This chapter emphasises the importance of analysing behaviours and finding the meaning behind them. It examines a number of strategies that can be used to pinpoint the triggers for behaviour. ‘Challenging behaviour’ may occur because an individual with ASD is under extreme stress.

A word about behaviours

For many, the typical picture of a person with ASD will have the accompaniment of behaviours that are often far more extreme and/or inappropriate than is acceptable. Many people associate extreme behaviours with the autistic spectrum, but in fact there are no typically ‘autistic’ patterns of behaving. Most behavioural outbursts stem from a challenge to the comfort and feeling of security of the individual. They sometimes arise after a supreme effort of control, only to have a ‘straw that broke the camel’s back’. We have moved away from looking at the behaviours and trying to ‘treat’ them. Terminology has changed from negative connotations of violence and aggression towards a transactional point of view of behaviours that challenge – they challenge us to do something about them. We no longer seek to control the person by restraint, punishment and/or drug regimes.

Overview and construct of behaviour

‘Challenging behaviour’ has become part of our everyday speech as a description of aggression, violence and destructive behaviours. The emphasis on
ownership has changed, away from behaviours being the responsibility of their ‘owner’ to the onus on parents/carers and practitioners to take on the challenge. Cumine et al. (1998), Zarkowska and Clements (1998) and Whitaker (2001) put the responsibility on practitioners to analyse the reasons for the behaviour and devise a means of de-escalation. By documenting the series of events and behaviours that have taken place, our focus should be on the function of the behaviour for the person who is being ‘challenging’. Often, it is the need to escape a situation causing distress or the sensory overload it represents. Repeated actions are often a way for them to regain control over a situation by producing a predictable set of responses from us.

Lawson (2000) says the following responses are typical reactions to an overload of sensory stimulation:

- pacing up and down
- covering ears with one’s hands
- screaming
- excessive spinning or rocking of one’s body
- loud verbalisation
- total withdrawal
- aggression
- head banging
- self-injury
- irritation.

(Lawson 2000, pp. 78–79)

‘Challenging’ responses that might diminish stress include:

- asking the same questions repeatedly
- rocking vigorously
- flapping
- tapping
- removing oneself from the setting/absconding
- jumping up and down.

The term ‘challenging’ is used because the behaviour is not within our accepted range of responses. Extreme and repetitive challenging behaviours, which the person finds hard to move on from, become ‘ritualistic’, in our terms. We feel an urgency to control or extinguish these types of behaviour because of their severity and damage to the individual, others or the setting. Where a team is involved, the onus is often on them to ‘deal with the behaviour’. Intervention
can be ineffective because the behaviour is not responded to in a consistent way. Effective intervention involves working together with the person and important people in their life, to teach socially acceptable alternatives, including articulating the cause of their discomfort.

**Finding out the function of the behaviour**

Ask yourself the questions ‘what function is the behaviour fulfilling for the individual?’; ‘does it get removed from an activity they don’t want to be in’; ‘does it get rid of people they don’t like?’ Avoid assuming that the behaviour is deliberate and targeted. Extremes of behaviour are almost certainly a means of communicating something for the individual with ASD. We have to pay attention to the message it conveys or the behaviour will not be modulated. Consider the following factors:

- The perceptions of important others – has the behaviour happened over a long time, does it occur with them, what is their response?
- The perception of the individual – are they aware of its impact, do they know how it looks from the outside (video use or digital images)?
- Do they want to find a less stressful response?
- Re-frame the way the behaviour is viewed by us/others. Is it always viewed as naughty/awkward? Use the behaviour as an opportunity to put something right.
- How could it be shaped into something more acceptable and appropriate?
- A positive approach to the person and their behaviour is more humane and likely to achieve a better result.
- Teach an acceptable way of achieving the same outcome result, e.g. a signal that lets us know stress levels and tolerance are OK or near to explosion.

A graphic way of looking for the message in the behaviour is to put a stick figure in the centre of some drawing paper and draw a series of thought bubbles around them.

**Bubble 1** – an accurate description of the behaviour

**Bubble 2** – three things that the behaviour might be communicating in the individual’s own ‘voice’, using ‘I’ statements

**Bubble 3** – the checks that you might need to make in order to ascertain the frequency of the behaviour, the places where it happens, the people who are present, whether the person is having an off-day or is potentially sick
CASE STUDY

Robyn had a very effective way of letting other people know when to back off. She bit them. No matter how quick the staff members and other service users were, Robyn usually managed a strong bite at their forearms. This led to an injured and wary staff team and worried carers of her peers who did not feel that Robyn ‘should be accommodated here.’ Attempts at trying to extinguish the biting, including time away from the group; removal of watching her
favourite video; protective armwear for the staff; a firm ‘No’ in her face and a period of exclusion had failed to remove this response from her repertoire. A key worker decided that perhaps Robyn would just like more personal space around her. Often the staff group closed in around her when the behaviour was at its worst, which intensified the damage done. The key worker gave Robyn a symbol to use that everyone could understand. It showed a raised palm of a hand with ‘Go away please’ written underneath. The staff team and service users were informed that if Robyn showed the card then they were to back off without argument. In under a fortnight, the biting response had diminished in frequency from three or four times per day to once or twice per week because Robyn had found a new means of communicating what she wanted.

By looking at the communicative function of Robyn’s behaviour, the key worker was able to replace something that was challenging, damaging and lowering of everyone’s morale by an acceptable way of communicating.

**REFLECTIVE OASIS**

Try looking at a ‘target’ behaviour for its message, using the graphic method or by analysing its communicative function in another way.

