

Analysing the management of challenging behaviour in Romanian orphanages: looking for ways forward

CLAIRE HARDMAN

In this article Claire Hardman reflects on her work on behaviour management in two Romanian orphanages. Quite apart from the intrinsic interest of the topic, the article serves as a reminder of the number of professionals in this country who regularly take time out to work abroad in unfamiliar and often challenging circumstances and who come back with much to contribute to debates at home.

Introduction

In the summer of 2001 I was invited to join a team of educational specialists on their visit to two Romanian orphanages. All of the professionals involved were authorities in their own field and were specifically recruited and deployed to tackle areas of perceived need in relation to the training of the Romanian educators in the orphanages and to the growing needs of the children in their care. Substantial work had already been undertaken on previous visits and both orphanages were fortunate to have either a designated classroom or therapy centre. Whilst two other professionals delivered training on play and communication therapy, my role centred round the complex and perplexing arena of behavioural problems or 'challenging behaviour'. The Romanian educators had specifically requested training on this topic as they felt inadequately prepared to manage the difficult behaviours being presented, whilst simultaneously worrying that the behaviours were having a detrimental impact upon the children as learners and on their ability to teach them. Although they had received some professional training, the little they had was very formal and extremely limited.

The children or young people resident within the orphanages ranged from newborn to 26 years of age. The vast majority suffered from profound physical and learning disabilities alongside complex medical needs – some caused by genetic abnormalities and others simply as a result of the conditions in which they had been raised. All had suffered from some form of abuse or neglect and, despite the heroic efforts of charitable organisations, all continue to live in substandard, deprived and cramped conditions.

My brief therefore was to provide training on identifying, assessing and monitoring challenging behaviour and to suggest methods by which these unwanted behaviours could potentially be reduced.

Despite these intentions and substantial amounts of hard work, the visit failed to 'solve' the problems faced. Although not expecting a miracle, I left feeling that the situation was far more complex than initially perceived and that a myriad of conflicting variables were preventing a more systematic and successful move forward. Whilst achieving the aim of initial training in 'challenging behaviour', I felt that a further analysis of these variables was necessary in order to plan for future visits more effectively. Hence this article was written, based not upon empirical research but rather as the result of my personal observations and reflections on practice.

Aim

Firstly this article will aim to provide an overview of what constitutes 'challenging behaviour' and examine its prevalence, aetiology and effects in children's institutions. Secondly it will reflect upon the visit to Romania and the training provided, whilst conducting an analysis of the conditions impeding learning found in the orphanages there. It is intended that, via an assessment of these mitigating

factors, possible explanations will be highlighted as to why the idiosyncratic employment of behaviour modification and behaviour management strategies failed to have a substantial impact in reducing unwanted behaviours which were felt to be impeding children's social, emotional, physical and educational wellbeing. Finally the article will aim to illuminate areas for development and provide a more systematic and targeted focus for future training and action to be implemented.

What is challenging behaviour?

In recent years there has been a substantial shift in thinking regarding the definition of behaviours which may be considered 'challenging'. Rather than being considered to be 'problem behaviours', whereby the 'problem' is inherent within the individual, recent moves have aimed to dissolve 'blame' and refocus the behaviours as functionally servile, whilst being particularly challenging to manage for those who care for the individual in question (Gear, Gates and Wray, 2000). This change in definition has represented an important psychological realignment and, according to Blunden and Allen:

... emphasises that such behaviours represent challenges to services rather than problems which individuals with learning disabilities in some way carry around with them.
(In Emerson, 1995, p. 5)

Such behaviours may include: spitting, biting, soiling, eye poking and self-harm, to name but a few. Indeed, the sheer range of possible presenting behaviours and the diversity and complexity of the functions they serve have exacerbated the challenge even further. In order to assess whether such behaviours are to be considered 'challenging', Zarkowska and Clements (1988) demarcate behaviours as representing a problem if they:

- are inappropriate according to chronological age or developmental level
- are dangerous to the individual or others
- present an additional learning difficulty by impeding learning, resulting in stress
- are contrary to social norms.

