Behavior as Communication: The Function of Challenging Behavior

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All persons behave. While the misbehavior of anyone can be challenging, the misbehavior of persons who are deafblind can be overwhelming for several reasons. First, there are frequently communication problems that make it difficult to discuss behavior problems and expectations with the person. Second, medical complications may limit the kinds of responses to misbehavior that parents and caregivers are willing to utilize. Third, some of the behavior demonstrated can be quite unusual. Just because a behavior seems unusual to us, or a little odd, does not mean that it is “misbehavior” or needs to be changed. We need to understand the purpose of the behavior.

Two important principles need to be described. First: all behavior has a purpose; behavior is not random. The second principle is equally important: behavior serves a communicative
function. This means that we use behavior to communicate something to other people. If we understand the communication, and if we understand the purpose of the behavior, then any behavior can make sense.

We should not view behavior management as a means to control or limit a person's behavior. The primary objective of behavior management is to understand the purpose and communication underlying misbehavior, and to use that to help the person find more appropriate communication methods to achieve their goals, or to help them find more appropriate goals.

There are at least six major principles underlying behavior management. First, as stated above, problem behavior serves a purpose for the person displaying it, part of which is communicative. Second, functional assessment should be used to identify the purpose of problem behavior. Third, problem behavior may serve many purposes and therefore may require many interventions. Fourth, the goal of intervention is education, not simply behavior reduction. Fifth, intervention involves changing social systems, not simply individuals. Finally, lifestyle change is the ultimate goal of intervention.
Communication

Communication in general is difficult. This is because all communication is subject to the encoding of messages, and then decoding and interpretation. If I have something to express, I must first encode my message into words or signs in order to express it. The person to whom I am addressing my message must then decode or make sense out of what I said or signed. Encoding and decoding are not always straightforward, but can be influenced by mood, attitude, attention, personality, etc. When dealing with a person who lacks communication skills, and who may in fact be nonverbal, communication becomes extremely difficult. Behaviors may be viewed as negative, and something to eliminate, when in fact they are attempts at communication.

Functional Analysis

Identifying the purpose/goal of behavior can be difficult. There are many forms of functional assessment or analysis, or the process of identifying the purpose or goals of a behavior. Methods vary considerably, including interviews, observations, and structured experimentation. The most basic method is to observe the circumstances under which the behavior occurs. Other methods
recognize that there may be both social and non-social factors involved, as well as immediate and more distant factors. Social factors include the global categories of getting something and avoiding something. Non-social factors include sensory (produces sensory stimulation), homeostatic (regulates stimulation), and organic or biological functions. Immediate factors concern what is happening at the time of the behavior. More distant factors include emotions, thoughts, reinforcement, modeling, family, physiology, communication, and curriculum. A team of people may be useful to examine all of the possible functions.

Parents and caregivers may want to observe their own reactions/responses to the person’s behavior for clues to the purpose. One method, which comes from the Adlerian theory of Individual Psychology, considers the basic goal of behavior to be directed toward achieving a sense of importance in relationship to other people. Some children learn that to be significant or to have a place in the group, they must engage in misbehavior such as constantly seeking attention from others, or engaging in struggles over power, or attempting to get even, or in some very discouraged cases trying to get the group to give up on them by displaying
inadequacy. Parents and others may detect the goal of the misbehavior by their own reactions of annoyance (attention), threat (power), hurt (revenge) or despair (inadequacy).

Another form of functional analysis breaks down the purpose of communication into one of several communicative functions – what the child is communicating by the behavior. These include requests (for attention, interaction, affection, assistance, etc.), negations (protest, refusal, cessation, etc.), declarations or comments (about events, actions, objects, persons, humor, etc.), and feelings (hurt, pleasure, fear, frustration, etc.).

**Focus of Intervention**

The difficulty with intervention is to modify the misbehavior without shutting down the person’s attempts to communicate. Here are several general principles. First, do not become annoyed, threatened, hurt, or give up. A second principle is to help the person find a more appropriate method of communicating the message to you. A third principle is to avoid crisis management. The techniques we use in managing crises generally do not teach new communication. A fourth principle is to be patient. It takes time to
modify behavior in a way that teaches the person the benefits of clearer communication.

In considering intervention strategies, we may examine options that are directly applied to the person, those that are indirectly applied by changing the behavior of other people in the person’s environment, and those that modify the environment itself.

