



Peters Behaviours, triggers and response summary (08/09/2025)

Behaviour	Common Triggers / Setting Events	Observed Responses	What to do In the Moment	What to do Proactively
Verbal Aggression (yelling, swearing, "no work")	<ul style="list-style-type: none"> • Mornings • Being told "no" • Missing items • Staff behaviours • Routine changes 	<ul style="list-style-type: none"> • Yelling loudly • Repetitive "no" • Expressing frustration 	<ul style="list-style-type: none"> • Validate feelings: "I can see you're upset." • Reduce verbal communication and allow processing time. • Redirect calmly to another activity. • Step back and re-engage when settled. 	<ul style="list-style-type: none"> • Prepare breakfast before he comes to the kitchen. • Have an item for him to eat ready to get himself. • Maintain predictable routines and visuals. • Reframe requests into first this, then that or limited choices. • Check hearing aids and personal items are ready.
Tactile Seeking / Boundary (hugging, hand-holding, touching)	<ul style="list-style-type: none"> • Transitions • Lack of clear rules • Social "no" 	<ul style="list-style-type: none"> • Attempts at hugging/ handholding • Withdraws when reminded of boundaries 	<ul style="list-style-type: none"> • Use consistent, neutral boundary language ("No thank you, I am your worker"). • Redirect to appropriate gesture. • Step back calmly if needed. 	<ul style="list-style-type: none"> • Provide visuals/rules around safe touch (high fives, handshakes) • Offer opportunities for social connection (games, peer activities). • Reinforce acceptable alternatives in the moment
Physical Aggression	<ul style="list-style-type: none"> • Delay/denial of food • High hunger • Direct confrontation 	<ul style="list-style-type: none"> • Snatched/throwing objects • Attempted to pull staff's hair 	<ul style="list-style-type: none"> • Prioritise safety: step back, create distance. • Stay calm • Allow time for regulation. . 	<ul style="list-style-type: none"> • Ensure meals (minced/soft) are pre prepared. • Provide choices safely around food. • Position yourself safely when assisting.
Withdrawal /Self Regulation	<ul style="list-style-type: none"> • Hearing aids missing/flat • Fatigue • Return from family home • Change in services 	<ul style="list-style-type: none"> • Choosing to spend time in room • Talking aloud to self • Reduced engagement 	<ul style="list-style-type: none"> • Respect his choice to withdraw (15–30 mins). • Reassure and answer questions clearly. • Avoid pressuring engagement until he initiates. 	<ul style="list-style-type: none"> • Build quiet time into routine. • Use familiar visuals for structure. • Plan low demand activities after transitions (TV, Music)
Eating / Swallowing Risks	<ul style="list-style-type: none"> • Refusal of puree • Hunger, Food prep delays 	<ul style="list-style-type: none"> • Attempting whole foods • Rejecting puree when very hungry 	<ul style="list-style-type: none"> • Prompt safe pacing and spoon loading. • Redirect quickly if unsafe food is attempted. • Keep the environment calm/unhurried. 	<ul style="list-style-type: none"> • Prepare meals in advance. • Follow mealtime safety plan (minced/soft IDDSI). • Use food moulds • Supervise closely during meals.
Communication Related Frustration	<ul style="list-style-type: none"> • Hearing aids missing • Not given processing time 	<ul style="list-style-type: none"> • Talking aloud repetitively • Persistent questioning 	<ul style="list-style-type: none"> • Validate frustration: "That's frustrating when you can't hear." • Encourage him to repeat instructions back. 	<ul style="list-style-type: none"> • Use 1–2 step instructions. • Allow longer processing time. • Use visuals and Makaton consistently. • Keep spare hearing aid batteries available.

