Title: Challenging Behavior in People with Mild to Borderline Intellectual Disability and Co-Occurring Psychopathology

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Introduction: People with mild to borderline intellectual disability (ID) have a high risk of developing challenging behavior (CB). CB intervenes significantly with the quality of life of the individual showing the behavior, which can have physical, social and educational consequences. CB also has a great impact on both formal and informal network members. Despite the increasing knowledge about causes and functions of CB as well as the recognition for research to guide evidence-based interventions, little psychometrically sound measures are available for this population. By this, the empirical assessment of CB as well as the development of meaningful and functional interventions for people with ID and CB are complicated. We used three new instruments that might help to clarify the characteristics of CB, including the triggers and consequences of CB and the circumstances in which the CB occurs.

Method: Setting concerned a closed unit (three different wards) for adults with mild to borderline ID and psychiatric disorders (e.g., bipolar disorder or psychoses). Aggressive, self-injurious and sexual inappropriate behavior were included as forms of CB. After an incident of CB had occurred, support staff completed an incident form. The Staff Observation Aggression Scale – Revised Intellectual Disability (SOAS-R-ID; Nijman & Palmstierna, 2005) was completed following aggressive incidents; the Self-Harm Scale (SHS; Nijman, Palmstierna, van den Bogaard, & Embregts, 2016) was completed following self-injurious behavior and the Sexual Inappropriate Behavior Scale (SIBS; van den Bogaard, Nijman & Embregts, 2013) was completed following sexual inappropriate behavior. All instruments identified: (a) the precipitate that led to the incident, (b) a description of what the CB looked like, (c) the target of the CB, (d) the consequences for the victim, and (e) the measures used to stop and control the CB.

Results: During 41 weeks, 236 aggressive incidents, 104 incidents of self-injurious behavior, and 35 incidents of sexual inappropriate behavior were recorded. Almost half of the clients (42%) showed multiple forms of CB. The instruments provided relatively much clinical information about the different forms of CB. As a consequence, it was possible to compare the characteristics of the behaviors within and between participants. Support staff recorded more environmental precipitates (e.g., interaction with support staff) in aggressive behavior compared to self-injurious behavior and sexual inappropriate behavior. Regarding measures to stop CB, support staff used more intrusive measures to stop self-injurious behavior (e.g., manual restraint) compared to the other two forms of CB.

Discussion: The present study shows the value of using structured clinical instruments to assess the occurrence and context of CB. By using a comparable method for each form of CB (aggressive, self-injurious and sexual inappropriate behavior) it seems possible to provide more insight in the similarities and differences between these three behaviors. The results will also help support staff to evaluate their own skills related to the maintenance of the three forms of CB. Finally, it will help us to adapt interventions in such a way that they become more meaningful and functional for the individual with ID and CB.