

# Certificate in Child Disability Studies

## Module 2

### Assessment



## **Module 2**

### **The assessment of children with disabilities**

#### **Section 1 Introduction**

##### **What is assessment and why should children be assessed**

Assessment is the systematic collection of evidence about an individual child in order to find out what he/she can do; what are the barriers to him/her doing more and what would help most in terms of the child's present and future life. An assessment carried out at a particular time can also be used as a baseline from which progress is measured, so that when the child is assessed again you will be able to measure how much progress he has made.

Assessment involves observing, describing, collecting evidence, recording, scoring, and interpreting information.

We assess children with disabilities so that we know as much as possible about them so that, wherever possible, we can improve their lives and those of their families. For example, we might assess a child in order to find out if she has the academic ability to cope in a mainstream school; or we might assess to find out what particular kind of disability a child has, so that we can work out how he might learn best, or how his family or teacher can improve his opportunities to develop new skills and understand the world better

##### **Assessment is most effective when it:**

- Is specific to the individual child, her interests, stage of development and likely understanding
- is relevant
- is comprehensive
- is clear (in purpose, directions, expectations)
- is objective and fair
- encourages the child to make active responses

Assessments can be formal or informal. Informal assessments involve meeting the child; talking to him and his parents or grandparents; observing him and how he speaks and understands language; and observing how carries out whatever activities he is involved with at the time you are meeting him

Formal assessments involve particular assessment schedules, or norm –referenced assessment criteria in published assessment

materials or specially designed assessment tools for children with particular disabilities.

## **Section 2 Initial Assessment**

An initial assessment is always informal. You are getting to know the child and deciding whether further assessment will be helpful and if so, what instruments you should use to carry it out. Always explain to the child's family, and to the child herself if she is able to understand, that you are finding out about the child and that this is not a 'pass or fail' test.

### **An informal assessment recording sheet**

**Child's name**\_\_\_\_\_

**Age**\_\_\_\_\_years \_\_\_\_\_months

**Medical diagnosis** (if any)

**How does the child look?** (for example big/small for age; any obvious signs of disability – if so what are they? ;)

**Can the child see and hear well?** (Show a picture with some small details and see how close the child has to bring it to her eyes; does she respond to normal voice volume and to normal sounds) This is important because many children are wrongly diagnosed as having cognitive impairments when they cannot see or hear well and so cannot copy from the blackboard or respond to questions

**How much can the child talk compared to others of her age?**

**How much does he understand compared to others of his age?**  
(Children with CP, for example may be able to understand much more than they can say)

**What is his likely level of cognitive development?** (Ask the child to draw a picture of a person for you. Compare it to the norms for the development of drawing as set out in module 1. If the child has difficulties with using their hands the drawing will reflect this, so don't automatically think that the child is cognitively impaired)

**How does the child behave?** (Does he carry out any activities independently? Is he too dependent on a family member? Too shy, withdrawn or afraid of strangers for a child of this age? Does he play with toys?)

**Is the child attending school? If not, why not?**

\

**Do you propose to carry out a formal assessment? If so, why?  
How will greater knowledge about the child help her or her family?**

### **Section 3 Formal Assessments**

#### **Intellectual ability**

There are many formal assessments of children's intellectual ability. These have been created by testing large numbers of children and identifying what most children know or can do at a particular age. They are then used to test individual children to assess how their knowledge and skills compare with other children of the same age. However, they are culturally specific and so a direct transfer of an American or European test to Chinese children does not give totally reliable scores. However one of the most comprehensive instruments, the Wechsler Preschool and Primary Scale of Intelligence-Revised (WPPSI-R), a battery of tests for 3-7 year olds that assesses intellectual functioning, has been used with Chinese children. The WPPSI-R has two parts, the Verbal Scale and the Performance Scale. Each of these scales has several subtests.

