



- AN INTERACTIVE TUTORIAL -
Using a Team Approach to Support Adults with
Developmental Disability and
Challenging Behaviour

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Handouts on CNSC website

<http://www.community-networks.ca/en/vchandouts>



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How to submit your Feedback about today's session?



Survey Monkey questionnaire

- ✓ QR matrix bar code on handout; OR
- ✓ Survey Monkey web link on handout:
<https://www.surveymonkey.com/s/March-6-2014>
- ✓ Community Networks website to access survey link:
www.community-networks.ca

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Learning Objectives

Participants will be able to:

1. Define "challenging behaviour" and other related terms found in Ontario's Regulation on Quality Assurance Measures (QAM Reg 299/10);
2. Describe the Biopsychosocial Model and identify biopsychosocial vulnerabilities;
3. Identify key factors in observing challenging behaviours within a multidisciplinary approach; and
4. Incorporate the multidisciplinary approach in supporting adults who have challenging behaviour

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Regulation 299/10 on Quality Assurance Measures (QAM)

- New regulation in Ontario is part of the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities (DD) Act, 2008*
- QAM rules for agencies came into effect January 1, 2011
- "A person has a developmental disability for the purposes of this Act if the person has the prescribed significant limitations in cognitive functioning and adaptive functioning and those limitations
 - a) originated before the person reached 18 years of age;
 - b) are likely to be life-long in nature; and
 - c) affect areas of major life activity, such as personal care, language skills, learning abilities, the capacity to live independently as an adult or any other prescribed activity."

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Act Applies to these Services and Supports

- Residential services and supports
- Activities of daily living services and supports (self-help, money management, transportation, etc.)
- Community participation services and supports (social, recreational, work, volunteering)
- Caregiver respite services and supports
- Professional and specialized services (psychologist, social worker, SLP, etc.)
- Person-directed planning services and supports (life vision and goals)
- Any other prescribed services and supports

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‘Challenging Behaviour’ as defined in QAM Reg 299/10, Part III

“challenging behaviour” means behaviour that is aggressive or injurious to self or to others or that causes property damage or both and that limits the ability of the person with a developmental disability to participate in daily life activities and in the community or to learn new skills or that is any combination of them

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Case Study #1 - Marc

Marc is a non-verbal 32-year-old man. Marc is a pleasant man who is generally in a good mood. When he is awake, he spends most of his time making “mmmmmmmm” sounds, sometimes for hours on end. This constant vocalizing disturbs staff and annoys them.

You want to reduce the frequency of Marc’s vocalizations.

Question:

Depending on your role, how would you approach this?

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What is wrong with traditional interpretations about problem behaviour?

- Why does Johnny tantrum?

He does it (tantrum) because he has some disorder, or he is impulsive or immature (supposedly a stable trait), negates an analysis of contextual factors

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Behaviour: What it is and what it is not

What it is

- Something we can see
- Something we can hear
- Observable
- Measurable
- Communication

What it is not

- Label (e.g., tantrum, self-esteem, sad, bad mood, happy, miserable)
- Judgement

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Is it a behaviour to target for change? Questions to ask

- Is the behaviour a danger to self or others?
- Is the behaviour targeted for change going to benefit the person or was it chosen primarily for the benefit of others?
- Is it habilitative (i.e., maximizes positive outcomes and minimizes negative ones)?
- Will the change of the targeted behaviour result in reinforcement from the natural environment?
- Will change of targeted behaviour increase participation in other activities or environments?

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Is it a behaviour to target for change?

Questions to ask

- Will it increase interactions with others in his environments?
- Have adaptive behaviours (functional communication training, anger management, social/coping skills) to teach been added to replace the challenging behaviour?

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Biopsychosocial Model

- The model was theorized by psychiatrist George L. Engel in 1977 at the University of Rochester
- He theorized that any clinical condition (medical, surgical or psychiatric) can either be seen narrowly as just biological or more widely as a condition with psychological and social components, which will impact a patient's understanding of his/ her condition and will affect the clinical course of that condition.

Sourced from Wikipedia, the free encyclopedia – Feb 25, 2014

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BioPsychoSocial Model

For all people, behaviour is the result of multiple factors:

- Physical (BIO)
- Thoughts and emotions (PSYCHO)
- Environmental and people in the environment (SOCIAL)

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Biopsychosocial Model

Challenging behaviours may be influenced by any combination of the following factors:

BIO

- Medical illness
- Medication side effects
- Hereditary factors
- Behavioural phenotypes of syndromes of intellectual disability
- Sensory issues

PSYCHO

- Psychiatric history
- Learning history
- Cognitive skills/profile
- Communication skills

SOCIAL

- Social history and relationships
- Social network and support
- Meaningful community activities and quality of life

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Application of the Biopsychosocial model of assessment

Involvement of multiple professions, clinicians with specific areas of understanding, direct supports, family members and/or the individual, all working together on the multidisciplinary team:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Parents / caregivers • Individual supported • Family Physician • Psychiatrist • Psychologist • Behaviour Therapist | <ul style="list-style-type: none"> • Speech-Language Pathologist • Occupational Therapist • Nurse • Physiotherapist • Front line direct support professional • Social Worker |
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Importance of **observation**

- Objectively report what you observe
 - Everybody is recording the behaviour the same way – operational definition
 - It contains elements that can be seen and/or heard

E.g., reporting 'he is self-injurious' is vague and can represent various behaviours; however, reporting 'instances of banging his head on a hard surface and hitting his hand to his head' accompanied by him saying "I hate myself" statements results in a clear definition of what to observe

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Importance of *measurability*

- We need to be recording the same information if we want to effect change – definitions and method of data recording needs to be uniform across observers
- Need to determine a standard way to measure (duration, frequency, etc.)

