

INFORMATION SHEET



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

Challenging Behaviour – Supporting Change

Using a functional assessment to understand challenging behaviour and identify ways of supporting behaviour change

Mark Addison, Counselling Psychologist, Community Learning Disability Team, Somerset Partnership NHS and Social Care Trust.

When a child's behaviour has been identified as challenging, it is essential that a rationale is first provided as to exactly *why* it is challenging. Indeed, a problem for one person is not always a problem for another person. Sometimes the question must be asked, "Whose problem is it?" This is not to suggest that a difference of opinion should be ignored. Indeed, the fact that one person believes a behaviour to be a bigger problem than someone else, may simply reflect a limited knowledge about child development, or unrealistic expectations about how the child *should* behave. In this respect, some information and/or supportive counselling may be helpful.

It is also important to consider the degree of intent that may lie behind the behaviour. Challenging behaviour in people with severe learning disabilities is not necessarily 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.

When trying to understand the reason(s) for a child's challenging behaviour, a medical investigation should be sought in the first instance, to check for any possible underlying health influences. Common conditions such as ear infections, tooth-ache, constipation, urinary tract infections or epilepsy may all cause, or contribute to someone's challenging behaviour.

Functional Assessment

A functional assessment of the behaviour may provide some answers, or at least some theories, about the causes of an individual's behaviour. As noted in the Challenging Behaviour Foundation's '*Basic Information about Challenging Behaviour*' information sheet, a functional assessment (sometimes referred to as a functional analysis) aims to shed light on the particular needs which a person gets met through their behaviour.

"It is not a matter of what causes self-injury or what causes aggression or what causes stereotyped or repetitive movements but for each of these difficult forms of difficult behaviour, what does it do for the individual, *what purpose does it serve for them in their life?*"

E. Emerson (quote from Brown and Brown, 1994)

By conducting a functional assessment, you are learning about people *before* you intervene in their lives. Hence, rather than basing interventions simply on 'hunches', 'trial and error', or 'what seemed to work for someone else', the functional assessment process should guide the development of a more objective and individually tailored support plan. A functional assessment is typically carried out by a psychologist or other behaviour specialist in collaboration with parents or primary carers.

As a parent, or primary carer, you are most likely to experience one of the following two approaches to functional assessment, or perhaps (and preferably!) both in combination ¹.

The Indirect Approach: The indirect approach is so called simply because the methods are not based on the *direct* observation of the behaviour by the person who is carrying out the assessment. Instead, the assessment is based on the results of questionnaires, interviews, rating scales, or daily recording charts that have been completed by parents or primary carers.

The Descriptive Approach: In contrast to the indirect approach, the descriptive approach involves the direct observation of the behaviour, by the person who is doing the assessment, as it occurs in the natural setting, e.g., using a recording chart to record observations of the behaviour in the home, the school, or the supermarket.

What Purpose (or Function) Does Challenging Behaviour Serve for People?

Although there are many reasons why a person may present with challenging behaviour, researchers and clinicians have found it helpful to consider function in relation to the following four categories:

1. **Social Attention:** We have all heard the saying, “It’s just attention seeking behaviour”. It is not *bad* to want attention from others. Unfortunately, for a variety of reasons e.g., limited communication skills, boredom, poor self-occupation skills, some people may learn that behaving in a particular way is a reliable way of attracting others’ attention, even if it is negative. For example, a child may find adult one-to-one interaction very rewarding, but at school has to share their teacher or assistant’s time with the rest of the class. This child may learn that wetting their clothes is associated with an adult providing them with one-to-one attention in the form of helping them to clean up and change into dry clothes.
2. **Tangibles:** Here it is the desire for certain things e.g., food, drink, objects or activities, which is providing the motivation for the behaviour. Again, it is not bad to want these things. If you are thirsty, it makes sense to try and get something to drink. If you want a bath, it makes sense to try and get someone to bathe you. However, problems arise when an individual learns to act inappropriately to get these things.
3. **Escape:** Whilst some people crave attention, for some people being left alone is the ideal situation. Rather than behave in a particular way to get people’s attention, these people will behave in a particular way to avoid situations or activities that they do not like, or do not find particularly rewarding. For example, a child that does not like group activities may learn that hitting the child nearest to them results in them being moved to a quiet corner on their own.
4. **Sensory:** Sometimes behaviour is internally rewarding, or self-reinforcing i.e. what is happening around the individual (externally) is not so important as what is happening inside the individual. For example, a person may behave in a particular way simply because of the sensation (e.g., rocking back and forth or banging their head), because it is stimulating (e.g., flapping a hand in front of a light or ‘twiddling’ a piece of string), or because of the way it sounds (e.g., grinding teeth together or clicking their tongue repetitively). These behaviours 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 uncomfortable 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 who has adopted it.

