



Down  
Syndrome  
Ireland


# MANAGING BEHAVIOUR: AN INFORMATION PACK

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## **Section One**

### **An Overview of Behavioural Issues**

The first section of this information booklet gives an overview of behavioural issues, drawing from the publication ***Supporting Positive Behaviour in Children and Teens with Down Syndrome*** written by David S.Stein Psy.D.

#### **Looking at Behaviour in Children and Teenagers with Down Syndrome**

Research has shown that all behaviours have a function for the child or teenager with Down syndrome. The behaviour they exhibit is usually a means of them expressing something when they do not have the necessary communication skills to do this. Their behaviour is not intended to irritate or annoy others - it is simply a way of telling others that they are not getting what they need. It is a form of communication. As adults, the impact of the way we view behaviour is very important. Our initial reaction can sometimes be to punish, which is usually completely ineffective. As adults, we need to view behaviours exhibited as an attempt to communicate some need. By doing this, we will be meeting their needs and supporting them. As a result, undesirable behaviours should lessen and eventually disappear when the child or teenager feels supported and understood. To ensure that we, as adults provided the necessary support, we may need to change our approach to managing undesirable behaviours. We may need to 'switch off' our instinct to reprimand and stick rigidly to rules, to have a chance to provide effective support.

#### **Why do Children & Teenagers with Down Syndrome Exhibit Behaviour Problems?**

Research has made great strides over the years in developing an understanding of how the brain works in people with Down syndrome. However, as with every diverse group of people, we need to acknowledge that there are many individual differences among children and teenagers with Down syndrome. Using our understanding of the general trends, strengths and weaknesses associated with the syndrome, we can make progress in learning about why behavioural challenges happen and, more importantly, how to manage them.

## **Learning and Memory**

The first big difference in the brain for children and teenagers with Down syndrome lies in the area of learning and memory. Two areas of the brain, the *hypothalamus* and the *temporal lobe*, are key to learning and retaining new information. These areas are different in children and teenagers with Down syndrome. The crucial difference is that, unlike typically developing children, new information is not transferred to the long term memory and stored as easily. This gives rise to the observation that children and teenagers with Down syndrome usually learn best with repetition and review of concepts learned, rather than seeing or hearing about a topic only once. This difficulty with learning and remembering new information is another reason that children and teenagers benefit from routines and predictability.

## **Visual or Verbal Learning.**

Visual learning is far stronger in children and teenagers with Down syndrome than verbal learning. This fact indicates that it is easier for them to learn and understand information presented to them visually rather than verbally.

## **Language**

Language development is very complex and children and teenagers with Down syndrome will have a particular profile of strengths and weaknesses. Receptive language, or the ability to understand what others say, is stronger than their expressive language, or the ability to express their own needs. This can be very frustrating for the child or the teenager who may understand a lot, but lack the expressive language skills to tell people what they may want or need. They may also learn new words and say them quite clearly and well, but lack the understanding of what they are saying and not use the best judgement about when and how to use these words.

## **Executive Function**

The next brain difference we can identify is related to *executive function*, or the process that allows us to do the things we want to do, or to meet our goals. The weakness in executive function may result in the child or teenager with Down syndrome needing more time to understand a question and more time to formulate a response. Executive function skills are crucially important for many aspects of daily life, both at school and at home. One example of this would be the problems that might arise if a child is instructed to finish a worksheet before break time. The child must sit down and focus, plan an approach, work in sequence, remember any instructions and control the impulse to run outside. It is worth remembering here that executive functioning, language and learning overall continues to improve into adulthood.

## **Social Functioning**

People with Down syndrome are often thought of as incredibly social. This is often the case as the brain profile in Down syndrome can lead people to be very sociable. It is important to acknowledge that there are also children and teenagers with Down syndrome who struggle with social skills to some degree. Shyness, group avoidance, solitary preferences, lacking eye contact, lack of responses can lead to challenges both in school and home settings. Other children and teenagers love to interact with and strive to gain attention from other people. Research also shows us that there can be issues with 'social problem solving' skills. As a result, we may see a girl in pre-school hitting other children and a boy in post primary school preferring to sit alone and avoid all interaction with classmates. These children and teenagers might like to interact more positively with their peers and simply do not know how to do it. Some may be just taking a break from language processing. Despite all of these challenges, socialization is a crucial element of brain functioning that we can use to manage behaviour effectively.

## **Motivation**

Motivation is the inner drive that makes us want to finish tasks and do them well. Some research suggests that people with Down syndrome have a decreased 'inner drive' to complete tasks and as a result, may engage in avoidance tactics to avoid the same tasks on the next occasion. If we take a step back and consider all the challenges with language, executive functioning, learning and memory, it is easy to see that many tasks are more challenging for children and teenagers with Down syndrome. They use more energy to complete classwork, process spoken language from others, sit at the dinner table, talk to their family and brush their teeth before bed. We all start the day with a certain amount of energy. If you have a disability of any sort, each task uses up a bit more energy than for people without a disability doing the same task. Over time, energy becomes depleted leaving people feeling tired and often frustrated. This will happen more quickly for children and teenagers with Down syndrome than for those who do not have some of the same brain differences.

Now that we have looked at some of the brain differences in Down syndrome, we should take a moment and think about the world we live in. It's a complex place with a lot of language, work, social interactions and emotions- demands that directly challenge areas of weakness for children and teenagers with Down syndrome. It is no surprise then, that behaviour problems can be common in people with Down syndrome.

# **Helping Children and Teenagers with Down Syndrome to Behave Well.**

When we think about managing behaviour, our initial reaction is often to discipline the child. However, by doing this, we are reacting to the behaviour rather than preventing it. Research has shown consistently that being proactive works better. Proactive strategies help prevent negative behaviours and promote positive behaviours.

## **Consistency**

A key part of effective behaviour management is consistency. To be effective, everyone must be consistent in their response to behaviour, both at home and at school. Inconsistent responses make behaviours continue.

## **Reinforcement**

What does reinforcement really mean? Reinforcement means that we are doing something to ensure that someone will engage in an appropriate behaviour.

## **Positive Reinforcement**

When using positive reinforcement strategies, we usually add something as a reward. This provides an incentive for doing good things. It is important to remember that the reward does not have to be a prize -it can be even more effective if the reward comes in the form of attention and recognition from the adult. It is crucial to remember that the child may have difficulty in processing some of the words we might use. If the only thing the child may notice is that the adult appears very animated and is giving them lots of attention for bad behaviour, this can cause the behaviour to continue. Adult emotions must be kept in check.

## **Negative Reinforcement**

This is the process of removing something that the child does not like. They may be useful to implement, especially if a new behaviour appears that we are uncertain about.

## **Common Behaviour Problems in Down Syndrome**

There are behaviour issues common to individuals with Down syndrome.

### **Task Refusal – Stop and Flop**

Some examples:

- Playtime is over but the child does not want to return to class
- It's bedtime and the child does not want to get to bed

As children get older, stop and flop behaviours tend to lessen. However, they can continue to refuse to do things they don't want to do. At this stage, we refer to task refusal rather than stop and flop.

To manage stop and flop or task refusal, we usually have to build in some motivation and focus on the future, or what's next? Alternatively, it may be a matter of building in a reward.

### **Elopement / Escape**

The clinical term for running off is elopement. We cannot ignore this behaviour as the child can get lost or hurt. This makes it a tricky behaviour to address as, in many cases, the child will view being chased by the adult as fun and will keep up the behaviour.

### **Physical Aggression**

This can be a real problem. Individuals with Down syndrome particularly those with limited expressive language, can rely on aggression to express themselves. However, it is not that the child wishes to hurt someone - they usually just want attention but do not have the necessary language to ask appropriately.

### **Stimming**

Another common behavioural concern for families is 'stimming' or self-stimulatory behaviours. These behaviours do not serve any function but are self-reinforcing. The behaviour itself is the reward. We need to consider how much the behaviour is happening, when and where? If a child is stimming so much that she refuses to engage with others, then it may be a problem. However, we need to remember that this may be the best means the child has for reducing stress. For many children, stimming is a very simple relaxing activity. If it is not getting in the way of other things, the recommendation is to let it go and perhaps try to limit the behaviour to certain times or places.

### **Self-Talk / Imaginary Friends**

Similar to stimming, engaging in self-talk and imaginary play can be a way to calm down and relax. It may become a problem if it is interfering with other aspects of the child's life.

### **Insistence on Sameness**

Children may insist on sameness at home and this behaviour may be extended to other more public settings. Insistence on sameness is only a problem if it is getting in the way of daily life. Another way children and teens may show their preference for sameness is through a dislike for transitions. They may have a difficult time with transitions of any kind. When a routine is established, it makes sense that the child with Down syndrome will react strongly and negatively to any break in that routine. We need to be aware of this and prepare for any changes in routine.

## **Boundaries**

Children with Down syndrome can have difficulties learning about 'stranger danger'. They can be prone to hugging strangers. When children are young, this behaviour can be managed by controlling the environment. However, as children get older, we need to teach them skills to enable them to understand stranger danger and various types of relationships.

## **Designing a Behaviour Management System for Children with Down Syndrome**

### **Step 1: Maintain the Relationship**

When the going gets tough, stand back and think about your relationship with the child. What would be in the best interest of the relationship at that moment and reduce stress - take a break? walk away? Ignore the behaviour? Always remember the importance of your relationship with the child and focus on this. Ensuring positive time with the child can motivate the child and lead to better behaviour.

### **Step 2: Structure the Environment**

Always look at the big picture. We demand a great deal from children primarily using language to direct them and we become frustrated in the process. With a bit of thought we can make small changes in the environment that can have a hugely positive impact on the child with Down syndrome. The easiest thing we can do is create routine. Having a routine and sticking to it makes everything more predictable for the child.

### **Step 3. Use Visuals**

Using visuals is the key to success for children with Down syndrome. They are very powerful because:

- Processing visuals is relatively easy
- Visuals not only makes the demand clear but it uses a strength (visual processing) rather than a weakness (verbal processing)
- It reduces the amount of language being used
- Visual schedules can reduce stress on the child

### **Step 4: Acknowledge and Reward Good Behaviour**

Many children with Down syndrome are very sociable and this makes it easier to promote and reinforce good behaviour. By making sure we notice the good behaviour, we are not just paying attention to things the child does wrong or when they misbehave. When noticing good behaviour, always name the behaviour you like and use your tone of voice or actions to show your emotion to the child.



## **Step 5: Use Proactive Strategies to Prevent Negative Behaviours and Support Positive Behaviours**

To encourage good behaviour, we should focus on what works

- Watch the Language you use- stick to the important points.
- Focus on the Positive

Redirection is a very simple and effective strategy. Pre-empt any behavioural outbursts by introducing something new.

## **Step 6: Manage Difficulties Before They Happen**

Fear is linked to uncertainty and emotion in children and teenager with Down syndrome. Put yourself in the shoes of Someone with Down syndrome in various situations. Knowing what is coming next will make a big difference to how you feel about any situation. How can we make situations less daunting? The technique of using a Social Story is both simple and very effective. Social Stories are simple picture books with few words (if any) that show what will be happening in sequence with the desired behaviour and outcomes.

### **NOTE:**

Sudden changes in behaviour should always be explored. It is important to check for any medical issues and existing underlying conditions. Remember - the child may be in pain but does not have the language ability to describe this.

## **Managing Behaviour in the School and Community**

By understanding the basics of behaviour, we can make an educated guess at what strategies might be effective. Pinpoint what leads to the behaviour and think flexibly making adjustments to meet the particular child's needs. The basic steps we need to take include:

- Describe the problem behaviour
- Observe when it happens and when it does not
- Make a guess about the triggers and what might be reinforcing the behaviour
- Design a plan to prevent the behaviour and provide any necessary supports
- Observe to see if the plan worked and make any necessary adjustments.

