Developing a social problem solving program with the input of adults with intellectual disabilities and their staff

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Presenter disclosures

Sarah Ailey

No relationships to disclose

Purpose

- Discuss experience of involving adults with intellectual disabilities (ID) and their staff in modifying and tailoring an evidence-based social problem-solving program so that it is acceptable and useful for them.

Learning objectives

- Discuss use of cognitive interviews among individuals with ID and their staff as part of tailoring a social problem-solving program to meet their needs

- Discuss overall process of tailoring the social problem-solving program

Background

- ID affects 1-3% of population

- Over 500,000 live in community residential facilities

- Number expected to grow with aging and deaths of family caregivers

- 75% of individuals with ID in residential facilities live in small group homes

Aggressive/challenging behaviors (A/CBs)

- Residential care can exacerbate already elevated rates (45-60%) A/CBs

- A/CB rates in group homes > in family homes*

- A/CBs major reason psychoactive drugs** with high use rate in group homes (20%-50%)**

- A/CBs common reason ED visits, hospitalizations

- Serious consequences -more restrictive environments, arrests

- PUBLIC HEALTH PROBLEM

*Deb, Thomas, & Bright, 2001; ** Lunsky & Palucka, 2004: *** (Deb & Fraser, 2004).

Group homes

- Residents unknown to each other
- Staff - minimal training, high school education*
- A/CBs create dynamics that increase problems**
- Staff don't know how to respond & fear affects***
- Staff often reinforce A/CBs with attention****
- Both groups ill-equipped to problem-solve and ward off A/CBs.

Hewitt et al., 2004; Wiltz**(Warren, Newsome, & Roe, 2004; Wiltz & Reiss, 2003)*** (Rose & Cleary, 2007; Whittington & Burns, 2005).. **** (Hundert, Walton-Allen, Vasdev, Cope, & Summers, 2003).

Social problem-solving

- Cognitive and behavioral activities
  - understand problems
  - cope with or find solutions
- Includes
  - Problem-solving orientation
    - *positive* and *negative*
  - Problem-solving style
    - *impulsive/careless, avoidant* and *rational*
- Tools include
  - Externalize problems
  - Stop and slow down *(in order to)* think and act
  - Rational style - Define, Alternatives, Predict, Try out

Social problem-solving in group homes*

- Purpose to modify and tailor an existing research-based SPS program** for individuals with ID and their residential staff
- Work preliminary to delivering SPS program in group homes as a health intervention.

*   Funded by Rush University College of Nursing #31202

**   D'Zurilla & Nezu, 2007

Design

- Input from supervisory staff responsible for behavior programs for individuals with ID
- Cognitive interviews with individuals with ID and residential staff
- Pilot of program in two group homes

Advisory Group - Supervisory staff

- Initial draft of modified program

- Made recommendations
  - Simple language
  - Sessions about an hour
  - Interactive materials and group approach
  - Important issues
    - Problems are big or little,
    - Knowing when you have problems
    - Triggers
    - Stop, slow down, and think

Cognitive interviews

- How specific groups understand, process, respond to information

- Emphasis on identifying potential breakdowns in process*

- Used for instrument design

- Also used for educational materials.**

* (Willis, 2005) **(Shafer & Lohse, 2006).

Cognitive interview methods

- Verbal probing techniques - comprehension and interpretation SPS material*

- Explain materials in own words.

- Confidence in material

- Retention

*Willis, 2005;

Cognitive interview analysis

- Cross-case analysis matrix*
- Core concepts of SPS unit of analysis
- Source (individual with ID and residential staff) and verbal probing issues displayed
- Focus on finding
  - Breakdowns understanding of materials
  - Alternate examples and strategies for promoting understanding of the materials

* Based on the work of Miles and Huberman (1994) and the application of Miles and Huberman in other research (Knafl et al., 2007),

