Aggression and Related Conduct Difficulties

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INTRODUCTION

It is well documented that one of the more prevalent, chronic, and socially disruptive problems among those with mental retardation is that of aggressive behavior and related difficulties of conduct. Eyman and Call (1977), for example, investigated the prevalence of maladaptive behaviors among groups of individuals with mental retardation living in institutions, in community facilities, and with their parents. They reported that 45% of the institutionalized sample, 20% of persons in community facilities, and 20% of those living with their parents threatened to or actually did engage in physical violence to other people. Evidence of the durability of aggression and related conduct difficulties is provided by Eyman, Borthwick, and Miller (1981). These researchers evaluated the changes in maladaptive behaviors (e.g., threatens or does physical damage to others, damages own or others' property, uses profane or hostile language) over a 2-year period in groups of persons with mental retardation residing either in residential facilities or in various community placements. As is typical, the institutional group exhibited more maladaptive behaviors than did the community groups. Also, the less severe the level of mental retardation, the more severe the maladaptive behavior in the institutional group. Of most interest was the finding that "whatever maladaptive behavior was present at the time of the individual's referral for service did not significantly change over a two-year-period for any of the subgroups of clients studied" (Eyman et al., 1981, p. 476). Further support of this observation is provided by Koller, Richardson, Katz, and McLaren (1983) who reported that 33% of individuals studied in childhood and later as young adults presented recurring aggressive conduct disorders.

Physical violence toward others and to property, explosive outbursts, temper tantrums, and other disruptive actions, such as taunting peers, verbal
and nonverbal threats of violence, screaming, and extreme negativism, all interfere with the development and occurrence of adaptive behaviors, including desired social relationships and interactions. As chronic difficulties of conduct are aversive to others and represent actual or potential safety hazards, these behaviors often result in dismissal or exclusion from educational, recreational, rehabilitation, community residential, and vocational programs.

The list that follows centers upon the more specific effects of chronic conduct difficulties of persons with mental retardation:

1. **Referral for mental health services.** Reiss (1982) and Benson (1985) reported that aggression and oppositional behaviors represent the most frequently occurring problems (30%) that are referred to a metropolitan mental health program serving those with mental retardation. Similarly, Szymanski and Leaverton (1980) identified aggression as the problem most frequently referred for psychiatric consultation among groups of persons with mental retardation who are attending special education programs.

2. **Management concerns in educational programs.** In studying behavior problems among the more severely mentally retarded persons attending educational programs in residential and community settings, Wehman and McLaughlin (1979) found aggression, temper tantrums, and property destruction not only to be prevalent but also to create the greatest management concerns among staff.

3. **Failure in competitive employment.** Studies reveal that acting-out and related conduct difficulties contribute significantly to the competitive employment failures of persons with mental retardation (Greenspan & Shoultz, 1981).

4. **Increased likelihood of abuse.** Rusch, Hall, and Griffin (1986) presented data that suggest there is an increased likelihood among those persons who present problems of aggression and other conduct difficulties of becoming a victim of physical abuse from institutional staff members.

5. **Initial institutional placement.** It is well documented that the presence of conduct difficulties has been associated with initial placement in an institutional setting (Thorsheim & Bruininks, 1979).

6. **Difficulties in being selected for community placement.** Borthwick-Duffy, Eyman, and White (1987) reported that among those remaining in institutional settings instead of being selected for placement into less restrictive community living are persons who present difficult problems of conduct. These current findings are consistent with those personal barriers to de-institutionalization reported a decade ago by Eyman and Call (1977) who noted that “chronic problems of self-violence, violence to others, and damaging property represent the types of behaviors that will surely persist as obstacles to community placement for large numbers of retarded individuals” (p. 143).

7. **Community failure and reinstitutionalization.** Conduct difficulties represent a major factor in community adjustment failure of those persons who have been placed from institutional settings (Heal, Sigelman, & Switsky, 1978; Schalock, Harper, & Genung, 1981).

Additionally, persons with conduct difficulties are less likely to be se-