

# Understanding behaviour and mental health problems

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**ABOUT US**

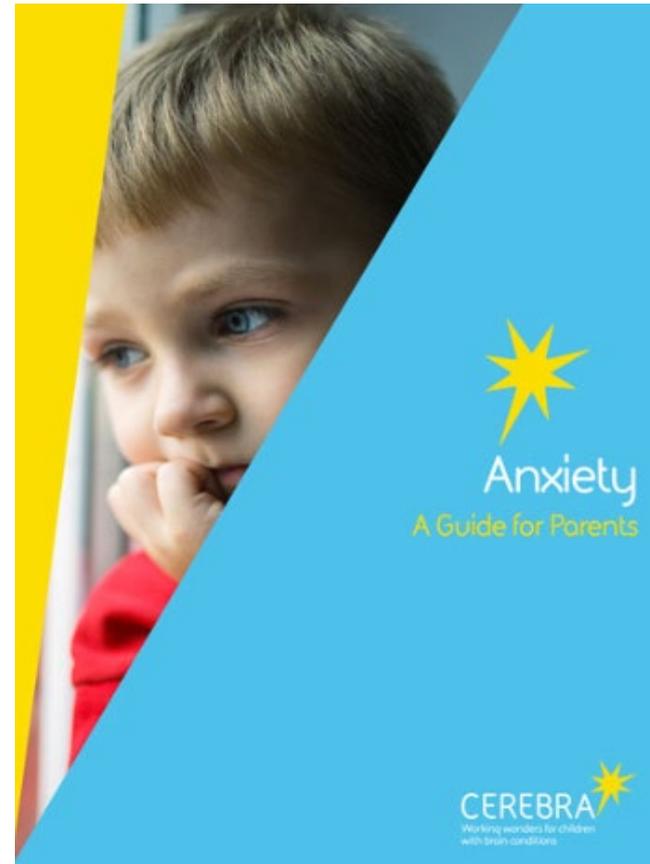
Find out more  
I'm a...



# FIND KNOWLEDGE

WE CAN IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH RARE  
GENETIC SYNDROMES BY SHARING KNOWLEDGE.





Cerebra: Self-injurious behaviour; Cerebra: Pain; Cerebra: Anxiety

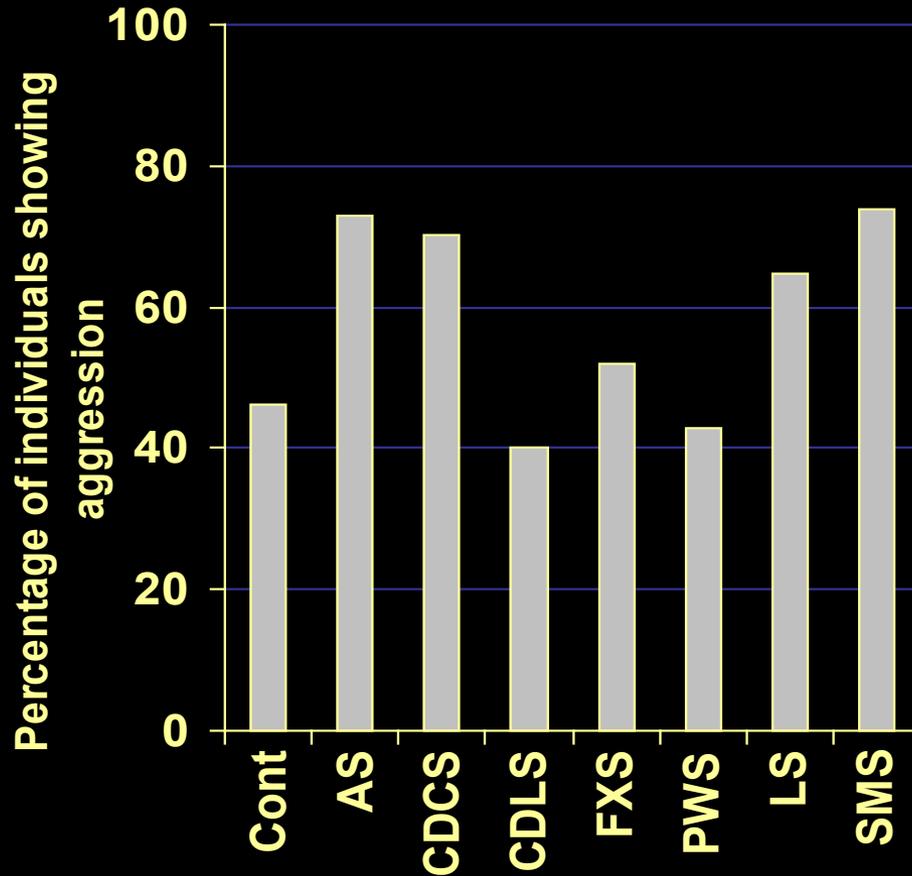
## A definition of challenging behaviour

Aggression  
towards  
others

Self-injurious  
behaviour

Damaging  
property

## Physical Aggression



What do  
we do?

