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The emotional function of challenging behaviour: What if your EQ is higher than your IQ?

Ian M. Evans, Massey University, Wellington

Mayer and Salovey said...

1. Emotional Awareness

(the ability to recognise how you and those around you are feeling),

1. Emotional Facilitation of Thought

(the ability to generate an emotion, and then reason with this emotion),

1. Emotional Understanding

(the ability to understand complex emotions and emotional "chains", how emotions transition from one stage to another), and

1. Emotional Management

(emotional self-management and the management of emotions in other people).

Emotion Regulation

Andrew works hard, if not harder, than one of his colleagues. In fact, his ideas are better at getting positive results in his job. Andrew's colleague does a mediocre job but engages in work politics so as to get ahead. So, when his boss announces that his colleague was promoted instead of him, Andrew is very angry. How effective would each action be in helping Andrew manage his anger, and make him feel better?

Emotion Regulation

Action 1: Sit down and think about all of the good things in his life and his work

Action 2: Make a list of the positive and negative things about his colleague

Action 3: Feel terrible he feels this way, and tell himself it wasn't right to be so upset over an event not under his control

Action 4: Tell people what a poor job his colleague does, and that he did not deserve the promotion. Gather notes to prove his point

Very
ineffective



Very
effective

Understanding Chains of Emotions:

Sue felt secure and esteemed in her position and then felt jealous. What happened in between?

1. She received a compliment intended for someone else
 2. She discovered someone had been promoted ahead of her
 3. A colleague was diagnosed with depression
 4. She was frustrated by a bad job she did on a project
 5. She discovered her husband was cheating on her
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Understanding Chains of Emotions

Tanya was annoyed that a colleague took credit for a project she developed, and when he did it again she felt _____

1. anger
 2. annoyance
 3. frustration
 4. startled
 5. depression
- 

Sharon

- 5 years of age; Classic Kanner syndrome
- Living in a specialised hospital unit for children with autism
- Language training involved naming familiar objects/people depicted on bright, projected images (could be presented unfocused)
- Echolalia: look away, cover her ears with her hands, rocking back and forth; if verbalising would say “what’s in the picture?”
- Playroom—hunched up, rocking, fingers jammed in her ears; Kitchen—watching the cook, or playing with building blocks etc

Percentage echolalic responses

- During sessions following “liked” activity, randomised as to morning or afternoon: 85%, 95%, 80%. 60%, 100%
 - During sessions following “disliked” activity: 15%, 8%, 3%, 2%, 2%
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- During sessions with slides out of focus: 40%, 90%, 100%, 95%, 100%
- During sessions with slides in focus: 5%, 8%, 7%, 3%, 2%

● **Evans, I. M. (1971)**

Motivation Assessment Scale

Mark Durand and Dan Crimmins

- When the behaviour is occurring, does this person seem unaware of anything else going on around him or her?
 - Does the behaviour occur following a request to perform a difficult task?
 - Does the behaviour seem to occur in response to you talking to another person in the room?
 - Does the behaviour occur when you take away a favourite toy, food, or activity?
- 

Steven Reiss' "end" motives (things enjoyed for their own sake)

- Social contact (interacting with others)
 - Curiosity (explore and learn)
 - Independence (self-reliance)
 - Power (influence, leadership)
 - Status (social standing)
 - Acceptance (approval of others)
 - Vengeance (desire to get even)
- 

FUNCTIONS

- When the behaviour is occurring, does this person seem unaware of anything else going on around him or her?

SENSORY

- Does the behaviour occur following a request to perform a difficult task?

ESCAPE

- Does the behaviour seem to occur in response to you talking to another person in the room?

ATTENTION

- Does the behaviour occur when you take away a favourite toy, food, or activity?

TANGIBLE

OR EMOTIONS?

- When the behaviour is occurring, does this person seem unaware of anything else going on around him or her?

CALMNESS

- Does the behaviour occur following a request to perform a difficult task?

ANXIETY

- Does the behaviour seem to occur in response to you talking to another person in the room?

JEALOUSY

- Does the behaviour occur when you take away a favourite toy, food, or activity?

ANGER

Excessive behaviour (stereotypies) in Rett's Disorder: The case of Anne

Evans & Meyer, 1999

- Anne was 5 years 11 months when the three-year clinical study began.
- She was described as “Rett syndrome, severely mentally retarded with some autistic features”
- Excess behaviours were body rocking , hand mannerisms, cry (no tears), shriek/scream, blowing, all of which teachers believed interfered with learning
- Instructional goals were teaching play (Big Mouth Singers), manipulating objects, signing “hug”
- Formal observation of teacher behaviour indicated it was characterised by *neutral requests, demands, and disapproval.*

Main findings:

- Observations were in real time and frequencies of behaviours were factor analysed (oblique rotation) revealing three clusters:
 1. Hand mannerisms, rocking and staring (self-stimulation)
 2. Hand mannerisms, *negative* on blowing, and cry (distress)
 3. Vocalising (*no words*), *negative* on all other excess behaviours (positive affect)

And...