Obviously this final statement is of fundamental importance here as cultural variations and social definitions of challenging behaviour must not be overlooked. Indeed this is reflected in an amendment to Emerson's (1995) original definition of challenging behaviour specifying that the behaviours seen should be considered to be 'culturally abnormal' (as the behaviours identified by the Romanian educators were).

Precursors and prevalence

It is well documented throughout learning disability research that children with varying forms of severe learning difficulty are more likely to display the forms of challenging behaviour

previously mentioned. Amongst those with severe learning difficulties, the commonest form displayed is that of self-harm. Self-harm or self-injury has been defined as:

any behaviour, initiated by the individual, which directly results in physical harm to that individual.
(Murphy and Wilson, 1985, p. 15)

Indeed some of the main predictors of self-harm and other forms of challenging behaviour are sensory/physical disabilities, certain specified syndromes or a degree of learning disability (Oliver, 1993). In institutions in particular, challenging behaviours are more prevalently demonstrated by boys than by girls (Emerson, 1995). Chronological age has also been demonstrated to be a predictor of challenging behaviour, especially in relation to the onset, duration and type of behaviours presented. A study by Gabony (1991, as cited in Harris, Cook and Upton, 1996), for example, highlighted that whilst younger children were more likely to display behaviours such as head-banging, those more advanced chronologically and communicatively were more likely to show hand-slapping/skin-picking type behaviours. According to research, the mean age of onset for challenging behaviour is around the age of seven years old, with prevalence increasing throughout childhood, until starting to decline in early adulthood (Murphy, Oliver, Corbett, Crayton, Hales, Head and Hall, 1993). This highlights the longevity of such behaviours, the level to which they are deeply ingrained and resistant to change, and emphasises the importance of early identification (Murphy et al., 1993) and the development of appropriate preventative measures. By using knowledge of such precursors, those with predisposing characteristics can be identified and managed proactively, prior to the behaviours developing and becoming entrenched.

Aetiology

The hypothesised 'causes' of challenging behaviour are diverse and far-ranging. Some theories suggest aetiologies inherent within the child; on the other hand, alternative theories attribute the development of challenging behaviour to more extrinsic factors such as the way in which behaviour is managed or non-conducive environmental conditions. A few hypothesise a synthesis of the two.

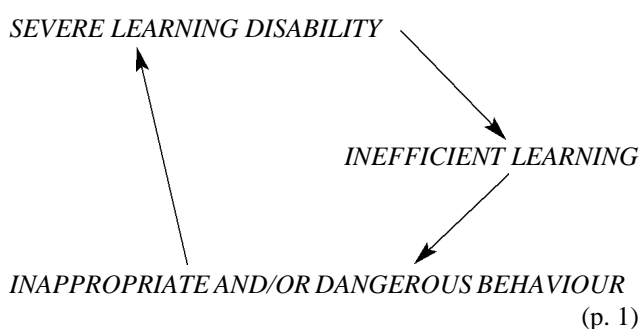
Whilst some of the behaviours elucidated previously are commonly found in all children as they develop chronologically (for example the presentation of tantrums and aggression around the age of two or three), these behaviours become inappropriate when presented later, beyond the maturational 'norm', as may be expected in those with severe learning disabilities. It must not be overlooked, however, that none of the children seen in the Romanian orphanages had the developmental level or ability appropriate to their chronological age. Indeed, in many instances, children were physically delayed by approximately four years or more, with their educational delay being even greater.

Academic profferings have recently been besieged by a plethora of ‘functional’ theories related to challenging behaviour (Oakes, 2000; Repp and Horner, 1999). These have tended to negate some of the previous ‘intrinsic’ hypotheses by proposing that challenging behaviours are demonstrated by individuals with learning difficulties in order to communicate some specified need or serve a particular function (Carr and McDowell, 1980). Since many demonstrate impairments in their repertoire of communication skills, such behaviours allow their needs to be alternatively ‘voiced’. According to Murphy et al. (1993) the range of needs being communicated may include: boredom, pain, anxiety and frustration, to name but a few. Whilst the issue of ‘functionality’ regarding challenging behaviour was foremost in my mind during the preparation and delivery of training, the full extent of its pervasiveness only became apparent upon later reflection.

