Active Support: Participation and Depression

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Underactivity
- Even in homelike, well-staffed community group homes, research consistently reveals a problem of low levels of participation in activity, especially for people with severe disability.

Problems with Underactivity
- Underactivity/passivity is associated with many serious problems:
  - Increased challenging behaviour
  - Physical health problems
  - Depression

Active Support
- Staff are trained to plan and monitor daily activity with residents and interact with them in a way that encourages and supports their participation in everyday activities.
- Consistent evidence from the UK and Australia that introducing Active Support results in increased participation by people with intellectual disability.

The Active Support Model
People participate in everyday activities with support
The Study

- Pre-test post-test design, with no control group.
- Pre-test data gathered in the weeks prior to Active Support training for staff. Post-test data gathered 6.5 months (mean = 194 days) after pre-test.
- Research questions:
  - Does Active Support result in increased participation in activities?
  - Is increased participation in activities associated with changes in depression?

Participants

- 41 residents from 9 group homes in Melbourne, Australia.
- 27 men (66%) and 14 women (34%).
- Adults
  - aged 25 to 63 years,
  - mean 44.24 years (SD = 10.09).
- The majority of participants had severe or profound intellectual disability.

Domestic Activities

(Staff Report)

- There was significantly greater participation in a wider variety of domestic activities:
  - Total score (p<.001)
  - Variety (p<.001)
- Assessment: The Index of Participation in Domestic Life (IPDL) (Raynes et al., 1994) α = .93

Challenging Behaviour

(Staff Report)

- There was significantly less internalised challenging behaviour (p<.01)
- No significant change in other challenging behaviour indices:
  - Externalised
  - Asocial
  - General

Internalised Challenging Behaviour

This domain includes items on:
- self-injury,
- stereotyped behaviour
- withdrawal

Reduction in internalised challenging behaviour seems consistent with the overall thrust of Active Support: active participation rather than passive withdrawal or empty, repetitive stereotyped behaviour.

Assessing Depression

- The Depression Scale (Evans et al., 1999) is a 38-item checklist of behavioural criteria for major depression for use by proxy informants to rate the frequency of each behaviour.
• There was a significant reduction in total depression scores ($p < .001$).

**Assessment:** Depression Scale (Evans et al., 1999)  
$\alpha = .94$

**Interpretation**

• A medium effect size ($d = .45$), even though pre-test depression scores were quite low.

**Correlation**

$r = .69$ ($p < .001$) between:

-- change in depression scores from pre-test to post-test
-- degree of depression at pre-test

suggests those with the highest initial levels of depression displayed the largest reduction.

**Previous Research on Active Support and Depression**

• Our findings are consistent with the only previous study that evaluated changes in depression following implementation of Active Support.

-- Stancliffe et al. (2007) in a smaller-scale study ($N = 20$) reported a reduction in depression that did not quite attain statistical significance ($p < .057$).

**Limitations**

• We had no control group.

• Our sample was a general sample of adults with ID living in group homes, not a sample with clinical depression.

• We used a little known scale to assess depression with no cutoffs for caseness.

**Future Research**

• Increased participation in meaningful activity (via Active Support) could serve as an additional form of non-drug treatment for depression

-- Accessible to people with severe disability who are unable to participate in cognitive behaviour therapy or other talking-based treatments.

• Clearly, more rigorous investigation of this issue is warranted with individuals with clinical depression and intellectual disability.
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