## Managing Behaviours in Adolescence

Adolescence can be a challenging time for anyone. Teenagers with Down syndrome are no exempt from these struggles. Some behaviours can be considered 'acting out' or externalizing behaviours. In addition, during adolescence we can start to see 'acting in'

or internalising behaviours. Some symptoms include anxiety or depression where the person can become more withdrawn and disinterested in activities and other people. Anxiety and depression in teenagers with Down syndrome can lead to the loss of some skills, less speech clarity and wanting to remain isolated. A particularly good reference book here is **Mental Wellness in Adults with Down Syndrome** by **Dennis McGuire and Brian Chicoine**. If you notice of the following key symptoms, do refer to a doctor or mental health specialist:

- Isolating from family and friends
- Losing interest in activities once enjoyed
- Having little energy
- Speaking less
- Being harder to understand
- Crying for no reason
- Loosing skills
- Having toileting accidents

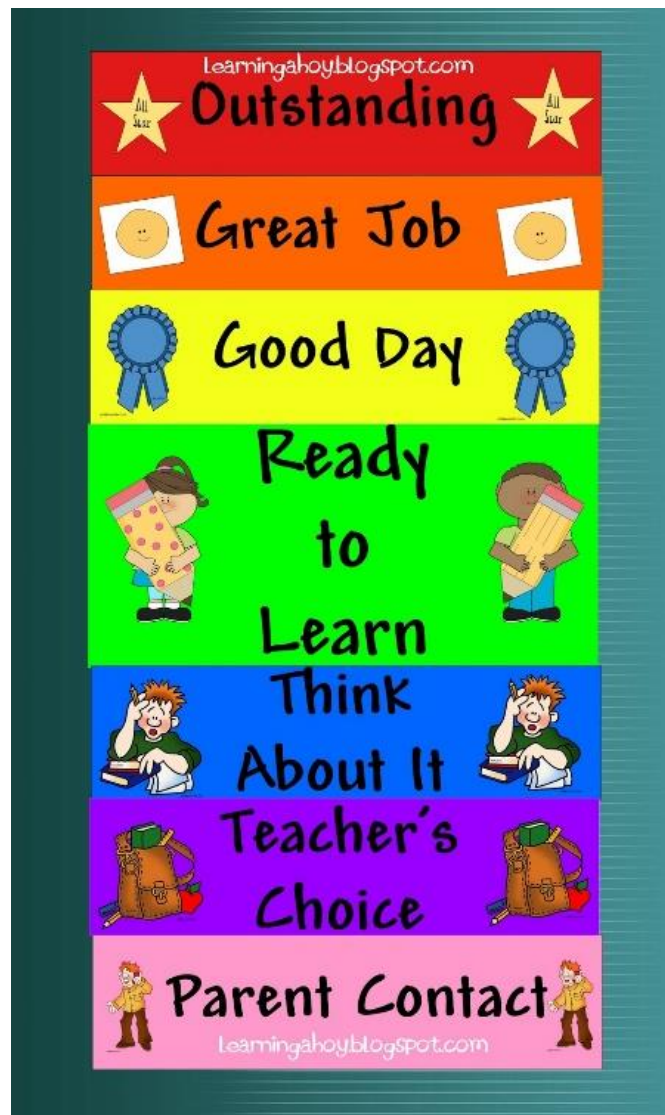
## Common Behaviour Changes in Teenagers with Down Syndrome

Many teenagers with Down syndrome can start to exhibit minor 'internalising behaviours' as they enter puberty and into their teenage years. Some of these behaviours include:

- Wanting to spend more time alone particularly after a long day at school
- More self-talk
- Engaging in imaginary play that had previously stopped
- Watching certain videos or songs repeatedly

This becomes a balancing act. How much time does the teenager need to be alone to unwind must be considered? Is spending this time alone causing any harm? How do we know if an internalising behaviour is a problem? It is a good idea to refer to Freud who said: *something is only a problem if it interferes with ones' ability to love or work*. We can also interpret this as one's ability to socialise and to learn. So internalising behaviours are only problematic if they get in the way of any of these activities. If they are not getting the way, it is best to leave them alone. If it appears that internalising behaviours are getting in the way of learning or socializing, then it is best to build in

some structure, exchange them for another behaviour that meets the same need, and to limit them, but not take them away completely. Remember every behaviour has a function and we need to respect the fact that the teen's internalising behaviour is simply their way of telling us what they need.



## **Section Two**

### **Behaviour Related Topics**

This section includes a series of behaviour-related topics sourced and adapted from *Behaviour Management ~ Down Syndrome Society of South Australia Inc.*

#### **Topic One: Social Skills**

The student with Down syndrome will have delays in their social development. Often attempts at social interaction are misinterpreted as aggressive/wilful behaviour. It is essential that careful observation and analysis of the social skills of the student occurs to ensure specific teaching of skills is implemented alongside a behaviour plan. The following social interaction skills will often need specific intervention. It is often expected that a student will begin school with most of these skills developing/developed. For most students with Down syndrome these will be ongoing goals throughout their schooling years.

#### **Basic Interaction Skills**

Basic interaction skills can be described as:

- language (the ability to speak in a way others understand)
- non-verbal language (smiling, signing, eye contact, tone of voice, touching, and body distance)
- starting (finding someone to interact with)
- greeting skills (using children's names)
- listening (looking and paying attention)
- reciprocating interaction (saying something to or looking at someone when he/she is talking)
- making sense (talking about the same thing)
- taking turns talking
- asking questions
- behaviour appropriate to the situation
- sharing information (e.g. 'I'm four, how old are you?')
- willingness to take risks with unpredictable outcomes

Adults can:

- model appropriate behaviour
- join in the play
- coach the child in his/her interactions

## **Entry Skills**

Children need a successful way to gain entry into a small group. This involves recognition of the appropriate time and place to initiate entry and to approach others at play quietly observes their game

- waits for a natural break to occur
- begins to behave in the same way as the group members (i.e. imitates their play)

Adults can:

- coach peers in the group to support entry of another child
- allow children to stand by and watch. Often the simple physical presence of a child will result in some sort of play invitation
- help the child focus on the interests and the activities of the group at play. How can the child contribute to the play?
- guide the child; sit with him/her and discuss what is happening. Guide him/her towards the goal. Suggest that you do it together but allow him/her to take the initial action
- encourage a child to start playing with one other child or with an adult. Children who are intimidated by entering a play situation may benefit from opportunities to engage in one-to-one situations
- enter with the child having difficulties
- help children think of possible connections between their play and that of others
- organise group discussions, puppets and stories introducing the topic of play entry

## **Maintaining Play Skills**

Once a child has entered play, he/she must learn the skills to negotiate the activity and follow rules laid down by the initiators. The following maintenance skills have been identified:

- sharing
- turn-taking
- exchanging ideas
- making rules and following rules
- assisting others, supportive action
- touching the right way
- co-operation
- politeness, saying please and thank you
- conflict management
- responding to others' initiations, acknowledging their communication
- negotiation
- being a good winner/loser

Adults can:

- encourage children to understand and accept the differences
- group children for small group work and mix socially competent children with children who need support. The adult is the supporter not a leader
- encourage children to help each other
- purchase more than one particular play item, especially for younger children

## **Being Friends**

The skills involved in being friends are:

- being approving and supportive of peers
- being attentive and helpful
- exercising sensitivity and tact
- showing affection (but not inappropriate)
- asking others' opinions, involving others in decision making
- being willing to follow requests
- including and accepting others
- persevering with a relationship
- sharing common game, joke or conversation
- having an awareness of others and being sensitive to others' needs and wants

Adults can:

- role play and structure discussions to help children improve perspective-taking skills and decide on the most appropriate behaviour
- discuss 'friends' and what 'being friends' means
- provide dramatic play opportunities. Children learn to co-operate and come to understand another person's point of view

## **Coping Skills**

Coping skills include:

- independence
- managing conflict
- following rules
- dealing with authority
- coping with rejection
- coping with teasing and peer pressure
- being a leader
- being a follower
- seeking help
- respecting other people's opinions
- making a decision in a group

Social interaction conflicts are inevitable and provide valuable learning opportunities. The teaching of coping skills should focus on:

- feelings
- clear communication
- the problem not the personalities
- creative solutions

## **Topic Two: Behavioural Concerns**

### **Self Stimulating Behaviours**

Self-stimulatory behaviours will often appear to have no rewarding consequence for the student. However self-stimulating behaviour such as rocking, is physically stimulating for some students. Other repetitive behaviours such as swirling objects and flapping arms are also physically stimulating for the student. Students who engage in these behaviours have often been in an environment that has provided minimal opportunities for play, and/or attempts to participate have lead to failure, so the student withdraws and resorts to self-stimulatory behaviours. Self-stimulatory behaviours are rewarding to the student, as the student enjoys the physical sensation, the predictability, and the sense of mastery. With the student who engages in repetitive, self-stimulatory behaviours, the best approach is to distract and encourage alternative behaviours.

### **Self Abusive Behaviours**

Self-abusive behaviours are more likely to occur when the student is stressed, frustrated, teased or angered. Therefore the behaviour is best managed from the prevention point of view, to ensure that this behaviour does not become habitual. It is important to recognise the warning signs and intervene before the behaviour becomes 'full blown'. This will mean teaching the student alternative ways of expressing their anger and frustration. Remember, never reward self-abusive behaviour with inappropriate attention. Management should be carried out immediately following the beginning of the self-abusive behaviour. This can include a minimal verbal prompt e.g. 'no biting' physical restraint for a short period, and/or in extreme circumstances supervised time out... If the behaviour remains unchanged or increases, your management is ineffective and may even be rewarding. The less abled student verbally and academically may not understand the plan and will simply respond to the attention. Reminders and rewards may be effective with a student who is verbal and more skilled.

### **Fears**

A student who has fears or displays fear of an object or situation, may be doing so for the following reasons- the student:

- lacks the skill to cope with the situation.
- is receiving pleasant consequences or simply attention for behaving this way
- is afraid, and has no control over how he or she is behaving.

Strategies for reducing fears will be similar to those of skill teaching through task analysis:

- break the fear into small steps.
- choose an attainable goal.
- proceed slowly.
- reward each small step.
- use backward chaining.
- never force the student, but encourage and praise the student's efforts.

### **Aggressive /Overtly Sexual Behaviour**

The development of procedures for school management will require collaboration and consultation between parents and all personnel involved in the student's education. It is essential that the whole school community has consensus on the procedures for management of the behaviour.

Students will often engage in this type of behaviour for the following reasons:

- misinterpretation of social behaviour displayed by their peers or through the media.
- limited ability to make appropriate decisions and/or judgements about socially acceptable behaviour.
- easily coerced into carrying out inappropriate behaviours,
- asynchrony between physical and emotional/cognitive development

Most students do not learn socially appropriate behaviours without formal instruction individually or in a small group, Documentation of these behaviour management programmes is **ESSENTIAL**.

Recording incidents of aggressive/overt sexual behaviour should include:

- what happened before, during and after the incident.
- list name of those involved and witnesses
- actions taken by responsible personnel.
- response by the student peers.
- debriefing procedures of staff and students.

### **Strategies**

It is recommended that two staff members are nominated to manage the student with Down syndrome when this type of behaviour occurs. Nominated personnel should be familiar with the student. Yard duty teachers should be issued with a coloured card that is specific to this management programme. When the behaviour occurs the card is delivered to the staff room, alerting the nominated personnel that an immediate response is necessary. The yard teacher supports the victim. The available nominated person immediately locates the student with Down Syndrome and places the student in time out. If this occurs, decisions will need to be made about the use of physical restraint. Restraint techniques will need to be documented and only carried out by the nominated personnel



## Topic Three: Other Behavioural Concerns

The student with Down syndrome may have the following characteristics:

### Stubborn

Many children with Down syndrome are often described as being 'stubborn'. If you were in a situation where you did not understand what was going on around you and people were trying to get you to do something you were unsure of, what would you do? You would resist. You would stay doing what you know. You would be seen as stubborn. What if you did not have the language skills to share your views? What if the other party did not understand you or did not care about what you had to say? Then you were punished or censured because you were seen as stubborn.

How would this affect your level of co-operation next time? How would you respond to these to these people who 'made you do something you did not understand nor even agree with'?

You may become even more stubborn or resistive. And they, in turn, would see this as 'non-compliance' or, at the very least, as a problem. They would respond in a way that assumes your stubbornness is something that exists as part of your disability, apart from having a different view of the same situation or apart from you being unable to or not very experienced, in communicating your point of view successfully. How can we change the pattern? By letting go of the myth of stubbornness and start by seeing stubborn behaviour as resistance:

- to something new,
- to something that is not understood,
- to having others in control,
- to someone not trusted or understood.

The only way to help anyone become less resistant is to help them feel safe enough to try something new or different. When a child is young he will not respond well to change. He will withdraw. As he grows older, he will use the strategies that have worked in the past:

- withdrawal,
- not looking,
- pouting,
- sitting,
- throwing herself down

The more stubborn a person looks, the more useful these behaviours have been in the past. Using this repertoire of strategies has allowed the person to remain in their 'safe place'.

Adults are part of the problem. Sometimes, we become angry. As we become angry, the child resists further as she does not understand what is happening and is often upset with the situation as well. How many of us respond in anger if we are nervous about a situation?

How many of us would become more stubborn if someone demands that we do something we're not sure about? When faced with a person who appears to be stubborn, think about the following:

Have you tried to help the person gain a better understanding of what it is you are wanting? Remember, saying that it is 'good' for them is not helpful. Can you show, act out, the positive

outcome of the request? Can they try it in small steps? Can you find a way to make it clearer, less threatening? What kind of language are you using? Is there a way to help that person use other means to say 'no', 'wait' 'this is scary' 'you want me to do what?' other than the behaviour that is being seen? Until a person has some way of communicating with others, their resistance will look like stubborn behaviour. Follow the old adage, 'win them over with honey'. Any human being will respond more readily to positives over coercion. Always enter a new situation using something that the person likes from other situations. Go from what the person already knows and build on it. Pair a new experience with something that is already successful and liked. Use play, songs, games and so on to help the person deal with new experiences. Watching another person having success may not work since people may not understand that they too, could have that success. You need to have a trusting relationship with anyone before they will try something new just because you told them to do it. Some people take a long time to reach that level of trust. You cannot be the 'punisher' and build a trusting relationship with the person at the same time. You cannot coerce some behaviours and reinforce others. This inconsistency will stress a person; the person may never feel safe enough with you to let go of those behaviours that help her to feel safe. When you feel yourself becoming angry, stop. laugh. walk. relax. count. Release the tension in the situation and try again, maybe in a different way. Sometimes a person will come around just because you have calmed down and re-entered the relationship in a way that is not threatening. Be stubborn about a person's ability to learn and help them feel safe enough to venture into new territory with you by their side.