The Verbal Scale measures language expression, comprehension, listening, and the ability to apply these skills to solving problems. The examiner gives the questions orally, and the child gives a spoken response. The Performance Scale assesses nonverbal problem solving, perceptual organisation, speed, and visual-motor proficiency. Included are tasks like puzzles, analysis of pictures, imitating designs with blocks, and copying. The results are set out in a chart like this: -

<b>Scales</b>	<b>Percentile</b>	<b>Age Equivalent</b>	<b>Description of subtest</b>
<b>Performance Subtests</b>			
Object Assembly			Visual analysis, object construction
Geometric Design			Fine motor co-ordination, copying, drawing
Block Design			Visual motor problem solving, spatial relationships
Mazes			Fine motor co-ordination, planning,

			following directions
Picture Completion (Animal Pegs)			Visual discrimination, alertness to detail
			Visual-motor co-ordination, speed, concentration
<b>Verbal Subtests</b>			
Information			Factual knowledge, long term memory, recall
Comprehension			Social and practical judgement, common sense
Arithmetic			numerical reasoning, concentration, attention
Vocabulary			Language development, word knowledge, verbal fluency
Similarities (Sentences)			Abstract reasoning, verbal categories and concepts short-term auditory memory, attention

A Percentile rank expresses the relative position of a score. Additional scores, like quotients based on groups of selected subtests, can be calculated. These scores can suggest additional hypotheses about factors underlying the young child's performance on the WPPSI-R.

A percentile rank of 98 means that a child has scored as well as or better than 98% of students of the same age on that subtest. The confidence interval indicates the probable range of scores which can be expected when this individual is retested. The full results are set out like this: -

<b>IQ Scale</b>	<b>IQ Scale Score</b>	<b>Percentile</b>	<b>Confidence Interval</b>	<b>Classification</b>
Performance IQ				
Verbal IQ				
Full Scale IQ				
Conceptual Index				

Spatial Index				
Sequential Index				

Intelligence tests like this one are samples of problem solving abilities and learned facts, and are good predictors of future cognitive and academic success. However, there are several factors that the tests do not measure. For instance, they cannot determine motivation, curiosity, or creative talent. At an early age, they are also limited by the child's experiences and opportunities for formal and informal cognitive. So village children are less likely to score as high as city children of the same age who are likely to have had much more stimulation and opportunities to learn.

#### **Section 4 Creating formal assessment tools**

The Wechsler Preschool and Primary Scale of Intelligence-Revised (WPPSI-R) is very expensive and is not widely available in China and so it is important that we create some tools of our own to measure children's abilities. These will not have the scientific reliability of the WPPSI-R and similar published tests but they will enable sufficiently accurate judgments to be made about children for appropriate decisions to be made about the schooling they should receive and the best ways to help them develop and learn

This is a formal assessment tool which assesses whether the child has the language development of a three year old (see module 1; page 22)

**Assessment kit** To carry out this assessment you need;

- a small box, such as a shoe box
- three small easily identifiable identical toys

Seat the comfortably child at a table, with as few distractions as possible.

#### **Assessment criterion 1**

**Should be able to give his sex, name, age**

- Ask the child his name, tell you how old he is and whether boy or girl

Listen throughout the test to see whether he uses the pronouns 'I, you, me' correctly

### **Assessment criterion 2**

#### **Is using some plurals and past tenses**

- Put the toys in front of the child and say "What are these'. He should answer with a plural
- Say " What did you have for breakfast'. The answer should be in the past tense – I had.....

### **Assessment criterion 3**

#### **Knows at least three prepositions, usually in, on, under**

- Put the box in front of the child and give him one of the toys. Say ; 'Put the ----- in the box' Then 'Put the ----- on the box' and 'Put the -----under the box'

### **Assessment criterion 4**

#### **Knows chief parts of body and should be able to indicate these if not name**

- Ask the child to show you his head, hands, feet, eyes, nose, mouth, ears
- Point to these parts of your own body and say "what's this' each time

### **Assessment criterion 5**

#### **About 90% of what child says should be intelligible**

- Can you understand almost everything the child says

### **Assessment criterion 6**

#### **Verbs begin to predominate**

- Ask the child to jump, run, point and pick up a toy
- Ask him to tell you what he has just done

### **Assessment criterion 7**

#### **Understands most simple questions dealing with his environment and activities**

- Ask the child to show you where he sleeps
- Ask him where the cooking is done
- Ask him where he has a wash
- Ask him who lives at home with him

### **Assessment criterion 8**

#### **Relates his experiences so that they can be followed and**

**understood**

- Ask him to tell you about what happens when he gets up in the morning

**Assessment criterion 9**

**Able to reason out such questions as "what must you do when you are sleepy, hungry, cold, or thirsty?"**

- Ask each of these questions separately

**Do not say whether any answer is right or wrong. If the child cannot answer, move on to the next question. Praise the child whether the answers are right or wrong.**

