Increasing Appropriate Social Skills with an Individual Living with an Acquired Brain Injury in a Rehabilitation and Community Setting

by

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A thesis submitted to the School of Community Services in partial fulfillment of the requirements for the degree of

Bachelor of Applied Arts in Behavioural Psychology

St. Lawrence College

Kingston, Ontario

Canada.

April 2013
DEDICATION

I would like to thank my parents for providing me with continuous support throughout this long journey and always encouraging me to persevere despite life's challenges (Please give me a low interest rate on my pay back plan.). To Sophie, my dog, who showed me what unconditional love really is.

To the one who always told me that nothing worth having comes easy:

"I will persist without exception, I will continue despite exhaustion. I acknowledge that most people quit when exhaustion sets in. I am not most people. I am stronger than most people. Average people accept exhaustion as a matter of course. I do not. Average people compare themselves with other average people. That is why they are average. I compare myself to my potential. I am not average. I see exhaustion as a precursor to victory." – Andy Andrews
ABSTRACT

It is common for individuals with an acquired brain injury (ABI) to experience social skill deficits post-injury and as a result many of them report social isolation, changes in relationships, and an overall decrease in their quality of life. The aim of the present study was to increase an individual's appropriate social behaviour using social skills training paired with social stories. While there is evidence suggesting that the use of social stories are effective with the Autism Spectrum Disorder population, the present study uses social stories within the ABI population. The study involved a 38 year-old woman living with an acquired brain injury and took place in an outpatient rehabilitation and community setting. Social skills training and social stories were implemented and direct observation was used to determine the frequency of the participant's appropriate and inappropriate social behaviour both at baseline and intervention. Results indicated a very minimal increase of 2% in the participant’s appropriate social behaviour and a decrease of 41% of the participant’s inappropriate social behaviour. No follow up data was collected. Implementing a longer treatment phase may have shown a larger increase in the participant's appropriate social behaviour. It is recommended for future research that a longer treatment phase be delivered in a group format.
ACKNOWLEDGEMENTS

I would like to thank my supervisor, Dr. Sheelagh Jamieson, for providing me with endless support during this long writing process, without your guidance this wouldn't have been possible. I would also like to thank Dr. Gary Gerber and the staff at West Park Health Care centre for providing me with a wonderful placement experience where I was able to implement this study. To the clients at West Park, thank you for all of the great memories and laughs we shared during my time there. I would also like to thank Dr. Irwin Altrows for being my second reader, taking the time to read my thesis, and for providing me with great feedback. Without all of you, this year would not have been possible.

To my friends in the BPSYC program, thank you for unforgettable experience and I couldn't be more thankful for all of you, you have made the last 4 years amazing.
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Chapter I: Introduction

It is estimated that approximately 18,000 individuals in Ontario sustain an Acquired Brain Injury (ABI) each year (Brain Injury Society of Toronto, 2012). As a result of these brain injuries, individuals with an ABI often lose the skills necessary to effectively participate in their community. They may not have the social skills to appropriately interact with others at work, in the community, or at home. Many of these individuals cannot maintain and function in their prep-injury roles due to physical and cognitive deficits. For example, maintaining the role of spouse, parent, or employee can all be affected after acquiring a brain injury. As such, the repercussions of an ABI not only impact these individuals, but also impact their family, friends, and contact in the community (Brain Injury Society of Toronto, 2012). It is difficult for families to adjust to the new lifestyle that having an ABI brings. Therefore, caregivers often resort to minimizing meaningful interactions with their loved ones living with an ABI because it is easier than attempting to teach them the skills they had pre-injury.

Although no ABI presents the same in every individual, the majority of those with an ABI exhibit issues surrounding social relationships as well as personality changes (Brain Injury Society of Toronto, 2012). These deficits become more apparent as the individual reintegrates back into his/her community (Cusick, Dahlberg, Harrison-Felix, Hawley, Morey & Newman, 2006). Everyday tasks such as shopping, medical appointments, and socializing with family can become difficult for these individuals as well their families. For example, initiating or maintaining conversations with others can be a skill deficit. Often, individuals with an ABI lack the skills to express their emotions or thoughts in an appropriate way. They may yearn for social interaction or companionship, but not be able to properly express these wants and needs. This may cause them to use inappropriate comments or behaviours to gain attention from others. Exhibiting inappropriate physical or verbal behaviour can make others feel uncomfortable and less willing to approach the individual. This can lead to social isolation.

Social skills training can help individuals with an Acquired Brain Injury learn new skills to have meaningful interactions with others, which can lead to building new relationships, returning to previous roles in the household, and returning to employment. Without these skills, it is difficult for individuals to return to the roles that they had pre-injury. It is important for individuals with an ABI to know and appreciate the importance of acting appropriately in social situations depending on the relationship dynamic. Social skills training can teach these individuals ways to listen, initiate, and maintain conversation.

One method of treatment that is used to teach individuals new skills is the use of social stories. These stories, in conjunction with other methods such as behavioural contracts or social skills training, are an effective method of treatment for people with Autism Spectrum Disorder (ASD) (Scattone, Tingstrom, and Wilczynski, 2006). Social stories are personalized stories to introduce a new behaviour or concept such as scheduling or time management (Ali & Frederickson, 2006). The goal of Social Stories are to take a skill or concept using relevant social cues and common responses to help improve the readers understanding of events or expectations (Carol Gray, 2000). Social Stories are used to describe skills or situations and help the reader understand what type of behaviour is expected in these situations (Carol Gray, 2000). Little research has been done to evaluate the effectiveness of using Social Stories with individuals living with an ABI. Although Social Stories have been primarily used with the Autism
population, it is hypothesized that using social stories and other forms of social skills training can improve social skills in individuals with an ABI. The aim of the present study is to implement a social skills training program using social stories with a 38 year-old woman who is two years post-injury. This thesis examines current literature on the effectiveness of social stories with the ASD population and examines the similarities within the ASD and ABI population in order to implement social stories with the participant. Chapter One provides an introduction to this study and describes the ABI population. Chapter Two describes ABI and its causes along with the physical, cognitive, psychosocial, and behavioural deficits that can occur as a result of a brain injury. Social skills training is also described in Chapter Two as well as the origin and use of social stories. Chapter Three describes the methodology of the study and provides information about the setting, participant, design, measures, intervention procedures, and reinforcement schedules. Chapter Four presents the results of the study and Chapter Five provides a summary and discussion of the results.
Chapter II: Literature Review

Acquired Brain Injury

An Acquired Brain Injury (ABI) can occur both traumatically and non-traumatically. For example, a traumatic brain injury can be caused by motor vehicle accidents, falls, and forced trauma to the head, while non-traumatic injuries are caused by loss of oxygen, bleeding in the brain, and tumours. More specifically, a Subarachnoid Hemorrhage (SAH) occurs when there is bleeding between the brain and the thin tissues that cover the brain which are called the Subarachnoid space (Pubmed Health, 2011). Symptoms of an SAH can include decreased consciousness and alertness, confusion and irritability, muscle aches, nausea and vomiting, a stiff neck, vision problems, as well as seizures or numbness in parts of the body (Pubmed Health, 2011).

