Challenging Behaviours

- People with intellectual disabilities have a greater likelihood of engaging in challenging behaviours
- Prevalence rates have been reported between 10–15%

(Qureshi & Albers 1992; Emerson et al., 2001a; Holden & Gitlesen, 2006; Lowe et al., 2007).

How to explain this prevalence rate?

Part 1: Behaviour Assessment & Attention

Challenging Behaviours
Behaviours of particular concern include:
- Aggression towards others
- Self Injury
- Destructive behaviour

Possible Reasons
- Limited coping skills to respond to daily stressors, frustrations or negative life experiences . . .
Possible Reasons

- Lack of control over one's life
- Social rejection: may lack skills & opportunities to develop and maintain personal relationships

*Reiss (1994) and Ryan (1966)*

Possible Reasons

- Limited ability to communicate and express choices/preferences, or internal experiences of distress, discomfort or pain

Potential Impact of Challenging Behaviours

- Genetic syndromes/disorders may predispose individuals to mental health issues and/or challenging behaviours

- Environments which may not be the “best fit” for the individual’s needs

- Learned behaviour & history of reinforcement:
Potential Impact of Challenging Behaviours on Individual

**Use of intrusive interventions:** physical restraints or use of confinement time out

- Can lead to accidental injuries
- Trauma/emotional impact

Potential Impact of Challenging Behaviours on Individual

- Social Isolation
- Negative patterns of interactions with caregivers
- Reduced opportunities for community inclusion and participation

Potential Impact of Challenging Behaviours on Individual

- Increase in use of psychotropic medications which may have negative side effects and long term adverse health effect

Potential Impact of Challenging Behaviour on Others

- Increased stress ("burnout", staff turnover)
- Impact on others within environments related to their emotional wellbeing, safety/security and lifestyle

Potential Impact of Challenging Behaviours on Individual

- Serious health risks of self-injurious behaviours

Where do we Start?

**Assessment:** Using a BioPsychoSocial Approach
Behaviours are often complex and are impacted by many variables. This approach assists us in taking a more comprehensive look at these variables.

**BioPsychoSocial Approach**

- **Bio**-Social-Psycho

**BioPsychoSocial Approach to Understand Behaviour**

- Consider what physical factors might be involved or contribute to the behaviour:
  - Illness, infection, pain or discomfort, thirst/hunger, menses, constipation, allergy, arthritis, dental problem, etc.

- Consider what factors might be involved or contribute to the behaviour:
  - Personality and temperament
  - Coping skills to respond to stressors
  - Stimulation (+/-)
  - Presence of mental health issues (ie depression, anxiety)

**Biological**

- Thyroid, Diabetes, Allergies, etc.
- Sensory (ie vision or hearing impairments)
- Medication side effects
What factors might be involved or contribute to the behaviour:
- Consider the fit between the person and their Social Environments.
- Consider the physical environment: noise, crowding/ opportunities for private space, etc.

Does the person have:
- Positive relationships with others?
- Opportunities for choice and control?
- Daily routine with adequate stimulation?
- Opportunities for community participation?

Questions to Ask:
1) What are this person's particular strengths and vulnerabilities?
2) Are there opportunities to build on strengths and reduce impact of vulnerabilities?
3) At what times are they most successful?
4) With whom are they most successful?
5) How could we change their environment (physical envt./ routine/social envt./ expectations/ etc) to maximize success?