<b>Score sheet</b>	<b>Yes</b>	<b>No</b>
<b>Name</b>		
<b>Age</b>		
<b>Sex</b>		
<b>Uses some plurals</b>		
<b>Uses past tense</b>		
<b>In</b>		
<b>On</b>		
<b>Under</b>		
<b>Head, (can point to) Can name</b>		
<b>Hands, ((can point to) Can name</b>		
<b>Feet, (can point to) Can name</b>		
<b>Eyes, (can point to) Can name</b>		
<b>Nose, (can point to) Can name</b>		
<b>Mouth, (can point to) Can name</b>		
<b>Ears (can point to) Can name</b>		

<p><b>Can</b></p> <ul style="list-style-type: none"> <li>● jump,</li> <li>● run,</li> <li>● point</li> <li>● pick up a toy on request</li> </ul> <p><b>Can say</b></p> <ul style="list-style-type: none"> <li>● I jumped</li> <li>● I ran</li> <li>● I pointed</li> <li>● I picked up the ---</li> </ul>		
<p><b>Can indicate</b></p> <ul style="list-style-type: none"> <li>● where he sleeps</li> <li>● where the cooking is done</li> <li>● where he has a wash</li> <li>● who lives at home with him</li> <li>● <b>Can relate what happens when he gets up in the morning</b></li> </ul>		
<p><b>Can say what he should do when he is:</b></p> <ul style="list-style-type: none"> <li>● sleepy,</li> <li>● hungry,</li> <li>● cold</li> <li>● thirsty</li> </ul>		
<p><b>Speech is almost all intelligible</b></p>		

If the child gets most of the answers right he is at about the correct developmental level for a three year old. If he gets more than half of the tests wrong, or cannot answer them, he has a significant delay.

**Practical Activity**

Try out this assessment with a non-disabled child of about three years old. How well did he/she score? Do you think that this child is within the normal range of development for his/her age?

**Practical Activity**

Use the information given in Module 1 to create an assessment, with assessment criteria, assessment activities and a score sheet, for a child of a different age. Try it out with a non-disabled child. How well did he/she score? Do you think that this child is within the normal range of development for his/her age?

**Practical Activity**

Try out one of the assessments with a child with a disability. How well did he/she score? Do you think that this child is within the normal range of development for his/her age? If he/she did not score well, what reasons can you give for this?

**Section 5 Diagnostic Assessments for specific disabilities**

**Cognitive Disability**

A child with a cognitive disability will perform significantly less well than other children on the developmental assessments already described. It is important, however, to make sure that the child can see and hear well before assuming that her difficulties are caused by lack of understanding relating to cognitive impairment. A child's whole performance can be affected by not being able to see or hear well enough. Ideally all children who seem to be 'slow' or who are not doing well at school, should have their sight and vision properly assessed.

Down's syndrome is the commonest identifiable cause of intellectual disability, accounting for around 15-20% of the intellectually disabled population. It is believed that people with Down's syndrome have always existed. However, it was not until 1866 that the English doctor, John Langdon Down, first described the condition, which subsequently took his name.



In 1959 Professor Jerome Lejeune, a geneticist in Paris, discovered that Down's syndrome occurred as a result of a trisomy of chromosome 21. This means that instead of the usual 46 chromosomes in the cells of the body, there is an extra chromosome 21, making 47 chromosomes in all. Since then, other forms of the condition, which are much rarer, have been discovered, such as Translocation and Mosaicism. Approximately 94% of people with Down's syndrome have standard trisomy 21, 4% have a translocation and 2% mosaic Down's syndrome.

In the vast majority of cases, Down's syndrome is not hereditary.

### **What causes Down's syndrome?**

As yet we do not know what causes the presence of an extra chromosome 21. It can come from either the mother or the father, but most commonly from the mother. There is no way of predicting whether a parent is more likely to produce an egg or sperm with 24 chromosomes. There is a definite link with advanced maternal age for reasons yet unknown. However, most babies with Down's syndrome are born to women under the age of 35, as younger women have higher fertility rates.

Nothing done before or during pregnancy can cause Down's syndrome. It occurs in all races, social classes and in all countries throughout the world. It can happen to anyone.

