

# Functional analysis and challenging behaviour

Theresa Joyce

## Abstract

Challenging behaviour is likely to occur in 10–15% of people with learning disabilities. It may be caused by a number of factors, including being a learned behaviour, related to a mental illness, trauma, pain, physical illness or a neurobiological cause. It is usually considered to have a function for the individual, and functional analysis (also sometimes referred to as functional assessment) is the process by which the functions of the challenging behaviours are determined. A range of direct and indirect assessment methods are used to develop hypotheses about the function the behaviour is serving, and these usually are related to either a need for attention, a need for some form of tangible reinforcer, self-stimulation or self-regulation, or a desire to escape from an unpleasant situation. The process consists of assessment of the behaviours, their history and development, the environment in which the behaviour is displayed, reinforcers for the individual and their communication skills. Risk assessment and reactive management strategies may need to be put in place while the assessment is being undertaken. Interventions are individually based and may include changing the environment, teaching new skills, providing appropriate activities and reinforcers, and consider ways of providing positive behavioural support to the person. The behavioural supports identified will probably need to remain in place for the long term, and need to enable the individual to develop and retain a good quality of life.

**Keywords** challenging behaviour; functional analysis; learning disability

## What is challenging behaviour?

Challenging behaviour has been defined as ‘culturally abnormal behaviour of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to and use of ordinary community facilities.’<sup>1</sup> It includes:

- aggressive behaviour to oneself or to others
- damage to property
- a range of socially inappropriate behaviours, such as screaming
- other, more ‘resistant’ types of behaviours, such as refusal to participate in activities.

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## What's new?

- The evidence base on the importance of functional analysis is still developing, but its use as part of good practice is seen as essential
- The British Psychological Society (BPS) has published evidence-based practice guidelines. The Royal College of Psychiatrists are also working with the BPS to produce joint guidance on working with people with challenging behaviour
- Positive Behaviour Support is increasingly seen as good practice for enabling good-quality lifestyles for people with challenging behaviour
- Person-centred planning is an important means of ensuring that services meet the needs of people with challenging behaviour

The intention of defining behaviour as challenging was to place the ‘responsibility’ for the behaviour with the services that were challenged by it, rather than define the person exhibiting the behaviours as the problem. This definition emphasizes that behaviour is challenging in terms of its consequences for the person or others, and that the consequences may not only be physical harm or damage but might also impact on the individual’s opportunities and quality of life. Behaviours that interfere significantly with this present a challenge to services to develop responses that meet the individual’s needs appropriately and make an ordinary community life possible.

## Prevalence of challenging behaviour

It is not easy to determine the exact prevalence of challenging behaviour, as studies may use different criteria. However, a total population study carried out in the UK in two different areas of England suggested that 10–15% of people with learning disabilities will have challenging behaviour, while 5–10% of people with learning disabilities may have more severe challenging behaviours. The authors suggest that within a ‘hypothetical’ general population of 500,000 people there will be 2250 people with learning disabilities. Of these, 225–340 will at any one time show challenging behaviour; 110–225 may show more severe challenging behaviour.<sup>2</sup> Services may not know all those with challenging behaviour, but the numbers are sufficient to suggest that skilled assessment, intervention and support to the individuals themselves and to their carers will be a significant part of the work undertaken by specialists. It is also important to note that those with more severe learning disabilities and challenging behaviour are likely to (a) have more difficulties in self-care and communication and (b) have more than one challenging behaviour.

Challenging behaviours also appear to be more common among males and reduce after the age of 35 years (although this may be a cohort effect), and some also appear to be related to additional physical or sensory impairments. Causes are discussed below.

## What causes challenging behaviour?

**Learned behaviour:** the most usual causative model suggests that challenging behaviour is a learned behaviour, which is shaped by the way others respond to it (Table 1). An individual may engage in challenging behaviour (e.g. self-injury) because they have learned that when they self-injure their carers stop asking them to participate in something they do not want to do. Alternatively, they may have learned that when they scream their carers give them a drink 'because it calms her down'. Recognition that challenging behaviour may have a function was demonstrated in a study showing that individuals with severe learning disabilities displayed challenging behaviour only in particular situations.<sup>3</sup> When those situations were experimentally controlled, it was possible, in a number of cases, to ascertain the function that the behaviour served. For example, the individual displaying the challenging behaviour may:

- have a need for attention
- want some sort of 'tangible' reinforcer such as food or drink
- want stimulation (especially if the environment they are in is very barren or boring)
- be indicating that they want to escape either from a demand or the situation.