Reading Peter's Body Language (08/09/2025)

Body Language Cue	What this means	What to do
Smiling / relaxed body	Peter is calm, comfortable, and ready to engage.	Chat with him, build rapport, use active support, and involve him in tasks or social interaction. Ask him for a hand to do jobs and praise.
Avoiding eye contact	He may not want interaction and is signalling a need for space.	Respect this signal, reduce verbal demands, and allow him quiet time until he re-engages.
Turning body away / moving to isolated space	Peter is seeking personal space or a lower stimulation environment.	Do not follow or pressure him. Allow him to regulate in his chosen space. Check in gently later.
Closed posture (arms crossed, hunched shoulders)	He is feeling defensive, unsettled, or not ready to engage.	Avoid confronting or crowding him. Give him more personal space and reduce requests.
Minimal or brief responses	He is not ready for conversation or task engagement.	Avoid pushing for answers. Step back, give processing time, and return to the topic later. Mirror him with minimal questions etc
Seeking private space (e.g., going to his room)	Clear signal that he needs time alone to regulate.	Respect his choice and allow private time. Ensure the environment is safe and calm (have locations for him to retreat at various activities/environments)
Restlessness or fidgeting (tapping, shifting, pacing)	He is becoming unsettled or overstimulated.	Offer the option of quiet time or redirect him to a calming activity. Reduce stimulation in the environment.
"Grumpy" facial expression, pacing, or moving quickly	He is feeling frustrated, impatient, or overwhelmed (often linked to waiting or not having a need met).	Acknowledge his frustration, check if a need is unmet (e.g., food, hearing aids), and support problem solving calmly. Ask if he wants to shake "it off"
Sighing, deep breaths, visible tension	Escalation—he is showing stress or overwhelm.	Stay calm, lower your tone, reduce verbal input/talking, and check if a need can be met quickly.

Yelling / loud vocalisations	He is communicating distress or a need/ request in a heightened way.	Identify the unmet need and provide what he is requesting if safe/appropriate. Then allow him time alone to decompress/ relax.
Calmer body language / readiness to reconnect	He is moving into recovery after escalation.	Reconnect calmly. Offer a drink, listen, and provide reassurance. Treat the situation as a clean slate. Ask if he wants to shake "it off" Model deep breathing Sit with him without speaking

Behaviour	Slow Triggers (Setting Events)	Fast Triggers (Immediate Antecedents)	Maintaining Functions
Intimidation of Housemate	<ul style="list-style-type: none"> • Fatigue or end-of-day tiredness • Service/provider changes or unfamiliar staff • Lack of structured routines in shared spaces • Limited proactive supervision 	<ul style="list-style-type: none"> • Housemate using shared space (chair, lounge, toilet access) • Staff give attention to housemate • Housemate moving past Peter's room • Being denied first choice of activity or space 	<ul style="list-style-type: none"> • Gains control over environment and peers • Access to preferred space/resources • Increased staff attention • Peer withdrawal (reducing his need to negotiate or share)
Tactile / Boundary Behaviours (including sexualised behaviours)	<ul style="list-style-type: none"> • Unstructured or transition times • Denial of a request • Lack of consistent staff boundaries • Feelings of uncertainty or low support 	<ul style="list-style-type: none"> • Moving into staff's personal space • Attempting hugs, handholding, or physical closeness • Making comments such as "girlfriend" • Staff saying "no" or redirecting 	<ul style="list-style-type: none"> • Gains social connection and comfort • Secures staff attention (positive or corrective) • Tests and sometimes succeeds in breaking boundaries • Provides reassurance when uncertain
Physical Aggression	<ul style="list-style-type: none"> • Fatigue or hunger • Change in staff or inconsistent responses • Limited preparation for meals • History of escalation when denied 	<ul style="list-style-type: none"> • Food taken away to be pureed • Requests denied (e.g., waiting for meals, shower) • Staff intervention during escalation • Peer conflict or proximity 	<ul style="list-style-type: none"> • Gains access to tangible items (e.g., food) • Creates distance from staff/peers (escape) • Increases staff attention • Can repair relationship through apology afterwards
Verbal Aggression	<ul style="list-style-type: none"> • Fatigue at end of week • Hearing aid problems (missing, flat batteries) • Service or routine changes • Feeling unheard or excluded 	<ul style="list-style-type: none"> • Being told "no" • Demands made without choice (e.g., shower, nebuliser) • Transitions (waking up, arriving home) • Waiting or unstructured time 	<ul style="list-style-type: none"> • Communicates needs and frustrations • Gains sense of control • Escapes or avoids non-preferred tasks • Increases staff attention and redirection