

Article: Master of Arts in Intellectual and Developmental Disabilities

In September of 2021, I completed a two-year post-graduate course: Master of Arts in Intellectual and Developmental Disabilities, thanks to the funding provided by the Tertiary Education Scholarship Scheme. I work as an Occupational Therapist and Agencija Sapport and I enrolled in this degree to expand my knowledge and expertise in the field and to further my career.

This Master's program covered different modules: Research Methods, Service Issues, Behavioural Analysis, and Social Psychology of Intellectual Disability.

Various topics have been covered within Service Issues. These include deinstitutionalisation, methods of analysing quality of life, care, producing a change in service, the use of person-centred active support and the SPELL framework. To try and improve the quality of life for individuals or their families, or improve services more widely, we can only do that if we understand why things are as they are now. No behaviour, whether individual or organisational, happens in a vacuum. We have to understand why people do what they do. In addition to understanding how a disability or condition might impact on someone's quality of life, we have to understand the incentives and the disincentives that are in play in any setting, whether that is within a family, within a school, within a service, within an organisation or even within a county or country.

The Behaviour Analysis module explored topics that are important to understand the behaviour (ie. anything a person does that can be seen or heard) and to supporting children and adults with intellectual and developmental disabilities. Important aspects of applied behaviour analysis have been covered as part of understanding why people might do the things they do and why behavioural approaches are used. This is important as being able to understand behaviour underlies many successful approaches to support as well as understanding some of the reasons why people show behaviour considered challenging and different ways that we can respond to the distress, frustration or stress that people might be experiencing. This module also covered strategies used to support the development of specific skills, when something more than good enabling support is not enough. Included in this module is also content on: understanding and supporting communication needs, taught by a speech and language therapist; supporting people with profound and multiple disabilities, taught by a clinical psychologist and cognitive behaviour therapy (including adaptations needed for particular groups of people).

The following topics were covered in the Social Psychology module: social model, empowerment, IQ and adaptive behaviour, autism, physical health, mental capacity and consent, mental health and intellectual disability, early intervention, education and transition, working with families, social networks and relationships, sexuality and abuse, issues for women with intellectual disability, parents with intellectual disability, social inclusion and employment, disability and law (victims/witness), suspects and offenders with disabilities, and aging and dementia.

As part of my master's degree I completed a dissertation project:

"A qualitative study investigating the use of person-centred active support in day services for adults with intellectual disabilities"

Abstract

Background: This research was carried out to investigate the use of active support within day services. This study collected information about ideas, opinions, views, attitudes, experiences, facilitators and barriers, to assess whether it is feasible to implement active support.

Methods: Semi-structured interviews were conducted with first-line managers, leaders, and coordinators. Thematic analysis was used to identify, analyse and report themes within data. 7 themes and 18 subthemes emerged after the data was analysed.

Results: Some of the elements of this approach are being used in practice. There are factors that might hinder the use of active support in day services including the service structure (size, location, profile of users, and staffing including level, and staff characteristics), service and workplace aims and processes (working methods, meetings, training, and appraisal and monitoring mechanisms including supervision), organisational hygiene (job satisfaction, stress, and role clarity), and the external environment (lack of accessibility, society's culture, including 'caring for' as opposed to 'doing with'; attitudes, values, and beliefs).

Conclusions: This study suggests ways how to overcome some of these difficulties. These suggestions plead for a better interagency collaboration that focuses on the holistic support plan of the individual, including practising skills in different environments and working on meaningful goals that are in line with the future care plan of the individual.

KEYWORDS

Person-centred active support, day services, intellectual disabilities, quality of life

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