### **Autistic -like Behaviours**

A number of children with Down syndrome will display a range of autistic like behaviours including:

- babbling like talk
- echolalia
- obsessions
- repetitive behaviours
- flicking
- spinning

Many children will engage in these stereotype behaviours when stressed. This does not mean they are autistic.

### **Hyperactive Tendencies**

#### **ADD/ADHD**

There are students with Down syndrome who will also have ADD/ADHD. This is often difficult to determine because of the attentional difficulties common in many students with Down syndrome.

### **Specific Learning Difficulties**

The student with Down syndrome may also have other specific learning difficulties common in other children e.g. dyslexia, co-ordination problems, developmental language disorder.

## **Oppositional Defiant Disorder**

As in the general population, there will be a small number of students with Down syndrome with these disorders

## **Topic Four: Strategies for Creating a Supportive Environment**

### **Classroom Seating**

#### **Physical Factors**

- Teach student to sit near the front of the class/group facing the teacher
- It may be necessary to have a specific place marked e.g. mark with an 'X'
- Consider compatibility of students when working in groups
- When considering seating, the student with Down syndrome needs to have their own table within the group
- Students need to be seated in an optimum position for lip reading
- Acoustics may need to be investigated
- The size of their chair and table and/or supports for appropriate posture may need to be considered for smaller students
- Proximity to equipment will need to be considered
- Equipment needs to be kept in a consistent place
- Establish a routine seat position in class

### **Learning Station**

Some students will need a learning station

### **Other issues**

When it is appropriate to assist co-actively, sit behind the student. You can then:

- Help unobtrusively
- Not cross over student's work
- Can quickly prevent inappropriate behaviour (e.g. throwing)
- Can fade help more easily
- Stops the student leaning into you
- Stops twisting your back

### **Establishing Classroom Boundaries**

It may be necessary to reduce exit points for the student who is having difficulties staying within boundaries.

- Use red tape to mark boundaries
- It may be necessary to put a bell/wind chime on the door
- Some students may have to have the door kept shut
- Use a card system for permission to leave the room
- Put a stop sign on the door

The student will have to be taught the routine for leaving the classroom

## **Topic Five: Rules & Routines**

The student with Down syndrome will not embrace the school/class rules and routines through regular instructions. The rules and routine will require explicit teaching and revisiting often.

### **Class Rules**

- Establish rules, routines and expectations as soon as possible!
- Routines and rules will need to be broken down into small steps.
- Each step will need to be taught and rehearsed until it becomes automatic.
- Display rules using written and pictorial representation.
- Review rules when they have been breached. The student will need to rehearse the rules for a minimum of three weeks.

### **The Hidden Rules**

There are many 'hidden' rules in a classroom. These will need to be identified as the need arises and taught explicitly to the student with Down syndrome.

### **Consistency**

To assist the student to internalise expectations:

- follow through all directions/instructions.
- have consistent expectations 'behaviourally and academically'
- have examples of 'good work' readily available to show student when work is below standard

## **Topic Six: Boundary Training**

### **Role of the SNA**

- Direct teaching about boundaries.
- SNA walks the student around the defined area
- Daily practice will need to be carried out for a minimum of three weeks. It will have to be repeated many times to enable the student to internalise the behaviour and for it to become an automatic response.

During each practice session:

- Model walking around the boundary
- Teach the student how to access specific equipment available to play with in the defined area
- Involve peers in this structured training to model appropriate behaviour.

### **Yard Time**

- The student and SNA practice the above process during the first week of the program at the beginning of break/lunch.
- The SNA observes (from a distance) the student to ensure the boundaries are adhered to. This will be needed for a minimum of two weeks.

- If the student still regularly goes outside the boundaries, revert to regular training and negotiate the support time for the SNA in the yard.
- Buddies can support the student in the yard
- Informally review the effectiveness of the program regularly.
- Following this initial intensive training, practice may need to continue on a less frequent basis.

### **Variations**

- Parent may be involved in the implementation and maintenance of the programme e.g. as the student enters and leaves the school each day.
- In country schools, a boundary may be more extensive. Therefore walk the boundary only once a day. The duration of the training program will need to be extended.

### **Classroom Boundaries**

It may also be necessary to define boundaries within classrooms, office space, libraries, resource rooms and activity rooms... Place red electrical tape across 'out of bounds' areas. Write 'stop', 'No', on tape to reinforce boundaries.

### **Leaving School Grounds**

Students will leave the school grounds for no apparent reason. This usually occurs when a student follows a 'train of thought' without consulting any personnel. Paint a RED (danger) line across yard openings accessible to the student. Train the student to 'stop' at 'red' line

Sign/say "Stop at red line", "Do not go over the red line" Erect a STOP sign at yard openings accessible to the student. Local councils may donate old road stop signs. Train the student to 'stop' at stop sign. Sign/say "Do not go past stop sign."

### **Management**

Following weekends, holidays, sickness, repeat the procedure until boundaries are re-established. The number of practice sessions will depend on the needs of the student.

- When training, focus on the training procedures, DO NOT engage in general chit chat
- The school may need to consider installing fences and self-closing gates. A procedure for when the student leaves the yard must be in place and distributed to all staff.
- Students who regularly leave the school need to have their information recorded at the local garda station.
- If possible try to ascertain the reason why the student left the yard so that appropriate intervention can be put into place.

## Topic Seven: Toileting, Eating & Drinking

### Toileting

Toileting can become an unnecessary source of behaviour difficulties. The student with Down syndrome will need to be taught how to manage toilet procedures. Implementation of some/all of the following strategies will increase the likelihood of success. Prior to student's attendance the following will need to be considered:

- **Toilet Timing**  
Some students will need specific toilet times, e.g. hourly, lunch time.
- **Requesting Permission to go to Toilet**  
The student will need to be taught to approach teacher to request 'toilet'.
- **Location**  
The classroom needs to be located as close to the toilet block as possible. Toilets need to be clearly labelled, preferably with the word plus a symbol, and the label positioned at an appropriate height. The student will need to practice locating the correct toilet and returning to the classroom.
- **Door**  
The weight of the toilet door is often too heavy for students with poor muscle tone to manage. Some handles are positioned too high for students of small stature. Familiarise the student with the locking mechanism.
- **Wash Basins**  
The height of the wash basins will need to be assessed. A block placed in the toilet may be necessary.
- **Taps**  
Many students have small fingers/hands and low muscle tone, which prevents the student from using the taps. It may be necessary to install a lever tap.
- **Toilet**  
Some students will require a block/platform to enable them to get on the toilet successfully.
- **Flushing Mechanism**  
Once again, the use of a block may be necessary to enable the student to reach the mechanism. Flushing may need to be taught
- **Washing and drying Hands**  
Teach routine and practice to ensure this occurs quickly and efficiently.
- **Returning to class**  
Reinforce prompt toileting.
- **Menstruation**  
Preparation for menstruation needs to begin at approximately nine years of age. Plan of management needs to be documented in the Individual Education Plan.
- **Generalising Toileting skills**  
Check that the student can generalise toileting skills.

## **CAUTION**

Check that the student is able to disregard the 'yellow lollies' - deodorisers placed on window ledges and floors in public toilets. Remember that something as simple as a toilet seat missing, no toilet paper or no disposal unit may cause great distress to the student. When students are on antibiotics or after illness, they may require to use the toilet more frequently and urgently. Spare clothes need to be made available.

## **Eating & Drinking**

Many students will be slower to eat and drink. This will often result in the student missing out on 'play time' at break and lunch. The student will often be reluctant to return to class. The rules and routines for eating/drinking will need to be explicitly taught to avoid unnecessary behaviour issues.

### **Suggestions**

- Start eating 5-10 minutes earlier with a friend.
- The amount of food brought from home may need to be discussed e.g. too much or too little. Consideration will need to be given to the types of lunch box, wrappings, marking and separating break and lunch packages.
- The student will need to be taught how to dispose of food scraps and returning lunch box and drink bottle to their bag.
- Some students may need to be involved in a specific eating programme as they can be aversive to touching/eating new foods.
- Some students may interfere with other students' lunch boxes. Encourage students to keep their bags closed.

## **Topic Eight: Teaching Methodologies**

The following methodologies need to be considered when managing the student with Down Syndrome. There is no 'single' technique that will work on a daily basis. It is the combined use of a range of techniques that will make a difference.

### **Modelling**

Model/demonstrate appropriate skill behaviour required,

### **Co-active Movement**

Physical guidance may be required to enable the student to 'feel' the movements necessary to out the task successfully.

### **Individual Instruction**

Following a group instruction the student may need individual instructions broken down in small steps.

### **Teach 'Self Help' Techniques**

The student is shown how and when to request 'Help' from peers and staff. The student is shown how and when to 'Show me' when finished.

## **Task Analysis**

Break the skill down into small steps.

List the steps.

## **Backwards Chaining**

Backwards chaining gradually constructs the chain in a reverse order; that is, the last step is established first, then the next-to-last step is taught and linked to the last step.

## **Avoiding Confrontation**

Never ASK the student 'would you like to.....' The answer will be NO. 'We are going to do this...' as you start doing it (walking, puzzle). State the inappropriate behaviour followed by the appropriate behaviour, e.g. No running outside, walk inside.

## **Peer Tutoring** (Within the class/Across year levels)

- 1) Tutors will need instruction on how to best meet the needs of the learner.
- 2) Every student needs the opportunity to be a tutor.

## **Giving Instruction**

To assist the student with Down syndrome to process information:

- Use a visual prompt with the verbal instruction
- Give one instruction at a time
- Use a 3-5 word sentence
- Emphasise key words (use sign or gesture)
- Pause after each instruction
- Praise each attempt at following instruction
- Use body language - many students do not read subtle body language

## **Gaining and Maintaining Attention**

To gain the student's attention in class, it will be necessary to have a consistent cue.

- freeze
- clapped rhythm
- music

It may be necessary to remind the student with Down syndrome as the student will have difficulty processing these auditory cues. Peers can be encouraged to give these prompts.

To maintain attention the student will require:

- novelty
- high interest topics
- frequent changes hi pace and activity

Be mindful of visual distractors. Whilst the student must learn to block visual stimuli when engaged in specific skill teaching consider:

- reducing visual stimuli
- reducing auditory stimuli
- establishing a consistent place and time for individual instruction
- limiting the number of personnel interacting with the student
- establishing a consistent routine
- being well prepared



## Organisational Skills

The student with Down syndrome will often have difficulty organising themselves in most aspects of school i.e. starting work, belongings, table space, trays etc. To assist the student to develop these skills for the following strategies are recommended:

- the student has a table to themselves
- workbooks are colour coded e.g. maths - (red) and writing (blue)
- next page of the workbook is marked with large paper clip, sticker/stamp
- student has own set of pencils clearly marked (where these are usually shared)
- student's table/chair located close to class equipment i.e. scissors, glue, paper
- limit the number of workbooks in tray
- **teach** routine for 'packing up'. Give the student a specific task to do e.g. 'Collect worksheets'

## Topic Nine: Behaviour Management Strategies

The student with Down syndrome will display a range of challenging behaviours. A comprehensive understanding of the complexities of the student, and a proactive approach will assist the student to develop some sense of control in their lives. However, there will be some behaviours that will require planned, conscious response/s. The strategies below offer a number of responses that will have varying degrees of success with the student with Down syndrome.

**Remember: Most strategies will only have a short life-span of success -2/3 weeks**

It is necessary to develop a framework for any behavioural intervention.

### Strategies

#### Using Distraction/Redirection

Distraction can be a powerful tool when a student has become non-compliant. The following strategies may help to 'change' the thought pattern and redirect the student and avoid a 'power struggle'

- use singing/humming
- use humour — particularly 'slap stick'
- make a game of it - 'I do it - you do it'
- pretend it's 'too hard, need help'
- pretend you heard something - 'did you hear the helicopter?'
- have something novel in your bag/work box, desk - 'Look what I've got.....'

#### Ignoring

It is often effective to ignore nominated behaviours that are irritating, attention getters and disruptive. This is often referred to as 'selective ignoring'. Ignoring is not appropriate -when it may place the student with Down Syndrome or peers at risk.

The following process is recommended:

- do not give attention to the student, this includes verbal reprimand and eye contact
- praise other students for appropriate behaviour
- remove books/equipment from work area
- set up student's favoured activity (class game/song), involve the whole class, invite student with Down Syndrome to join in 'when you have .....
- if in 1:1 situation, pretend to be very busy

Give the student positive attention the moment the behaviour stops e.g. 'I like the way you are sitting with your hand in your lap.' Do not describe or give verbal attention to the inappropriate behaviour e.g. 'I'm glad you have stopped playing with Mary's hair.'

### Consequences

The use of natural consequences will have more meaning to the student than an unrelated applied consequences. Where possible these natural consequences should be implemented immediately. State the expected behaviour^ Do not paraphrase or change the instruction. 'Be a broken record'. 'When you finished work, go to break' 'Work not finished, no break'

NB: Ensure work set is within reasonable expectations, you may need to reduce the expectations. Loss of Privileges: These need to be related to the situation, and immediately applied whenever possible.

### 'Grandparent's Rule'

This is an easy means of getting students to undertake 'unpleasant' tasks. Remember Grandparent's rule.... "When you've eaten your carrots, you can have some apple pie!"

