

Proper Behaviour Management for People with an Intellectual or Multiple Disability

Behaviour management is beneficial for those with adverse behaviours, as well as those with more moderate behaviours. Behaviours of concern often disrupt meaningful activities, and reduce the person's acceptance in the community.

People living in group settings need reasonable compatibility with each other if they are to achieve a living situation which is conducive with consistent quality of life activities. This is especially relevant where those living together have high-support needs.

One of the most important tools in the reduction of behaviours of concern is consistent, 'Person Centred Active Support (PCAS)' and 'Positive Behaviour Support (PBS)'.

Like most people, people with limited capacity due to intellectual disability do undesirable things if they are bored. This is compounded as their limited capacity reduces their ability to do nothing meaningful or constructive without PCAS/PBS being consistently implemented by support staff.

The catch-22 is, where the residents of the group home have one member with behaviours of concern which can upset the other residents, disrupt the consistent implementation of PCAS/PBS and reduce staff incentive to do consistent active support through interaction and developmental activities.

The 'incompatible client syndrome' has a negative impact on all residents and support staff. The incompatible client with behaviours of concern is disadvantaged, as are the other residents.

Regular support staff are not trained, supported, remunerated, or have the time to do the intensive behaviour management necessary. Frequently, therefore, all residents receive little more than compromise behaviour management and basic minder care.

Whereas, if government direct care services had proper behaviour management facilities, clients with behaviours of concern would achieve a level of behaviour compatible with most residents, and be manageable by regular support staff with regular quality of life interactive and developmental activities.

Achieving this level of compatibility would require, (a) a behaviour scale, (b) client assessment against this scale, (c) a proper behaviour management and correction facility and, (d) outcome expectations set on well trained, motivated and remunerated staff.