

Intellectual Disability and Challenging Behaviours: Treatments Available

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Introduction

People with an intellectual disability are more likely to display challenging behaviours. These challenging behaviours include: destruction of property, self-inflicted injuries and aggressive or threatening behaviour. These behaviours can be troublesome to manage for nurses and support workers. In residential care facilities the most common treatments for challenging behaviour are: positive behavioural support and the administration of antipsychotic medication.

There is little evidence to support the use of antipsychotic medication, when treating these clients. However they are still being commonly used, usually before positive behavioural therapy. This has adverse effects for the clients and has implications for nurses and support workers.

Research Question

“Is behavioural therapy, in comparison to antipsychotic medication, more effective in treating challenging behaviours, which people with intellectual disabilities are displaying?”



(Figure 1. American Psychiatric Association,n.d)

Discussion & Implications



(Figure 2. National Centre of Mental Health, n.d)

- Positive behavioural support (PBS) has been proven to be effective in treating challenging behaviours. Studies showed a 50% decrease in challenging behaviour however only 20% were receiving PBS (Matson, Neal, Kozlowski and Allison, 2012 and Allen, James, Evans, Hawkins and Jenkins, 2005).
- There has not been enough research done to prove the effectiveness of antipsychotic medication in the management of challenging behaviours in people with an intellectual disability (Brylewski and Duggan, 2004). The prevalence of medication use in treating challenging behaviour is also quite high. Robertson et al. (2005) found that 60% of their participants were given antipsychotic medication.
- Positive behavioural support is effective, however it isn't implemented as often as it should be. It should be the first choice in intervention, it is easy to implement if used correctly and it is less intrusive to the patient.
- At times nurses may feel uneasy about administering these medications when they have been shown to be ineffective. Also the adverse effects that they can cause to clients can be upsetting for nurses and support workers

Recommendations

- More up to date studies conducted around the effectiveness of antipsychotic medications when treating challenging behaviour
- More staff training around positive support therapy, especially for nurses and support workers.

Conclusion

In conclusion positive behavioural therapy has been found to be more effective than antipsychotic medication, when treating challenging behaviours. Additionally antipsychotic medications are overused and there has not been enough studies conducted that suggest their effectiveness, when used as a management for challenging behaviour.

References

- Allen, D., James, W., Evans, J., Hawkins, S., & Jenkins, R. (2005). Positive behavioural support: Definition, current status and future directions. *Tizard Learning Disability Review*, 10(2), 4-11. Retrieved from ProQuest Nursing & Allied Health Source.
- American Psychiatric Association. (n.d). [Picture of child with an Intellectual disability]. Retrieved from <http://www.psychiatry.org/intellectual-disability>
- Bayada Home Health Care. (n.d). Adam. Retrieved from <https://www.bayada.com/bayada-stories-adam.asp>
- Brylewski, J., & Duggan, L. (2004). Antipsychotic medication for challenging behaviour in people with learning disability. *Cochrane Database of Systemic Reviews*, 2004(3), 1-33. doi: 10.1002/14651858.CD000377.pub2
- National Centre for Mental health. (n.d). [Man with an intellectual disability]. Retrieved from <http://ncmh.info/conditions/intellectual-disability-with-epilepsy/>
- Matson, J.L., Neal, D., & Kozlowski, A. (2012). Treatments for the challenging behaviours of adults with intellectual disabilities. *Canadian Journal of Psychiatry*, 57(10), 587-592. Retrieved from ProQuest Nursing and Allied Health Source.
- Robertson, J., Emerson, E., Pinkney, L., Caesar, E., Felce, D., Meek, A., ...Hallam, A.(2005). Treatment and management of challenging behaviours in congregate and noncongregate community-based supported accommodation. *Journal of Intellectual Disability Research*, 49(1), 63-72. Retrieved from CINAHL



(Figure 3. Bayada Home Health Care, n.d).

Poster Rationale

I have chosen to do a poster for part two of my professional nursing assignment. I believed that I would like the findings from my literature review, to be presented on a poster, which allows many people to look at my poster and gain knowledge from it. This is because posters allow for greater knowledge transfer across the population that they are being presented too. They are a great way to get a message across quickly and allow a relaxed atmosphere where knowledge is exchanged. "They can attract attention, stimulate interest and impart information," (Halligan, 2008, p. 43). They are a visual tool that if developed effectively, attracts viewers' attention, and allows them to engage with the developer and discuss the information on the subject that is displayed (Rowe & Ilic, 2009). Because posters are a great medium for knowledge exchange, I think that producing one is better suited for the subject of my literature review, and that is why I chose to do one.

PICOT Model

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|-----------------------------------|--|--|
| P- Patient or problem | People with an intellectual disability displaying challenging behaviour. | People with an intellectual disability are more likely to display these challenging behaviours, which can be hard to manage. |
| I- Intervention of interest | Positive behavioural therapy | This should be the first step in a treatment plan for these behaviours, it has less adverse effects on the clients |
| C- Comparison | Antipsychotic medication | This should be used as a last resort as part of the treatment plan, as they cause more adverse effects for the clients. |
| O- Outcome | Which is the better management for these challenging behaviours? | To see which of these treatments is best practice. Also which has proven results in managing these challenging behaviours? |
| T- Timeframe (Whitehead, 2013) | N/A | N/A |

References

- Halligan, P. (2008). Poster presentations: Valuing all forms of evidence. *Nurse Education in Practice*, 8(1), 41-45. Retrieved from ProQuest Nursing and Allied Health Source.
- Rowe, N., & Ilic, D. (2009). What impact do posters have on academic knowledge transfer? A pilot survey on author attitudes and experiences. *BMC Medical Education*, 9, 71-78. doi:10.1186/1472-6920-9-71.
- Whitehead, D. (2013). Searching and reviewing the research literature (pp.35-56), In Z. Schneider & D. Whitehead (Eds.). *Nursing and Midwifery Research, Methods and Appraisal for evidence based practice* (4th ed.). Australia; Elsevier.