Analysing the effects

Although I was operating in response to a ‘need’ identified by the Romanian educators, the reasons for tackling challenging behaviour are multifold. The knock-on effects of challenging behaviours, both to the children and educators/care staff involved are ubiquitous and ultimately cyclically destructive in nature. Harris et al. (1996) portray this succinctly in the following quotation and diagram:

At school, the most obvious and damaging consequence of challenging behaviour is that it undermines the provision of appropriate developmental and educational experiences. Thus behaviour, which occurs initially either directly or indirectly as a consequence of a learning disability, often becomes a major obstacle to further learning and development. In the absence of effective intervention to break into this cycle, challenging behaviour is likely to lead to inappropriate or inadequate learning experiences which, in turn, are followed by ever increasing levels of challenging behaviour.



Thus, it is not enough to say that severe learning disabilities cause problems with learning and thus lead to demonstrations of challenging behaviour. Rather, a triadic cycle emerges whereby each of the variables mentioned in some way impacts upon the others and ultimately leads to further and greater levels of disruption to learning.

The risk to learning, though, is by no means the least of the negative effects related to the presentation of challenging behaviour. For the individual themselves, there is also the risk of injury. Likewise there are also varying degrees of risk of injury caused by the methods employed to restrain or control the individual. Whilst I was in Romania it became apparent that a limited repertoire of educational/social methods to reduce the impact of challenging behaviour led to reliance upon mechanical restraints and medical interventions. Many of the children were heavily medicated, resulting in sedation, dizziness, disorientation and other known side effects. This was exacerbated further during my visit by the sudden withdrawal of all medication due to immediate discontinuance of funding by the Romanian government. Other children were restrained by tying them to their cots or nearby piping. Similarly, children who were identified as particularly aggressive (either to others or themselves) had their hands and arms bound for the majority of the day, potentially leading to many physical abnormalities.

Challenging behaviour also generates stress and disruption to those around them, whether it be to their peers or to those who care for them. Managing those with challenging behaviour is an extremely labour intensive and emotive job (Russell and Harris, 1993), with the risk of injury ever present. Unfortunately this level of stress, alongside a limited ability for the child to ‘whistle-blow’, means that children with challenging behaviours in institutions are likely to be the victims of abuse at the hands of their carers. Indeed, many instances of ill treatment were evidenced. This list of effects of challenging behaviour is by no means finite. However it serves to highlight the diverse, negative impact such behaviours can have on those living and working within an institution.

Implemented strategy

Based upon my understanding that the educators required training on dealing with the varying challenging behaviours being presented by the children in their care, I devised a course of training to be implemented on my initial visit. Owing to a pressured schedule (and to make use of the time I spent in Romania most effectively) the preparation for this training took place prior to my departure for Romania on the basis of this requested need, rather than upon my own observations. Similarly it was aimed at lay-person level since the professional training of teachers in Romania is limited and extremely formal – many of the educators had no previous expertise in educating those with such profound special needs. The course was divided into two distinct components which were relayed to the educators via a translator. The first component incorporated an initial didactic exploration of what constitutes ‘problem behaviours’ and how to:

- identify such behaviours
- understand some of the motivations which underlie the behaviour

- recognise the different varieties of behaviour problems and their specific characteristics
- identify children for whom a behaviour modification programme may be suitable
- conduct a baseline assessment
- prioritise and set specific goals for each child
- apply a variety of methods to reduce challenging behaviour
- evaluate their methods and review the children's targets.

The second component was much more practically oriented and involved modelling the process, followed by scaffolding the Romanian educators in their attempts.

The course and training provided was based upon basic methods of behavioural therapy (following the antecedent, behaviour and consequence procedure, described in McBrien and Felce, 1998), supplemented by my own reflections on the need to understand simultaneously the function of the behaviours and the relationships between participating members as well. All the strategies recommended by myself were non-invasive and focused upon positive reinforcement rather than negative.