- Low demand, positive social situations were associated with reduced hand mannerisms
- Intervention consisted of playful smiling touching, stroking, imitating sounds, clapping and singing
- Hand mannerisms reduced from 52% at baseline to 4% at end of treatment ($F(1,17) = 10.4, p < .01$); blowing from 24% to 9% at end of intervention (n.s.)
- **Conclusion:** “Significant reduction in hand mannerisms, as well as other excess behaviours, was related to positive social interactions and play that allowed for communication at the affective level. Reducing Anne’s distress demonstrated that excess behaviours can be altered in social and instructional situations even when biologically caused, have little functional significance, and are characteristics of an organic syndrome.”

Georgia (on my mind?)

- 14 year old girl with Rett's Disorder from a middle-class Catholic family determined to include her in all family activities
- No verbal language, some gestures, points to picture symbols (communication board), eye gaze indicates interests. Self-injury (head hitting) on occasion
- Member of the Supper Club. Twice a month a group of 6 girls (including Georgia) got together, went on the town and did an activity together—hang at the mall, eat pizza, watch videos, go shopping

Conversation recorded in the van coming home from a field trip

One girl asked: 'Does Georgia go to church? Does she go to confession?' Another responded: 'Yeah, Georgia goes to church, I see her every Sunday. Confession? Georgia doesn't need to go to confession!' A third girl said, quite emphatically. 'Wait a minute, when she hits her head, that's a sin.'

Georgia's mother

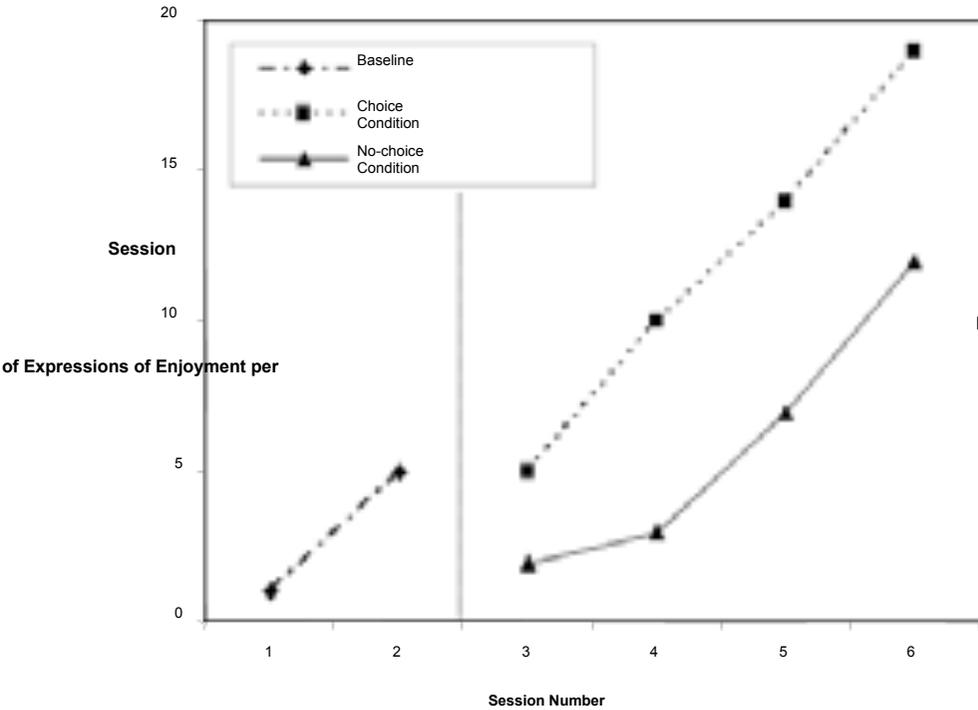
- “I said to Talisha: ‘I know why I love Georgia, but why do you like her?’ Talisha thought for a moment: ‘She makes me happy and I make her happy and I know how to get her out of a bad mood...and she’s very good at keeping secrets.’
- “after Talisha moved on to high school, the second day of school we get this knock on the door and it’s Talisha. ‘Hi, how are you? Is Georgia here? I’ve got to tell her about my first day of high school.’ Excuse me while I cry and then I’ll let you in the door! So she came on in and went on and on with Georgia: ‘...and I couldn’t get to my locker and I didn’t have time to eat my lunch and by the way how’s school, how’s Theresa?..did you get rid of that bitch Joan, I hear she’s awful...,’”

