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Bridging Behavioural Skills Training and Compassionate Care

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Direct Support Professionals (DSPs) provide some of the most important services and supports to our society. As DSPs, you support individuals with intellectual and developmental disabilities in a variety of areas of competency as outlined in the NADSP Competency Areas, including but certainly not limited to: participant empowerment, community living skills and supports, vocational, educational, and career support, building and maintaining friendships and relationships, providing person centered supports, and supporting health and wellness (NADSP, 2016). Similarly, the NADSP Code of Ethics also highlights the importance of Person-Centered Supports, and that DSPs must act with integrity, respect, and advocate for justice, fairness, and equity for the individuals they support (NADSP, 2016). This is no small feat! What does this actually look like? As DSPs, you might be supporting someone to explore community activities where they have the opportunity to meet others with mutual interests, to participate in cultural ceremonies, find meaningful employment, or learn self-care skills which may include things like sexual well-being, all the while maintaining the individual's preferences and rights at the forefront, and keeping personal biases in check.

This month's article serves two purposes – to highlight effective strategies for supporting others to learn new skills, while also highlighting how to ensure these skills are person centered and affirm the preferences, values, and rights of those we support.

What is Behavioural Skills Training?

Behavioural Skills Training (BST) is an effective tool for teaching skills. It has been used to teach both children and adults socially significant skills in a variety of contexts, as early as 1981 by Poche and colleagues, who taught self-protection to young children, and more recently by Aciu and colleagues, who taught hands-on CPR. Although each component may contribute to some learning, it is essential that all are used when training.

Five Steps to Effective BST

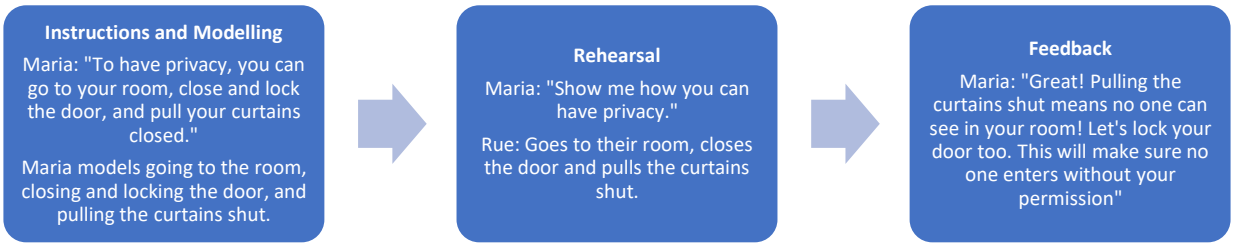
Although previous research suggests that there are four components of BST, Dogan and other professionals (2017) with field experience in BST suggest that there are five steps.

1. Providing appropriate **rationale** – This helps the individual understand why the skill is important and explore if and why they might want to do it.
2. State all steps during **instruction** – Outlines how to do it.
3. Skill demonstration by the mediator during **modelling** – Provides an opportunity for the individual to see how the skill is done.
4. Skill demonstration by the individual during **rehearsal** – Provides an opportunity to practice the skill.
5. Immediate **feedback** – Lets the individual know if they are demonstrating the skill, and if there is opportunity for improvement.

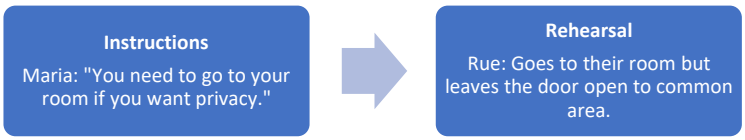
Are all components necessary?

A component analysis of four steps of BST suggests that written instructions and rehearsal are not enough to effectively teach a skill (Ward-Horner, J., & Sturmey, P., 2012). This actually makes sense. How often have you been asked to do a new task with written instructions only? Were you able to do the task fluently? Were you frustrated during the process? Unfortunately, instructions alone can leave a lot to interpretation. (Have you seen Josh Darnit's Exact Instructions Challenge? Click here to check it out! https://www.youtube.com/watch?v=FN2RM-CHkuI) Modelling and feedback were identified as the most effective components of BST in the component analysis referred to above.

What does this look like in practice?



What might it look like without BST? How often do we expect others to just "know" what to do? Has the individual had the opportunity to learn this skill before?



How can we use BST effectively and compassionately?