The behaviour might not have started out with intent to gain a reward; rather, the behaviour occurred and was reinforced.

**Reinforcers** – the notion of reinforcers is important in functional analysis. A reinforcer is a consequence that strengthens a behaviour, and can be positive or negative. A positive reinforcer is something that is given to the person and is rewarding to them. A negative reinforcer is the removal of something aversive or unpleasant. If screaming results in a cup of tea, then the individual learns to scream if they want tea, and screaming is positively reinforced. If head-banging results in staff withdrawing a request to participate in an activity that the individual wanted to avoid, then head-banging is negatively reinforced by the removal of the aversive stimulus (staff demand). Reinforcers are individually determined – not everyone likes the same thing – and the power of a reinforcer can change (e.g. chocolate may be reinforcing generally, but not if the person has just eaten several bars of it).

**Context** – challenging behaviour can also be influenced by the context in which it occurs. The context can be the emotional state of the individual displaying challenging behaviour, or the environment in which they find themselves. For example, a person may be aggressive only on arrival at the day centre if they have had to sit on a bus with someone making a noise for a long time – the noise resulting in irritation or distress for the person – so that when a request is made of them they refuse. Or they may show challenging behaviour only in certain places or with certain people – these can act as triggers (discriminative stimuli) and may indicate that a reinforcer is likely (or unlikely) to be effective.

### 'Learned behaviour' model of challenging behaviour

- Antecedents (e.g. motivation, context, activities)
- Behaviour<sup>1</sup> (e.g. hitting, screaming)
- Consequence (e.g. attention, food, activity, escape)

<sup>1</sup>Behaviour is strengthened by reinforcer.

This model of challenging behaviour has developed largely in relation to people with more severe learning disabilities, although it is clearly also applicable to those with less severe disabilities. There are other possible causes.

**Mental illness:** challenging behaviour may be a symptom of a mental illness.<sup>4</sup> The diagnosis of mental illness in people with severe learning disabilities has always been problematic, although less so when the individual has a mild learning disability and is able to report on their own symptoms. If there is a mental illness, then clinical assessment and treatment will be needed, in addition to a functional assessment. It is also possible that the behaviour is not a direct symptom of a mental illness, but that the mental illness creates a situation where the behaviour is more likely to be produced. For example, if a person uses self-injury as a way of expressing that they do not wish to participate in an activity, it may increase during an episode of depression. The rationale behind this is not that depression causes self-injury, but that the person (having previously learned that self-injury results in withdrawal of unwanted demands or requests) may be more likely to reproduce this behaviour because their motivation to engage in activities is reduced due to their depression.

**Trauma:** challenging behaviour may be the result of abuse or trauma. The incidence of sexual abuse among people with learning disabilities is significantly higher than for the general population; many individuals may not be able to indicate their distress verbally and display challenging behaviour instead.<sup>5</sup>

**Response to pain or physical illness:** challenging behaviour may be a result of physical illness or pain. Confirming that there is no physical illness, especially if there has been a sudden onset, is an important part of the assessment process. For example, an individual may become aggressive when approached by someone, but the reason may be that they are in pain and want to avoid being touched.

**Neurobiological:** there may also be neurobiological causes. One example is the possibility that self-injury is maintained by the release of  $\beta$ -endorphins, which may act as reinforcers owing to their opiate characteristics.

### Functional analysis of challenging behaviour

Functional analysis (also sometimes referred to as functional assessment) is the process by which the functions of the challenging behaviours are determined, and is then used as the basis for intervention. Information is collected through a number of methods, including interviews, rating scales, behaviour recording and direct observation. This information is used to develop hypotheses about the nature of the behaviours, what are the antecedents for them and what are the consequences. This information is then tested out either in real life, or by manipulating the variables that have been suggested in the prior assessment as relevant to the challenging behaviour. The latter is known as analogue assessment: where an experimental situation is created, where it can be seen under what conditions the challenging behaviour occurs. It is important to note that there may be ethical issues in carrying out analogue assessments. For example, if the

Table 1

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