Rapport Building as a Setting Event for Problem Behaviour: Assessment and Intervention

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Introduction

- Why I chose this article
- Definitions
- History of research on decreasing severe problem behaviours
- Rapport building as a way to decrease problem behaviours
- Main points of article
- Critique
- Conclusion
Definitions:
Problem behaviour

- Is difficult to define
- Culturally abnormal behaviour of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit the use of, or result in the person being denied access to, ordinary community facilities. (Emerson, 2001, p.3).

- Criteria suggested to define problem behaviour (Rutter and Taylor, 2002)
  - Inappropriate behaviour in relation to the person’s age and level of development
  - Dangerous to the person or to others
  - Constitutes a significant handicap
  - Causes significant stress
  - Contrary to social norms

- This article focuses on aggression and self-injury
Definitions: Rapport

- Also a fuzzy definition in the field
- Described as “likeability” (Aronson, 1984) or “empathy” (Roberts & Bouchard, 1989).
- Researchers in the field of developmental disabilities established assessment methods to operationally define “rapport” using specific rating scales.
- In this study, good/bad rapport was measured using:
  - Preference ratings of patients
  - Staff ratings (self-ratings and ratings of other staff members)
Definitions

- **Behaviour Terms**
  - 3 term-contingency
    - **Antecedent/Sd (Discriminative Stimulus)** - What occurs before behaviour
      - Ie. Child is given a difficult math worksheet
    - **Behaviour** - What the child does
      - Ie. Child throws worksheet and refuses to do work
    - **Consequence**
      - Ie. Child is reprimanded
- Setting Event-conditions that alter the probability of a behaviour occurring

*Ie.* On days where *Tom does not have breakfast*, and he has math first block, he is more likely to be non-compliant, which results in his teacher reprimanding him.
History of research on decreasing severe problem behaviours

- Past studies have focused on identifying and eliminating the “A” and the “C” variables that maintain problem behaviours
  - Antecedent stimuli (A)
    - Ie. -Making math worksheets easier, or shorter
  - Reinforcing/punishing consequences (C) → more often used
    - Ie. - Praising a child when he completes his work may increase being on task.
    - Keeping a child in at recess for fooling around during math lessons may decrease off-task behaviour
- This study looks at rapport as the setting event to decrease problem behaviours.
Rapport building as a way to decrease problem behaviours

- Establish support people as generalized reinforcers
  - Building positive connections
- Encourage greater responsivity to communication attempts
  - Commenting/affirming, rather than criticizing
- Strengthen turn-taking (i.e. reciprocity)
  - Connecting through shared interests and activities
Summary of Author’s Purpose and Main Points

○ Purpose:
  ● To identify the association between rapport and problem behaviour
  ● Part 1:
    ○ Assess and operationally define rapport between staff and patients.
    ○ Functional Analysis on problem behaviour with regard to quality of rapport and task demands.
Summary of Author’s Purpose and Main Points

- **Methodology: Part 1**
  - **Patients** with disabilities were chosen based on interviews designed to identify those who had a history of increased problem behaviours in the presence of certain staff, but not others.

<table>
<thead>
<tr>
<th>Patient name</th>
<th>Age</th>
<th>Diagnosis</th>
<th>Problem behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joan</td>
<td>36</td>
<td>Autism; severe mental retardation</td>
<td>Aggression, Self-injury</td>
</tr>
<tr>
<td>Steve</td>
<td>28</td>
<td>Autism; profound mental retardation</td>
<td>Self-injury</td>
</tr>
<tr>
<td>John</td>
<td>39</td>
<td>Autism; profound mental retardation</td>
<td>Self-injury</td>
</tr>
</tbody>
</table>
Summary of Author’s Purpose and Main Points

Staff were chosen based on:

1) Patients’ choices
   - Good Rapport dyad → If patients chose staff 4-5/5 trials
   - Bad Rapport dyad → If patients chose staff 0-1/5 trials

2) Self-ratings made by each staff member
   - Perceived relationship satisfaction (5 point Likert scale)
     - 4-5- staff member was highly satisfied (good rapport)
     - 0-3- staff member was highly unsatisfied with the relationship (bad rapport)

3) Staff ratings made by fellow staff members
   - Ranked relationship quality of specific patients and staff
     - Good rapport staff were ranked in the 50th percentile or above
## Summary of Author’s Purpose and Main Points

