MANAGEMENT OF BEHAVIOUR IN ADULTS WITHINTELLECTUAL DISABILITIES

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ABSTRACT

People with intellectual disabilities experience some forms of behavioural disorders on a frequent basis that may manifest as stereotypies, difficult or disruptive behaviour towards oneself or other people and primarily problems in learning and understanding things. Behaviours also include imposing harm upon oneself or others, and causing destruction of objects or property. These are some of the behavioural traits that one may depict as a result of intellectual disabilities. Therefore, it is vital to understand the ways that may be used in effective management of ones behaviour. The main purpose of this research paper is to understand how to manage the behaviour of adults with intellectual disabilities. The areas that have been highlighted include, causes of intellectual disabilities, management of challenging behaviour, using medication to manage behaviour problems of adults with intellectual disabilities, ways to manage the behaviour of adults with intellectual disabilities, and quality of life assessment for adults with intellectual disabilities.

Keywords: *Intellectual Disabilities, Behaviour, Management, Adults, Life Assessment, Challenges*

INTRODUCTION

Intellectual disability is the disability characterized by significant limitations both in intellectual functioning and in adaptive behaviour. Intellectual functioning involves reasoning, learning and problem solving. The intellectual disabilities cover the range of everyday social and practical skills. The social, behavioural and the practical skills of the individuals get affected by intellectual disabilities. This disability originates among the individuals before the age of 18 years. Intellectual disabilities are not the same as developmental disabilities. Developmental disability is an umbrella term that includes intellectual disabilities but also includes physical disabilities. Some developmental disabilities can be physical, such as visual impairments from birth. Some individuals have both physical and intellectual disabilities, stemming from genetic and other physical causes, e.g. down-syndrome, fetal alcohol syndrome. Sometimes, intellectual disabilities can stem from non-physical causes, such as, the level of child stimulation and adult responsiveness (Common Characteristics of Intellectual Disabilities, 2010).

The effects of intellectual disabilities on adaptive behaviour of individuals may have an impact upon their overall lifestyles. The individuals may have trouble in speaking, may experience problems in remembering things, are unable to understand, how the performance

of various tasks and functions take place, have problems in understanding social rules and policies, have problems in observing the outcomes of their own actions, have trouble in providing solutions to various kinds of problems, are unable to make wise decisions, are unable to think logically, and are unable to depict morality, ethics, standards and principles in their behaviour. About 87% of the people with intellectual disabilities will be slower than average in learning new skills and competencies. When they are children, their limitations may not be apparent; they get diagnosed about their intellectual disabilities, only when they get enrolled in school. As they become adults, many people with intellectual disabilities can live independently and they may not even be considered as having intellectual disabilities (Common Characteristics of Intellectual Disabilities, 2010).

CAUSES OF INTELLECTUAL DISABILITIES

The causes of intellectual disabilities have been stated as follows:

Loneliness – Loneliness is stated as the chronic illness and a distressful state that causes intellectual disabilities. When a person lives in seclusion and does not interact with the other individuals, then his mind-set gets affected in a negative manner and he develops intellectual disabilities. Loneliness upsets the mental balance of the individuals. In higher educational institutions, when a person is conducting research or is working on a project, then it is likely that he should form a team and work in collaboration with others. When a person works in isolation, he is likely to undergo problems and difficulties that tend to cause intellectual disabilities. Collaboration and teamwork among the individuals in educational institutions and organizations are recommended to generate desirable results.

Autism or Cerebral Palsy - Some of the disabling conditions classified as intellectual disabilities, such as autism or cerebral palsy might include intellectual disabilities. Other developmental disabilities, such as, down-syndrome, fetal alcohol syndrome, and fragile X syndrome could well include intellectual disabilities. Intellectual disabilities can also be caused by social factors, such as the level of child stimulation and adult responsiveness. Educational factors, such as the availability of family and educational supports, learning and training provided to the individuals that can promote mental development and greater adaptive skills can contribute in the management of behaviour (Common Characteristics of Intellectual Disabilities, 2010).

Communication Deficit - It is vital for the individuals to establish communication terms with others in order to lead an effective life. Lack of effective communication, in other words, communication deficit is the major cause of intellectual disabilities and mental illness. From the initial stage, parents encourage the child to form a social circle, and during the stage of adulthood, when the person reaches the age of 18 and above, it is essential for him to form a social circle and communicate with the people around. Lack of effective communication impedes the psychological approach of the individuals (Characteristics and Overview of Individuals with Developmental Disabilities, n.d.).

