

National Disability Service Regional Support Worker Conference

BANKSTOWN

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Challenging Behaviours in Developmental Disability

ASSESSMENT, INVESTIGATIONS, TREATMENT AND REFERRAL



Family &
Community Services
Ageing, Disability & Home Care

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Discussion points

- 1. Challenging and Maladaptive Behaviours in Developmental Disability**
- 2. Style of Interventions for challenging behaviour**
- 3. Implementing and monitoring intervention efficacy**

A quick check

Which of these are challenging, maladaptive Behaviours?

- 1. Mark keeps hitting himself**
- 2. Sue lights fires**
- 3. Gary keeps his hand in his mouth**
- 4. Pip drinks 6 pots of coffee daily**
- 5. Joan throws loud tantrums**
- 6. Angie is non-compliant**
- 7. Jessica has sex with strangers**

Let's look at a definition...

Behavior that is demonstrated by a person, which is of such intensity, frequency or duration that the physical safety or emotional well being of the person or others is placed at significant risk, or which limit the person access to usual/ordinary settings, activities, services and experiences.”

- from Emerson (1995)

So the context matters

1. **Mark keeps hitting himself**
2. **Sue lights fires**
3. **Gary keeps his hand in his mouth**
4. **Pip drinks 6 pots of coffee daily**
5. **Joan throws loud tantrums**
6. **Angie is non-compliant**
7. **Jessica has sex with strangers**

By the way, prevalence of specific forms of challenging behaviours

Non-compliance	54	%
Hitting others	46	
Outbursts of temper	45	
Repetitive pestering	39	
Destructive behaviours	35	
Verbal aggression	34	
Repetitive screaming	28	
Hitting others with objects	24	
Self harm	8	

Other: Pica, Sexualised, Oppositional behaviour, other stereotyped behaviours such as repetitive rocking or echolalia.

And challenging behaviour may seriously affect a person's health and quality of life

Some examples include

- Self-injurious behaviour (including ingestion or inhalation of foreign bodies) can result in blindness, bowel perforation, infection, haemorrhaging, brain damage and even death.
- Oppositional behaviour may result in dietary deficiencies, weight loss, gross obesity and heart failure.
- Accidental injury is a common medical problem in people with aggressive behaviours.
- Lack of social skills can lead to loneliness and depression.

Some influences on behaviour

Some environmental (social and physical) Influences

- Living and Working Environment
- Significant Life Events
- Communication Issues
- Life Stages

Influences on behaviour

Determining the underlying cause of behaviour using a biopsychosocial perspective is an important starting point in devising appropriate behaviour management strategies.

Some medical influences on behaviour include the following:

- Unrecognised Pain or Discomfort
- Background Medical Conditions
- Medication
- Substance Abuse
- Epilepsy
- Syndrome Specific Conditions and Behavioural Phenotypes

Influences on behavior

People with intellectual disabilities have a much higher prevalence of psychopathology than the general population. Communication and cognitive difficulties may confound the presentation.

Some psychiatric influences

- Depression may present as withdrawn behaviour, irritability, and aggression directed at people trying to motivate the person.
- Manic depression may present as absconding, boisterousness & dis-inhibition
- Psychosis may be indicated by aggression that has no clear precipitating factors and is associated with bizarre behaviours suggestive of hallucinations or paranoia.

General considerations of psychiatric illness & ID

- High rates of mental illness in ID but poorly identified & treated*
- Diagnostic overshadowing
- Classification problems – DSM not designed to deal with ID
- Access to services (whose problem is it)
- Difficulties in performing assessments
- Lack of training
- Ineffective advocacy
- Invisible triggers

Prevalence of Mental disorders	
Schizophrenia	4%
Depression	10% - 27%
Bipolar Disorders	> 20%
Anxiety	25 – 30%
Personality disorders	
Autistic Spectrum Dis.	