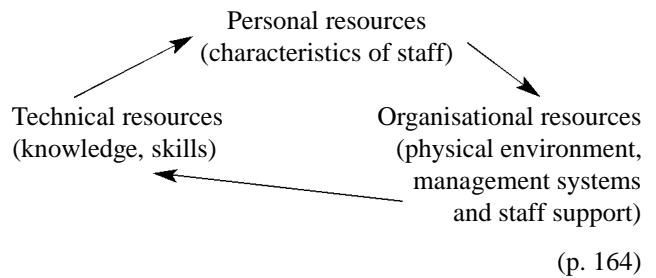
Findings: evaluating worth

During the course of the training, it became apparent that a number of challenges needed to be overcome if it was going to be a success. These centred round differences in perceptions, expectations and values at both a cultural and professional level. For example, during the initial training session I asked the educators to describe the types of behaviours they were witnessing and finding difficult to manage. The majority of suggestions were vague comments such as 'behaves badly' or 'is aggressive', and it was a challenge to help them develop more specific targets. Similarly, over-exaggeration appeared to be a common occurrence. The description of frequency and duration of some of the challenging behaviours presented by particular children, for example, did not correlate with what was observed during baseline assessment sessions. The extent to which behavioural programmes would be effective for such children, therefore, was extremely limited. On a similar level, the actions or responses of the educators to the children were not always appropriate and provided some form of reinforcement for the unwanted behaviour, for example smiling but saying 'no' at the same time, or repeated recitations of 'no', 'no', 'no', exacerbating the child's level of anxiety. Alternative courses of action were modelled at this point. Some of the educators appeared to feel that some children were too difficult to manage as they were having a 'crisis'. Whilst this may be a discordance, in the translation of their verbalisations, it did seem that minor disturbances were perceived by the educators to be of greater magnitude by the educators than by the English professionals. As suggested earlier, this may be due to a feeling of 'perceived helplessness' due to a restricted repertoire of skills to deal with such incidents.

Shift in thinking: looking beyond the challenging behaviour

Alongside these professional issues, it also became apparent that the challenging behaviour of the children was merely a symptom of an ineffective system rather than the cause of the problems. From my observations a multitude of factors came to light, which exacerbated these unwanted behaviours and would hinder the success of any form of behavioural modification programme. As a result I left feeling that the training I had provided was not congruent with the needs presented and that it was aiming at too high a level, to 'treat' problems which could not be treated without immense work being done at a grassroots level first.

The situations the children faced, on both a psychological and physiological level, were far from conducive to learning and highlighted the need to assess the multitude of factors present within the institution which were having a detrimental effect. Harris et al. (1996) offer a triadic theory, which hypothesises that there are three interrelated types of resources needed for successful intervention:



Each of these will be assessed briefly in turn.

Staff: technical and personal resources

A number of issues relating to the professional training of the educators have already been elucidated. However, aside from the educators, it must not be overlooked that there are other members of staff also responsible for the welfare of the children in their care. As the children spend the majority of their time in the 'camin', or living areas, it would not be unreasonable to suggest that their carers, or 'infirmieres', are adequately trained. Unfortunately this is not the case. At a cultural level their status as well as their pay is extremely low, having apparent knock-on effects related to self-perception and motivation to conduct their work well (Clements, 1993), reflecting the social context in Romania that distinguishes the caring duty in orphanages as a fundamentally unskilled role (Mansell, McGill and Emerson, 1994).

It is also well documented in learning disability research that the way behaviour is perceived has a direct effect on how it is managed (Gear et al., 2000). On a cultural level Emerson, Hastings and McGill (1994) argue that beliefs regarding the societal value of the individuals in institutions similarly determine how they are managed (on a financial resources level also). Some of these beliefs may be societal led, others will be much more idiosyncratic in nature.

Whilst not representative of all, challenging behaviour for the vast majority of staff, particularly the infirmieres, evoked reactions of fear, irritation, anger and disgust (Emerson, Hastings and McGill, 1994, p. 215).

Since the formation and maintenance of appropriate relationships are seen as crucial to any form of effective intervention (Harris et al., 1996) it is unsurprising that, with these starkly absent, the interventions alone would not succeed.