Stress – Stress and tensions upon the mind-sets of the individuals are the causes of intellectual disabilities. When a person reaches the age of 60 and above, tensions and stressful situations in some cases have a severe effect upon the mind-sets of the individuals and cause health problems. When a person is in the condition of stress and feels apprehensive or anxious due to something, then he would certainly not be able to concentrate upon his studies or other tasks. Severe disturbances in one's mood, behaviour, thought processes and or social and interpersonal relationships are the main areas that can cause stress and in turn lead to intellectual disabilities (Characteristics and Overview of Individuals with Developmental Disabilities, n.d.).

Poor Coping Skills –In educational institutions, organizations and within workplaces, it is vital for the individuals to cope and deal adequately with other individuals. There can be people, who may be difficult to cope up with, but when one has to work with them, then it is important to implement tasks and functions in accordance with them. Poor coping skills of the individuals cause intellectual disabilities. When one is unable to adjust in accordance to the needs and requirements of the superiors, or colleagues, or is unable to meet the needs of the subordinates then he develops intellectual disabilities (Characteristics and Overview of Individuals with Developmental Disabilities, n.d.).

Existing Central Nervous System Problems –The individuals may develop intellectual disabilities, when one possess a nervous nature or is unable to understand things easily. When individuals experience problems in establishing connections with others, then they would not be able to develop intellectual disabilities. The existing central nervous system problems cause difficulty in learning and making use of social skills. When a person is unable to remember the concepts and have difficulties in memorizing, then he or she may develop intellectual disabilities (Characteristics and Overview of Individuals with Developmental Disabilities, n.d.).

Past History of Abuse and Neglect –When a person has been abused, either verbally or physically in the past or has been neglected, particularly by one's family members, then he or she may develop intellectual disabilities. There are number of individuals, whose mind- sets have been affected, when they have been abused, mistreated, exploited or neglected. These factors, not only impedes the psychological approach of the individuals, but they also develop intellectual disabilities. Being subjected to different kinds of criminal and violent acts, such as, mistreatment, exploitation, rape, sexual harassment, acid violence, and even murder of a close family member are the main aspects that cause intellectual disabilities (Characteristics and Overview of Individuals with Developmental Disabilities, n.d.).

Difficulties in Understanding and Perception – The other areas that cause intellectual disabilities are, difficulty with attention and perception, having less efficient memory, inadequate problem solving skills, difficulties with logical thought and reasoning, difficulty in applying knowledge and newly acquired skills, difficulty in predicting and comprehending consequences and their actions, and difficulty in understanding social rules, policies, values,

ethics, norms, principles, and standards on the conceptual level (Characteristics and Overview of Individuals with Developmental Disabilities, n.d.).

MANAGEMENT OF CHALLENGING BEHAVIOUR

Approaches for managing challenging behavior include the psychosocial interventions and pharmacological interventions. These have been proposed to address the challenging behaviours in individuals with intellectual disability and the available evidence base for these differs to a large extent between treatments. Some of the treatments and the support for their efficacy have been stated below: (Ali, Blickwedel, & Hassiotis, 2014).

Psychosocial Interventions

Social Interventions - Social interventions for challenging behaviour in people with intellectual disabilities can put emphasis on a range of factors, including level of care, communication and environmental manipulation. Nido-therapy involves making methodical and organized environmental changes, including physical, social and personal to suit the needs of the individuals. The objective is to adapt the environment rather than making an attempt to adapt the person. The environmental changes may include adjustments to the structural environment, and helping the individualsto communicate or support them in achieving long-term goals. Nido-therapy makes available environmental adjustment rather than direct treatment and at present there is no evidence supporting its efficiency for challenging behaviour in people with intellectual disabilities. Active support is another type of social intervention that has been utilized with people with intellectual disabilities. Staff receives training in developing person-centred activity plans for those in their care and receives education on how to inspire them to engage in activities to deflect them from challenging behaviour.

