

# *Autism Initiative: Training Series*

## **Module 2: Key Components in Residential Service Provision Chapter 2.1: Staff Stress and Stress Management**

### **Part 1: Key Components of Stress and Burnout**

#### **Summary**

This portion of the chapter provides an overview of stress and burnout for parents, caregivers, direct care staff, and supervisors. The basic components in this presentation will include symptoms of stress and how stress effects those who care for adolescents and adults with autism. Additionally, a description and discussion of burnout, or the result of long-term chronic stress, will be reviewed.

#### **Learning Objectives**

1. Define stress.
2. Identify the 2 hormones involved in the stress response.
3. Name 2 symptoms of stress.
4. Identify 2 main causes of stress for people working with individuals with autism.
5. Define burnout.
6. Name 3 dimensions of burnout.

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## Module 2: Key Components in Residential Service Provision Chapter 2.1 Staff Stress and Stress Management

### Part 1: Key Components of Stress and Burnout

#### Slides

<p>Autism Initiative Training Series Module 2: Chapter 2.1: Staff Stress and Stress Management</p>	<p>Chapter 2.1 Part 1 Key Components of Stress and Burnout</p>	<p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>Define stress.</li> <li>Identify the 2 hormones involved in the stress response.</li> <li>Name 2 symptoms of stress.</li> <li>Identify 2 main causes of stress for people working with individuals with autism.</li> <li>Define burnout.</li> <li>Name 3 dimensions of burnout.</li> </ul>	<p><b>Stress</b></p> <ul style="list-style-type: none"> <li>Stress is a description for the body's response to demands or threats in the environment.</li> </ul> 
<p><b>Physiological Response</b></p> <ul style="list-style-type: none"> <li>Your body releases hormones known as adrenaline and cortisol, which typically serve helpful functions in the face of true danger, such as increasing energy and repairing tissue.</li> <li>However, long-term release of these hormones can result in negative consequences including decreased immune resistance, digestive difficulty, and changes in areas of the brain that control mood, motivation and fear.</li> </ul>	<p><b>Symptoms of Stress</b></p> <ul style="list-style-type: none"> <li>Symptoms of stress can range from mild to severe.</li> <li>Mild symptoms include headaches, stomach aches, and fatigue.</li> <li>Severe symptoms can include cardiovascular difficulties, ulcers, colitis, and migraine headaches.</li> </ul>	<p><b>Stress with Autism</b></p> <ul style="list-style-type: none"> <li>Caregivers and staff of individuals with autism report experiencing more stress than is reported by the general population.</li> <li>Specific sources of stress, such as behavior problems, are strongly associated with parent and staff member reports of stress.</li> </ul>	<p><b>Causes of Stress</b></p> <ul style="list-style-type: none"> <li>The following are common causes identified as sources of stress for caregivers and staff when working with individuals with autism.</li> <li>Challenging behaviors</li> <li>Role boundary confusion and work overload</li> <li>Maladaptive coping methods</li> </ul>
<p><b>Consequences of Stress</b></p> <ul style="list-style-type: none"> <li>Burnout is a result of excessive stress over long periods of time which can lead to emotional exhaustion, depersonalization, and feelings of reduced personal accomplishments.</li> </ul> 	<p><b>Dimensions of Burnout</b></p> <ul style="list-style-type: none"> <li>Emotional exhaustion is the overall term for symptoms of "blunted affect" that are linked to tension, anxiety, physical fatigue, and insomnia.</li> <li>Depersonalization is when the stressed individual begins treating individuals as objects or numbers due to lack of energy.</li> <li>Reduced feeling of personal accomplishment is the feeling of lack of control and self-efficacy.</li> </ul>	<p><b>Burnout and Autism</b></p> <ul style="list-style-type: none"> <li>Burnout rates among special education teachers have been reported to be between 48% to 70% over a 3 year period.</li> <li>Burnout is also a problem faced by many service providers. Extensive research has shown that burnout can lead to low morale, an increased amount of work days missed, and reduced quality of care for clients.</li> </ul>	

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## **Module 2: Key Components in Residential Service Provision Chapter 2.1 Staff Stress and Stress Management**

### **Part 1: Key Components of Stress and Burnout**

#### **Scripts**

*Slide One:*

Module Two Chapter 2.1 Staff Stress and Stress Management.

*Slide Two:*

This portion of the chapter will present and review the key components of stress and burnout.

*Slide Three:*

After completing this chapter, you will be able to: define stress, identify the two hormones involved in the stress response, name two symptoms of stress, identify two main causes of stress for people working with individuals with autism, define burnout and name three dimensions of burnout.

*Slide Four:*

To begin, we'll define stress. Stress is a description for the body's response to demands or threats in the environment. This is a natural response to a perceived threat to life or safety and is typically detected first as a physical response.

*Slide Five:*

In reaction to a stressful event or perceived threat in the environment, your body releases hormones known as adrenaline and cortisol, which typically serve helpful functions in the face of true danger. These may include increasing concentration, strength, agility, and energy, as well as assisting in the repair of tissue if any was damaged during the threatening event. Usually, after the event ends or the stressor is removed, the body returns to its normal functioning. However, if an individual is exposed to a stressor for a long period of time, long-term release of these hormones will occur and can result in negative consequences including decreased immune resistance, digestive difficulty, and changes in areas of the brain that control mood, motivation and fear.

*Slide Six:*

These are typically detected as symptoms of stress. These symptoms can range from mild to severe, with mild symptoms including headaches, stomachaches, and fatigue. Severe symptoms may include cardiovascular difficulties, stomach ulcers, colitis, and migraine headaches.

*Slide Seven:*

Research has shown that caregivers and staff of individuals with autism report experiencing more stress than is reported by the general population. This may be due to specific sources of stress, such as behavioral problems, that are strongly associated with parent and staff member reports of stress.

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## *Slide Eight:*

Below you will see a list of the common causes identified as sources of stress for caregivers and staff when working with individuals with autism. The first item is challenging behaviors. This may be something like aggression towards the self, also known as self-injurious behaviors or SIBs, or aggression toward others. Another example of challenging behaviors could be temper tantrums or related difficulties. The second item is role boundary confusion and work overload. This occurs when an individual is unclear about what their responsibilities are on a day-to-day basis in the service area. This can result in feeling overloaded at work because it is unclear what duties are related to one's own responsibilities versus those of other staff members. The third item is maladaptive coping methods. Some people have more difficulty dealing with stress than others, and can actually increase the amount of times a person is exposed to a stressful situation or a perceived threat in their environment. This is typically an individual problem, but has a direct impact on the treatment team and quality of life for individuals in the home.

## *Slide Nine:*

There are many consequences of stress. We've already reviewed some of the medical and social consequences that may occur. However, there is a personal cost to constant stress that requires consideration in effective service provision. This personal consequence is called burnout and is a result of excessive stress over long periods of time, which can lead to emotional exhaustion, depersonalization, and feelings of reduced personal accomplishments.

## *Slide Ten:*

These are known as the dimensions of burnout. The first dimension is emotional exhaustion and is the overall term for symptoms of "blunted affect," perhaps better known as a limited expression of emotion that may look like depression. It is linked to tension, anxiety, physical fatigue, and insomnia. The second dimension is depersonalization. This occurs when a stressed individual begins treating individuals in their care as objects or numbers due to lack of energy. The third dimension is reduced feeling of personal accomplishment. This is the feeling that one has a lack of control and low self-efficacy in the service provision area.

## *Slide Eleven:*

Burnout rates among special education teachers have been reported to be between 48% to 70% over a three-year period, but burnout is also a problem faced by many service providers in residential settings. Extensive research has shown that burnout can lead to low morale among staff members, an increased amount of workdays missed by employees, and reduced quality of care for clients. You will learn about ways to deal with stress more effectively when it does occur in your treatment setting. As you can see, it is critical to be able to identify stress early on and to take steps to decrease its negative effects to reduce the toll it can take on personal and professional goals as well as performance and quality care. In the second half of this chapter, you will learn about ways to deal with stress more effectively when it does occur in your treatment setting.

