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Diagnostic label and care-staff perceptions of challenging behaviour in learning disability services

Humber Mental Health 
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Introduction

- Rationale
 - 30% of adults with a LD may fit criteria for ASC (Morgan et al., 2002)
 - Current policy focuses on development of specialist ASC services – possible double edged sword (Collins, 2007).
 - Staff working in LD will support people who fit into ASC criteria.
 - ASC and autism are widely used labels in LD services.

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Introduction

- Diagnostic labels may have an impact on how supporters care for an individual (Markham & Trower, 2003)
 - Via a cognitive-emotional attribution process based on Weiner's (1980) Model of Helping Behaviour.
 - If causes of behaviour are thought to be external to the person, uncontrollable by the person and unstable the observer will feel more positive towards the person and so be more likely to help and have more optimism of change
 - Little support for utility of Weiner's (1980) model in LD services.

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Introduction

- Aims
 - To investigate effect of the label autism on care-staff perceptions of challenging behaviour
 - To investigate effect of whether the behaviour described is autism stereotypical or atypical.
 - To use two new measures to measure staff perceptions based on Leventhal's (1984) Self-regulation model of illness perception.

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Method

- Each staff member asked to read four different stories and complete three questionnaires after each story
- All stories were about William
 - William is a young man **who has Autism**. He lives in residential supported living accommodation. He requires 24 hour from staff. **William has to have everything in order and will line objects up and becomes very distressed if things are not in order**. If people mess things up he will kick and punch people, or damage property. Sometimes this prevents William being included in activities.
 - In 2 he had autism,
 - In 2 he had a learning disability.
 - In 2 he displayed “autism stereotypical behaviour” – Above
 - In 2 he displayed “autism atypical behaviour – everything had to be messy.

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Participants

Demographic	N	Mean	SD
Age		38.46 years	13.29 years
Gender			
Male	11		
Female	26		
Job Title			
Direct Care Staff	18		
Senior Care Staff	6		
Manager/Team Leader	5		
Nursing Staff	4		
Nursing Assistant	4		
Number of years working in LD services		7.88 years	6.45 years
Place of Work			
NHS Inpatient Unit	8		
LA Residential	6		
Private Residential	21		
Time in current post		3.93 years	4.08 years
Perceived Experience			
Learning Disability		4.16	0.9
Autism		3.21	1.2
Challenging Behaviour		3.92	0.95
Perceived Stress		12.73	5.53

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Measures

- Challenging Behaviour Attributions Scale (CHABA, Hastings, 1997).
 - The CHABA consists of 33 items, each stating a possible reason as to why individuals with LD may engage in CB.
- Challenging Behaviour Perceptions Questionnaire (CBPQ, Williams & Rose, 2007)
 - The CBPQ is a 19-item questionnaire which was developed from an adapted version of the Illness Perception Questionnaire (IPQ, Weinman et al., 1996) and so the six subscales within the CBPQ are closely related to the domains within the IPQ.
- Challenging Behaviour Representations Questionnaire (CBRQ, Campbell, 2007)
 - The CBRQ is a 40-item questionnaire where participants are asked to rate on a 5-point scale (-2 = strongly agree, +2 = strongly disagree) whether they agree with the statement about the individual in the vignette. Also measures the amount to which staff understanding of behaviour is behavioural in nature and evidence based

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Results - CHABA

- If William had autism then staff perceived his behaviour more likely to be due to the physical environment than if he had a LD.
- If William had autism and was displayed “autism stereotypical behaviour” then staff said his behaviour was more likely due to the need for self stimulation than if he had a LD and was displaying “autism stereotypical behaviour”.

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Results - CBPQ

- If William had a LD his behaviour was perceived as more controllable by staff than if he had autism.
- If William had autism staff thought his behaviour was more likely to be episodic in nature than if he had a LD

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Results - CBRQ

- If William had autism the staff had a more evidence based behavioural understanding of the causes of his behaviour than if he had a LD.

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Conclusions from CHABA results

- Care-staff perceive the causes of CB in people with autism to external to the person and so more effected by environmental factors than someone with LD.
- If a person with autism is displaying “autism stereotypical behaviour” then staff think this is due to the need for stimulation, this is again external and environmental
- If Weiner’s (1980) model has application with paid carers, this implies that they will feel more positive towards people with autism and so are more likely to try and give extra help than someone with LD.

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Conclusions from CBPQ and CBRQ Results

- The staff perceiving that they can control the CB of someone with LD, they may either feel a burden to do the right thing to control it, or this may also give more optimism that they can effect the CB.
- Whereas, if a person has autism, the CB is perceived to come and go, staff may feel less optimistic about permanently changing the CB.
- However, staff have a more behavioural understanding of CB in autism and so over the short-term they may be more optimistic of understanding the causes of CB.
 - This may be due to higher levels of autism specific training

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Implications

- If cognitive-behavioural models apply then differences in thoughts about CB will effect staff behaviour in response.
- Further research needed exploring the usefulness of different models to better link thoughts and understanding of challenging behaviour to care staff behaviour
- Differences in causal understanding of CB suggests usefulness of staff training in increasing knowledge of CB
- It is important to emphasis the transferable nature of skills across diagnostic groups.
- Increased understanding and emphasis on autism within services seems to be creating a two tier level of understanding.

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