

# Challenging behaviour and cerebral palsy

## What is challenging behaviour?

The term challenging behaviour has been used to describe "difficult" or problematic behaviour. The more severe challenging behaviours tend to be shown by people with more severe disabilities, particularly where communication is impaired.

## Types of challenging behaviour

There are four main categories of challenging behaviour and actions can range from moderate to severe.

- **Self-injurious** behaviour includes head-banging, scratching, pulling, eye poking, grinding teeth, eating non-foodstuffs.
- **Aggressive behaviour** towards others includes biting and scratching, hitting, throwing objects, verbal abuse, screaming, grabbing.
- **Stereo-typed** behaviour includes repetitive movements, rocking, repetitive speech, and repetitive manipulation of objects.
- **Non-person directed behaviour** includes damage to property, hyperactivity, stealing, inappropriate sexual behaviour, incontinence, temper tantrums, lack of awareness of danger, withdrawal.

## What is the link between cerebral palsy and challenging behaviour?

A significant proportion of people with cerebral palsy also have learning disabilities, which may mean they may not reason well or fully understand their environment. Challenging behaviour most frequently happens within this group, especially where someone cannot communicate effectively.

Challenging behaviour can, however, occur across the whole range of intelligence.

## **Risk factors**

Three significant indicators for challenging behaviour in cerebral palsy can be identified. These are:

- Damage to the nervous system
- Learning disability
- Epilepsy (especially if poorly controlled)

## **Additional factors**

- Age (reaching a peak between 15 – 34, with a reduction in challenging behaviour in the mid-thirties)
- Gender (men exhibit more challenging behaviour than women)
- Multiple disabilities
- Communication difficulties

## **Reasons for challenging behaviour**

Challenging behaviour can stem from biological causes. Some genetic conditions are linked to self-injurious behaviour. Stereo-typed behaviour (head-banging) may be the means by which a person maintains the level of stimulation or arousal they want.

Challenging behaviour is not the same as psychiatric disturbance. A mental health problem may exist, however this may be difficult to diagnose especially if the person has communication difficulties.

Challenging behaviour can also be learned behaviour - if a behaviour produces a pleasant or desired outcome, it is more likely to happen again.

Challenging behaviour may be a means of communication. The need for food, drink or comfort may be the reason for the behaviour. In cases like this, it may be possible to teach more socially acceptable ways of communicating a need.

Challenging behaviour can be a sign of abuse, distress, anger, frustration, discomfort or pain. Withdrawal of co-operation (e.g. at mealtimes) may be the only means available to a highly physically dependent person of showing emotions.

Challenging behaviour can be a response to a person's environment. This could include under-or over-stimulation, poor physical environment (e.g. extremes in temperature or noise levels), inconsistencies in staffing including staff levels, awareness, approach and training.

Challenging behaviour can mask a person's true ability, and can make it very difficult to assess.

The behaviour can be a response to a person's environment, or to the manner and approach of an individual carer.

### **Other facts about challenging behaviour**

The most common aims of challenging behaviour are:

- Self-stimulation
- Gaining the attention of others
- Avoidance

In most people who have severe learning disability, these behaviours are not premeditated, and are not designed to purposely upset carers.

Some people will show only one form of challenging behaviour, whereas in others, 'clusters' of behaviours are evident - for instance, aggression, tantrums and destructiveness may occur together.

Research with children has shown that challenging behaviour can be reduced by teaching basic verbal or non-verbal communication which achieves an appropriate response.

Caffeine can trigger adverse mood effects, and moderating caffeine intake can be considered.

### **Depression and cerebral palsy**

Sometimes changes of mood can be related to depression in a person who has cerebral palsy. Depression is twice as common in women, with men being more likely to show anti-social behaviour. In some cases of depression, a review of the person's lifestyle can be helpful, but for others, anti-depressant drugs or counselling may be necessary.

### **Management of challenging behaviour in cerebral palsy**

All health issues should first be explored and eliminated as the cause of the behaviour. A 'functional analysis' may be carried out by appropriate professionals. This is an analysis of all aspects of the individual including the person's ability, condition or environment and behaviours displayed. Therefore it is not only the behaviour that is assessed, but also the factors which might contribute towards the behaviour.

It is important to make realistic demands of the individual based upon a thorough assessment of cognitive ability (the intellectual level of the person), physical ability, personality, coping styles and past behaviour.

### **Ways of assessing challenging behaviour**

#### 1. Establish the nature of the behaviour:

- Is it really a problem?
- Is it an established behaviour?
- Is it a new behaviour?

#### 2. Determine the facts:

- Is the information received about the behaviour reliable?
- Are there differences in carer perceptions of the problem behaviour?
- Does the behaviour only occur with certain carers?

#### 3. Describe the behaviour:

- Nature, frequency, extent of the behaviour
- Is there a pattern, e.g. does it occur at certain times of the day?
- Under what circumstances does the behaviour occur?