Example "When you have completed the four sums, you can use the computer. "Do not reverse the rule by allowing students to use the computer if they promise to complete the four math's sums afterwards. This reversal is frequently used in the form of.... "OK, if you promise to behave in Assembly, you can use the activity now for 10 minutes"

**THIS IS NOT AN EFFECTIVE STRATEGY!!!**

### Using Positive Consequences or Reinforcers

#### Planned Contingency Management Programs

This strategy requires teachers to immediately reinforce appropriate behaviour by using social reinforcers (compliments, smiles, thumbs up gestures) and/or a point or token system. Research shows that reinforcing academic performance rather than behaviour is more effective in changing behaviour for children with complex learning and behavioural difficulties than reinforcing behaviour alone. Another effective strategy is to target specific behaviour that needs changing and positively reinforce when they merely 'come close' to behaving appropriately (Shaping). Students with complex learning and behavioural difficulties live in a world of reprimands - they need to know what, when, and how they are doing it right.

Appropriate behaviour may be rare, but it is important to find it and reinforce it!!! When?

- Most effective immediately following the behaviour
- Frequently - these students need continual feedback

- Following even the smallest steps towards improvement
- Acknowledge each little stage no matter how small and insignificant it may seem "When you've completed the project, you can have free time" is often too big a step and too far into the future for some students.

For some students you may need to provide positive feedback for things that we normally take for granted!

- Preparing the page correctly
- Gathering together their pens, pencils and correct books.

Acknowledge appropriate behaviour - not just academic performance. Praise effort, not just achievement- 'you're trying really hard to sit quietly, well done'

### **Token Systems**

A number of students with Down syndrome will need extrinsic motivation to 'kick start' their interest and in turn, enjoyment/participation on various schooling activities. Token systems can be an effective -way of changing behaviour in the short term. However, it needs to be part of a broader plan of skill teaching and social development of the individual.

The following process is recommended:

- select the behaviour to be changed. Describe the behaviour in simple terms to the student e.g. 'You get 2 tokens for putting your pencils away "
- establish a list of appropriate rewards e.g. toys, listen to music. These rewards will need to be rotated frequently
- make the initial target reward easily obtainable
- 'shift the goal posts once the student has mastered the process
- represent this pictorially

Aim to fade the token system once the target behaviour has become automatic

### **Praise**

Remember to continue to use descriptive praise e.g. "Excellent writing on the line."

### **Lead Time**

Give lead time in concrete terms e.g. "Finish writing two more words and you can use computer "or "Put the blocks away and go to break."

### **Time Out**

Time Out is frequently used in response to behaviour that is disruptive and when other strategies have been ineffective.

## **Guidelines for Time Out**

Describe the **SPECIFIC** behaviour for which the student will be in Time Out. Time Out should only be used for **ONE** or a **GROUP** of targeted behaviours. The student will not understand Time Out unless the behaviour is described clearly. This may need to be represented visually

The verbal cues need to be agreed upon and used consistently e.g. 'You hit..... Time Out. ". Do not embellish this directive. It is unlikely that the student will go willingly to Time Out. Take hold of the student's wrist firmly and walk the student silently to the Time Out area. Ignore whatever tantrum behaviour the student may engage in. Select a Time Out area that is distraction free. If Time Out is in the main office, all staff must be trained to ignore the student and/or reinforce target behaviour "No hitting - Time Out. 'The student will have great difficulty sitting still in Time Out. For some students this acts as a reinforcer, as they have avoided 'hard work' in the classroom. It is therefore necessary to have task/s to complete in Time Out. A Time Out folder with activity sheets that the student can complete without assistance should be established. Time Out is not finished until the worksheet is completed

Do not engage in any discussion **but** repeat directive if necessary "Time Out -finish worksheet"

When the student has completed Time Out, show student Picture Card of inappropriate followed by appropriate behaviour. Keep conversation focused on target behaviour and send back to class/group.

## **PICTURE TEACHING CARDS**

The use of pictures to reinforce appropriate behaviour has been very successful with a number of students with Down syndrome.

Picture cards provide:

- a visual representation of appropriate behaviour (visual memory is a strength)
- a portable reminder for the student to refer to during the day
- a pictorial strategy for helping the student to understand off-task and on-task behaviour

Pictures can be drawn, photographs, or whatever is appropriate for the student and/or setting. It can be particularly useful to use photos of the child themselves as it shows them they can successfully manage and produce the desired behaviour.

## **Strategies**

Have a picture of inappropriate behaviour. Mark the inappropriate behaviour with a large 'X', •write underneath 'No rolling' (or targeted behaviour). Be aware that this approach can backfire unless the child has a very good grasp of negatives. This is unlikely in the first year or two of school

On flip side of picture, have appropriate behaviour. Mark with large tick.

## **USING PICTURE TEACHING CARDS**

When using the card begin by:

- Stating the behaviour illustrated on the card
- Example: "Look, Peter rolling on floor"

- Remember to use concise 'keyword' sentences.
- Ask student to restate the behaviour
- Example: "What is Peter doing?"
- State how other students/teacher feels in the picture (if this is relevant to developmental level)
- Example: "Look, Mrs Smith is angry"
- Look at picture of appropriate behaviour. State behaviour.
- Example: "Look, Peter sitting up"
- "Excellent sitting up on mat"
- "Mrs Smith is happy"

NB: Language models and complexity of pictures will need to be adapted / modified to suit each individual.

The inclusion of 'feelings' may be beyond some student's initially and it may be only possible to focus on the 'behaviour'. The card/s need to be kept in an accessible place. Multiple copies may need to be made for other subject teachers. Review the card/s daily for a minimum for two weeks when implementing the plan. During the day the card may serve as a reminder/prompt, without necessitating a verbal discussion. Keep the focus on the appropriate behaviour reinforcement and encouragement regularly.

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## **Section Three**

### **Dealing with Challenging Behaviour**

This sections contains a series of articles from the **Challenging Behaviour Foundation** (<http://www.challengingbehaviour.org.uk/>)

#### **Understanding Challenging Behaviour**

*Peter McGill, Co-director, The Tizard Centre, University of Kent at Canterbury.*

##### **What is it?**

The term "challenging behaviour" has been used to refer to the "difficult" or "problem" behaviours which may be shown by children or adults with a learning disability. Such behaviours include:

- aggression (e.g., hitting, kicking, biting),
- destruction (e.g., ripping clothes, breaking windows, throwing objects),
- self-injury (e.g., head banging, self-biting, skin picking),
- tantrums and many other behaviours (e.g. running away, eating inedible objects, rocking or other stereotyped movements).

Characteristically, challenging behaviour puts the safety of the person or others in some jeopardy or has a significant impact on the person's or other people's quality of life. Challenging behaviour, of course, is not limited to people with learning disabilities but the term has been particularly applied in this context. The severity of challenging behaviour can vary greatly. Very serious injury (e.g. blindness, brain damage) can result from some sorts of behaviour (e.g. eye poking or head banging) and, in such cases, urgent action is required to limit or reverse the effects. In many cases, however, the term is used to refer to behaviour which does not have such immediately serious consequences but is, nonetheless, very upsetting, disruptive or stressful.

In general, challenging behaviour is rather more common in people with learning disabilities than in people without disabilities though the pattern varies considerably depending on the type of behaviour being considered and the age of the people. For example, significant self injury occurs in between 3% and 12% of children attending schools for those with severe learning disabilities and is, therefore, much more common than in children without disabilities where the rate is negligible. Conversely, seriously violent behaviour (especially involving the use

of weapons) is rather less common amongst adults with learning disabilities than other adults.

### **Why does it happen?**

The first point to make is that there is no simple answer to this question. It is helpful to remember, however, that most people without learning disabilities display lots of challenging behaviour very early in their lives. The "terrible twos" usually don't last but only because most 2-year olds develop a range of communication and social skills which enable them to get what they want and need rather more easily. Many children with learning disabilities do not develop such skills to anything like the same extent and are left with much the same needs as their peers but much less competent ways of getting them met.

Such children also may have additional limitations or difficulties which arise directly or indirectly from conditions associated with their learning disability or other impairments. These include, to name some of the more common, autism, sensory impairment and epilepsy. Not being able to see very well, for example, may contribute to the development of eye poking since it is an effective way of generating unusual and interesting visual stimulation. As children grow they also become exposed to at least some of the educational and domestic demands made on other children but are, of course, much less able to handle them. In such circumstances challenging behaviour may be a very effective way of escaping from the situation.

In the past, and still currently to an extent, society has had rather unusual ways of "disposing" of people with learning disabilities - such as putting them in large groups in out of the way places. Such institutions have often been characterised by severe social and material deprivation and abuse, factors likely to worsen and in some cases create challenging behaviour. Neither are families, schools or other settings immune to such practices, often finding it difficult to respond constructively to the unclear needs of unusual people. In general, then, many cases of challenging behaviour appear to be effective ways for a person with learning disability to control what is going on around them. This may reflect their lack of more usual methods of control and the more unusual nature of the environments to which they are exposed. While the above is a generally accepted account of why challenging behaviour occurs we should always consider, especially if the behaviour has just arisen or worsened, the possibility that it reflects some kind of biological or emotional disturbance. Children may bang their heads because their ear aches or hit out because they slept poorly the previous night.

Understanding the variation in a person's challenging behaviour is often a key to promoting positive change.

### **What can be done?**

Unfortunately, challenging behaviour is not generally like an infection which can be treated by a short-term course of antibiotics. In many cases there will be no "magic bullets", change may take some time (especially where the behaviour is well established), will almost certainly require changes in the way other people behave and may be very susceptible to relapse. Having said all this, there is a great deal that can be done to prevent and treat challenging behaviour.

The goal of prevention is a worthwhile but elusive one. Where challenging behaviour arises from a medical condition, a sensory impairment or similar, the more such conditions can be remedied the better. On an everyday basis carers, parents and teachers can try to ensure that the person has what they need when they need it - help, attention, food, drink, preferred activities and so on. It is very important, however, that people are also given the opportunities and the skills to get things for themselves or to ask for them rather than their always being available "on a plate". Without the opportunities of exerting such control people with learning disabilities will be in much poorer positions when they get in to situations (as they inevitably will) where they are expected to fend for themselves and speak up for themselves rather more. One of the keys to prevention (and also to treatment) is therefore to emphasise the development of communication and independence. If prevention has failed, early intervention is the next best thing. Parents often complain that their attempts to get help early on are met with bland reassurance ("he'll grow out of it") rather than practical assistance. Of course children do sometimes "grow out of" challenging behaviour but the histories of adults with serious challenging behaviour suggest that their behaviour generally started at a young age and simply got worse. Parents should, therefore, take their child's challenging behaviour seriously especially if it is of a kind not usually found in a child without a learning disability.

### **What can parents do?**

Getting help is obviously important but where that is not available or slow to arrive parents should consider the following actions:

- treat the behaviour as evidence of a previously undetected problem. Is the child in pain? Or bored? Or being asked to do things they find difficult? Or trying to "tell" you something? And so on.



- try to check things out for yourself. If you change something does that stop the behaviour? Can you teach the child to tell you what they want without challenging behaviour?
- keep some sort of record of when the behaviour happens and the things you have done to try to figure out what's going on. In a year or two's time you'll find that it's very difficult to remember the details if (and only if) it is safe to do so then "ignore" the behaviour (don't comment on it, don't tell the child off, appear not to notice it) and change the situation (distract, divert) as quickly as you can. If distraction or diversion is impossible you may have to leave the child on their own but you need to be sure that the situation is safe and be able to cope with the behaviour possibly continuing for some time before it stops
- if it is not safe to ignore the behaviour respond as calmly and blandly as possible to prevent the child hurting themselves or others. If you do have to respond, better to respond quickly than slowly - otherwise you are teaching the child to be more persistent
- challenging behaviour can be an emotional experience for parents - you may feel very angry with the child or very depressed about their behaviour. Don't be ashamed of this, don't bottle it up and don't kick the cat! Instead, talk about it with anyone who will listen and understand.

Faced with an individual child or adult who is already showing serious challenging behaviour, the psychologist or other practitioner is likely to want to know as much as possible about the circumstances in which the behaviour occurs. They may try to conduct a "functional analysis" of the behaviours which sheds light on the particular needs which this person gets met through their behaviour. They may then be able to suggest ways of preventing the behaviour or ways of responding to it which, over time, reduce its frequency. If they suggest the latter, however, they are also highly likely to want to look at how the person can be taught alternative, more acceptable ways of getting their needs met. Consistent approaches of this kind carried out in a co-ordinated fashion (e.g., both at home and school), coupled with strategies to prevent injury or reduce the negative impact of the most serious challenging behaviours, can be very effective, but the investment of time and effort required should not be underestimated.

## **Finding the Causes of Challenging Behaviour**

*Mark Addison, Consultant Clinical Psychologist, Rapid Intervention Team, Somerset Partnership NHS and Social Care Trust.*

All behaviour happens for a reason, and understanding the causes of challenging behaviour is vital. In this information sheet we aim to help further your understanding of the causes of challenging behaviour, and help you to identify times and situations when the behaviour may be more likely to occur. We look at the causes, as well as the different stages of behaviour, and explain how a 'functional assessment' can increase our understanding of challenging behaviour. Finding the Causes of Challenging Behaviour is the second information sheet in this series. It is recommended that it is read alongside "Understanding Challenging Behaviour: Part 1" and "Positive Behaviour Support Planning:

Understanding why challenging behaviour is happening Children or adults with a severe learning disability are typically either unable to talk, or have very limited verbal communication skills. This inability to express needs verbally can mean that the person may learn to use other ways to get their needs and wants met, including challenging behaviour. Often, the need that the person wants to have met is reasonable (e.g. wanting a drink, or wanting to stop an activity that they don't like). However, the way they are telling us this is through their challenging behaviour. It is simply the way that they are communicating their need that is problematic.