	ID ₁	No ID
Psychiatric disorder	36%	8%
Conduct disorder	21%	4%
ADHD	8%	1%
Emotional disorder	12%	4%
Conduct disorder + ADHD	6%	1%

1. Emerson, E., Einfeld, S & Stancliffe, R (online early). J Child Psychology & Psychiatry

Persistence of behaviour

In a recent study of Australian children from age 4/5 to age 7/9

- In NSW today there are over 8,000 children with intellectual disability and a diagnosable conduct disorder
- 76% of children with borderline intellectual disability who were showing conduct difficulties at age 7/9 were also showing high rates of conduct difficulties at age 4/5

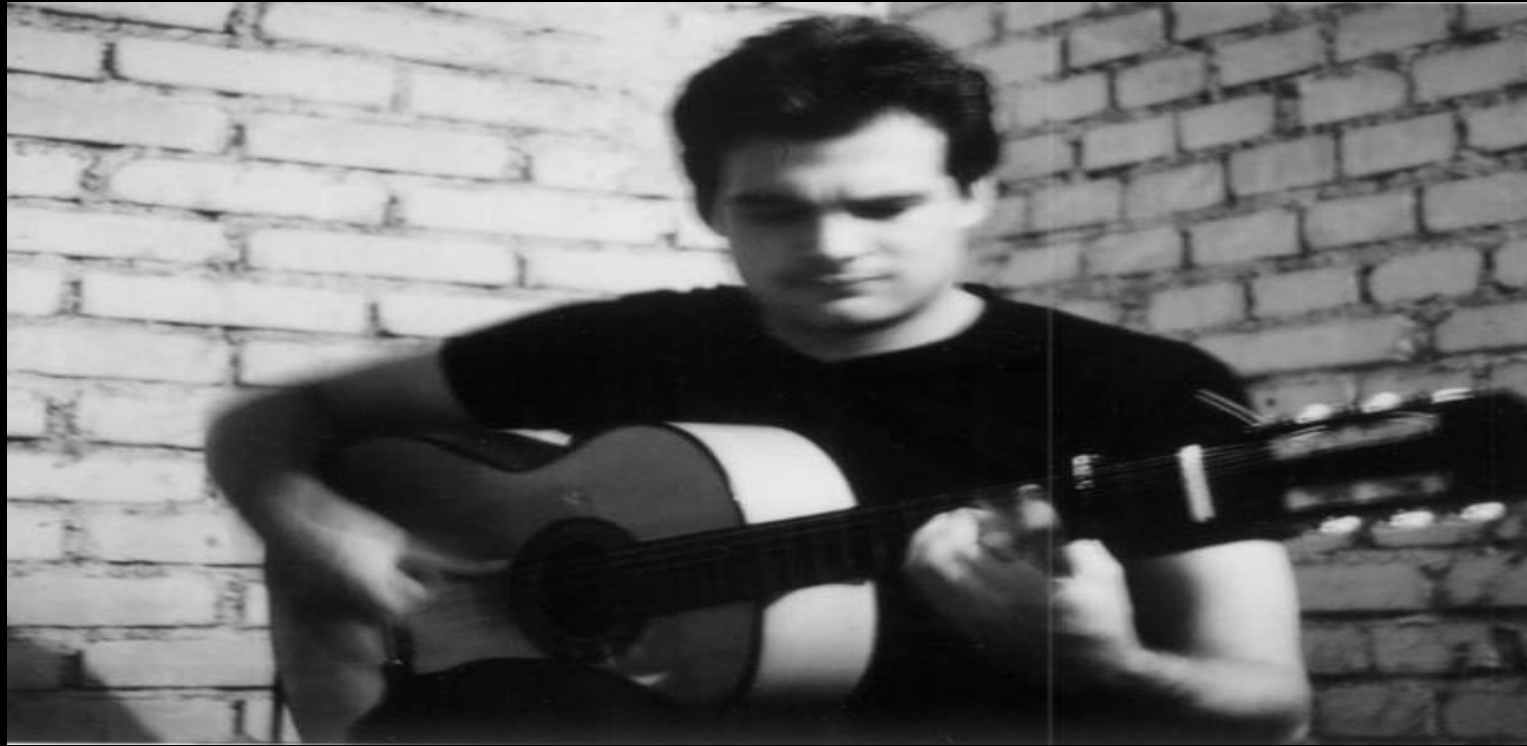
Function of behaviour

Behaviour serves a function or purpose for the person. Challenging behaviours are maintained if the person is successful in altering their internal or external environment through their behaviour.

Common functions of behaviour include

- Gaining social attention
- Escape or avoidance of demands
- Gaining access to preferred activities or objects
- Sensory feedback (e.g. hand flapping, eye poking)
- Pursuit of power and control over own life
- Reduction of arousal and anxiety
- Communication

It's *Useful* to think of challenging behavior as a communicative intent



Challenging behaviour is used when more adaptive forms of communication are unavailable, or are more effortful, or less successful.

