A closer look at behaviours of concern

Think about times when you have witnessed behaviours of concern. It is often really obvious what the need is. This may be because the behaviour is immediate and happens in the moment, when steps can be taken to try and address the unmet need.

Sometimes behaviours of concern happen completely out of the blue and there seems to be no reason for it.

When things are calm again, try to take some time to reflect on these questions:

- What was happening immediately before the behaviour started?

    o Had the individual been told 'No' to something they wanted
    o Had there been any demands placed on the individual, especially negative ones such as "Stop doing....." Don't do....." "Be quiet" etc

- What was the environment like?

    o Was it too hot/cold; noisy, smelly (maybe food smells); overcrowded; scary/unfamiliar?
    o Were you rushing because you were late or maybe the person had been waiting for something.
    Sometimes going back over things, especially with another person who was present, can help you to identify triggers for an escalation in behaviours, which means you are more likely to be aware of them next time.

The ability to pre-empt needs and therefore avoid behaviours, creates a more conducive environment for all, and supports individuals to feel happy and comfortable. However, if needs are met as a result of challenging behaviour, this can inevitably cause additional problems, namely a repeat of the behaviour to get the need met in future. This can help prevent us from 'feeding' the behaviour on future occasions.

To help with this some people keep behaviour logs, especially within residential settings, sometimes referred to as ABCs (Antecedent, Behaviour, Consequence). It is an important part of behaviour management as it looks at what the conditions or the environment was when the behaviour occurred, what was happening before (antecedent) the behaviour, a description of the behaviour and what happened as its result. It's important to stress that consequences in this context means the natural consequences and does not refer to 'punishment'. By doing this it is possible to identify the un-met need that leads to the behaviour.

Here is an example of an ABC Log, often used in residential settings to identify the functions of challenging behaviour. They are only as good as the information recorded. Have a look at the first one which has minimal details. The full picture is not clear and so it's difficult to decide why Jonny's behaviour became challenging.

Name of individual		Jonny M	Staff members name: Lisa B. Role		
Date/Time	Situation/Place	Antecedent	Behaviour	Consequence	Identified need
1st Feb 20 - PM	The day room	J M was waiting for his Mum	He kicked off and started hitting out at Donna	J M was sent to his room	

Now look at the second example, which includes important factors that are key to helping identify the need. These are not just in the story, but include the time of day, the staff member's role and the possible identified need(s).

Name of individual Jonny M			Staff member name Lisa B Role Key worker		
Date & time	Situation/setting conditions *Place, people, environment,* conditions	Antecedent *What was happening just before?*	Behaviour *What did the person do?*	Consequence *What was the result of the behaviour – what did you do? What did the person do?*	Identified need *Tangible Attention Pain Escape Sensory*
1st Feb 16.00	The day room – It was really hot as no one had closed the blinds There was a lot of noise from visitors	J M was waiting for his Mum – she was over 30 minutes late and he had to wait until she came to have his tea with her	He got upset and angry then started hitting a member of kitchen staff who was bringing out tea for another visitor.	I went over to J M and suggested we sit down and have a chat. He was still angry and wouldn't stop shouting so I called for someone else to help me and we took him to his room to calm down whilst reassuring him that he could have his tea and we would try and call mum.	Possibly:- Tangible Attention Escape

It is easier to see why Jonny got upset leading to an escalation of his behaviour in this example. He was hot, it was noisy other people were getting their tea, he'd been waiting and he may have been worrying about his mum. There are at least 5 trigger points where staff could have acted to prevent an episode of unwanted behaviour.

Challenging Behaviour Cycle

Children and adults with PWS are usually happy, friendly, sociable and loving individuals, so it can sometimes come as a shock if they exhibit violent or very aggressive behaviour, or when emotional outbursts (sometimes called meltdowns) begin to escalate into physical aggression.

We do not have any definite figures to say how common behaviours of concern are in PWS, especially as it can occur in phases, affecting individuals at different times and in different circumstances. We do know that it can occur in very young children and at any age thereafter.

Think about a time when you have felt really angry or very frightened, the feelings both emotional and physical can be very similar – feeling hot, agitated, panic, pacing about, clenching fists, shouting, upset, sad, fearful, wary, wanting to cry or cry out, making short repetitive movements such as tapping.