## Module 2: Key Components in Residential Service Provision Chapter 2.1 Staff Stress and Stress Management

### Part 1: Key Components of Stress and Burnout

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## **Module 2: Key Components in Residential Service Provision Chapter 2.1 Staff Stress and Stress Management**

### **Part 2: Effective Coping Mechanisms**

#### **Summary**

The second half of Chapter 2.1 presents and explains effective coping mechanisms to help caregivers of individuals with autism deal with stress and prevent burnout. Caregiver is broadly defined to encompass both staff and family members. Methods for detecting stress are provided, along with suggestions for ways to begin effectively coping with stress when it is detected.

#### **Learning Objectives**

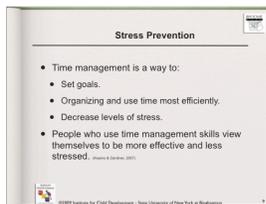
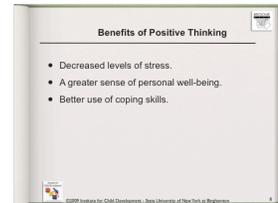
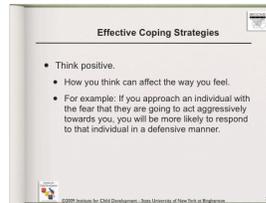
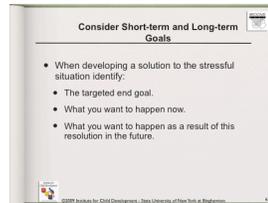
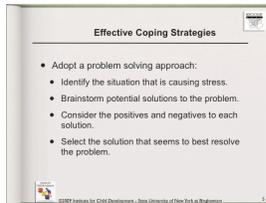
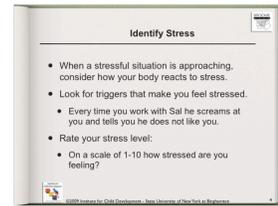
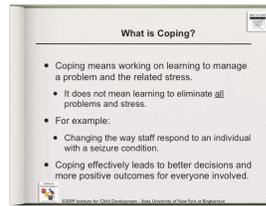
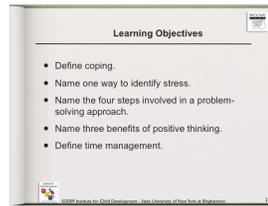
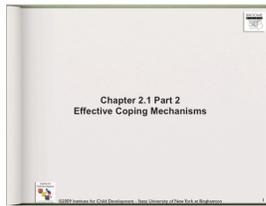
1. Define coping.
2. Name one way to identify stress.
3. Name the four steps involved in a problem-solving approach.
4. Name three benefits of positive thinking.
5. Define time management.

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## Module 2: Key Components in Residential Service Provision Chapter 2.1 Staff Stress and Stress Management

### Part 2: Effective Coping Mechanisms

#### Slides



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## **Module 2: Key Components in Residential Service Provision Chapter 2.1 Staff Stress and Stress Management**

### **Part 2: Effective Coping Mechanisms**

#### **Scripts**

##### *Slide One:*

The second half of this chapter will present and explain effective coping mechanisms to help deal with stress and prevent burnout, which were introduced in the first part of this chapter. This is part two, Effective Coping Mechanisms.

##### *Slide Two:*

After completing this portion of the chapter, you will be able to: define coping, name one way to identify stress, name the four steps involved in a problem-solving approach, name three benefits of positive thinking, and define time management.

##### *Slide Three:*

We will begin by first defining what we mean when we say coping. Coping means that an individual can work on learning ways to manage a problem and the related stress. This does not mean that all stress or problems will go away. Coping actually involves a balance between understanding that unfortunate, difficult, or stressful situations will occur and that they will not continue forever. For example, it may not be possible for a staff member to change the fact that an individual might have a seizure condition that requires constant supervision. Stress may arise because the frequency of seizures or time they occur is unpredictable, or simply because it is a medical crisis and is emotionally upsetting when someone in their care is not well. The staff member is unable to change the fact that a person has the condition, but they can find ways to change how they react to the situation. This will help them in coping or dealing with an emotionally or physically difficult situation. Learning how to cope in stressful situations helps people to make better decisions. When we cope poorly, our own feelings and personal viewpoints might cloud our judgment and change our actions so that the problem doesn't go away or we make a decision that is problematic for ourselves or someone else. When we cope effectively, we are able to manage our own reaction to a situation, see the problem more clearly, and make decisions so that a better outcome can result, for both ourselves and others.

##### *Slide Four:*

You will recall from part one of this chapter that there are various ways you can identify stress. One way is to pay attention to cues or signals from your body that indicate you are becoming stressed. You may need to look for these triggers early on, so that you can deal with the stress before it escalates. For example, every time you work with Sal, he screams at you and tells you he doesn't like you. Being screamed at constantly can be very stressful for some people. If Sal's screaming is upsetting to you, you can start by trying to figure out how you can make changes that are reasonable for both you and Sal that would make the situation less difficult. What might be some physical changes you experience when around Sal? Do you notice that your jaw is clenched? Your muscles tight? Do you hold your breath or breathe more rapidly than normal? Do you procrastinate in coming back from your break when you know

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that you will see Sal? Another way to keep track of your stress is to try to rate your stress level on a scale of 1-10 with one being the most relaxed and ten being the most stressed. This is another good way to start getting a sense of when you are headed for feeling overwhelmed or stressed. When you identify that you are feeling tense, uneasy, stressed, or frustrated you will then become more aware of the situations and triggers that might lead to stress. Then you can do something about it.

## *Slide Five:*

After you know you want to do something about your stressful situation, you have to decide what it is you will do. Luckily, there are many effective ways for dealing with stress. One approach that works well is a problem-solving approach. So, after you rate your stress, try adopting a problem-solving approach. Becoming upset and focusing on the negative emotions will not help change the situation. However, if you rate your stress and find it is tolerable or at a reasonable level for the situation, you might not need to spend too much time on reducing or changing your approach. Remember, coping is not about making stress disappear. It is about managing normal reactions to demanding situations. However, if you are moving up on your scale, try to first identify what specific situation is causing the stress. Is it the yelling that Sal is doing or the insulting way he is talking to you? Could it be something else? Do you have to work with Sal right before lunch when you're not feeling very well? These are just some suggestions to consider as possible factors to think about when evaluating your stress. Then, try to think of possible solutions to the problem. Don't be critical at this point. Give yourself time to think it through and generate ideas. After that you can consider the pros and cons for each possible solution. Then, you can choose the solution that seems to best fit the problem and resolve it effectively for both you and others involved. It is important to remember that this is simply an approach or a process. It's not a quick fix and it might take you a while to determine what the most effective coping strategy is for you in each situation. It may or may not be the same coping strategy that works for other individuals in your treatment or workplace setting.

## *Slide Six:*

Some considerations you need to make when developing a solution is what your end goal might be and what your short-term and long-term results should be for you to feel relieved. This will help you to determine whether or not you are able to meet your intended goal. A reasonable end state for the short-term with Sal might be to decrease your stress from a 7 on your rating scale to a 2 by breathing deeply and reminding yourself that Sal doesn't like the work he has to do when it is your time to work with him. Long-term goals might include getting other staff to do the same thing so that Sal is no longer getting attention from staff for screaming or making rude comments. Also, talking with the treatment team about what changes and program adaptations might be made to Sal's behavior plan could be a long-term goal that would benefit Sal as well as the staff members.