Cognitive Behavioural Therapy (CBT) - Cognitive–behavioural therapy (CBT) has recently been adapted for people with intellectual disabilities. At present, evidence from methodologically research studies is still uncommon for its use as an intervention for challenging behaviour. A Cochrane review of interventions for aggressive behaviour in people with intellectual disabilities identified four studies, three using group-based and one using individual CBT with adults, as appropriate for inclusion. Although improvement was reported in emotional distress, anger management and adaptive functioning on caregiver and self-ratings, the follow-up periods were short and the studies were subject to prejudice. More recently, the effectiveness of cognitive–behavioural interventions with this client group was tested in a cluster randomised controlled trial of a 12-week group-based cognitive–behavioural anger management programme delivered by caregivers. The findings showed no effect in self-reported anger, but significant improvement in anger as rated by paid and family members. The study also demonstrated that the intervention may be delivered by less-qualified staff with reasonable trustworthiness. Therefore, at present, there is some limited support for the use of CBT as an intervention for challenging behaviour in people with intellectual disabilities, but further evaluation is indispensable.

Mindfulness - Mindfulness, which has its origins in Buddhism, has been described as the focusing of one's attention on present experiences with interest, ingenuousness and acceptance. It has been used for a range of clinical problems and can be used both in conjunction with or as an alternative to behavioural approaches. Mindfulness-based interventions have reliably reported positive outcomes in adjusting behaviour. A review evaluating the evidence to date identified 18 studies that used mindfulness either as a stand-alone intervention or as part of acceptance and commitment therapy or dialectical behaviour therapy. Ten of these studies recorded effects on aggressive behaviour and all ten reported reduction in aggression. Some of the other positive effects included a reduction in self-harm and harm to other individuals, reduced self-reports of deviant sexual arousal and a decrease in the management of hostility using medication and restraints by other individuals, including the staff members. However, all the studies were open label and none included comparison with placebo or another control group. Further support is needed in the form of randomised controlled trials and larger samples in order to establish more conclusive evidence regarding the use of mindfulness in the management of challenging behaviours.

Applied Behavioural Analysis and Positive Behavioural Support - The science of applied behavioural analysis involves systematically addressing challenging behaviour using principles of reinforcement and extermination. Since its introduction in the 1960s, the effectiveness of applied behavioural analysis has been illustrated in a large volume of work, including more than 600 studies in the Journal of Applied Behaviour Analysis alone. One of the more recent studies found that its use by a specialist behaviour therapy team, in addition to standard treatment, produced a significant reduction in challenging behaviour measured by the Aberrant Behaviour Checklist and that this positive change was maintained at two year follow-up. Positive behavioural support involves recognizing the purpose of the challenging behaviour and working out a support plan that encourages the development of new skills to reduce the individual's need to engage in the behaviour.

Its focus is on individualised interventions that are based on a clear understanding of the person and the purpose of the behaviour. The interventions aim to develop suitable social, communication and behavioural skills that enable the individual to replace the problem behaviour with a functionally equivalent behaviour that is more appropriate. It avoids the use of aversive measures such as punishment and promotes the use of constructive and assisting approaches. The overall aim is to improve the individual's quality of life by enabling them to have positive social interactions and access new environments.

Pharmacological Interventions

Antipsychotics - Antipsychotic medications are regularly prescribed to people with intellectual disabilities and behavioural disorders. However, there is inadequate data available on their effectiveness in transforming challenging behaviour. There is presently inadequate evidence that antipsychotic medication is either supportive or detrimental for adults with intellectual disabilities and challenging behaviours. The individuals using

antipsychotics had less knowledge about their medication beyond knowing the dosing regimen and generally accepted the side-effects that they were undergoing. This agreement was probably because they were used to relying on other people to make decisions, including those about treatment, on their behalf, and trusting them to be better placed to do so.

Mood Stabilisers –The main use of mood stabilisers is to keep the mood of the individuals in a normal state. A systematic review found less evidence for the efficacy of mood stabilisers in the treatment of explosive and intermittent aggression. Although it found some support of their use in reducing the rigorousness and frequency of antagonistic behaviours, this was the case only for phenytoin, lithium and carbamazepine, oxcarbazepine, and not for valproate or levetiracetam. However, several of the studies were subject to prejudice, and when these were excluded, no significant effect in reducing aggression was found for treatment with mood stabilisers. A major drawback is that the review did not include studies involving people with intellectual disabilities.

