Guidelines for using Communication Assessments for people who engage in Behaviours of Concern

The Communication Assessment review is a suite of resources which can be used by a speech pathologist when carrying out a communication assessment with a person who engages in behaviours of concern. Behaviours of concern refer to challenging behaviours that cause harm to self, harm to others or harm to property.

This is not an exhaustive list of assessments but provides a selection of tests to tap into, which cover a number of areas that may be pertinent for such an assessment. These areas may include: receptive and expressive communication skills; speech production and intelligibility; pragmatic communication skills; cognitive processing and literacy skills.

There is a wide range of tests available and you should feel free to use another test not included, if it fulfills your purpose and you are familiar with it.

These assessments are often dynamic in nature and may take place over a number of sessions. They may involve others assisting with collating information or interpreting responses.

1. Pre-assessment

- Verify that consent for the assessment has been obtained
- Schedule a pre-assessment meeting to meet the person and obtain relevant information for the assessment
- Review the Health Plan or Comprehensive Health Assessment Profile (CHAP) if the person is a DHS client. Note:
  - levels of hearing and vision
  - Medical issues
  - Mental health Issues
  - Medications prescribed
- Review relevant documentation:
  - service request form
  - File review of previous reports and assessments
• Clarify the reason for the assessment.
  
  o It may include: court evidence, exclusion from a service due to behaviour, confirmation of a diagnosis, for a communication intervention strategy, information for a Behavior Support Plan.

Where the information has been requested for a Behaviour Support Plan, the assessment result should be incorporated into the plan. This must be done in such a way that it helps the person involved to communicate more efficiently or helps their support workers to have a better understanding of their communication.

• Complete a Worker Safety / Risk Assessment if indicated.

• If the person is from a culturally and linguistically diverse (CALD) background- apply all the same principles as you would to assessing anyone else from a CALD group

2. Strategies

Once you have met the person decide whether assessment will be via Indirect or Direct strategies:

• Indirect- involving reports from a variety of informants
• Direct- involving participation and responses from the individual
• Both

2.1 If indirect assessment is indicated, identify:

• who will be involved.
• the indirect tool/s that will be used.

2.2 If direct assessment is indicated, decide whether formal tests will be used and/or informal assessments such as observation

Remember this group of people may not be comfortable with taking formal tests.
2.3 Involving others to help complete assessments

A support worker or family member who knows the person well may be able to interpret someone’s speech or means of communication. This may help you to better understand the person you are assessing, for example:

- If the person uses signing and you do not, include someone skilled in key word sign
- A support worker who the person knows well can help you to administer test items if this is likely to elicit more accurate outcomes. *However training of the support worker in basic test procedure is essential.*

3. Selecting appropriate assessments

It takes time to become familiar with the assessment list. Reading the fact sheets should direct to you appropriate assessments. However it is expected that you may need to become familiar with the contents of specific tests and adapt them to suit the person you are assessing.

When tests have been selected

- Become familiar with the test
- You may select specific subtests from the whole battery that are relevant for this person, e.g. Assessment of a person who is symbolic with mild Intellectual Disability may need to be targeted at discrete areas, rather than using the full battery
- You may adapt the test to make it appropriate for the individual
- You may take a longer period of time than indicated to do the assessment
- You need not stick to the given administration instructions for the test. If you change the instructions or administration process you should describe what it was that you did to elicit the information

4. Conveying assessment results

Both written and verbal information about the assessment should be conveyed to ensure people in the environment understand the outcome of the assessment. All information should be written in Plain English

It is very useful to do a Plain English *summary* of findings and recommendations for use by disability support workers and an Easy English summary for the person with a cognitive disability.
When writing an assessment report be mindful of the different ways it may be used. It may be:

- kept in the person’s file
- used to inform the individual of assessment outcomes
- used to inform disability support workers of assessment outcomes
- used by other professionals who may not understand the relevance of communication in the development of the BSP

Therefore, in addition to the results being documented, there should be a discussion section outlining the relevance of the results to the person’s daily life, level of functioning and skills. Provide examples of what you mean for greater clarity.

5. Intervention

After the assessment intervention may require:

- development of AAC communication aids or strategies
- time to train communication partners to use them
- a period of time in which the speech pathologist models the intervention strategies

Adults living in Victoria can access NECAS the Non-electronic Communication Aid Scheme to support them with the development and production of communication aids that may be required – [www.scopevic.org.au](http://www.scopevic.org.au)

6. Other tools used in analyzing BoC:

STAR Charts and ABC Charts are frequently used by disability support workers to analyse functions of behaviour.

- STAR- Setting, Trigger, Action, Result
- ABC- Antecedent, Behaviour, Consequence

It is highly recommended that speech pathologists are informed about these two tools.
# Star Charts

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th><strong>Setting</strong> where? Who was there? What was happening?</th>
<th><strong>Triggers</strong> What happened immediately before the incident?</th>
<th><strong>Action</strong> What did the person do? Describe incident?</th>
<th><strong>Response</strong> What happened then?</th>
<th><strong>Duration &amp; frequency</strong></th>
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</thead>
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# Functional Behaviour Assessment

| Name: | • Strengths  
|       | |  
|       | • Goals  
|       | |  
|       | • Preferences e.g. likes and dislikes  
|       | • Communication skills  
|       | o Receptive:  
|       | o Expressive:  
|       | • Sensory skills  
|       | o Hearing  
|       | o Vision  
|       | o Other  
| Are there any possible underlying physical or medical reasons for the behaviour? | • Past trauma (counselling?)  
| | |  
| | • Undiagnosed medical problem (dentist, psychiatrist, constipation, GP, sensory)  
<p>| Strengths/goals/preferences |</p>
<table>
<thead>
<tr>
<th>1. What is Behaviour of concern</th>
<th>• Any medication side effects?</th>
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<tbody>
<tr>
<td>2. What happens just before the behaviour?</td>
<td></td>
</tr>
<tr>
<td>3. What warning signs does the individual show?</td>
<td></td>
</tr>
<tr>
<td>4. What happens just after the behaviour? (consequence)</td>
<td></td>
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</tbody>
</table>
| 5. What are some possible reasons why the individual behaves this way? (function of the behaviour) | • Attention (What kind of attention?)  
• Escape (escaping what?)  
• Non-social (e.g., bored)  
• Physical (e.g. physically uncomfortable)  
• Tangible (e.g., wants something tangible...food)  
• Sensory Stimulation (seeking sensory stimulation) |
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<th>6. What skills could the individual learn to replace the behaviour of concern?</th>
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<tbody>
<tr>
<td>• Consider person's strengths, goals, preferences</td>
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Refer to the Positive Intervention Framework

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<th>7. Review: what worked well, what needs to change?</th>
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<tbody>
<tr>
<td>• Go back to 5 &amp; 6</td>
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| • Any other reasons for behaviour? |