## *Slide Seven:*

As presented in the previous example, sometimes you need to use your emotions to help you identify your thought processes. Consider what types of thoughts are automatic, such as "If Sal hates me, it must mean I am the worst employee at my job." or "I am really bad at this." If you immediately think negative thoughts, challenge these thoughts by looking for evidence that disconfirms the way you are thinking. One example many people can relate to is listed on this slide. If you are approaching a person who you

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know has a history of aggression toward staff members, you may be more likely to respond in a defensive manner to any gestures that person makes, even if they haven't been aggressive at all during that day. Your thoughts about that person have changed how you would react. With Sal, you may have to start thinking differently by asking yourself, "How do I do with other individuals?" If you have another individual that you work well with, then that means you might not be doing a bad job. If there is no evidence that supports your first negative thoughts, consider thinking about the situation differently. So, maybe you aren't doing a bad job with Sal, maybe he really doesn't like the work he is scheduled to do when you have to work with him at that point in his day. Even if it really is just that Sal doesn't prefer you as a staff member to do his work with, that doesn't mean you are unlikable or a poor employee overall. You can't change Sal's preference for you as a person. You just have to think about things in a more clear and adaptive way. Now you have come up with something that you and the treatment team can address together. For example, maybe you should alternate time slots with other staff members to incorporate you into Sal's routine differently, making sure you are also paired with positive or desirable activities. Also, the treatment team might need to evaluate whether or not Sal's activities during that time are truly beneficial to him. Continuing to require that he perform non-functional and undesired tasks will do little to benefit anyone. But importantly, keep in mind that change takes time. That's why it is critical to try to use these techniques early on so that you will be starting on the right foot from the beginning.

### *Slide Eight:*

At this point you will have realized that this training video has placed a lot of attention on thinking positively. This does not mean it is not normal to have negative thoughts or feelings when working in a stressful environment. It just means that taking a problem-solving approach with positive thinking will help you to do your job in a way that helps you to cope with your surroundings. In fact, research shows that there really is power to positive thinking. People who think more positively than negatively tend to live happier, more fulfilling, and healthier lives. When in a work environment with complex challenges, it will benefit you to try to focus on the silver linings and the glasses as half full. This will help to increase job satisfaction and personal achievement. So, what exactly is Positive Thinking? It is being able to envision positive results in situations that are sometimes not so good. If someone has a seizure think "I know what to do and I will keep the individual safe and we will get through this" rather than "Uh oh, I'm not sure I know what to do. Something terrible might happen..." By using this type of thinking, you allow yourself to reap the benefits of change, such as: decreased levels of stress, a greater sense of personal well-being, and better use of coping skills in the future. You can also do a self-check...keep track of how many positive and negative thoughts you have during the day. Rate how you felt, overall, about the day on a similar 1 to 10 scale. On the next few days, whenever you have a negative thought come to mind, try to stop it or at least replace it with a positive one. Rate to see if, after a few days of practicing replacing negative thoughts with positive ones, your mood or feelings about your overall day improve? We are all human so we are allowed to have a bad day and we are allowed to have negative thoughts. However, when we are able to keep those negative thoughts from taking over and becoming the first type of thought that comes to mind when something goes wrong, we will be able to cope more effectively.

### *Slide Nine:*

While we have now talked a lot about ways to deal with stress in the moment, it would be helpful to talk about prevention strategies. As mentioned earlier, using coping skills consistently can help you to use

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them early on in a preventive way. However, another method of coping might be to work on time management. This involves setting goals and organizing time around those goals to allow you a better sense of accomplishment and, therefore, decreased stress. Many people find it easier to see that they are reaching their goals by writing them in a schedule or on a list and checking them off as they accomplish them. If you are having difficulty with this area of your job, you can consult with other staff members or your supervisor to find ways that will help you improve your time management skills. Research has shown that people who use time management skills view themselves to be more effective and less stressed than those who do not. So, set some small goals regarding time management and see how that changes your stress level. By starting small, you give yourself the advantage of meeting your goals and feeling a sense of achievement right off the bat. However, when setting any goal, remember to raise the bar for your achievement over time so that you can improve and extend your success beyond your first attempts to improve your skills.

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## Module 2: Key Components in Residential Service Provision Chapter 2.1 Staff Stress and Stress Management

### Part 2: Effective Coping Mechanisms

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## **Module 2: Key Components in Residential Service Provision Chapter 2.2: Functional Behavioral Assessment**

### **Part 1: Enhancing Staff Communication Using Functional Behavioral Assessment**

#### **Summary**

This chapter provides an overview and rationale for behavior change procedures that are introduced later in the training series. The purpose of this chapter is to introduce the application of functional behavioral assessment (FBA) and describe the appropriate use in settings where care is provided to individuals with autism.

#### **Learning Objectives**

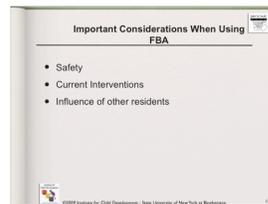
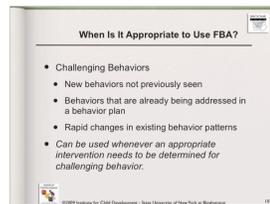
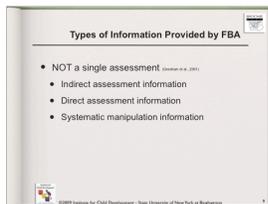
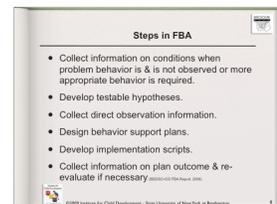
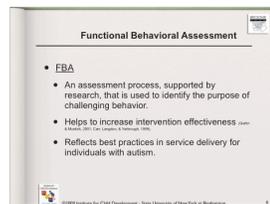
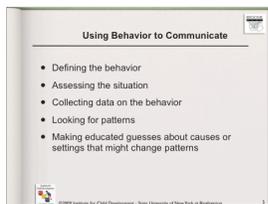
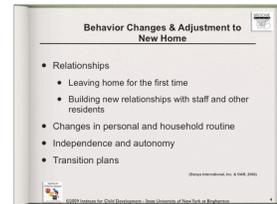
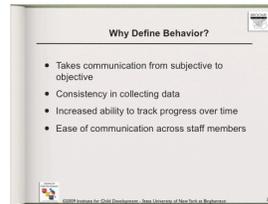
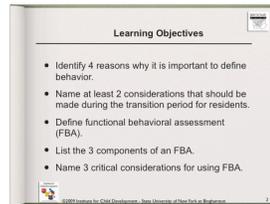
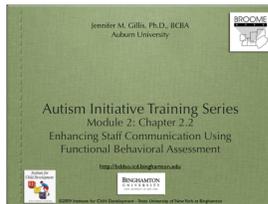
1. Identify 4 reasons why it is important to define behavior.
2. Name at least 2 considerations that should be made during the transition period for individuals.
3. Define functional behavioral assessment (FBA).
4. List the 3 components of FBA.
5. Name 3 critical considerations for using FBA.

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## Module 2: Key Components in Residential Service Provision Chapter 2.2: Functional Behavioral Assessment

### Part 1: Enhancing Staff Communication Using Functional Behavioral Assessment

#### Slides



## Module 2: Key Components in Residential Service Provision Chapter 2.2: Functional Behavioral Assessment

### Part 1: Enhancing Staff Communication Using Functional Behavioral Assessment

#### Scripts

##### *Slide One:*

This chapter will provide an overview and rationale for many of the behavior change procedures you will learn about later in this training series.

##### *Slide Two:*

After completing this chapter, you will be able to: identify four reasons why it is important to define behavior, name at least two considerations that should be made during the transition period for residents, define functional behavioral assessment or (FBA) and that is the term that will be used throughout this presentation, list the three components of an FBA, and name three critical considerations for using FBA.

