

## Background

In addition to impairments in cognitive ability and adaptive skills, individuals diagnosed with a developmental disability (DD) often also exhibit different problem behaviours (e.g., self-injurious behaviour, stereotyped behaviour, aggressive or destructive behaviour) and/or mental health issues (e.g., anxiety, compulsions). Given the potential consequences of these behaviours for both the individual and their family, it is important that individuals receive treatment (e.g., participation in behavioural programs, medication, etc.) to reduce the frequency and/or intensity of such behaviours. Although formal behavioural methods have typically been shown to be most effective, there is some evidence to suggest that non-evidence based methods (e.g., diets, etc.) and informal behavioural strategies are often used (Feldman et al., 2004). Research suggests that problem behaviours and mental health issues in individuals with DD have a direct impact on the quality of life of the individual, his or her family, and the community (The Pomona Project: Linehan et al., 2004). Despite this, however, the needs of children with DD are often unrecognized and/or unmet (Liptak et al., 2006; US Department of Health and Social Services, 2002) likely due to a lack of expertise on the part of health care professionals, educators, and service providers. Without treatment, problem behaviours are not likely to decrease (Horner et al., 2002). Little research has been conducted examining problem behaviours/mental health issues and treatment approaches in individuals with DD within the Canadian health care context, yet a study by Atkinson and colleagues (1994), of almost 1,000 individuals with DD in Ontario, found that 52.9% of children aged 4 to 11 had significant levels of aberrant behaviour/psychiatric symptomatology. Given the high frequency of behavioural/mental health concerns in these individuals, additional research regarding the frequency and treatment of such difficulties has important implications for service providers and policy makers and more importantly for improving outcomes for children with DD.

## Purpose and Research Questions

One aspect of GO4KIDDS is a nationwide survey which includes information regarding behavioural concerns and treatment methods. Therefore, the purpose of the current investigation was to:

1. Document the frequency of the four types of behavioural/mental health concerns (self-injurious, stereotypy, aggression, and mental health concerns) in children and youth with DD compared to ASD + DD
2. Examine the differences in the treatment methods used to treat each type of problem behaviour/mental health issue across groups

## Method

### Participants

Surveys have been completed by the parents/caregivers of 80 children and youth aged 2-19. There were no differences between participants with DD or ASD + DD with respect to age (see Table 1).

## Method

**Table 1: Participant Characteristics**

	DD (n=30)	ASD + DD (n=50)
Mean Age (SD)	11.27 (4.2)	11 (4.0)
Gender		
Male	15 (50%)	40 (80%)
Female	14 (47%)	9 (18%)
Missing	1 (3%)	1 (2%)

### Measure

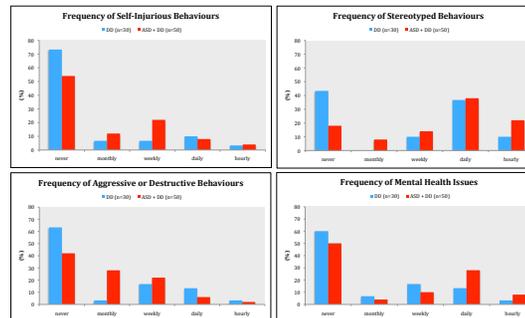
#### GO4KIDDS Basic Survey

• Responses to a subset of questions from the survey were examined.

- With regard to *self-injurious behaviours, stereotyped behaviours, aggressive or destructive behaviours, and mental health issues*;
  - a) How often in the past 2 months have you seen each of these behaviours in your child?
    - Never
    - Monthly
    - Weekly
    - Daily
    - Hourly
  - b) If your child demonstrates any of the above behaviour/mental health issues, how is this treated? (*check all that apply*)
    - Not treated at all
    - Medication
    - Formal behavioural program
    - Informal behavioural program
    - Nonbehavioural strategies (e.g., diet/supplements, OT/PT, expressive therapies such as music, art, psychotherapy, etc.)

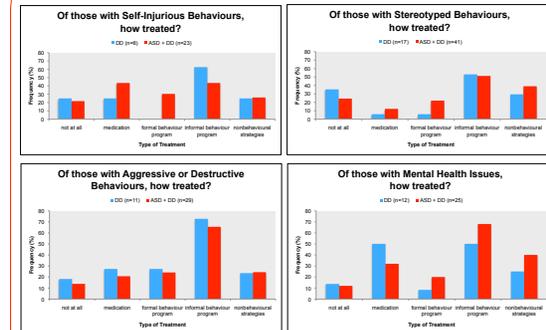
## Results

### Question 1



## Results (cont'd)

### Question 2



- Of the 80 children and youth with DD represented in this project, 68 (85%) were identified as demonstrating some form of behavioural problem and/or mental health issue
- In general, there are more children and youth with ASD + DD demonstrating problem behaviours and mental health issues than children and youth with DD alone
- Stereotyped behaviours emerged as the most frequently identified behaviour across both groups
- Of the 68 individuals with identified behaviour problems/mental health issues, 58 (85.3%) were receiving one or more forms of treatment
- For those demonstrating behaviour problems/mental health issues, there appear to be more children and youth with ASD + DD receiving treatment than children and youth with DD alone
- Informal behaviour programs are the most frequently used form of treatment for behaviour problems/mental health issues across both groups
- Formal behaviour programs are the least frequently used form of treatment for children and youth with DD

## Discussion

The findings of the current project are consistent with research that has shown that individuals with DD present with a variety of problem behaviours and/or mental health issues. Despite the research that has demonstrated that formal behavioural programs are the most effective, the most frequent form of treatment used within this sample was informal. Although we do not know why informal methods are the most frequent form of treatment used, it is our hypothesis that this is due to limited knowledge on the part of health care professionals, educators, and service providers, as well as limited availability of formal programming to appropriately treat these areas of difficulty.

### References

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