‘Look Mum, No Hands!’ Having Fun and Staying Safe Are Not Incompatible Outcomes of Exercising Choice

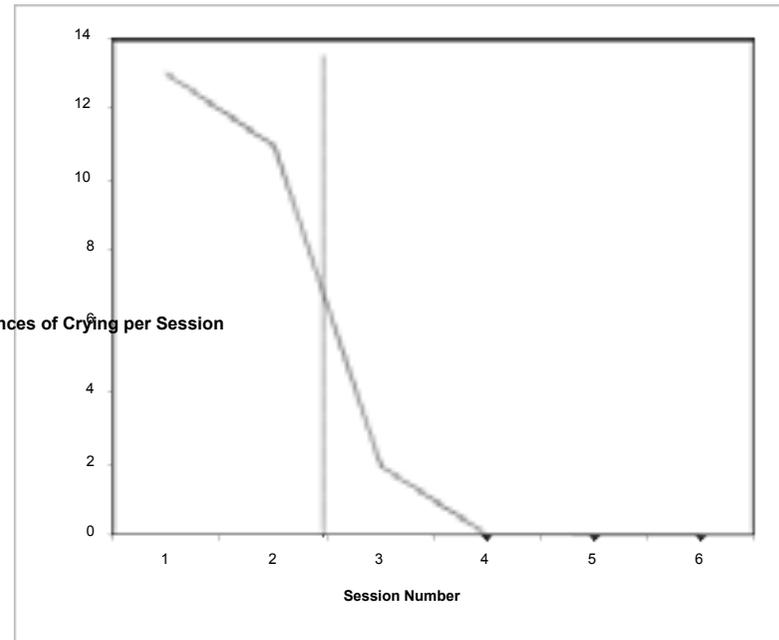
Amy Bingham & Ian Evans

Four measures (based on observation):

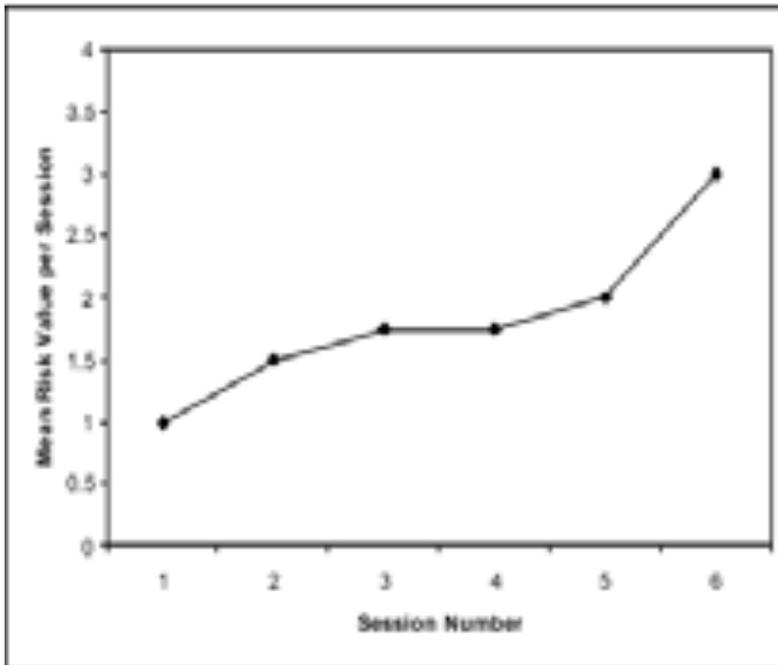
- Inappropriate behaviour
- Positive affect (smiling, giggling, laughing)
- Level of risk (not sitting correctly or holding the reins—ratings up to Level 4 considered acceptable)
- Increase in competence in riding routines (usually mounting and dismounting independently)



