SUPPORT OF NDIS CLIENTS

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The history behind an evolving concept of ASD

- The term autism first was used by psychiatrist **Eugen Bleuler** in 1908.

- He used it to describe a schizophrenic patient who had withdrawn into his own world.

- The Greek word "autós" meant self and the word "autism" was used by Bleuler to mean morbid self-admiration and withdrawal within self.

The history behind an evolving concept of ASD

- The pioneers in research into autism were **Hans Asperger** and **Leo Kanner**.

- They were working separately in the 1940's. Asperger described very able children, while Kanner described children who were severely affected.

- Their views remained useful for physicians for the next three decades.

THE THREE FUNCTIONAL LEVELS OF AUTISM

ASD Level 1
Requiring Support

difficulty initiating social interactions

organisation and planning problems can hamper independence

ASD Level 2
Requiring Substantial Support

social interactions limited to narrow special interests

frequent restricted/ repetitive behaviours

ASD Level 3
Requiring Very Substantial Support

severe deficits in verbal and nonverbal social communication skills

great distress/difficulty changing actions or focus

ABC
Autism Behavioral Center

Anxiety in children and adolescents with ASD

- Anxiety symptoms and disorders are highly prevalent in children and adolescents with ASD, although they are misdiagnosed and unrecognised.

- MacNeil, Lopez and Minnes (2009) did a meta-analysis and found that individuals with ASD have a 55,3% - 84.1% incidence of anxiety disorders.

- Several studies have shown that parents with children with ASD showed much higher levels of anxiety and depression when compared with the normal population.

General Statistics on Anxiety

- According to the Australian National Mental Health Survey, 2014-15, there were 4 million Australians (17.5% of the population) who reported having a mental disorder.

- Anxiety-related conditions were most frequently reported (2.6 million people or 11.2% of the population).

- The economic costs involved is ~$15 billion per year (Australian Government, National Mental Health Commission, 2016).

Anxiety and Clients with an ASD
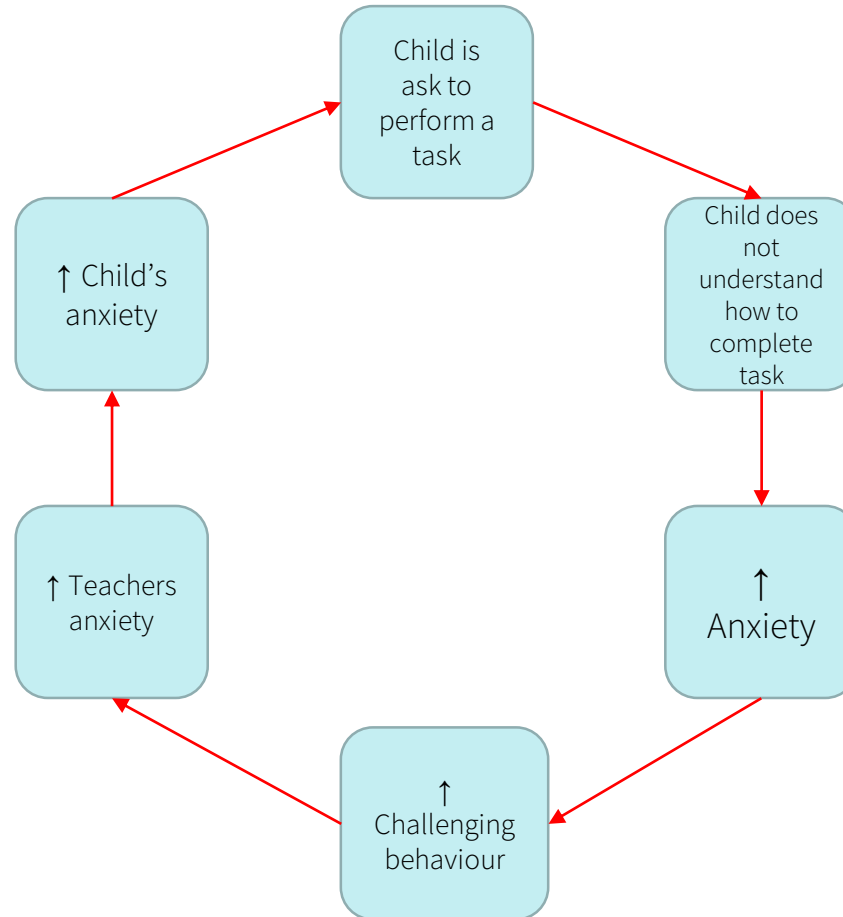
A **person-centred approach** to anxiety treatment

