



Behaviour problems in children and adolescents with intellectual disability

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Behaviour problems in intellectual and developmental disability

- Lack of resources for teachers and school staff
- Overview behaviour and emotional problems
- Considerations when working with families
- Importance of cause of intellectual disability
- Understanding and managing behaviour problems
- Resources

Children with intellectual disability in schools

Australian Institute of Health and Welfare report (2008)

- Estimate 45% of children with disability in Australia attended mainstream education in 2003

Degree of intellectual disability	Mainstream classroom	Special class in mainstream school	Special school
Severe–profound ID	37.4%	33.7%	28.9%
Moderate – mild ID	47.6%	47.5%	4.8%



Behaviour and emotional problems in ID

- Experience the same behaviour and emotional problems and mental health difficulties as typically developing children and adolescents
- Occur at high rates
 - around 40% have severe degree of behaviour and emotional problems
 - 3-4 times higher than in typically developing children and adolescents
- Persist over time



Behaviour and emotional problems in the classroom

- Increased levels of behaviour and emotional problems in special education classrooms compared to integrated school settings
- Why?
 - May be a bias for those children with less behaviour problems towards integrated settings
 - Integrated children with too many behaviour problems may transfer to special education settings
 - Integration may reduce levels of behaviour problems / special education setting may aggravate problems



Working with parents: Parent psychosocial distress

- Higher levels of stress and mental health problems in parents of children with intellectual disability
- Stress not associated with severity of intellectual disability or child diagnosis
- Psychosocial distress is associated with child behaviour problems, particularly for mothers
- More behaviour problems, the higher the parent reported psychosocial distress



Working with parents: Parent psychosocial distress

- Higher levels of child behaviour and emotional problems are associated with higher rates of parent mental health problems
- Over time, increases in child social relating problems and self-absorbed behaviours are associated with increases in parent mental health difficulties
 - particularly depression and anxiety
- Implications for working with parents