People with learning disabilities sometimes have very little choice or control over their lives, which can lead to challenging behaviour. Anyone who is not given choices, and is unable to control what happens in their day to day life, is at risk of developing challenging behaviour, as it can be a very effective way of influencing what happens to you. However it is very important to consider the degree of intent that lies behind behaviour. It may be tempting to think that people "know exactly what they're doing", but it is important to remember that many of our own immediate reactions to situations are fairly automatic, particularly when we are feeling scared or angry. Challenging behaviour in children and adults 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. People will learn to use what works! The first step in understanding challenging behaviour is to try and find out why the behaviour is happening. When trying to understand the reason(s) for a child or adult's challenging behaviour, it is important to first

rule out an underlying medical problem. If the person is experiencing pain or discomfort, and is unable to tell carers this, challenging behaviour may occur. Health is one of the first things to check with a medical professional (a GP or nurse) if someone's behaviour suddenly gets worse. Common conditions such as ear infections, tooth-ache, constipation, urinary tract infections or epilepsy, may all cause or contribute to challenging behaviour, and it is essential to get the right treatment for these health conditions.

## **Change**

It is also important to consider if there have been any big changes in the person's life that could be causing the person to display challenging behaviour. For example, a brother or sister leaving home, a death in the family, divorce, a house or school move, or a favourite carer leaving. These are important issues and the person may need support to understand and come to terms with these. What purpose (or function) does challenging behaviour serve? When challenging behaviour happens it may seem as though there is no obvious reason, and statements like, "That's just what John does" or "It just came out of the blue", are common. However, there will always be a reason why the behaviour has happened. The challenge for parents and paid carers is to work out what purpose the behaviour serves for the person, and how to prevent it from happening again. Although there are many reasons why a person may display challenging behaviour, there are four common purposes:

- **Social Attention:**

We have all heard the saying, "It's just attention seeking behaviour". It isn't bad to want attention from others. However, for a variety of reasons (e.g., limited communication skills, boredom, or an inability to occupy themselves) some people may learn that behaving in a particular way is a reliable way of attracting others' attention, even if it is negative attention.

- **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 isn't bad to want these things. If you are hungry, it makes sense to try and get something to eat. If you see something in the shop that you like, it makes sense to try and get someone to buy it for you. However, it becomes a problem when the person learns to act inappropriately to get these things.

- **Escape:**

Whilst some people like attention, some people would prefer to be left alone. Rather than behave in a particular way to get people's attention, some people will behave in a way that helps them to avoid/escape situations or activities that they don't like, or don't find that rewarding

- **Sensory:**

Sometimes behaviour is internally rewarding, or self-reinforcing, i.e., what is happening around the person (externally) is not as important as what is happening inside the person.

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 unpleasant 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. Whatever the function of the behaviour is there will be certain times and specific situations when you could predict that a person may be more likely to display challenging behaviour. Known as "Setting events" and "triggers" to behaviour these two key areas are important for carers to understand. Further understanding of what the setting events and triggers are for the person you care for can help you to avoid certain situations or put things in place which could help to prevent an incident of challenging behaviour.

### **Setting Events**

A setting event is anything that increases a person's level of anxiety or makes a person more sensitive to and less tolerant of people, environments and situations. A setting event can be something that happened in the past (e.g., being near someone who was upset or angry; or not getting enough sleep the night before), or it can be about what is happening now (e.g., feeling ill, hungry or thirsty; or going into a crowded/noisy room). Setting events build up over time, and increase the person's level of anxiety or sensitivity. The more setting events there are, or the more anxiety they cause, the more likely someone is to display challenging behaviour in response to a 'trigger'. For example, asking a young person to put their shoes on might be fine on a good day, but on a day when several setting events have occurred, e.g., they're feeling unwell and have had little sleep, the same request might trigger a response like throwing the shoes. Setting events happen to everybody whether we have a learning disability or not. The difference

is that we usually have a better understanding of what is happening and can do something about it. For example, if we have a headache we can take paracetamol, or if the environment is too noisy we can remove ourselves or just cope with it!

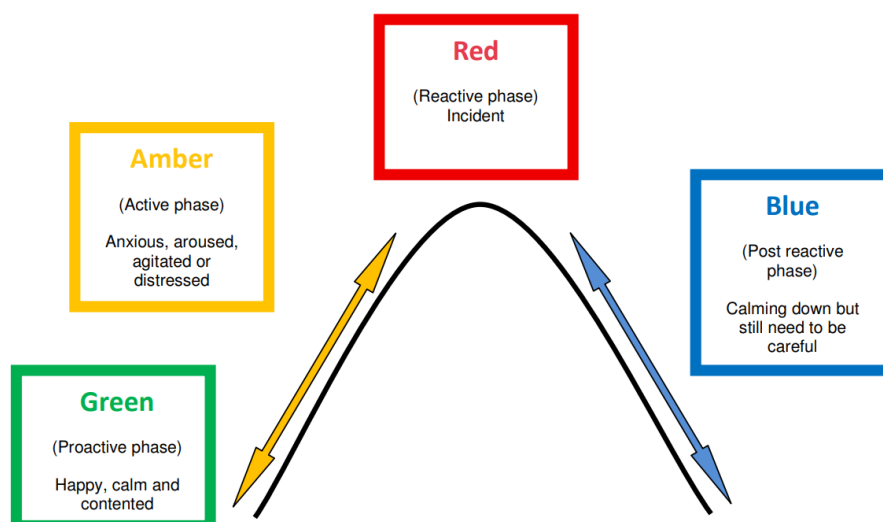
### Identifying Triggers

A trigger is the event that happens immediately before the challenging behaviour to 'cause' it. This is also known as an 'antecedent'. Being aware of the potential triggers for challenging behaviour can be the first step in reducing the behaviour. Knowing what the triggers are can help you to avoid them, or help you to predict specific times that challenging behaviour may be more likely to happen, so you can help the person to cope with them better. Some common examples of triggers are:

- Being asked to do something - or told to stop doing something
- Being told you can't have or do something you want
- A particular individual or activity
- Noisy, hot, or crowded environments
- Being bored, or not being spoken to or involve

### Different Stages of Behaviour:

Challenging behaviour is unlikely to come 'out of the blue', or happen without warning, but it can happen very quickly or with signals that are hard to spot. Behaviour develops in stages as shown in the 'arousal curve' diagram.



The **Green 'Proactive'** phase is where the person is feeling mostly calm and relaxed and is able to engage positively with you in a meaningful way. The aim is to try and support the person to stay in this phase as much as possible. It is important to think about what it is that is helping the person to feel calm and relaxed.

The **Amber 'Active'** phase is where the person may be starting to feel anxious or distressed and there is a chance that he/she may need to challenge you in some way. Here we need to take swift action to support the person to return to the Green Proactive phase as quickly as possible to prevent challenging behaviour. The Red 'Reactive' phase is where challenging behaviour actually occurs and we need to do something quickly to achieve safe and rapid control over the situation to prevent unnecessary distress and injury.

The final **Blue 'Post Reactive'** phase is where the incident is over and the person is starting to recover and become calm and relaxed again. We still need to be careful here as there is a risk of behaviour escalating again. Identifying the different stages of behaviour can help you to make sure the person has what they need on a day to day basis. This provides an opportunity for those caring for the person to teach them useful skills to help them get what they want and need. It also provides information that acts as 'early warning signs' (in the Amber 'Active' phase) that the person is expressing that they are anxious; wanting something they are unable to ask for; not liking something; feeling bored, etc. These early warning signs provide the opportunity to intervene before the behaviour escalates to a full blown incident of challenging behaviour.

### **Functional Assessment**

An assessment of challenging behaviour is usually called a 'functional assessment' or 'functional analysis' and aims to provide some answers about the causes of an individual's behaviour. By conducting a functional assessment, you are learning about people before you intervene in their lives. Rather than basing support strategies simply on 'hunches', 'trial and error', or 'what seemed to work for someone else', a functional assessment should guide the development of a more individualised behaviour support plan. A functional assessment is usually carried out by a Psychologist or other behaviour specialist in collaboration with parents/ family carers or primary carers. The professional conducting the assessment will analyse all of the information collected to come to a conclusion about the most likely function(s) of the challenging behaviour.

## **Recording Behaviour**

Keeping a record of challenging behaviour can help us to identify its function. It is important to record: 1. A clear definition of the challenging behaviour in question: Before conducting a functional assessment, it is essential to have a clear definition of the behaviour of concern - a description of what the behaviour looks like, which may include specific examples of the behaviour, as well as how often it happens. For example: Rather than saying "John has tantrums" which does not provide a clear description of the actual behaviour, it is better to agree a specific description such as, "John pulls another person's hair with one or two hands". As a functional assessment may consider information provided by more than one person, it is important that everyone has exactly the same definition of behaviour in mind.

The document *Questions about Behavioural Function (QABF)* - Paclawskyj et al (2000) can be accessed at the following link: <https://arbss.org/wp-content/uploads/2021/05/Questions-about-Behavioral-Function-QABF-Google-Docs.pdf>

## **Early Warning Signs:**

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 happen before the challenging behaviour occurs. For example, someone becoming red in the face and starting to pace up and down quickly may be a typical sign that they are feeling anxious which could lead to aggressive behaviour. An assessment of the trigger/antecedent (i.e. what happens before) events: Certain things often appear to trigger challenging behaviour. They can be more immediate triggers (e.g., being told "no", or being refused something), or 'setting events', which refer to situations where the person is more likely to resort to challenging behaviour (e.g., crowded/noisy environments, the time of day, unpredictable routines, pain, or illness).

An assessment of the consequence (i.e. what happens after): 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. 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. There are lots of different methods of recording information about

an individual's behaviour, and a commonly used tool is known as the ABC chart; where A stands for 'Antecedent', B for 'Behaviour' and C for 'Consequence'. The aim of ABC charts is to identify links between the behaviour and its antecedent and consequent events, to aid understanding of the function that a particular behaviour serves for an individual. • Appendix 1 provides a blank chart which may be photocopied • Appendix 2 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 3 Provides an example of a completed ABC chart, showing good and bad examples of recorded information 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. Again, this makes it really important for all concerned to decide on a good clear definition of the behaviour before people start recording.

### **Outcomes of Functional Assessment**

The aim of a functional assessment is to understand what the purpose of the behaviour is, so that we identify better ways for the person to get their needs met. Once you have a good idea about the function of the behaviour, you can start to think about how to respond to that behaviour. The results of the functional assessment should inform any strategies that are introduced, with the aim of stopping, reducing or encouraging alternatives to challenging behaviour. Ultimately, the aim is to support the person to learn better ways to get their needs met, that are equally, if not more effective, than challenging behaviour. However, 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 behaviour support plans based on tentative theories can prove useful in the long-term.

### **Positive Behaviour Support Plans**

The next step is to use the information gained from the Functional Assessment to plan how to reduce challenging behaviour or lessen the impact on the person and those caring for them. A Positive Behaviour Support Plan draws together all the information from the assessment to create an individualised plan to help keep everyone safe, and to identify where the person would benefit from being taught



additional communication or other skills. For example:

- Teaching a person another form of communication such as signs or picture cards to indicate they have finished an activity or to ask for a drink
- Teaching a person who has difficulty waiting strategies to cope better with waiting
- Helping someone to develop skills that will enable them to be more involved in day to day things, such as domestic chores, getting dressed and personal care

A good behaviour support plan can ensure that everyone involved with a person's care and support has a shared plan, based on an agreed understanding of the causes of the person's challenging behaviour. This provides a consistent approach, to helping people with severe learning disabilities feel secure and happy, and to increase their independence skills.