Recording Behaviour

Keeping a record of challenging behaviour can help us to 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 and concise definition of the behaviour of concern (which may include specific examples of the behaviour, as well as how often it happens), as this will aid a consistent approach. Indeed, as a functional assessment may consider observations/records/ideas from more than one person, it is important that everyone has exactly the same behaviour in mind. A good definition may also serve as a helpful reference in cases such as (a) a behaviour goes into remission but reappears at a later date; (b) an individual makes a transition from one support service to another (e.g., from child to adult service); or (c) a person experiences numerous changes in individual support staff.

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 behaviours, that tend to occur *prior* to the challenging behaviour occurring. For example, someone becoming red in the face, and starting to pace quickly, may be a typical sign that they are feeling anxious, and may resort to aggressive behaviour.

2. ***An assessment of the antecedent (i.e., what happens before) events:*** Certain things often appear to trigger challenging behaviour. What antecedent events (e.g., activities; settings; individuals; objects; thoughts; or feelings) are most likely to predict the occurrence of the behaviour? What antecedent events are most likely to predict the *non-occurrence* of the behaviour?
3. ***An assessment of the consequent (i.e., what happens after) events:*** What is the person getting, or not getting from the behaviour that motivates them to do it again, and again and again? Many consequent events 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. However, consequent events 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.

Examples of additional factors that may be considered as part of a comprehensive functional assessment include: a person’s communication abilities; their general likes and dislikes; their learning style (i.e., how do they learn best?); environmental factors (e.g., noise levels, time of day, unpredictable routines, or numbers of people); and the intervention history (i.e., has anything helped before?).

There are lots of different methods of recording information about an individual’s behaviour. A commonly used tool, is known as the ‘Antecedent, Behaviour and Consequence recording chart’ (ABC chart).

Ultimately, it is hoped that the repeated use of ABC charts may identify links between the behaviour, and its antecedent and consequent events, that reveal or aid understanding of the function that a particular behaviour serves for an individual.

Appendix 1 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 2 provides a blank chart which may be photocopied, and Appendix 3 provides a more traditional ABC chart format which will allow you to record more than one incident on each chart. The latter format is useful if the incidents occur quite frequently and/or in quick succession. If this is the case, it is advisable to include within your operational definition, some guidance on how to recognise when one incident stops and another one starts, e.g., an incident is recorded as a separate incident, when the behaviour has stopped for a minimum of 5 minutes before starting again.

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, respite carers and teachers). In addition, a person's behaviour may actually serve *more* than one function, be used for different purposes in different locations and be responded to in different ways by different people. Once again, it is very helpful if all concerned decide on a good operational definition *before* people start recording.

Outcomes of Functional Assessment

At the end of a functional assessment one would hope to have clarified, or at least generated some theories, about the function that a challenging behaviour serves for an individual. Indeed, the function that a behaviour serves has direct implications for how you respond to the behaviour. For example, you could decide to ignore a child's head-banging or respond to it in as neutral a way as safely possible. In the long-term this may lessen the behaviour in a child who bangs exclusively to gain attention (social attention motivated behaviour). However, the exact same strategy could worsen the behaviour in a child who bangs because they prefer to be left alone (escape motivated behaviour), since this response may reinforce the behaviour, i.e., "I bang my head and people leave me alone". Obviously both children are communicating through their behaviour that they would like more or less attention, and it is important to listen to this. However, one must try and respond in a way that is not simply a direct reaction to the head-banging behaviour. Perhaps the first child would benefit from a higher level of one-to-one support as opposed to group activity? Would they benefit from being introduced to group activities on a more gradual basis? We may be very busy – is the child more likely to get our attention when they are head-banging as opposed to when they are not?

Perhaps the child enjoys the sensation caused by head-banging, or simply finds it more rewarding than the alternative activity that is on offer? Do they use this behaviour at home? Are there any early warning signs we can respond to that will allow us to give the child attention before they resort to head-banging? Should we refer the child to a Speech and Language Therapist who may be able to advise on specific teaching and/or communication aids that will enable the child to get their point across in a less harmful way?

Any strategies that are introduced with the aim of stopping, reducing or encouraging alternatives to challenging behaviour, should be based on the results of the functional assessment.

It is important to recognise that challenging behaviour can occur for very complex reasons, and there will be individuals for whom those reasons remain unclear, even after a functional assessment has been carried out. Nevertheless, even plans based on tentative theories can prove useful in the long-term.

Hopefully this increased understanding will enable you to make changes in the person's life that will result in a reduction in the challenging behaviour and emotional discomfort and help them to find alternatives to using challenging behaviour.

A good support plan, sometimes referred to as a 'Behaviour Support Plan', should include both reactive and proactive strategies and be incorporated into the person's broader person centred plan.