Before we get started, consider if you are in a place to be able to teach this skill. Are you competent? Do you have the skills, and cultural humility to teach this skill? Are there barriers that this person faces that prevents them from attaining their goal? Wright (2019) references the Individual and Organizational Questions to Assess Cultural Humility developed by Fisher-Borne and colleagues as a means to self-reflect and explore power imbalances in the supports we provide. Some examples of questions include, "How does my own background help or hinder my connection to clients/communities?" and "How do my practice behaviors actively challenge power imbalances and involve marginalized communities?" I encourage you explore and self-reflect on your own cultural humility before jumping in to teaching a skill, particularly where there is intersectionality of marginalized groups (e.g., disabled, BIPOC, LGBTQ2S+ communities). Consider seeking consultation from folks that have experience (lived and professional!) to make sure your approach is holistic.

A compassionate and collaborative approach to supports is key to providing person centered care. This can be attained through using specific soft skills that affirm and reinforce individual preferences, values, and rights, as recently indicated by Rohrer and colleagues. They developed a Compassionate Collaboration Tool that provides an opportunity to self-reflect on soft skills that enhance compassionate collaboration. The following suggestions are adapted from their tool with consideration of how they can be applied to the BST process:

Rationale

- Identify goals that are relevant and are aligned with the values of the individual you support. Why might they want to learn the skill? What are the benefits? What are the risks? If you do not have fully informed consent to support learning this skill, take a step back and work with them to realign values and goals.
- Are you competent? Cultural humility means recognizing personal biases or gaps in skills and knowledge. Reach out to a subject matter expert that can provide valuable insight and support (e.g., Indigenous Friendship centres, Pride groups, Multicultural centres).
- Evaluate the steps to learning the skill. Do they reflect the preferences, values, and rights of the individual? Encourage them to collaborate and develop the steps to attaining goals. Ask them, “Is it ok if we try ____?” Look for indicators of assent (nodding, leaning forward, saying, “yes,” initiating steps), and dissent (frowning, head down, shaking head “no,” turning away, sighing).
- Give opportunity for choices e.g., “Would you rather meet people in a group, like an art class, or just one-to-one, like for coffee?”

Instructions and Modelling

- Accessibility is so important! What communication supports might be needed? Does this individual benefit from using visuals? Prompts and reminders in apps? Help them set up for success with the communication tools they might need. Not sure what they need? Consider reaching out to a Speech-Language Pathologist for advice.
- Modelling can be provided in so many ways. You can roleplay skills before practicing in the community, watch videos of others doing the skill (see Erath and colleagues, 2021), or learn from members of the community. Support the individual to choose how they prefer to learn.

Rehearsal

- Where does the individual feel safe and comfortable practicing the skill? They might want to practice with you as someone they trust first. They might prefer to jump right in and practice where the skill will be used!
- Offer as many opportunities as possible to practice the skill where it will be used to build confidence. Keep their preferences and values at the forefront and seek opportunities that will bring them closer to those values and goals, e.g., exploring opportunities to participate in Pride activities, cultural ceremonies, etc.
- Informed consent is an ongoing process. Check in to see if they want to practice the skill and remind them that they can stop or leave a situation at any time. Watch for the previously noted indicators of dissent, and encourage a pause to discuss and advocate for preferences (e.g., “You look unsure about asking this person to go for coffee. Do you want to stop and talk about it?” “It looks like you’re not loving this texture of art supplies. Would you like me to help you with this step? Or you could try some of these supplies instead.”)
- Encourage asking questions. Learning can be a messy process, and by using attentive listening, avoiding interrupting, and using framing (e.g., “What I’m hearing is___”), you are demonstrating compassion and building a safe space for learning.