CAUSE IS  
KEY

# Challenging behaviour tends to be related to three things

Pain and discomfort

Independent of environment

Pain behaviours

Common pain conditions

Carer report

Learned behaviour

Related to broad environment

Related to communicative behaviours

Related to immediate environment

Difficulties regulating behaviour and emotion

Poor emotional regulation skills

Compromised behavioural inhibition

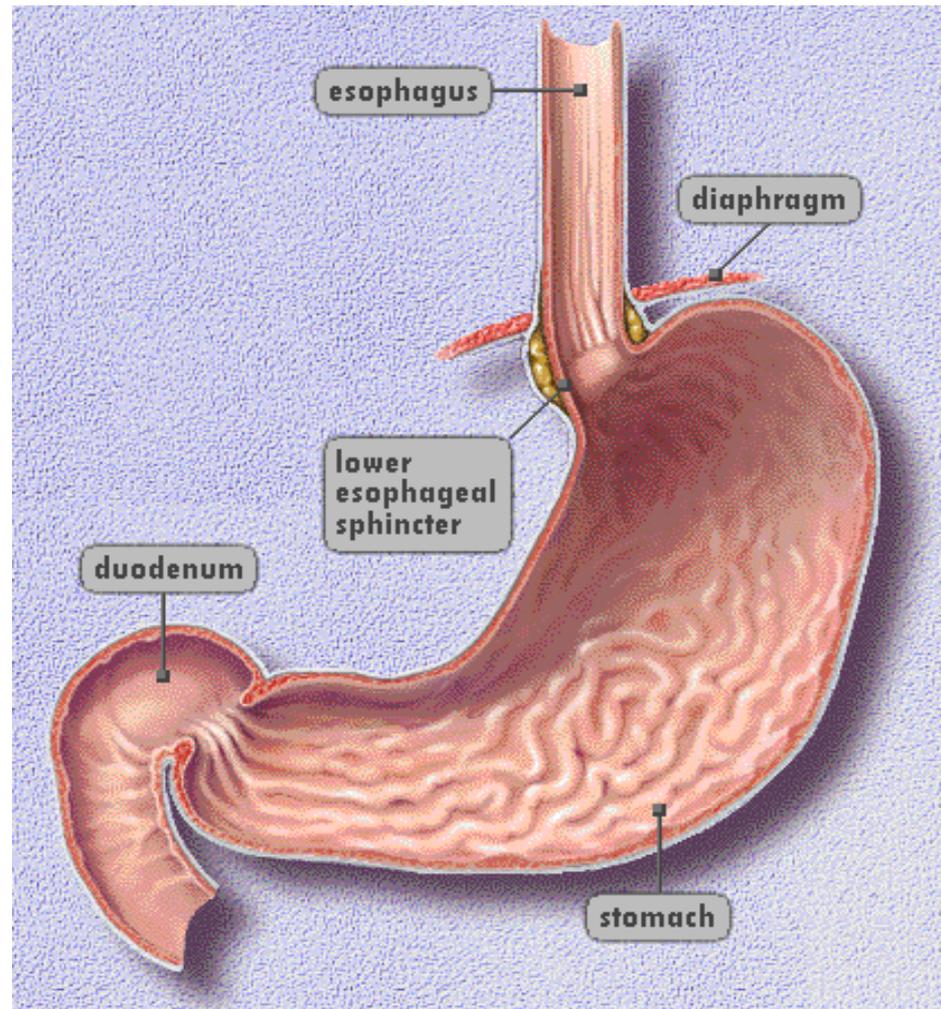
Pain and discomfort

Independent of environment

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Carer report



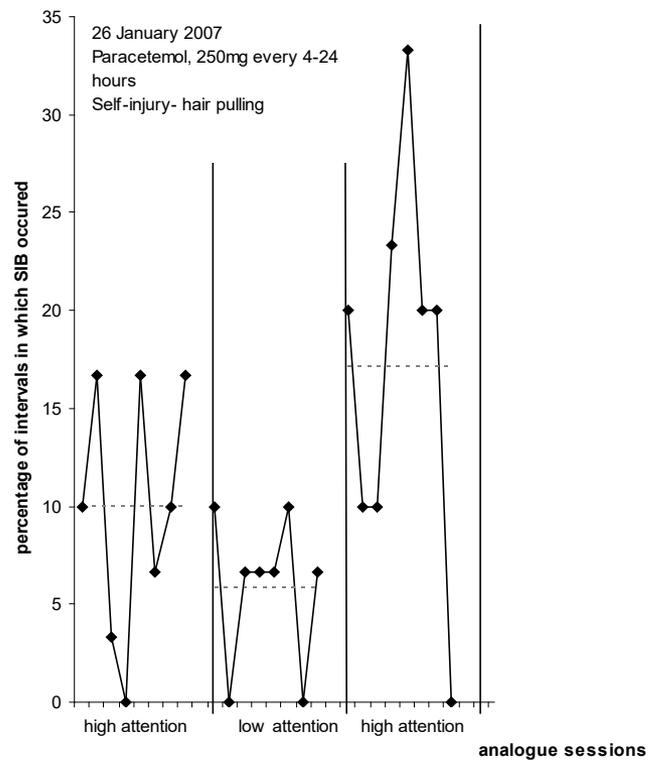
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Pain and discomfort

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## The FLACC Pain Scale

Sometimes it is difficult to assess pain in children who are non-verbal. The FLACC Pain Scale is a system that can help parents and professionals assess pain levels in children who have limited or no expressive communication. The diagram shows the categories for scoring. Zero, one or two points are given to each of the five categories: Face, Legs, Activity, Cry and Consolability.

Interpreting the Behaviour Score  
Each category is scored on the 0-2 scale, which results in a total score of 0-10.

0 relaxed and comfortable    4-6 moderate pain  
1-3 mild discomfort    7-10 severe discomfort or pain or both

Categories ▼	Score Zero ▼	Score One ▼	Score Two ▼
Face <b>F</b>	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant quivering chin, clenched jaw
Legs <b>L</b>	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity <b>A</b>	Lying quietly, normal position moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
Cry <b>C</b>	No crying (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability <b>C</b>	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distadable	Difficult to console or comfort

If a child is showing these behaviours, it doesn't necessarily mean that they are in pain, as some of the behaviours measured by the FLACC scale can happen for other reasons. However, parents are advised to follow up high scores with a professional.



# Conducting A FLACC

Face



Download a FLACC: <http://w3.cerebra.org.uk/research/research-papers/self-injurious-behaviour-in-children-with-intellectual-disability/>

# Conducting A FLACC

Face  
Legs



Download a FLACC: <http://w3.cerebra.org.uk/research/research-papers/self-injurious-behaviour-in-children-with-intellectual-disability/>