### **Incidence**

For every 1,000 babies born, one will have Down's syndrome. This means that about -----babies are born with Down's syndrome each year in Mashan and ----- in Fusi. . Down's syndrome affects people of all ages, races, religious backgrounds and economic situations.

### **How is Down's syndrome diagnosed?**

The diagnosis of Down's syndrome is usually made soon after the birth of the baby because of the baby's appearance. There are many physical characteristics associated with the condition, which may lead a parent or midwife, or other medical professional, to suspect that the baby has Down's syndrome.

### **Some of the features include:**

- Reduced muscle tone which results in floppiness (hypotonia);
- A flat facial profile, flat nasal bridge, small nose;

- Eyes that slant upwards and outwards, often with a fold of skin that runs vertically between the lids at the inner corner of the eye (epicanthic fold);
- A small mouth which makes the tongue seem slightly large;
- A big space between the first and second toe (sandal gap);
- Broad hands with short fingers and a little finger that curves inwards. The palm may have only one crease across it (single palmar crease);
- A below average birth weight and length at birth;

In many countries a chromosome test (karyotype) is carried out to make sure the diagnosis is correct. This is done by analysing the chromosomes in the blood cells.

### **Do people with Down's syndrome have medical problems?**

Certain health problems are more common in people with Down's syndrome than in the rest of the population. These include:

- 40-50% of babies with Down's syndrome are born with heart problems, many of which require heart surgery;
- A significant number of people with Down's syndrome will have hearing and sight problems;
- Thyroid disorder;
- Poor immune system;
- Respiratory problems, coughs and colds;
- Obstructed gastrointestinal tract.

However, with advances and increased access to medical care most of these problems are treatable. It is also important to remember that some people with Down's syndrome do not experience any health problems.

Advances in treatment and increased access to medical care have also meant that people with Down's syndrome are living much longer. Life expectancy is now put at 60-65 in the UK, and many people with Down's syndrome live even longer.

### **How does Down's syndrome affect development?**

All people with Down's syndrome will have some degree of intellectual disability. Children with Down's syndrome do learn to walk, talk and be toilet trained but in general will meet these developmental milestones later than their non-disabled peers. There is a wide variation in ability in people with Down's syndrome just as there is in the rest of the population.

Early intervention programmes which help in all areas of child development are now widespread in many countries. These programmes can include speech and physical therapy as well as home teaching programmes for the child and the family.

Children and adults with Down's syndrome can and do continue to learn throughout their lives just like the rest of the population.

### **Cerebral Palsy**



Cerebral palsy is usually diagnosed by a doctor and so assessment to find out whether a child has CP is not relevant here. "Cerebral" refers to the brain and "Palsy" to a disorder of movement or posture. If someone has cerebral palsy it means that because of an injury to their brain (cerebral) they are not able to use some of the muscles in their body in the normal way (palsy). Children with cerebral palsy may not be able to walk, talk, eat or play in the same ways as most other children and so they will develop cognitive skills more slowly than other children of the same age

Cerebral palsy is neither progressive nor communicable. It is also not "curable" in the accepted sense, although education, therapy and applied technology can help persons with cerebral palsy lead productive lives. It is important to know, and to make sure that families know, that cerebral palsy is not a disease or illness. It isn't contagious and it doesn't get worse. Children who have cerebral palsy will have it all their lives.

Cerebral palsy is characterized by an inability to fully control motor function, particularly muscle control and coordination. Depending on which areas of the brain have been damaged, one or more of the following may occur:

- muscle tightness or spasm
- involuntary movement
- disturbance in gait and mobility
- abnormal sensation and perception
- impairment of sight, hearing or speech
- seizures

These all impair a child's ability to learn to do the things that other children learn, such as sitting, walking, eating independently, dressing and undressing, independent toileting, speaking, writing and experiencing the world by running about and playing with friends.

When you assess the cognitive ability or social skills of a child with cerebral palsy, using the assessment tools we have been designing, it is likely that he/she will be behind others of the same age, although some children with CP can be very intelligent. However, particularly in villages where life is hard and there is little extra time for a child with disabilities, the child may be kept indoors for much of the time, or may continue to be carried around and treated like a baby, so that she has little chance to learn and become more independent. All these factors should be kept in mind when you are assessing a child with Down's syndrome.