Feedback

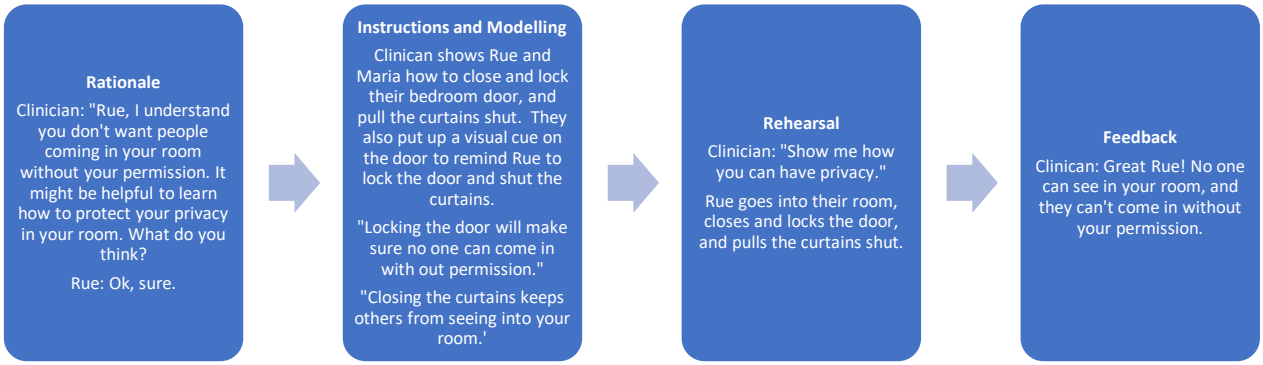
- Feedback should be specific and highlight individual successes. Tying positive outcomes to the skill they demonstrated can help build confidence to use the skill in future situations, e.g., “They said they’re interested in going for coffee again! I’m so proud of you for showing up and trying something new!”
- Constructive feedback should be just that – provide some examples of how the individual might improve their skill or provide alternatives. Tie possible outcomes to some of those choices and support them with the choice they make. Alternatively, respect their choice if they prefer not to try again, e.g., “Hmm, they said they are not available on Friday. You could ask if they have another day that they are available, or they might suggest one. Or, if you don’t want to go another day, you could say, ‘That’s ok. It sounds like you want to take a break from seeing other people for a bit.’”
- Validate their feelings when things don’t work out as planned, expressing genuine empathy, and offer support, e.g., “It was really disappointing that they weren’t interested in going for coffee again. Do you want to talk about it?”
- Feedback works both ways – ask the individual what they liked about learning the skill, and if there are any parts they would like to do differently. Use attentive listening skills to encourage constructive feedback on the support you provided as well, e.g., “Was there anything I said that was not helpful?”

BST and Compassionate Care in Practice

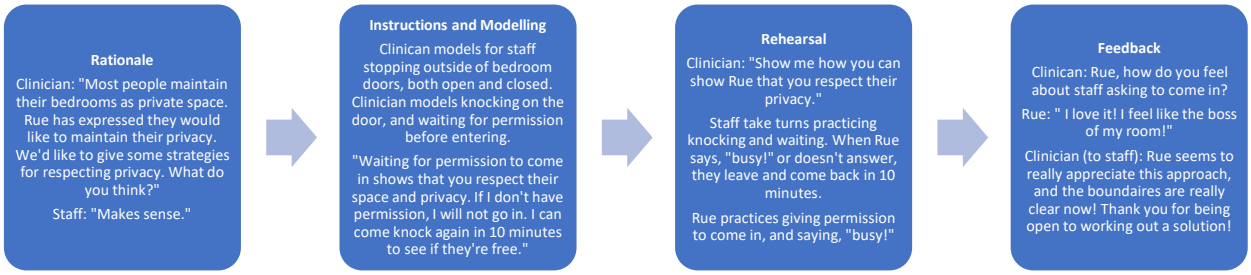
Maria provides support to Rue who lives in a home with two peers and is supported by staff 24 hours a day. Maria recently walked into Rue’s room unannounced, interrupting Rue who was getting dressed. Rue was very upset by this and yelled at Maria to leave.

Maria was embarrassed, but not sure what to do. She wants to help them with morning routines but doesn’t want to upset them. With Rue’s permission, Maria seeks consultation with a clinician that specializes in sexuality.

The clinician works with Rue and Maria to establish boundaries for privacy:



The clinician recognizes opportunity for teaching skills to Rue's staff as well. This looks like:



Conclusion

As seen above, BST can be used in many contexts, not just with the individuals we support, but also peer to peer. Behavioural Skills Training is an effective way of teaching skills, and when paired with compassionate care and collaboration, DSPs can use these approaches to improve outcomes and professional relationships in a way that meets the areas of competency and code of ethics outlined by NADSP.

Happy self-reflecting!

About the author

Kayla Raaflaub, B.A., BCaBA, (she/her) is a Board Certified assistant Behaviour Analyst that has worked in the field of ABA for 13 years. She has shifted in the past two-and-a-half years from early intervention to providing service to adults with IDD and dual diagnosis, as well as their caregivers and Direct Support Professionals as a Developmental Services Practitioner with Hands TheFamilyHelpNetwork.ca. Working in the adult services sector and as part of a multidisciplinary team has provided opportunities to explore and expand her knowledge and competency in areas of interest including sexual health and wellness, and building caregiver capacity from a bio-psychosocial framework.

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