# Conducting A FLACC

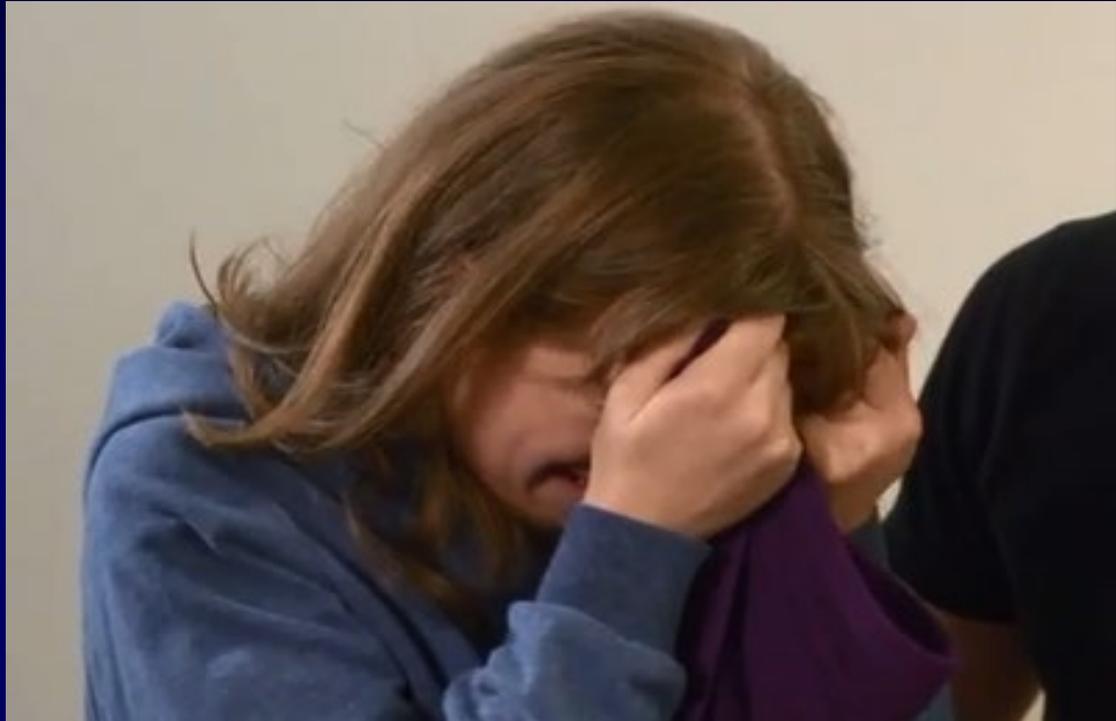
Face  
Legs  
Activity



Download a FLACC: <http://w3.cerebra.org.uk/research/research-papers/self-injurious-behaviour-in-children-with-intellectual-disability/>

# Conducting A FLACC

Face  
Legs  
Activity  
Crying



Download a FLACC: <http://w3.cerebra.org.uk/research/research-papers/self-injurious-behaviour-in-children-with-intellectual-disability/>

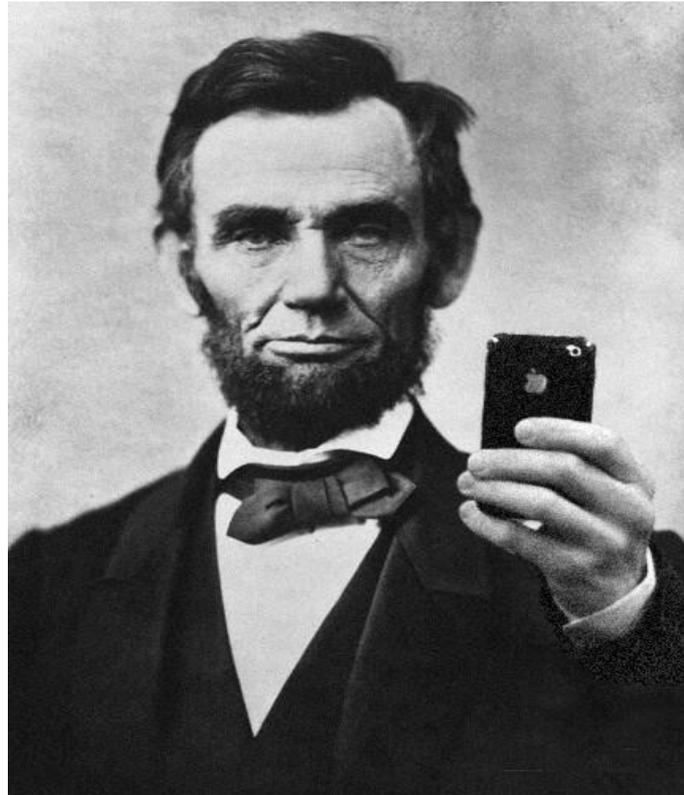
# Conducting A FLACC

Face  
Legs  
Activity  
Crying  
Consolable



**Unrelated to environmental events, inconsolable, periods (hours, days) of SIB then none.**

Download a FLACC: <http://w3.cerebra.org.uk/research/research-papers/self-injurious-behaviour-in-children-with-intellectual-disability/>



