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Staff's attitudes and reactions towards aggressive behaviour of clients with intellectual disabilities: A multi-level study

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ABSTRACT

Data were collected from 121 staff members (20 direct support staff teams) on background characteristics of the individual staff members and their teams (gender, age, years of work experience, position and education), the frequency and form of aggression of clients with an intellectual disability (verbal or physical), staff members' attitudes towards aggression, and the types of behavioural interventions they executed (providing personal space and behavioural boundary-setting, restricting freedom and the use of coercive measures). Additionally, client group characteristics (age of clients, type of care and client's level of intellectual disability) were assessed. Multilevel analyses (individual and contextual level) were performed to examine the relations between all studied variables and the behavioural interventions. The results showed that for providing personal space and behavioural boundary-setting as well as for restricting freedom, the proportion of variance explained by the context (staff team and client group characteristics) was three times larger than the proportion of variance explained by individual staff member characteristics. For using coercive measures, the context even accounted for 66% of the variance, whereas only 8% was explained by individual staff member characteristics. A negative attitude towards aggression of the direct support team as a whole proved to be an especially strong predictor of using coercive measures. To diminish the use of coercive measures, interventions should therefore be directed towards influencing the attitude of direct support teams instead of individual staff members.

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1. Introduction

Several studies show that the level of aggression among people with intellectual disabilities (ID) is high (Cooper et al., 2009; Emerson et al., 2000, 2001; Taylor, Novaco, Gillmer, & Thorne, 2002; ten Wolde & Koorenhof, 2006). Besides self-injurious and destructive behaviour, aggression is one of the main reasons for people with ID to be referred to institutional settings. Aggression of clients was found to cause both physical and psychological harm to staff, and may therefore be a reason for staff absenteeism from work or a reason to apply for another job (ten Wolde & Koorenhof, 2006). Jenkins, Rose, and

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Lovell (1997) also found that aggressive behaviour of clients was inversely associated with staff psychological well-being. Furthermore, Bromley and Emerson (1995) established that difficulty in understanding aggressive behaviour of clients, unpredictability of client behaviour, and lack of knowledge about how aggressive behaviour can be treated or adequately controlled were all related to higher levels of stress among staff. These findings necessitate further research on staff reactions to aggressive behaviours of institutionalized clients with ID.

Studies of interactions between staff and clients with ID have emphasized the significant role that staff can play in the development and maintenance of aggression (Bromley & Emerson, 1995; Carr, Taylor, & Robinson, 1991; Hastings, 1997; Hastings & Remington, 1994; Wilson, Reed, & Bartak, 1995). Staff workers who are repeatedly confronted with aggression and who want to prevent harm done to other clients or to colleagues may perceive they have no alternative other than seclusion or physical intervention. The use of coercive measures, such as seclusion and physical intervention, may have positive short term effects, such as creating a save environment. However, coercive measures can be counterproductive in the long term, especially when no efforts are made to provide a functional analysis and treatment of the aggressive behaviour (Carr et al., 1991; Hastings & Remington, 1994; Lang, Sigafoos, Lancioni, Didden, & Rispoli, 2010; Wilson et al., 1995).

Studies conducted by Fish and Culshaw (2005) and Hawkins, Allen, and Jenkins (2005) found that clients with ID reported more frustration and aggression, and also feelings of fear, pain and distress after physical intervention. This could, in return, affect their subsequent behaviour and obstruct long-term treatment effectiveness. Even staff reported negative experiences (for example feelings of stress, fear, frustration, irritation, anger, sadness, helplessness, shock, disgust, worry, guilt and self-doubt) before, during and after the use of physical interventions by clients with ID (Fish & Culshaw, 2005; Hawkins et al., 2005; Ravoux, Baker, & Brown, 2012). Examining the correlates of coercive measures, but also of other types of interventions in response to clients' aggressive behaviour is therefore important, not only to reduce the rate of aggression, but also to obtain better treatment outcomes and to strengthen the quality of positive contact between care workers and clients with ID.

Staff responses to and their beliefs about aggressive behaviour have been subject of research for many years. For instance, Hastings and Remington (1994) described two main categories of factors that determine staff behaviour in response to aggressive behaviour: (1) the contingencies associated directly with the challenging or aggressive behaviour itself (type of challenging behaviour and the emotional impact of the behaviour on staff) and (2) indirect contingencies that take the form of internal 'rules' representing staff's own beliefs about the causes of the clients' behaviour and how best to respond. According to Weiner (1980, 1993), especially the *attributions* (i.e., the beliefs concerning the causes) of aggressive behaviour influence the emotional reactions of sympathy or anger of staff. These emotions are thought to promote or reduce the likelihood of staff offering help.

Although it is widely acknowledged that staff are influenced by their beliefs about the causes of aggressive behaviour of clients with ID (that is, staff's *attributions*) (Hastings, 1997; Hastings & Brown, 2002; Wanless & Jahoda, 2002), the role of staff's *intentions* has not yet been subjected to research. This is an important aspect, as in the theory of planned behaviour (Ajzen, 1991) an individual's *intention* to act in a certain way is assumed to motivate behaviour. According to Ajzen (1991), the intentions to perform behaviours of different kinds can be predicted with high accuracy from attitudes, subjective norms and perceived behavioural control. The attitudes, in turn, are considered to be a function of the beliefs held about the specific behaviour, as well as a function of the evaluation of likely outcomes (Ajzen, 1991). Following this, Jansen (2005) argued that attitudes towards aggression, subjective norms and perceived control, together determine staff's behavioural responses to clients who show aggressive behaviour (Jansen, 2005). Empirical evidence to support this idea derives from a study by Bowers, Alexander, Simpson, Ryan, and Carr-Walker (2007), showing that staff who interpreted aggressive behaviour of their patients as unacceptable were more inclined to use coercive measures than staff who interpreted aggressive behaviour of their clients as more or less normal.

A number of researchers have explored factors affecting staff causal beliefs about aggressive behaviour and their responses to this type of behaviour (like characteristics of staff, clients and institution). Regarding clients with ID, Hastings, Remington, and Hopper (1995) found a relationship between staff's working experience and their knowledge of the causes of aggression. That is, a higher level of working experience was related to more knowledge of the causes of aggression by staff. Emerson et al. (2000) found a relationship between personal characteristics of the client with ID (e.g., age, weight and a diagnosis of autism), resources (e.g., type of accommodation and staffing levels), the organization of these resources (e.g., planning of support for residents) and the use of several treatment strategies by staff. Also, Willems, Embregts, Stams, and Moonen (2010) found a relationship between client (age) and staff characteristics (i.e., working experience, age, educational level and gender) and intrapersonal staff behaviour. Ravoux et al. (2012) examined staff responses to adults with ID and challenging behaviours, and found that the presence of public, other clients and other staff members influenced the decision on whether to use physical restraint. The results of this study also showed that male staff tended to take the lead over female staff when clients with ID displayed aggressive behaviour.

Because the characteristics of staff (working experience, age, educational level and gender at both the individual and team level) and characteristics of the clients (i.e., age and level of ID) may affect staff behaviour, we will investigate these variables in the present study as possible factors in the explanation of staff behaviour in response to aggressive behaviour (besides their attitudes towards aggression).

The aim of the present study is to examine the relationship between staff's positive and negative attitudes towards aggression and their interventions in response to aggressive behaviour of clients with ID, taking into account several

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