

CHAPTER 10

PROVISION FOR CHILDREN WITH ASD AND CHALLENGING BEHAVIOURS

This chapter reviews the current provision for children and young people with ASD who have behavioural difficulties associated with their condition, the school settings and/or the circumstances of their placement, or have a specifically diagnosed behavioural disorder. A number of recommendations are made to inform current practice and to effect improvement.

Introduction

10.1 In many instances, teachers and parents regard the issue of ASD as less problematic than the issue of challenging behaviour. Teachers and parents express concern and anxiety about the difficulties posed by a range of issues, including aggressive outbursts, self-injurious behaviour, and bullying of this group of children and young people. There is evidence of increasing suspensions and expulsions from schools among pupils with ASD, and it is well documented that families with a child with an ASD are more likely to experience high levels of stress and anxiety. (Fitzgerald and Matthews, 2000). There is also evidence that the current provision does not serve well the needs of a small minority of children who, as a result, are placed in schools outside Northern Ireland or find themselves temporarily in psychiatric hospitals.

10.2 The most difficult aspect of challenging behaviour is the apparent unpredictability of the behaviour; what may be considered challenging at one time, may not be at another, and what may be regarded as a trigger to challenging behaviour on one occasion may not be in another circumstance. In addition, the recognition of what constitutes challenging behaviour varies across the schools and across the age range.

10.3 This chapter will explore briefly the nature of the challenging behaviour alongside the impact of the pupil's ASD, his/her environment and the approaches used to motivate and respond to the pupil's reactions in confrontational situations.

10.4 As part of the work of the Task Group, questionnaires were sent to 22 special schools for children with severe learning difficulties. Between 20% and 26% of children in these schools have ASD. Interviews were also held with a number of principals, teachers, ASD advisors and parents in order to identify the problems surrounding challenging behaviours and the support provided to deal with the issue. The questionnaire indicated that there were some 64 pupils regarded as exhibiting very challenging behaviours across the special schools and, whilst a range of support mechanisms were in place, the outcomes were variable and largely unsuccessful. In the mainstream situation, schools were more likely than their special school counterparts to suspend or expel a child with challenging behaviours. In a minority of instances, effective intervention helped a child to remain in school, to access purposefully the curriculum of his peers and to develop appropriate social skills to secure relationships with peers and adults. It is worth noting that the problem of challenging behaviours is confined to a very small number of children and that current provision has not yet produced satisfactory arrangements to guide intervention in this area.

Challenging Behaviours

10.5 Children with ASD rarely exhibit aggressive behaviour and, when they do, it is frequently as a result of their inability to respond appropriately to situations which are challenging to them and often frightening or frustrating. Knowledge of autism informs us that children with the condition do not develop relationships easily and do not share a sense of trust and expectancy of support with adults close to them. Children with ASD rely on a sense of security which derives from their familiarity with routines and uniformity. Change in routines or the environment affect the children's well-being and, on occasion, anger is a consequence. What is clear is that the behaviour has an explanation, and the trigger to the behaviour may be something quite innocuous or trivial to others but of significant importance to the child.

Much of the literature defines challenging behaviour as a problem of such severity and regularity that it results in significant dissonance between the needs of the individual and the human and physical environment. Emerson et al (1987) put it thus:

“behaviour of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy or behaviour which is likely to seriously limit or deny access to the use of ordinary facilities. Ordinarily, we would expect the person to have shown the pattern that presents such a challenge to services for a considerable period of time. Severely challenging behaviour is not a transient phenomenon”.

Some pupils with ASD present as being very passive learners. This can be regarded as challenging to some parents and teachers. The needs of these pupils should not be disregarded within the classroom simply because they do not cause disruption. Many teachers find that the needs of passive learners can be effectively addressed through structured teaching and by identifying the pupil’s motivation needs.

10.6 The evidence from the literature indicates the need to analyse the situation in which the challenging behaviour occurs as an integral aspect of addressing the challenging behaviour (Jordan, 2001).