Other outrageously expensive smartphones are also available

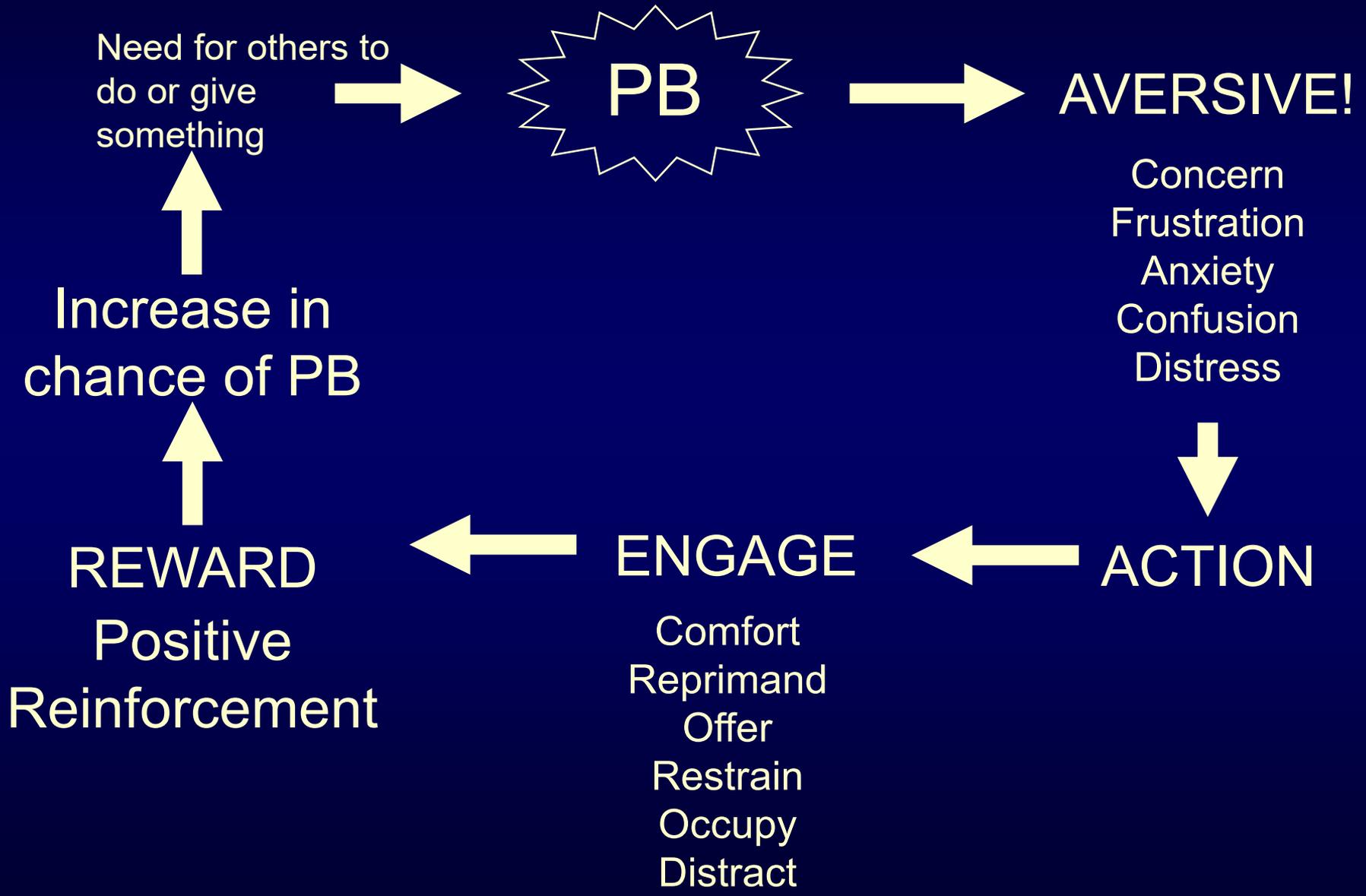
Learned behaviour

Related to broad  
environment

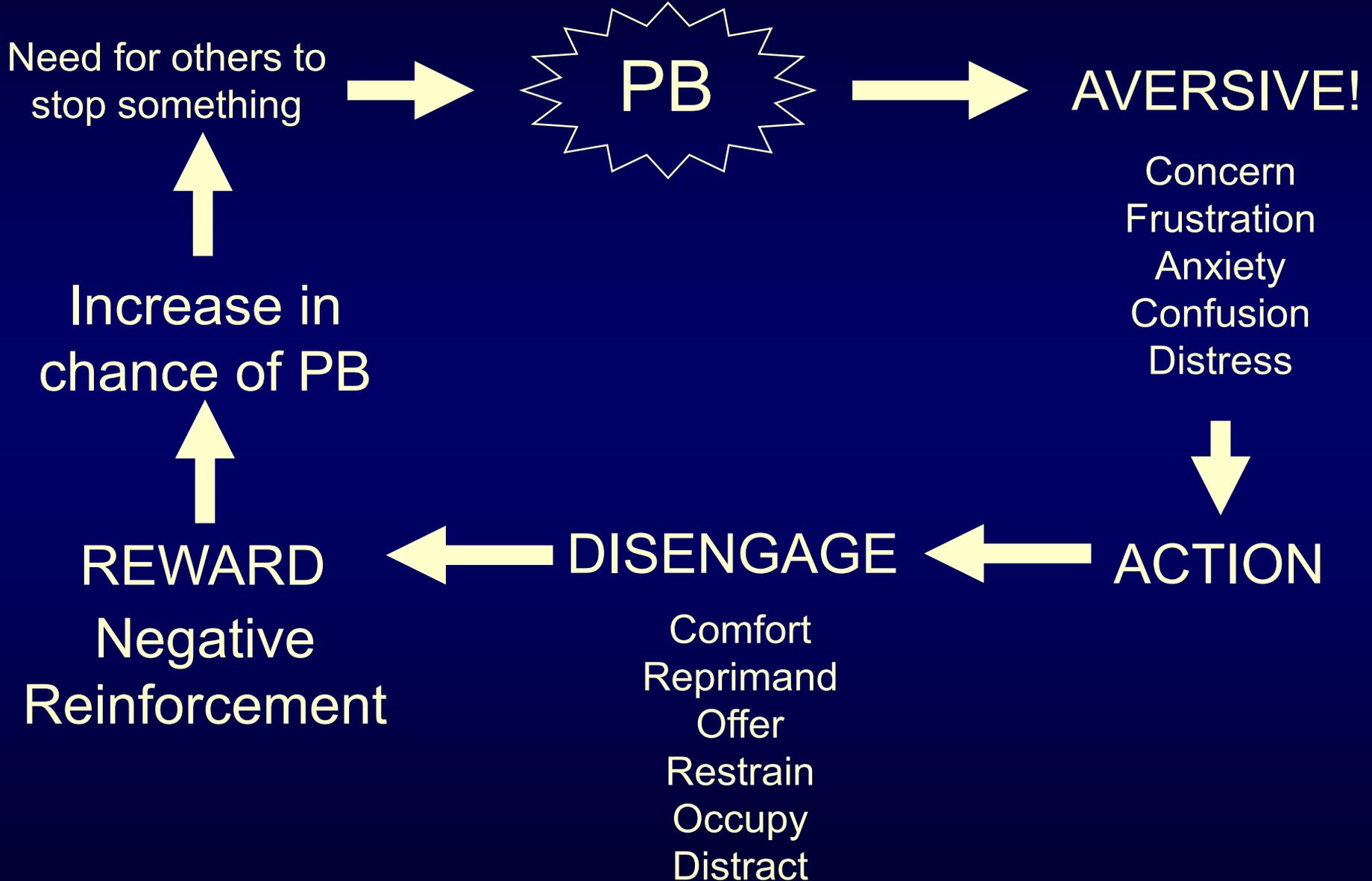
Related to  
communicative  
behaviours

Related to  
immediate  
environment

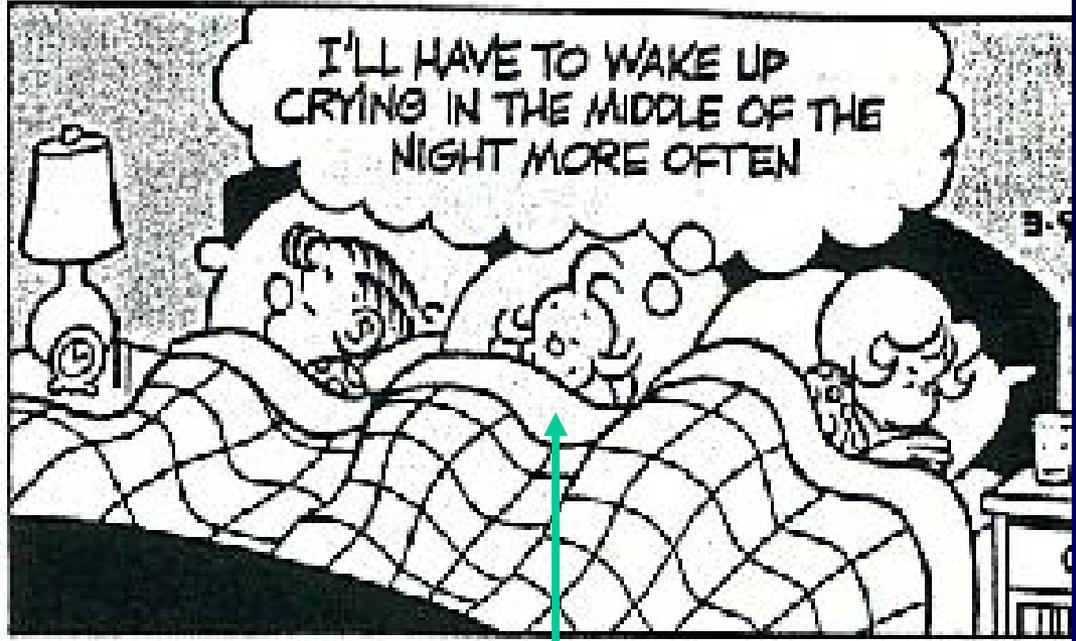
# Social Communicative Function of Problem Behaviour: Positive Reinforcement



