

Behaviour Information Sheet

The information contained within this newsletter can be adapted for use at any time regardless of any diagnosis.

Understanding and Managing Distressed Behaviours

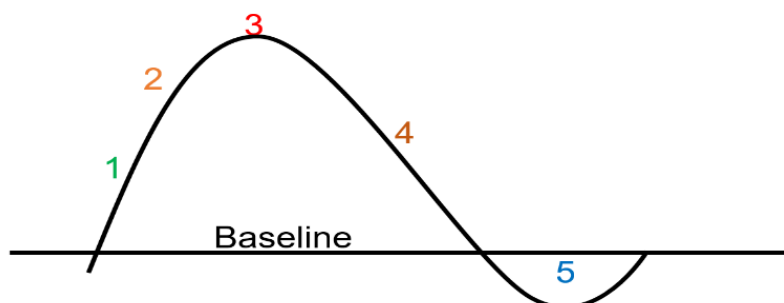
One of the most difficult things for parents and carers to manage is what their child or young person is trying to tell them when they are displaying Distress, or anxiety or distressed presentations. The most important thing to remember is that **ALL Behaviour is Communication**. Some of our children / young people don't have the verbal skills or literal words to describe what they are feeling yet. This is as frustrating for our children as it is for parents and carers. It is hard to know whether their behaviour is a choice or whether they cannot control these behaviours.



Sometimes behaviour that is difficult to manage can be meeting a child's needs. It might, for example, bring them comfort, or it might block out sounds that they are having difficulty tolerating. It can be hard though, when the behaviour that is meeting their need is difficult for you as a parent or carer to cope with. It is normal to feel frustrated, overwhelmed or that you have run out of patience. If your child is struggling with a few different situations, it might be a good idea to focus on just one or two. Are there any you can 'let go' of while you concentrate on others? You could discuss this with a friend who understands, or maybe with other parents of children with disabilities. We hear many families reporting that their children display these behaviours after school or when they have seemingly been having a good time and it takes parents by surprise as they haven't seen anything in particular happen. This can also happen after being sociable for a period of time.



To start to understand these behaviours, it can be helpful to try and unpick the triggers, to identify a pattern or reason for the behaviour you see and hear. This is also not always easy to do. There are a number of ways to do this including recording on a calendar / behaviour trigger diary when these behaviours happen. You may not always know what the triggers are as your child may process things slower or out of order. The behaviour you see may be because there was 1 final trigger that pushed them over the edge. To help visualise this see the graph below. A Model of Arousal and Behaviour from Clements and Zarkowska (2000) Behavioural concerns and Autistic Spectrum Disorders Page 55



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Baseline - Person functioning at optimal level

Stage 1 Something pleasant, frightening or aversive happens and this triggers an increase in arousal. The person may become anxious, angry or excited.

Stage 2 Arousal continues to build. It may build rapidly (over a few seconds) or very slowly (over minutes or hours, even days) depending on the trigger, the presence or additional triggering events and individual differences in “arousability”. The person may become irritable, demanding, threatening or abusive, less able to cope with everyday demands.

Stage 3 Arousal peaks and the person loses control. The person may become aggressive, destructive or self-injurious.

Stage 4 Arousal levels start to drop and the person begins to calm. However, further triggers while arousal is fairly high may cause rapid increases in arousal and further incidents as arousal peaks again.

Stage 5 Arousal drops sharply, sometimes falling below the individual's comfortable level, causing the person to become sleepy, tired or miserable for a while.

Baseline Arousal returns to the optimal comfort level.

Top tips to help manage meltdowns/ distress/ overwhelming and de-escalate

1. **Try not to yell to be heard over your child.** The louder you get, the louder they may get. Your child needs calm and consistency in those moments. Try to model the behaviour you want to see by showing them calm and speak calmly and with a normal tone.
2. **Avoid giving your child information or asking them to talk about what is wrong at the time.** If your child is feeling anger, frustration, upset, confusion, they will not be able to process any demands you make of them.
3. **Remain non-judgemental.** Listen to and acknowledge what they are saying. They need to feel heard, even if you don't agree with what they are saying, they are entitled to their opinion and to express how they have experienced something. Practice active listening, reflect back to them what they are saying “I hear you are frustrated / worried / tired / annoyed” etc.
4. **Silence** Think about what they need from you. You just being there, without speaking, can be enough to help some children feel calmer. Equally, some children prefer to be left alone. If they need to, let them retreat to their safe space. Some children like being under covers, under a table, behind the sofa. Anywhere they feel safe and is safe for them to be.
5. **Be aware of your body language.** Sit down with your hands in your lap if you can.
6. **Decrease sensory input.** You may want to turn off any TV's, iPads, music that is playing as well as reducing lights. If they have LED's or sensory lights like bubble tubes or disco balls in their room, turn them off. All the extra sensory input could be increasing their stress levels in that moment. Anything extra they need to process like noise/sounds and flashing lights will stop them from calming down quickly.
7. **Practice deep breathing exercises.** This can be useful for the child as well as the parent. By modelling this exercise you will also calm yourself down at the time. It is hard to know what to do in those moments when we just want to help our children. Breathing in for a count of 5 and out for 5 or using finger breathing – trace the outline of your fingers on one hand with the finger on your other hand - breathe in as you move your finger up the outside of the finger and breathe out as you move your finger round the fingertip and down. You can do this without words once you have practiced this with your child as well as it's quite a visual technique also.