What we sometimes do automatically which may be an inappropriate response

We believe the person is:

**Attention seeking
Requesting something
Refusing something
Escaping something**

So we sometimes:

**Ignore the behavior
Deny the request
Force them to do it
Keep them involved**

**Remember behavior is the person's best attempt to get
their needs met**

Some mistaken & alternative interpretations of behaviour...

Behaviour

Attention seeking

Following staff/family members around the house, touching others.

- Initiating relationships
- Seeking company
- Seeking reassurance
- Seeking help or support

Non-compliant

Don't do things as they are asked

- Not interested
- Not understanding
- Not having sufficient skills

Disruptive

Talking or yelling at inappropriate times and interfering with the work or activities of others.

- Frightened
- Stressed
- Lacking understanding

They say it takes 21 days to break a habit



2. Discussion point

1. Challenging Behaviours in Developmental Disability
- 2. Style of Interventions for challenging behaviour**
3. Implementing Support Plans and Support Worker's role

Positive approaches to behaviour support are

- **Non-aversive**
- **person-centred**
- **solution-focused**
- **holistic and**
- **skill-based**



Intervention types

- **Environmental changes**

 - Change stressful and chaotic/noisy outings to calmer alternatives
 - Reducing conflict bearing interactions and situations

- **New skills acquisition**

 - Coping skills
 - Independence

- **Direct treatment**

 - Motivation and change program
 - Sensory diet
 - Communication system
 - Reinforcement schedules

- **Dealing with a crisis**

 - Incident prevention and reactive strategies (Inc. RPA)
 - Interactional guidelines