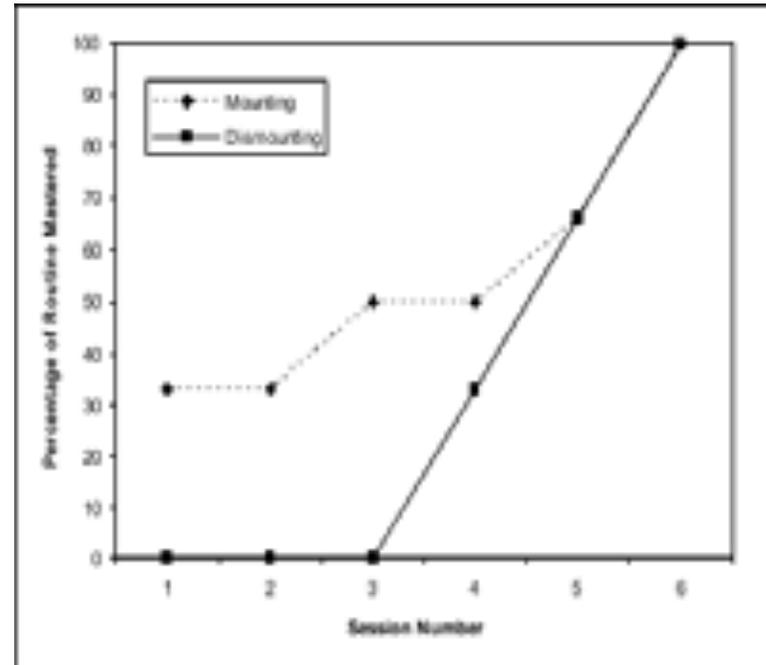
Lisa's frequency of expressions of enjoyment



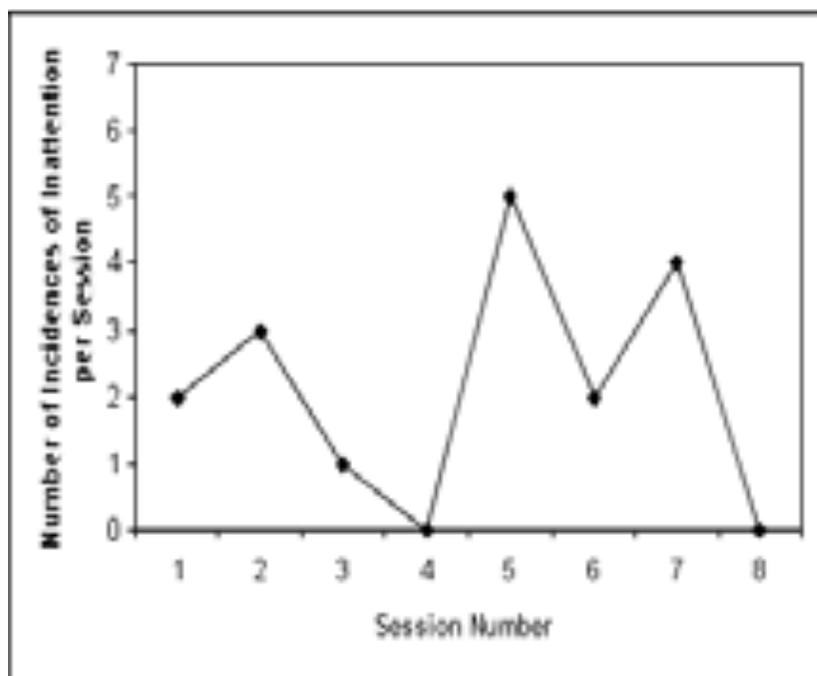
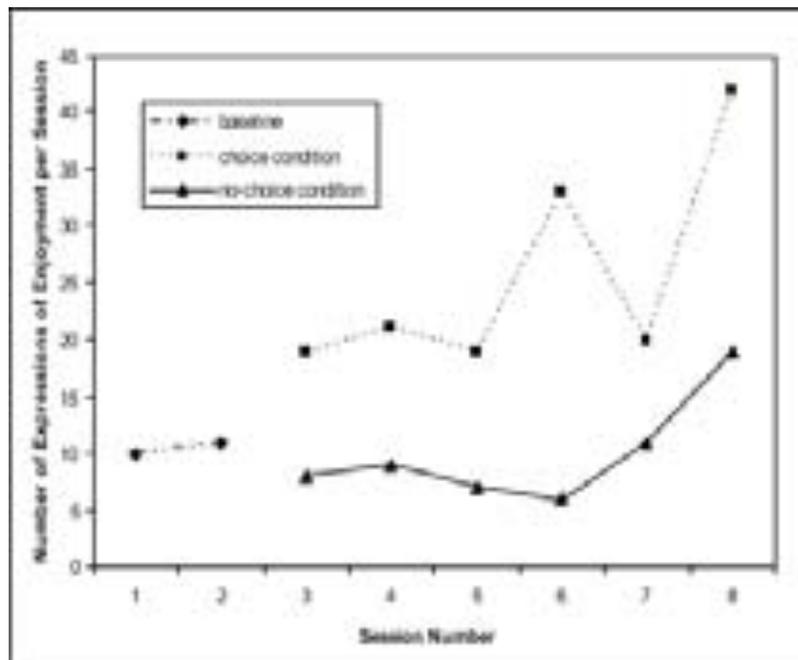
Lisa's frequency of crying while riding