10.7 Aston (2001) highlights the issue of fear as having different qualities in children with ASD. Aston suggests that fear is more pervasive among children with Asperger syndrome, and can arise from everyday stimuli, which leave the child distraught. The difficulties are not confined to any age group and tend to remain over time and express themselves in different but clearly related situations. Aston mentions additional problems: for example, the difficulties in sexual relationships that both men and women with Asperger syndrome may experience. Klin and Volkmar (2000) also refer to the fact that children with Asperger syndrome are at a greater risk of developing depression and emotional difficulties. There is, therefore, the need to distinguish among the varieties of behaviours which are considered challenging or violent (Ashdown, 1993). Thus the concept of challenging behaviour is complex.

10.8 The factors influencing behaviours are:

- ❖ psychological;
- ❖ physical;
- ❖ communication-related;
- ❖ situational;
- ❖ environmental.

10.9 A child with an ASD may exhibit different or unusual behaviour because of an illness or discomfort, or a new and unfamiliar occurrence or meeting unfamiliar persons, which interrupt the routine of events the child relies on. Challenging behaviour may also occur because the child is unable to express his/her feelings or to communicate needs, and may do so by running away, expressing fear, withdrawing or being destructive or aggressive. In every situation the behaviour has an explanation. **The challenge to parents and teachers is to find the explanation for the behaviour and either teach the child how to cope, or manipulate the environment or the circumstances to ensure that the child settles and interacts positively.**

10.10 Most parents and teachers recognise challenging behaviours and many of the submissions to the Task Group detailed behaviours that were considered particularly challenging. In mainstream schools, most of the challenging behaviours were verbal or confrontational, and included examples such as running from class, refusing to do work, or disrupting lessons. Situations may be compounded by mutual misinterpretations. In the special school setting, the challenging behaviours were identified as being more aggressive and, on occasion, violent and uncontrollable. One principal expressed concern about older and physically stronger children with challenging behaviour. Another principal wrote that children with severe challenging behaviours were more difficult to teach in mixed ability settings. Several principals noted the rise in the ASD population in their schools, which created greater challenges for the school, particularly in the deployment of staff and resources. A number of responses indicated

that the issue raised health and safety concerns and that other children had to be protected as a priority. One principal requested consideration of more specialist provision as a priority and as a means of preparing a child for reintegration. The principals expressed strong support for the need to review provision for this group of children and they indicated the need for more in-depth and relevant training and a broader continuum of provision.

10.11 In terms of provision, the schools employed a variety of strategies and approaches: most received support from the ELBs and from health and social services. External support included additional classroom assistants, access to training and advice and assistance from ASD advisers, outreach teachers from the special schools, clinical and educational psychologists, and from child psychiatry and voluntary groups. In most responses, the special school principals considered that the school could provide adequately for the needs of children with challenging behaviours but they felt that they were finding it increasingly difficult to cope with children with very severe challenging behaviours. In one ELB, the SLD schools had access to a designated challenging behaviour team comprising a teacher, classroom assistants, clinical and educational psychologist and a behaviour nurse therapist. This last was regarded as invaluable to the success of intervention provision. For their part, the principals in mainstream schools often judged that mainstream placement was inappropriate.

10.12 In discussion with some of the principals, it became clear that there was inadequate assessment of individual children's needs and, in particular, little baseline information on the impact of the environment on the child's ability to settle and respond. In addition, less than adequate attention was placed on promoting the child's communication skills as an integral aspect contributing to the challenging behaviours. What emerged from the findings is a picture of schools trying constantly to deal with the challenging behaviours using general strategies, which often failed. In some schools, manipulating the physical environment, employing a high staff:pupil ratio, and following a strict structured approach based on the principles of TEACCH did have good effect on the social outcomes for the child. In 4 schools, staff had had or were receiving training from the Institute of Applied Behavioural Analysis; they reported success in establishing procedures

to address challenging behaviours. In one school, for example, which has adopted the approach at a whole-school level, a number of useful principles have emerged which provide a useful model to others. These elements include:

- ❖ intensive training in behavioural analysis for a number of key staff;
- ❖ whole-school awareness, and commitment to the implementation of the approach;
- ❖ clear leadership and direction from the principal;
- ❖ comprehensive individual assessment and intervention planning;
- ❖ home-school partnership;
- ❖ an emphasis on a diverse use of strategies matched to individual needs;
- ❖ ongoing support from external agencies to help promote monitoring and evaluating.

