Explaining challenging behaviour

Staff attributions about the causes of challenging behaviour in people with profound intellectual and multiple disabilities

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Research questions

- Type and frequency of challenging behaviour
- Perceived severity by DSP
- Addressing challenging behaviour
- Explaining challenging behaviour

Challenging practices

Challenging behaviour in people with Profound Intellectual and Multiple Disabilities and its consequences for practice

Petra Poppes

Challenging behaviour: behaviour of such intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion (RCP, BPS & RCLT, 2007, p.10)

Prevelance of challenging behaviour (CB) in Persons with PIMD high identified with Behaviour Problem Inventory (BPI) (Rojahn et al, 2001; Poppes, van der Putten & Vlaskamp, 2010)

High prevalence *(Poppes et al., 2010, 2016)*

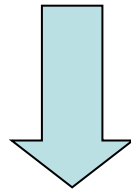| N= 198	Number of participants (%)
Self-injurious behaviour	168 (95)
Stereotypical behaviour	185 (93)
Withdrawn behaviour	167 (84)
Aggressive/destructive behaviour	93 (47)

High frequency vs low severity

- Self-injurious, stereotypical a withdrawn behaviour daily and even hourly
- Low perceived severity

- High prevalence and frequency versus low (perceived) severity
- Are CBs viewed as a fundamental problem? If so: methodical and systematic approach imperative

- Individual comprehensive service plans (IP)
- Challenging behaviour in IPS:
- half of 'identified' problems not described in IP;
- little and unclear information on setting, consequences , support and goals

(Poppes, et al, 2014)

- DSPs do not view CB as a problem
- No problem, no 'action'

- How does staff explain challenging behaviour?

Research question

- How does staff attribute challenging behaviour in people with PIMD?

Participants

- *DSP's*
  - N=195 (age: range 20-64; mean 38,5; SD 11,3)
  - 186 female, 9 male
  - 122 senior secondary vocational education, 55 vocational college
  - Average years of working experience 14 (range: 1-40, SD 9,1)

- *Children and adults with PIMD*
  - n= 195 (age: range 3-67; mean 30,4; SD 16,1)
  - 44 children
  - 90 female, 105 male
  - PIMD
  - 145 in grouphomes from 9 different organizations
  - 44 children lived at home

Measures

Staff attributions of challenging behaviour

Challenging Behavior Attributions Scale (CHABA)
(Hastings, 1997)

Five causal models
- Learned behaviour
- Medical/biological
- Emotional
- Physical environment
- Self-stimulation

Analyses

- Scale means were calculated for each causal model of the CHABA.

- Subscale scores less than zero ⟹ not a likely explanation for the behaviour

- Subscale scores more than zero ⟹ likely explanation for the behaviour

Results

Mean scores and frequency distribution on the challenging behaviour attribution scale (CHABA)

Scale	descriptives				frequency distribution (%)				
	N	range	mean	SD	-2 to -1,01	Range	0	0,01 to 0,99	1-2
Biomedical	180	-2 to 2	0.09	0.85	8.9	29.4	6.1	40	15.6
Emotional	180	-2 to 2	-0.12	0.75	11.1	38.9	8.9	33.3	7.8
Learned behaviour	180	-2 to 1.8	-0.20	0.84	15	36.7	9.4	30.6	8.3
Stimulation	180	-2 to 1.7	-0.33	0.81	18.3	40.6	11.7	24.4	5
Physical environment	180	-2 to 1	-0.39	0.68	17.8	47.8	7.2	26.1	1.1

Conclusion

- Biomedical model plausible explanation challenging behaviour
- 55.6% of DSPs scored biomedical model
- Physical environment model lowest: least relevant

Discussion

- CB part of the person with PIMD (no control over their behaviour)? Non-changeable? Belonging to the person/their disabilities

- Mean scores on all models are low
- Might indicate staff found none of the models useful as possible explanations
    - Difficult stating cause
    - Additional explanations not mentioned in CHABA

Change?

- Biomedical attributions and low perceived severity ⟹ behaviours not systematically addressed in daily practice?

- Training targeted at changing beliefs and attitudes?

- Staff play key role in both identifying and treating challenging behaviour

Thank you for your attention!