##### *Slide Three:*

To begin, we will briefly discuss why it is important to define behavior. More detailed information on specific definitions of behavior and how they are important to goal progress will be provided throughout this training series. First, defining behavior takes communication within the homes from a subjective perspective to an objective view. This means that the target behavior that is observed by one staff member can be correctly observed by any other staff member who observes the resident. Without clear definitions, it is difficult to know what to record when tracking behavior. This leads to the second point; consistency in collecting data. Clear definitions of behavior that are easily understood by all members of the treatment team help ensure that the data are being collected for the same behavior. This effective and consistent recording of data can then lead to increased ability to track progress over time. This means that information reliably collected by staff can be used to assess whether an individual has shown increases or decreases in important behavioral goals over time. Finally, all three of the earlier points relate to ease of communication across and between staff members. Clear definitions that allow consistent data collection over time can help all members of the treatment team to be on the same page when assessing resident progress toward desired goals. However, before moving on to specific information about using behavior to communicate, a few important characteristics regarding transitions to a new setting should first be reviewed.

##### *Slide Four:*

When assessing behavior, it is important to look at changes that may be a part of adapting to a new home. When working with adolescents and adults with autism, it is important to remember that they are, first and foremost, individuals who are undergoing the changing demands of their own body and biochemistry, as well as increasing social and personal responsibility within their lives. Also, many of these individuals could be leaving home for the first time. This means that they may also be leaving their loved ones and primary caretakers for unfamiliar staff and new housemates. Frustration and difficult behavior might be expected during early stages of the transition, despite the attempts of families and staff to help prepare the individual for this change. Changes can include large differences in personal

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routines as well as household routines and expectations from caregivers. Also, simply adapting to a new environment can be overwhelming, especially if there is a gap between what level of independence an individual is used to having and what staff might expect from them. This highlights the important of communication with families and within the treatment team so that skill levels and functional behavior are clear at the outset of the individual's transition. One form of preparation that families might use is called an individualized transition plan or ITP. Basically, this is an extension of an individualized education plan used in school settings. The purpose of an ITP is to set broad goals in life skills, self-management, financial responsibility, self-determination, and other areas that the family has indicated are important to the adolescent or adult with autism. These also might be goals that the individual with autism him or herself have identified as being important. While this is not a formal component of the treatment plan at every residential group home, it is possible that families and individuals with autism will have an expectation of what they want for their family member and for themselves.

## *Slide Five:*

Despite preparations and supports provided by families, changes in emotion and behavior might be common in the early transition period. However, they might also be more of a consistent problem that continues past what we would consider the normal transition time. The question then becomes: How do we tell the difference? And if we can tell the difference, why does this matter? Well, different settings or causes of a behavior might mean that there are very different approaches to treatment and how we best improve a behavior. In order to best help an individual to succeed in their goals, it is critical to find out what might be causing or maintaining a behavior. Basically, there are a few steps to observing and collecting information on behavior. First, you need to define the behavior. This means clearly stating what it is you are looking for when observing the individual. Second, assess the situation. This means looking at what happens before and after a behavior, as well as what might be in the room or area, the setting when the individual engages in the behavior. Third, collect data based on your definitions and observation of the situation. Fourth, look for patterns in the behavior with the consultation of your treatment team. For example, does the behavior happen more at night or in the morning; is it occurring before breakfast or after? Finally, make some good educated guesses about what might be happening based on the information you collected. This should always be done in a way that involves all members of the treatment team so that you don't miss valuable information that might help you and others better understand the behavior. However, this is a very broad description of what it means to assess behavior. Let's get a little more specific.

## *Slide Six:*

You will remember that we already indicated that problems, such as rapid changes in emotions or other behaviors, might occur during transition periods. However, earlier in the training series you will remember that difficult behaviors, such as aggression and self-injury, are associated features of autism. Perhaps a maladaptive, or undesirable, behavior occurs because the individual wants attention from a certain staff member or all staff members, maybe they are upset, or maybe they just want to be left alone, we don't know. There are many reasons that difficult behavior can occur. One way to help us know why a behavior might occur is to conduct a functional behavioral assessment or FBA. An FBA is an assessment process, supported by research that is used to identify the purpose or function of challenging behavior. Once the purpose of challenging behavior can be identified, it can be used to make

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interventions better. This way, staff are able to use the best approach from the beginning of the intervention instead of trying to make a lot of corrections later on. Further, FBA is an approved method that has been identified as being “best practice” in service delivery for individuals with autism. This means that state and local governing bodies have consulted with public health and research experts about what components are essential for appropriate services provided to those with autism. FBA has been determined as one of those key pieces of support in providing services to individuals with autism.

## *Slide Seven:*

Although already determined as a key component in service provision, FBA is often used for a variety of other reasons. First, in some circumstances an FBA is mandated by federal law and policy. More specifically, the Individuals with Disabilities Education Improvement Act of 2004 requires a particular type of assessment—termed *functional behavioral assessment*—to guide the development of an intervention plan when there are behaviors that interfere with effective skill building. Residential facilities are also required to comply with this mandate if serving individuals who are school age, whether or not they are placed in a school setting at the time of residence. Second, FBA involves a clear experimental approach to understanding behavior. This is because an FBA uses systematic manipulation of setting variables to determine the effects on behavior. So what does that mean? In other words, the staff member conducting an assessment is responsible for carefully changing one part of the setting that the behavior occurs in, while keeping all other variables in that situation the same. For example, in one setting we might change the amount of noise in that setting or the number of people in that setting, not all at once, but one at a time. This is a systematic manipulation of setting variables. Third, this approach involves multiple methods of assessment, using both direct observation and indirect methods of reporting from caregivers or other staff members. Finally, it has a high cost-benefit in residential settings since multiple staff can be trained to conduct these types of assessment during any time in their shift.

## *Slide Eight:*

Here you will see the specific steps involved in an FBA. First, collect information on conditions when problem behavior is and is not observed or more appropriate behavior is required. For example, during mealtime you see that a person is stealing food off of others’ plates. You want information about that condition. First you know it is during mealtime, pay attention to if it is a large or small group when this happens, what staff is in the room, what type of food is being served to this individual and others? That type of information in this setting is going to help us understand problem behavior. How much did that individual eat prior to mealtime? Were they extra hungry, perhaps because we observed them not eating during lunchtime and now it is dinnertime? These are just a few examples of some of the information I might want to collect or consider when I am observing the problem behavior. Second, develop testable hypotheses. So, if I tend to observe that when an individual fails to eat lunch they are more likely to steal at the dinner table during mealtime, then my hypothesis, my educated guess is that they are hungry. It still does not excuse the problematic behavior, we still need an intervention plan, but this might be what is going on. Here I might collect direct observation information. So here I am going to collect data or information throughout the day in terms of how much is this individual eating at breakfast, lunch, and dinner and when during those meal times do I see them stealing. Maybe depending on your residential setting you might collect information on whether or not they have had a snack during the day. A lot of this depends on the individual. The next step is to design a behavior support plan. We will use the information we collected based on the hypothesis to design a good behavior support plan. Then we would

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develop implementation scripts to help staff implement the behavior support plan we designed. Finally, collect information on the support plan; on the outcome of this plan. Did this intervention work or not and re-evaluate it if necessary. Assess if it didn't work or if it was difficult to implement, if the individual this plan was implemented for did not like it, or maybe they really did and you can use this plan for other areas of intervention. Again this is a treatment team approach.