### **Autism**

Autistic children are particularly difficult to assess. Autism affects the way that a person communicates and relates to other people. The causes of autism are still unknown. It is found in children of all intellectual abilities, in all nationalities and cultures, but is more common in boys than girls. Early diagnosis is difficult because people with autism can display a wide range of characteristics in varying degrees. People with autism look just like anybody else without the disability. The invisible nature of the disability makes it far harder to recognise and to create an understanding of the condition. People with autism often have difficulty with language and communication and with forming social relationships. They find it difficult to play or use their imagination and their motor and co-ordination skills may be affected. Other features include challenging or repetitive behaviour and resisting any change to their routine. Autism can't be cured, but people diagnosed with it can achieve a better quality of life with the right support, treatment and education. Early diagnosis can show parents the way to work with their child to overcome some of these affects and to help decide the most appropriate form of schooling for them.

### **The Autistic Spectrum**

As autism is defined as a collection of observable features affecting people within a wide range of intellectual abilities a diagnosis will often say a person is within the autistic spectrum of disorders. Current research has identified various possible causes of autism - brain dysfunction, genetic factors and allergic reactions. There does not seem to be one clear cause that affects all the people diagnosed with

autism - the research continues. Poor parenting does NOT cause autism. The diagnosis of autism is made by observation from a qualified consultant using a schedule of behaviours.

Autism is a spectrum disorder, and although it is defined by a certain set of behaviors, children and adults with autism can exhibit any combination of these behaviors in any degree of severity. Two children, both with the same diagnosis, can act completely different from one another and have varying capabilities. Many children with autism can learn and function normally and show improvement with appropriate treatment and education.

Every person with autism is an individual, and like all individuals, has a unique personality and combination of characteristics. Some individuals mildly affected may exhibit only slight delays in language and greater challenges with social interactions. They may have difficulty initiating and/or maintaining a conversation. Their communication is often described as talking at others instead of to them. (For example, monologue on a favorite subject that continues despite attempts by others to interject comments).

People with autism also process and respond to information in unique ways. In some cases, aggressive and/or self-injurious behavior may be present. Persons with autism may also exhibit some of the following traits:

- Insistence on sameness; resistance to change
- Difficulty in expressing needs, using gestures or pointing instead of words
- Repeating words or phrases in place of normal, responsive language
- Laughing (and/or crying) for no apparent reason showing distress for reasons not apparent to others
- Preference to being alone; aloof manner
- Tantrums
- Difficulty in mixing with others
- Not wanting to cuddle or be cuddled
- Little or no eye contact
- Unresponsive to normal teaching methods
- Sustained odd play
- Spinning objects
- Obsessive attachment to objects
- Apparent over-sensitivity or under-sensitivity to pain
- No real fears of danger
- Noticeable physical over-activity or extreme under-activity

- Uneven gross/fine motor skills
- Non responsive to verbal cues; acts as if deaf, although hearing tests in normal range.

For most of us, the integration of our senses helps us to understand what we are experiencing. For example, our sense of touch, smell and taste work together in the experience of eating a ripe peach: the feel of the peach's skin, its sweet smell, and the juices running down your face. For children with autism, sensory integration problems are common, which may throw their senses off they may be over or under active. The fuzz on the peach may actually be experienced as painful and the smell may make the child gag. Some children with autism are particularly sensitive to sound, finding even the most ordinary daily noises painful. Many professionals feel that some of the typical autism behaviors, like the ones listed above, are actually a result of sensory integration difficulties.

Many children with autism can develop good functional language and others can develop some type of communication skills, such as sign language or use of pictures. Children do not "outgrow" autism but symptoms may lessen as the child develops and receives treatment.

**An assessment to indicate whether a child is autistic**

**Child's name** \_\_\_\_\_

**Age** \_\_\_\_\_ **years** \_\_\_\_\_ **months**

**Boy/girl**

**Assessor's name** \_\_\_\_\_

**Date of assessment** \_\_\_\_\_

This assessment should be carried out both by observing the child and by questioning a close family member who knows the child well. The child will look normal. If he has a small or misshapen head it is much more likely that he has a different disability such as cognitive impairment

Is this a problem	Yes + notes	No + notes
-------------------	-------------	------------

