



Avoid Challenging Behaviour • A-B-C Behaviour Chart

Huntington's Disease can cause changes in behaviour such as rigid thinking, agitation, inhibition, frustration, temper outbursts and paranoia. Specific behaviours vary significantly from person to person and can change throughout the progression of the disease. It can be very difficult for a caregiver to understand and cope with these out of character challenging behaviours from their loved one. By understanding how HD affects mood and thinking, you can identify the triggers that result in challenging behaviour and determine how they can be avoided.

An ABC Chart is a direct observation tool that can be used to collect information about challenging behaviour in Huntington's Disease. "A" refers to the antecedent, or the event or activity that immediately

precedes a problem behaviour. "B" refers to the observed behaviour, and "C" refers to the consequence, or the event that immediately follows a response. The first step in using an A-B-C Behaviour Chart is to collect as much information as possible about difficult behaviours in order to detect patterns about why they occur, or what function they serve for the person with Huntington's Disease (HD). Caregivers should use a simple chart to record antecedents, behaviours, and consequences for each behaviour. The sample chart below can be used to track behaviours (each challenging behaviour should be recorded on a different sheet). Caregivers should fill out the chart as soon as possible after the behaviour occurs.

Behaviour - Refusal to eat

Date	Time	Antecedent	Behaviour	Consequence	Possible Function
5/5/11	10.00am	Radio on. Gave Jane eggs and tea for breakfast	Jane spilled the tea and threw plate	I got annoyed	Eating
6/5/11	2.30pm	Friends called for lunch. Gave Jane stew.	Jane wouldn't eat & refused my help	I talked to friends. Jane left the room	Jane didn't eat

Possible trigger of behaviour:

- 1) Jane may prefer a quiet environment to concentrate on her eating. The tea was too hot?
- 2) She may be embarrassed to eat in front of friends.

Avoid behaviour: People with HD need twice the normal calorie intake. Give frequent meals, high calorie snacks and drinks. Encourage slow and deliberate eating in an upright position. Beware of hot drinks - decreased sensation and inability to sip may cause burns. A calm environment with good ventilation helps.

Behaviour - Refusal to communicate

Date	Time	Antecedent	Behaviour	Consequence	Possible Function
5/5/11	12.30pm	I asked Jason what he wanted for dinner	He refused to answer but screamed at me when I gave him chicken	Jason said the food was horrible	No communication
6/5/11	9.30am	I told Jason to have a shower	He wouldn't reply and stayed in bed	I told him he was lazy and he pushed me	Personal hygiene

Possible trigger of behaviour:

- 1) Jason may find it difficult to recall what food he likes. He may need longer to answer.
- 2) He may have difficulty initiating tasks.

Avoid behaviour: Recognition is easier than recall. If he is offered a choice of beef or chicken it is easier than asking him to choose. Remember he will still have his existing food preferences. Instead of telling him to have a shower he may respond better if he is assisted with the planning stages. Jason go to the bathroom and I will run the water for you. Take off your clothes. I will leave a towel here etc.

After a behaviour has been recorded for one week, the chart can be reviewed for patterns among antecedents and consequences. Start by examining the circumstances that precede problematic behaviour to come up with reasonable "guesses" about triggers for the behaviour. Identifying the triggers is important because you can then work to eliminate them from the environment, or at least try to decrease their impact. For example, does the person always become aggressive after interacting with a particular family member or service provider? In this case, a specific person may be a source of stress, so the solution may be to limit that individual's contact with the person with HD.

Does the person with HD remain calm at home, where it is relatively quiet and peaceful, but engage in wandering when she is in a busy place like the supermarket? In this instance, the behaviour may be a way for the person with HD to decrease anxiety or stimulation in overwhelming settings. Changing this antecedent might involve going to the supermarket at a less busy time of the day, or finding a way for the caregiver to shop alone. Does the person start moving repetitively when he has to go to the bathroom or has an upset

stomach? Here, the function of the behaviour is clearly communicating a need. This could be addressed by creating a "bathroom schedule" (i.e., taking the person to the bathroom every couple of hours) or changing the person's diet to something that is easier on the stomach.

Next, examine the chart with an eye for finding patterns in the consequences of the problem behaviours. How do you and other people respond to the difficult behaviour? Do you ignore the person when quiet and composed, but pay attention when he or she is agitated? Perhaps the function of the behaviour is to gain attention (remember, because the person's brain isn't working properly, he may not be able to ask for positive attention). Here, the solution would be to provide more positive forms of attention (e.g., engaging in pleasant activities together) throughout the day. Or, is arguing actually escalating or increasing agitated behaviour? In this case, changing your response to a calm, reassuring one is a good idea.

Information available at: http://www.mentalhelp.net/poc/view_doc.php?type=doc&id=15345