Antidepressants - Selective serotonin reuptake inhibitors (SSRIs) have been frequently used for the management of challenging behaviour, although the supporting evidence is contingent or based on small open-label studies. Antidepressants, SSRIs in particular, produced improvement in aggressive and self-injurious behaviour in people with intellectual disabilities in less than 50% of the cases. The effect of antidepressants was most apparent in individuals with an anxiety disorder. However, there is some evidence that fluvoxamine may be useful in reducing challenging behaviour and intellectual disabilities in adults with autism spectrum conditions. Thus, at present, there is a scarcity of evidence on the usefulness of pharmacological interventions for challenging behaviour in intellectual disability, with the exception of autism spectrum disorder, where there is limited evidence for the use of antipsychotic medication. Given concerns about the potential for side-effects, further research of such treatments are needed.

USING MEDICATION TO MANAGE BEHAVIOUR PROBLEMS OF ADULTS WITH INTELLECTUAL DISABILITIES

The organizations that are involved in the caring of adults with intellectual disabilities, for whom medication is either prescribed or considered to manage behaviour problems should train and encourage the prescribers and other relevant individuals to make use of appropriate assessment and review methods for the management of behaviour problems. The ways in which these are put into practice have been stated as follows: (Deb, Clarke, & Unwin, 2006).
Use Assessment and Review Methods – Assessment and review methods are primarily made use of to analyse the intellectual disabilities experienced by the individuals. The management of behaviour problems of the individuals is in accordance to their disabilities. For instance, due to an intellectual disability, a person may turn to be aggressive and violent, these behavioural traits are not considered to be acceptable within the society, or at home, therefore, assessment and review methods are required to be put into practice in an efficient manner to provide remedies to intellectual disabilities.

Use Accessible Information –Organizations need to ensure that information about managing behaviour problems, including the suggestions and adverse effects of any medication that is prescribed for this purpose, is available in a format that is accessible to the adults, with intellectual disabilities and their caregivers. It is important to take into consideration that the extent of medication should be appropriate and in accordance to the needs and requirements of adults.

Document Clinical Practice - People administering the medication should have basic knowledge of the purpose of the medication, medication group, common and serious adverse effects and the action obligatory to deal with them, and of any contra-indication for not using the medication for a particular person. People administering medication should check that it is administered at the correct time of the day, and in concern to the meal timings. The sequence for giving several medications should be appropriate.

The Right Dose of Medication - The right dose of medication must always beadministered. If the dose is doubtful, then one should always check the instruction given bythe prescriber or check with another staff member. Communication with the prescriber is important particularly, if any changes to dosage have been made. All those involved inadministering medication should be informed and be aware if any recent changes in the dosehave been made. Recent loss or gain in weight, possible antipathies and the correctmeasurement for liquid formula should always be taken into account.

Withdrawal of Medication - The prescriber is the one who can consider withdrawing medication. Nevertheless, the decision about whento withdraws as well as the rate and timing of withdrawal should be based on individual circumstances and the purpose of medication. For long-term treatments, withdrawal should be considered within six to twelve months. The rate of withdrawal depends on the type of medication used, the relentlessness of behaviour, the availability of non-medication management options, and previous response to withdrawal. The decision to withdraw medication should only be made after discussion with the person or his family members or caregivers, and when essential with other pertinent professionals. In the case of a difference of opinion, a multidisciplinary meeting should be organised, bearing in mind the best interests of the individual.

WAYS TO MANAGE THE BEHAVIOUR OF ADULTS WITH INTELLECTUAL DISABILITIES

The principles that are needed to be understood in supporting people with intellectual disabilities have been stated as follows: (Characteristics and Overview of Individuals with Developmental Disabilities, n.d.).

Treating People Equally – The people with intellectual disabilities should be treated with respect, dignity and fairness. In educational institutions and workplaces, they should be provided with equal rights and opportunities that are necessary to render an adequate job performance. Intellectual disabilities may not completely obstruct the mind-sets of the

individuals. In some cases, they may be slow in understanding things, but they will be able to acquire an understanding, when explained properly. Provision of equal opportunities will make them feel contented that they are not discriminated against.

of other tasks and functions too, such as, performance of household chores, preparation of meals, going for morning walks etc. When individuals have natural supports, they are able to find solutions to all kinds of problems with obtaining ideas and suggestions from others. People First – People first means that people should be considered first and their disability should be considered as second. The individuals with disabilities should be considered first, especially when enrolment takes place in educational institutions and training centre's. One should possess the viewpoint that all human beings have the right to education and to earn their living. Intellectual disabilities should not become barriers within the course of attainment of goals and objectives. Trainers and instructors are required to put in their efforts to make improvements in the instructional methods. The individuals, should not be made to realize that they suffer from intellectual disabilities, and they should be treated the same as other people.