## Appendix 1

NAME: _____ ABC RECORD CHART				
DATE & TIME	ANTECEDENT Location, people, activity	BEHAVIOUR Describe what you saw	CONSEQUENCE What did the carer do/how did the person react	POSSIBLE REASON/ PURPOSE

## Appendix 2:

How to complete the ABC CHART		
<b>A</b> <b>ANTECEDENT</b> Location, people, activity	<b>B</b> <b>BEHAVIOUR</b> Describe what you saw	<b>C</b> <b>CONSEQUENCE</b> What did the carer do/how did the person react
<p>Record the <b>ANTECEDENT</b> events (Things that happened <b>BEFORE</b> the behaviour) Record things such as:</p> <ul style="list-style-type: none"> <li>Where was the person? Exactly what were they doing?</li> <li>Was anyone else around or had anyone just left?</li> <li>Had a request been made of the person?</li> <li>Had the person asked for, or did they want something specific to eat or drink?</li> <li>Had the person asked for, or did they want a specific object or activity?</li> <li>Had an activity just ended or been cancelled?</li> <li>Where were you? What were you doing?</li> <li>How did the person's mood appear? E.g. happy, sad, withdrawn, angry or distressed</li> <li>Did the person seem to be communicating anything through their behaviour e.g. I want/ don't want something?</li> <li>Were there any obvious triggers e.g. too noisy, sitting on own for some time?</li> </ul> <p>Are there any obvious setting events e.g. feeling ill, bad night's sleep, missing their mum or dad?</p>	<p>Record a detailed description of the actual <b>BEHAVIOUR</b> (what did it look like?). This involves documenting:</p> <ul style="list-style-type: none"> <li>Provide a step-by-step description of exactly what happened 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</li> </ul>	<p>Record the <b>CONSEQUENCES</b> of the behaviour. (What happened <b>AFTER</b>) This involves recording:</p> <ul style="list-style-type: none"> <li>Exactly how did you respond to the behaviour? Give a step-by-step description</li> <li>How did the person respond to your reaction?</li> <li>Was there anyone else around who responded to or showed a reaction to the behaviour?</li> </ul> <p>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/negative); an object; food or drink; or escape from an activity or situation?</p>

## Appendix 3

Example of how to observe behaviour, with a bad example and a good example shown

DATE	TIME	ANTECEDENT Location, people, activity	BEHAVIOUR Describe what you saw	CONSEQUENCE What did the carer do/how did the person react	POSSIBLE REASON/ PURPOSE
<u><b>Bad example</b></u>  Monday	AM	Asked Tom to clean up a drink he had spilt.	Temper Tantrum.	Told off.	Out of the blue He is aggressive Spoilt Wants his own way.
<u><b>Good example</b></u>  Monday 6.11.09	9.15am	Tom got up late and the bus was waiting for him, radio was playing, toast was burnt, John (new staff) asked Tom to finish his breakfast. Tom spilt his drink. John asked Tom to clean up the mess.	Tom looked confused; he made a loud grunting noise and grabbed John's glasses.	John shouted 'No' loudly and asked Tom to stop. Tom ran out of the kitchen crying.	Tom had a poor night's sleep. John is new. Tom did not understand what John was asking him to do. Tom was trying to escape from the kitchen, when he accidentally knocked the glass over.

## Positive Behaviour Support Planning

*Mark Addison, Consultant Clinical Psychologist, Rapid Intervention Team, Somerset Partnership NHS and Social Care Trust Tony Osgood, Lecturer in Intellectual & Developmental Disabilities, Tizard Centre, University of Kent Pippa McIntyre and Lisa Kenn, Family Carers*

**NOTE:** We are not trying to make children conform to neuro-typical norms-we are just trying to support them to communicate their needs in a positive and effective way. Not every unusual behaviour needs a support plan, but behaviours which have a very negative effect on the person themselves or the other students, or behaviours which cause serious harm, need to be addressed.

## **What is Positive Behaviour Support?**

Positive Behaviour Support (PBS) is an approach that is used to support behaviour change in a child or adult with a learning disability. Unlike traditional methods used, the focus is not on 'fixing' the person or on the challenging behaviour itself and never uses punishment as a strategy for dealing with challenging behaviour. PBS is based upon the principle that if you can teach someone a more effective and more acceptable behaviour than the challenging one, the challenging behaviour will reduce. PBS suggests challenging behaviours are learned, and so are open to being changed. PBS teaches alternative behaviour and changes the environment to support the person well. There is nothing wrong with wanting attention, to escape from a difficult situation, wanting certain items, or displaying behaviours which just feel good. PBS helps people to get the life they need by increasing the number of ways of achieving these things: for example, by developing communication skills. PBS helps people to learn new skills. For new skills to be used regularly, they have to be more effective than the challenging behaviour. We can make this happen by understanding the reasons people display challenging behaviour, and by making sure the new behaviours we want to teach are reinforced in the same way.

## **What is a Behaviour Support Plan?**

A behaviour support plan is a document created to help understand and manage behaviour in children and adults who have learning disabilities and display behaviour that others find challenging. A Behaviour Support Plan provides carers with a step by step guide to making sure the person not only has a great quality of life but also enables carers to identify when they need to intervene to prevent an episode of challenging behaviour. A good behaviour support plan is based on the results of a functional assessment and uses Positive Behaviour Support (PBS) approaches. The plan contains a range of strategies which not only focus on the challenging behaviour(s) but also include ways to ensure the person has access to things that are important to them. The strategies used are referred to as Proactive Strategies and Reactive Strategies. Proactive strategies are intended to make sure the person has got what they need and want on a day to day basis and also includes ways to teach the person appropriate communication and life skills. Reactive strategies are designed to keep the person and those around them safe from harm. They provide a way to react quickly in a situation where the person is distressed or anxious and more likely to display challenging behaviour. A good behaviour support plan has more Proactive strategies than Reactive ones.

This helps to ensure that the focus of the plan is not just on the challenging behaviour but provides ways to support the person to have a good life, enabling the person to learn better, more effective ways of getting what they need.

### **Who is it for?**

A behaviour support plan is for individuals who regularly display challenging behaviour to the extent that it severely impacts on their life. For example, it may result in exclusion from places like schools, day centres and mainstream community activities e.g. swimming pool. A behaviour support plan can be developed and used at any age. The earlier challenging behaviour can be understood and strategies put in place to help reduce the behaviours, the better it is for the person and those caring for them. Why do you need one? To help effectively respond to challenging behaviour a good Behaviour Support Plan is vital. A Behaviour Support Plan aims to reduce the likelihood of challenging behaviour happening and if used consistently is very successful in supporting the person to find other ways to communicate their needs. The emphasis is on preventing the need for challenging behaviour, but also helps carers to identify when an individual may display challenging behaviour, giving them a chance to intervene before the behaviour escalates. This can avoid a full blown incident of challenging behaviour.

Everyone has different beliefs about what is right and wrong and how behaviour 'should' be managed, based on their own experiences and understanding. Using a Behaviour Support Plan means that everyone consistently uses the same techniques, rather than everybody 'doing their own thing' based on what they think is best.

### **Where can it be used and who should use it?**

A behaviour support plan should be used in the settings a person goes to: home, school/college, day service, short breaks/ respite, family members/friend's homes, out in the community or on holiday. Everyone who is supporting the person should follow the behaviour support plan. When everyone supporting the person uses the same approaches it helps the development of more socially acceptable ways of communicating needs. It is useful for anyone caring for the child or adult to see what is and what isn't working, and enables carers to adapt or change strategies as necessary.

## **How to create a behaviour support plan**

Ideally a behaviour support plan will be based on the results of a 'Functional Assessment' which will be carried out by a Clinical Psychologist or behaviour specialist. Functional assessment is a very useful process that can increase our understanding of an individual's behaviour that may enable us to make changes in the person's life that will result in a reduction in challenging behaviour. If the person you care for has not had a functional assessment, (or is on a waiting list to get one) you can record the behaviour yourself, using an ABC recording chart to help identify what the function of behaviour might be. Information from completed recording charts can help to identify strategies to include on the Behaviour Support Plan. Thinking about what already works is also very useful. The following eight steps will help you get started:

### **Challenging Behaviour**

The first thing to think about is the behaviour(s) that you want to address. It is helpful to record four things about the challenging behaviour: "appearance" - what the behaviour looks like "rate" - how often it occurs "severity" - how severe the behaviour is "duration" - how long it lasts.

### **Functions of the Challenging Behaviour**

This section should describe the function(s) of the behaviour (the reason the behaviour happens) which will come under one of the following categories:

- Social attention
- Escape/avoidance
- Tangible
- Sensory

When writing a behaviour support plan you will be thinking about which strategies could be put in place to help the person. You will also need to try to relate these to the different functions of behaviour that you have identified. The strategies you choose should be different depending on the function of the behaviour. Take the example of a person hitting care staff. If the person is trying to get your attention by hitting: Teach the person how they can get your attention/the attention of others in a more appropriate way. This could be by teaching them a sign, a vocalisation or to gently tap your hand/arm. Make sure you notice when the person is trying to get your attention appropriately and respond as soon as you can. This will help to reinforce the behaviour you want. If the person goes to hit you, use a phrase such as "Gently" or "Hands down". Teach the person what this

means. Interact with the person regularly, giving them plenty of opportunity to get positive attention Where possible ignore the hitting.

**If the person hits others to escape/avoid something or someone:**

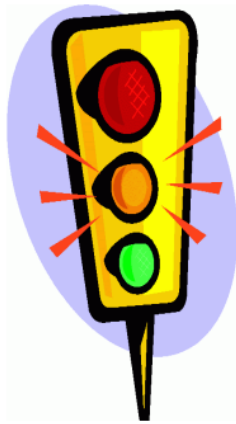
Give the person an effective way to stop something they don't like; to remove them from a situation or person they don't like. This could be a sign/word or photo card to say "Finish" or "Home" Teach them to make choices and a way to say "yes" and "no" Introduce them to a situation/activity gradually to help them become used to it Use humour as a way to distract the person Notice when they are displaying 'early warning signs' that they may be becoming unhappy or anxious Change the way you ask them to do something

**When the person hits others to get something tangible:**

Teach the person how to communicate they want a drink/toy/DVD etc. Give them what they've asked for as soon as they've asked appropriately. Give lots of praise. Make sure they have regular access to what they need. Teach them how to get something for themselves where possible. Make sure the person knows where their magazines are kept or that juice is found in the fridge and make sure there is a cup in a cupboard they can easily reach Make sure they are not left without food or drink for too long, or without something meaningful to do (offer these regularly) As far as possible ignore the hitting If the situation escalates and people are at risk give them what they want Where a person hits to get their Sensory needs met: Ask for a referral to a specialist Occupational Therapist (OT) who can do a sensory assessment to clarify specific sensory needs Be creative! Get a drum, box, cushion or other thing that they could hit Try out different objects to see which they prefer, then use these to create new activities Use preferred items to help you engage with the person Make sure the person can get their sensory needs met, but in a way that will not isolate them further or leave them engaging in a self-stimulatory behaviour for too long. If people have self-stimulatory activities that are very important to them, try and support them to have at least some meaningful routine/structure in their day, so that the self-stimulatory behaviour doesn't 'take over'

### Stages of behaviour

A format which has been found to be particularly useful in helping carers to understand the different stages of behaviour is based on a 'Traffic light' system:



Green = calm & relaxed

Amber = anxious, aroused or distressed

Red = incident!

Blue = calming down - but still need to be careful

Colour coding a behaviour support plan using this format can be a very useful way of clarifying the different stages of the behaviour. Using the traffic signal analogy, an individual's behaviour moves from 'typical behaviour' (**green**), to a level that indicates that problems are about to occur (**amber**) prior to the occurrence of the behaviour itself (**red**). After the behaviour (**blue**) care must be taken to ensure that the person returns to the green phase. This format enables carers to more easily identify when they could intervene to prevent behaviour escalating into an episode of challenging behaviour.

### Proactive "Green" Strategies

Proactive strategies are the 'green' part of the Behaviour Support Plan and aim to support the child or adult to stay happy and calm. Proactive Strategies are designed to meet the person's needs without them needing to rely on challenging behaviour. This part of the plan should include any strategies that are aimed at reducing the chances that the behaviour will happen, and should focus on all aspects of the person's life including keeping healthy and fit, (as opposed to just focusing on the challenging behaviour). Begin by thinking about what the person likes or has shown an interest in. Consult with the person directly whenever possible and also try and talk to people that know the person well and are really interested and enthusiastic about them. The longer the 'likes list' the better! The aim is to try and support the person to stay in this phase as much as possible. It is important to think about what it is that helps the person to feel calm and relaxed, such as:

- Environment
- Communication & body language
- Preferred activity or object or person
- Predictable routine and structure
- Feeling well and happy



- Interaction styles how do you talk to the person?

Put boundaries in place to teach the person what is and isn't acceptable in different situations. For example, masturbating is acceptable in the person's bedroom but not in the family sitting room or out in public. The green phase is a good time to teach new skills, develop effective ways of communicating and use rewards and incentives to reinforce the behaviour that you want. Think about what the person looks like or does that lets you know that they are in this phase: "She will smile and giggle a lot when she is happy. She interacts with people more when she is mellow and may try to get them involved by gently hitting her thighs in a particular rhythm which she expects them to copy or clapping."

### **Early Warning Signs "Amber" Strategies**

This part of the plan will describe what to do in response to the early warning signs, to help you intervene as early as possible, before the person resorts to challenging behaviour. Behaviours are often described as being spontaneous ("It happened without any warning"). However, assessment may reveal that the person shows some reliable signals that all is not well prior to engaging in the behaviour. These signals may be subtle, but will often include observable signs such as increased pacing, changes in vocalisations, facial expressions or body language. By clearly defining the behaviours seen at the amber stage, carers can be cued in to the need to take immediate action, and thereby avoid moving on to 'red'. Many episodes of challenging behaviour occur because the early warning signs are not recognised or because we fail to change our own behaviour once the signs become evident.

**Amber strategies:** At this stage the person may be starting to feel anxious or distressed and there is a chance that he/she may challenge you in some way. Here we need to take quick action to support the person to return to the Green "Proactive" phase as quickly as possible to prevent behavioural escalation. Things that can help:

- Take away the trigger
- Not responding to, or 'ignoring' the behaviour
- Giving in - giving the person what they want
- Humour - sing something, dance on the table! - use your imagination
- Redirecting/distracting
- Asking what is wrong (look at the context of the time of day, where the person is etc.)

Again, think about what the person you care for looks like when they are becoming agitated. For example: "She shows angry facial expressions and she does not smile. She will start to aggressively pull at the flannel/paper that is in her hands and find more things to hold in the same hand. If you asked for something that she is holding when she is in amber behaviour, she will not give it to you."