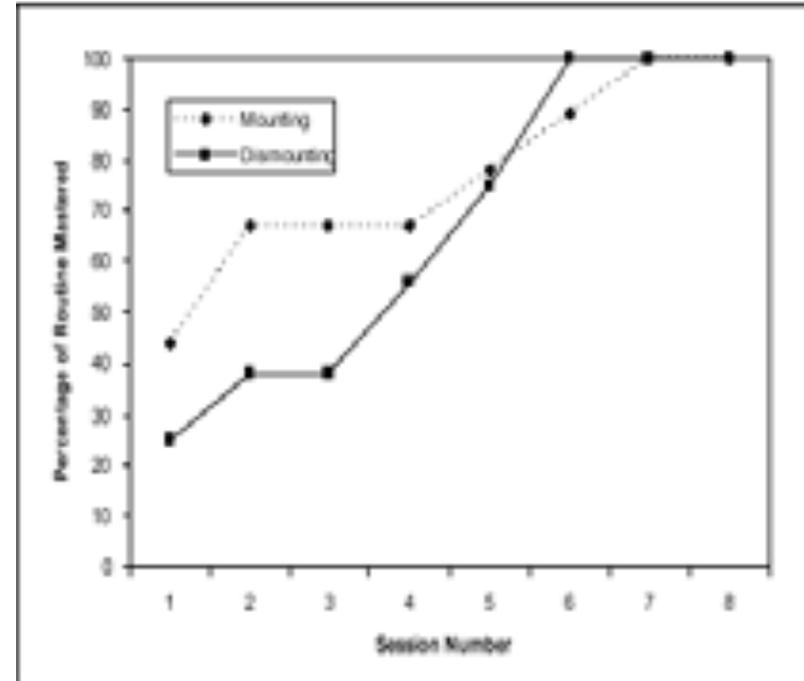
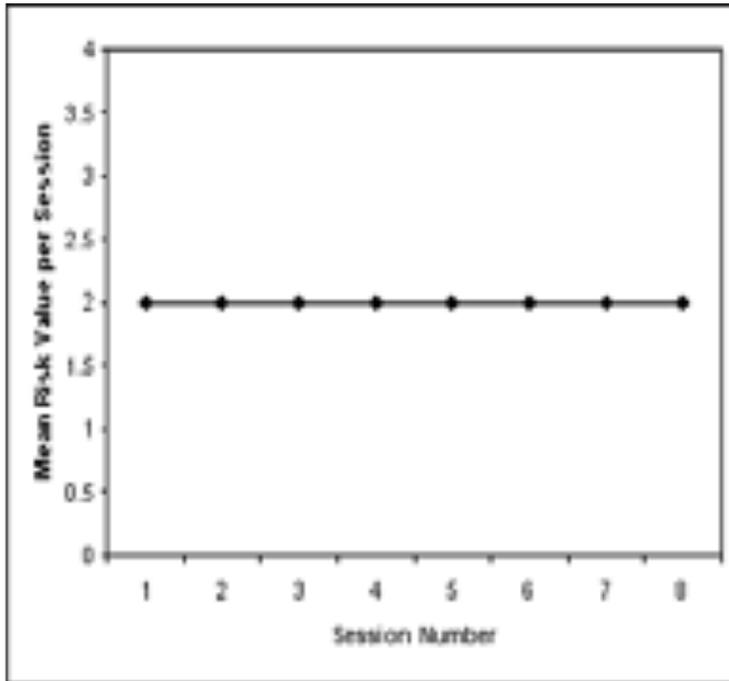
Lisa's mean level of risk



Lisa's mastery of routines



Helen's frequency of Helen's frequency expression of enjoyment. of inattention.



Helen's mean level of risk Helen's mastery of routines

The Emotional Understanding Interview

- Identification (“How do you think this person is feeling?”)
- Experience of emotion (“Do you ever feel like this?”)
- Causes (“What kinds of things make you feel this way?”)
- Expression (“When you feel this way do you let other people know how you feel?”)
- Action response to emotional displays (“If you saw another kid looking this way, what would you do?”)

Young adults with intellectual disability and aggression: Sussing out the staff

Clients: 25 men and 13 women between ages of 18 and 24, functioning at the mild level of intellectual disability (Full Scale IQs 50-70), able to give informed consent

- Selected as having significant difficulty with controlling aggression, verbal and physical
- Living in supported residential community settings, from small group homes to supported one or two person flats
- Half received training; half in wait-list group

Staff: 48 direct care staff, mostly part time, some training in behavioural intervention; half received empathy training, half did not—a 2 X 2 design

Intervention: training both staff and clients in empathy skills

Staff: “Peer power: Becoming an effective peer helper” (Judith Tindall)

Clients: “Learning to care: Classroom activities for affective development” (Seymour Feshbach)

Empathy skills were attending, listening, discrimination of feelings, description of feelings, perspective and being in another’s situation

Summary of findings

- Empathy training for clients reduced aggression at post-training and at follow-up
 - Clients' feelings of anger were not reduced
 - Empathy training for staff only enhanced clients' prosocial skills
 - Staff learned the empathy skills but did not implement them—culture of control
 - Clients pre-existing skill in sussing out staff emotions and vulnerabilities were increased as a result of empathy training
- 

One client's evaluation of the group

Why did you come to the groups?