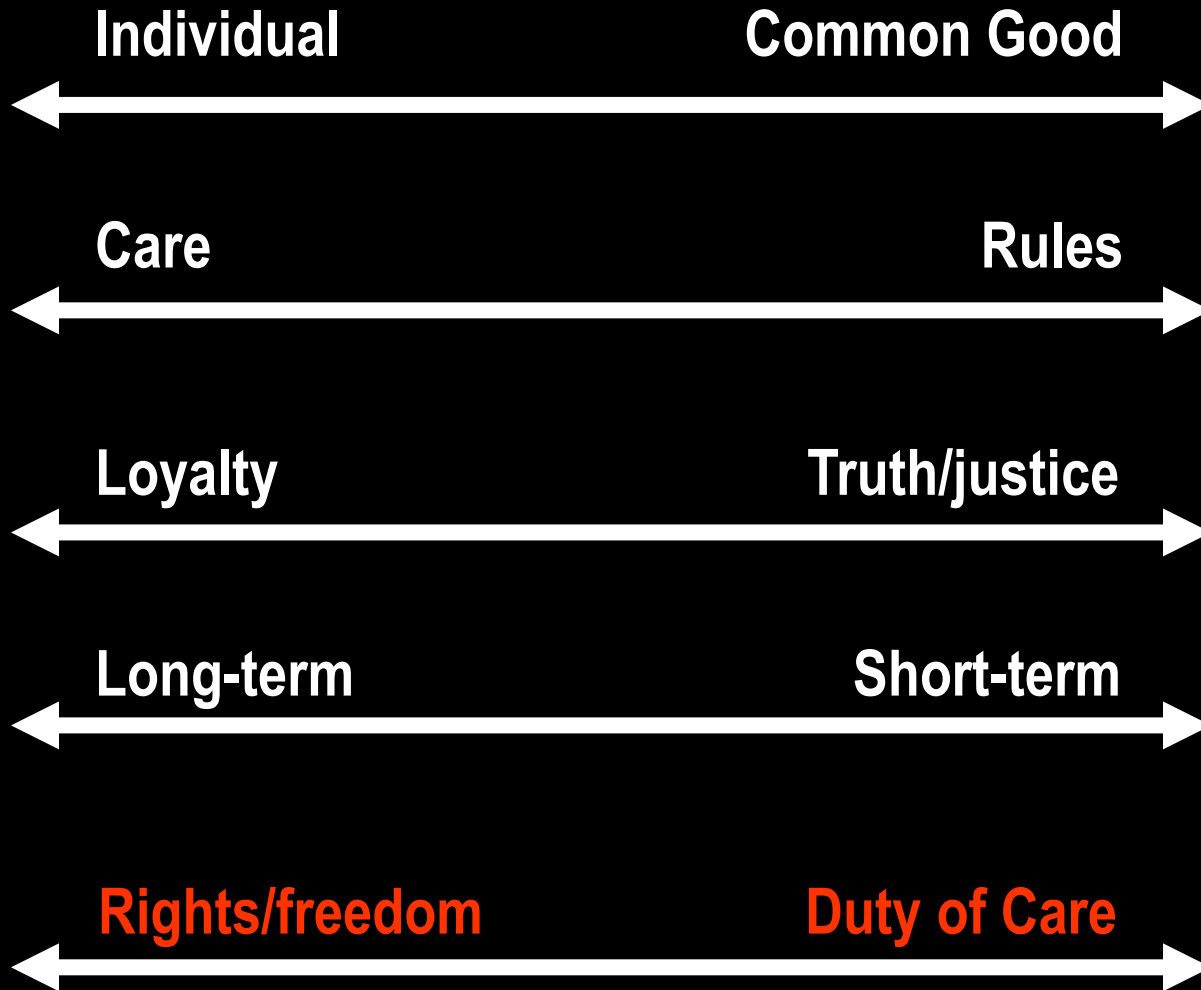
- **Looking after the support system**

 - Provision for staff debrief
 - Training and mentoring

Positive Behaviour Support - In Practice

- Support is **Individualized**
- Staff/Carers are **accountable** for decision making
- Emphasis on **Quality-Of-Life** and participation in meaningful lifestyles
- **Socially Valid** and clients are a Part of community - not just in the community
- Strategies are **Practical** and can be used on a daily basis in all settings

Dilemmas we sometimes face when providing support - tensions



Restricted Practices



People with disabilities have the same rights as anyone else.

Where strategies impose restrictions, these must be justifiable and need legal consent.

Emergency Vs on-going

- **Exclusionary timeout**
- **Seclusion**
- **Physical restraint, physical contact**
- **Response cost**
- **Restricted access**
- **Psychotropic meds on PRN basis**

3. Discussion point

1. Challenging Behaviours

2. Style of Interventions for challenging behaviour

3. Implementing Support Plans and Support Worker's role

Where do we sometimes go wrong

- ✓ **The plan may be perceived as unfeasible**
- ✓ **Lack of clarity concerning role of carers**
- ✓ **Frequent staff turnover**
- ✓ **Data collection isn't occurring, or is inconsistent**
- ✓ **No staff input in developing support plans**
- ✓ **Plans may be too hard to follow & time consuming**
- ✓ **Staff perceive the plan as ethically unacceptable**

And...

Even when behaviour support strategies are technically sound and well-designed, they may be poorly implemented, not adhered to over time or suffer from a number of other service and/or systemic factors.

Service Components

We are using the term Service Components in this guide to describe all the operational and procedural components in a Service System that may have an impact on behaviour support delivery. These include such things as policies, procedures, processes, tools, people, knowledge and skills. Table 1 below provides a more comprehensive list of Service Components.

Systemic Components

Systemic theory is a body of knowledge that has arisen out of the observations of clinical and counseling psychologists as they work with individuals and their families. Systemic thinking is also influenced by systems theory which places focus on how the constituents of a service that is being studied interact with each other. The key idea is the acknowledgement that individuals cannot be understood in isolation from one another. Families and services are systems of interconnected and interdependent individuals none of whom can be understood in isolation from the family or Service System.

Table 1. Key Service Components that may impact upon behavior support delivery

Service components		Optimal features of this component
1	Behaviour support	The Service System understands the role of behaviour support practices and takes responsibility to provide the best possible behaviour support it can to its Service Users. This is done through suitable use of Person Centred Planning, assessment, design, implementation and monitoring of support plans, as well as ensuring availability of suitably trained staff and other resources.
2	Policy, processes, and procedures	The Service System has policies and procedures that guide the provision of behaviour support.
3	Knowledge, experience and staff development	The Service System places emphasis on ensuring that staff have the relevant skills to perform the necessary behaviour support duties through training and other programs such as mentoring and supervision.
4	Team values and beliefs	The Service System encourages and promotes positive behaviour support principles as well as ensuring that values and attitudes held by staff and management promote the norms and patterns of everyday life which are valued in the general community as far as is possible.
5	Roles and responsibilities	The Service System has ensured that the roles and responsibilities of management and staff in relation to Behaviour support work are clearly described and understood and are realistic for the given service and Service User group.
6	Management support	The Service System management team provide regular and timely staff supervision and mentoring in relation to behaviour support. They also expect professionalism, and encourage good communication. Processes are also in place to measure or monitor management effectiveness.
7	Staff stressors	The Service System recognises how compliance with behaviour support processes and programs can be hampered by work-related stressors experienced by staff and takes measures to reduce and manage work-related staff stressors.
8	Communication	The Service System recognises the part played by a Service User's communication difficulties in development of and intervention for challenging behaviour. The quality and effectiveness of communication amongst the Service, management, staff and other stakeholders may impact the ability of the Service System to deliver effective behaviour support.
9	Community Involvement	The Service System promotes and advocates Service User's right to live in and be part of the broader community, acknowledging difficulties posed by the Service User's challenging behaviours.