Build and Support Relationships –When amiable and sociable family members, relatives, friends and community members are around, then these individuals will be able to form effective terms and relationships with them and hence will be able to manage their behaviour. Building and supporting terms, relationships and a well-managed social circle does render an effective contribution in management of behaviour of adults with intellectual disabilities. In various forms of intellectual disabilities, obtaining help and support from others contribute in not only management of behaviour but also in providing solutions to the problems.

Utilize Natural Supports – The natural supports include friends and members of the community. There are number of elderly individuals, who live alone and do not have family members around. In order to manage their behaviour, it is essential for them to utilize natural supports, which include, friends and community members. The support of friends and community members, not only help in managing their behaviour, but they provide assistance in the implementation

Support Community Involvement – Staying isolated from the community is one of the aspects that augment intellectual disabilities and cause problems in the management of behaviour. Adults, especially those who are unemployed or have not been engaged in some job need to support community involvement to manage their behaviour as well as to promote welfare of the community. When a person is occupied with some task or job, then he feels that he can depict regular and standardized behavioural traits. The reason being, that any kindof job or work requires an individual to be consistent in their behaviour.

Support Active Participation – Active participation in events, functions, seminars, and other community jobs are regarded as aspects that would render an effective contribution in the management of behaviour of the adults with intellectual disabilities. In some communities,

in religious places and in other organizations, there are organization of cultural, traditional, educational and artistic programs, in which adults support active participation. Active participation in these programs not only enables them to manage their behaviour, but they are able to learn, acquire an efficient understanding and provide solutions to intellectual disabilities that they experience.

Sensitivity to Individual Rights – The people with intellectual disabilities are also provided with certain rights, such as right to vote, right to practice own religion, right to practice employment of his or her own choice, right to education, right to travel to another place or region, and right to constitutional remedies. These individuals should be made aware of their fundamental rights and duties and their disabilities should not become impediments within the course of pursuance of their rights. It is important for them to remain occupied in some kinds of functions and activities, whether they carry them out within the home or outside the home.

Maintain Routines and Rhythms – It is crucial for all the individuals to maintain a systematic routine and rhythm in their lives. The maintenance of routines enables the individuals to carry out all the activities and functions in a systematic and methodical manner and he also learns how to manage the time in an appropriate manner. Rhythms mean that one should implement and make use of things in proper quantities. An individual's routine and rhythm prevents leading an unsystematic lifestyle. One of the major benefits of maintenance of routines and rhythms is, one is able to plan and implement all kinds of tasks that he is supposed to carry out in a day and will not be able to give up anything.

Age Appropriate Activities – The activities of the individuals need to be in accordance to the age. Intellectual disabilities among adults should not become barriers within the course of management of their behaviour. One should carry out daily routine activities and functions in accordance to the age. For instance, when a 30 year old adult with intellectual disability gets involved in some sport or physical activities, then it is considered normal. Physical activities are regarded as suitable for individuals belonging to all age groups. The family members or professionals or experts need to help the person to get involved in age appropriate activities, so that he feels satisfied and pleasurable and is able to manage his behaviour.

Enhance Quality in a Person's Life –The meaning of the term quality is excellence, eminence, superiority, value and worth. The persons with intellectual disabilities should work to enhance quality and excellence within their lives. The tasks, functions and activities of the individuals should be implemented in such a manner that they should contribute in enhancing the quality in a person's life. These individuals should work towards improvement of their skills and abilities. Quality can be enhanced by getting engaged in various tasks that may contribute in improving the intellectual abilities, skills and proficiency among the individuals. These include, reading, writing, learning different forms of creative activities and so forth.

Psychiatric Evaluation of Behaviour - High rates of aggressive and rebellious behaviours have been reported as a feature of psychopathology in people with intellectual disabilities. The joint report by the Royal College of Psychiatrists, BritishPsychological Society & Royal College of Speech and Language Therapists (2007) has suggested four ways in which challenging behaviour may be related to psychiatric disorder. Different patterns of behaviour disturbances can be observed in patients with psychiatric conditions. Aggressive behaviour is a common manifestation of psychoses, including schizophrenia, and may be detected in personality disorders. Less common aggression is present in bipolar disorders, depression, and anxiety disorders. Substance abuse can cause aggressive behaviour, both during phases of acute intoxication and deprivation. In each case, the etiology is habitually identified by watchful psychiatric evaluation (Kerr, Nagel, Glynn, Mula, Thompson, &Zuberi, 2013).