Organisational resources: physical environment, management systems and staff support

It was clearly evident from my observations that the physical conditions were not conducive to the provision of a nurturing, 'learning' environment. Institutions, particularly Eastern European orphanages, are renowned for their poor standards and cramped, unstimulating conditions (Horner, 1980) and have been suitably criticised by psychologists and sociologists (Emerson, Felce, McGill and Mansell, 1994). Gear et al. (2000) argues that human beings continually strive for a homeostatic balance, and that:

as our needs around physical survival become more complex, our psychological mechanisms for coping with challenges and defending against perceived threats are also seen to have become more complex.

(p. 17)

This would seem to imply that behaviours such as those presented are concerned with achieving what Maslow (1954) termed 'physiological needs', including needs such as food, drink, oxygen, temperature regulation, rest and activity, and until they are met there will be little progression towards achieving goals further up the hierarchy of needs. Indeed, according to Zentall and Zentall (1983), when an environment is lacking in stimulation, individuals will behave in a manner to increase and regulate their arousal level. McBrien and Felce (1998) explain:

Without help, [those with severe or profound learning disability] they may be able to do very little but wait passively, or repetitively engage in the simple behaviours that they have mastered. Unfortunately, many challenging behaviours are quite simple to do. In the absence of other activity and in the absence of contact from people, these challenging behaviours may be reinforced by the stimulation and social effect they create.

(p. 71)

However, a number of studies have shown that when sensory deprivation is eliminated, the majority of challenging behaviours and stereotypic responses dissipate (Green, 1985). Pleasingly, in the therapy centre/rooms, some moves had been made to achieve this end: they were colourful, bright and stimulating. Unfortunately this had not been translated into the 'camin'(living areas) where the

children spent the majority of their time. This division ultimately led to a number of management/organisational issues which will be addressed next.

From my observations, a major stumbling block to achieving a more effective system lay in the organisational distinction of the therapy centre and the living areas. Although many of the reasons for this were financially oriented, I felt that such a distinction was not conducive to the creation of a cohesive system providing the most effective care possible. Many of the staff from the two units did not interact, and large discrepancies in personal values and training were noted. Similarly, the charitable organisations involved had little, or no, jurisdiction over the living areas at all, leading to a dichotomous management approach. As a result there could be no guaranteed whole-service strategy implemented, leading one to feel that the good work being conducted by the educators was immediately negated once the children returned to the camin. Nowhere is the need for consistency greater than when conducting behaviour management strategies (Murphy and Wilson, 1985). This was certainly exacerbated by the divide between the therapy centre and the camin.

On a similar level, I found that staff had little involvement with the management, resulting in what Mansell et al. (1994) term the practice of 'defensive isolation', whereby the divide between staff and management prevented effective dialogue from taking place.

Complex interaction of conditions

From the analysis of the training provided and an assessment of its limitations, it has become clear that a myriad of 'external' conditions are currently at play. It is not enough to consider the challenging behaviours as an independent variable to be 'treated' but, rather, they should be viewed as a symptom of a complex interaction of conditions destructive to the learning process. As McCue (2000) states:

The legitimacy, applicability and prospective effectiveness of behavioural approaches are limited or unclear when the underlying cause of that distress is not behavioural, but due to other factors.

(p. 245)

Until these are rectified, it would seem that challenging behaviours will continue to be symptomatic of the challenging environment.

Moving forward: recommendations

In the following list of recommendations some are easily achievable, others are somewhat idealistic and will require more intense and radical overhauls. However not to list them would be to negate their importance.

Service level

- *Review of consultation document/completion of own audit* – the staff firstly need to review this document and decide whether or not they concur with its findings.
- *Commitment to improvement and change by all parties* – at present this is not felt to be pervasive amongst all staff. Until there is a willingness and readiness to change, the majority of interventions will be futile.
- *Design of a mission statement* – to ensure commitment to shared goals.
- *Development of a list of priorities* – to ensure manageability and focus.
- *Development of a comprehensive strategy* – which targets resources (albeit limited) proactively rather than reactively.
- *Development of an evaluative system* – which enables any action to be reviewed and evaluated regularly.

Organisational/managerial level

- *Dissolution of division between therapy centres and camins* – to ensure a cohesive system.
- *Development of agreed policies and procedures* – to ensure consistency of approach.
- *Development of a supportive/debriefing system* – which encourages staff to feel involved in decision-making and with channels of communications which are pervasive so they feel enabled to raise concerns (Russell and Harris, 1993).
- *Development of system of record-keeping* – to ensure that children's provision, treatment and progress is documented accurately.