“To help with temper..to try to learn new things to do about it.”

How did it help?

“I got to know that a lot of others had the same feelings and frustrations...to understand different situations when I got into them”

What did you do in group?

“acting, role play, discuss feelings”

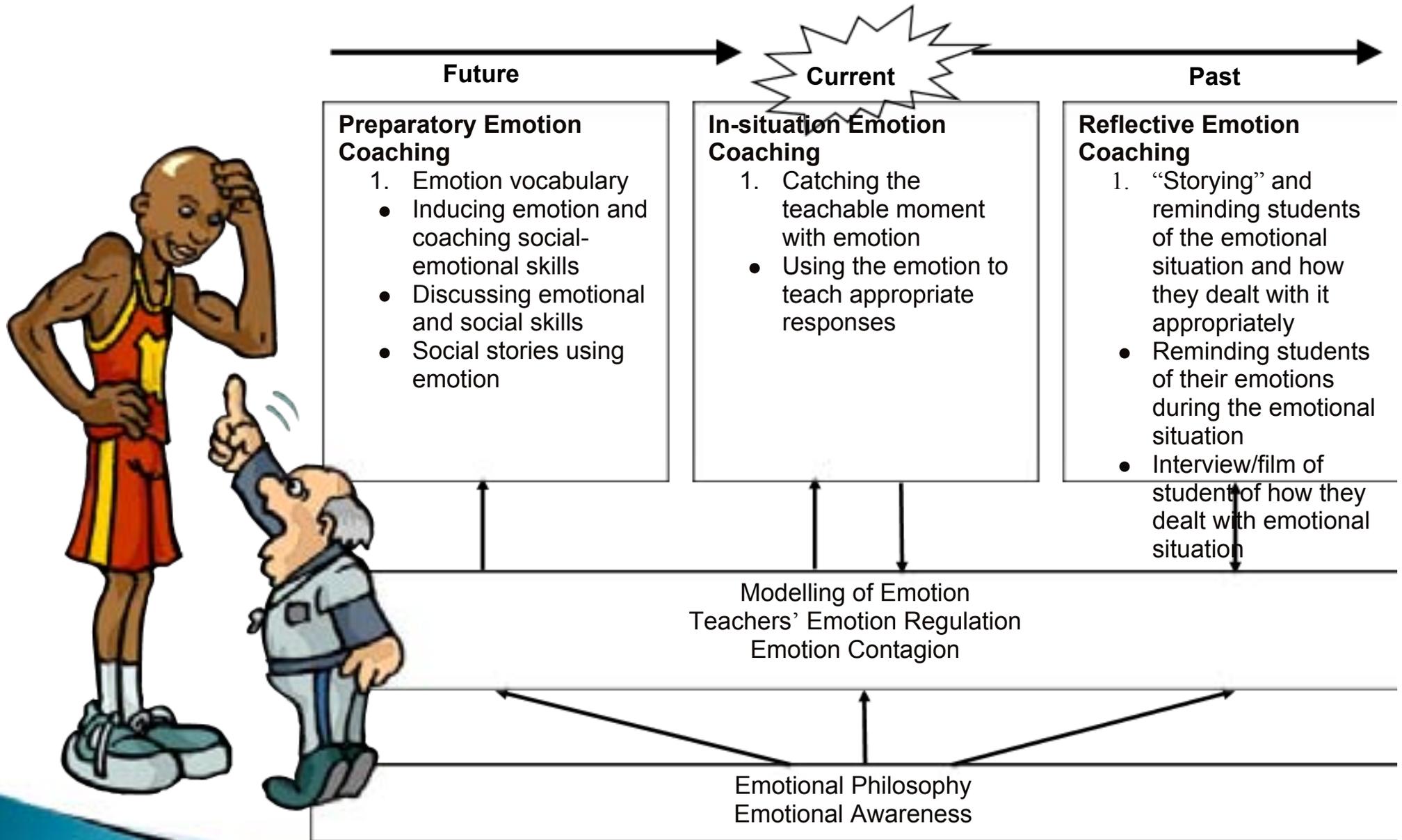
What did you like the best?