## *Slide Nine:*

It is important to remember that FBA is NOT a single assessment. It involves information provided from questionnaires, checklists, record reviews, or a combination of these methods. These are all indirect assessment methods. This means that we are not directly observing the behaviors, but we are recording information on questionnaires and checklists or looking at records that already have information on them based on what other people have observed or their impressions about the individual or the behavior of concern. This is why it is called indirect assessment. This might provide some background information about the behavior but it is important not to rely solely on this method. Direct descriptive assessment consists of observing the student within the natural environment at the time when these challenging behaviors occurs. In addition to recording data about the behavior itself, information regarding antecedents and consequences may be recorded. Other data recording techniques can offer valuable information toward identifying the purpose of challenging behavior. For example, the time between an environmental stimulus, such as stating, "It's time to clean up" and a particular behavior such as cleaning may be a focus of assessment and intervention. In this case, latency recording would be appropriate. So the time that someone says, "It's time to clean up," that's when you start taking time until the moment the individual starts cleaning up. So maybe it takes 15 seconds, from the time I say, "It's time to clean up" to when the individual starts cleaning up. That's the latency, 15 seconds. There are other methods of measurement as well; behavior analysts may choose from a variety of recording techniques given an individual's needs and the type of behavior and other situational variables. In addition to measuring how often or how long behavior occurs direct methods of assessment include information about antecedents and consequences. This helps staff to create situations that help the individual learn how to change the behaviors to better meet their wants and needs. That's what it's all about. The antecedent is what occurs directly before the behavior and the consequence is what happens after the behavior. Systematic manipulation; the most rigorous of FBA methods, consists of functional analysis which is different from assessment. This is an experimental technique in which a student is exposed to the variables thought to contribute to challenging behavior. Although stronger statements about the function of behavior can be made utilizing this category of assessment, it is less commonly used in residential and school settings. Challenging behavior is generally assumed to occur for several reasons or functions: first to obtain attention from others; second to avoid, delay, or escape an aversive task, activity, or individual; third to gain access to desired items or activities; and the fourth common reason is to obtain internal stimulation. Often, an individual exhibits challenging behavior for more than one reason, so more than one of those four, or a combination of those four. Once the function or functions are identified, an intervention plan may be designed and implemented that teaches the individual socially appropriate ways to meet this same function or the same need.

## *Slide Ten:*

There are a number of times when it is appropriate to conduct a FBA. This may include challenging

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behaviors. These can be new behaviors not previously seen, behaviors that are already being addressed in a behavior plan, or rapid changes in existing behavior patterns. The FBA can address all of these situations regarding challenging behaviors and FBA can be used whenever an appropriate intervention needs to be determined for challenging behavior.

### *Slide Eleven:*

Although FBA is a very useful method to understand challenging behavior, it is important to remember that there are some situations where adaptations may need to be made. Most importantly, an individual's safety is key. Dangerous behaviors and aggressive or self-injurious behaviors may not lend themselves to certain conditions used within an FBA system. If an individual is in danger of significantly harming themselves or others, immediate intervention may be necessary in order to protect them from physical harm or injury. This is key and should not be under emphasized, safety is a key priority. Interventions that are currently in place to help an individual may be part of the antecedents of a challenging behavior. So, we may want to re-evaluate and revise some of these existing plans that are addressing this behavior. Challenging behavior may be a result of the impact of other residents. When these types of interacting influences are identified, it is important to consult with the treatment team and determine what changes need to be made to either group routines or to other individuals' goals etc.

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## Module 2: Key Components in Residential Service Provision Chapter 2.2: Functional Behavioral Assessment

### Part 1: Enhancing Staff Communication Using Functional Behavioral Assessment

#### References

1. Carr, E. G., Langdon, N. A., & Yarbrough, S. C. (1999). Hypothesis based intervention for severe problem behavior. In A. C. Repp & R. H. Horner (Eds.). *Functional analysis of problem behavior: From effective assessment to effective support* (pp. 9-31). Belmont, CA: Wadsworth Publishing Company.
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3. Cowick, B., & Storey, K. (2000). An analysis of functional assessment in relation to students with serious emotional and behavioral disorders. *International Journal of Disability, Development and Education, 47*, 55-75.
4. Crone, D. A., & Horner, R. H. (1999). Contextual, conceptual, and empirical foundations of functional behavioral assessments in schools. *Exceptionality, 8*, 161-173.
5. Hanley, G. P., Iwata, B. A., & McCord, B. E. (2003). Functional analysis of problem behavior: A review. *Journal of Applied Behavior Analysis, 36*, 147-185.
6. Thompson, R. H., & Iwata, B. A. (2007). A comparison of outcomes from descriptive and functional analyses of problem behavior. *Journal of Applied Behavior Analysis, 40*, 333-338.

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## **Module 2: Key Components in Residential Service Provision Chapter 2.2: Functional Behavioral Assessment**

### **Part 2: Advanced Clinical Applications of Functional Behavioral Assessments**

#### **Summary**

This chapter provides information on advanced applications of functional behavioral assessments. The focus of this special advanced chapter section is to highlight the various uses and, at times, necessary applications of FBA for treatment planning by clinicians and supervisors.

#### **Learning Objectives**

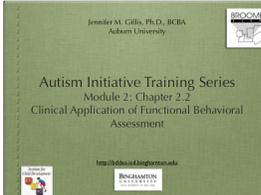
1. Identify the uses of functional behavioral assessment (FBA).
2. Name three changes for an individual that might result in challenging behavior.
3. Describe the role of FBA in dealing with persistent maladaptive behaviors.
4. Identify how structured and systematic information can assist in data collection.

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## Module 2: Key Components in Residential Service Provision Chapter 2.2: Functional Behavioral Assessment

### Part 2: Advanced Clinical Applications of Functional Behavioral Assessments

#### Slides



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Autism Initiative Training Series  
Module 2: Chapter 2.2  
Clinical Application of Functional Behavioral Assessment

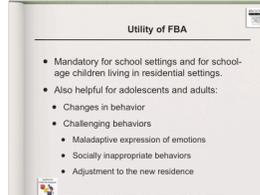
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#### Why FBA?

- A framework
  - Assessment and goal development for behavioral support plans.
  - Monitoring progress of individual goals.
- Many useful ways to apply FBA.



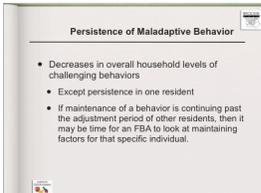
#### Utility of FBA

- Mandatory for school settings and for school-age children living in residential settings.
- Also helpful for adolescents and adults:
  - Changes in behavior
  - Challenging behaviors
    - Maladaptive expression of emotions
    - Socially inappropriate behaviors
    - Adjustment to the new residence



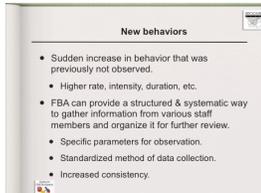
#### Behavior Changes & Adjustment to New Home

- Relationships
  - Leaving home for the first time
  - Building new relationships with staff and other residents
- Changes in personal and household routine
- Independence and autonomy
- Transition plans



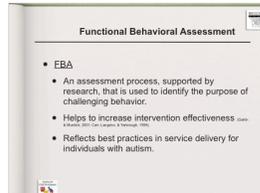
#### Persistence of Maladaptive Behavior

- Decreases in overall household levels of challenging behaviors
- Except persistence in one resident
- If maintenance of a behavior is continuing past the adjustment period of other residents, then it may be time for an FBA to look at maintaining factors for that specific individual.



#### New behaviors

- Sudden increase in behavior that was previously not observed.
  - Higher rate, intensity, duration, etc.
- FBA can provide a structured & systematic way to gather information from various staff members and organize it for further review.
  - Specific parameters for observation.
  - Standardized method of data collection.
  - Increased consistency.



#### Functional Behavioral Assessment

- FBA
  - An assessment process, supported by research, that is used to identify the purpose of challenging behavior.
  - Helps to increase intervention effectiveness
  - Reflects best practices in service delivery for individuals with autism.



