

Tîm Camau Bach CHALLENGING BEHAVIOUR



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CHALLENGING BEHAVIOUR

We would normally think of challenging behaviour as physically aggressive behaviour, but it can also include other behaviours if they are having a negative impact on those around them such as:

1. self-injurious behaviour
2. physical challenging behaviour such as biting, spitting, hitting and hair pulling
3. pica (eating or mouthing non-edible items)
4. smearing.

Challenging behaviour has a function, and there could be a number of reasons for it. These may include difficulty in processing information, unstructured time, 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.

1. SELF-INJURIOUS BEHAVIOUR

Self-injury can be one of the most distressing and difficult behaviours that parents, carers, family members and people with ASD themselves may face. Also known as self-harm, self-injurious behaviour is any activity in which a person inflicts harm or injury on themselves. It can take many different forms, including:

- head banging (on floors, walls or other surfaces)
- hand or arm biting
- hair pulling
- eye gouging
- face or head slapping
- skin picking, scratching or pinching
- forceful head shaking.

People across the spectrum and of all ages may engage in self-injurious behaviours at some point. People who engaged in self-injurious behaviours as children may return to these as adults during times of stress, illness or change.

Usual behavioural intervention approaches are not always appropriate. Seek professional guidance for any self-injurious behaviour which is difficult to manage or resistant to intervention, or for any behaviour which places the person at risk of harm.

The reasons a child may engage in self-injurious behaviours can be wide and varied, and will often involve a complex interaction between multiple factors including:

- feeling they are not listened to
- being told off

- having little or no choice about things
- being bullied
- being involved in arguments, or hear other people arguing
- feeling unwell
- having memories of a bereavement
- having memories of abuse.

Children with ASD may have difficulty communicating to others that something is wrong physically and particular self-injurious behaviours (such as ear slapping or head banging) may be their way of coping with pain or communicating discomfort.

Some self-injurious behaviour may indicate underlying mental health issues such as depression or anxiety.

Repetitive behaviours, obsessions and routines are common in people with ASD, and some forms of self-injury may be expressions of this feature.

Some self-injurious behaviour may be persisting remnants of earlier motor behaviours which occur during particular developmental periods (e.g. hand mouthing which may continue beyond infancy).

Sudden self-injurious behaviour can get a very quick response from other people, and many such behaviours occur in children who have no other functional way of communicating their needs, wants and feelings. Head slapping, or banging the head on a hard surface, may be a way of communicating frustration, getting a preferred object of activity, or reducing demands. Hand biting may help someone cope with anxiety or excitement. Skin picking or eye gouging may be a response to lack of stimulation or boredom.

A child may learn that self-injurious behaviour can be a very powerful way of controlling their environment. A behaviour (e.g. head slapping) which was initially a response to physical pain or discomfort could eventually become a way of avoiding or ending an undesired situation (e.g. turning the television off, interrupting an argument taking place nearby).

2. PHYSICAL CHALLENGING BEHAVIOUR

Physical challenging behaviour includes biting, pinching, slapping, spitting and hair pulling. There may be medical, sensory, behavioural or communication-related reasons why a child with ASD does these things.

A child may feel unwell, tired, hungry, thirsty or uncomfortable. Biting may be due to pain in the mouth, teeth or jaw. Spitting may be related to a difficulty with swallowing or to producing too much saliva. Aggression may be due to adolescent hormonal changes.

Other reasons for physical challenging behaviour include:

Developmental Stages - some biting behaviour may be a continuation of infant mouthing behaviour, or a later occurrence of the mouthing phase.

Seeking Sensory Input - chewing and biting provide sensory input to the proprioceptive system, which regulates what different parts of the body are doing at different times. The child may enjoy the way saliva feels.

Communicating - the person may be using this behaviour to communicate that something is causing distress and to get it to stop. They may have no other functional way of communicating their needs, wants and feelings.

Frustration or Distress - life can be exceptionally overwhelming at times for children with ASD, and the behaviour may be an expression of sheer frustration or distress in response to a range of different stressors. This can include difficult demands, meeting new people, experiencing unpleasant sensory stimuli, a change in routine, switching activities or having to wait for something – some people have difficulty with the concept of time and sequencing.

Learned Behaviour - the child may have learned that the behaviour can be a very powerful way of controlling the environment. A behaviour which was initially a response to physical pain or frustration could eventually become a way of avoiding a demand or ending an undesired situation (e.g. turning the television off, interrupting an argument taking place nearby). The person may have learned that they enjoy the reaction or interaction they get as a result of the behaviour.

3. PICA

Pica refers to eating or mouthing non-edible items, such as stones, dirt, metal, faeces. The reason a child with ASD might experience pica could be medical, dietary, sensory or behavioural. This could also include:

- not understanding which items are edible and inedible
- seeking out sensory input – the texture or the taste of the item
- relieving anxiety or stress
- relieving pain or discomfort
- displaying a symptom of iron deficiency
- a continuing of infant mouthing behaviour, or a later occurrence of the mouthing phase
- seeking attention
- avoiding a demand.

This can be managed in a variety of ways. Replacing inappropriate items with an appropriate alternative of a similar texture, e.g. a crunchy carrot stick, a chewy tube, popcorn, chewy toys can give the child the opportunity to still gain the sensations they may desire. Also, by

increasing the amount of structured activities in the child's day gives less opportunities for them to carry out this behaviour.

The child may require a visit to the doctor or dentist to rule out any medical problems, oral pain or nutritional deficiencies, or to may require a referral to an occupational therapist.