10.13 In general, there is little confidence or indeed agreement among teachers as to what can be done when severe challenging behaviours arise. In addition, it is important to note that much initial behaviour regarded as challenging is often replaced by additional learned and inappropriate behaviours, which in some instances can become obsessional over time. Comprehensive assessment is required to clarify the essential behavioural circumstances which cause problems for the child. It is known that a key feature of ASD is an inability to develop appropriate social interaction skills and knowledge. Much of the literature indicates that children with challenging behaviours rarely have control over their environment and with effective support can cope with or extinguish unnecessary habits or behaviours (Keogal et al, 1997; Donnellan et al, 1988).

10.14 It is the findings of the Task Group that those who work with children with ASD need to have a sound knowledge of the nature of

autism and of the influence of the autism upon the individual child. It is further clear that a detailed knowledge of a child's learning strengths and weaknesses, including an analysis of behaviour, is crucial to planning intervention.

Intervention: Promoting Best Practice

10.15 Planning to provide an effective environment conducive to learning should be underpinned by two main themes:

- ❖ a whole-school approach and ethos, promoting positive behaviours and socialisation;
- ❖ an individually developed programme of intervention to address the child's needs and providing opportunities to work alongside peers in an appropriate and jointly beneficial manner.

10.16 It is suggested that provision should include:

- ❖ training for all staff, particularly for key workers;
- ❖ sufficient staffing and resources;
- ❖ effective arrangements for assessment, monitoring and evaluation of progress.

10.17 Dealing with the issue of challenging behaviour begins with an acknowledgement of the problem and an intention to address the behavioural difficulty. In all instances, this will entail a collation of information about a breadth of areas, including the individual profile of the child, the circumstances of the challenging behaviours, the members of staff involved and the teaching approach and curriculum content in use when difficulties arise. In other words, there is a need to assess the global aspects of a child's situation and it is important to accept that the child's challenging behaviours may result from conditions outside the child's control and not solely as a result of an ASD. Whole-school procedures must be established and clearly understood by all. Prevention is a major consideration and it is crucial that schools develop an ASD-friendly approach linked to and integrated

with the pastoral and special needs system of the school. Good standards and behaviours emanate from recognisable rules and procedures.

10.18 The Task Group finds in the best practices that staff confidence is strongly associated with appropriate training and whole-school commitment to effective provision. In such circumstances, schools develop a range of strategies and procedures for improving behaviour within the school and the classroom context.

10.19 There has been significant interest in the field of challenging behaviour in the past 10 years and it is evident that teachers and parents need access to a breadth of knowledge about the subject and to a system of support, advice and training. The main approaches used to manage problem behaviours include biological, social, educational and psychological. It is without doubt necessary to explore pharmacological interventions, which have been the staple intervention of the psychiatric services. While there is some debate about medical interventions, it is clear that some children respond to medications. Children with ASD, like other children, may have additional impairments such as a hearing or visual difficulty or epilepsy which require attention. A medical examination is often recommended as an initial action if only to rule out physical causes. Social intervention strategies focus on creating environments which reflect the child's ASD condition and which provide a sense of security for the child. The aim of educational intervention is to increase the individual's skill and experiences to assist progress; the psychological approaches provide focus on the behavioural, psychodynamic and cognitive perspectives. While mention is noted in this chapter and throughout the report of differing methodologies, readers are referred to the literature for more in-depth information (Jordan, 2001; Lovett, 2001; Harris and Weiss, 1998; Aston, 2001).

10.20 Teaching appropriate functional behaviours and providing support for a child at times of challenging behaviours are characteristic of positive behavioural programming. This approach identifies or analyses the function of the behaviour as a means of communication. The results which emerge direct the creation of preventative strategies, and indicate environmental and instructional adaptations which may

help the individual to cope. The challenging behaviour must be clearly identified in order to ensure that it can be controlled or eliminated.

Exponents of behavioural analysis strongly promote the need to observe the child during assessment and to identify the problem behaviour, when it occurs, how often it occurs and in what settings or circumstances. The information is vital to planning intervention and is often written into an 'ABC' action plan: A being the antecedents of the behaviour, B, the behaviour itself and C, the consequence. Zarkowska and Clements (1996) describe a more intricate model of intervention, which is described in detail in Jordan (2001). La Vigna details an ABA approach, which focuses on analysing the behaviour in terms of its causes and consequences for the child within a reinforcement survey.