Training/recruitment of personnel

- *Development of clear job specifications for all staff with defined required competences and shared vision* – based upon the premise that carers 'need to be: committed, motivated, consistent and sensitive' (McCue, 2000, p. 246).
- *Development of training strategy* – to allow training to continue throughout year rather than being limited to professional visits from UK, to encourage the sharing of training between all staff rather than solely being focused on the educators.

Environment

- *Commitment to redesign living environments* – to be more stimulating and as method of challenging behaviour prevention.
- *Commitment to ensuring high levels of social contact* – allowing children's needs to be 'voiced' in appropriate ways.

- *Development of a system which encourages the reduction of problem behaviour by the teaching of new constructive behaviours instead.*
- *Equality of access for all to educational provision* – currently some children are receiving educational therapy whilst others receive none.

Future visits/conclusion

This article has aimed to highlight the barriers to successful management of challenging behaviours in institutional settings. These have been found to be pervasive and fundamentally basic in nature and have served to draw attention to the need for functional analyses of behaviour. It has aimed to evaluate current practice and suggest possible routes for change. Ultimately, however, these decisions to change have to be made by the Romanian government. Hopefully this article may be used as a consultation document to stimulate and activate this change. If these recommendations are taken on board, the aim of my next visit will be to support the staff in pursuing specified goals and providing training according to targeted need. Echoing my own sentiments exactly, my primary concern is that:

... attention to challenging behaviour should not take precedence over the quality of the person's life. We do not see action to understand a person's challenging behaviour and action to develop a high quality lifestyle as alternatives; we think that the latter must always be done. Take the example of a person with challenging behaviour who lives in a barren institutional ward where there is little activity, almost total segregation from community life and an impoverished social environment. Concern to improve the person's quality of life is central and exists independently of any aspect of the person's challenging behaviour. Attention to understanding and changing behaviour may be a strand within a strategy to improve lifestyle but is not adequate in itself. It would not be an adequate resolution of the person's needs were he or she to continue to live in the institutional setting but have no challenging behaviour.

(McBrien and Felce, 1998, p. 1)

In my opinion, current practice relies too heavily on a reactive strategy. Indeed, unless moves are made in the correct direction proactively, work conducted there will continue to be overshadowed by Romania's historical legacy. Undeniably the management of the system is symptomatic of the financial constraints under which it is currently run. Without investment and much needed re-education the system will stagnate, leaving a continual battle to try to undo its past mistakes rather than moving forward towards the more efficient, caring and worthwhile organisation which the children and young people deserve. Hopefully this article has gone some way towards motivating that change.

Acknowledgements

I would like to thank the staff of the Romanian orphanages I had the opportunity to work with – their job is a courageous one. Similarly I would like to express gratitude to the professionals from Project Mustard Seed and Health Action Overseas with whom I had the pleasure of working – long may the work continue. Finally I would like to remember the children and young people of Negru Voda and Galati – you taught me a lot. This is for you.