“...the way everyone treated me”

Emotion talk

- **Mum:** “We’re going to the zoo again on Sunday. Do you remember what happened the last time?”
- **Child:** “I was scared”
- **Mum:** “Right! When that lion opened it big mouth just near us and let out a roar you nearly jumped out of your skin. I was really scared too, but then I remembered the big fence and I knew we were all safe.”
- **Child:** “You said I was brave...”
- **Mum:** “M’hmm. You were. You didn’t run. You stayed and watched the keeper give that lion a huge meaty bone, and you moved closer to get a good look. That was brave.”

Emotion Coaching



In-situation Emotion Coaching (ROLES)

- **Recognise:** **Recognise** their own and/or student's emotion
- **Opportunity:** See emotion as a “teachable moment” and an **opportunity** to develop relationship and to teach social and emotional skills
- **Label:** Help students to verbally **label** their reactions/emotions
- **Empathise:** **Empathise** with and validate the student's emotion
- **Solve:** Assist the students concerned to **problem solve the situation** that led to the (negative) emotion. Use alternatives, scaffolding-praise & modelling

Let's look first at some situations— Catching a feeling moment

- Conflict (e.g. name calling) between children—an opportunity to involve all parties
 - Seeing a child looking sad or angry—an opportunity to engage the child alone or quietly
 - Seeing a child looking pleased or happy when not part of the class mood—that could be an opportunity to share
 - When a negative or challenging behaviour occurs, such as a student who is disruptive or aggressive, and it is possible there is an emotional cause
- 

and also....

- When a student recounts an incident or event in which his or her feeling is clearly identified
 - When a student recounts an incident that was probably emotional, but in which he or she fails to identify a feeling
 - When something personal has affected your mood or feeling and it is worth sharing with the class
 - When a major news event is reported or a situation in a story/book that is being read
- 

Be wary of:

- Self-reflection that amounts to emotional blackmail— mentioning a negative feeling such as disappointment at their behaviour
 - Being ungenune
 - Giving conflicting signals (smiling when you are really angry)
 - Withdrawal of affection
 - The blame game—blaming a student for how you are feeling
 - Emotional sermons or lectures
- 

“Naturalistic” training and supervision for direct care staff

- Teach skills rather than focus on deceleration strategies (PBS)
- Make environmental change when possible (PBS)
- Compare treatment of clients to how they themselves would like to be treated
- Be reflective; are you: Controlling? Non-empathic? Rigid? Treating clients like children?
- Allow clients to express emotion and talk about negative feelings
- Discusses how “distal setting events” such as rejection or loss of contact with family can produce behaviour problems

Staff methods following naturalistic versus traditional training:

- Use of tangible reinforcement: Traditional , 100%; Naturalistic 0%
 - Teach new tasks: Traditional 38%; Naturalistic 80%
 - Spend time in personal interactions with clients: Traditional 25%; Naturalistic 60%
 - “Talk therapy”: Traditional 13%; Naturalistic 30%
- 

Outcomes:

Outcomes favouring *naturalistic* group:

- Improved quality of life for clients
- Interpersonal interactions maintained post training

Outcomes showing no difference:

- Reduction in behaviour problems
 - Staff attitudes towards clients
- 

Parents (and teachers)

- Mindfulness: reflecting on child, behaviour, and reasons (attributions)
 - Awareness: of one's own emotions and how they affect the child
 - Positive Affective Priming: before labelling, planning, or reacting focus on stimuli associated with close attachment and other positive feelings
- 

Research to practice: EIBC

- Evidence-based Interventions for Behavioural Challenges: new GSE professional development programme by Meyer and Evans
- Based on five fundamental principles:
 1. Culture
 2. Ecology (triggers, context, setting events)
 3. Consequences (reinforcement, extinction)
 4. Alternative positive skills with the same function
 - 5. Emotion (feelings, needs, motivation)**