The BSS17+6 scale

Tables 1 and 2 below present some of the key Service and Systemic components identified as elements Which may directly and indirectly Impact upon a service systems' ability to provide good behavior Support.

This is an extract taken from the yet to be published work by the author as a part of a practice guide informing clinical practitioners and Managers where focus can be placed when reviewing such systems or services.

Table 1. Key Service Components that may impact upon behavior support delivery

Service Components		Optimal features of this component
10	Routines and meaningful engagement	The Service System ensures that Service User routines are supportive of individual Service User needs and preferences and are implemented in a consistent manner.
11	Individual needs and choices	The Service System ensures that Service User's individual goals and needs are understood and met. In addition Service Users are involved in decision making.
12	Relationships and interactions	The Service System encourages and facilitates Service Users to maintain contacts and relationships with friends, and family.
13	Health and well-being	The Service System ensures that the Service User's physical and emotional well-being is reviewed and specialised plans such as epilepsy and nutrition/swallowing plans are implemented where necessary.
14	Physical environment	The Service System ensures that the Service User's physical environment is supportive of their individual needs and is designed to minimise the effect on challenging behaviours if these are deemed to be triggered by factors in the Service User's environment.
15	Restrictive and prohibited practices	The Service System has a good understanding of restrictive and prohibited practices and has in place usage protocols that are informed by strict guidelines which provide clear conditions and limitations on their use and are in line with policy and legislative requirements.
16	Risk Management	The Service System ensures that risks associated with the Service User's residence or other settings are identified and measures put in place to eliminate or reduce them.
17	Cohesiveness of service provision	The services involved in the Service User's life work in a cooperative and integrated manner ensuring consistency in the overall service delivery.

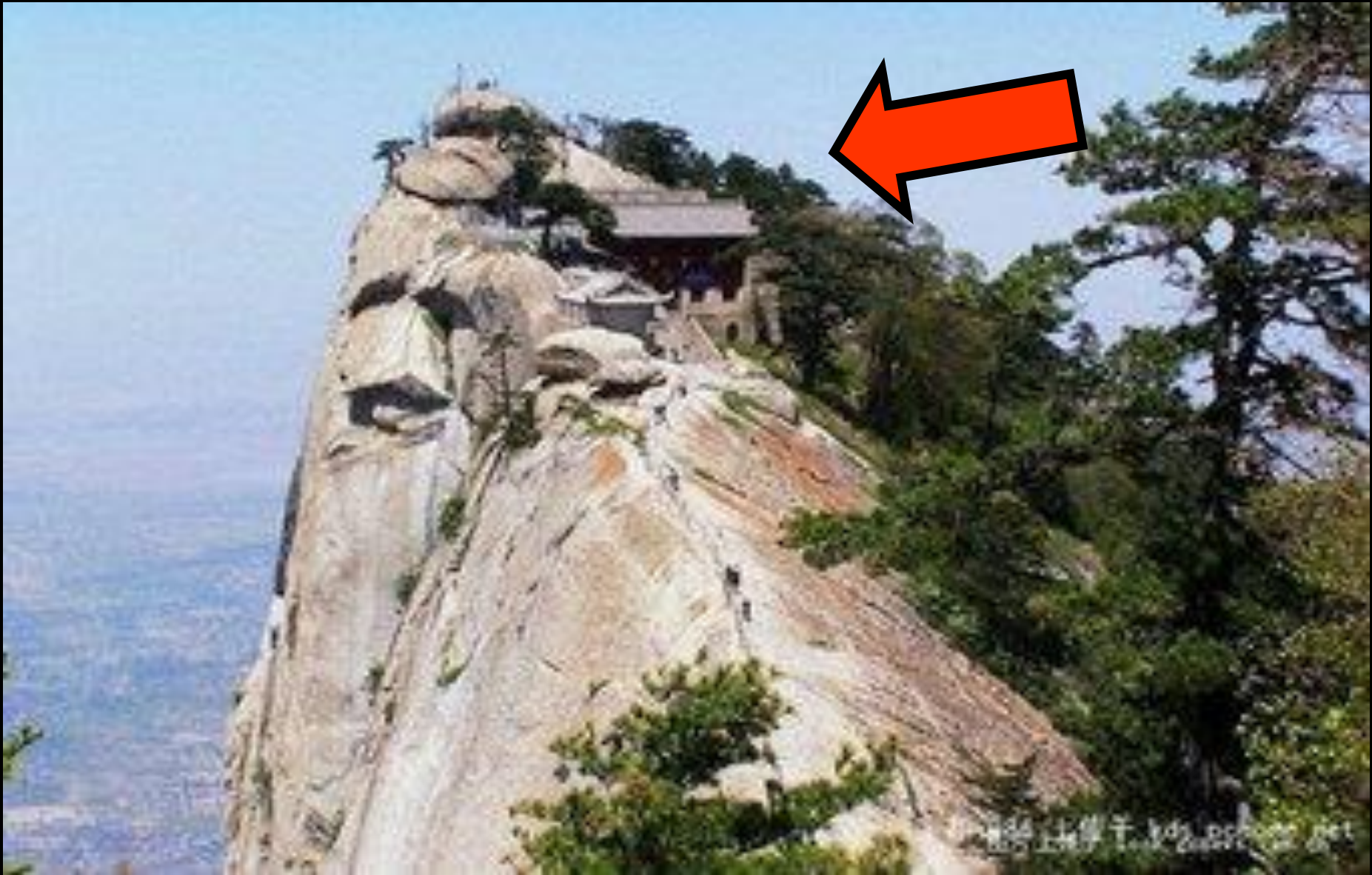
Table 2. Key Systemic Components that may impact upon behavior support delivery