Direct Observation – Behaviour problems that may develop among adults as a result of intellectual disabilities can be managed by direct observation by the family members and caregivers. When the family members may observe that the behaviour does not depict normal and regular features, they may suggest remedies in order to provide solutions to behavioural problems. When parents may detect the intellectual disabilities of their children at an early age, then it would not assume a major form, when they grow up.Functional analysis may be beneficial to explain the circumstances under which problem behaviours may arise, or the purpose of that behaviour. In addition to this a number of tools have been researched and validated for use by caregiversand professionals working with people with intellectual disabilities, for example, the Aberrant Behaviour Checklist in adults (Kerr, Nagel, Glynn, Mula, Thompson, &Zuberi, 2013).

QUALITY OF LIFE ASSESSMENT FOR ADULTS WITH INTELLECTUAL DISABILITIES

The quality of life assessment for adults with intellectual disabilities has been stated as follows: (Conner, 2016).

Shalock, Keith and Hoffman, 1990 - Based on an early multidimensional theory, Shalock, Keith, and Hoffman developed the Quality of Life Questionnaire in 1990. This tool at the initial stage comprised of three domains, environmental control, community involvement, and social relations. The three domain theory and the assessment tool were subsequently revised in 1993, with the revision of the three previous domain categories and the addition of a fourth domain: satisfaction, productivity, empowerment, and social belonging. The Quality of Life Questionnaire (QOLQ) has been used comprehensively and validated in multiple countries. This four domain theory, while still represented by the use of the QOLQ, is no longer preferred by its authors in light of the eight domain theory posed by Shalock and Verdugo beginning in 1996.

World Health Organization, 1995 - The World Health Organization (WHO) initiated the development of an international QOL assessment to make it possible to consider QOL from a multicultural perspective as well as to contribute to clarifying the QOL concept at an

individual, social, and cultural level. Three agreed upon characteristics of QOL were identified in the literature, QOL is subjective, multi-dimensional, and includes both positive and negative dimensions. The WHOQOL group (1995) identified its six domains: physical, psychological level of independence, social relationships, environment, and spirituality, religion, and personal beliefs. Within each domain, there are sub-domains or features.

Rather than formulating these domains exclusively from a review of the existing literature, the WHOQOL group (1995) followed a process of several steps. Initially the principal investigators conscripted a provisional list of domains and features from current research. Using these lists, focus groups from 15 different field centers and countries clarified each domain and detailed definitions of each feature, considering cultural implications. Multiple rounds of focus groups were then facilitated to refine the domains, facets, and definitions. Sub-populations represented in the focus groups included persons using health services, persons from the general population, and health personnel. This process was not specific to persons with intellectual disabilities. The WHOQOL-DIS assessment tool, which is precise for persons with intellectual disabilities, was developed based on the WHO domain theory.
Felce and Perry, 1995 - Felce and Perry (1995) undertook a literature review to recognize overlap between authors and synthesize domains relevant to QOL. The adults with intellectual disabilities, those with physical disabilities, and those with mental health diagnoses are taken into consideration. They identified five major categories of QOL domains through this process: physical well-being, material well-being, social well-being, emotional well-being, and productive well-being. Felce (1997) expanded his theory by adding an additional domain in 1997, and civic well-being. This domain was added following review of Shalock's 1996 book chapter discussed below in the Shalock and Verdugo, 2002 theory. Felce pointed out that there is a note worthy intersection with other domain theories and states he is not precisely set on the domain categories, as long as the content is covered. QOL is defined as; quality of life establishes a general well-being influenced by objective circumstances and subjective perceptions across a variety of life domain issues. Their review does not specifically recognize indicators, however does include topics sub-grouped within each domain.

Cummins, 1997 - Robert Cummins (1997) introduces his chapter on assessing QOL in Quality of Life for People with Disabilities with the emphasis that QOL concepts are not unique to people with intellectual disabilities and should relate to people both with and without disabilities. Additionally, he describes three propositions that have general acceptance in the literature in relation to the definition of QOL at this time, the term QOL refers to both objective and subjective axis, the objective axis incorporates norm-referenced measures of wellbeing, and the subjective axis incorporates measures of perceived wellbeing, also called subjective well-being. Cummins points out that there is less agreement as to the number or the scope of QOL domains and uses 27 definitions in the relevant literature across all populations to determine the domains supported by the research at that time.