### **Reactive "Red" Strategies**

A reactive plan describes what you should do, or how you should react, in response to challenging behaviour. Reactive strategies are a way to manage behaviour as safely and quickly as possible, to keep the person and those around them safe. Ideally a reactive plan should include step-by-step advice on how to reduce the chance that the challenging behaviour will escalate and put people at risk. It should be informed by a functional assessment and guided by the principle of implementing the least intrusive and least restrictive intervention first. More restrictive interventions (such as physical restraint) should be a last resort. Physical interventions, and medication that is used solely to calm people down, are generally not considered a good long-term solution. Use of these should be recorded to help identify when to review the plan

### **Red strategies:**

This is where challenging behaviour occurs and we need to do something quickly to achieve safe and rapid control over the situation to prevent unnecessary distress and injury:

- Appear calm
- Use low arousal approaches - talk in a calm, monotone voice
- Do not make prolonged eye contact
- Be aware of your own body language
- Do not make any demands of the person or keep talking to them
- Distraction and redirection (e.g. using a technique such as a guided walk to remove the person from the room to keep them and others safe)

When the behaviour escalates to "RED" and an incident of challenging behaviour is occurring, the signs will be much more obvious than in the amber phase e.g. "She bangs her head on the door/wall in the house or the headrest/window in the car."

## **Post Incident Support "Blue" Strategies**

This section should specify the procedures to be followed after an incident for both the person and their carers. For the person, this section should specify any immediate behavioural actions that need to be implemented following incidents for example: giving the person more space engaging in an activity procedures for ensuring their physical and emotional safety (e.g., via physical checks and supportive counselling/reassurance giving).

### **Blue Strategies:**

This is where the incident is over and the person is starting to recover and become calm and relaxed again. We still need to be careful here as there is a risk of behaviour escalating again quickly

- Make no demands
- Help the person to recover
- Move to different environment if appropriate

When a person is calming down and recovering from an incident of challenging behaviour, think about what they look like and what they do or sound like. For example: "She makes a noise that sounds similar to "uuuuuuuu," in a questioning voice while quickly moving just the top of her head from left to right. She may give eye contact or raise her eyebrows while doing this."

### **Agreeing the Plan**

Behaviour Support Plans should be created with input from all people involved with the person's care, including family carers, and whenever possible, the person should also be involved in this process. The plan should record who has been involved in its discussion and agreement, to ensure a broad range of views have been taken into account.

### **Reviewing the Plan**

Behaviour Support Plans should be 'living documents'. This means that information in the plan should change to reflect changes in the person's behaviour or an increase in other skills. Plans should be regularly reviewed and updated (for example, every 6 months) as once risks have been identified and behaviour strategies agreed to help minimise those risks, it is important to get feedback of how effective the strategies are and to reflect on their impact on the person and those caring for them. However, there should also be a 'contingency' plan with clear guidelines when the plan should be reviewed more urgently if required. For example, the Plan should be reviewed if self-injury increases or if physical




interventions/reactive strategies (such as restraint or PRN medication) are being used regularly.

### **Sample Behaviour Support Plans.**




We have included three example behaviour support plans. Two of the plans are designed around specific behaviours - coping with car journeys and difficulties with food. The third behaviour support plan is based on the traffic light format and addresses a number of behaviours

- Appendix 1: Example 1 Behaviour Support Plan to help with car journeys
- Appendix 2: Example 2 Behaviour Support Plan around food
- Appendix 3: Example 3 Gabriel's traffic light Behaviour Support Plan

## Appendix 1

<p style="text-align: center;"><b><u>My difficult situation</u></b></p> <p>Car journeys, especially when:</p> <ul style="list-style-type: none"> <li>• We have to stop at a red light</li> <li>• We get stuck in traffic</li> <li>• We take an unfamiliar route</li> <li>• I misunderstand where we are going</li> <li>• I don't know where we're going</li> </ul> 	<p style="text-align: center;"><b><u>Behaviours I might display</u></b></p> <p>Early warning signs :</p> <ul style="list-style-type: none"> <li>• Tense mouth</li> <li>• Face looks tense</li> <li>• I will ignore you if you try to talk to me</li> <li>• I will start to rock back and forward</li> </ul>  <p>If the early warning signs are not noticed I may:</p> <ul style="list-style-type: none"> <li>• Rock back and forward violently</li> <li>• Try to get out of my seat</li> <li>• Bang my head against the windows</li> <li>• Try to pull the drivers hair, pull at their clothes, or anything else I can reach</li> <li>• Try to kick the driver</li> <li>• Scream and shout at the top of my voice</li> <li>• Throw anything that is within reach in the car</li> </ul>
<p style="text-align: center;"><b><u>What you can do to avoid this difficult situation</u></b></p> <ul style="list-style-type: none"> <li>• Make sure I know exactly where we are going and remind me throughout the journey</li> <li>• Give me a picture/symbol card of where we are going so I can hold on to this to remind myself throughout the journey</li> <li>• Slowly talk me through what will happen on the route... "first we will go past the cinema..."</li> <li>• Take familiar routes whenever possible</li> <li>• If we have to go on a an unfamiliar road, warn me beforehand</li> <li>• Provide a running commentary of the journey, e.g., if we're coming up to a red light, say "red for stop", or if we're approaching a queue of traffic say "we're going to stop behind this car"</li> <li>• If something happens to alter the route talk me through this too</li> <li>• Play my favourite music to distract me</li> </ul> 	<p style="text-align: center;"><b><u>What can you do if I display challenging behaviour</u></b></p> <p>When I am showing early warning signs:</p> <ul style="list-style-type: none"> <li>• Remind me where we are going</li> <li>• Make sure I have hold of my picture card to remind me where we're going</li> <li>• Play my favourite music to try and distract me</li> <li>• Tell me about the fun things we are going to do when we get to our destination</li> </ul> <p>If the situation has escalated:</p> <ul style="list-style-type: none"> <li>• Talk in a calm voice</li> <li>• Don't use too many words</li> <li>• If you can work out where I think we are going (that is distressing me), tell me where we are really going</li> <li>• If I am trying to pull your hair/pull at your clothes, say "sit on your hands"</li> <li>• If I am banging my head on the window or getting very distressed, find a safe place to stop, help me out of the car</li> <li>• Do not continue the journey until I can sit calmly</li> </ul> <p>Afterwards:</p> <ul style="list-style-type: none"> <li>• Continue the journey, calmly talking me through what is happening</li> </ul>

## Appendix 2

<p><b><u>My difficult situation</u></b></p> <p>Being given foods I don't like, including:</p> <ul style="list-style-type: none"> <li>• Butter</li> <li>• Cheese</li> <li>• Fish pie</li> <li>• Milk</li> <li>• Eggs</li> <li>• Bananas</li> <li>• Ice cream</li> <li>• Chicken</li> <li>• Mashed Potato</li> <li>• Sandwiches</li> </ul> 	<p><b><u>Behaviours I might display</u></b></p> <p>Early warning signs :</p> <ul style="list-style-type: none"> <li>• Pursed mouth</li> <li>• Face looks tense</li> <li>• I will not engage with you</li> <li>• I will wring my hands/pick at my fingers</li> <li>• I will vocalise nah (translates as "No")</li> <li>• I will sign don't like/don't give me</li> </ul> <p>If the early warning signs are not noticed I may:</p> <ul style="list-style-type: none"> <li>• Repeatedly sign "No" and may sign I don't like butter eggs cheese fish/list foods I don't like repeatedly</li> <li>• Start to cry uncontrollably and shout "nah nah nah" repeatedly</li> <li>• Attempt to hit or kick</li> <li>• Wet or soil myself</li> </ul> 
<p><b><u>What you can do to avoid this difficult situation</u></b></p> <ul style="list-style-type: none"> <li>• Make sure you know what I do and don't like to eat, review this regularly as I may change my mind</li> <li>• Ask me what I would like</li> <li>• Give me choices and respect my choices</li> <li>• Don't just expect me to eat what others are eating</li> <li>• Actively involve me in choosing meals, buying, preparing and cooking. When we are shopping encourage me to look for foods on the shelves, put them in basket, put them on the conveyor belt at the till, put the shopping in bags and paying</li> <li>• Work on skills to teach me to cook foods that I do like</li> <li>• Give me opportunities to try foods if I want to</li> <li>• I like different foods so help me to look for foods and meals to make from other countries – look in magazines, the internet, shops, ask people – be creative</li> </ul> 	<p><b><u>What can you do if I display challenging behaviour</u></b></p> <p>When I am showing early warning signs:</p> <ul style="list-style-type: none"> <li>• Reassure me that I don't have to eat it</li> <li>• If there is nothing I want to eat suggest we go to the shop and find something I do like</li> <li>• Use humour to distract me: sign "Never give me ...." and say it in a deep, funny cross sounding voice with a pretend cross face</li> <li>• Ask me what I think of .... I will reply "Eugh" – you repeat "Eugh" this makes me laugh</li> </ul> <p>If the situation has escalated:</p> <ul style="list-style-type: none"> <li>• Talk in a calm voice</li> <li>• Don't use too many words</li> <li>• Don't offer me alternative food until I have calmed down</li> <li>• If I put my hand up as if I am going to slap/hit you say "Hands down" or move away from me and just say "Let me know when you feel calmer"</li> </ul> <p>Afterwards:</p> <ul style="list-style-type: none"> <li>• Put some music on and give me a drink and small snack - grapes or a couple of chocolates</li> <li>• Give me a hug if I want you to</li> </ul>

## Appendix 3

### Gabriel's Green Strategy

<b><u>Support strategies</u></b> The things that we can do or say to keep Gabriel in the green for as much time as possible.	<b><u>Behaviour</u></b> What Gabriel does, says and looks like that gives us clues that he is calm and relaxed.
<ul style="list-style-type: none"><li>• Give Gabriel regular positive feedback and encouragement</li><li>• Always try to use positive language even when he is doing something you would rather he didn't e.g. oh that is mummy's precious book, let's find your book</li><li>• Use simple, clear language</li><li>• Make sure that Gabriel has the opportunity to do something outside of the house at least once a day</li><li>• Support Gabriel to access what he wants using his PECS system or with his tablet</li><li>• Make sure that at least once an hour you spend some one to one time with Gabriel e.g. reading a book, a massage</li><li>• Make sure that Gabriel has his chewy tube to carry around</li><li>• Make sure that if you have to ask him for his chewy tube for a certain period of time e.g. meal time/bath that you tell him clearly when he will get it back e.g. dinner and then chewy tube</li><li>• Regularly practise using the PECS system with Gabriel</li><li>• Give Gabriel plenty of opportunity to walk independently and make sure if out for a walk as a family/group you go somewhere where he is going to have this opportunity</li><li>• Give Gabriel plenty of time to process what you have said to him before asking again</li><li>• Make sure that Gabriel has all his medication so that he does not become constipated</li><li>• Give plenty of opportunity to listen to music</li></ul>	<ul style="list-style-type: none"><li>• Gabriel will smile and laugh</li><li>• He will happily make eye contact and will communicate with you and respond positively</li><li>• He will initiate contact and want to join in with what others are doing.</li><li>• He will bounce up and down on his knees</li><li>• His body language will be relaxed</li><li>• He may move around quite fast whilst making an eeeeeeeeeeeeeee kind of sound</li><li>• He may dance</li><li>• He will bang his object on the floor</li><li>• He will blow raspberries on himself and others</li><li>• He will do roly poly's!</li></ul>

## Gabriel's Amber Strategy

<p style="text-align: center;"><b><u>Support strategies</u></b></p> <p>The things that we can do or say to stop the situation from escalating further and return Gabriel to the proactive phase as soon as possible.</p>	<p style="text-align: center;"><b><u>Behaviour</u></b></p> <p>What Gabriel does, says and looks like that gives us clues that he is becoming anxious or aroused.</p>
<ul style="list-style-type: none"> <li>• Ask Gabriel if he would like help with whatever it is he is struggling with or trying to access</li> <li>• Offer to scratch his back</li> <li>• Ask him to blow a raspberry on your hand/arm</li> <li>• Support him to access what he wants with his PECS system or through MAKATON</li> <li>• Try to distract Gabriel by offering an activity e.g. listening to music, playing drums or reading a book</li> <li>• Initiate some rough and tumble play with Gabriel</li> <li>• Place Gabriel in an upside down position or swing him around whilst supporting him under his arms with his head against your chest</li> <li>• Ask him if he wants a bath</li> <li>• Ask him if he wants to go to his room and play his drums</li> <li>• Cuddle up with the cuddle blanket</li> <li>• Watch live music videos on the iPad</li> <li>• Sing songs with Gabriel or make funny noises e.g. animal noises</li> <li>• Distract Gabriel with some different toys or read a book with him</li> <li>• Tickle him</li> <li>• Bouncing on the trampoline</li> </ul>	<ul style="list-style-type: none"> <li>• Gabriel will shout</li> <li>• He will clench his fists and vocalise in a high pitched voice. He will usually adopt a W sitting position at these times</li> <li>• He will come and seek you out if you are not in the same room</li> <li>• He may become tearful and want to sit on your lap</li> <li>• He will shake the stair gate</li> <li>• He will cast things</li> <li>• He will be unwilling to engage in positive communication</li> <li>• He will appear distracted and will be unable to concentrate or make eye contact</li> <li>• He will lay his head on the side of the sofa</li> </ul>