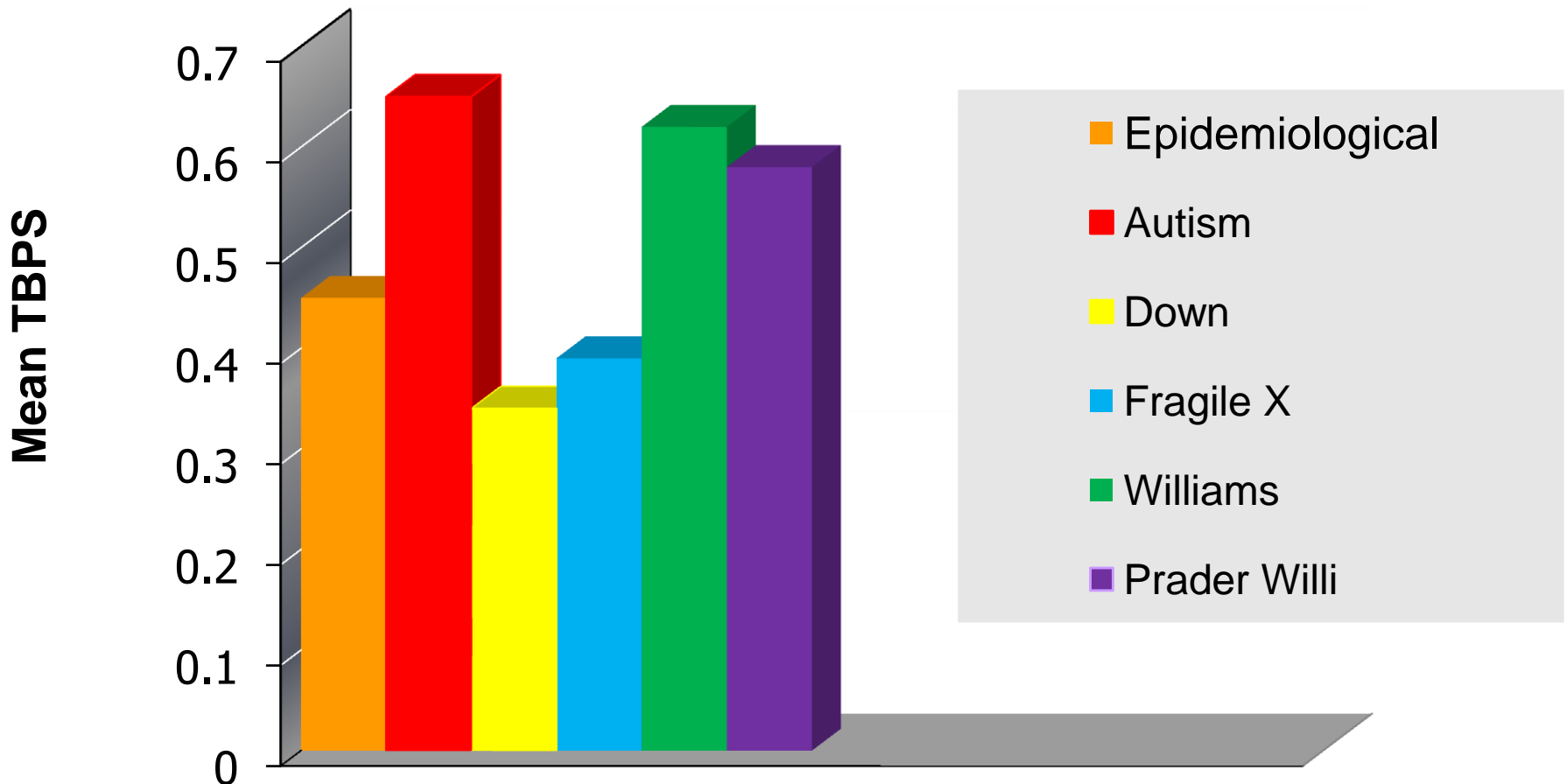


Cause of intellectual disability

- Cause of a child's intellectual disability can provide information on strengths and weaknesses, and assist in developing an education curriculum
- Can also provide information on what types of behaviour and emotional problems child may present with
- eg Fragile X, Williams syndrome, Prader Willi syndrome, Down syndrome, autism



Overall behavioural and emotional problems





Fragile X syndrome

- Caused by a gene mutation (FMR1) on X chromosome, inherited
- Cognitive - learning difficulties to severe ID
- Distractible, impulsive, overactive, short attention span
- Anxious, shy, poor eye contact. Anxiety may present as tantrums
- Hand flapping, sound / light sensitivities, sensitivity to touch
- Changes in routine problematic
- Difficulties with crowds, new situations – can be overwhelming



Williams syndrome

- Deletion of the 7q11.23 region of chromosome 7
- Cognitive – average through to moderate – severe ID
- Friendly, outgoing, loquacious
- Short attention span and distractibility
- Difficulty modulating emotions - extreme excitement when happy
- Tearfulness in response to apparently mild distress
- Terror in response to apparently mildly frightening events
- Heightened sensitivity to sounds (hyperacusis)
- Perseverating on certain favourite conversational topics
- Anxiety, difficulties with changes in routines / schedules
- Difficulties building friendships



Autism

- Cognitive – average / high average to severe ID
- High levels of behaviour and emotional problems
- Disruptive behaviour – eg tantrums, aggression, abusive, noisy, impatient, stubborn
- Anxiety
- Difficulties with change in routine and surroundings
- Symptoms of depression
- Inattention, impulsivity, hyperactivity
- Social difficulties

www.autismspeaks.org/community/family_services/school_kit.php



Prader Willi syndrome

- Abnormality on part of chromosome 15
- Cognitive – average to moderate ID
- Hyperphagia - extreme unsatisfied drive to consume food
- Food foraging / obsession with food
- Increased appetite, weight control issues
- Temper tantrums, oppositional, argumentative
- Stealing, lying, stubborn, rigid, possessive
- Obsessive/compulsive behaviour
- Skin picking
- Impulsivity