Responding as neutrally as possible when the behaviour occurs, giving a firm 'no' with little eye contact, reinforcing it with a symbol. Also reduce demands placed on the child or distract and divert their attention.

4. SMEARING

The reason a child with ASD might smear their faeces could be medical, sensory or behavioural and in response to:

- feeling unwell or in pain
- being reluctant to wipe because toilet paper is too harsh
- not knowing where faeces needs to go
- seeking out sensation from texture, smell or movement of arms during smearing action
- seeking attention/wanting a reaction
- fear of toilets.

It is important that the child visits their GP or dentist to make sure that there are no physical reasons involved, like being in pain.

This behaviour can also be managed by replacing toilet paper with wet wipes, or a tepid shower and teaching them the wiping process, 'hand over hand'.

Providing an alternative with a similar texture, e.g. papier-mâché, Gelli Baff, gloop (corn flour and water), finger painting, playdough will give the child the opportunity to experience the sensation that they may require/crave. Also, provide alternative activities at times when the smearing usually takes place by making a structured timetable of the day, showing times when the child can do appropriate smearing activities.

Avoid asking the person to clear up after themselves, or telling them off, as this may reinforce the behaviour and use minimal interaction, avoid paying too much attention or showing too much reaction

Strategies to Help

Be Patient and Realistic

The behaviour generally won't change overnight. Tracking the behaviour in a diary may make it easier to notice small, positive change. Be realistic and set achievable goals. Choose two behaviours to focus on at a time. Using too many new strategies at once may result in none of them working. Don't worry if things seem to get worse before they get better. It's important to continue with the strategies you are using.

Be Consistent

If patterns of behaviour have emerged from the diary a behaviour plan can be put in place. It's important that everyone involved has a consistent approach to the behaviour and regularly discusses how strategies are progressing.

Consider the Sensory Environment

Many people on the autism spectrum have difficulty processing everyday sensory information. Some may find it difficult to block out background noise and what they experience as excessive visual information. Some might not be able to manage some tastes or food textures or find that someone touching them - even lightly - is painful. Others may be drawn to sensory stimuli that they find particularly pleasing. Autistic people can be very sensitive to subtle changes in their environment. If there's a sudden change in behaviour, think about whether there has been a recent change in the environment.

Support Effective Communication

Some autistic people can have difficulty making themselves understood, understanding what's being said to them and asked of them, and understanding facial expressions and body language. Even those who speak quite fluently may struggle to tell you something when they are anxious or upset. This can cause considerable frustration and anxiety which may result in difficult, sometimes challenging behaviour.

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. Autistic people often find it easier to process visual information. Support the person to communicate their wants, needs and physical pain or discomfort, e.g. by using visual stress scales, PECS (Picture Exchange Communication System), pictures of body parts, symbols for symptoms, or pain scales, pain charts or apps.

Help to Identify Emotions

Many autistic people have difficulty with abstract concepts such as emotions, but there are ways to turn emotions into more 'concrete' concepts, e.g. by using stress scales. You can use a traffic light system, visual thermometer, or a scale of 1-5 to present emotions as colours or numbers. For example, a green traffic light or a number 1 can mean 'I am calm'; a red traffic light or number 5, 'I am angry'. You could help the person to understand what 'angry' means. One way to do this is to refer to physical changes in the body. For example, 'When I'm angry, my tummy hurts/my face gets red/I want to cry'. Once the extremes of angry and calm are better understood, you can start addressing the emotions in between.

If the person can identify that they're getting angry, they can try to do something to calm themselves down, can remove themselves from a situation, or other people can see what is happening and take action.

For children social stories can be a useful way of explaining how to manage a certain emotion. Adults can also use the Brain in hand app to manage anxiety.

Praise and Reward

Many autistic people don't understand the connection between their behaviour and a punishment. Punishment won't help the person to understand what you do want or help to teach any new skills.

Using rewards and motivators can help to encourage a particular behaviour or a new coping strategy. Even if the behaviour or task is very short, if it is followed by lots of praise and a reward, the person can feel positive about their behaviour, coping strategy or skill.

Try to give praise and rewards immediately and in a way that is meaningful to the particular person. Some people like verbal praise, others might prefer to get another kind of reward, like a sticker or a star chart, or five minutes with their favourite activity or DVD.

Consider the Impact of Social Situations

Understanding and relating to other people and taking part in everyday family and social life can be harder if you're autistic. Other people appear to know, intuitively, how to interact with each other, yet can also struggle to build rapport with autistic people. Unfamiliar social situations, with their unwritten rules, can be daunting and unpredictable. Some people may engage in behaviour to try to avoid social contact.

Manage Change and Transition Times

Autistic people can find it difficult to cope with change, whether a temporary change such as needing to drive a different way to school due to roadworks, a more permanent change such as moving house, or the change from one activity to another.

Sequencing can be difficult - that is, putting what is going to happen in a day in a logical order in their mind. Abstract concepts such as time aren't easy to understand, and autistic people may find it hard to wait. You may find that behavioural difficulties occur more in transition times between activities. Using a visual timetable can often help the person to see what will be happening throughout the day. Unstructured time, such as break times at school, which can be noisy and chaotic, may be difficult to deal with.

It's important to prepare the person in advance for what the change is likely to involve. Read about how you can help with change, sequencing, transition times and break times.

Behaviour Diaries

Completing a behaviour diary, which records what is occurring before, during and after the behaviour, could help you to understand its purpose. It is important to make notes on the environment, including who was there, any change in the environment and how the person was feeling. A diary may be completed over a couple of weeks or longer if needed.

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, e.g. by using visual supports.

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.