Functional Assessment:
FUNCTION refers to the CAUSE of the behaviour.
Understanding the function or cause of a behaviour directs the selection of an appropriate change and support strategy.
Functional Assessment

**What is it?**
Functional Assessment is a critical part of a behavioural intervention.

**I*If we fail to understand the cause or function of a behaviour, we will likely be ineffective at any behaviour change strategy.***

**Assumption:**
Behaviour is functional

**Most behaviour occurs for two reasons**

1. To obtain something
2. To escape/avoid something

**The Function Junction**

- **Pos.Reinf**
  - Obtain/Get Something
  - Stimulation/Sensory

- **Neg.Reinf**
  - Escape/Avoid Something
  - Activity

**Social (Attention)**

- Eye contact/Smile
- Acknowledgement & Validation
- Increased assistance
- Reprimand
Access to materials:
Preferred activity: Food/drink, Money

SENSORY STIMULATION
Something that “feels good” on a sensory level (rocking, humming, tapping)
Stimulation (+/−)

ESCAPE OR AVOIDANCE
Behaviours which result in the avoidance of something the person finds aversive
(Negative Reinforcement)

Functional Assessment
How is the Function of a Behaviour Determined?
Behavioral Observations, Interviews, Questionnaires, ABCs/Data, Incident Reports, etc.

ABC’s of ABA
A Antecedents
B Behaviour
C Consequences

<table>
<thead>
<tr>
<th>ABCs</th>
<th>Antecedent</th>
<th>Behaviour</th>
<th>Consequence</th>
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<tbody>
<tr>
<td></td>
<td>What happened before the occurrence of the behaviour</td>
<td>What occurred?</td>
<td>What happened following the occurrence of the behaviour?</td>
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<td>What triggered the behaviour?</td>
<td>(the target behaviour)</td>
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<td></td>
<td>Consider the Social Context, Environmental Factors and Personal Factors</td>
<td></td>
<td>Social Response? Escape or avoidance? Access to tangible?</td>
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A problem behaviour may unintentionally be strengthened or reinforced if the function of the behaviour is not clearly understood.

Consider the distinction between Functionality & Intentionality in attention-maintained behaviours.

“He knows what he’s doing. He’s manipulating”

Vs.

“He is responding in the way he has learned”

“Shes doing this on purpose”

Vs.

“She’s doing what has resulted in reinforcement in the past”

Often not useful to attribute INTENTION

Often not accurate to attribute INTENTION
Functionality vs. Intentionality
- Our behaviours are shaped by responses from our social environments
- People engage in the behaviour because it continues to be reinforced (positively or negatively)

“Attention Seeking” Behaviours
We are for the most part social beings
Attention is important to most of us and is typically very reinforcing

“Attention–Seeking”
Seeking out attention, recognition, validation, engagement, etc. is a very healthy, human activity.
Yet, this is often seen as “maladaptive” in people with disabilities

“Attention Maintained” Behaviour
- Telling a joke or sharing a story with co–workers
- Helping others
- Asking someone out for coffee
- Complimenting someone’s appearance

Attention–Maintained Behaviour
- Often is not occurring in a conscious and deliberate manner
- Patterns of responses and interactions are often shaped and reinforced over time

Attention Maintained Behaviour
Often due to a lack of skills and lack of opportunities to engage in appropriate social interactions
Assumption: They are doing the best they can with the skills and opportunities they have
Questions to Ask

- Are there opportunities for positive social interactions and relationships?
- Does the person lack social or communication skills which would assist them be more successful socially?
- Does the person have connections to people and activities that are rewarding and bring them pleasure?

Negative Attention

Negative attention may maintain a behaviour – or keep a behaviour going

- Lengthy post-incident counselling sessions on why a behaviour is a problem
- Increased supervision & attention following challenging behaviour
- Reprimands or Disapproval e.g. “Stop that”

Negative Reinforcement

Negative reinforcement (or Avoidance Behaviour) may maintain a behaviour – or keep a behaviour going

- Person avoids an unwanted or aversive situation
- Person avoids a disliked activity or task following challenging behaviour

Important Role of Staff

- Enhance person’s skills that will increase opportunities for friendships and positive social relationships
- Build on person’s strengths and interests to increase quality of life/enhance positive connections to the community

Part 2: Behavioural Change & Positive Reinforcement

Laura Winter
Regional Support Associates

Objectives: REVIEW

- Behaviour and Communication Connection
- Developing Relationships & Rapport
- Positive Reinforcement & “Punishment” – Power & Control
What did the person do, and why is it inappropriate?