Five domains were initially identified as material, health, productivity, and intimacy and emotional. Cummins (1997) argues that, based on the evidence, these five domains should be included in any QOL definition or model. Cummins (1997) projected two additional domains, safety and community, both of which were also represented to a lesser extent in the review of definitions. Cummins developed the Comprehensive Quality of Life Scale (1993) based on the following definition of QOL. Quality of life is both objective and subjective, each axis being the aggregate of seven domains: material well-being, health, productivity, intimacy, safety, community, and emotional well-being. Along with the previously mentioned Quality of Life Questionnaire, the Comprehensive Quality of Life Scale has been comprehensively used and authorized in several countries.

In more recent years, Cummins has focused his research explicitly on subjective wellbeing. He argues that subjective wellbeing may be the single most important subjective measure in a hierarchical QOL construct. Cummins has taken this specific subjective measure and reworked the satisfaction scale of the Comprehensive Quality of Life Scale into the Personal Wellbeing Index. The Personal Wellbeing Index is theoretically embedded in the seven domain theory and continues to be utilized with general adult samples as well as persons with intellectual disabilities on a large scale in Australia. Cummins advocates the measurement of subjective wellbeing at a population level to inform policy, to form society, and to distribute resources in ways that would improve the wellbeing of the population.

Shalock and Verdugo, 2002 - This theory was initially introduced by Shalock in 1996 in a book chapter titled “Reconsidering the conceptualization and measurement of quality of life”. Shalock re-examined his previous four domain theory posed with Keith and Hoffman (1990) and moved to a more vigorous eight domain theory. This theory elucidated objective and subjective indicators and expanded the domains based on a synthesis of international research in the area of quality of life for persons with intellectual disabilities. The eight domains included in this theory are, emotional well-being, interpersonal relations, material well-being, personnel development, physical well-being, self-determination, social inclusion, and rights. An analysis of the international QOL literature identified the three most common indicators for each of the eight core domains, resulting in the 24 indicators that are includedin this theory.

Shalock and Verdugo (2002) suggest that researchers should move to consensus on core QOL domains and indicators, this suggestion is regular with the aspirationarti culated by Felce (1997) to synthesize information in domain areas and concerns with the lack of a single definition or theory presented by Wolfensberger (1994). Beginning with the introduction of this theory, international literature replicates an increasing consensus on the eight domains posed by Shalock and Verdugo. Additionally, work by the IASSID also characterizes this desire for consensus. However, while Cummins recognizes the harmony between domain listings, he points out that few are based on a theoretical justification and endorses the development of a testable and hierarchical domain theory for the future of the QOL construct. Shalock and Verdugoendure with application of this

eight domain theory to the present day, as do many other QOL researchers. Additional empirical support through published research has evidenced its validity, substantiated its factor structure and cross- cultural validity, and acknowledged the role of mediating and moderating variables. This domain theory is increasingly applied to fields beyond areas of intellectual disabilities, including ageing, physical disability, mental health, special education, chemical dependency, and other vulnerable populations. It appears that with ongoing longitudinal and cross-cultural research this eight domain theory may fulfill Cummin's (2005a) concerns for a more theoretical justification of the QOL construct. Numerous QOL assessment tools have been developed based on this theory.

CONCLUSION

The management of behaviour in adults with intellectual disabilities is not regarded as a difficult area, but one should take into consideration proper procedures and methods, so that one will be able to live an efficient life. The occurrence of behavioural problems among adults with intellectual disabilities may be due to a number of underlying causes including unrecognized physical or mental illness, seizure activity, communication difficulties, issues surrounding the individual's physical or social environment, or early stages of autoimmune encephalopathy. As such, it is important that the assessment of these symptoms is conducted with consideration of these factors, and appropriate management should be put into practiceat the earliest opportunity.

Some of the important ways that need to get utilized are, equal treatment, availability of equal rights and opportunities, involvement and participation of the individuals in different activities and functions, development of effective communication skills, enhancing quality within the lives of the individuals, getting involved in age appropriate activities, maintaining routines and rhythms, direct observation, psychiatric evaluation of behaviour and building and supporting relationships. Using medication is also one of the techniques of managing the behaviour problems in adults with intellectual disabilities. When one or more of these strategies are implemented in an appropriate manner, then management of behaviour in adultswith intellectual disabilities can take place in an operative manner.

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