10.21 The Task Group finds that, following comprehensive assessment by a variety of professionals, intervention should be individually developed and should include a range of resources and settings to match need to provision.

10.22 Research findings indicate that the use of strategies which combine behavioural methods and counselling techniques helps foster social interaction and reduce challenging behaviours (Howlin and Rutter, 1991). Indeed the humanistic approach as described by Nind and Hewitt (1994) is regarded as a useful approach for children with ASD, although its use is rare across the schools. The Task Group considers that schools should review and make use of interventions that develop from a whole-school approach which reflects autism strategies, and promotes teaching and learning based on individual planning. The following interventions should be available in schools and appropriate use made of those which address effectively individual needs; the interventions include:

- ❖ play strategies to foster turn-taking and social skills with younger children;
- ❖ intensive interaction to encourage communication and to help eliminate inappropriate behaviours;
- ❖ intrusive teaching which encourages children actively to seek help and to be engaged in class activities;

- ❖ stress-reducing activities to help individual children to cope with difficult situations, including managing anger and aggression;
- ❖ peer training to help others develop an interest and empathy for children with ASD;
- ❖ friendship and buddying techniques, eg Circle of Friends, to help children with ASD to develop their social skills and to make and maintain friendships;
- ❖ integration opportunities to allow the children with ASD and their peers to work alongside one another in various settings.

10.23 Much has been written to indicate that aversive approaches, and approaches which include aversives, to manage behaviour focus heavily on specific behaviours rather than on the diagnostic components of autism as described within the triad of impairments. It is the findings of the Task Group that modifying unacceptable behaviours through intervention strategies must be carried out non-aversively and in line with the DE Circular 1999/10 ensuring the pastoral care and child protection of the child.

Range of Options for Challenging Behaviours

10.24 A range of differentiated provision is crucial to meeting the needs of children with ASD and challenging behaviours. This report favours support in the least restricted environment which, in the majority of instances, will be the child's mainstream school; for some children, appropriate placement may mean alternative provision, at least for some time, in a specialist setting or class. For the minority of children whose behaviour is severely challenging, alternative placement may need to be developed to provide time for comprehensive multi-disciplinary assessment, individual guidance and staff training as a preparation for reintegration. In the latter case, the Task Group suggests that a more creative approach is necessary to ensure that the withdrawal programme targets the child, his/her parents and the staff who will remain responsible for his/her provision

on re-entry to school. Such alternative provision will require expert involvement and outreach flexibility to secure effective progress.

10.25 In general, there is the need to ensure that schools have access to multi-disciplinary support, and to an analysis of the ecology of the classroom in order to consider the variables of organisation, classroom layout, seating arrangements, routines, and pupil and teacher mobility (Thomas, 1992). Additional classroom factors including the noise level, transitions, interruptions, staff and routine changes and unclear requests and teacher instructions and teaching styles must be observed and analysed to establish a baseline position for effective provision.

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RECOMMENDATIONS

Recommendation 10(i)

The Task Group recommends that a range of differentiated provision, including resources, should be made available to meet the needs of children with ASD and challenging behaviours, and should be sufficiently flexible to allow the child to avail, where recommended, of different placements, including specialist and residential provision. The range of provision should include:

- ❖ an ASD/challenging behaviour referral unit for pupils unable to integrate fully into their school and situated to serve the needs of a geographical sector of schools;
- ❖ residential provision, short- and long-term, with an emphasis on reintegration.

Recommendation 10(ii)

Training in identifying and managing children with ASD and challenging behaviours should be provided for parents, teachers and classroom assistants.

Recommendation 10(iii)

Multi-agency and multi-disciplinary support and comprehensive assessment of the child and of the ecology of the classroom should be available to all schools experiencing challenging behaviours to assist staff in the creation of a positive environment and the implementation of effective programmes.

Recommendation 10(iv)

Research should be funded to clarify the complex needs of this population, and identify the types of resources and approaches which are most effective.

Recommendation 10(v)

The Departments of Education and Health, Social Services and Public Safety should seek to establish protocols and guidance on collaborative working at ELB and Trust level.