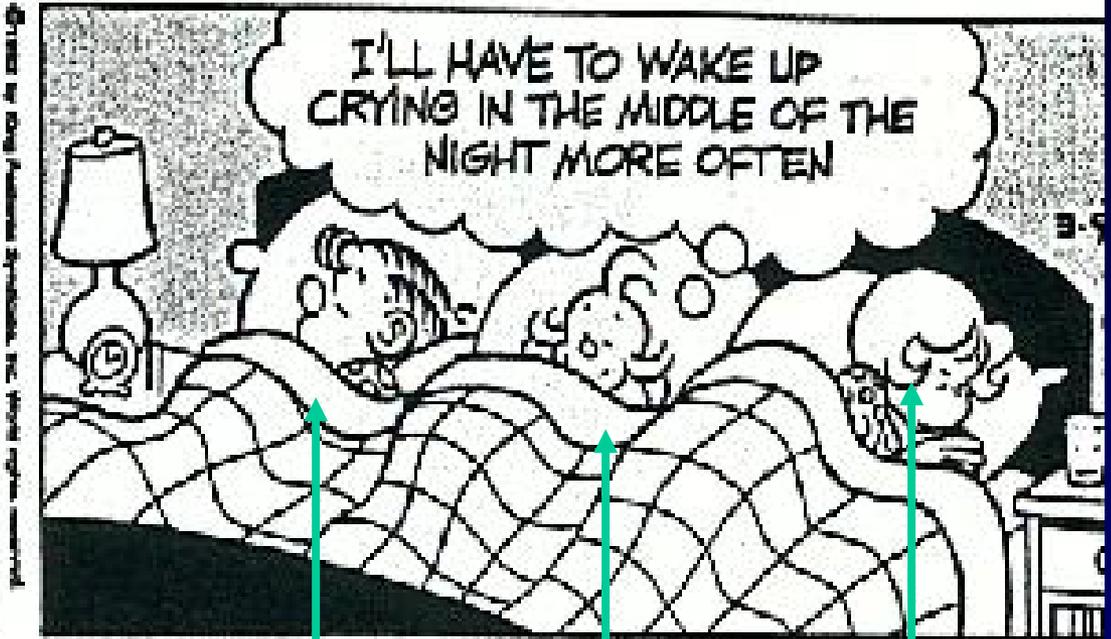
# Social Communicative Function of Challenging Behaviour: Negative Reinforcement



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A rewarded person

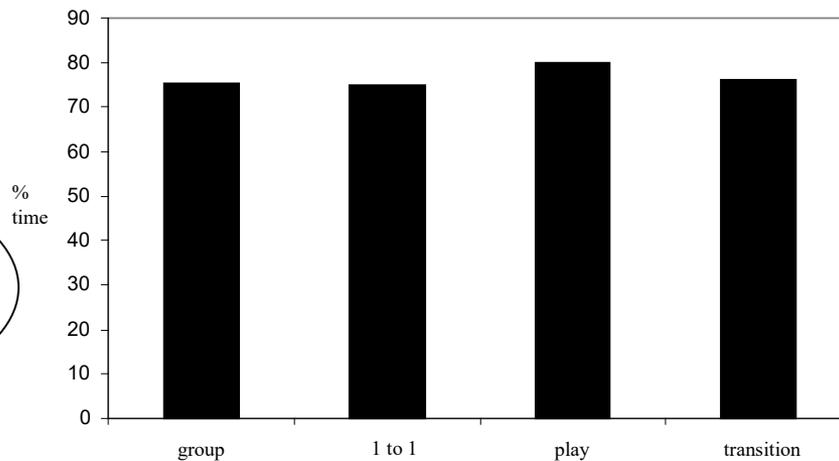


A rewarded person

Two other rewarded people

Learned behaviour

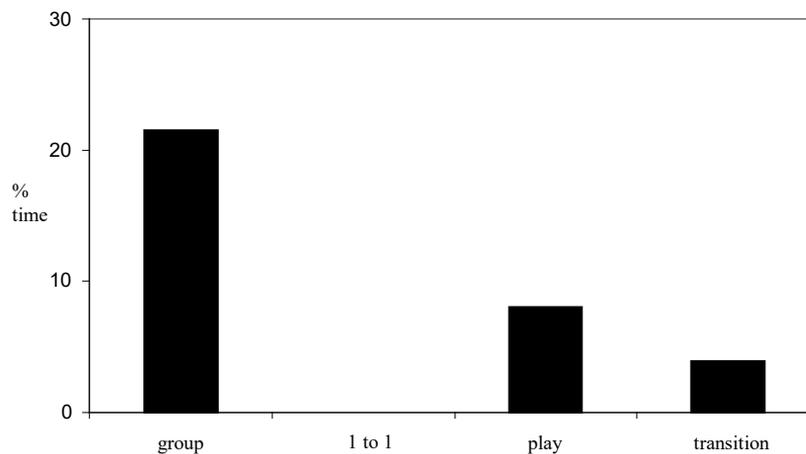
Related to broad environment



8 year old boy, hitting out at other children. Behaviour stable across different environments.

Related to communicative behaviours

Related to immediate environment



6 year old girl, hitting out at other children. Behaviour is very variable across different environments.

Learned behaviour

Related to broad environment

Related to communicative behaviours

Related to immediate environment

Behaviour stops with environmental or social change, preceded by precursor behaviours (protest, attempts to solicit attention, requests).

Behaviour is 'directed' toward another person (eye contact, facing toward).