Physical and cognitive deficits

Depending on the nature of the brain injury, it is common to experience a multitude of cognitive and physical deficits. Cognitive deficits can include memory problems, impaired reasoning skills, poor emotional control, dysphasia, problem solving, and decision making deficits (The Brain Association of Canada, 2004). Physical disabilities that occur after an individual has an SAH can include motor weakness as well as paralysis (Chua & Yap, 2001).

Psychosocial Deficits

Although there is a strong presence of ongoing physical and cognitive impairment individuals with an ABI, it is the psychosocial changes that have been associated with the greatest degree of distress for the individual and his/her family (Havill, Kersel, Marsh, and Sleigh, 2001). Due to these cognitive and physical deficits, it is especially common for individuals with an ABI to experience social and interpersonal changes (Bezeau, Bogud, and Mateer, 2004). These changes can include diminished relationships due to an inability to initiate and maintain conversation with others. According to Douglas and Shorland, (2010), discourse analysis shows that individuals who have acquired a brain injury show slower and less communication skills and often do not take responsibility for maintaining the flow of conversations. This is often due to memory and attention deficits as individuals with an ABI have difficulties in recalling people's names or conversation topics (Giles & Clark-Wilson, 1993).

Douglas and Shorland (2010), described and analyzed the communication patterns of two individuals living in the community following their ABI's and how their communication deficits affected their friendships. Data were collected using semi-structured interviews of the two participants in their home settings. After analyzing the interview data, themes that were acknowledged were: 1) The experience of friendship after experiencing an ABI, 2) alterations in conversational skills and 3) how open they felt to others. Results from the interviews revealed a loss of social support from friends after the participants returned to their community post inpatient rehabilitation. Loss of friendships was largely related to their inability to return to their regular pre-injury lifestyles and their inability to engage in activities with these friends. Data from the interview showed that the participants changes in communication affected their relationships. For example, both participants reported difficulty in being able to process, retrieve, and organize verbal information, which made it difficult to maintain and follow along during conversations. Lastly, both participants reported the feeling of fatigue as something that affected
their ability to communicate with others. They expressed fatigue as making it difficult to pay attention and as the lack of motivation to carry on conversations.

Due to these changes in communication, individuals with an ABI often report social isolation, which has been associated with a decrease in life satisfaction (Cusick et al., 2006). Interpersonal relationships are an important aspect throughout recovery, therefore teaching individuals with an ABI the appropriate skills to help re-build and maintain these relationships can increase the overall quality of their lives (Bellack & Meuser, 2007).

**Inappropriate Behaviours**

Individuals with an ABI often engage in inappropriate behaviours post-injury. These behaviours range from social awkwardness, inappropriate attention seeking, and social intrusiveness to dangerous behaviours like lighting fires and crossing road without looking both ways (Brown, Kelly, Kremer, and Todd, 2008). The presence of inappropriate behaviours is associated with decreased social contacts, poor social adjustment, the inability to keep a job, and fewer leisure activities (Havill et al., 2001). While many categories of these behaviours have been focused on, less attention has been paid to problem behaviours of a sexual nature (Bezeau, Bogod, and Mateer, 2004). Inappropriate sexual behaviours strongly influence the person's relationships because they can be harmful physically, mentally, and emotionally to both parties. Although there have been many case studies identifying the presence of altered sexual preference and behaviours following a brain injury, there has been little information collected about these problems. In a survey of rehabilitation professionals, it was reported that 70% of the respondents had identified sexual touching as a common problem in their facility (Bezeau, Bogod, and Mateer, 2004). 20% of the professionals identified the use of sexual force. Other problem behaviours that were reported after an injury were sexual remarks and exhibitionism. These professionals stated that it was common for these behaviours to hinder the individual's rehabilitation and re-entry into their community.

It is important to look at the nature of an individual's brain injury when trying to understand their inappropriate sexual behaviour. For example, hypersexuality and disinhibition tend to follow a medial based-frontal injury that has been strongly associated with increased impulsivity and autonomic processing (Bezeau, Bogod, and Mateer, 2004). The functional consequences of an individual's brain injury may be assessed using neuro-psychological measures and behaviour rating scales. Impairments to their executive functioning may play an important role in their inappropriate behaviour as it makes it difficult for them to appreciate social cues and manage their sexual urges.

In the absence of evidence-based treatment, a growing body of literature shows that challenging behaviours persist and can worsen over time (Brown et al., 2008). These behaviours create problems for families. Risks such as family disintegration, limited access to rehabilitation, and even legal charges can occur in response to challenging behaviours (Brown et al, 2008). In the fullness of time and the absence of effective rehabilitation, these individuals may face more restrictive interventions and undesirable environments such as hospitals, psychiatric facilities, or incarceration (Brown et al., 2008).

**Social Skills Training**

Social Skills training is recognized as one of the most commonly used approaches to rehabilitation (Bellack & Mueser, 2007). It involves teaching interpersonal skills by breaking
down complex behaviours and demonstrating these skills through role plays, providing positive and constructive feedback, as well as the development of "homework assignments" to help utilize these skills in their natural environment (Bellack et al, 2007). Although there has been much debate on the effectiveness of social skills training, most research has shown a general consensus that it's an effective method in rehabilitation (Bellack et al, 2007). For example, there is sufficient evidence suggesting that transferring the social skills to the individual's natural setting through the use of homework and community practice is useful (Bellack et al, 2007).