<b>for this child?</b>		
<b>Insistence on sameness; resistance to change.</b> <ul style="list-style-type: none"> <li>● Is the child upset or distressed when things are changed?</li> </ul>		
<b>Difficulty in expressing needs, using gestures or pointing instead of words</b>		
<b>Repeating words or phrases in place of normal, responsive language</b> <ul style="list-style-type: none"> <li>● Does the child say the same things, or ask the same questions over and over again?</li> </ul>		
<b>Laughing (and/or crying) for no apparent reason</b>		
<b>Showing distress for reasons not apparent to others</b>		
<b>Preference to being alone; aloof manner. Difficulty in mixing with others and an apparent dislike of other children</b>		
<b>Sustained odd play, such as spinning objects or twirling</b>		

<b>them or holding bottles etc up to the light and spinning them</b>		
<b>Obsessive attachment to objects</b> <ul style="list-style-type: none"> <li>● Does the child show distress or aggression if a favorite object is removed</li> </ul>		
<b>Apparent over-sensitivity or under-sensitivity to pain</b>		
<b>No real fears of danger</b>		
<b>Noticeable physical over-activity or extreme under-activity</b> <ul style="list-style-type: none"> <li>● Does the child run around, perhaps in circles, for long periods of time or sit very still for long periods of time?</li> </ul>		
<b>Not wanting to cuddle or be cuddled</b>		
<b>Little or no eye contact</b>		
<b>Uneven gross/fine motor skills</b>		

<ul style="list-style-type: none"> <li>● Can the child do some things well, such as riding a bicycle but is unable to do others such as use a spoon properly?</li> </ul>		
<p><b>Non responsive to verbal cues; acts as if deaf, although hearing tests in normal rang</b></p>		
<p><b>Tantrums or aggression towards others or harms himself</b></p>		
<p><b>Unresponsive to normal teaching methods</b></p> <ul style="list-style-type: none"> <li>● Does the child learn better by copying rather than from verbal instruction?</li> </ul>		

If a child scores 7 or more 'yeses' on this assessment schedule he is probably autistic rather than cognitively impaired. He will need to be taught ways of becoming more part of the normal world, and how to behave in more normal ways.

### **Difficult Behaviour**

Most children, with or without disabilities, behave badly sometimes. Children whose disabilities mean they find it hard to understand what is happening, who cannot do the things that they want to do, or are teased or bullied by other children are particularly prone to behaviour which their families, friends and school teachers find embarrassing and difficult to manage. Challenging behaviour has been described as behaviour which is not normal in the child's own culture which is of such an intensity, frequency or duration that the physical safety of the

person or others is likely to be at risk, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities.” Between 5 and 15% of people with a cognitive disability have some form of challenging behaviour, which presents significant challenges to carers.

Whether behaviour is seen as challenging depends on the capacity and ability of the family to cope with it. There are behaviours that may be inappropriate but not challenging and it is important to distinguish between these.

Some examples of behaviour that is likely to be considered challenging in most situations are:

- hitting self or others
- kicking others
- smashing windows
- smearing faeces on walls
- banging head on walls
- stripping clothes off in public

### **Why does challenging behaviour occur?**

Understanding challenging behaviour is the key to reducing these behaviours. Challenging behaviour is sometimes dismissed as attention seeking. Now there are thought to be 5 broad themes incorporating individual factors and circumstances that help us to understand why challenging behaviour occurs:

#### **1 Biological causes of challenging behaviour**

It used to be thought that challenging behaviour was an inevitable consequence of having a cognitive disability. Although it was recognised that not all people with a cognitive disability would behave inappropriately it was believed that when they did it was not surprising.

There are some links between certain syndromes and challenging behaviour. Lesch-Nyhan Syndrome, Fragile X Syndrome, Cornelia De

Lange Syndrome and Smith-Magenis Syndrome all lead to the development of a cognitive disability and have a link with self injury. People with Prader-Willi Syndrome have an insatiable appetite and often display aggression when they are stopped from getting food. Challenging behaviour often occurs in people who have autistic spectrum disorders.

Pain and feeling unwell can lead to challenging behaviour, particularly if someone is not able to communicate or understand pain. Behaviour such as screaming and self-injury can sometimes be clearly related to pain. For example, someone who has started banging their head on the wall may have an earache or a toothache. It is very important to make sure that families pay attention to the physical health of people with a cognitive disability. This is particularly important in people who are not able to take care of their own health.