References

- CARR, E. G. and McDOWELL, J. J. (1980) Social control of self-injurious behaviour of organic aetiology. *Behaviour Therapy*, II, 402–409.
- CLEMENTS, J. (1993) Some determinants of Staff Functioning in relation to Behavioural Challenges from People with Learning Disabilities. In C. Kiernan (ed.), *Research to Practice? Implications of Research on the Challenging Behaviour of People with Learning Disability*. England: BILD Publications.
- EMERSON, E., FELCE, D., MCGILL, P. and MANSELL, J. (1994) Introduction. In E. Emerson, P. McGill, and J. Mansell (eds.), *Severe Learning Disabilities and Challenging Behaviours*. London: Chapman & Hall.
- EMERSON, E., HASTINGS, R. and MCGILL, P. (1994) Values, attitudes and service ideology. In E. Emerson, P. McGill and J. Mansell (eds.), *Severe Learning Disabilities and Challenging Behaviours*. London: Chapman & Hall.
- EMERSON, E. (1995) *Challenging Behaviour: Analysis and Intervention in People with Learning Difficulties*. Cambridge: Cambridge University Press.
- GEAR, J., GATES, B. and WRAY, J. (2000) Towards Understanding Behaviour. In J. Gear, B. Gates and J. Wray (eds.), *Behavioural Distress: Concepts and Strategies*. London: Harcourt Publishers Limited.
- GREEN, A. H. (1985) Self-Mutilation in Schizophrenic Children. In G. Murphy and B. Wilson (eds.), *Self-Injurious Behaviour*. Worcs: British Institute of Mental Handicap.
- HARRIS, J., COOK, M. and UPTON, G. (1996) *Pupils with Severe Learning Disabilities who present Challenging Behaviour: A Whole School Approach to Assessment and Intervention*. England: Bild Publications.
- HORNER, R. D. (1980) The effects of an environmental 'enrichment' program on the behaviour of institutionalized profoundly retarded children. *Journal of Applied Behaviour Analysis*, 13, 473–491.
- McBRIEN, J. and FELCE, D. (1998) *Working with People Who Have Severe Learning Difficulty and Challenging Behaviour*. England: BIMH Publications.
- McCUE, M. (2000) Behavioural Interventions. In B. Gates, J. Gear and J. Wray (eds.), *Behavioural Distress: Concepts and Strategies*. London: Harcourt Publishers Limited.
- MANSELL, J., MCGILL, P. and EMERSON, E. (1994) Conceptualizing Service Provision. In E. Emerson, P. McGill and J. Mansell (eds.), *Severe Learning Disabilities and Challenging Behaviours*. London: Chapman & Hall.
- MASLOW, A. (1954) *Motivation and Personality*. Second Edition. New York: Harper and Row.
- MURPHY, G. and WILSON, B. (eds.) (1985) *Self-Injurious Behaviour*. Worcs: British Institute of Mental Handicap.
- MURPHY, G., OLIVER, C., CORBETT, J., CRAYTON, L., HALES, J., HEAD, D. and HALL, S. (1993) Epidemiology of Self-Injury, Characteristics of People with Severe Self-injury and Initial Treatment Outcome. In C. Kiernan (ed.), *Research to Practice? Implications of Research on the Challenging Behaviour of People with Learning Disability*. England: BILD Publications.
- OAKES, P. (2000) *Terminology*. In B. Gates, J. Gear, and J. Wray (eds.), *Behavioural Distress: Concepts and Strategies*. London: Harcourt Publishers Limited.
- OLIVER, C. (1993) Self-Injurious Behaviour: From response to strategy. In C. Kiernan (ed.), *Research to Practice? Implications of Research on the Challenging Behaviour of People with Learning Disability*. England: BILD Publications.
- PIAZZA, C., FISHER, W. W., ROANE, H. S. and HILKER, K. (1999) Predicting and Enhancing the Effectiveness of Reinforcers and Punishers. In A. C. Repp and R. H. Horner (eds) *Functional Analysis of Problem Behaviour: From Effective Assessment to Effective Support*. Belmont: Wadsworth Publishing Company.
- REPP, A. C. and HORNER, R. H. (eds.) (1999) *Functional Analysis of Problem Behaviour: From Effective Assessment to Effective Support*. Belmont: Wadsworth Publishing Company.
- RUSSELL, O. and HARRIS, P. (1993) Assessing the Prevalence of Aggressive Behaviour and the Effectiveness of Interventions. In C. Kiernan (ed.), *Research to Practice? Implications of Research on the Challenging Behaviour of People with Learning Disability*. England: BILD Publications.
- ZARKOWSKA, E. and CLEMENTS, J. (1988) *Problem behaviour in people with severe learning difficulties: a practical guide to a constructional approach*. London: Croom Helm.
- ZENTALL, S. S. and ZENTALL, T. R. (1983) Optimal stimulation: a model of disordered activity and performance in normal and deviant children. *Psychological Bulletin*, 94, 446–471.

Correspondence

Claire Hardman
49 Cranberry Drive
Ladybridge Gardens
Bolton
Lancashire
BL3 4TB
Email: chardman49@hotmail.com