Direct interventions include strategies that teach more appropriate behavior and/or communication. Once we understand the purpose of the behavior and what it is communicating, we can try to redirect the behavior to a more appropriate purpose and teach more appropriate communication strategies. For example, a 13-year-old girl who is deafblind and has limited communication skills began to have temper tantrums in the classroom while doing seatwork. A functional analysis suggested that the purpose of the tantrum was to escape having to do her work. Even while recognizing that the tantrum was a form of communication for the girl, the teacher and aide were reluctant to reinforce the behavior by respecting the communication. For that reason, the girl was instead taught a sign for "I am finished", and was prompted to use the sign when she began to tantrum. As soon as she used the sign, she was allowed to
get out of her desk and sit on the floor. In this way her communication was respected and the tantrums were reduced. The next task was to reinforce her for extending her seatwork time.

Indirect intervention strategies attempt to modify the behavior and communication of other individuals in the person’s environment. It is essential that everyone who has regular contact with the person knows how that person communicates, and learns to communicate utilizing that system. Continuing the above example, the teacher and aide were reluctant to engage in an intervention that allowed the girl to avoid seatwork. They had to learn that responding to and respecting communicative attempts was the only way to build appropriate communication systems, which is more important than most seatwork. They also needed to learn that responding to communication requires that the girl recognize that her attempt to communicate was understood. It does not require giving into the request every time it is made, although that will have to be done at first until this particular communication is established.

Arranging the environment of the person so as to reduce the misbehavior is also essential. People who misbehave are often given restricted activity options. What we want to do is not reduce options,
which happens with some attempts to manage misbehavior, but instead provide options that the person finds interesting and rewarding, provide the person with appropriate role models, and make sure the environment supports the necessary medical treatments, interventions, and knowledge, needed to increase the person’s participation. Returning to our example, it is important to examine the nature of the seatwork. If it is not enriching and interesting, her desire to escape the work, although not her form of communication, might be viewed as appropriate.

**Prevention**

There is one huge principle for the prevention of problem behavior: make the individual’s environment as reactive as possible. This applies to all individuals, not just those with disabilities. There are two aspects to this. One is predictability. In fact, predictability is essential to communication. Before taking a person to a new environment, discuss what it is going to be like, what the rules are going to be, what benefits are likely to accrue, and what supports will be available. The other is responsiveness. People need to know that their communication is important to others, and will be listened to
and reacted to. If this does not happen, people may will misbehave. Then, in time, they may shut down attempts at communication.

Dealing and coping with problem behaviors is enormously stressful. In working with individuals who are deafblind and who demonstrate behavior difficulties, it is important to cope with one’s own stress. First, remember that the misbehavior is an attempt to communicate, and be glad the person is trying to communicate. If the person is trying to communicate, they can be taught improved communication. Second, choose your battles wisely. Not every misbehavior needs an intervention. Prior to intervening ask oneself, "what will happen if I do nothing?" Third, don’t feel like you have to go it alone. Interventions on behavior need a team effort.

**Self-abusive behavior**

A behavior that is very upsetting to parents, caregivers and others is self-abuse or self-injury. Self-injury can have a physiological base, or a psychological/social base, and these can also influence each other. There are several physiological bases including: the release of beta-endorphins in the brain, sub-clinical seizures, middle ear infections and other pain, overarousal, and self-stimulatory, stereotypic behavior. It is very important that these possibilities be
investigated and not overlooked. The more psychological bases for self-injury are: reinforcement, a response to anger or frustration, stress, and boredom. Whatever the base may be, self-abuse is a form of communication. It can be "my ear hurts," or "I like the way this feels," or "I am bored."

Because self-abuse can have serious consequences and is upsetting to care givers, it is often responded to as something that just needs to be stopped. This leads to various forms of restraining, medication, and sometimes the use of aversives. The message in the use of these forms of intervention to the person with the behavior is that we do not want to "hear" their communication. This does not mean we should never use them. Sometimes the self-abuse is so serious it must be prevented (this is using crisis management). It is also possible that the self-abuse has become so established that it has lost much of what it may have one time communicated, and is now more reflexive in nature.

However, whenever forms of behavior management are used that do not build upon and teach communication, they should only be used to support additional work on communication. In other words, when drugs are used to control behavioral difficulties, these should
not be viewed as the cure. They should be viewed instead as a means to get the behaviors enough under control that more effort can be spent to build appropriate communication and to redirect the purpose of behavior.

**Conclusion**

Some individuals who are deafblind may engage in behavior that is confusing and even disturbing to others. This does not mean that the behavior should be stopped. Before any intervention takes place it is essential that we understand the purpose and the communication behind the behavior. Our ultimate goal must be an improved life style for the individual. Sometimes this means teaching the individual other ways to communicate and to achieve their goals. Sometimes this means changing social systems so that they are more responsive. In every case, we need environments that respond to the individual in supportive and communicative ways, or the individual may react to the environment with misbehavior.

**References**


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