How does framing the situation in the voice of the person ‘doing’ the behaviour help us to see their perspective?

What other situations may the person with ASD be trying to give you a message about?

**Interventions that punish**

Behaviorist theory of the 1960s and 1970s advised intervention in the behaviour and introduction of a consequence that had an aversive effect (shouting, removal, physical punishment). Practitioners working in care and school environments would be expected to find a way of stopping the
behaviour. Use of corporal punishment, which had not been made illegal, may have also been a sanction for bad behaviour.

It is a mistake to try to extinguish (remove) behaviours without teaching a more acceptable replacement activity. To punish and/or use aversive practices in response to the behaviour will only teach the person anxiety/fear/discomfort. The outcome may be an element of conformity, but the person will not have a ‘replacement’ that gives the same message. Conformity can become a learned behaviour. The individual with ASD may conform just to avoid further stress.

**Using observation and recording for incidents of challenging behaviour**

The nature of some behaviours that individuals with ASD manifest may leave us feeling demoralized and de-skilled. This is especially true if the results are injury and harm to those around them. An adult with ASD may engage in behaviours which might have been endearing as a youngster – wanting to sit on an adult’s lap, interest in people’s clothing, jewellery, conducting an imaginary fight with an imaginary opponent to defuse stress. Transpose those behaviours into adulthood and a stranger witnessing the behaviour could be very frightened. It is imperative that some behaviours, appropriate in childhood but inappropriate in adulthood, are tackled early with the aim to replace the behaviour with something that will be more socially acceptable, whatever the age.

Quite often, those who live with and care for the individual with ASD claim to have ‘tried everything’ in attempting to shape behaviours. Their theory may be that it is ‘learned’ or ‘copycat’. Our constructs and attempts to intervene are influenced by those beliefs. To analyse them, we must determine how, why and when these behaviours occur. Having a structure to recording and observation is needed.

The following systems of record keeping are retrospective, not contemporaneous – they are filled in after the sequence of events has occurred. They should be completed as soon as possible after the incident to ensure accuracy. A discussion of the advantages of each model appears in Plimley and Bowen (2006b).

**ABC records**

One of the most familiar retrospective recording systems is the use of ‘ABC charts’ (Presland, 1989), with the three letters standing for:
A – Antecedents – events leading up to the incident
B – Behaviour – factual record of behaviours observed.
C – Consequences – events after the behaviour.

Retrospective recording once the incident has finished helps to identify and analyse behaviours that are both challenging and persistent. Data collected using the ABC method should be done over a short period before a thorough analysis. ABC recording is very useful in helping to pinpoint specific antecedents or consequences like the removal of the individual from the situation.

**STAR**

Zarkowska and Clements (1998) focus on the significance of the setting. The STAR approach was first developed for people with severe learning difficulties (including those with ASD) and looks at:

S – Setting – where the challenging behaviour took place, including presence of others and the activity
T – Trigger – the events/sequence of actions that may have set the behaviour off
A – Action – what the person actually does
R – Results – the aftermath of the behaviour and what function of the behaviour is for that person.

The STAR approach aims to gather factual information. It helps us to consider other factors which may be influencing the behaviour of a person with ASD.

**8 STEP (Whitaker, 2001)**

The eight steps begin with the collective decision of where to start, which is often the hardest thing to do if you are working as part of team. The steps conclude with the decision of how to pre-empt incidents, how to teach new skills and behaviours and how to make the function of the behaviour less of a reward for the individual.

To pre-empt a major escalation, Whitaker (2001) suggests trying:

- removing the identified trigger
- responding to the behaviour as a communication
If the incident continues to escalate, ensure the personal safety of others, by:

- making the environment safe
- removing others, if needed
- requesting/calling assistance
- making your response low key (neutral body language, no eye contact)
- using a physical intervention with other trained staff.

The adrenaline produced by the event may take up to two hours to subside. This is why, when things become calmer, they can suddenly flare up again. Give the individual time, without pressure to regain their own control. Once the recovery phase begins, remember to:

- give space
- try to restore normality to the situation
- calmly restate your demands
- talk the situation through, if possible
- seek support from other staff with the individual and also for yourself

**REFLECTIVE OASIS**

Using one of the three recommended approaches, collect data over a week on a behaviour that is perceived as challenging.

Use the data to:

- analyse the function of the behaviour
- discuss with others
- decide how to approach future incidents
- ensure that you have interpreted the function of the behaviour accurately.
Sometimes inappropriate behaviour in a public place can be misinterpreted and lead to prosecution. For example, inappropriate touching or questioning could be misinterpreted as harassment (though not intended). Issues relating to behaviours which may cause offence and lead to involvement with the criminal justice system are explored in depth in Chapter 6.

Finally, strategies that only react to the behaviour (e.g. physical intervention) should be short-term. But remember that ‘challenging behaviour’ is not simple or speedy to change.

- Look for other reasons for challenging behaviour – is it illness, poor sleeping patterns, diet, lack of communication skills?
- Teach replacement skills alongside ways to identify the build-up of tensions
- Teach ways in which they can effectively calm themselves – counting to 10 or using de-stressing toys – squeeze balls, etc.

Above all, treat the behaviour as a form of communication – if the person could successfully articulate what they felt, what would they be saying?

**Points to remember**

- Behaviour may be a vehicle for alerting us to the fact the individual with ASD is under extreme pressure. It is important to find the function of the behaviour
- It is sometimes useful to look at behaviour in a graphic way (Figure 1)
- Interventions that punish or try to extinguish behaviour are best avoided
- ABC, STAR and Whitaker’s 8 STEP are useful tools to analyse behaviour