¹ *For a more comprehensive description of the different approaches to functional assessment, including ABC chart recording see McBrien and Felce. (1992).*

Reactive Plan

A reactive plan describes what you should do, or how you should react, in response to a person's challenging behaviour. If possible, the plan will describe what to do in response to the early warning signs, so that you are intervening as early as possible, *before* the person has had to resort to challenging behaviour.

Ideally a reactive plan should include step-by-step advice on how to minimise the likelihood that the challenging behaviour will escalate and put people at risk. A reactive plan should be informed by a functional assessment and guided by the principal of implementing the least intrusive and least restrictive intervention first, e.g., distracting someone with a preferred object or activity, as opposed to responding to their behaviour directly by telling them to stop doing what they are doing. More restrictive interventions such as physical restraint should be a last resort.

Initial steps in a reactive plan might include non-physical responses such as:

- Not responding to, or ‘ignoring’ the behaviour
- Giving reminders
- Distraction
- Giving the person what they want
- Withdrawal from the situation

Not responding to, or ‘ignoring’ the behaviour: If you want the person to learn that their challenging behaviour won’t get them what they want, then you may have to ignore the behaviour. This doesn’t mean that you have to ignore the person entirely. It may simply mean that you stop correcting the person, or giving them what they want, as a direct response to their behaviour. Not responding to behaviour should only be used alongside strategies that teach the person to get what they want in another way. Even then a person’s behaviour may get worse before it gets better because they can become frustrated when they don’t get the reaction they are used to and try even harder. Consider if you can follow through the ignoring strategy, if the behaviour escalates will you be able to continue to ignore it? If you can’t, you may be inadvertently teaching the person to be more persistent to get what they want. Not responding to behaviour should only be used as part of an overall plan and should be monitored closely to make sure that it is safe.

Giving reminders: If you are trying to help someone learn alternatives to challenging behaviour, then they may need reminders of what you want them to do instead. However, consider how well you respond to good advice when you are upset. How well people respond to reminders, may depend on how upset they are. It can be helpful to practice the alternative skills with them when they are not upset.

Distraction: Distraction can be a good way to diffuse challenging behaviour. Examples of distraction might include the use of humour, the offer of a preferred object or activity, or even a change of face.

Giving the person what they want: If you know what the person wants, give it to them! Whilst this may not provide the best long-term solution, it may help you avoid an immediate crisis. If you do give in, it is preferable to give in sooner rather than later, as you may be teaching the person to be more persistent with their challenging behaviour. Don’t feel guilty or weak about giving in. ‘Giving in situations’ are useful sources of information to reflect on, and may even lead to making improvements in your overall plan.

Withdrawal: Depending on your circumstances, withdrawing yourself from the situation (e.g., leaving the room), may be the safest option, and it may even help the person to calm down quicker than if you were there.

Physical interventions: Physical interventions should only be considered as a last resort, and only when non-physical interventions have been exhausted. Physical interventions, and medication that is used solely to calm people down, are generally not considered a good long-term solution. Please see the Challenging Behaviour Foundation information sheets “*Physical Interventions for Challenging Behaviour*” and “*The Use of Medication in the Treatment of Challenging Behaviour*” for more information on these subjects.

Proactive Plan

A proactive plan describes what you are doing on a day-to-day basis, to help minimise the likelihood that someone will resort to challenging behaviour in the first place. In contrast to the reactive plan, with its narrow focus on the challenging behaviour, the proactive plan considers all aspects of the person's life. Ideally, a proactive plan should consider ideas from multiple sources. For example, the person themselves (whenever possible), parents, teachers, carers and health professionals such as psychologists, speech and language therapists and occupational therapists. A good proactive plan should aim to enhance a person's quality of life and make the reactive plan redundant in the long term. Whatever strategies you decide on, they should be directly informed by the functional assessment and used consistently across all settings for example home, school and respite.

Examples of proactive strategies include:

- Looking for triggers (antecedent control strategies)
- Teaching replacement skills (functional equivalents)
- Interaction styles
- Changing the environment
- Rewards
- Routine and structure
- Boundaries
- Family Support

Looking for triggers (antecedent control strategies): Being aware of the potential triggers for challenging behaviour can be the first step in reducing the behaviour, as the vast majority of triggers are modifiable to a greater or lesser degree. Even when this isn't the case, knowing what the triggers are can help you to avoid them, or introduce the person to them in a more gradual way.

Teaching replacement skills (functional equivalents): Teaching someone to use a specific sign to ask for something, or to indicate that they have had enough of an activity, can help to reduce challenging behaviour because it provides the individual with an alternative to using challenging behaviour.

Interaction styles: The style used to communicate with a person can be very important. It can be helpful to use a particular interaction style at certain times for example, consistently being calm, firm, humorous or praising may help to reduce challenging behaviour.