There has been little research on the effectiveness of social skills training with the ABI population and results have been inconsistent (Giles et al, 1993). These findings suggest that cognitive impairment, such as memory, can be associated with slower achievement during social skills training (Bellack et al, 2007). Cusick et al, (2006) explored social communication skills in individuals with ABI and found that while the lowest rating for deficits in social communication involved planning and initiation, other skills that were rated low were pragmatic language functions such as conversational competence and keeping thoughts organized. Due to these deficits, it may be difficult for individuals with an ABI to participate in social skills training. It has been suggested that certain characteristics found in individuals with an ABI may be unique to this population, therefore conducting studies to examine the effectiveness of social skills training on this population is necessary (Hart, High, Sander, and Struchen, 2005). For example, factors such as age of injury play an important role in their rehabilitation. It is common for individuals who have sustained their brain injury as adults to have already developed social cognitive skills prior to their injury, therefore some aspects of social skills training may not be applicable (Hart et al, 2005).

Using the individual's strengths when implementing social skills training can be very beneficial. Tailoring their treatment program around their deficits is also equally important. It was also found that self-awareness of these deficits may contribute to treatment success as there is more motivation on the individual's part to participate in treatment (Cusick et al, 2006). Individuals with an ABI may not have the awareness to understand they have deficits in areas such as social communication, which can be noticed more by their family or caregivers (Cusick et al, 2006). Areas such as social contacts and social competency may become decreased as a result of their injury (Cusick et al, 2006). It has been shown that social skills training can be very effective with individuals who have the memory capacity to not only learn and remember the skills taught, but to utilize them (Bellack et al, 2007). For example, an individual with mild cognitive deficits in relation to memory and planning may have a higher learning potential than an individual with severe memory impairments. In more recent years, research has led to a number of developments intending to increase the effectiveness of social skills training (Bellack et al., 2007). One example would be the use of involving the individual's natural environment to promote generalization of these skills, which has been shown to maximize treatment progress (Bellack et al., 2007).

**Social Stories**

Similar to individuals on the Autism Spectrum Disorder (ASD), individuals with an ABI can exhibit limited social awareness, difficulties initiating or maintaining conversation, as well as showing limited or no understanding of facial expressions, jokes, or idioms (Ali et al., 2006). Research shows that social stories can be an effective treatment tool for teaching individuals with Autism Spectrum Disorder (ASD) communication and social skills (Ali & Frederickson, 2006).
Social stories are personalized stories written for individuals with ASD to help them manage their behaviour, learn new skills, and learn ways to handle their emotions in healthy ways (Ali et al., 2006). Social stories can include verbal and visual cues to help teach the individual skills or ways to handle situations. Social stories use four basic sentences, each of which serves a different purpose. These include descriptive, perspective, directive, and affirmative sentences (Ali et al., 2006). Carol Gray (as cited in Ali et al, 2006) states that social stories should be tailored to identify and use the individual's strengths and abilities. According to Carol Gray's guidelines to writing social stories, using these sentences in proper format can help produce social stories that can effectively teach an individual new skills. Social Stories can be individualized to meet the needs of participants and can be used with participants who have social interaction deficits (Gray, 2010). They also have been successfully used to explain reasons for behaviours, to promote self awareness, as well as to teach new skills (Gray, 2010). Swaggart, Gagnon, Bock, Earles, Quinn, Myles, & Simpson (as cited in Scattone, Tingstrom, and Wilczynski, 2006) state that many studies have used social stories in combination with other forms of intervention such as social skills training, behaviour charting, and reinforcement.

While there is literature supporting the use of social skills training with individuals who have acquired a brain injury, there is little research being done to support the use of social stories with this population. Due to the similarities found with individuals who have Autism and individuals who have an ABI, social stories may be effective in teaching them new behaviours and with skill acquisition. The use of social skills training with social stories to assist individuals in learning social skills will help them successfully reintegrate back into their community post-injury. Learning how to build new relationships and maintain previously established relationships can help decrease social isolation and increase the overall quality of life. Communication difficulties post-injury can cause significant changes in family roles and dynamics; social skills training can help individuals re-establish these roles and contribute to their household. The ability to identify people's emotions through tone of voice and nonverbal signals such as facial expression are also important when interacting with others and can be learned through the use of social skills training. The objective of this study is to use social skills training and social stories to teach an individual with an Acquired Brain Injury appropriate social behaviour.
Chapter III: Method

Setting
This study takes place at an outpatient day program at a rehabilitation hospital and out in the community. The outpatient program is a social recreation program that provides their clients with social and educational activities, as well as community outings. The participants of the day program participate in workshops that educate them on areas such as emotion regulation, stress management, and the effects of a brain injury. These activities support the goals of the clients, as well as enhance their strengths and assist them in learning new skills. The focus of this outpatient program is on recreational activities and providing social support by also providing case management. The social skills training occurs in a quiet room with minimal distractions within the hospital.

During the course of this study, the participant was transitioned to another agency. The researcher assisted the participant in transiting to the new agency by reviewing the social stories in her new setting. The new agency provided several day programs ranging from music group, to cooking, to technology groups. The focus of these programs are similar to the previous program in that they are directed towards providing social support for individuals with an ABI, as well as to teach them new skills.

Participant
The participant of this study is a 38 year-old woman who acquired a brain injury as a result of a subarachnoid hemorrhage and who is currently two years post-injury. The participant currently lives at home with her husband and two children. The participant has a history of employment in the marketing field, and is a very social and interactive person. Since her ABI, she experiences deficits in social skills, more specifically in areas such as pragmatic language skills. She has difficulty in generating appropriate conversation topics, as well as maintaining conversations. Due to disinhibition as well as an overall skill deficit, she will often resort to asking inappropriate questions such as "are you married?". The participant's role as a wife and mother has also significantly changed since her brain injury. She is no longer able to care for her household or to maintain employment. She was admitted to a Neurocognitive inpatient unit at a rehabilitation hospital approximately one year post-injury and received physical, occupational, speech, and behaviour therapies. Behavioural Support Programs had been implemented prior to this study to address the participant's inappropriate social skills as well as participation in therapy. Redirection and social praise were used and minimal changes were noticed. The clinical director of the day program referred the participant to the student researcher due to her inappropriate social behaviour.

Consent
Written consent to participate in this study (Appendix A) was obtained from the participant as well as her husband who is her substitute decision maker. They were both informed of the potential benefits of participating in this study as well as the potential risks. This project has been approved by the Research Ethics Board at St. Lawrence College.

Design
This study is a single subject AB design. For the purpose of this study, A represents baseline, while B represents intervention. The dependent variables in this study are the
participant's frequency of inappropriate social behaviours/appropriate social behaviours, and the independent variable is the social skills training paired with social stories.

