



The Whole is More. A Contextual Perspective on Attitudes and Reactions of Staff towards Aggressive Behaviour of Clients with ID in Residential Institutions
M.H. Knotter

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**A contextual perspective on attitudes and reactions of staff towards aggressive
behaviour of clients with ID in residential institutions.**

Introduction

In this dissertation, the main research aim was to acquire more knowledge on the nature of responses of staff towards clients with ID showing aggressive behaviour, and to identify factors that may enhance good care for these clients in order to contribute to their quality of life. There was a focus on the impact of aggressive behaviour of persons with ID on staff's attitudes and their behavioural reactions, while accounting for the influence of contextual factors. Several factors were identified at a client, team and organizational level, including the quality of support which the interdisciplinary team (i.e., psychiatrists, medical doctors, psychologists, therapists) working with staff provided, and the quality of training programs which have been developed to help staff to deal with challenging (aggressive) behaviour problems of their clients with ID.

In various studies the way staff behave when encountering challenging (i.e., aggressive) behaviour of their clients with ID was examined. However, staff's reactions to aggressive behaviour of clients with ID have not often been explored from a socio-ecological perspective. Therefore, in chapter 2 several individual and contextual factors of staff behaviour were assessed, and in chapter 3 staff's attitudes towards aggressive behaviour of their clients with ID were examined. In chapters 4 and 5 the influences of several contextual variables on the effectiveness of staff training and interventions used in the Dutch care facilities for clients with ID were studied.

Chapter 2: Staff behaviour in relation to aggressive behaviour

In chapter 2 the behaviour of staff who experienced aggressive incidents of clients with ID in an institutional setting (around the clock care) was studied. Data were collected from 121 staff members (working in 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 experienced aggression of clients with ID (verbal or physical), staff members' attitudes towards aggression, and the types of behavioural interventions they performed (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 were performed to examine the relationship between all variables and the behavioural interventions included. 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. Negative attitudes towards aggression of the direct support team as a whole proved to be an especially strong explaining variable for the use of coercive measures by them. To diminish the use of coercive measures, interventions could therefore be directed towards influencing the attitudes of direct support teams instead of aiming at individual staff members.

Chapter 3: Attitude towards aggression

In order to gain more knowledge on factors that may influence staff behavior, in chapter 3 direct care staff's (responsive or rejecting) attitudes towards aggression of clients

with ID were further examined. Data were collected on client characteristics, as well as on individual and team characteristics of 475 direct care staff members, not involved in the study discussed in chapter 2, working in 71 teams. By using multilevel analyses it was revealed that a positive team climate was positively associated with both rejecting and responsive attitudes towards aggression. Senior staff members and female staff showed less responsive attitudes towards aggression, whereas a relatively high percentage of female staff in a team and positive attitudes towards the assistance from external professionals were associated with a more responsive attitude towards aggression. Unexpectedly, staff who had experienced less verbal and/or physical aggressive incidents of their clients with ID showed more rejecting attitudes towards aggression. Finally, characteristics of the clients with ID accounted for the largest amount of variance in attitudes towards aggression of direct care staff, in particular the presence of psychiatric diagnoses.

Chapter 4: Staff training in relation to challenging behaviour

Chapter 4 consists of two separate meta-analyses examining (1) the effects of training programs on the *behaviour of direct care staff* working with clients with ID who present challenging behaviour problems (predominantly aggressive and violent behaviour), and (2) the effects of staff training on the challenging *behaviour of their clients with ID*. A 3-level random effects model was used for the two meta-analyses to account for both within and between study variance. Results showed that staff training was moderately effective in changing staff behaviour, but no convincing evidence was found for an effect on the reduction of challenging behaviour of persons with ID. The type, content and goal of training did not moderate the effect of staff training, whereas sample and study characteristics (e.g., sex of the participant or type of measurement used) did. It was concluded that the way a training program is delivered to staff may be of much more importance than the specific characteristics of a training. Another conclusion was that further research should be conducted

to expand knowledge on effectiveness of direct care staff training programs in relation to the challenging behaviours of clients with ID.

Chapter 5: Interactions between staff members and clients with ID who behave aggressively, a qualitative study

Chapter 5 is a qualitative study on the influences of contextual characteristics on staff employed in institutions for people with ID who behave aggressively. Five experts were interviewed in an open-ended topic based format. Results showed that characteristics of the client, the living group, staff, team and organization all influence the interactions of staff members with their clients with ID who behave aggressively, both in a negative and positive way. That is: the severity of the behaviour problems of the clients, the dynamics between clients living in a group, staff's personal competencies, the quality of the communication between team members, the perceived support delivered by management and consulting psychologists, the presence of long-term employment contracts for staff members within teams, and finally the service climate were all mentioned as factors that affected staff-client interactions.

The presence of a clear organizational vision statement about aggression and a supporting policy for staff, clients and parents were considered to be associated with positive reactions towards aggressive behaviour of clients with ID (for instance, showing a more responsive attitude towards aggression). In turn, positive staff reactions towards aggressive behaviour were related to a responsive style of working, which was related to good quality of care for clients with ID. In order to improve quality of care for clients with ID who behave aggressively, it was considered to be important to start with a clear organizational view on the service climate desired, and to implement a safe and healthy team climate. Teams should receive organizational support, including training to improve their skills to make proper

contact with their clients, resulting in a reduction of the number of (unexpected) aggressive situations.

Chapter 6: General discussion and conclusion

The findings reported in this dissertation underline the major importance of contextual factors (e.g., characteristics of the living group, team (team climate) and organization (organizational climate) related to staff and client behaviour. For instance results of the first study reported that for staff using coercive measures, the context even accounted for 66% of the variance, whereas only 8% was explained by individual staff member characteristics. Negative attitudes towards aggression of the direct support team as a whole proved to be an especially strong explaining variable for the use of coercive measures by them. No compelling evidence was found for the influence of individual characteristics.

Staff training programs targeting individual staff members' behaviour were only moderately effective in changing staff behaviour, whereas no evidence was found for the effectiveness of these programs changing aggressive behaviour of clients with ID. No staff training programs were found that did address contextual factors, or with a primary focus on team climate, aimed at changing staff behaviour and clients' aggressive behaviour in a positive way.

The relation between the contextual factors and staff responses to clients with ID showing aggressive behaviour, in particular for *rejective* staff attitudes towards aggression at a team level, and the lack of interventions targeting such negative team attitudes, make it clear that there is an urgency for further research. It seems necessary to develop interventions which target not only the aggressive behaviour of the client with ID, but also focus on organizational aspects and on staff collaboration to meet the complex needs of clients with ID.