## Gabriel's Red Strategy

<p style="text-align: center;"><b><u>Support strategies</u></b></p> <p>The things that we can do or say to quickly manage the situation and to prevent unnecessary distress, injury and destruction.</p>	<p style="text-align: center;"><b><u>Behaviour</u></b></p> <p>What Gabriel does, says and looks like when he is challenging.</p>
<ul style="list-style-type: none"> <li>• Stay calm and reassure Gabriel that you are going to help him.</li> <li>• Make sure only one person talks at a time.</li> <li>• If Gabriel is seeking to comfort himself by banging his head encourage him to cuddle his teddy bear instead.</li> <li>• Distract Gabriel with a favoured object.</li> <li>• If he is seeking sensory feedback encourage him to bang his hands or feet instead.</li> <li>• If he is pulling hair or pinching etc say to him 'kind hands' and support him to stroke hair or arms etc.</li> <li>• Say 'LOOK' in a really excited voice and then distract him with a chosen object.</li> <li>• Don't make reference to the behaviour but stop him doing it. For example if he is hitting himself take his hand and say 'high 5'</li> </ul>	<ul style="list-style-type: none"> <li>• Gabriel will rock against furniture or the door etc.</li> <li>• Gabriel will vocalise in a way which sounds like a high pitched growl or a very loud shout.</li> <li>• He may be crying.</li> <li>• He will cast objects.</li> <li>• He will bang his head on the floor or against the furniture.</li> <li>• He may come up to you and bang his head on you e.g. on your knee.</li> <li>• His body language will be very tense.</li> <li>• He will usually be sitting bolt upright.</li> <li>• He may hit himself on the head with a closed fist.</li> <li>• He may pull hair, pinch or slap bare skin.</li> <li>• Gabriel may become very clingy and will want continual contact.</li> </ul>

## Gabriel's Blue Strategy

<p style="text-align: center;"><b><u>Support strategies</u></b></p> <p style="text-align: center;">The things that we can do or say to support Gabriel to become more calm again and return to the proactive phase.</p>	<p style="text-align: center;"><b><u>Behaviour</u></b></p> <p style="text-align: center;">What Gabriel does, says and looks like that tells us that he is becoming more calm</p>
<ul style="list-style-type: none"> <li>▪ Have a cuddle with the cuddle blanket</li> <li>▪ Offer a massage or scratchy back.</li> <li>▪ Make sure Gabriel has a preferred object</li> <li>▪ Gabriel's 'blue' phase appears to be fairly quick and once he has had a few of minutes of recovery he is usually back in the green phase The exception to this is when he has been struggling to communicate what he wants. In these circumstances wait until he is calm and communicative and support him using PECS or MAKATON to access what he wants</li> </ul>	<ul style="list-style-type: none"> <li>▪ His posture will become more relaxed</li> <li>▪ He will make more eye contact and will interact with you</li> <li>▪ He will seek out attention from a preferred person</li> </ul>

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## The Challenging Behaviour Foundation

*We are the charity for people with severe learning disabilities who display challenging behaviour. We make a difference to the lives of children and adults across the UK by:*

- *Providing information about challenging behaviour*
- *Organising peer support for family carers and professionals*
- *Giving information and support by phone or email*
- *Running workshops which reduce challenging behaviour*

*To access our information and support, call 01634 838739, email [info@theCBF.org.uk](mailto:info@theCBF.org.uk), or visit our website: [www.challengingbehaviour.org.uk](http://www.challengingbehaviour.org.uk)*

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## **Section Four**

### **Advice on Behaviour Management**

This section includes advice sheets sourced from the **Special Education Support Service (SESS)** ([www.sess.ie](http://www.sess.ie))

#### **IDENTIFYING THE COMMUNICATIVE INTENT OF BEHAVIOUR**

Every behaviour (positive and negative) is an attempt to convey a message / has a communicative intent, even though pupils may not always explicitly think it through like that: e.g. "I'm going to kick him now because I'm bored". A behaviour may show intent to intimidate or frighten another person; it may show frustration, anger, tiredness, etc. When we are on the receiving end of this behaviour, it is very difficult to see the other person's point of view. Sometimes it helps if we can try to figure out what is the communicative intent behind the behaviour. Take an example of a baby crying - why? If the baby is crying because of a dirty nappy, we won't help by giving them a bottle. If the baby is crying because they need a cuddle, changing the nappy won't work. We might even make things worse. Likewise, if a pupil doesn't do a task because he/she can't, the strategy we employ to support this pupil could include breaking down the task, pre-teaching and teaching the necessary skills. However, if the pupil doesn't do the task because he/she won't, we need to look closer to see why they won't - are they looking for attention? Both pupils are exhibiting the same behaviour, but the function of the behaviour is different and therefore the strategies we employ to eliminate the behaviour are also very different. When we don't know the function of a behaviour, it is difficult to choose a strategy. We need to look closely at the behaviour and try to find the reason for it / the function of it. We can then decide on an appropriate strategy to minimise or eliminate the behaviour.

#### **Some Messages / Functions of Behaviour**

- I'm bored I'm very happy today
- I'm angry I feel sad
- I'm tired I'm hungry
- I hate being here I love doing this work
- Nobody cares about me I want to get out of this room
- I can't do this work I want to annoy you

- I'm lonely I can't stand these rules

If we can figure out the message behind the behaviour, then we may be able to do something to avoid either the trigger / antecedent or the behaviour or the consequence. By reflecting on the perspective of the pupil we are not condoning or accepting the behaviour. We are just recognising that the pupil / other person is expressing a feeling / conveying a message through his/her behaviour. We find the function of the behaviour by closely observing and recording.

### **Individual Behaviour Support Plan**

A small minority of pupils may not be willing or able to comply with school / class rules to the same extent as other pupils. For these pupils, it may be necessary to devise an Individual Behaviour Support Plan. The concept of it being a support plan is important - we want to support the pupil towards behaving in a more appropriate and acceptable way. There is no one way to devise or to present this plan, but the following might need to be considered:

- The purpose of any Behaviour Support Plan should be to help the pupil to take responsibility for his/her own behaviour and to teach him/her how to make appropriate choices.
- A multi-disciplinary approach is recommended, one that includes the teacher(s), Special Needs Assistant, principal, parent(s) and the pupil in the process. It will be more difficult to succeed with an Individual Behaviour Support Plan if the parent or pupil are not willing participants.
- As part of the Behaviour Support Plan, a Behaviour Contract may need to be drawn up which is signed by all parties. In drawing up this contract, use language which is clear and appropriate to the age and ability of the pupil

There are a number of steps to an Individual Behaviour Support Plan. These are generally the steps that one might take:

- **Identify Problem Behaviours:** make a record of all the inappropriate / problem behaviours being exhibited by this pupil. Identify one that causes most concern / that you would like to change, or perhaps identify one that you think you have most likelihood of succeeding with.
- **Observe and Record Behaviour:** Having selected one behaviour, document each time this behaviour occurs. The purpose of this is to get a baseline record of the behaviour. In this process, you can note exactly what is happening, when it is happening, who is present at the time, and what is the

intensity of the behaviour. It is advisable to tell the pupil what you are doing, as this in itself may act as a deterrent. "Brian, I'm concerned about your continued hurtful comments to other people in the class, which is breaking our class rule on respecting others. I'm going to keep a record for this week of how often this happens, but I'd like to record as few comments as possible, preferably none. I'd like you to try hard to keep this record sheet blank / free of X's." Recording of behaviours should be carried out over the course of a full week. In classes where a Special Needs Assistant works with a teacher, it may be easier to carry out the process of recording - decide which adult takes on the role of observer / recorder. A number of options for recording behaviours are presented at the end of this factsheet, including an option for pupil self-assessment

### **Teacher Strategies**

#### **Checklist Strategies for Preventing Challenging Behaviour in the Classroom**

- Be organised and on time
- Try to have a positive/upbeat start to the lesson.
- Be aware of your tone of voice - calm and persuasive without arrogant or condescending.
- Use your initiative, tailoring your actions to individual situations.
- Use pupils names rather than referring to them in impersonal terms.
- Try to have a sense of humour, be relaxed.
- Give pupils a choice or a way out of situations.
- Deal with secondary issues at a later date. Loan a pen to those without, but follow this up, after the lesson or as a reminder before the next lesson.

#### **Strategies for Diverting Challenging Behaviour in the Classroom:**

- Give pupils responsibility.
- Change the subject/conversation if possible.
- Acknowledge the reason for the conflict but say you will help or sort it out later.
- If appropriate, accept some responsibility for the situation and offer a new start.
- Be aware of the needs of the individuals and where appropriate modify tasks or offer support.
- Bring humour to the situation!
- Talk about how they have successfully dealt with other similar situations

### **Strategies for Defusing Challenging Behaviour in the Classroom:**

- Use a personal touch - pat on the back, use of name or reference to former achievements.
- Offer a dignified way out of conflict.
- Avoid personal comments.
- Remain calm.
- Praise previous good behaviour



## Section Five

### Useful Charts & Pre-Recorded Webinars

In this section of the information booklet, we have included a number of useful charts designed and developed by Sue Buckley of Down Syndrome Education International (DSEI). As always, we acknowledge Professor Buckley for her work, which continually informs our approaches to education. We particularly recommend the DSEI course ***Managing Behaviour Difficulties for Children with Down Syndrome*** to anyone wishing to further their knowledge and skills. Further information on this and other Down Syndrome Education International online training courses can be accessed at this link: <https://www.down-syndrome.org/en-gb/services/training/courses/>

Professor Sue Buckley OBE  
**Down Syndrome Education International**  
Discovering Potential Transforming Lives

Before accessing the five charts, we recommend that you access our Online Pre-Recorded Seminar on In-Class Behaviour Management available at the following link:

<https://downsyndrome.ie/online-education-seminars/>

We also recommend viewing two additional pre-recorded seminars available at the same link. <https://downsyndrome.ie/online-education-seminars/>

*Managing Behaviours at Post Primary & Young Adult Stages - Mr John Curran*  
*Managing Behaviours at Pre-School & Primary School Stages - Mr John Curran*

These webinars were developed to support parents, teachers, and other professionals working with children and teenagers with Down syndrome.

## Chart 1 ABC Chart



1   ABC Chart			
Name		Age	Gender
Time and place When? / Where?	Antecedent What happened just before - who was there?	Behaviour Describe the behaviour and anyone involved.	Consequence What happened immediately after? What was said and done?

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## Chart 2: Predisposing Factors



2   Predisposing factors		
Name		Age
Gender		
Predisposing factor	More detail	Actions needed
Temperament		
Health		
Sensory, vision, hearing		
Ability to communicate		
Personal changes in daily living		
Changes at school		
Personal changes in daily activities		
Mental health / additional diagnoses		

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## Chart 3: Gathering Key Facts & Information



3   Key facts		
Name		
Age		
Gender		
	Short description	Possible actions
The behaviour		
The antecedents		
The consequences		
New/replacement behaviour(s)		
Relevant predisposing factors (list below)		

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## Chart 4: Behaviour Support Plan Template



4   Behaviour support plan	
Name	
Age	
Gender	
People in the team:	
The targeted behaviour	
Function of behaviour	
Prevention strategies	
Changing the consequences	
Reinforcements to use	
Replacement behaviour	
New skills needed for replacement behaviour	

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## Chart 5: Positive Behaviour Support

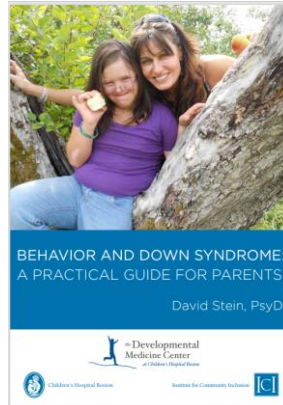
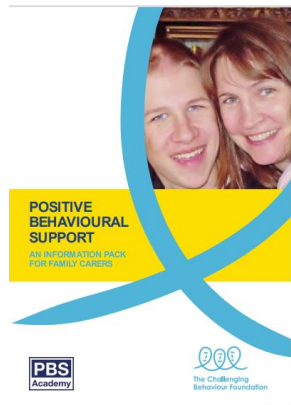


5   Positive behaviour plan		
Name	Age	Gender
	How will these be maintained/delivered?...	
Positive behaviour management strategies		
Prevention strategies		
Changing the consequences		
Reinforcements to use		
Replacement behaviours		
Priorities for the young person's new learning and development		

## Section Six

### Additional Information

Booklets available to download in the Downloads Section on the Education Professionals page of the Down Syndrome Ireland website <https://downsyndrome.ie/support-detail/education-professionals/>



A Behavioural Directory has been compiled by Aoife Gaffney, Head of Employment with Down Syndrome Ireland, to provide details of and contact information for Behaviour Professionals in Ireland. The directory is available to download from <https://downsyndrome.ie/support-detail/education-professionals/>



**Down Syndrome Ireland**

We have been working to compile a directory of Behavioural Professionals Nationwide\*. Our aim is to provide contact information to families living with & professionals working with children, teens & adults with Down syndrome.



*\*Please note the professionals displayed in this Directory work independently outside of Down Syndrome Ireland, and private fees will apply.*

**Behavioural Directory Information**



This Behaviour Information Booklet has been compiled by Dr Fidelma Brady, Head of Education, Down Syndrome Ireland

August 2023