**Target Behaviours**

Inappropriate social behaviour is defined as making comments to staff that are sexual in nature or seen as socially inappropriate. For example, "you look sexy", "you look so good" or "you are so good, I love you". Inappropriate social behaviour can also be defined as approaching strangers in the community, starting a conversation by asking for a cigarette, or asking questions such as "are you married?".

Appropriate social behaviour is defined as engaging in conversation or making comments that are relevant to the conversation. This includes asking questions that pertain to the information the individual is saying. Making socially appropriate comments such as "the weather is nice today" or "I hope you are having a good day" to familiar people in the community (e.g. TTC employee) is also defined as appropriate social behaviour.

**Measures**

*Motivation Assessment Scale*

The Motivation Assessment Scale (MAS) (Appendix B) was completed by the student researcher to determine the function of the participant's behaviour. The MAS is used to determine why an individual exhibits the problem behaviour being targeted for treatment. The categories are divided into Sensory, Escape, Attention, and Tangible. Using a Likert scale, the observer answers a list of 16 questions. To determine which function is causing the behaviour, the observer then enters the score in the appropriate category to determine the total score for each function. According to the MAS, the function of the participant's behaviour appears to be attention, with a total score of 11. However, through other assessments, it is suggested that her behaviour could also be a result of a skill deficit.

*Functional Assessment Interview*

An interview (Appendix C) with the day program staff was completed to assist in determining the function of the participant's behaviour. The information presented in the interview suggested that the participant's behaviour happened most frequently when she was out in the community. The staff believed her behaviour to be a result of a skill deficit, while the function was attention. They suggested that the participant may be lacking the appropriate skills to interact with people in her environment, whether they are in her social network or not. The staff also suggested that the participant is not able to differentiate between what is appropriate and what is not during conversations. The staff also report that when the participant is unsure of what to say, she will often resort to asking the same questions which can be construed as being inappropriate. For example, when meeting someone for the first time, instead of commenting on something generic (e.g. the weather), she will ask questions such as "are you married?".

*Sequence (ABC) Analysis*

The student researcher completed a Sequence Analysis (Appendix D) to provide a description of the antecedents and consequences of the participant's behaviour. The antecedents of her behaviour are usually a transition into a new activity, being out in the community, or outside for a cigarette. The data shows that the participant often approaches strangers in the
community. The consequences of this behaviour are strangers expressing discomfort or anger, walking away, or occasionally maintaining conversations with her.

Data Collection

Frequency recording was used to collect data on how often the participant exhibits appropriate and inappropriate social behaviour at both baseline and intervention. Data was collected for a total of 45 minutes each day, divided into 15 minute intervals. The intervals were dispersed throughout the day to ensure that the participant's behaviour was observed in a variety of settings. Any materials that the participant needs to take part in this study are provided by the student researcher.

Behavioural Objectives

Behavioural objectives were set for the participant based on the data collected during the baseline assessment. The overall goal of treatment was for the participant to increase her appropriate social behaviour. Three objectives were identified and set for the participant. Her first behavioural objective was to exhibit appropriate social behaviour at least 5 times during data collection for one day. Once she reached this objective, the next objective was to exhibit this behaviour at least 7 times during data collection for one day. Her third objective was to exhibit appropriate social behaviour at least 9 times during data collection for one day and once she had reached this objective, her ultimate goal would be met.

Decreasing inappropriate social behaviour was also a goal set for the participant based on baseline data collected. Three objectives were also identified and set for the participant. Her first objective is to exhibit inappropriate social behaviour 6 times during data collection for one day. The second objective is for the participant to exhibit inappropriate social behaviour 3 times during data collection for one day, and ultimately the goal is for the participant to exhibit inappropriate behaviours 0 times.

Materials

A series of social skills exercises were provided in a workbook format to the participant. Cue cards as well as access to a computer and printer were also provided by the student researcher.

Intervention Procedure

The study consisted of social skills training with the use of social stories to increase appropriate social behaviour. Due to the participant's complex behaviours, it was necessary to modify the social skills training to suit her needs. The participant and student researcher met twice a week for one hour each day, for a total of six sessions. Table 1 provides an overview of the sessions which were broken up into two parts, 25 minutes each, to allow the participant to have a break. The content included psychoeducation on social skills and why they are an important component in successfully reintegrating back into the community after an acquired brain injury. Conversation skills and relationship building were also explored using activities and games to ensure the learning environment was stimulating for the participant.
Table 1. Session Overview

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<td>- Review of previous</td>
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<td>- Review of previous</td>
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Session One

The first session (Appendix E) included psychoeducation regarding social skills, along with a relationship pyramid exercise (Appendix F). The purpose of the relationship pyramid exercise was to help the participant learn the different types of relationships she has and how to act accordingly. For example, this activity taught the participant to differentiate between the appropriate ways to interact with her husband as well as people out in the community.

Session Two

The second session involved reviewing the previous session, as well as psychoeducation regarding social stories and how they are used to help individuals acquire new skills. Two social stories were created by the student researcher and the participant in the second session. The first story, titled "Family" (Appendix G), outlined the appropriate behaviours that the participant can exhibit in her home setting with her family members. The purpose of this social story was to validate the behaviours exhibited by the participant with the appropriate people. These behaviours included telling her family members that she loves them as well as rubbing her husband's shoulders. The social story was used to explain to the participant that because these
individuals are in her family, it is okay to act this way in this setting. The second social story created was titled "Talking to people at ____" (Appendix H). The purpose of this social story was to outline some of the inappropriate behaviours the participant exhibits at the day program, and to provide her with more appropriate ways to act. The behaviours that were outlined in this story were rubbing people's shoulders and telling them she loves them. The social story is used to explain the importance of asking people for permission before touching them or saying things that may make them uncomfortable.

Session Three
The third session (Appendix I) included an overview of the social stories that were created during the previous session. This session also included a conversation skills game that used turn taking and the practice of using comments and questions to maintain conversations. The concept of the conversation game is to maintain the conversation using open-ended questions and comments that the participant learned on the cue cards. The participant picked up a cue card, and was told to ask the question or make a comment of her choice, in order to stimulate meaningful conversation. The game continued until all cue cards were gone.

