



Service Priorities and Programmes
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Prevalence, topography and function of challenging behavior among people with severe intellectual disability living in a local hospital

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Introduction

Challenging behaviors exhibited by people with intellectual disability are common occurrences and management of such behaviors is one of the major concerns of health care providers. However, there is virtually no local study on its prevalence, topography and function. Besides, there is a lack of systematic assessment to identify the contingencies that maintains such behaviors.

Objectives

i. To establish the administrative prevalence of challenging behavior within the intellectual disability population in this local hospital. ii. To differentiate those severe intellectual disability individuals presenting challenging behavior associate with psychiatric disorders to environmental influences. iii. To test the validity and reliability of the selected assessment tools in local context.

Methodology

The study was conducted in a hospital providing rehabilitative services for those people with severe or profound intellectual disability. The sample consisted of 200 male and 150 female patients. Three measuring instruments were used in this study: (1) Behavior Problem Inventory (BPI-01) (2) Mini PAS-ADD (3) Question About Behavioral Function (QABF) Step 1 The BPI-01 was used to assess individual subject's frequency and severity of challenging behavior by 2 raters. Step 2 The QABF was used to assess the function of each topography by the same raters of step 1. Step 3 The Mini PAS-ADD was used to assess individual subject's presence of psychiatric illness by a trained psychiatrist.

Result

The prevalence of at least 1 form of challenging behavior regardless of severity was 68.9% and it was higher than the 4% - 18% identified by the previous studies in community settings but similar to those in hospital settings. The prevalence of severe challenging behavior requiring intensive intervention was 26.8%. 62.4% of the behaviors were maintained by non-social (sensory) reinforcement regardless of the form of challenging behavior. Reliability & validity of instrument The overall inter-rater

reliability of the BPI-01 was good and it was found to be highly stable over a three months' time period. The re-test reliability of the QABF was fairly good but the exact method of percentage agreement of the QABF ratings were able to identify the primary function that exceeded the conventionally acceptable level of 80%. The percentage agreement on non-case identification for the seven psychiatric disorders ranged for 91.5 to 100%. However, the case identification power only ranged from 0 to 66%.