Behaviour becomes appropriate or inappropriate because of the context and the performance

Performance

Behaviour Becomes Inappropriate When These Boundaries Are Crossed

- Frequency
- Intensity
- Duration
- Discrimination

Remember

When describing behaviour
- Be specific and use very clear language
When attempting to decrease an inappropriate behaviour
- Teach more appropriate skills to the individual to use in place of what he/she is doing now

Remember

NEVER assume the individual is choosing not to behave in an appropriate manner

BUT ...

that the individual may not have the skills in the first place

Behaviour as Communication

- Are there medical concerns that need to be identified?
- Beware of side effects of medication

Behaviour as Communication

- What might the behaviour be communicating?
- What is the function of the behaviour?
- Why is the behaviour occurring?
WHAT TO DO?

- Take a close look at the history for that person
  - family, institutional life, previous trauma
- Define who the person is
  - their strengths and their needs

WHAT TO DO?

- What areas of their lives are currently creating problems for them or for others?
- Can solutions, re-inforcers and engagement activities be found in their strengths?
- Use Functional Analysis of Behaviours

Relationships & Rapport

*Studies suggest that success with challenging behaviours is largely due to the “special bond” or close relationship between caregiver and the individual*

Stimulation

*Research has shown us that exposure to fun and stimulating activities and very dense schedules of non-contingent reinforcement could have a drastic impact on reducing negative behaviours*

CONSEQUENCE

- Sometimes behaviours aren’t performed because of a set of circumstances, they are performed toward a particular end
- We perform behaviours to either get something or get out of something

The Two Rules Of Consequences Are:

1. Any behaviour followed by a pleasant consequence is more likely to occur again
2. Any behaviour followed by an unpleasant consequence is less likely to occur again.
**Positive Reinforcement**

Increases the frequency and duration of a behaviour, or makes it stronger.

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**Principles of Positive Reinforcement**

When working with a challenging individual, the amount of positive feedback and interaction should far exceed what you would normally expect to see (at least 10x the amount).

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**Principle of Positive Reinforcement**

Reinforcement is usually delivered on too differential a basis and is only contingent on "good" behaviours. In the challenging individual, they are receiving far too little density of reinforcement and impacting on relationship variables with staff.

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**Rule for Using Reinforcement**

- Be immediate
- Be consistent
- Be specific
- Give praise
- Be sincere
- Reinforce effort over accomplishment

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**Rule for Using Reinforcement**

- Reinforce Small Steps to the Goal
- Vary the Reinforcer
- Give it Time
- Be Fair
- SHOW RESPECT
What is Punishment?

A PUNISHER IS...

An Event That:
A. **Follows** a response
B. **Decreases** the rate of that response

An exact opposite of a re-inforcer
+ follows a response and increases the rate of a response

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Punishment

Problems Inherent In Relying Upon
Punishment Techniques

- Impact on individual's perception of the world and their place within it.
- Negative side effects associated with punishment:
  - lack of trust
  - impact on relationship
  - avoidance/escape
  - emotional reactivity

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What is Punishment?

- Also applies to the withdrawal of an event following a response such that the rate of response decreases

*For Example:*
Time out from a reinforcing activity

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Problems Inherent In Relying Upon Punishment Techniques

- Poor probability of gaining **INFORMED CONSENT** by individual in using punishment approaches

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Caregivers tendency to over use or misuse punishment because it is seen to "work quickly"

- Impact on individual who already likely has ample previous exposure to aversive environments, abuse
Poor acceptance/tolerance for these approaches in community settings.

Lack of rigid standards monitoring its use

**ALWAYS Use the "Least Restrictive Model"**

**IGNORE–INTERRUPT–REDIRECT–REWARD**
- Reinforcement and Human Reward
- Ignore the behaviour, not the person
- Interrupt; try to intervene by getting the person's attention verbally or actively.