#### Steps in FBA

- Collect information on conditions when problem behavior is & is not observed or more appropriate behavior is required.
- Develop testable hypotheses.
- Collect direct observation information.
- Design behavior support plans.
- Develop implementation scripts.
- Collect information on plan outcome & re-evaluate if necessary



#### Enhancing Service Provision

- Because the bottom line is Quality of Life:
  - Individual residents
  - Individual staff members
  - Parents and other family members
  - Supervisors
  - Treatment team

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## **Module 2: Key Components in Residential Service Provision Chapter 2.2: Functional Behavioral Assessment**

### **Part 2: Advanced Clinical Applications of Functional Behavioral Assessments**

#### **Slide Summaries**

##### *Slide One:*

Now I'd like to take a little bit of time and just talk to you generally about the clinical application of functional assessment or FBAs.

##### *Slide Two:*

It is important to consider how this is a framework of assessment, goal development and monitoring of progress of an individual's goals, as well as assisting in the development of behavior support plans. Functional assessments can be utilized for so many different behaviors and in so many different contexts or other uses, as I've described briefly in module 2 chapter 2.2. But I'd like to talk a little bit about how the clinical application of the FBA now will serve to put into context the later data collection recording forms and considerations that you will learn about in future chapters.

##### *Slide Three:*

First, not only is an FBA mandatory for school age children that are living in residential settings while in a school setting, but they can be extraordinarily helpful for individuals in residential settings. There are going to be many different types of challenging behaviors that both adolescents and adults displayed based on a variety of reasons.

##### *Slide Four:*

The transition from living at home to a residential setting can be difficult. In addition, changes that occur once an individual is in a residential setting (e.g., changes in staff, changes in house mates) can be difficult. These types of transitions can elicit different types of challenging behaviors. One thing that we should always consider is to wait and see how an individual adjusts. That's important to consider as a good first step when there is that early transition period. We expect that there is going to be a little bit of change in behavior and it's when that behavior does not change that other options should be considered. For instance, if a new staff member comes into the residential setting with three individuals, all three are going to display different behaviors, possibly change a little bit differently to push that person's buttons, pay more attention to that new person. They are novel; they are interesting, at least for now. The residents are going to be reacting, as is the new staff member. There is that relationship building time. Given their interactions, new and different behaviors are going to be displayed. Some will be challenging and some will be socially appropriate.

##### *Slide Five:*

Now, as time goes by and we are getting past this early transition period. It is possible that one or two of those individuals will see decreases in those challenging behaviors, but possibly not for the other individuals. Now looking at that individual in the context of the others, there could be a sign that perhaps it is related to the staff member or perhaps it is due to something else. But it doesn't seem to be going

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away. Maybe we should look at it more closely. And that's when an FBA can come into place.

## *Slide Six:*

If there is an individual who exhibits a sudden high rate of a challenging behavior that's unexpected and doesn't go down in a few days, this may or may not be related to a transition. In general if you can't figure out why this is happening, but have a few ideas, a FBA will provide a structured, systematic way to gather all this information and those ideas.

## *Slide Seven:*

An FBA provides several levels of assessment that can help pinpoint what factors are maintaining a behavior. We need to be systematic and not just go off the top of our heads. The data collection forms that you will learn about will be helpful in becoming more consistent across staff in terms of observing problem behaviors over time so that the information can be used more effectively in the context of an FBA. An FBA will also help streamline the whole process. The research tells us that using a systematic assessment methodology is more helpful than not having a structured assessment method. The functions of behavior are sometimes very elusive. Human behavior is very complex and having an assessment method like FBA, utilizing the data collection forms consistently across staff, having staff in a mindset of defining behavior precisely and consistently will only facilitate how we can help develop behavior support plans. That's the reason FBAs are so prevalent in different settings that serve individuals with ASD and they are also recommended by both public health professionals and experts in the field of ASD. An FBA is considered a best practice in providing the best quality services to individuals with autism.

## *Slide Eight:*

FBAs can be considered one of those commonly used tools in your toolbox. There are several components of the FBA that weren't specifically described in chapter 2.2, however I encourage all to review the report on FBA that goes through those conditions more specifically to see how to structure these assessments. Also keep in mind what types of information should be included in these assessments. Then as you go through this training series and encounter new data collection forms, look at how this all really links together in helping us understand behavior better.

## *Slide Nine:*

When we can understand behavior better, we can monitor progress better and we can develop better behavior support plans. This allows the individuals we serve to be happier, our staff to be happier and the parents as well. Assessment is key to the development of any behavior support plan; therefore using the functional behavioral assessment method is going to be one of those key components to effective service delivery.

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## Module 2: Key Components in Residential Service Provision Chapter 2.2: Functional Behavioral Assessment

### Part 2: Advanced Clinical Applications of Functional Behavioral Assessments

#### References

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## **Module 2: Key Components in Residential Service Provision Chapter 2.3: Core Elements for Enhancing Quality of Life**

### **Summary**

This chapter will present the concept of quality of life and the importance of including aspects of quality of life in daily planning. There are eight components related to quality of life, which include: physical, emotional, and material well-being, interpersonal relations, social inclusion, self-determination, personal growth, and individual rights. Choice is also an important aspect of quality of life. Further, choice in routines that address the eight components of a high quality of life allows individuals to value the experiences they have.

### **Learning Objectives**

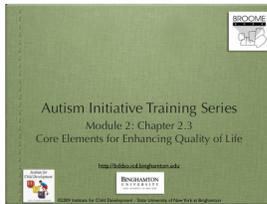
1. Define quality of life.
2. Name the 8 components of quality of life.
3. Identify the impact of choice on quality of life.
4. Identify how to promote quality of life.
5. Name 4 components of a quality program.

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## Module 2: Key Components in Residential Service Provision Chapter 2.3: Core Elements for Enhancing Quality of Life

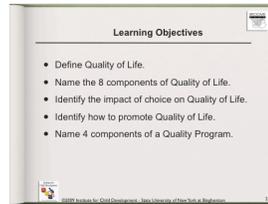
### Slides

Autism Initiative Training Series  
Module 2: Chapter 2.3  
Core Elements for Enhancing Quality of Life



**Learning Objectives**

- Define Quality of Life.
- Name the 8 components of Quality of Life.
- Identify the impact of choice on Quality of Life.
- Identify how to promote Quality of Life.
- Name 4 components of a Quality Program.



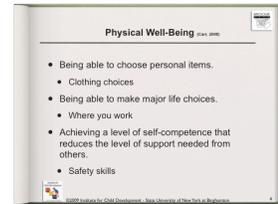
**What is Quality of Life** (Hendrick, 2005)

- Describes the degree of well-being based on personal satisfaction with core conditions such as:
  - Physical, emotional, and material well-being
  - Interpersonal relations and social inclusion
  - Self-determination and personal growth
  - Individual rights



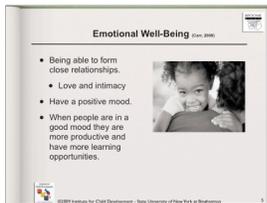
**Physical Well-Being** (Hendrick, 2005)

- Being able to choose personal items.
  - Clothing choices
- Being able to make major life choices.
  - Where you work
- Achieving a level of self-competence that reduces the level of support needed from others.
  - Safety skills



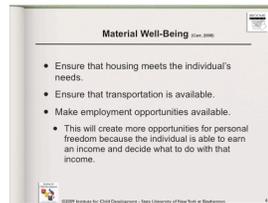
**Emotional Well-Being** (Hendrick, 2005)

- Being able to form close relationships.
  - Love and intimacy
- Have a positive mood.
- When people are in a good mood they are more productive and have more learning opportunities.



**Material Well-Being** (Hendrick, 2005)

- Ensure that housing meets the individual's needs.
- Ensure that transportation is available.
- Make employment opportunities available.
- This will create more opportunities for personal freedom because the individual is able to earn an income and decide what to do with that income.



