Psychological treatment strategies for challenging behaviours in neurodevelopmental disorders

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Psychological treatment strategies for challenging behaviours in neurodevelopmental disorders: what lies beyond a purely behavioural approach. Clarification in response to Tincani, Travers & Dowdy.

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Abstract

In March 2020's edition, we published an opinion piece on recent research trends in the prevention, management or reduction of challenging behaviour in neurodevelopmental disorders – based on our evaluation of literature published between January 2018 and August 2019. In their response to this article, Tincani, Travers, & Dowdy adopt the starting point that we intended to question the efficacy of behavioural approaches in this context. This is a misconception. We recognise the critical role of behavioural approaches in treatment for challenging behaviour. It is precisely because of the widely demonstrated efficacy of behavioural approaches (and our own strong respect for this evidence base) that we argue that to move the field forward, research must learn to better separate the impact of behavioural and non-behavioural components when developing and evaluating new interventions. Indeed, this was one of our primary conclusions. Furthermore, we have used the very recent snapshot of literature we were restricted to, to illustrate some important ways in which research can advance the field past what we view as a widely accepted truth – that behavioural based approaches are effective. These include attention to the mental health and general social communication needs of individuals, the development of models that include cognitive and emotional processes (alongside behavioural ones), and the thoughtful use of technology to facilitate intervention efforts.

Keywords: neurodevelopmental disorders, challenging behaviour, behaviour management, psychological interventions

Psychological treatment strategies for challenging behaviours in neurodevelopmental disorders: what lies beyond a purely behavioural approach. Clarification in response to Tincani, Travers & Dowdy.

The following response aims to address queries raised by Tincani, Travers & Dowdy in response to our March 2020 article. We appreciate this opportunity to provide clarity on the purpose of our review to ensure that our conclusions are being interpreted accurately. We also encourage colleagues to access the inclusion/exclusion criteria we applied, provided in the original publication (http://links.lww.com/YCO/A52), to facilitate interpretation and inform the trajectory of future trends in this area.

The primary concern of Tincani et al. is their perception that our article suggests that behaviourally based interventions are not effective. We would like to reassure colleagues that we do not refute the large, high quality, rigorous evidence base that demonstrates the efficacy of behavioural approaches. And it is not our intention to discourage professionals from using such approaches. We would like to draw readers' attention to our conclusion – based on more than 50% of the literature that has been published on the psychological treatment of challenging behaviour in neurodevelopmental disorders in the 18 month review period – that 'overall, these studies continue to support the use of behaviour strategies'. Indeed, only 1 of the 36 studies that reported on use of ABA or PBS failed to report improvements in challenging behaviour associated with the intervention. In this vein, it is relevant to acknowledge our group's frame of reference in approaching this review. Our work applies collaborative development to integrate the needs of stakeholders into our understanding of neurocognitive, emotional and behavioural underpinnings of challenging behaviour and use this to develop interventions. We have developed several interventions that draw heavily on behavioural approaches. Furthermore, the second author has worked clinically in an ABA-based early intervention setting for several years.

However, alongside the literature we cite in the introduction, our own experience demonstrates that improved outcomes around challenging behaviour across neurodevelopmental disorders remain a priority for stakeholders. This necessarily means that existing approaches have not provided the whole solution for everyone. And whilst one might argue that the "right" application of behavioural approaches could provide the solution, we found very limited recent literature on transference of effects to less controlled environments, where novel situations are likely to occur to confound the expected behavioural response (Saini et al., 2019). In other articles, one might examine how the behavioural literature could develop in order to inform on how such approaches can better accommodate harder to reach individuals. This, however, was not the focus of our review. The aim of our review was to coalesce themes emerging from recent publications as a proxy of available knowledge that goes further than a purely behavioural approach. We aimed to inform on the likely impact being achieved, and how conducive emerging themes are in furthering our understanding and ability to support populations concerned. Our argument is that in this way future research can

build upon the existing evidence-base, rather than continue expending resources on what is already established.

Tincani et al. expressed scepticism over our use of the phrase 'purely' behavioural. Indeed, we categorised articles purely as a pragmatic device to facilitate the narrative of our review and to assist signposting of readers to the appropriate evidence as relevant. However, we stand by our distinction that the interventions that were not framed as ABA or PBS (which determined our "not purely behavioural" classification), include aspects that took them further than the traditional ways of applying behavioural approaches to reducing challenging behaviour. Whether this was due to, for example, different modes of delivery (technology-assisted), different objectives (general social communication skill), or additional components from other approaches (mindfulness), all provided potential ideas about how to move past the status quo.

Also for pragmatic reasons, we synthesised our results in hierarchical manner. Principle categories (parent training, meditation, skill training, technology-assisted) were derived bottom-up based on the how the aims and position of the corresponding studies, which would allow the most useful comparisons to be drawn. A particular example cited by Tincani et al. was our categorisation of Hu & Lee (2018) under the theme of skill training, rather than as a behavioural approach. We took this approach as the focus of Hu & Lee's (2018) study was the effect of a specific programme (PECs) on general social communication (primary dependent variable), with the impact on aggression being a secondary consideration and not the primary target of the intervention. This classification allowed us to identify the importance of general social communication ability as an important consideration for future research.

Finally, we would like to address the critique that our intentions are misplaced in suggesting that behavioural approaches are resource intensive. Tincani et al. cite specific studies to demonstrate the potential scalability of behavioural approaches. In response to this, we would like to reiterate the importance of referring to the eligibility criteria provided in the supplementary material to understand the restrictions of the review (e.g. publications within a particular period). However, even considering prior examples from the literature that suggest that behavioural approaches are potentially scalable, such capability does not necessarily mean that such approaches will be scaled in practice. Indeed, the articles published over our 18 month review period demonstrate how scarce such attempts to scale are. In our own research, we have identified accessibility to support for challenging behaviour from professionals as a key concern for families, particularly for strategies requiring 1:1 support from an interventionist. We are not familiar with a US health, social and educational context in how such interventions are accessed. However, in a British and Irish context, diagnostic, socio-economic and educational background of the child greatly affect availability, with long waiting lists for eligible cases. Thus, research that has the potential to provide effective support for families with relatively less resource expenditure would be valuable.

In conclusion, we appreciate this opportunity to clarify our intentions. Whilst we were encouraged by the research trajectories of some groups returned in our review, particularly the use of telehealth, there remains scope for redeployment of knowledge from other fields. We believe it is our collective responsibility to interrogate such knowledge with a view to learning how new

techniques may be integrated with our current behaviour approaches to optimise quality of life of the individuals concerned in a holistic way.