Changing the environment: Environmental modifications can reduce the impact of incidents when they do occur. For example, if somebody throws objects you can limit the number of objects that can be thrown and ensure that the available objects are less likely to cause injury. If somebody pulls hair you can tie your hair back or wear a hat. If somebody breaks windows you can have toughened glass fitted.

Rewards: Rewarding people's good behaviour through the use of praise or preferred objects can be very helpful. However, it is important that the person generally has things in their life that they enjoy. A list of what someone likes is an essential part of a proactive plan, and their 'likes' should be incorporated into their general routine.

Routine and structure: Most of us would agree that there is a degree of routine and structure in our lives. Consider your morning routine, and then consider how you'd cope if somebody asked you to change it? Perhaps do something a little differently every day. Feeling anxious yet??? For people with severe learning disabilities, who may have very limited concepts of time, and great difficulties adapting to change, routine can be extremely important. A predictable routine can minimise the potential for unnecessary anxiety and associated challenging behaviour.

Boundaries: It is important that people are helped to distinguish between culturally acceptable and unacceptable behaviour. For example, someone may need help to learn that shaking hands is okay, but hugging people is not; masturbating in their bedroom is okay, but not in public; and taking food from other people's plates is not acceptable.

Family Support: Whether it is practical support like respite or home sitting that is required, or emotional support to ease the pressure, parents should be supported to access the services that they are entitled to. Parent groups and charities can also be a great source of help.

In addition to a reactive and a proactive plan, a good Behaviour Support Plan might also include:

- A description of the challenging behaviour and the early warning signs.
- A rationale of why the behaviour is challenging.
- A description of who is at risk, and why.
- Potential Antecedents/triggers for the behaviour.
- The function(s) that the behaviour appears to serve.
- The aims of the Behaviour Support Plan.
- A list of what recording is being done.
- A record of who is in agreement with the Behaviour Support Plan (especially if it involves 'restrictive practices', such as physical interventions).
- A record of how often the plan is to be formally reviewed.

A Behaviour Support Plan should be a 'live' document, which is continuously updated to reflect any increased knowledge or understanding of the person, and how best to support them. Instead of being something that is kept safely filed away, it is a document that should be readily available, and scribbled on as new ideas come to mind. More 'formal updates' can be made just prior to reviews, and ideally, those who are in agreement with the plan should also contribute to the review and evaluation process.

Functional assessment is potentially a very useful process that can increase our understanding of an individual's behaviour. An increased understanding may enable us to make changes in the person's life that will result in a reduction in their challenging behaviour, or support us to help them to find alternatives to using their challenging behaviour.

References

Brown, V., and Brown, H. (1994). *Understanding and Responding to Difficult Behaviour*. Pavilion Publishing: Brighton.

McBrien, J., and Felce, D. (1992). *Working with People who have Severe Learning Disability and Challenging Behaviour: A Practical Handbook on the Behavioural Approach*. BILD Publications: Avon.

Last updated: December 2008

Appendix 1

ABC Record Chart

Name:
Day, Date and Time of Incident:
Definition of Behaviour:
Antecedent events
<p>In this row, with the following questions in mind, provide a step by step description of exactly what you observed prior to the behaviour, or at the same time as the behaviour occurred.</p> <ol style="list-style-type: none"> 1. Where was the person, and exactly what were they doing? 2. Was anyone else around, or had anyone just left? 3. Had a request been made of the person? 4. Had the person asked for, or did they want something to eat or drink? 5. Had the person asked for, or did they want a specific object or activity? 6. Had an activity just ended, or been cancelled? 7. Where were you and what were you doing? 8. How did the person's mood appear, e.g. happy, sad, angry, withdrawn or distressed? 9. Did the person seem to be communicating anything through their behaviour, e.g. I don't want...; I want...?
Behaviour
<p>In this row, provide a step by step description of exactly what the person did, 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.</p>
Consequent events
<p>In this row, with the following questions in mind, provide a step by step description of the exact events that occurred immediately after the behaviour.</p> <ol style="list-style-type: none"> 1. Exactly how did you respond to the behaviour? Give a step-by-step description. 2. How did the person respond to your reaction to the behaviour? 3. Was there anyone else around who responded to, or showed a reaction to the behaviour? 4. 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 or negative); an object, food or drink; or escape from an activity or situation?
Signature:

Appendix 2

ABC Record Chart

Name:
Day, Date and Time of Incident:
Definition of Behaviour:
Antecedent events
Behaviour
Consequent events
Signature:

Appendix 3

Name: _____
 Sheet Number: _____

ABC Record Chart

Date & Time	Antecedent Events: What happened prior to, or as the behaviour occurred?	Behaviour: Refer to 'Definition of Behaviour'.	Consequent Events: What happened immediately after the behaviour?	Signature