**Interpersonal Relations and Social Inclusion** (Lynn, 2005)

- Teach relevant social skills to develop social competence.
- Encourage individuals to develop social networks.
  - Listen to their interests and hobbies and help make these social networks available.



**Self-Determination and Personal Growth** (Hendrick, 2005)

- Freedom of choice is an essential component in quality of life.
  - Include choices throughout the day.
- Create opportunities for personal growth.
  - Expect a little more from the individual during each interaction.



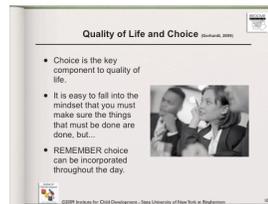
**Individual Rights**

- Individuals with disabilities have rights that need to be recognized.
  - Example: privacy and ownership
- Make sure that:
  - Basic health care needs are being met (Lynn, 2005).
  - Communication skills are being developed (Hendrick, 2005).
- There are meaningful activities to engage in (Lynn, 2005).



**Quality of Life and Choice** (Hendrick & Marston, 2005)

- Choice is the key component to quality of life.
- It is easy to fall into the mindset that you must make sure the things that must be done are done, but...
- REMEMBER choice can be incorporated throughout the day.



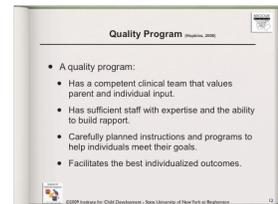
**Promoting Quality of Life** (Hendrick & Marston, 2005)

- Promoting quality of life should be a top priority:
  - Continue to assess and create opportunities for personal growth and self-determination.
  - Promote skill development and independence.
  - Encourage choice and promoting personal values.
  - Ensure the best possible outcomes for success.



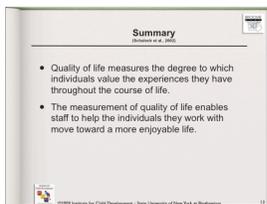
**Quality Program** (Hendrick, 2005)

- A quality program:
  - Has a competent clinical team that values parent and individual input.
  - Has sufficient staff with expertise and the ability to build rapport.
  - Carefully planned instructions and programs to help individuals meet their goals.
  - Facilitates the best individualized outcomes.



**Summary** (Hendrick, 2005)

- Quality of life measures the degree to which individuals value the experiences they have throughout the course of life.
- The measurement of quality of life enables staff to help the individuals they work with move toward a more enjoyable life.



# *Autism Initiative: Training Series*

## **Module 2: Key Components in Residential Service Provision Chapter 2.3: Core Elements for Enhancing Quality of Life**

### **Scripts**

#### *Slide One:*

This is Module 2, Chapter 2.3: Core Elements for Enhancing Quality of Life

#### *Slide Two:*

In this chapter you will learn how to: define quality of life, name the eight components of quality of life, identify the impact of choice on quality of life, identify how to promote quality of life and name four components of a quality program.

#### *Slide Three:*

Quality of life describes the degree of well-being based on personal satisfaction within eight core conditions. These include physical, emotional, and material well-being; interpersonal relations, social inclusion, self-determination, personal growth and individual rights. Each individual's goals should be the result of a full consideration of these eight components determined on an individual basis. It is important to note early in this chapter that quality of life applies to all people, with and without disabilities, and should be considered a central part of personal satisfaction. Now, each of the eight components just introduced will be defined and discussed individually for the remainder of this chapter.

#### *Slide Four:*

The first component we will review is physical well-being. Physical well-being means being able to choose personal items that promote physical health and independence, such as what to wear depending on the weather that day. It also involves making major life choices, including the location that a person might work, both within the workplace and the community. Also, this component of quality of life centers on physical independence, which means that individuals are able to move around their environment on their own. Staff should support each person and help them achieve the highest degree of independence, but everyone must keep in mind that this does not mean that staff do everything for an individual. Supporting a person means providing assistance when it is either specified in a treatment plan or it appears that the individual has not yet developed the skills to achieve a want or need. For example, safety skills are very important to learn and use independently. However, staff may initially have to hold an individual's hand when crossing the street while teaching the person the steps to safely cross. This assistance could then be reduced over time as the person begins to display the skill on their own. A greater amount of independence in these skills then allows for a higher level of self-competence, and also a higher quality of life.

#### *Slide Five:*

The second component is emotional well-being. Emotional well-being relates to close relationships and positive mood. Staff should be able to relate to the feelings of the individuals they are working with at any time. This means choosing the appropriate way to interact with individuals even when faced with difficult moods or behaviors. For example, staff should be aware of possible sleepiness and mood changes when individuals are waking up in the morning. Some people are grouchy in the morning, but

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others might be cheerful. Take this into consideration. If someone is not a morning person, don't go into their room and talk loudly or try to physically get the individual out of bed. Instead, be positive and tailor the wake-up procedure to each individual's needs while maintaining a consistent schedule set by your treatment team. This way, the start of the day will be more positive for everyone. This will then promote a greater sense of emotional well-being for everyone in the home.

## *Slide Six:*

The third component is material well-being. This includes providing housing, transportation and employment opportunities for each person. A broad range of options will allow for a greater sense of personal gain and self-confidence, such as the ability to earn income at a job and then decide how to use that money. By making sure that these needs have the potential to be met, staff are helping create a better quality of life through more opportunities for personal choice, which we will review more about later in this chapter.

## *Slide Seven:*

The fourth component is interpersonal relations, which is closely related to the fifth component called social inclusion. To better meet these needs, staff should teach relevant social skills, encourage individuals to develop social networks, and listen to their interests and hobbies. Keep in mind that every skill that is taught to an individual has a social component. This is the most important aspect of teaching a skill effectively. The ability to interact with other people effectively can have a large impact on all learned skills and abilities. These are often the types of things many people do almost automatically in their day-to-day life, which makes this area of skill building critical for adolescents and adults.

## *Slide Eight:*

The sixth component is freedom of choice. As mentioned earlier, choice is an important part of self-competence and a sense of satisfaction. If staff provide opportunities for decision making by offering choices throughout the day, they help increase self-determination (also known as the right to decide for oneself) and personal growth (# 7). Staff can also enhance opportunities for personal growth by expecting more from the individual each time a choice is presented. If the individual is able to do something, challenge them to develop new or a higher level of skills to increase personal growth.

## *Slide Nine:*

Finally, the eighth component is individual rights. Individuals with disabilities have rights just like any other citizen, and these rights need to be recognized and honored. There is a big difference between being supportive and being controlling. Staff must make it a priority to ensure that basic health care needs are met, communication skills are developed, and that meaningful activities are available. When meaningful activities increase, problem behavior decreases. The individual rights of each person require full consideration regarding how an individual should be treated and also what interventions they should have available to them.

## *Slide Ten:*

As presented throughout this chapter, choice is a key component in quality of life. Consider how you would feel if every second of your day was guided by being told what to do and when to do it. There are things that must be done due to schedules and responsibilities on a daily basis, but choices can be offered

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throughout the day. For example, someone could ask the individual what leisure activity they want to do, or whether they want to take a shower or eat breakfast when they wake up. Allowing an individual to decide how they want to meet their needs and determine their choice of activities promotes the ability to be independent, which should be the ending goal of every supportive treatment.

### *Slide Eleven:*

Promoting quality of life should be a top priority in assisting adolescents and adults with autism in making their transitions across their lifespan. This includes continuing to assess and create opportunities for personal growth, while being mindful of promoting skill development and independence in all activities. Also, incorporate choice and personal values of the individuals throughout the day. By making all these goals a priority, staff can ensure the best possible outcomes for supportive treatment success.