Down syndrome

- Extra copy of chromosome 21 – Trisomy 21
- Cognitive – mild to moderate / severe ID
- Typically fewer emotional and behavioural problems compared to other children with ID
 - but still higher rates than typically developing children
- Inattention, hyperactivity
- Stubborn
- Depression
- Down Syndrome Association Victoria offers an Education Support Service
 - www.dsav.asn.au



Understanding behaviour

- Define, describe the behaviour
 - behavioural checklists can be useful
- What happens?
- When does it happen?
- What are the consequences?
- Understanding the meaning of the behaviour where possible
- Working with parents and other professionals where necessary



Functional behavioural assessment

- Observe behaviour across settings – eg classroom, playground, different activities
- Use parent and teacher behaviour checklists
- Interviews with parents and teachers
- Identify characteristics of behaviour problem
- Problem solving process to identify the purpose of a behaviour
 - develop an intervention plan



Case example

- Dylan is described as disruptive in class
- Observations of him in class and discussion with teachers
 - he pinches, hits, pulls the hair of other children, yells out
 - is removed from class
 - behaviour occurs during work sheet tasks involving hand writing
- Further observations, discussion with parents reveals that Dylan has very poor fine motor skills – struggles with pencil and paper tasks
- Occupational therapy and support to initially reduce amount writing and providing support tools
- Monitor behaviour, reduction in behaviour problems



Functional assessment checklist

- Define the problem behaviour
- Devise a plan to collect data
- Compare and analyze the data
- Formulate the hypothesis
- Develop and implement a behaviour intervention plan
- Monitor the plan – is the intervention working?



Some general tips for managing behaviour problems

- Parents – best person to alert you to their needs and behaviours
- Understanding of child's strengths and weaknesses and ensure that work and other expectations are appropriate
- Routines, preparing for changes in classroom
- Consistent, predictable routines and schedules – visual guides / schedules, date books
- Visual prompts
- Minimise distractions – visual and auditory



Some general tips for managing behaviour problems

- Break tasks up into smaller components
- Clear expectations
- Classroom buddy
 - Make use of peers / peer tutoring
- Computers and aides
- Positive reinforcement, goal setting and rewards
- Use interests as motivators – build into curriculum
- Flexibility
- Warnings when schedule or routine has to change
- Social stories – not just for children with autism



Social stories

- Short stories
- Describe situations or concepts in a format that is meaningful and engaging for children with ID
- Help navigate or understand a situation they find difficult
- Used as a communication and learning tool
- Can help a child to
 - understand a situation
 - learn how to respond or behave in that situation



Summary

- High rates of behaviour and emotional problems in children and adolescents with intellectual disability
- Understanding of child's cognitive ability and strengths and weaknesses important in understanding behaviour
- Cause of intellectual disability can provide information on types of behavioural difficulties
- Clear definitions of problem behaviours, with functional assessment can be helpful in developing intervention approach



Resources

- Fragile X - www.fragilex.org www.fragilex.org.au
- Williams syndrome
 - www.williams-syndrome.org www.agsa-geneticsupport.org.au
- Autism Speaks school tool kit
 - www.autismspeaks.org/community/family_services/school_kit.php
- Prader Willi syndrome
 - www.pws.org.au www.pwsausa.org
- Down syndrome
 - www.dsav.asn.au www.ndss.org
- Social stories
 - www.thegraycenter.org/
 - http://www.cheri.com.au/documents/Whataresocialstories_000.pdf



Resources - programmes

- Signposts for building better behaviour
 - Different levels of support for parents
 - Victorian Parenting Centre
 - www.parentingrc.org.au
- Stepping Stones
 - Triple P for behaviour problems in children with developmental delay / ID
 - Parent programme, also supports and information for teachers
 - <http://www10.triplep.net/?pid=2032>