DIVISION OF PSYCHIATRY

UCL

"Willing to talk about it and not just shutting it off": rethinking challenging behaviour

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Conflicts of Interest

- Funded by the National Institute of Health and Care Research
- Editor in Chief, Journal of Mental Health Research in Intellectual Disabilities
- The views expressed are mine and not necessarily those of the NIHR or the Department of Health and Social Care

PErsonalised Treatment packages for Adults With Learning disabilities who display aggression in community settings

Petal Programme plan

4 workstreams over 5.5 years

WS1. Realist review and qualitative exploration of what works for whom and how

WS2. Cohort study for predictors of aggression and treatment outcomes using electronic health records

WS3. Coproduction of intervention and feasibility

WS4. Clinical trial with internal pilot

Implementation

Dissemination and deliverables

What we know

- High rates of behaviours that challenge (BtC; 10-15%)
- Well described negative (restrictive) outcomes
- Self-injury, aggression towards others, destruction of property, risk, sexual aggression
- Common reason for referral to services
- Apprx 25% may remit within 2 years
- Significant carer stress

How routine data can help our practice?

- Electronic Health Records of 1225 individuals with aggressive behaviour (n=1515 episodes)
- Increased episode length, being younger, psychotropic medication use, autism diagnosis, mood instability, agitation, irritability, more contact with mental health professionals, and more mentions of social and/or home care package in-episode
- Medium to severe aggressive behaviour

Interventions

- BtC should first be treated with non-pharmacological interventions (NICE #11)
- 82 RCTs (n=4637) report both pharmacological and non pharmacological interventions
- Post intervention improvement on aggressive behaviour
- Neither intervention type is superior to the other but arguably and depending on risk non-pharmacological interventions should be the starting point

Some learning points

- Topographies of BtC targeted by interventions need to be disaggregated
- Distinction between efficacy (performance of an intervention under ideal and controlled circumstances) and effectiveness (benefits and harms plus broader impact)
- Intervention effects are small
- There is a difference in expectations of effectiveness between clinicians and carers and study findings (a max of 5 points)

PETAL THERAPY

WS1: Rapid Realist Review

Theoretical Domains Framework

WS1: Qualitative Interviews

WS2: Database work

WS3: Co-production

Manualised
Individual tailored

PETAL Therapy Manual

Therapist version

PETAL Carers Workbook

Antecedent → Behaviour → Consequence

What happened directly before the behaviour

The specific action or behaviour of interest

Q Below are examples of ABCs and the functions ... recognise any of these situations?

Antecedent	Behaviour	Cons...
Tony doesn't want to join in with the group activities in his care home.	Tony hits the person sitting next to him.	Tony's ... remove ... the situ...
Lucy is alone in a room while her carer is outside on the phone.	Lucy bangs on the walls and throws a book on the floor.	Lucy's ... the pho... rushes i... room.
Daniel wants to play on his mother's iPad.	Daniel screams and pulls at his mother's hair.	His mot... over he...
Priya is bored and under stimulated by the long car drive.	Priya starts banging her head on the car seat.	Banging... releases... endorph... making... more ha... relaxed

PETAL Carers Workbook

Stop	• Say STOP to yourself as soon as you notice yourself reacting to a trigger. • This helps to put space between what you are reacting to and your response. • Try to find somewhere comfortable to sit and relax
Take a breath	• Notice your own breathing as you breath in and then out. • Breath slowly and use the 7/11 technique, i.e., breath in for a count of 7 and out for a count of 11.
Observe	• What thoughts are going through your mind right now? • Where is your focus of attention? • What are you reacting to? • What sensations do you notice in your body?
Perspective	• Don't believe everything you think! • What's the bigger picture? • What is another way of looking at this situation? • What advice would you give a friend? • Is this thought a fact or opinion? • How important is this? How important will it be in 6 months' time? • Remember that this situation and the thoughts and feelings linked to it will pass.
Proceed	• What is the best thing to do right now? • Best for me, for others, for the situation? • What can I do that fits with my values? • Do what will be effective and appropriate

Petal Participant Workbook 39

4 – My emotions

You may find it hard to know how you are feeling

Petal Participant Workbook 65

BASE stands for:

- Being Healthy
- Activity
- Social
- Enjoyment

Being Healthy / Activity / Social / Enjoyment

Being Healthy

There are many different ways we can be healthy.

These can include:

- Exercising
- Sleeping better
- Healthy diet

The manual

Carer workbook

Service user workbook

What is included

Modules

1. Getting to know the person
2. Understanding aggressive challenging behaviour
3. Communication
4. Emotions
5. A calm environment
6. Carer wellbeing
7. Healthy habits

Plus:

2 follow up sessions

Over 14 weeks

Module 1: Getting to know the person

Communica
tion

Likes and dislikes

Network

Behaviour

Other therapies

Health

Module 2: Understanding aggressive challenging behaviour

Predicting behaviour

Confused

Irritable

Boisterous

Verbal threats

Physical threats

Attacking objects

Module 7: Healthy habits

Home practice tasks

Setting goals for the person with a learning disability and their carers

Every week

Reviews

Who delivers

Agenda for Change Band 5 or above NHS practitioner from all professions or band 4 with substantial clinical experience in intellectual disabilities

Therapists receive regular clinical supervision from a senior site colleague and by research team

Time commitment half to 1 day a week

Required to receive 2-day training provided by the research team

Feasibility phase

The mixed methods feasibility phase aims to test out the acceptability of the therapy in a small sample of people (n=10 dyads, across 4 sites)

Interviews with therapists, supervisors and service managers

N=8 dyads recruited

References

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- https://pubmed.ncbi.nlm.nih.gov/35248813/

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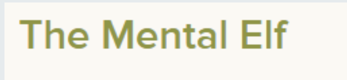
Study website:
https://www.ucl.ac.uk/psychiatry/research/epidemiology-and-applied-clinical-research-department/petal-programme-nihr-id-nihr200120

Thank you!



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