

Physical outbursts when working with children with autistic spectrum disorder.

In all schools there are children who display challenging behaviour sometimes, and all children will push boundaries with their behaviour, but when it is frequent or persistent then it is clear that the child is in need of support. The author has based this paper in the challenging behaviour that they experienced while working in a key stage two, autistic specialist teaching facility based in a community mainstream primary school. The pupil that was observed (named Child A for the purpose of this paper) was diagnosed with moderate autism and non-verbal. Child A was moved into the unit for a local mainstream primary school who were struggling to manage the needs of the pupil. The previous school informed the STF unit of potential challenging behaviour and physical outbursts, aimed at staff, when the child was frustrated. These behaviours were observed quickly in the new setting and were often accompanied by high pitch screaming and laughter, alongside the physical outburst, once they got a reaction from the adults that they aimed the outburst at. This behaviour was chosen by the author of this paper as the strategies tried when working with the pupil, and the interventions and support from outside agencies, can be used moving forward with children with autism displaying physical outbursts and are also transferable when working with other children displaying similar behaviour, both in the STF unit and in the mainstream classrooms in the school.

According to literature, the behaviour shown during an outburst can be described as “physical and verbal behaviour that is intended to cause harm to others” (Jung, Lee 2020). In contrast The National Autistic Society claims that when an autistic person feels that everything is too much that they may have a meltdown where they temporarily lose behavioural control which could lead to verbal or physical outbursts. In the case of Child A, the author believes that this is the most accurate description of the physical outbursts demonstrated, as these outbursts occur when Child A is feeling frustrated or overly excited. It is necessary to make clear that not all children with autism spectrum disorder and those who are non-verbal display these behaviours, and that children with ASD are not reported to have more aggressive behaviours than that of their peers.

Child A's behaviour had a detrimental impact on the other pupils in the classroom. The high pitched screamed that accompanied the behaviours were distressing for the other children in the class, who also had a diagnosis of ASD. As many of them had difficulties with noise sensitivity, hearing such a sudden

loud noise would be difficult for them to process which sometimes lead to a domino effect where the other children would then themselves feel overwhelmed and display other behaviours such as throwing work on the floor, shouting or stimming as a way of calming down. Even though the physical behaviours were aimed at the staff in the room, they also had an impact on the other pupils. If Child A had a physical outburst towards a staff member then you would often need several staff to help with the situation, to assist with calming Child A down, to support the staff member by administering first aid or by recording the incident. This meant that time with staff was often taken away from the other pupil's support which then has a knock-on effect on the others in the class. It was also distressing for the staff members in the setting as they were often left with injuries following the incidents as well as the impact that being on the receiving end of such behaviour has on a staff members well-being.

The schools policy and risk assessment at the time was unclear on what action to take when these behaviours were shown as the STF unit in the school was new, and although the previous school had given a brief insight into the behaviours shown by Child A the extent of these were not yet known. The schools general behaviour policy was not appropriate in this case as the policy was aimed at children in the mainstream of the school where processes, such as restorative practice, were able to take place as the child would have been able to express themselves and understand the consequences for their actions. Child A would not have been able to verbalise their feelings or have a clear understanding of the process making this inappropriate in this situation.

One strategy that was suggested when working with Child A was the low arousal approach, where the practitioner does not react to the challenging behaviour by the child, so the Child A was not getting the desired reaction in the hope that this would calm their behaviours. The theory of low arousal has several steps that need to be followed to be implemented correctly. These include staying calm even in a difficult situation as if the practitioner remains calm then it may lead to the children feeling less confrontational or giving personal space so the staff member remains a safe distance from the child so to limit the opportunity for a display of physical outburst. Communication, both verbal and non-verbal, are important with this intervention for example displaying a non-confrontational stance and talking in a calming voice. The use of distraction was attempted by using toys and objects that Child A favours to distract away from the challenging behaviours and also removing other people from the situation so the pupil feels less overwhelmed and anxious.

Another intervention that was put into place in this situation was the use of the PEC's system to help alleviate the frustration that Child A was feeling and aid in communication between Child A and staff. Brignell et al (2018) states that "the ability to communicate is an essential life skill, and difficulties can have a range of adverse outcomes, including poor academic achievement, behavioural difficulties", with this theory in mind the approach of using picture association communication was attempted but had little effect on Child A. Although they were able to use the cards to identify the activities they wanted to do, there was not a clear enough understanding to assist in their feelings of frustration or the understanding as to why.

A reward system was also attempted, if Child A was able to participate in an activity for a very short period of time then they would be allowed 3 minutes on an activity of choice, with a sand timer used to show how much time was left with their chosen activity. Again this was not successful as when the time had run out, Child A would become frustrated at having to hand the toy back and would often have outbursts towards staff members.

The layout of the setting meant that the unit had additional space to expand allowing for the use of extra rooms. Advice from another professional suggested having one room as a classroom and another as a play-room, hoping that with none of the toys or free play activities in view then Child A may settle without getting frustrated at not being able to play. This intervention did have a mildly successful result, with the outbursts and behaviours decreasing slightly in the short term, however once Child A found where all the choice activities were then the behaviours resumed. As the space in the school was allowing, a quiet/sensory room was constructed to support all of the pupils but with particular emphasis on supporting Child A, giving a safe space for Child A to go, decompress and release frustrations without having outbursts or distressing the other pupils in the classroom. This intervention was then built regularly into the routine of Child A at times where the behaviours were more common. This intervention was successful in reducing the frustration of Child A and in turn the outbursts and behaviours that were displayed.

The schools believed in supporting every child as an individual and to allowing every pupil to be a part of the school community, on this occasion it is felt that the school supported Child A through multiple interventions that were put in place and in helping the pupil settle into the best environment for them, adapting the setting to meet the needs of all of the children. The interventions that were used in this study can be transferred to other children both in the STF

unit and in mainstream classrooms to support pupils who may be struggling with frustrations or challenging behaviour for any reason, such as following the separation of parents or a child with additional learning needs. Lessons were learnt from the experience such as when working with children with challenging behaviours multiple interventions may be tried before finding the intervention that best fits the child and their needs. Also in this situation support was given from other professionals to find the correct intervention and approach, this information was and support was the turning point in meeting the needs of the child, showing that working with outside agencies and professionals can be in the best interests of the pupil to ensure that their needs are met and that they are able to reach their full potential.

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