree a specific description such as, "John pulls another person's hair with one or two hands".

   As a functional assessment may consider information provided by more than one person, it is important that everyone has exactly the same definition of behaviour in mind.

2. ***Early warning signs (from the Amber Active phase)***: In addition to defining the challenging behaviour itself, it can be helpful to define the 'early warning signs'. These simply refer to any physical signs or behaviour that tend to happen *before* the challenging behaviour occurs. For example, someone becoming red in the face and starting to pace up and down quickly may be a typical sign that they are feeling anxious, which could lead to aggressive behaviour.

3. ***An assessment of the trigger/antecedents (i.e. what happens before):*** Certain things often appear to trigger challenging behaviour. They can be more immediate triggers (e.g., being told "no", or being refused something), or 'setting events', which refer to situations where the person is more likely to resort to challenging behaviour (e.g., crowded/noisy environments, the time of day, unpredictable routines, pain, or illness).

4. ***An assessment of the consequence (i.e. what happens after):*** What is the person getting, or not getting from the behaviour that motivates them to repeat it?

Many consequences are *externally* motivating e.g., the consequence of banging your head may be that you gain more or less attention from people; get a desired object, food or drink; or escape from an activity or task.

Consequences may also be *internally* motivating e.g., the consequence of banging your head when you are feeling bored, may be that you feel more stimulated.

There are lots of different methods of recording information about an individual's behaviour and a commonly used tool is known as the ABC chart where **A** stands for **'Antecedent'**, **B** for **'Behaviour'** and **C** for **'Consequence'.**

The aim of ABC charts is to identify links between the behaviour and its antecedent and consequences, to aid understanding of the function that the particular behaviour serves for an individual.

- **Appendix 1** provides a blank chart which may be printed and photocopied
- **Appendix 2** provides an example of an ABC chart which includes suggestions about the type of information that may be useful to include under each heading
- **Appendix 3** Provides an example of a completed ABC chart, showing good and bad examples of recorded information

Although the process of using ABC charts is relatively straightforward, it can be complicated by the fact that the recording is often done by more than one person (e.g., parents, short break carers and teachers). In addition, a person's behaviour may serve *more* than one function, be used for different purposes in different locations and be responded to in different ways by different people. Again, this makes it really important for everyone to decide on a good clear definition of the behaviour *before* people start recording.

Outcomes of Functional Assessment

The aim of a functional assessment is to understand what the purpose of the behaviour is, so that we can help the person to use other ways to get their needs met.

Once you have a good idea about the function of the behaviour, you can start to think about how to respond to that behaviour. The results of the functional assessment should inform any strategies that are introduced, with the aim of stopping, reducing or encouraging alternatives to challenging behaviour.

Ultimately, the aim is to support the person to learn ways to get their needs met, that are as good as, if not better than, challenging behaviour. However, it is important to recognise that challenging behaviour can occur for very complex reasons and for some people those reasons remain unclear, even after a functional assessment has been carried out. Nevertheless, even behaviour support plans based on tentative theories can be useful in the long-term because everyone is working from the same plan and providing consistent support.

Positive Behaviour Support Plans

The next step is to use the information gained from the functional assessment to plan how to reduce challenging behaviour or lessen the impact on the person and those around them. A Positive Behaviour Support Plan draws together all the information from the assessment to create an individualised plan to help keep everyone safe. It can also identify where the person would benefit from being taught additional communication or other skills. For example:

- Teaching them another form of communication such as signs or picture cards to indicate they have finished an activity or to ask for a drink
- Teaching someone who has difficulty waiting strategies to cope better with waiting
- Helping someone to develop skills that will enable them to be more involved in day to day things, such as domestic chores, getting dressed and personal care

A good behaviour support plan can ensure that everyone involved with a person's care and support has a shared plan, based on an agreed understanding of the causes of the person's challenging behaviour. This provides a consistent approach, to helping people with severe learning disabilities feel secure and happy and to increase their independence skills.

With thanks to *Mark Addison, Consultant Clinical Psychologist, Rapid Intervention Team, Somerset Partnership NHS and Social Care Trust.*

Further information about Positive Behaviour Support Plans can be found in the Challenging Behaviour Foundation's information sheet **"Positive Behaviour Support Planning"**.

Last updated January 2019

Appendix 1

NAME:	ABC RECORD CHART			
DATE & TIME	**ANTECEDENT** Location, people, activity	**BEHAVIOUR** Describe what you saw	**CONSEQUENCE** What did the carer do/how did the person react	**POSSIBLE REASON/ PURPOSE**

How to complete the ABC CHART

A — ANTECEDENT
Location, people, activity

Record the ANTECEDENT events (Things that happened BEFORE the behaviour)
Record things such as:

- Where was the person? Exactly what were they doing?
- Was anyone else around or had anyone just left?
- Had a request been made of the person?
- Had the person asked for, or did they want something specific to eat or drink?
- Had the person asked for, or did they want a specific object or activity?
- Had an activity just ended or been cancelled?
- Where were you? What were you doing?
- How did the person's mood appear? E.g. happy, sad, withdrawn, angry or distressed
- Did the person seem to be communicating anything through their behaviour e.g. I want/ don't want something?
- Were there any obvious triggers e.g. too noisy, sitting on own for some time?
- Are there any obvious setting events e.g. feeling ill, bad night's sleep, missing their mum or dad?

B — BEHAVIOUR
Describe what you saw

Record a detailed description of the actual BEHAVIOUR (what did it look like?). This involves documenting:

- Provide a step-by-step description of exactly what happened e.g. he ran out of the living room, stood in the kitchen doorway and punched his head with his right hand for approximately 1 minute

C — CONSEQUENCE
What did the carer do/how did the person react?

Record the CONSEQUENCES of the behaviour. (What happened AFTER) This involves recording:

- Exactly how did you respond to the behaviour? Give a step-by-step description
- How did the person respond to your reaction?
- Was there anyone else around who responded to or showed a reaction to the behaviour?
- Did the person's behaviour result in them gaining anything they did not have before the behaviour was exhibited, e.g. attention from somebody (positive/negative); an object; food or drink; or escape from an activity of situation?

Example of how to observe behaviour, with a bad example and a good example shown

DATE	TIME	ANTECEDENT Location, people, activity	BEHAVIOUR Describe what you saw	CONSEQUENCE What did the carer do/how did the person react	POSSIBLE REASON/ PURPOSE
Bad example Monday	AM	Asked Tom to clean up a drink he had spilt.	Temper Tantrum.	Told off.	Out of the blue He is aggressive Spoilt Wants his own way.
Good example Monday 6.11.09	9.15am	Tom got up late and the bus was waiting for him, radio was playing, toast was burnt, John (new staff) asked Tom to finish his breakfast. Tom spilt his drink. John asked Tom to clean up the mess.	Tom looked confused; he made a loud grunting noise and grabbed John's glasses.	John shouted 'No' loudly and asked Tom to stop. Tom ran out of the kitchen crying.	Tom had a poor night's sleep. John is new. Tom did not understand what John was asking him to do. Tom was trying to escape from the kitchen when he accidentally knocked the glass over.