Session Four
The fourth session included the review of the social stories, as well as a review of the relationship building and conversation skills exercises. A social story titled "compromising" (Appendix J) was created by the participant and researcher during this session. This story outlines the benefits and importance of compromising. It explains how compromising can affect the relationships she has with staff and other clients at the day program, as well as individuals in her family and support network. It is outlined in the story how compromising may mean following the rules made by staff when it is inconvenient for her, however, that these rules are made for reasons and are in the best interest of the participant. This story was identified as being beneficial for the participant. It was acknowledged during treatment that the participant showed difficulties in following rules and keeping schedules. For example, her involvement in treatment became limited on days where she perseverated on cigarette smoking. The participant had a smoking schedule for this purpose, however, she showed difficulty committing to this schedule. The quality of treatment was compromised due to this perseveration and it became necessary to create a social story.

Session Five
During the fifth session the student researcher assisted the participant in transitioning out of the agency and into another day program. A social story was created for the participant to help her transition smoothly into her new program. This social story, titled "Schedule at ____" (Appendix K), outlines the schedule they have at the new agency, the importance of respecting and committing to the schedule, and how it will help her build friendships at this new agency. The social stories were reviewed with the participant at the new agency to help generalize the skills learned to her new environment.

Session Six
The sixth session was also used to help the participant transition to her new setting as well as review the social stories.
Session Seven

The seventh session was used to teach the participant's outreach worker how to implement the treatment program. The researcher went into the participant's home to meet with the outreach worker and explain the treatment.

Reinforcement and Verbal Prompting

Reinforcement in the form of social praise was used with the participant during each session. The student researcher praised the participant for every time she read each social story out loud. The participant was redirected using a verbal prompt every time she became distracted and did not return to her activity after more than 10 seconds. When the participant became distracted, the student researcher verbally prompted her by saying "I'd like for us to continue with our session".
Chapter IV: Results

Appropriate Social Behaviour

Baseline

Frequency recording was used to determine how often the participant was exhibiting appropriate social behaviour. Data collection was completed in 15-minute intervals for a total of 1.5 hours each day across 7 non-consecutive days. The participant was exhibiting the target behaviour an average of 3.8 times per day during data collection. Baseline data showed a stable trend in her appropriate social behaviour, which suggested that her behaviour was not decreasing nor was it increasing.

Intervention

At intervention, the participant was exhibiting appropriate social behaviour on average 3.9 times. This is an increase of 2% from baseline to intervention percentage of non-overlapping data was also calculated for the participant's appropriate social behaviour as 0%, which suggests the intervention was not effective in increasing this behaviour. The baseline and intervention graph for the participant's appropriate social behaviour shows a stable trend with no improvement. These findings suggest that the intervention program was not effective in increasing the participant's appropriate social behaviour. During intervention, the participant did not reach her first behavioural objective of exhibiting appropriate social behaviour 5 times during data collection.

Table 2. Raw data of baseline and intervention data of appropriate social behaviour

<table>
<thead>
<tr>
<th>Appropriate Social Behaviour</th>
<th>Baseline</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4</td>
<td>4</td>
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<tr>
<td>2</td>
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<td>11</td>
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</tr>
</tbody>
</table>
Inappropriate Social Behaviour

**Baseline**

Frequency recording was collected to determine how often the participant was exhibiting inappropriate social behaviour. The student observed and recorded the participant's behaviour in 15 minute intervals for a total of 1.5 hours each day. The participant was exhibiting this behaviour on an average of 7.2 times during the recording times. Frequency recording was completed during various times throughout the day to ensure a variety of social situations were addressed. Frequency recording was chosen because the student researcher was interested in determining how often the behaviour was occurring. It was reported by staff that her behaviour was not occurring at a high rate, therefore frequency recording was an appropriate method of data collection. Baseline data of the participant's behaviour showed a steady increase in her inappropriate social behaviour each day.

**Intervention**

At intervention, the participant was exhibiting inappropriate social behaviour on average 4.18 times. This is a decrease of 41% from baseline to intervention (Appendix N). Percentage of non-overlapping data (PND) was calculated for the participant's inappropriate social behaviour as 55% which suggests the intervention was minimally effective in decreasing this behaviour. Figure 2. shows that there was a decrease in the participant's inappropriate social behaviour after the first day of intervention. During intervention, the participant reached her first objective of exhibiting inappropriate social behaviour 6 times during data collection. However, she did not
reach her objective of exhibiting this behaviour 3 times during data collection and therefore did not reach her ultimate goal of exhibiting no inappropriate social behaviour.

Table 3. Raw data of baseline and intervention data of inappropriate social behaviour

<table>
<thead>
<tr>
<th>Inappropriate Social Behaviour</th>
<th>Baseline</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7</td>
<td>7</td>
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<td>2</td>
<td>6</td>
<td>4</td>
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<td>4</td>
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<td>11</td>
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</tr>
</tbody>
</table>

Figure 2. Baseline and Intervention Graph of participant's inappropriate social behaviour
Chapter V: Discussion

The overall aim of this study was to increase the frequency of the participant's appropriate social behaviour using social skills training and social stories. The results of this study showed that there were minimal changes noticed in the participant's appropriate behaviour. She demonstrated a larger decrease in inappropriate social behaviour than she did an increase in her appropriate social behaviour. She was able to retain the information presented to her in the social stories and was showing a decrease in her inappropriate touching and comments to others. The participant expressed enjoyment in creating and reviewing the social stories which may have been a factor in their success. Possibly due to the participant's limited attention span, she was not as successful at participating in social skills activities and therefore did not retain as much of the information presented to her. It is suggested that through the social stories the participant was able to identify the inappropriate behaviours she exhibited and was reminded when reading the stories which behaviours were not appropriate to exhibit but was not taught appropriate replacement behaviours. When comparing baseline and intervention data for the participant's inappropriate social behaviour, it is suggested that all of the skills that she acquired during treatment occurred within the first day. This is also shown when looking at the behavioural objectives set for the participant. She reached her first objective, however she did not reach her second or third objectives.

Program Changes

At the start of this study, social skills training was implemented twice a week, for one hour each day. The social skills training consisted of activities and social stories that taught the participant new social skills such as ways to initiate conversation as well as appropriate ways to act in social settings. Due to time constraints, the training was altered to only consist of creating and reviewing of the social stories. This could explain the minimal progress during intervention for both inappropriate and appropriate social behaviour. If time was not a factor during treatment, the participant may have learned appropriate replacement behaviours and therefore had her appropriate social behaviour increase from baseline. The social stories were reviewed at the beginning, middle, and end of each training day. The participant was discharged from the program before the training sessions were completed in which the researcher used the social stories to transition the participant out of the day program and to an outside agency. The content of the social stories remained the same, and only changed if necessary to be more appropriate for the new setting. The social stories were reviewed at the agency to ensure that her behaviours were generalized to the new setting.