#### 4. Determine the outcomes of the behaviour:

- Escape from or avoidance of a threatening event?
- Rewards such as attention, food or drink?
- Interaction with others?
- Self-stimulation?

#### 5. Examine the individual's history:

- Is there a history of the same behaviour?
- What were the previous interventions?
- Were the previous interventions successful?
- Were there unknown trigger factors?

- Under what circumstances did the behaviour occur?

6. Examine the medical history:

- Has there been a new diagnosis/illness?
- Has the medication been reduced or increased?
- Has the frequency of epilepsy increased?
- Is the medication used inappropriately?
- Has new medication been prescribed?

7. Determine changes to the environment/antecedents:

- Has there been a change of carer or key worker?
- Has there been a change in daily routine?
- Has there been a change in activities?
- Has there been a change in the peer group?
- Has there been a change in frequency of family visits?
- Is a close family member ill/in hospital?
- Is there a lack of stimulation?
- Is there over-stimulation?
- Is fatigue present?
- Has there been any loss or bereavement?
- Is there pain or discomfort?
- What is the carer's attitude toward the individual?
- Has there been a change in noise level?
- Are there too many people around for the client to cope with?

**Post-assessment response to challenging behaviour**

Intervention strategies should be based upon the following:

- Making sure that where communication disorders exist, the individual has a method of communicating effectively.

- Making realistic demands of the individual based upon a thorough assessment of cognitive ability, (the intellectual level of the person) personality, coping styles and past behaviour.
- Reducing, where necessary, expectations of the individual and of care staff.
- Determining triggers in the environment, e.g. noise, or attitudes and beliefs in carers that might provoke or maintain challenging behaviour.
- Anticipating potential problems and intervening where appropriate, e.g. by providing additional support.
- Developing the individual's coping strategies for dealing with problems.
- Giving the individual other ways of communicating a need.
- Helping the individual to recognise and cope with distress.
- Training and support for care staff in prevention and management of problems.
- Care staff sharing knowledge and expertise.
- Provision of a variety of activities and materials which are appropriate and meaningful.
- Ensuring appropriate levels of support.
- Ensuring that all involved with an individual provide a consistent approach.

## **Summary**

The more moderate forms of challenging behaviour are often seen in people with cerebral palsy. It is reasonable to expect that with appropriate levels of stimulation, carer support and consistency, encouragement, and teaching of new coping skills, this type of behaviour can be kept within acceptable limits, without the use of medication. It is important to set realistic goals for the individual and aim to increase the person's quality of life and minimise the impact of behaviours displayed.

## **Further information**

The Challenging Behaviour Foundation offers information and support to carers and professionals. Contact:

Challenging Behaviour Foundation  
 C/O The Old Courthouse  
 New Road Avenue  
 Kent

ME8 6HX  
Tel/fax: 01634 838739  
Email: [info@thecbf.org.uk](mailto:info@thecbf.org.uk)  
Website: [www.thecbf.org.uk](http://www.thecbf.org.uk)

### **Further Reading**

Learning Disabilities and Challenging Behaviours: a guide to intervention and classroom management. Nancy Mather and Sam Goldstein, PH Brooks Pub, 2001. This book is available to borrow from our library.

Challenging Behaviour - Supporting Change. The challenging behaviour foundation, 2008. This DVD is available to borrow from the library at PAMIS ([www.pamis.org.uk](http://www.pamis.org.uk))

Pupils with severe learning disabilities who present challenging behaviours : a whole school approach to assessment and intervention / by John Harris, Margaret Cook, Graham Upton, Kidderminster : BILD,1996 this resource is available to borrow from the library at Down's Syndrome Scotland ([www.dsscotland.org.uk](http://www.dsscotland.org.uk))

Turning the Tables on Challenging Behaviour: A Practitioner's Perspective to Transforming Challenging Behaviours in Children, Young People and Adults with SLD, PMLD or ASD. Peter Imray, David Fulton Pub, 2008. This is available to buy from Amazon ([www.amazon.co.uk](http://www.amazon.co.uk) )

Challenging Behaviour: analysis and intervention in people with learning disabilities. E. Emerson, Cambridge University Press, 1995. This is available to buy from Amazon ([www.amazon.co.uk](http://www.amazon.co.uk) )

### **Our Advice Service**

Advice Service Capability Scotland is a national disability advice and information service. We specialise in information on cerebral palsy.

### **We offer:**

- information on Capability Scotland services
- advice on cerebral palsy
- general advice on disability issues

We also have a small lending library with resources about cerebral palsy and children's books about disability.

You can get in touch with us by calling, e-mailing, dropping in or writing a letter.

**Advice Service Capability Scotland**  
**11 Ellersly Road**  
**Edinburgh**  
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**Web: [www.capability-scotland.org.uk](http://www.capability-scotland.org.uk)**

This factsheet can be made available in other formats e.g. tape, large print.

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