These manifestations of anger and fear come from our primitive reaction to danger, often referred to as 'Fight or Flight' and can trigger panic attacks.
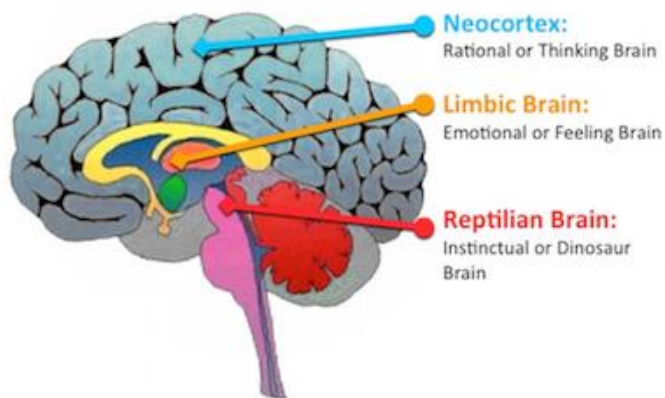
The reason conflict occurs is due to how the brain receives in formation.

The Neocortex is the part of the brain that controls thinking.

The Limbic system is made up of Thalamus, hippocampus. This controls emotion, pain, pleasure, fight or flight.

When our brain receives an external message, the first part of the brain to receive it is the Limbic system. If the Limbic system picks up a threat, it will react with emotion. If it does not pick up a threat, the Neocortex responds with a calculated and logic response. If the brain reacts with emotion, the thinking part of the brain gets overcome and begins to shut down, which in turn can result in conflict, or distress.

The diagram below shows the phases that an individual typically passes through during an episode of challenging behaviour.

- Trigger phase – this is where things can be done/said/experienced that act to trigger a response

- Escalation phase - this is where the response to the trigger starts to increase by continuation of the trigger and/or the introduction of additional triggers such as making demands.

- Crisis phase - this is where the behaviour peaks

- Plateau or recovery phase – this is where the individual's behaviour plateaus and/or starts to subside.

- Post crisis or depression phase – this is where individuals may become remorseful, and may even dip below base line.

The Challenging Behaviour Cycle

Trigger phase | Escalation phase | Crisis phase | Plateau or recovery phase | Post crisis or depression phase

Quality of Judgement

Raised Base line
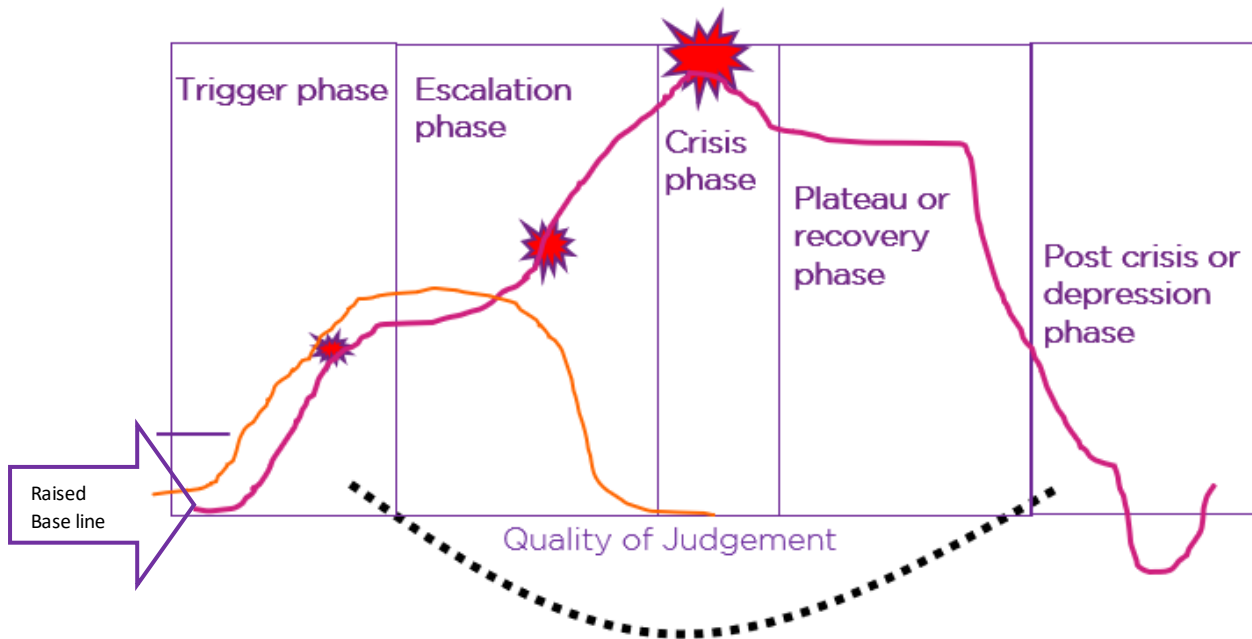
The base line on the left shows a typical starting point for people in terms of a person levels of 'feelings', however it is worth noting that this may be different in different people, and it may also vary during the day for the same person depending on what they have been experiencing, e.g. having had a stressful early morning routine. This can play a significant factor in the significance of the trigger and the reaction that follows, if someone's base line is already raised.