### *Slide Twelve:*

A treatment program that effectively meets these goals is called a quality program. It must include a competent clinical team that values individual goals, with sufficient staff to support the individuals they work with, and carefully planned programs that strive to help the individual meet their goals and promote successful outcomes.

### *Slide Thirteen:*

In conclusion, always keep in mind that quality of life measures the degree to which individuals value the experiences they have throughout the course of their life. By creating a high quality of life, staff enable the individuals they work with to have a more meaningful and enjoyable life both through independence and skill development as well as a socially supportive atmosphere for everyone in the residence.

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## **Module 2: Key Components in Residential Service Provision Chapter 2.3: Core Elements for Enhancing Quality of Life**

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## **Module 2: Key Components in Residential Service Provision Chapter 2.4: Social Networks and Personal Choice**

### **Summary**

The purpose of this chapter is to highlight the necessity of social supports and networks for adolescents and adults with autism. The content presented in this chapter will emphasize the various levels of quality of life that can be effected by individual choice, such as family and religious preferences. Further, alternative social networks, such as online communities, will be reviewed along with considerations for enhancing personal safety while participating in these networks.

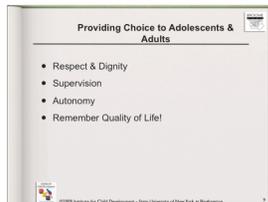
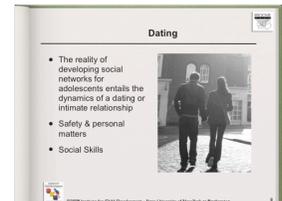
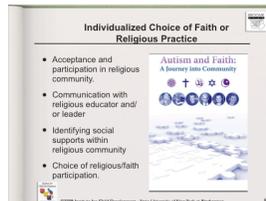
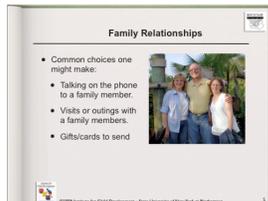
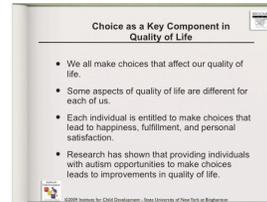
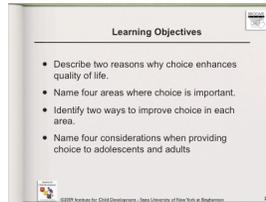
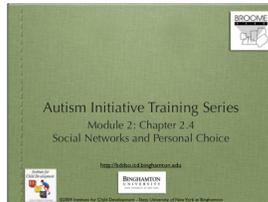
### **Learning Objectives**

1. Describe two reasons why choice enhances quality of life.
2. Name four areas where choice is important
3. Identify two ways to improve choice in each area.
4. Name four considerations when providing choice to adolescents and adults.

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## Module 2: Key Components in Residential Service Provision Chapter 2.4: Social Networks and Personal Choice

### Slides



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## **Module 2: Key Components in Residential Service Provision Chapter 2.4: Social Networks and Personal Choice**

### **Scripts**

*Slide One:*

This is Module 2, Chapter 2.4: Social Networks and Personal Choice.

*Slide Two:*

After completing this portion of the chapter, you will be able to: describe two reasons why choice enhances quality of life, name four areas where choice is important, identify two ways to improve choice in each area and name four considerations when providing choice to adolescents and adults.

*Slide Three:*

We all make choices that effect our quality of life. Most of the time we make choices to improve or enhance our quality of life. How we define our quality of life might differ from one person to the next. That is where choice comes into play. We make our own choices about what WE think is important or valuable to our own life, knowing that our own choices may not be the same as choices made by others. Therefore, each individual is entitled to make choices that lead to happiness, fulfillment, and personal satisfaction. Research has shown that providing individuals with autism opportunities to make choices leads to improvements in quality of life. So, it is important that we provide appropriate supports relevant to quality of life for all individuals.

*Slide Four:*

Some of the major areas that influence one's quality of life, and therefore where choice is important are: family relationships, religion/faith, friendships, dating and relationships.

*Slide Five:*

One way to help keep us grounded when thinking about ways for individuals in our residential settings to make choices is to consider what choices we make when it comes to these areas. With family relationships, what types of choices are more commonplace than others? A few examples are presented below. Let's take each one and then discuss some of the considerations for each. Talking on the phone: Provide social skills for "letting down" a family member when an individual wishes not to talk at the present time. Visits/outings: Is it a holiday, a planned visit, a special occasion? Planning ahead and using picture schedules might be helpful. For all of these, family involvement and education is important. How to handle this, is best determined by the individual's team, the individual, and the family.

*Slide Six:*

One hurdle that is important for all of us to address is the acceptance and participation in one's religious community. Because a religious community may be a lifelong community to which one belongs, it is important to examine ways to foster this for adolescents and adults. One way to do so is to communicate with religious educators and/or leaders about how to support someone with ASD and special needs or accommodations that could be considered. You have the expertise in this area to help participation in an individual's religious community be a success. A second is to identify social supports within religious

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community. These could be members of the community that an individual either reports having a preference for developing a supportive friendship or members who would like to build a supportive relationship. As with other opportunities for social networks, an individual's choice of religious/faith participation should also be considered. For example, does he/she continue to follow the same faith as their family? Has he/she expressed a different interest? How often should he/she attend religious activities, etc.

### *Slide Seven:*

One common aspect of residential placement is that there is no guarantee that an individual will live with preferred friends. There are ways to facilitate relationships of individuals living together and possibly forming friendships. However, one can also focus on how to facilitate an individual's choice in who they have as friends. Allowing ample opportunities to form and maintain friendships is important. Some areas that provide such opportunities include online networks, support groups, and community activities. With each of these, it is important to help the individual learn functional social skills - that is, skills necessary to be successful, socially, in these specific settings. For some individuals one of these opportunities may be more appealing than others. That is where allowing an individual to choose where he/she has friendships is important. It will improve quality of life and the sustainability of meaningful friendships. Of course, included in the support of online networking or other friendships, there is the necessity to ensure appropriate use of the system as well as safety of the user. Many news blogs and other online resources can provide information on how to use things like myspace or facebook and how to select privacy settings so users can protect themselves from invasive questioning or unwanted solicitation. However, there are also networks and chatrooms that are specifically targeted for individuals with autism and their families. One particularly helpful website that lists multiple options for online communication is in the United Kingdom and is called The National Autistic Society (<http://www.nas.org.uk/nas/jsp/polopoly.jsp?d=1401&a=13580>). These chatrooms and blogs allow individuals to share questions about family needs, interest areas for hobbies, or general questions about dating and how to connect with new people.

### *Slide Eight:*

Starting in adolescence, most individuals develop a desire to have dating or intimate relationship(s). Therefore, it is important to provide opportunities and networks that allow for relationships to develop. For all individuals, it is important to teach safety skills related to dating and intimate relationships to prevent harm to themselves and others. These specific skills may depend upon a variety of individual and social network factors. Along with safety skills in dating also come the social skills required to be successful at dating. It is helpful to keep in mind that not everyone will require the same level of support and skill development. The individual's team will be best positioned to assist with assessing important skills for an individual to learn.

### *Slide Nine:*

When providing choices to adolescents and adults, we can provide the opportunity to increase their quality of life. First, we provide them with the respect and dignity that each of us expects when it comes to our own choices about social networks. Also, it is important to assess the level of supervision required for the different types of social networking opportunities - from family visits to community dances, and to balance supervision with building independence and autonomy. One important aspect of autonomy is



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not just the development of social skills specific to different social opportunities, but also the safety skills needed to be more independent in these situations. All of these considerations can contribute to the increased independence and sense of self-competence that are part of a desirable quality of life.

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## Module 2: Key Components in Residential Service Provision Chapter 2.4: Social Networks and Personal Choice

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