<table>
<thead>
<tr>
<th>Staff member name</th>
<th>Age</th>
<th>Yrs. of contact with participant</th>
<th>Dyad partner</th>
<th>Level of rapport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex</td>
<td>25</td>
<td>3</td>
<td>Joan</td>
<td>Poor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Steve</td>
<td>Good</td>
</tr>
<tr>
<td>Carl</td>
<td>28</td>
<td>3</td>
<td>Joan</td>
<td>Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Steve</td>
<td>Poor</td>
</tr>
<tr>
<td>Kathleen</td>
<td>24</td>
<td>1</td>
<td>Joan</td>
<td>Good</td>
</tr>
<tr>
<td>Reya</td>
<td>25</td>
<td>2</td>
<td>Joan</td>
<td>Good</td>
</tr>
<tr>
<td>Chris</td>
<td>28</td>
<td>1</td>
<td>John</td>
<td>Poor</td>
</tr>
<tr>
<td>Gary</td>
<td>40</td>
<td>4</td>
<td>John</td>
<td>Poor</td>
</tr>
<tr>
<td>Keith</td>
<td>30</td>
<td>5</td>
<td>John</td>
<td>Good</td>
</tr>
<tr>
<td>Jay</td>
<td>24</td>
<td>2</td>
<td>John</td>
<td>Good</td>
</tr>
</tbody>
</table>
Functional analysis probes

- effect of rapport and task demands on problem behavior
- Joan-eating, Steve-vacuuming, John-delivery job
- 4 conditions PR+D, PR+ND, GR+D, GR+ND
Summary of Author’s Purpose and Main Points

○ Results for Part 1:
  ● When rapport was poor
    ○ In demand conditions—sessions ended early due to problem behaviour
  ● When rapport was good
    ○ In demand conditions—problem behaviours were low
Summary of Author’s Purpose and Main Points

Part 2:

- Implement an intervention plan to increase rapport between staff and patients
- Assess improved rapport on task completion
Summary of Author’s Purpose and Main Points

○ Methodology: Part 2

1) Establish support people as generalized reinforcers
   ○ Reinforcers were identified daily and given non-contingently (for free)
   ○ After 3-4 sessions, patients were expected to approach/ask for items
   ○ Distance the patients travelled increased gradually over time
2) Encourage greater responsivity to communication attempts
   - “the 3-A rule”
     - (a) *acknowledge* all communication attempts
       - I.e. “I see you are trying to open the cabinet”
     - (b) *use* the existing context to *assess* the function of the communication (i.e., the presumed reinforcer request)
       - I.e. “You must want a snack”
     - (c) *address* identified needs/requests whenever feasible to do so
       - I.e. “Let me get you a snack”
Mary is a non-verbal, seven year old, diagnosed with autism. She loves watching Dora on Youtube on the classroom computers. When she wants to watch her videos, she might wander the classroom before approaching the computer. She might tug on the mouse and push the keyboard to attempt to turn the computer on. When this fails, she might bang on the computer screen. Her newly assigned SEA wants to build rapport with her. What are some ways she could acknowledge, assess, address? What are some things she should avoid?
Summary of Author’s Purpose and Main Points

3) Strengthen turn-taking (i.e. reciprocity)
   - Assessed common interests between dyads
   - Developed a task analysis of the common interest
   - Shared sequences of task
   - I.e. Alex and Joan’s trip to Friendly’s, a desert place
     - Get keys, get jacket, get money, conversing during drive, requesting table upon entering restaurant, conversing while waiting to be served, ordering drinks, looking at menu/choosing items, placing dessert order, conversing while waiting for order to arrive, paying bill, and leaving tip
Summary of Author’s purpose and Main Points

○ Results for Part 2:
  ● When rapport improved (in dyads where rapport was previously identified as poor), patients showed a decrease in problem behaviour and an increase in task completion
Figure 5. Percentage of task steps completed for poor (solid circles) versus good (open circles) rapport dyads prior to and after intervention. Symbols for good rapport staff have been slightly displaced for ease of reading.
Critique of Authors’ Points

- Thorough, dependent variables well defined (good vs. poor rapport)
- Needs better operational definitions for problem behaviour (discussed topography, but not intensity, duration, or frequency)
- The issue around self injury as a problem behaviour
- Small case study
- Mostly looked at lower functioning individuals
- Rapport and other individuals with other disabilities? Rapport and other variables (choice, functional communication, task response/fluency)
- Rapport building in other environments (schools, communities) and with other people (teachers, siblings, peers)
- I liked how they integrated assessment and intervention in their study
Conclusion

- Very interesting and relevant in our personal lives as well as various contexts of our field.
- Rapport building does not eliminate problem behaviour, it is a tool among many that can be used to create an effective behaviour plan.
- Needs more research in this area
Conclusion

- Makes me re-evaluate my role as a BI/SEA as well as a friend, daughter, sister...etc.
- *If you associate yourself repeatedly with a wide variety of activities, people and things that the person values, then eventually your presence will become a signal that many rewarding activities and events are available with you. The purpose of associating yourself with positive experiences is to begin reversing any hostility or indifference that the person with disabilities may feel toward you. In time, that person will view you as someone worth attending to and interacting with (BBB autism Network)*
Conclusion

- Make yourself into a signal for reinforcement
References


BBB Autism Support Network (n.d.) *Building Rapport*