Matrix display

Modules/ Core concept	Source and Comprehension/ Interpretation probes	Information type/educational strategies probes	Retention/Confidence probes	Decision
Module one: • Introduction • Attitude	**Individuals with ID** • Gave information about themselves such as; like to cook, like camping.	• Picture-card sorts useful.	• Followed along with pictures	• Keep picture card sorts and simplify.
Module two: • Attitude • Tools to "Stop and slow down"	• Talked about "act out" • Situations when they might "act out" Strategies they use to not "act out" such as "walking away" • Strategies to calm/slow down such as going to quiet place, listening to music.	**Asked about pictures of ways they react to problems** • Chose pictures. For "acting out" graphic of screaming frog was liked. **Pictures of ways to calm/slow down** • Used pictures; Gave own examples.	• Followed along with pictures • Suggested pictures representing ways to calm/slow down.	• Keep and develop pictures for calm down/slow down • Use fewer examples • Use situations they described as problems in problem list. • Use fewer examples. Can give examples after initial ones.
Module 3 • Define • Begin Alternatives	**Interactive game – how tall are the other participants** • In general, thought other participants taller than were. Point made problems sometimes seem bigger than really are. **Own ways to describe "break it down"** • Ways of picturing the concept "break it down" - motion of breaking a stick.	**Asked about pictures of problems faced** • Some pictures were familiar as representations of problems. Suggested other examples **Asked strategies to "not get mad, get challenged"** • Examples with different strategies and outcomes useful **Used list possible problems; card sort of options for "break it down;" pictures strategies "not get mad, get challenged."**	**We asked them to identify some problems they faced** • Largely interpersonal issues- Not getting along with roommate; Other clients' cursing, staring; Concerns about family, health of family members.	• Modify and simplify list of problems • Add health of family members to common problems • Develop other pictures such as someone "breaking a stick" • Incorporate examples of strategies they would use • Use fewer examples of problems. Can give own examples after initial ones.
Module 4: • Alternatives • Predict	**Asked what being "challenged" by problems meant to them** • Own words "Face it/Step up, Fix it." • Comment "If you don't take baby steps, then it's going to drag you down." **Asked own words for ways feel if react negatively or positively to a problem.** • Concept difficult. At first gave ways could react and not how feel • One said reacting well " makes me feel like a better man." • Negative feelings described were "depressed" or "sad • Other feelings they added were "respected "and "connected."	**Asked about pictures of being challenged.** • Suggested using ways to represent "face it/step up/ fix it" **Asked about pictures of feelings.** • One picked pictures with "proud" and "happy" as ways might feel • Other pictures suggested others.	**From the previous session:** • Remembered: • Introductions - Things they liked to do Things making them special • Breaking it down Noted that strategies to get challenged were difficult.	• Use their examples of consequences in Predict • Use feelings expressed by clients i • Simplify previous list of feelings
Module 5: Alternatives Predict	**Asked about "brainstorming" solutions to problems** • Word/concept "brainstorming" difficult. Did not come up with own words • With examples of "brainstorming" were able to do this.	**Asked to come up with problems and then "brainstorm"** • Ways to cut down on smoking talked about. Came up with 5 strategies • How to deal with someone wanting to start a fight and how to deal with the issue of shared televisions and shows want to watch -3 to 4 strategies each.	• Able to propose multiple possibilities of dealing with problems.	• Enhance examples of brainstorming.

Results

- Concept **Positive attitude** - Own words "Step up/face it/fix it"
- Concept **Impulsive** behavior/style - Own words "acting out"
  - Concept **Triggers** to impulsive behaviors difficult-pictures useful, examples useful
- Concept **Avoidant** style - statements problems don't go away

Results

- Concept **Rational** style
  - Component **Define -** Own words "Break it down"
  - Component **Alternatives**
    - Word "brainstorming" difficult
    - Pictures in manual useful
    - Practicing useful

Results

- Component **Predict** (two issues)
  - Feelings handle problem well/not well
    - Pictures in manual helpful
    - Examples helpful
    - Own examples handle well - feel "like a better man, connected, respected."
    - Handle Not well - Feel "Sad/depressed"
  - Consequences handle problem well/not well
    - In manual phrased as "things happen"
    - Experiences of negative consequences when "act out" familiar - hospitalization, loss of privileges
    - Positive consequences for handling well

Conclusions cognitive interviews individuals with ID

- Original
  - manual for facilitators
  - materials for residents and staff
- Now
  - manual for individuals with ID and staff
  - materials for facilitators
- Cognitive Interviews assisted
  - Simplify to concepts grasped by participants
  - Which concepts easier/more difficult
  - Alternate examples/own words
  - Multiple methods especially to reinforce more difficult concepts

Cognitive interviews residential staff

- Staff noted seen as authority figures **but**
- Role also to facilitate independence
- Delivering program enhances this role
- Suggested adding interactive powerpoint
- Specific suggestions of scenarios for examples, interactive games for beginnings of sessions, worksheets for between modules
- Expressed confidence in working with materials

Pilot of SPS in Group Homes

- Two group homes - one male, one female
- More information modifying/tailoring program
  - Importance of non-emergent space and time
  - Length of program
  - Examples of problems highlighting
    - Problems for group as whole
    - Individual problems including
      - Likely to set off "acting out"
      - Likely to lead to avoidance/denial
  - Examples of impulsive, avoidant and rational problem-solving behaviors

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Discussion

- Individuals with ID and residential staff can participate in tailoring health programs
- Cognitive interviews useful for obtaining input
- Matrix provided structure to analyze input
- Process provided SPS program for pilot
- Pilot program provided further input
- Adds to research on ways vulnerable populations provide input to health programs
- Next step clinical trial SPS program.

Limitations

- Small number of people involved in cognitive interviews and pilot
- All from same agencies
- Same geographic area