Systemic components		Optimal features of this component
1	Systemic empathy and focus	<p>The Service System seeks to understand Service User behaviours, as well as barriers and solutions to interventions from a systemic point of view.</p> <p>The Service System acknowledges that patterns of behaviour can develop within staff and management as a consequence of Service User behaviours and these become repetitive, circular and evolve over time.</p>
2	Motivation for change	<p>The Service System is motivated and capable of adapting to changing Service User, community and legislative requirements in order to improve and maintain behaviour support practice standards.</p>
3	Conflict management	<p>The Service System uses positive management strategies to deal with long-term intractable problems amongst staff, management, Service Users and other stakeholders in order to reduce their possible impact when supporting people with challenging behaviors.</p>
4	Blaming or labelling Service Users	<p>The Service System takes a Service User centred perspective and does not engage in blaming or labelling the Service User. Labelling may include pathologising, criminalising, etc.</p>
5	Power differentials	<p>Key parties in the Service System exercise their authority in ways that contribute positively to the provision of behavior support. The service ensures that this does not hinder or prevent all staff members from contributing to behavior support planning and implementation.</p>
6	Resources	<p>The Service System continuously identifies and addresses changes in staffing/resource requirements to better support Service Users with challenging behaviour.</p>

Consider this as an analogy...this smells of quality



So far so good...



Now things are getting a bit difficult...No?

