

Building the capacity of human services to deliver best practice in positive behaviour support to people with a disability

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Senior Practitioner-Disability

Monitoring the use of restrictive interventions across
Victoria, Australia

- Disability Act, 2006

- Mandatory for services to report their use of restrictive interventions-behaviour support plans
- Senior Practitioner must evaluate, research and inform services how to improve support to people who are subjected to restraint and seclusion



Focus on quality of behaviour support plans

- Carr et al (1999) decrease challenging behaviours by 50% if team did an FBA
- Our previous work showed:
 1. Support workers act on plans (Webber, McVilly, Fester & Chan, 2011)
 2. PBS training makes a difference to the quality of BSPs (McVilly, Webber, Paris & Sharpe, 2012)
 3. Quality plans can lead to less use of restrictive interventions (Webber, Richardson, Lambrick & Fester, 2013)

Our strategy is to help support workers improve quality of their BSPs to reduce their use of restrictive interventions

How we measure quality of BSPs

- