

Psychiatric disorders and behavior problems in people with intellectual disability

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Abstract

The relationship between behavior problems and psychiatric disorders in individuals with intellectual disability is still unresolved. The present study compares the prevalence and pattern of psychiatric disorders in individuals with intellectual disability who were assessed on the ABC to have moderate and severe behavior problems and a matched group of individuals without such problems. Both groups were living in community settings and had their intellectual disability varied from mild to profound degrees. The participants were screened for psychiatric disorders using four different instruments; the Reiss Screen, the Mini PAS-ADD, the DASH-II and the ADD. The group with moderate and severe behavior problems showed significantly more symptoms of psychiatric disorders than the group without such problems when items related to behavior disorders were omitted, and the majority of the participants with behavior problems had symptoms of the main psychiatric disorders. The participants with mild and moderate intellectual disability showed more symptoms of psychosis and depression than the participants with severe and profound intellectual disability. There were no direct associations between individual behavior problems and psychiatric disorders, but the group with mild/moderate intellectual disability showed a somewhat different pattern of associations than the group with severe/profound intellectual disability. Depression was associated with screaming and aggression in the participants with severe and profound intellectual disability, and with self-injury in the participants with mild and moderate intellectual disability. The finding that the majority of the participants with behavior problems showed symptoms of psychiatric disorders suggests that many behavior problems may be (unconventional) symptoms of psychiatric disorders or reflect a difficult life situation caused by a psychiatric disorders, or that a difficult life situation may contribute to both psychiatric disorders and behavior problems in individuals with intellectual disability.

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1. Introduction

People with intellectual disabilities seem to be vulnerable for developing behavior problems. Studies have reported that 7–15% of individuals with “administrative” intellectual disability (that is, individuals with intellectual disability who receive services from the authorities) have severe behavior problems (Emerson, 2001; Emerson et al., 2001). Severe behavior problems among people with intellectual disability are often termed “challenging behavior” (see Emerson, 2001), and aggression towards others, temper tantrums, screaming or shouting, and self-injury are examples of behaviors that may be challenging to relate to for family, support staff and others. Such behaviors may be excessively controlled by people in the environment and may result in social isolation and restricted opportunities for taking part in ordinary social and societal activities, and it may be very difficult to establish a dignified life situation for people with severe behavior problems.

The prevalence of 7–15% also implies that 85–93% of people with intellectual disability do not show severe behavior problems, even when their intellectual impairment is severe or profound. The presence of behavior problems must therefore indicate an additional problem to the intellectual disability, a co-morbid condition and/or a difficult life situation. Several authors have suggested that behavior problems may be indicators of psychiatric disorders in individuals with intellectual disability (e.g., Emerson, 2001; Gardner & Hunter, 2003; Moss, Emerson, Bouras, & Holland, 1997; Pyles, Muniz, Cade, & Silva, 1997) but the relationship between behavior problems and psychiatric disorders is still an under-researched area (Hemmings, Gravestock, Pickard, & Bouras, 2006), and the results of empirical studies vary. For example, Moss et al. (2000) found a higher incidence of psychiatric disorders in intellectually disabled individuals with challenging behavior than in intellectually disabled individuals without challenging behavior. Similar results were reported by Holden and Gitlesen (2003) who found a higher rate of psychiatric symptoms in individuals who had been referred to the habilitation services for problem behavior than in intellectually disabled individuals who showed no or minimal such behavior, especially related to anxiety and psychosis. Matson and Mayville (2001) assessed individuals with intellectual disability and physically aggressive behavior, and found that nearly half of the group met the criteria for a probable psychiatric disorder. Rojahn, Matson, Naglieri, and Mayville (2004) found that the presence of behavior problems increased the probability of almost all psychiatric conditions, and Laud and Matson (2006) found that individuals who exhibited manic symptoms were more likely than controls to show aggression and other problem behaviours during mealtime. Hemmings et al. (2006) report significant correlations (but without size) between a range of psychiatric symptoms and specific behavior problems, but conclude that it is unlikely that most behavior problems in individuals with intellectual disability are underpinned by psychiatric disorders. Hill and Furniss (2006) compared intellectually disabled individuals with and without autism and a high overall level of behavior problems, and found that autism was associated with more psychiatric symptoms, especially more severe forms of autism. Rojahn, Borthwick Duffy, and Jacobsen (1993) did not find significant correlations between severe forms of behavior problems (aggression, property destruction, self-injury and stereotypes) in individuals with intellectual disability and the presence of major psychiatric diagnosis in their journals. Similarly, Tsiouris, Mann, Patti, and Sturme (2003) did not find significant differences between depressed and non-depressed individuals with regard to behavior problems such as self-injury and aggression.

The mixed empirical results mean that the relation between behavior problems and psychiatric disorders is not clear. One reason may be that the studies vary considerably in methodology,

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