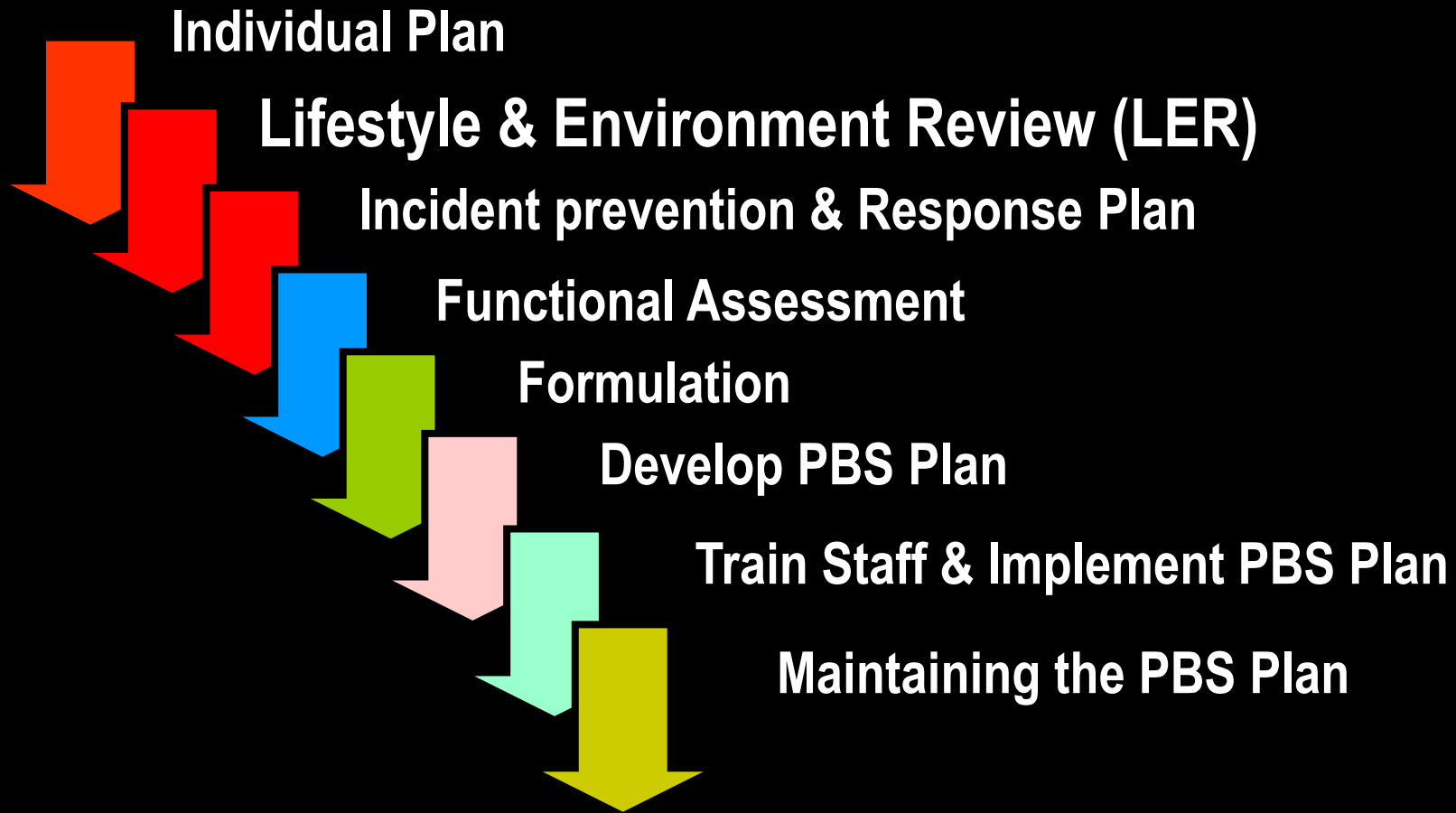


Still not convinced?



Let's look at the bigger picture

Bird's Eye View of The Intervention Cycle



What's an LER used for?

A key objective of the LER is to assist in identifying mismatches in the person's life – That is between what the person needs & what the service is offering.

This is an opportunity for the team to describe elements in the person's environment and lifestyle that may have a bearing on their behavior.

Extracts from sample LER report

Okay...

Jim communicates frustration through the use of challenging behaviours. Jim has limited verbal communication skills and takes staff by the hand to show them what he wants.... During the hours 7am to 11am the staff-client ratio in the house is 1:7

Better...

Jim communicates frustration through the use of challenging behaviours. Jim has limited verbal communication skills and takes staff by the hand to show them what he wants... Because during the hours 7am to 11am the staff ratio is 1:7 It is probable that some of Jim's needs are not met thus contributing to frustration and challenging behaviours.

Elements of an LER...

- **Social and family interaction**
- **Social activities**
- **Communication from and to the client**
- **Client routines**
- **Physical environment**
- **Activities of daily living**
- **Lifestyle choices and preferences**
- **Functional difficulties**
- **And more...**

Some resources

From Statewide Behaviour Intervention Service (SBIS)

- Short clinical consults
- Clinical consults
- Systemic Consultation Clinic Anders Hansson
- Adult Psychiatry Clinic Jack Dikian
- Developmental Psychiatry Clinic Lesley Whatson
- Behaviour Change Initiative David Doyle
- Training curricula
- Practice guides
- Assessment tools and methods

Questions and Comments

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