Maintenance and Generalization

The use of social stories to help the participant learn social skills was shown to be a promising tool for reducing her inappropriate social behaviour. However, results show that it did not have a large effect on increasing her appropriate social behaviour. The use of social stories should not be faded out. It was recommended that she continue to review the social stories in the morning, as well as before transitioning to new activities. This was to ensure that the participant is continuously processing the information being presented to her, and to ensure that she retains this information in order to practice in her community. It was also recommended that reinforcement in the form of social praise not be faded out to ensure she is being provided with positive feedback and encouragement to continue reviewing the social stories. In an attempt to generalize the program, the researcher accompanied the participant to her new day program setting. The social stories were reviewed by the researcher and participant in her new setting.
The participant was provided with the appropriate social stories for her new day program setting and should continue to bring them with her each day and review them in this new setting.

The participant was encouraged to review the social stories in her home setting with her outreach worker. It is recommended that the outreach worker continue to provide the participant with social praise each time she review the story with them. It is also recommended that they continue to play the conversation game, as well as review the relationship pyramid each day. Once the participant has reached her objective of exhibiting appropriate social behaviour 5 times during data collection, the conversation game should be reduced to every other day. The game should be faded to 3 times a week once she has reached her second objective of exhibiting appropriate social behaviour 7 times during data collection. Once the participant has reached her third objective of exhibiting the target behaviour 9 times during data collection, the game should be played once weekly.

**Strengths and Limitations**

Due to the participant's minimal memory deficits, she was able to retain a large amount of information presented to her during the training sessions. During the intervention phase of this study, limitations were found. It is suggested that implementing a social skills training program in a group format may have shown more of an improvement in the participant's behaviour. In a group setting, the participant may have had more opportunity to practice these new skills in her natural setting, with individuals she came in contact with frequently. With the function of her behaviour being attention, a group format may have encouraged her to actively participate more and encouraged her to remain focused. Another limitation noted was the restriction of time during the treatment phase. Implementing a longer treatment phase may also have shown better results for the participant. While the social stories were shown to be a minimally effective way to teach the individual how her inappropriate social behaviour affected her relationships and her surroundings, an intervention focused more on appropriate replacement behaviours may have shown better results. Despite the very minimal increase in the participant's appropriate social behaviour, the data shows that this method of treatment was effective in decreasing her inappropriate social behaviour.

**Multi level challenges report**

Providing individuals with an ABI with the most appropriate treatment requires attention from all levels of service. It is important to recognize the challenges that individuals with an ABI face when receiving treatment, as well as the barriers that exist on the program and organizational level.

**Client level.** Day programs designed to assist individuals with an Acquired Brain Injury provide a concrete support system for these individuals and help them build relationships. However, there are minimal resources being provided to assist these individuals with long term skills training while they are enrolled, such as social skills training. Individuals who have difficulties in areas such as social skills may not know how to actively participate in the programs activities, and find it hard to build friendships.

**Program level.** It is necessary to provide these individuals with the best possible care so that the program can continue to grow and expand and receive the necessary funding to remain open. In
order to receive this funding, the program must perform successfully, which means they must allocate their resources appropriately in which they may not be able to provide individual support for those clients in need of certain skills training. It is important at a program level to acknowledge these deficits that may be barriers to a client's ability to appropriately and successfully participate. For example, these programs often have a time frame in which they can allow the client to participate, and they are then discharged from the program. There are a multitude of skills that can be addressed while enrolled in the day program, however, it is difficult to see long term positive behaviour changes.

**Organizational Level.** At an organizational level, it is important to have policies and procedures in place in order to meet the requirements for funding. These policies and procedures may not adequately reflect the needs of the individuals they serve. Some individuals may need to be enrolled in day programs for longer periods of time to work on their skills, be provided with a social support network, and sometimes just a place they can go.

**Societal level.** In order to ensure that individuals can return to their lives post-injury, it is important to provide communities with resources to educate them on the causes and effects of brain injuries. When individuals with an ABI return to their community with little or no physical deficits, it is difficult for others to identify their illness. This can make it difficult for these individuals to receive extra support while out in the community or returning back to work. Being unable to identify one's deficits when they are not visibly apparent may make it difficult for individuals in society to be patient, helpful, or understanding.

**Contributions to the field of Behavioural Psychology**
Previous literature shows that social skills training is an effective method of treatment for teaching individuals new and/or appropriate social skills in a wide range of populations. Through the strengths and limitations of this study, this study provides professionals in the Behavioural Psychology field more knowledge on how to effectively implement a social skills training program within the ABI population. It has also provided results showing the effectiveness of using social stories within this population.

**Recommendations for future research**
It is recommended for future researchers that they ensure that the treatment phase be long enough to produce more concrete, long term results. Implementing a more complex social skills training program may also produce more evident changes in the participants of future studies. It is recommended that this treatment be implemented in a group format which may also show a larger increase in the participants appropriate social behaviour due to the opportunity to practice these skills in a larger group format. It is also recommended that the inclusion criteria for future studies be specific to ensure that the treatment is tailored to meet the needs of all individuals. When implementing social skills training in a group format, it is important to screen and group individuals together based on their deficits to ensure that the treatment is appropriate and relevant for all participants. This study consisted of only one participant and due to the complex nature of each individual's brain injury, one method of treatment may be effective for one individual and less effective for another. It is also recommended that follow up data be collected to find out if treatment produced long term results.

*Word Count- 7,633*
References


Appendix A: Informed Consent

St. Lawrence College
100 Portsmouth Ave.
Kingston, Ontario K7L 5A6

Dear Participant,

I am a student in the Bachelor’s Degree Behavioural Psychology [BPSYC] program at St. Lawrence College. This four-year degree program is based on a behavioural framework, which has been proven to be effective in developing life skills with a wide range of clients in institutional and community settings. The behavioural approach increases the client’s desirable behaviours through teaching, practice and encouragement.

I am currently in a 14 week field placement. This course focuses on the application of the basic principles of applied behaviour analysis. One of the primary assignments during this placement is the development of Behavioural Intervention Program. The development of the behaviour change plan will include assessment procedures such as interviews with staff, collection of data, as well as intervention. This client-focused intervention/project will be developed in collaboration with you, the agency’s staff, and team members.