# A Repertoire of Functionally Equivalent Behaviours

Waving

Standing and Looking

Shouting

Get Peer Help

Speaking

Hitting

Skirt Tugging

Do Something Else

Hand in Air

Tapping on Shoulder

Headbanging

Throwing Something

Smiling

Screaming

Do it Yourself

Waving

Standing and Looking

Shouting

Get Peer Help

Speaking

Hitting

Skirt Tugging

Hand in Air

Tapping on Shoulder

Do Something Else

Headbanging

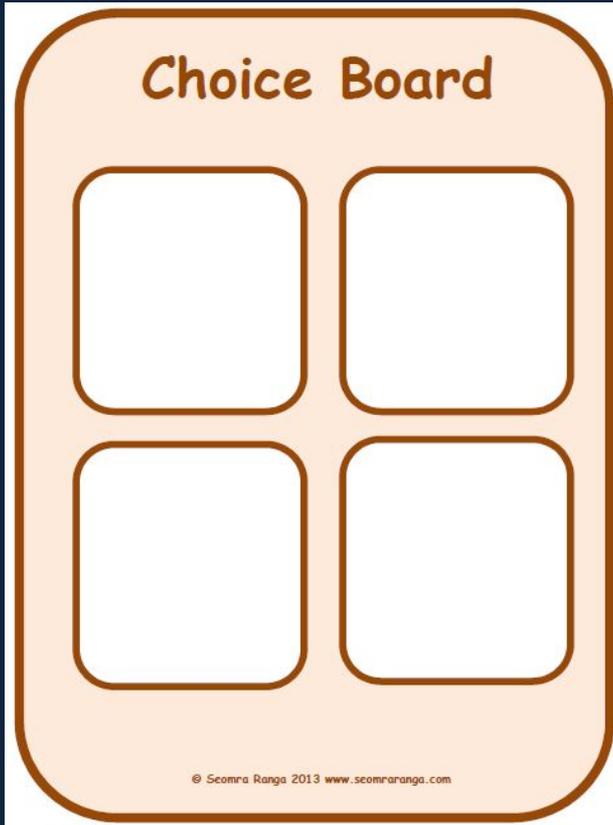
Smiling

Throwing Something

Do it Yourself

Screaming

# Focus on communication



Emotional  
difference



BOILING, ABUSIVE, SWEARING, SCREAMING, HITTING OUT

SIMMERING: SHOUTING THREATS, STAKING, SWEATING  
NOT LISTENING

LUKEWARM: BECOMING ANXIOUS  
ANXIETY RISING, RAISED VOICE

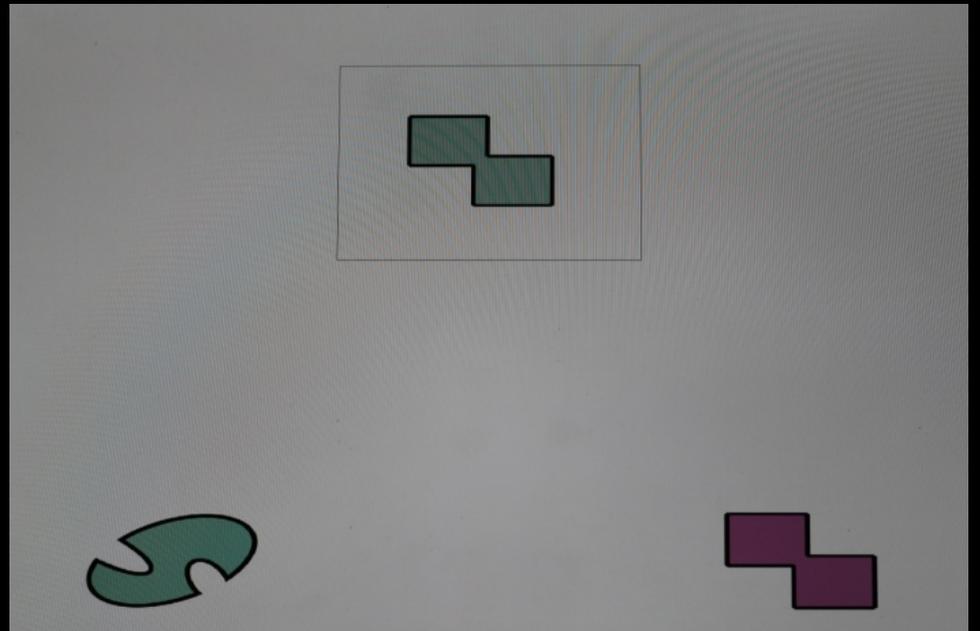
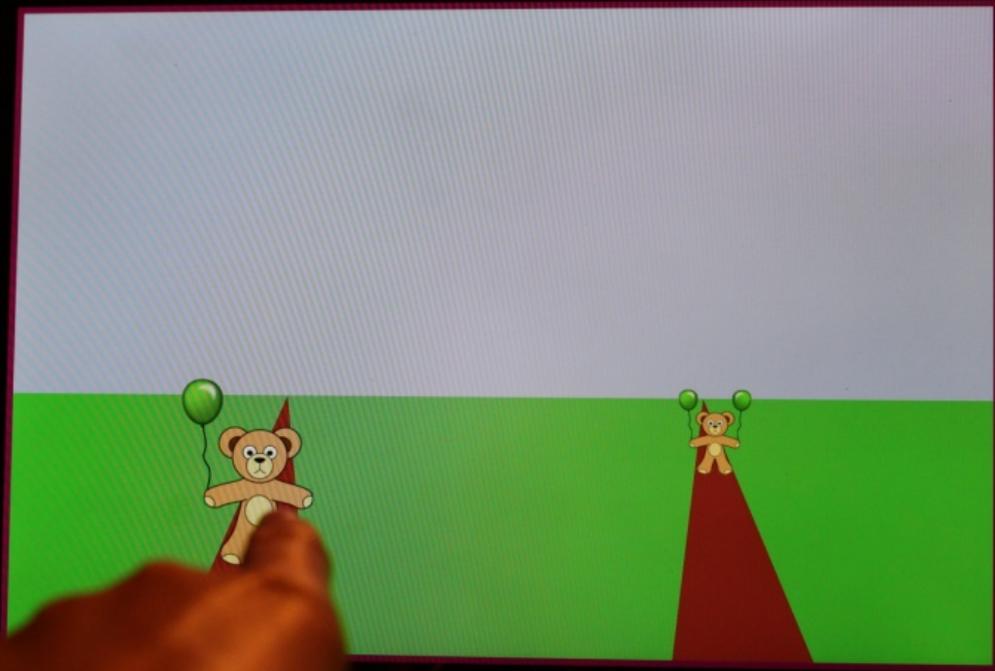
COLD, CALM, HAPPY  
AND USUAL SELF

**STATEGIES FOR CALMING DOWN**

Play music



Thornton, F. and Matthews, P. (2008). Addressing the balance. 1<sup>st</sup> Asia Pacific Prader-Willi syndrome conference. Wellington, New Zealand.



