Chapter 5
Psychosocial Interventions for Individuals With Intellectual Disability

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ABSTRACT

In the recent years, there has been an increased interest and focus on improving the quality of life of individuals with disabilities. In the year 2006, the United Nations drafted the Convention on the Rights of the Persons with Disabilities (CRPD) aimed at securing and protecting the human rights of persons with disabilities. As of November 2015, 160 countries have become signatories of this convention and many countries are working towards making legislations consistent with the CRPD to protect the human rights of individuals with disabilities (UN Convention on the Rights of the Persons with Disabilities, 2015). Individuals with intellectual disabilities often face increased challenges in self-care, emotional regulation and decision making due to their cognitive and adaptive skill limitations, which further impacts on their quality of life (Emerson, 2001a). A large proportion of population with intellectual disability display several forms of challenging behaviours including aggressive behaviours, self-harm, stereotypical behaviours and sexual misconducts (Crocker, Mercier, Lachapelle, Brunet, Morin & Roy 2006; Emerson et al., 2001b; Poppes, Putten, & Vlaskamp, 2010). Poppes et al. (2010) found a prevalence of self-harm and stereotypical behaviour in 82% of their participants with Profound Intellectual and Multiple Disabilities (PIMD) and 45% of their study participants displayed aggressive and destructive behaviours. Challenging behaviour appears to be a central theme in intellectual disability and its treatment. This chapter provides a discussion of the principles of Applied Behaviour Analysis (ABA) in prevention and treatment of challenging behaviours as well as improving the adaptive behaviours of individuals with intellectual disability.

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INTRODUCTION: APPLIED BEHAVIOUR ANALYSIS
AND CHALLENGING BEHAVIOURS

Cooper, Heron and Heward (2007) defined ABA as, “Applied behaviour analysis is a scientific approach for discovering environmental variable that reliably influence socially significant behaviours and for developing a technology of behaviour change that takes practical advantage of those discoveries”. In a nutshell, the ABA practitioners are interested in discovering the functional relationships between behaviour and environmental variables rather than searching for causes of challenging behaviours in intra-psychic or other abstract mental concepts such as, mental conflict, ego, unconscious forces, self-concept or self-esteem. Baer, Wolf, and Risley (1968) proposed seven dimensions of ABA i.e. applied, behavioural, analytic, technological, conceptually systematic, effective, and generalization of behaviour change. These seven dimensions are considered as the defining features of ABA. The ‘applied’ dimension of ABA refers to commitment of the discipline of ABA to improve the socially significant behaviours to enhance the quality of life of people. ‘Behavioural’ dimension seeks to stay focused on what the individual does rather what he or she thinks or feels. Behaviours are seen as physical or environmental events that can be measured in terms of frequency, duration, latency, and intensity or other physical measurement. ‘Analytic’ dimension seeks to establish a predictive and functional relationship between independent and dependent variable; presence or absence of independent variable reliably determines the changes in dependent variables. ‘Technological’ dimension of ABA requires that all interventional procedures are to be identified and described with optimal details to facilitate an easy use or replication of the intervention procedures by readers or other practitioners and get the same or similar results when intervention procedures are implemented with integrity. ‘Conceptually systematic’ dimension asserts that ABA interventions are not merely a set of tricks; rather the intervention strategies are derived from decades of applied research and behavioural principles. ‘Effective’ dimension asserts that an intervention is considered effective only when it produces a socially significant behavioural change of practical value. ‘Generality’ dimension seeks to extend the behavioural change beyond the original treatment setting to other settings, and untargeted related behaviours (Cooper et al., 2007).

In addition to these seven characteristic dimensions of ABA, Wolf (1978) added the eighth dimension of ABA i.e., Social Validity. Wolf (1978) emphasized that the behavioural change outcome must be socially valid / socially valued, and methods of behavioural change must not be viewed as punitive or restrictive but rather viewed as socially acceptable positive strategies of behaviour change by society. These characteristic dimensions are worth emulating for behaviour analysts and other related practitioners of helping professions in their practice to deliver effective treatment for clients (Baer et al., 1968). As evident in the research literature the treatment strategies derived from the ABA have demonstrated effectiveness in reducing the various forms of challenging behaviours in individuals with disabilities (LaVagina & Willis, 2012; Tarbox, Wallace, Tarbox, Landaburu, & William, 2004; Britton, Carr, Kellum, Dozier, & Weil, 2000; Jones, Drew, & Weber, 2000; Fisher, Adelinis, Thompson, Worsdell, & Zarcone 1998; Didden, Duker, & Korzilius, 1997; Hanley, Piazza, & Fisher, 1997; Lalli, Casey, & Kates, 1997; Grace, Thompson, & Fisher 1996; Homer, & Day, 1991; Piazza, Hanley, & Fisher, 1996; Iwata, Pace, Cowdery, & Miltenberger 1994).