The placement has been approved by [Name redacted] and by [Name redacted], Dr. Sheelagh Jamieson is my College Supervisor.

[Name redacted] has suggested that I develop an intervention/project to help assist you in developing social skills to allow you to build better relationships with those around you. I would like your permission to implement the intervention/procedures described above. The intervention/project will be developed under the supervision of [Name redacted] and Dr. Sheelagh Jamieson. All information collected will be kept strictly confidential. Upon request, we will gladly share a copy of a brief report of the intervention.

If you agree to participate in the project, please complete the form at the bottom of this letter and return it to me as soon as possible. Participation in this project is voluntary and you may withdraw at anytime.

I sincerely appreciate your cooperation. If you would like to receive more information about the placement, please contact my College placement supervisor, Dr. Sheelagh Jamieson, Faculty in the Behavioural Psychology Program, at 613 544 5400 ext 1563.

Sincerely,

Amy Robertson
BPSYC Student
Appendix B: Motivation Assessment Scale (MAS)

MOTIVATION ASSESSMENT SCALE

Name: [Name]  
Rater: [Rater]  
Date: [Date]

**Description of Behavior (be specific):**

*Talking to strangers, inappropriate behavior.*

Instructors: The MAS is a questionnaire designed to identify those situations where an individual is likely to behave in specific ways. From this information, more informed decisions can be made about the selections of appropriate replacement behaviors. To complete the MAS, select one behavior of specific interest. Be specific about the behavior. For example, "is aggressive" is not as good a description as "hits other people." Once you have specified the behavior to be rated, read each question carefully and circle the one number that best describes your observations of this behavior.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Never</th>
<th>Almost Never</th>
<th>Seldom</th>
<th>Half the Time</th>
<th>Usually</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Would the behavior occur continuously if this person was left alone for long periods of time?</td>
<td>x</td>
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<td>2. Does the behavior occur following a request to perform a difficult task?</td>
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<td>3. Does the behavior seem to occur in response to your talking to other persons in the room/area?</td>
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<tr>
<td>4. Does the behavior ever occur to get a toy, food, or an activity that this person has been told he/she can’t/have?</td>
<td></td>
<td>x</td>
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<tr>
<td>5. Would the behavior occur repeatedly, in the same way, for long periods of time if the person was alone? (e.g. rocking back and forth for over an hour.)</td>
<td>x</td>
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<td>6. Does the behavior occur when any request is made of this person?</td>
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<td>7. Does the behavior occur whenever you stop attending to this person?</td>
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<tr>
<td>8. Does the behavior occur when you take away a favorite food, toy or activity?</td>
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<td>x</td>
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<tr>
<td>9. Does it appear to you that the person enjoys doing the behavior? (It feels, tastes, looks, smells, sounds pleasing).</td>
<td>x</td>
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</tr>
<tr>
<td>10. Does this person seem to do the behavior to upset or annoy you when you are trying to get him/her to do what you ask?</td>
<td>x</td>
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</tr>
</tbody>
</table>

Go to next page

Taken from Michael J. Dolaney / Mark Durand, Ph.D. 1986
<table>
<thead>
<tr>
<th>Question</th>
<th>Sensory</th>
<th>Escape</th>
<th>Attention</th>
<th>Tangible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does this person seem to do the behavior to upset or annoy you when you are not paying attention to him/her? (e.g. you are in another room or interacting with another person)</td>
<td>☑️</td>
<td></td>
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</tr>
<tr>
<td>2. Does the behavior stop occurring shortly after you give the person food, toy, or requested activity?</td>
<td></td>
<td>☑️</td>
<td></td>
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</tr>
<tr>
<td>3. When the behavior is occurring does this person seem calm and unaware of anything else going on around her/him?</td>
<td></td>
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<td>☑️</td>
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</tr>
<tr>
<td>4. Does the behavior stop occurring shortly after (one to five minutes) you stop working with or making demands of this person?</td>
<td></td>
<td>☑️</td>
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</tr>
<tr>
<td>5. Does this person seem to do the behavior to get you to spend some time with her/him?</td>
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<td>☑️</td>
<td></td>
</tr>
<tr>
<td>6. Does the behavior seem to occur when this person has been told that he/she can’t do something he/she had wanted to do?</td>
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<td>☑️</td>
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</tr>
</tbody>
</table>

**Motivation Assessment Scale:** Functions for usage
- To direct our understanding of the behavior challenge to the intent of the challenge versus the way it appears or makes us feel.
- To understand the correlation between the frequency of the challenging behavior and its potential for multiple intents.
- To identify those situations in which an individual is likely to behave in certain ways (e.g., requests for change in routine or environment lead to biting).

**Outcomes:**
- To assist in the identification of the motivation(s) of a specified behavior.
- To make more informed decisions concerning the selection of appropriate reinforcers and supports for a specified behavior.

**Note:** Like any assessment tool, the MAS should be used in an on-going continually developing mode.

Taken from Michael J. Delaney & Mark Durand, Ph.D. 1986
Appendix C: Functional Assessment Interview with Day Program Staff

1. What does the participant's behaviour look like?

The participant will often approach strangers in public to either just say hello, or to ask for a cigarette. Sometimes the strangers say hi back and engage in conversations with her, and sometimes they appear to be uncomfortable, most of the time they just walk away. She doesn't seem like she knows what types of conversations are appropriate and what are not. Sometimes she will ask strangers if they are married. She also will make inappropriate comments to staff like "I love you" or "You look so sexy".

2. When does the participant exhibit this behaviour the most?

The participant exhibits this behaviour a lot out in the community, during community outings with the day program. She has the opportunity more to interact with strangers then. But her inappropriate comments to the staff happen at the day program whether we are out in the community or at the day program. She is more comfortable with the staff at the day program and sometimes her inappropriate comments come out more then.

3. What does the participant do when you tell her this behaviour is inappropriate?

She will sometimes be able to identify when she is saying something inappropriate, but when she doesn't, she takes kindly to when you tell her. She will apologize or say she won't say it again. It seems as though sometimes she isn't aware of who she is talking to or whether it is appropriate to say the things she says. It appears that when she is engaging in a conversation with strangers, she isn't sure what to say, so she asks the same questions such as "are you married?", which can be potentially dangerous to her.