1. Structured intake interview:
   - Demographic information;
   - History;
   - Tests.

2. Analysis of information including interpretation of tests and completion of a Functional Behaviour Assessment (FBA) analysis

3. Developing a person-centred treatment plan.

APPLIED BEHAVIOUR ANALYSIS FEATURES

FOCUS ON BEHAVIOUR

- Applied Behaviour Analysis (ABA) is designed to change behaviour rather than a personal characteristic or trait. Thus, the process of labeling and classifying client symptoms is not central to this approach.

- This means that ABA cannot be used to change autism (the label) it is designed to alter the difficult behaviours exhibited by people with autism.

The specific targets for change during the practice of ABA fall into two classes:

- **Behavioural Excess**: is defined as a difficult behaviour the client would like to decrease in frequency, duration, or intensity.

- **Behavioural Deficit**: is a desirable behaviour the client would like to increase in frequency, duration, or intensity.

- STEP 1 is to define the behaviour of concern (overt vs. covert).

APPLIED BEHAVIOUR ANALYSIS FEATURES

Model for conceptualising behaviour is based on the interaction between three factors.

ANTECEDENT - BEHAVIOUR - CONSEQUENCE

Antecedent events precede behaviour and are considered to act as "trigger" for its occurrence.

Consequent events follow behaviour and are considered to increase the chances it will re-occur if these events result in a positive outcome.

APPLIED BEHAVIOUR ANALYSIS FEATURES

INTERPRETING THE A—B—C MODEL

❖ Human behaviour is best understood when its functions are identified and analysed. The aim is to answer the question – "What purpose does this behaviour serve?"

❖ People develop and maintain specific behaviours because they succeed in creating desirable change in themselves, their environment, and other people.

❖ There is a constant and dynamic interaction between the individual factors in the A—B—C model.

❖ It is the investigation of this interaction between person and context that leads to effective treatment and long-term behaviour change.

- **STEP 2: Options for measuring behaviour –**

DIMENSION	DESCRIPTION	BEHAVIOUR
FREQUENCY	*Number* of times the behaviour occurs in a predetermined time period – e.g., one hour, day or week.	*Number of:* Cigarettes Swear words Hours of study
DURATION	Amount of <u>time</u> spent in each instance of the behaviour in a predetermined time period – e.g., one hour, day or week.	*Time spent in:* Exercising Arguing Shopping
INTENSITY	Amount of *effort* or *resources* used in producing behaviour.	*Effort involved in:* Worry Anger Exercise
LATENCY	Amount of time which *lapses before* the behaviour occurs.	*Time lapse before:* Getting out of bed Giving an answer to a question Beginning a project

SIGNIFICANCE OF IDENTIFYING THE FUNCTIONS OF BEHAVIOUR

- **Classes of functions that commonly result in behaviour persisting over time** –

ESCAPE	AVOIDANCE
PREFERRED ACTIVITY	TANGIBLE ITEM
BIOLOGICAL HIGH	ATTENTION

THREE STEPS IN CONDUCTING A FUNCTIONAL ANALYSIS OF BEHAVIOUR

STEP 3: <u>Investigating the Purpose of Behaviour</u>

- This investigation will involve you in gathering of information about the *<u>functions</u>* of the behaviour.

- It is based on the assumption that people behave in ways which assist them to deal with the demands they face in particular situations.

EFFECT OF ANTECEDENTS

- Antecedents are considered to act as <u>triggers</u> for the behaviour of concern.

- Generally there are a <u>*number*</u> of antecedents, which when present in the situation, prompt the person to use particular behaviours.