The red line on the diagram shows the curve that an individual's behaviour can follow. It is worth being mindful that the time from the point of a trigger to crisis point varies for individuals as does the time spent at crisis point. The time following crisis where the person may become remorseful and reflect on their actions, varies too and may take 2 – 3 hours or 2-3 days dependent on the person and situation.

It is important not to place demands on an individual while in these phases as this could result in a re-escalation of the behaviour or they may display another behaviour. However, the most effective way to support an individual is to use proactive strategies to try to avoid known triggers and/or de-escalation strategies and calming techniques, to prevent the situation resulting in a crisis phase. These will vary for individuals, but can include:

• Be aware of likely triggers – change, food, not getting their own way, tiredness, confusion, anxiety etc.

What triggers a behaviour of concern in your setting?

If you know what triggers a behaviour, then you are more likely to be able to put proactive measures in place to prevent it

Common triggers are:

• Changes in routine

• Conflict with others

• Negative attitudes or hostility from others (this could be hidden or obvious)

• Meal times

• Cooking smells

• Anxiety / fear

- Look out for known signs that a behaviour is about to occur and try to divert the situation
- Keep very calm and confident yourself, with language, tone and body language, as they can be very sensitive to this – use a calm tone of voice throughout
- Distract attention – use humour
- Praise for something else they have done
- Suggest a quiet place for a few minutes
- Consider someone else taking over if appropriate, however for some this may not work and may escalate behaviours further

However, there are times when a behaviour of concern will prevail and at this point some reactive strategies that may work could include:

- Take action necessary to ensure the safety of the individual and others e.g. remove from situation
- Allow them the time and space to calm down
- Avoid eye contact and talk softly and as little as possible
- Do not attempt to reason or argue with the individual
- Do not give in to their demands

The orange line on the diagram shows that a situation can be avoided if the right interventions are used quickly enough. By effective use of proactive and de-escalation strategies the behaviour can be supportively managed and these can provide great insight into things that do/don't work for individuals to enable them to be used in future situations. Some people find it useful to make a note of these and share them with family members and other care givers to enable consistent and positive support.

Further information relating to this cycle can be found on the Challenging Behaviour Foundation Website https://www.challengingbehaviour.org.uk/

British Institute for Learning Disabilities website (BILD) https://www.bild.org.uk/

They have an excellent Easy Read Booklet all about Positive Behaviour which you can find here:

https://www.bild.org.uk/wp-content/uploads/2020/01/Intro_to_PBS_-_Easy_Read_document.pdf

They also have a short-animated film that explains challenging behaviour. You can see it on YouTube. Just search 'An Introduction to PBS' or click here https://www.youtube.com/watch?v=epjud2Of610

Setting Boundaries

Ways to help:

- Adopt a firm but caring attitude.
- Create a low-stress environment - Structured programme visually presented – keep boredom to a minimum, but be aware of possible increased need for naps etc.
- Ensure the environment is safe and comfortable and avoid unexpected events.
- Keep language simple and direct. Use short sentences and check understanding.
- Keep calm, relaxed body and non-threatening facial expression - Do not shout or raise your voice.

- Keep a sense of humour; see/exploit the funny side of a situation.
- Praise and stress the person's positive aspects and when they behave well.
- Don't make promises you can't keep.
- Give clear guidelines and boundaries & make sure everyone observes them.
- Ensure new staff are inducted into an understanding of PWS.

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