4. Do her behaviours seem to be decreasing the overall quality of her life?

The participant's behaviour is decreasing the quality of her life because although she is social, she is unable to build healthy relationships and engage in conversations with individuals. Making friends seems hard for her because she doesn't have the skills to talk to people or reciprocate during conversations.

5. What kind of behaviours would you like the participant to engage in?

If the participant could learn the skills to be able to engage in longer and more appropriate conversations, I feel the relationships in her life would be of better quality. Her relationships with her family would be of better quality and she may feel she has a better connection to them if she knows how to converse with them.
Appendix D: ABC (Sequence) Recording

Activity: Unstructured time- Day Program, Respite, and community outing.

Observation Date: September 18th & 19th, 2012

<table>
<thead>
<tr>
<th>Antecedent</th>
<th>Behaviour</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Went outside for a cigarette</td>
<td>Approach workers outside. Asked their names, age, and if they were married.</td>
<td>Workers engaged in conversation with participant, reciprocating by asking her similar questions.</td>
</tr>
<tr>
<td></td>
<td>Participant continued to engage workers by repeatedly asking their names and asking for a cigarette after student redirected her.</td>
<td>Workers left the area and participant went back into day program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Antecedent</th>
<th>Behaviour</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff, researcher, and participant went to store to purchase groceries for her stay in respite</td>
<td>Reacted to a young girl rolling around on the floor by repeatedly saying &quot;poor girl, poor girl&quot;.</td>
<td>Young girls father responded by saying &quot;why do you call her poor girl, you're stupid!&quot;</td>
</tr>
<tr>
<td></td>
<td>Staff and researcher redirected participant to continue walking and to ignore the man.</td>
<td>Continued shopping.</td>
</tr>
<tr>
<td>Antecedent</td>
<td>Behavior</td>
<td>Consequence</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>• Staff, researcher, and participant went to store to purchase groceries</td>
<td>• Participant said &quot;hi&quot; to a woman she did not know.</td>
<td>• Woman responded by saying &quot;do I know you?&quot;</td>
</tr>
<tr>
<td>for her stay in respite</td>
<td>• Participant responded by saying &quot;No, I am just being friendly&quot;.</td>
<td>• Woman walked away.</td>
</tr>
<tr>
<td>• Staff, student, and client waiting outside of Wal-mart for a taxi cab</td>
<td>• Participant expressed confusion as to why the woman walked away and then continued to shop.</td>
<td>• Strangers left the area where they were smoking to avoid her</td>
</tr>
<tr>
<td>to return back home</td>
<td>• Participant walked over to strangers to have a cigarette with them and ask for them another one</td>
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Appendix E: Session One- Overview of social skills and Relationship Pyramid

Social Skills

Social Skills- What are they and Why are they important?

• Social skills are skills you have or can learn to know how to act in social settings. This could mean at the day program, or out in the community. These skills can be knowing how to ask questions, knowing how to properly approach strangers, and knowing how to express your emotions in a social setting.

• Social skills are important to have because they help you make friends, build relationships, and talk to people out in the community. These skills can also help you with the relationships you already have. For example, with family or friends at the day program. Sometimes when communicating is difficult, you are unable to have your needs met and you can become frustrated. For example, if you are trying to make friends, and you aren't really sure what to say, it becomes difficult to talk to them.

• Social skills not only help you make friends, but also help you in times where you may feel uncomfortable.

• Social skills can mean a lot of different things. Sometimes people have difficulties starting conversations or keeping the conversation going. Sometimes people have trouble with their body language, or knowing how people are feeling based on their facial expressions.
Appendix F: Relationship Pyramid Exercise

ME

Husband, Children, Family

Friends, next door neighbour

Day program participants, staff, etc.
Children's school, mailman, etc.

Waitress at restaurant, shoppers at Wal-mart,
Individuals walking on the street
Appendix G: Social Story - Family

Family

Most people like to hug and kiss their family members.

They also like to tell their family members that they love them.

It is nice to tell your family that you love them.

It is also nice to hug and kiss them.

It makes them feel important and makes you feel good too.

When you are at home, it is okay to hug and kiss your family members.

It is also okay to tell them you love them.
Appendix H: Social Story - Talking to people at (Insert agency name here.)

Talking to people at (Insert agency name here.)

Sometimes when I am really happy, I love to tell people I love them or rub their shoulders.

It is okay to rub my husband's shoulders and tell him I love him.

It may make other people at ______ feel uncomfortable to be touched.

When I rub peoples shoulders, or tell them I love them, they may ask me to stop or get upset.

When I want to rub someone's shoulders or tell them I love them, I should always ask first to make sure I am allowed.
Appendix I: Conversation Skills

Conversation Skills

Learning conversation skills can help you when you are talking to someone and you are not quite sure what to say. It is easy to talk about yourself, but getting to know somebody else is an important part of talking and making friends. At the day program, you have the chance to get to know people and learn what they like and don't like.

Ice Breakers

Ice breakers are used to start conversations more easily. They can be questions like "do you have any pets?" or comments like "this is a really great song". They are used to get the conversation flowing and to learn more about who you are talking to. People enjoy using different ice breakers to get to know people because they are appropriate questions or comments that they know the other person won't be offended by or feel uncomfortable. Examples of ice breakers are:

- "Where did you grow up?"
- "Do you like animals?" or "Do you have any pets?"
- "What do you like to do in your spare time?"
- "What is your favourite holiday?"
- "Do you drink coffee or tea?"

It is important to remember that these ice breakers are used to get to know someone, and it is important to listen to what they tell you, because it could interest you and you may want to ask more questions.
Appendix J: Social Story- Compromising

Compromising

Sometimes when I want something, someone may tell me no.

When they say no, I may get upset or angry.

It is important to stay calm and politely ask why they are saying no if I don't understand.

When people say no to me, they may be saying it for my own good because they care about me.

It is important for me to compromise with them so that no one gets upset or angry.

Compromising means we both agree so that everyone is happy and gets what they want.
Appendix K: Schedule at (insert agency name)

Schedule at C

While I am at C, it is important for me to follow the schedule.

They have a schedule at C so that everybody arrives at the same time and joins in the fun together.

The break time is in the middle of the program.

This means I will have my cigarette before the program starts, at the break time, and when the program ends.

While I am outside for my cigarette, I need to stay at the side of the building.

It is also important that I do not talk to strangers on the street in front of the building.

It will make me and others happy for me to follow their schedule so that I do not interrupt what is going on.

If I need to use the washroom, I can go during the program quietly.