

Challenging Behaviour Information Sheet (1 of 2)

– to be included in the Personal Health Records of people who have a current problem with challenging behaviour

The material in this sheet has been adapted from the Therapeutic Guidelines book 'Management Guidelines for People with Developmental and Intellectual Disabilities' and updated from the 2005 version 'Management Guidelines – Developmental Disability' which can be consulted for more detailed information.

“Challenging behaviour” is a term used to describe behaviour that interferes with an individual's or carer's daily life. Common examples of challenging behaviour are aggression, self-injurious behaviour, property destruction, oppositional behaviour, stereotyped behaviours, socially inappropriate behaviour, and withdrawn behaviour.

The term 'challenging behaviour' is used as a way to label the behaviours as challenging, rather than label the person as the problem. Challenging behaviour affects many people in the community, and is not an inevitable result of developmental disability. The development of challenging behaviour is less likely when people with a developmental disability are taught prosocial behaviour from an early age and are provided with environments that eliminate the necessity to behave in problematic ways. While a clinician's attention may be focused on the behaviour it is also important to maintain an appreciation of the positive aspects of the individual with the disability.

Challenging behaviour may seriously affect a person's health and quality of life.

Some examples are listed here.

- 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 behaviour.
- Lack of social skills can lead to loneliness and depression.

Influences on behaviour

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

Medical Influences

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

Psychiatric Influences

People with intellectual disabilities have a much higher prevalence of psychopathology (in the order of 40%) than the general population. Communication and cognitive difficulties may confound the presentation.

Challenging Behaviour Commonly Associated with Psychiatric Disorders

- Depression may present as withdrawn behaviour, irritability, and aggression directed at people trying to motivate the person. Depression is common in people with developmental disability and is often missed.

- Manic depression may present as absconding, boisterousness and disinhibition.
- Psychosis may be indicated by aggression that has no clear precipitating factors and is associated with bizarre behaviours suggestive of hallucinations or paranoia.

Be Aware

- Consider if there is a family history of psychiatric disorders such as schizophrenia or mood disorders, as these can be inherited.
- Avoid the assumption that severe aggressive behaviour indicates a psychiatric disorder.

Environmental (Social and Physical) Influences

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

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

ASSESSMENT, INVESTIGATIONS, TREATMENT AND REFERRAL

- It is important to describe in observable terms what constitutes a behavioural episode and to establish the historical background to the behaviour
- Be aware of all possible influences on behaviour.
- The medical practitioner can often investigate environmental (social and physical) influences, and offer advice and guidance (that does not involve medication) to the individual, family and carers.
- Each state has legislation that covers the use of restrictive, aversive, or intrusive interventions with people with a developmental disability. It is important to be familiar with these requirements before proceeding with pharmaceutical or behavioural interventions.
- In general, medication should only be used where there is a clear advantage to the patient and where there is no other practical alternative to induce a desired behaviour change. Behavioural strategies can be effectively used to intervene with most challenging behaviour. Where the cause is clearly environmental or social, medication should only be used to compliment applied behavioural strategies, not as an alternative.
- Applied Behaviour Analysis (ABA) addresses the relevant environmental factors (social and physical) of challenging behaviour. ABA is the most effective intervention for challenging behaviour, and is a useful component of management even when medical or psychiatric causes are present.

Intervention for challenging behaviour should aim to:

- improve the person's behaviour in the home and in the community.
- enhance the caregivers' capacity to support the person.

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A comprehensive functional assessment will include:

- a full description of the challenging behaviour
- a description of the escalating sequences of interaction between the person and others:
 - What triggers the behaviour?
 - How do others respond to the behaviour?
 - Is the response of others strengthening or maintaining the behaviour?
- the environmental features (e.g. persons, places, activities) relevant to the occurrence of challenging behaviour
- the medical /physiological factors associated with challenging behaviours
- educational or skill factors, e.g. communication skill deficits
- potential functions of challenging behaviours and maintaining reinforcers
- personal reinforcers e.g. events, activities, objects

This information about the function of behaviour and its maintaining variables leads to the design of a behaviour intervention plan.

When **working with the families/carers** of the person with a developmental disability it is important to consider the following:

- Collaboration with carers
- The ecology of the family or residential system
- Strengthening and empowering carers
- Identify the positive aspects the person
- Stresses within the family or residential Ssystem.

Checklist for Assessment of Challenging Behaviour

- Ensured safety of client and others
- Observed and described behaviour
- Collated relevant past history

Consider:

- psychiatric diagnosis
- communication difficulties
- physical/medical cause
- epilepsy

Review:

- Environmental issues
- Effect of psycho-active substances
- Developmental stage
- What else is happening?