

UNDESIRED BEHAVIOURS CAUSED BY PAIN

The experience of pain often produces a variety of observable behaviours. For the nonverbal individual, these behaviours are important communication signals. For example, a nonverbal student banging his head may be drawing attention to a headache or earache.

Behaviour associated with pain is subject to the effects of learning and reinforcement - the longer a pain problem exists, the more opportunity there is for learning an undesired behaviour to address that pain symptom.



A behaviour that is associate with pain may also be due to a fear or anticipation of pain, rather than the actual experience of pain, The 'pain behaviours' may become conditioned to the situation and be elicited before the student actually experiences the pain. For example, a student with reflux pain, may associate some movements or mealtimes with pain and have a behavioural response to avoid the noxious activity (New Zealand Guidelines Group).

Some behaviours associated with pain:

- **Vocalizations**
(Vocal non-verbal complaints)
 - Sighs, Moans, Groans, Cries, Gasps, etc.
- **Facial Expressions**
 - Grimacing, Wincing, Furrowed brows, Tightened lips, Clenched teeth, etc.
- **Motor Activity**
 - Slow or Deliberate Movements
 - Hitting or 'lashing' out
 - Head banging
 - Self abusive behavior
- **Disposition**
 - Irritable, Moody, Angry, Frustrated
 - Crying

When working with our population of student's we MUST consider the reasons for the observed behaviour, and question ourselves if the behaviour is:

- attention seeking (and why)
- an avoidance behaviour
- response to presently occurring pain or discomfort

keeping in mind that the 'cause' of the behaviour may have an organic basis and it is our student's way to communicate their discomfort to you, the caregiver.

POSSIBLE ORGANIC CAUSES FOR BEHAVIOURS ASSOCIATED WITH PAIN

POSSIBLE CAUSE	POSSIBLE PAIN SYMPTOM	POSSIBLE ACTIONS
Reflux	<ul style="list-style-type: none"> • Crying • Movement, arching of the back • Avoidance of movement • Avoidance of eating • Sleep disturbance • Facial grimaces • Using hands and arms to avoid food 	<ul style="list-style-type: none"> • Positioning is important • Ensure that student is sitting upright where possible, or at a slight angle (75-90 degrees from reclining) • Discuss with medical personnel re: medication
Constipation	<ul style="list-style-type: none"> • Crying • Tantrums • Refusal to eat • Difficulty with keeping still 	<ul style="list-style-type: none"> • Ensure that appropriate medication is being taken • Positioning (reclined) where appropriate • Sometimes massage as well as heat/warmth can help reduce discomfort • Provide more fluids • Check diet
Positioning	<ul style="list-style-type: none"> • Crying • Screaming • Movement • Fear of being touched 	<ul style="list-style-type: none"> • Position changes are important, ensure that the student has many position changes throughout the day (to stretch out) as prescribed by community therapy team and family
Hip pain	<ul style="list-style-type: none"> • Crying when seated or during changes • Refusal to walk • Tantrums during changes 	<ul style="list-style-type: none"> • Position change as recommended by therapist or medical team • Ensure medication is taken and up to date • Medical intervention if required
Toothache	<ul style="list-style-type: none"> • Moaning • Crying • Refusal to eat • Head banging • Self abusive behaviour 	<ul style="list-style-type: none"> • Check in the mouth for gum integrity and bleeding • Dental intervention if required

Stoma site (infection)	<ul style="list-style-type: none"> • Self abusive behaviour • Pulling at stoma site • Pushing and avoiding touch in that area 	<ul style="list-style-type: none"> • Check stoma site • Contact school nurse • Ensure 'peg' is in place • Medical intervention if required
Ear ache	<ul style="list-style-type: none"> • Self-abusive behaviour (e.g., hitting, pulling at hair, head banging etc.) • Screaming • Crying • Avoidance of movement 	<ul style="list-style-type: none"> • Ensure that appropriate medications have been taken (if prescribed) • Medical intervention • Place student in quiet area
Broken bones	<ul style="list-style-type: none"> • Screaming • Crying • Physical behaviours • Fear of touch 	<ul style="list-style-type: none"> • check the body for injury and consult medical intervention
Sickness	<ul style="list-style-type: none"> • Lethargy • Crying • Avoidance 	<ul style="list-style-type: none"> • Check with parents, • Request a medical (including temperature, doctor's visit, school nurse, blood work etc.),
Syndrome	<ul style="list-style-type: none"> • Self abusive behaviours • Crying • Lack of physical contact • Pulling away from touch 	<ul style="list-style-type: none"> • Research your student's condition. Some conditions (e.g. Lesh Niyam; Autism; Angleman's, etc.) have symptoms that include behavioural components and should be addressed as a team in a consistent and managed way.