**Coping – How Can We Help?**
- Anger management
- Problem solving
- Social skills
- Communication
- Relaxation
  - Massage
  - Snoezelen rooms
  - Music therapy
  - Art therapy

**Re-Direction (The Gentle Teaching Paradigm)**

*When working with challenging individuals, the amount of positive feedback and interaction should far exceed what you would normally expect*

**Role Of The Support Person**
Includes:

- Teacher
- Advocate
- Companion
- Caregiver
- Interpreter
- Investigator
EVALUATING ATTITUDES
Aspects of a healthy relationship include:
- Honesty
- Trust
- Communication
- Humour
- Give and take
- Equality
- Mutual respect

Power and Control Issues
- Allow the person space to permit them to maintain their individuality
- Negotiating agreement about defined limits, that is what is and is not acceptable within the relationship.

Power and Control Issues
- A willingness to try new ideas and solutions without a guarantee that they will work
- Help the person develop their negotiating and conflict resolution skills

Part 3:
Consistency & Styles of Support
Tom Francey
Bethesda

Objectives: REVIEW
- Maintaining Consistency with Behaviour Approaches
- Barriers to Consistency
- Caregiver Style of Support

Consistency
- Behaviour theory will only be effective when applied in an consistent manner
- Consistency is often difficult to maintain for a variety of reasons
Barriers to Consistency

Communication
- As the intensity of the behaviour increases usually communication among staff teams decreases
- Staff are often distracted trying to meet the demands of the day

Barriers to Consistency

Communication
- The attention taken to support the individual is taken away from others
- Behaviour Support Plans are comprehensive
  - They can not address each and every situation leaving some issues to interpretation

Barriers to Consistency

- Care giver style opens up to deferent interpretation on how to apply behaviour procedures
- We all bring to our job different backgrounds and philosophies on how to support individuals

Style of Support

- Our care–giving style will range across a spectrum and is rarely discussed at staff meetings
- Staff are often hired to complete a staff complement in order to achieve balance

Style of Support

Permissive
Staff is intent on meeting the needs and wishes of the person receiving the support but little or no demands are placed

Authoritarian
- Characterized by high level of conformity and compliance
- Strictly follows Behaviour Support Plans as written
- Not necessarily responsive to unique situations as they occur
**Style of Support**

**Relationship Support**
- Limits are set but responds to individual situations
- Allowance for some give and take or negotiation

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Our goal is to provide Relationship Style Support yet we all have tendencies in one direction or the other based on many factors.

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**Style of Support**

- Important to know what your tendency is
- Strive to maintain a balance approach
  - Get feedback from your coworkers
  - Observe which style is most suitable for the person you are supporting

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**Style of Support**

*Staff often report that on any given day they may exhibit the complete spectrum of supports depending upon demands of the day*

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**Case Scenario: Paul**

- Paul is a man who has a diagnosis of autism
- He has limited verbal communication skills
- He requires significant support with all activities of daily living
- He lives with 4 other adults

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**Case Scenario: Paul**

Paul has an extensive history of agitation at dinner time
- Yelling
- Pushing people
- Throwing objects
Case Scenario: Paul

1. Some staff identified that when he became agitated:
   - They would remove Paul from the other residents and try to help him calm down
   - Paul would come in after he settled down and eat later.

2. One particular staff would have Paul eat with her in the kitchen while others ate in the dinning room
   - She would share from her private stash of junk food that she kept in the kitchen
   - The goal ....keeping him quiet

Case Scenario: Paul

3. Another staff had a zero tolerance with Paul
   - The moment he even raised his voice at the dinner table, he would remove him
   - Would not allow him back until the others had finished eating

Questions
- What factors are contributing to Paul's behaviours?
- How is this behaviour functional for Paul?
- What is maintaining the behaviour?
- What caregiver styles are represented in this scenario?
- What might help Paul be more successful?