**Precentral gyrus  
(primary motor cortex)**

**Central  
sulcus**

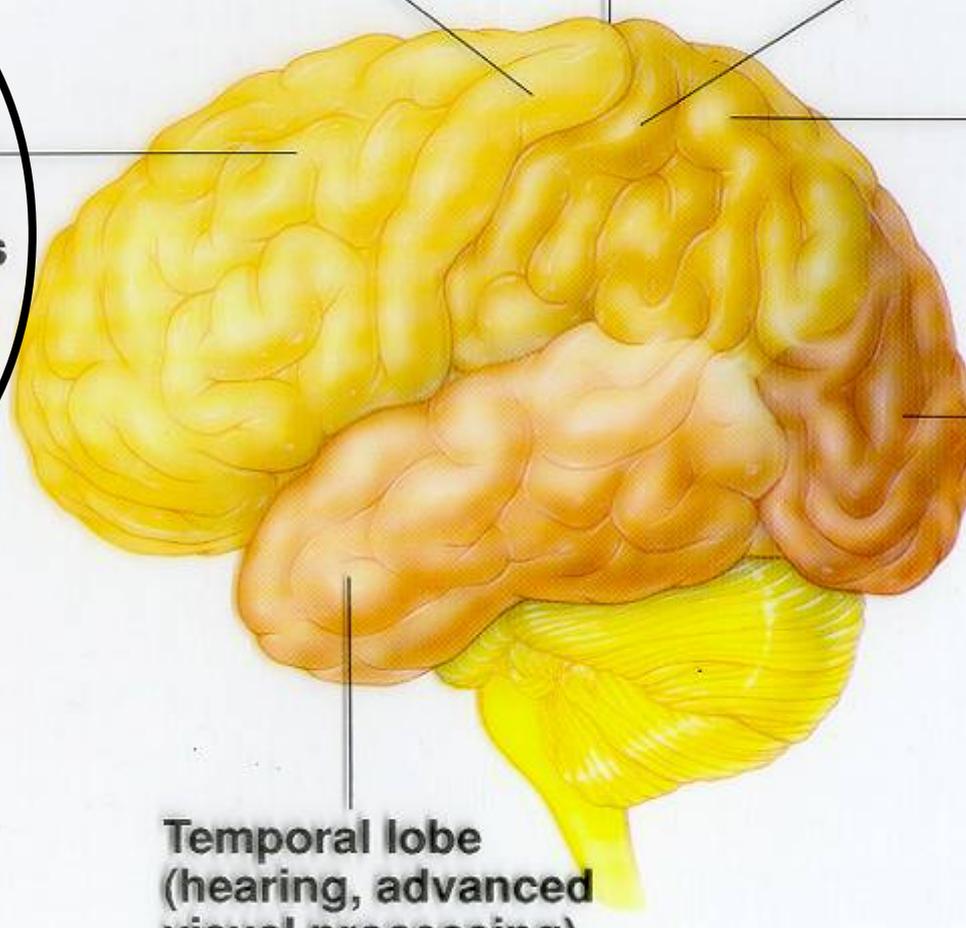
**Postcentral gyrus  
(primary somatosensory  
cortex)**

**Frontal lobe  
(planning of  
movements,  
some aspects  
of memory,  
inhibition of  
inappropriate  
behavior)**

**Parietal lobe  
(body sensations)**

**Occipital lobe  
(vision)**

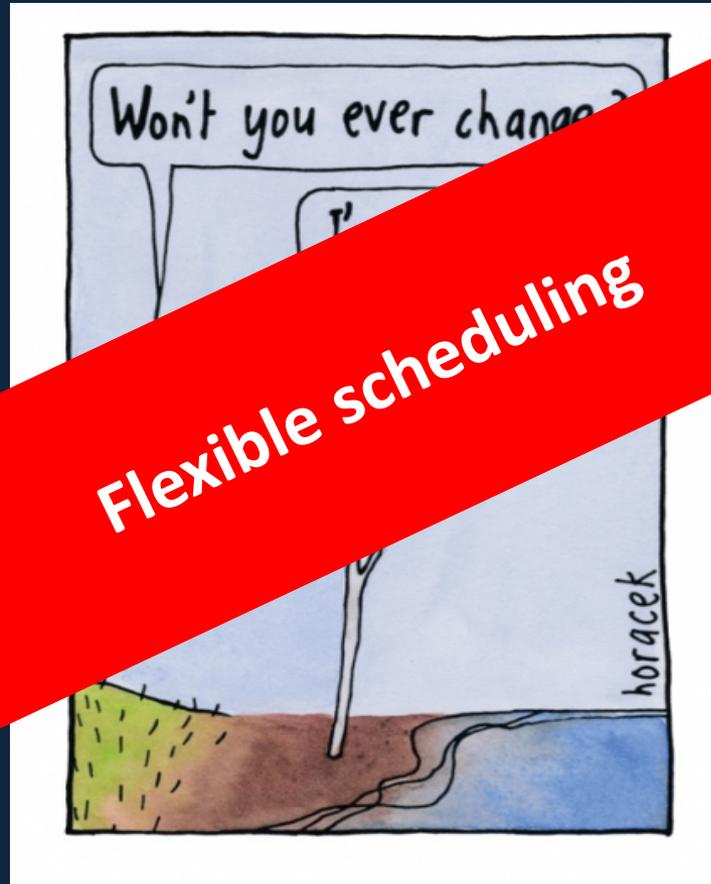
**Temporal lobe  
(hearing, advanced  
visual processing)**



***Parts of cerebral cortex***

## Increasing certainty!

- Predictable routines
- Visual timetables
- Using a cue card when change occurs

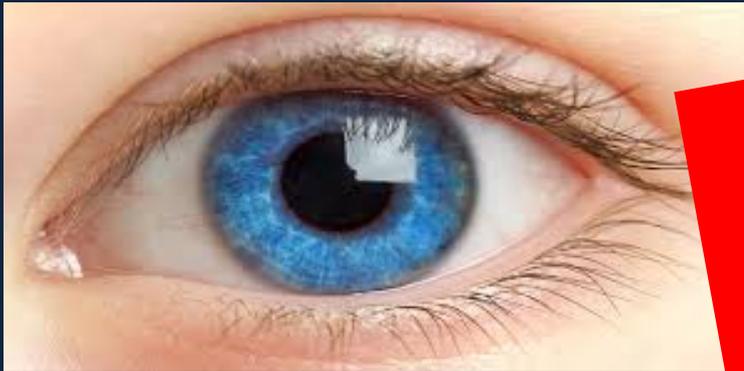
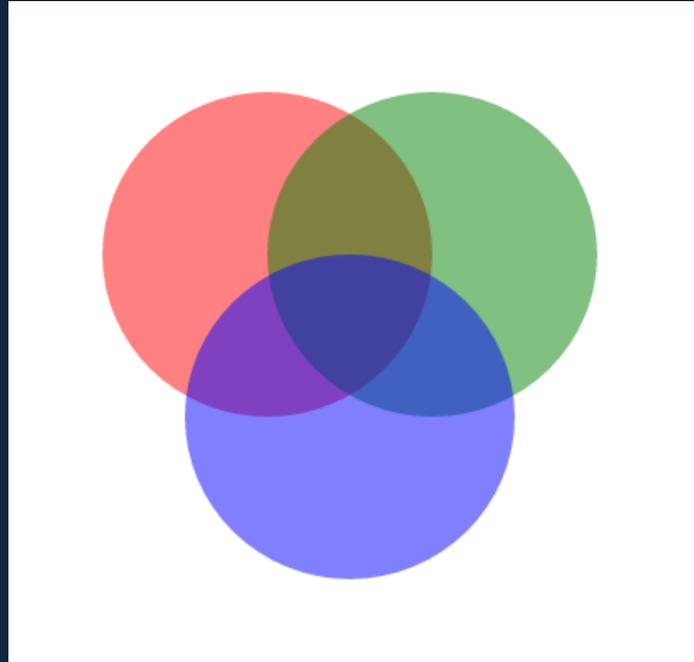