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Behaviour definitions

Too generic

- Self-injurious behaviour

Operational

- Low level SIB includes picking hair out of head and tiny pinches to the skin, that do not leave marks.
- High level SIB includes hitting self in the head with an opened or close hand, banging head against wall, table or other surfaces, scratching self, and biting self. These behaviours may occur together in any combination, or may appear in isolation.

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Behaviour definitions

Too generic

- Negative thought/ talk

Operational

- include talking about others trying to "upset" or "cause her problems",
- trying to get staff to take her side, and perseverating on events that have upset her in the past.
- use words such as "I don't like", "I can't", "this is stupid" "she bothers me" or other such statements.

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Behaviour is *communication*

- People with developmental disabilities often have limited expressive and receptive communication
- Those limited abilities can be expressed through challenging behaviour
- Their aggression, self-injurious behaviour, property destruction (operationally defined) serves a purpose – people are trying to tell us something -- known as the function of behaviour
- The reason behind the behaviour can be determined by a Functional Behaviour Assessment conducted by a trained professional in collaboration with a multidisciplinary team

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What is the person trying to communicate?

- Does the person want something (social interaction or tangible object)?
- Does the person want to escape or avoid something

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Wanting

Function

- Someone (attention through social interaction, activities, etc.)
- Something (tangible)
- Stimulation (sensory)

Example of what the person is trying to communicate

- "Can you talk or do something with me?"
- "Can I have an object?"
- "Can we go get a hamburger?"
- "I want to take a bath."
- "I'm bored."
- "I need to move."
- "I'm hungry."

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Escaping/avoiding

Function

- Someone
- Something (tangible)
- Stimulation (sensory)

Example of what the person is trying to communicate

- "Go away. I want to be alone."
- "I'm not doing my chores."
- "I don't want to go to work today."
- "I'm so itchy."
- "I have a headache."

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- In order to help the person express his/ her needs in a different way, you must determine the function of the behaviour.

– There may be multiple functions for one behaviour

OR

– There may be several behaviours (i.e., aggression, self-injurious behaviour, etc.), with each serving different functions

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Next Steps

- Assessment is essential in the development of a behaviour support plan (BSP)
- This should involve input from a multidisciplinary team

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Data Collection

- Necessary tool to see if BSP is working
- Operational definition must be written before data collection is started
- Ways to take data
 - Frequency – how many times did the behaviour happen?
 - Duration – How long did the behaviour occur from beginning to end (as per definition)?
 - Latency – How long between giving the instruction and the person starting to complete it?

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Proactive Approaches

- | | |
|--|--|
| <ul style="list-style-type: none"> • Rapport building • Teaching new skills and/or coping strategies • Teaching functional communication • Communication strategies • Adapting the environment • Increasing intimate relationships | <ul style="list-style-type: none"> • Person Centered Planning <ul style="list-style-type: none"> - MAPS - PATH • Praise/ Reinforcement • Quality of life and access to meaningful activities |
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Case Study #2 - Michael

- Please take 5 to 6 minutes to review case history
- Keep the following questions in mind as you discuss the case in your group
- Mute sites for this group work

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Questions regarding Michael

1. Operationally define the challenging behaviours according to QAM legislation Reg 299/10?
2. Using a Biopsychosocial approach, identify factors that could be affecting Michael's behaviour? Identify BIO, PSYCHO, SOCIAL variables.
3. What are your next steps?
4. What clinical experts and supports would you bring in to make a positive impact on Michael's life?

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Application of the Biopsychosocial Model to Understand Behaviour

Operationally defined behaviour	Bio (medical)	Psycho	Social	Plan

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Importance of a **multidisciplinary team**

- Different areas of speciality
- Focus on different areas of need (biological, psychological, social, and environmental factors)
- Work together to obtain greater improvement
- Focus on the all aspects of the person

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Resource Weblinks

- Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008. ONTARIO REGULATION 299/10 QUALITY ASSURANCE MEASURES
http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_100299_e.htm
- A Guide to the Regulation on Quality Assurance Measures
http://www.mcass.gov.on.ca/documents/en/mcass/publications/developmental/DS_PlainLangGuide_ENG_web.pdf

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References

- Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008. ONTARIO REGULATION 299/10 QUALITY ASSURANCE MEASURES
http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_100299_e.htm
- Biopsychosocial Model Factors – Diagrams and Glossary. Community Living North Bay Clinical Services. Special acknowledgement to Kurtis Robinson Services Team, Dec 2011.

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Questions?

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