Infection prevention & control message

Please keeping your hands clean:

- · Use the hand sanitiser where available.
- Wash your hands well at every opportunity

Where are we?

We are based at the following addresses:

Children & Young People's Services

The Hartwell Wing Stoke Mandeville Hospital Mandeville Road Aylesbury Buckinghamshire

HP21 8AL Tel: (01296) 566014

Team Lead

Tel: (01296) 566016 (referral enquiries)

Mobile: 07827 982198

Children & Young People's Services Hale Acre Unit

Amersham Hospital, Whielden Street, Amersham

Bucks.

HP7 0JD Tel: (01494) 732975

www.buckshealthcare.nhs.uk Follow us on Twitter: @buckshealthcare

Author: CNCLD Leaflet code: CNCLD-001

Issue date: January 2019 Version: 3.1

Review date: January 2021



Positive Thinking about Managing Challenging Behaviour in Children

Patient information leaflet

If you require a translation or an alternative format of this leaflet please call the Community Nurses

Team on 01296 566016



Introduction

What is Challenging Behaviour?

Difficult/problem behaviours put the safety of the child/others at risk. It can have a significant impact on the child's life and that of others. Problem behaviours include:

- Aggression;
- hitting/kicking/biting;
- destruction ripping/throwing/ breaking things;
- self injurious (SIB) head banging/biting themselves/picking at their skin;
- temper tantrums;
- absconding/running away; or
- eating inedible objects (PICA)

What we can do to help:

Assess Behaviour: This helps us identify why the child is displaying the behaviour and establish specific triggers.

Indirect Approach - During the initial health needs assessment we will discuss with you what the behaviour is.

- when it started,
- any changes in the child's life,
- where and when the behaviour occurs.

Acknowledgements:

Challenging Behaviour Foundation

http://www.challengingbehaviour.org.uk/

British Institute for Learning Disabilities (BILD)

http://www.bild.org.uk/

National Autistic Society (NAS)

http://www.autism.org.uk/



Medication: In consultation with a Paediatrician or Child Psychiatrist.

Ignoring a Behaviour: Not engaging with your child verbally or non verbally e.g. no eye contact. By ignoring a behaviour you do not want, you are not reinforcing it and teach your child that they will not get what they want by displaying this behaviour.

Find a positive way for your child to express what they want and respond to this.

Direct Approach - With the parents consent we make direct observations of your child.

ABC charts – We ask you to complete charts so we can together establish the Antecedent, (what happened before), Behaviour, (a description), Consequence, (what happened after).



What is the function of Behaviour?

Social Attention: when children learn that if they display a particular behaviour it will gain attention from somebody.

Tangibles: when a child learns a way to show they want something, e.g. an object, food, activity. This can become a problem when they learn to act in an inappropriate way.

3

10

Escape/avoid: when a child learns that a certain behaviour removes them from a situation.

Sensory: for sensation, stimulation or sound, e.g. rocking, twiddling or flapping, tapping their feet. These behaviours can appear meaningless or distressing to those around the child, but for the child they can be a coping strategy to manage their stress, anxiety or boredom.

Communication: When a child has limited control over their communication they may show this through some form of challenging behaviour. If they learn this, it enables them to get what they want and they are more likely to repeat the behaviour. Examples are being unable to say how they are feeling, do not understand the expectations, or know what words to use, they can become frustrated, confused and anxious.



Talking about Punishment:

Shouting or taking something away from your child as a consequence does not always address the root cause of their behaviour. It may stop it initially, but if you have not understood why your child displayed the behaviour in the first place, they may replace it with another behaviour.

If your child understands the connection between their behaviour and the consequence, it may be appropriate to have one. It needs to be immediate and not a consequence that occurs in the future.

Using brief Interruption: Having a child sit quietly where a problem has occurred for a set time.

Using Quiet time: Move the child to the edge of an activity in which a problem has occurred until they are ready to return.

Time Out: Can be used as a last resort for serious misbehaviour, if you are able to move your child to a safe place. Alternatively, you may need to remove yourself and/or others.

4

Children are quick to learn when people manage their behaviour differently. This can lead to them feeling confused, frustrated or gaining control of a situation they may not be able to understand the consequences of, or how to deal with them. Their behaviour will escalate and it will be extremely difficult to regain control of the situation.

Children look to us to guide them, show them what is appropriate and not, help them understand what is expected of them and find ways to help them communicate their needs, and wants appropriately.

What are Communication Difficulties?

Abstract concepts refer to an object or feeling that cannot be seen or touched and contrast with concrete or fixed/permanent concepts.

Too much language: the child may only understand key words and therefore process a message incorrectly.

Interpreting language literally: in order to understand an intended time concept e.g. yesterday, this afternoon, tomorrow. "We will go to the park tomorrow", maybe understood by the child as they are going to the park now. We also have to be able to understand the person's tone of voice, facial expression and body language to get the full picture or meaning/intention.

Negatives: 'do not hit your brother,' can be understood by the child as 'hit your brother.'

Suggested Strategies to communicate with your child:

- Understand how each individual child communicates
- Use actual words to explain our expectations
- Use short clear and simple sentences
- Avoid using words like yesterday, tomorrow

8

- Tell your child what you want them to do, not what you do not want them to do
- Give your child extra time to think and process the information you give them. Leave some time in between each repetition if needed
- Use objects of reference, e.g. use a towel to show them it is time for a bath
- Use pictures, symbols and/or signs.
- Use visual and communication aids, e.g. gestures, pointing, visual timetables, sentence strips, first... then... or now... next..., sequence strips to show a particular task broken down into small steps, Picture Exchange Communication System (PECS) body map to help them show you where they are in pain.

Check for any Physical/Health Problems:

- Children with communication difficulties may not be able to indicate when or where they are in pain.
 They may display a new behaviour which could be their way of telling us they are in pain, e.g. they may hit their head because they have a headache.
- They may find going to the doctor/dentist very difficult, which may make certain health issues difficult to detect or go undetected, ask if you need support with this.

Rewarding Behaviours: the reward needs to be immediate and one your child finds motivating. It needs to be achievable.

Distraction: offer you child an alternative toy or focus their attention on something you want them to do.

Routine/Structure: helps reduce anxieties

Clear Boundaries: helps your child feel safe, secure and reduces their anxieties.

Change the Environment: limit the amount of objects around if your child wants to throw things. Seating arrangements – have a parent sitting between siblings if your child may hit out.

Consistency: manages behaviour more effectively. This is key to changing behaviour.