## **2 Challenging behaviour as learnt behaviour**

Challenging behaviour can be learnt in the same way as any other behaviour can be learnt. Behaviour is learnt by the individual benefiting in some way following the behaviour. The behaviour may not originate with the intention of gaining a reward. However, if a person acts in a certain way and there is a desirable result for them, they will eventually learn that the behaviour and the result go together. Similarly if the consequence is punishing, then the theory is that eventually the behaviour will disappear.

Punishing children with a cognitive disability for having challenging behaviour may work but there are better ways of changing a child's behaviour

- Positive Reinforcement - This occurs when something good/rewarding is given or obtained. For example when a child helps with the shopping s/he is given sweets, people go to work and they receive money.

- Negative Reinforcement - Behaviour is reinforced when something unpleasant is taken away. For example when a child screams, a mother may give the child a sweet and the child stops screaming. The mother's behaviour of giving the sweet has been negatively reinforced because the child has stopped screaming (something unpleasant has gone away). However the child may be learning that if he wants to get a sweet he screams. So he starts screaming a lot!

Reinforcement will vary according to the individual. It is important to find out what a child likes and give it to him when he is not behaving badly – and taking it away when he is.

Historically, "problem" behaviour was usually judged to be "attention-seeking" and often dismissed for that very reason. There has been recognition now that there are a range of rewards, which may explain learnt challenging behaviour.

- Social - The reward is interaction with someone else. –even if they are telling you off;
- Tangible - The reward is something that can be touched, for example, food or an activity.
- Sensory - The reward is sensory stimulation.
- Demand avoidance - The reward is that the requirement to do something considered to be difficult or unpleasant goes away.

### **3 Challenging behaviour as a communicative act**

It is now accepted that challenging behaviour may be a form of communication. This has been recognised by looking at the rewards associated with challenging behaviour. Challenging behaviour as a form of communication is particularly true for individuals who find usual methods of communication difficult or impossible. This is the case for many people with a cognitive disability.

For example, a child with a cognitive disability who isn't able to use speech or signs isn't feeling well. It is time to go out to the fields and the child starts screaming and hitting his own head because he has no

other way of communicating.

When challenging behaviour occurs, those around the individual will interpret its meaning. This will happen whether or not the person is actually trying to communicate intentionally with another person. If the challenging behaviour does bring about a response from others that does meet their need, they may use that behaviour again to get the same response.

#### **4 Challenging behaviour as a response to a poor quality environment**

Sometimes children with cognitive disabilities are left alone for long periods of time, or they do not have anything to do and no one takes any notice of them. By behaving badly they can get people to stay with them, take notice of them or find something to amuse them. They will learn that they get a better quality of life by behaving badly.

#### **5 Challenging behaviour as a response to emotional trauma**

People with a cognitive disability are subject to a range of responses from those around them. Some of these may be supportive and some may be abusive. Abuse can be physical, sexual and emotional. All will have an effect on the individual. Some challenging behaviour can be traced back to situations where an individual has been abused and is often an expression of anger, misery or pain.

Verbal abuse (such as name calling or being laughed at) is not an uncommon experience for people with a cognitive disability. In fact, one report about bullying, found that 88% of people with a cognitive disability in their survey had been bullied in the last year. It also found that 32% of these people were bullied on a daily or weekly basis. The report said that some people find their disability difficult and painful to cope with.

#### **Assessing Challenging Behaviour**

Challenging behaviour should be observed over a period of time to find out the reason why someone is using a particular behaviour(s). A typical behavioural assessment, often called a Functional Analysis or Functional Assessment, will look at:

- What is the behaviour?
- How often does it occur?
- When does it occur?
- Who is involved?
- How do people respond?

Family members may be asked to record information which looks at all of these things. This will help to determine why someone is displaying a behaviour (the function). It may then be possible to develop a programme, which will help to reduce that behaviour.

The most commonly used recording method is the ABC model. This looks at the:

**A**ntecedents – What happened before the behaviour? This will help to determine what the triggers are:

**B**ehaviour - What actually happened?

**C**onsequences - What happened after the behaviour?

This will help to determine the rewards that the child is getting from that behaviour, i.e. what is reinforcing the behaviour.

Mg13April 13, 2007

## **You have now completed Module 2**

**You should be able to carry out a variety of assessments of children with disabilities**

**You should be able to design assessments based on established norms**

**You should also be developing a wider and deeper understanding of disabilities and their impact on individual children.**