**Flexible scheduling**

**tolerance to  
building**

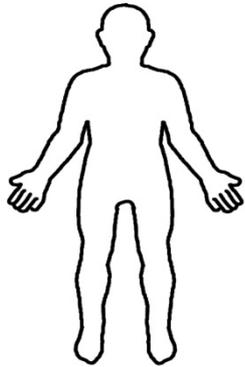
- Scheduling something unpredictable
- Introducing subtle changes
- Skills to cope with stress

# What about mental health?



**CHANGE IS KEY**

# Anxiety



Changes to the body:	Changes to thoughts/ thinking patterns:	Changes to emotions	Changes to behaviour
<ul style="list-style-type: none"><li>• fast and irregular heartbeat</li><li>• sweating</li><li>• tiredness</li><li>• muscle tension</li><li>• dizziness</li><li>• trembling</li><li>• pale complexion</li><li>• stomach aches</li><li>• nausea</li></ul>	<ul style="list-style-type: none"><li>• inability to concentrate</li><li>• repetitive thoughts about perceived threat</li><li>• concerns about losing control</li><li>• inability to relax</li></ul>	<ul style="list-style-type: none"><li>• irritability</li><li>• feeling worried</li><li>• distress</li><li>• crying</li></ul>	<ul style="list-style-type: none"><li>• avoiding situations</li><li>• fidgeting/ moving more than usual</li></ul>

# Depression

Eating

Sleeping

Self care  
skills/adaptive  
skills

Range of facial  
expressions

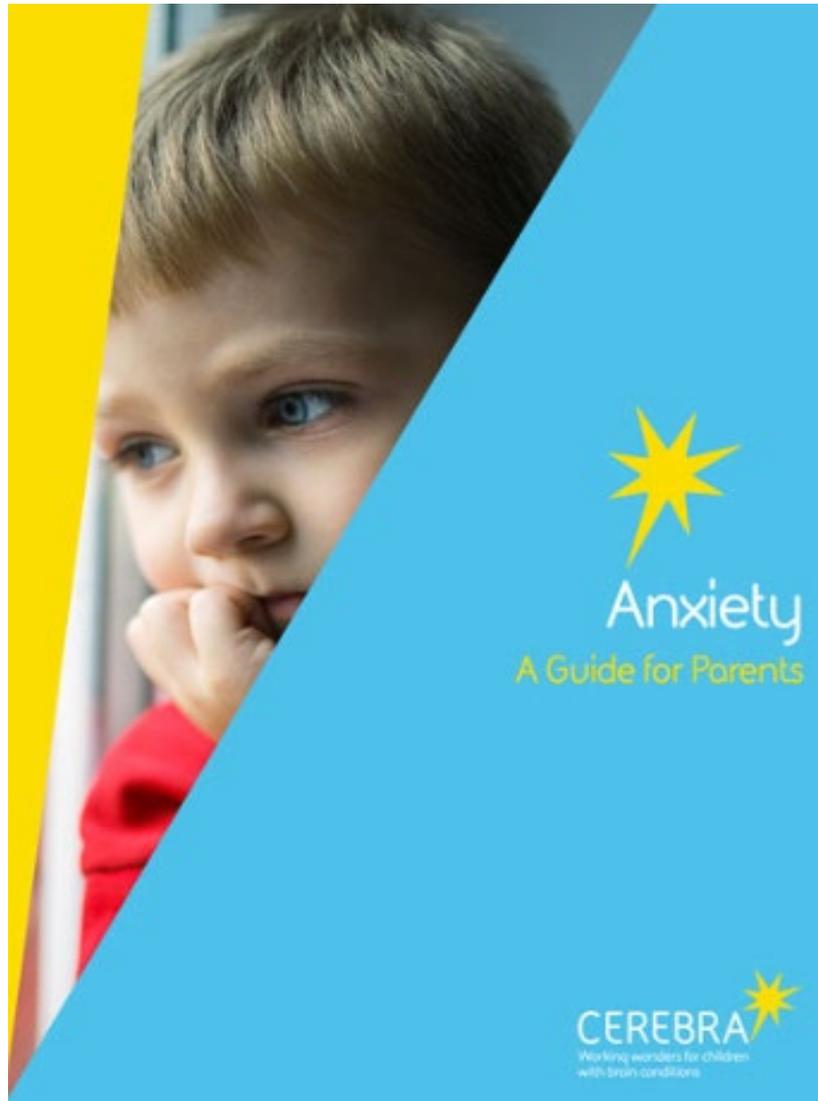
Emotional  
expression

Activity Levels

Social  
engagement

Interest and  
pleasure

Change???



# Professionals

## Key Professionals

Psychiatrist  
Psychologists  
Behavioural Support Team

## MDT Professionals

Speech and Language  
Physiotherapist  
Occupational Therapist  
Social Worker  
Paediatrician

## Peripheral Professionals

GP  
Audiologist  
Optician  
Dentist  
Podiatrist  
Dietician  
Hospital based services

# Assessing Services: overcoming barriers

**Gate-keepers do not know about services for behaviour.**

Be informed about service structures and ask for it directly.

**Service will only see individuals with the most severe degree of CB**

Early intervention is essential

**Service will only see individuals with mental health difficulties**

It is not possible to rule out mental health as an underlying cause until an assessment has been conducted.

Behaviour impacts on well-being and quality of life.

**Professionals do not work in a behavioural model**

Evidence based practice  
NICE guidelines  
BPS guidelines

When dealing with us professionals:

Speak softly and carry a big stick.

*(Theodore Roosevelt)*