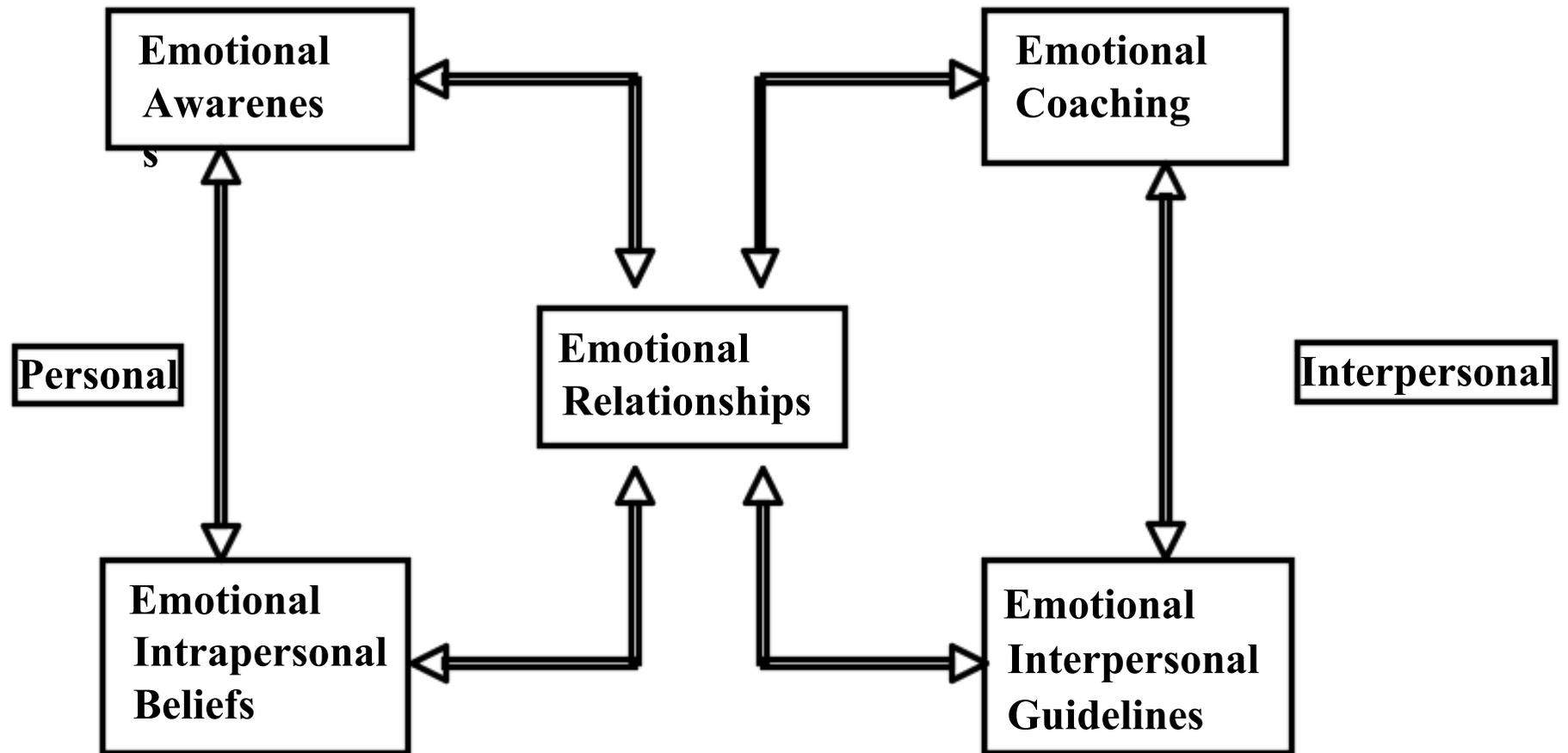
Research to practice: Te Aniwaniwa



“It comes from knowing them, from taking time to get to know them and being interested. I think also allowing them to know you as well, because the connection isn’t just from us to them, it has to come back the other way. And so to do that you’ve got to share part of who you are...”

(Harvey & Evans, 2003)

The Classroom Emotional Environment Dimensions



Some strategies: INFERENCE

“Tama, I noticed some of the other kids were teasing you about your new haircut. How are you feeling about that?”

“OK, I’m not bothered by them”

“Hmm, when people tease me about my appearance I feel, hmm, it’s hard to describe, maybe ashamed at first, and then I feel angry, like they are really bullying me, even though they may be joking. Is that how you feel?”

VALIDATION

“Sarah, Sarah, settle down. Why are you so fidgety today?”

“I’m excited, Miss, my dad’s coming home—he’s been in Afghanistan with the army.”

“Wow! That **is** exciting.”

“I’m kind of, like, scared too...”

“Why is that?”

“He’s been away so long maybe he won’t recognise me; maybe he’ll spend all the time with my baby sister...”

“When my husband came back from his concert tour in Europe, I worried that he might have changed a lot...These kinds of feelings are pretty natural. But I must say he was exactly the same as always!”

Some conclusions—or take home messages

- Emotions are easy to feel but hard to understand
- Challenging behaviour in people with intellectual disabilities often reflect that fact; emotions are always present but comprehension may be less so
- Creating a positive emotional mood (or climate) reduces challenging behaviour
- Clients can learn many aspects of emotion regulation
- Emotion talk is a simple strategy to enhance emotion regulation
- Emotional awareness for direct care staff is very important



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