- You will need to identify all the antecedents to your behaviour by considering the following questions –

  - Is my behaviour most likely to occur in a particular <u>*location*</u>?

  - Is my behaviour most likely to occur when I am completing or intending to complete a particular <u>*task*</u>?

  - Is my behaviour most likely to occur when I am <u>*interacting*</u> with a particular person or participating in a specific <u>*social situation*</u>?

  - Is my behaviour most likely to occur at a particular *time*?

EFFECT OF CONSEQUENCES

- The consequences to behaviour are considered to maintain it, if they result in _valued_ _outcomes_ for the person.

- The identification of specific consequences will allow you to understand what "drives" you to use the behaviour of concern even when you would prefer not to.

- Consequences to behaviour can be characterised as either:

CHARACTERISTIC	DESCRIPTION
CURRENT	These consequences bring about an _immediate_ change in the person or environment.
DELAYED	These consequences bring about _future_ changes in the person or environment.

EFFECT OF CONSEQUENCES

- **The behaviour of concern will produce a number of positive _and_ negative outcomes for you. Behaviour that is maintained over time is considered to result in –**

  - **A greater proportion of positive outcomes.**

  - **These positive outcomes strengthen the behaviour.**

  - **This means that the behaviour will be repeated despite the risk of producing some negative consequences.**

APPLIED BEHAVIOUR ANALYSIS FEATURES

- Select a client that could benefit from an FBA analysis;

- Develop an A-B-C chart to record information on their behaviour;

- Choose 2 of the following modalities to record information on: frequency, intensity, latency, duration.

- Add a column for the Functions of the behaviour and one for the Valued Outcomes.

- Break down in groups and present your data-recording and information so you can exchange feedback with one another.

Strategies to Manage Challenging Behaviours

UNCOOPERATIVE BEHAVIOUR

Do:

- listen first to understand the person's perspective and concerns;

- ask questions such as *What do you think is a fair way to deal with this situation?* or *How can I help to resolve this problem?*

- let them know what you are able to do to help;

- if they continue to insist on something that is unreasonable or that you can't deliver, you may have to repeat this (gently yet firmly) several times before they hear you;

- use reasonable language and try to stay calm;

- agree on an action plan that includes the things you will do and the things they need to do;

- refer the person to your supervisor or manager if you are unable to resolve the problem.

Strategies to Manage Challenging Behaviours

UNCOOPERATIVE BEHAVIOUR

It is unhelpful to:

- let the person's attitude and concerns become your problem;

- become flustered;

- show your frustration in your gestures, voice tone and other signals;

- talk over the person;

- raise your voice or shout.

Strategies to Manage Challenging Behaviours

ANGER AND AGGRESSION

Do:

- let the person speak;
- listen carefully to the reasons for their anger;
- acknowledge that they are upset or frustrated (Say *You seem to be quite upset*);
- if applicable, apologise for minor errors made by your office or organisation;
- show that you are listening by clearly summarising the complaint in your own words;
- assure them that you are interested in helping them to resolve the issue;
- ask questions to draw them out (Say *Can you tell me a bit more about what happened?*).

Strategies to Manage Challenging Behaviours

ANGER AND AGGRESSION

It is unhelpful to:

- tell the person to calm down or 'get a grip';

- raise your voice;

- Interrupt;

- try to complete their sentences for them;

- promise something that you know you can't deliver;

- use the word 'but'.

Strategies to Manage Challenging Behaviours

SOCIALLY INAPPROPRIATE BEHAVIOUR

Do:

- remain calm;

- redirect the person's attention to the task you are working on;

- if the behaviour makes you uncomfortable, tell them immediately that it is unacceptable;

- set limits on your interaction by clearly stating that the behaviour is unacceptable (Say *Mr Smith, I don't think that behaviour is appropriate*).

Strategies to Manage Challenging Behaviours

SOCIALLY INAPPROPRIATE BEHAVIOUR

It is unhelpful to:

- laugh or giggle;

- make jokes or dismissive comments;

- make derogatory comments that put the person down.

THANK YOU FOR YOUR TIME