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8. **Avoid using the word “no”, answer questions, but ignore verbal aggression.** In the heat of the moment, our children don't mean to use harsh or upsetting words to us. Many children describe these moments as not being able to control themselves, as if they are not really there. If you treat the aggressive words as noise and don't take them personally, you may find your reactions change which also changes the time it takes for your young person to calm down. Your child could be feeling anxious or out of control in those moments. It's helpful if the adult who is with them is as calm as possible (although we know this can be hard at times)
9. **Reflect on how you are feeling and if you are ready to deal with a behaviour in a calm way.** As parents, we often face these situations without warning or preparation. This is hard for us to deal with. Once a situation has resolved, try to take time for yourself to calm down. This may not be possible straight away but try and do this for yourself. You can't pour from an empty cup. All the above takes practice. Don't feel guilty if you don't remember these tips. We are ALL human. Remember your own Arousal Curve.
10. **Reach out and share your reality.** You may find that speaking to other parent carers can help you feel less isolated. It's important to ask for help when you need it.
11. **Don't be hard on yourself if things haven't gone to plan.** Be kind to yourself and try again tomorrow.

Coke (Other fizzy pop brands are available) bottle analogy

Another way to help picture the triggers for a child / young person is by using the Coke Bottle Analogy. In simplicity, you imagine the child is a bottle of Coke. Every time something stressful happens the bottle is shaken. Nothing much seems to change. But the bottle is shaken and shaken. The pressure builds and builds and then once home with their parents, or in their safe space with their safe people, the lid comes off the bottle. All the shaking results in a lot of mess and try as you might, once the fizzing starts, the lid is next to impossible to get back on.



Clinical Partners are a private provider who have been commissioned by LSCFT NHS services to provide some assessments for Autism for families as well as creating some co-produced resources based on some of the most common issues experienced by parent carers and their children and young people. This highly detailed resource is available to access for free and also provides regular themed e-newsletters delivered straight to your email addresses. The online support offer can be accessed, regardless of a diagnosis, and is not suggesting that a diagnosis of Autism will be given.

<https://lsc.autismunlocked.co.uk/family-resources>



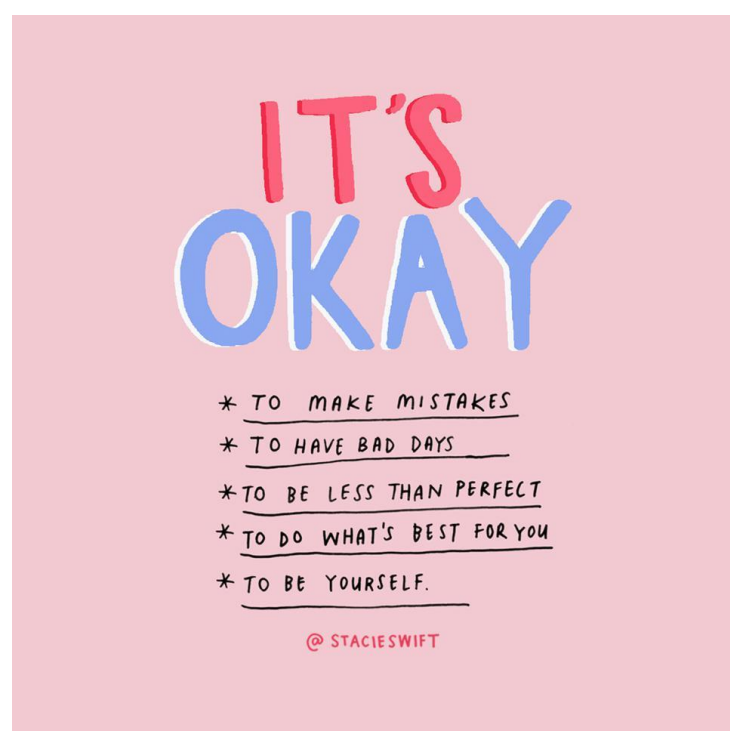
Carol Gray- Social Stories

Carol is best known for the development of Social Stories, a respected evidence-based practice used worldwide with people with autism of all ages. Carol is also known for initiating a very effective social philosophy that 1) 'abandons all assumptions', 2) regards both the typical and autism perspective as 'equally valid', and 3) recognizes the 'social impairment in autism' as shared (noting the well-intentioned but nonetheless misguided mistakes of parents and professionals). She has completed ground-breaking work on some of the toughest topics in autism by reviewing the research, developing new theories, and proposing practical instructional strategies, most notably Gray's Guide to Bullying (2004) and Gray's Guide to Loss, Learning, and Students with ASD (2003)

<https://carolgraysocialstories.com>

Visual supports

Visual supports are a communication tool that can be used with autistic people. They can be used in most situations, are adaptable and portable. <https://www.autism.org.uk/advice-and-guidance/topics/communication/communication-tools/visual-supports>



If you feel you are struggling and need support for your own mental health, please speak to your GP.

For urgent mental health advice and support call

0800 953 0110

For a range of mental health support charities please go to www.mentalhealth-uk.org

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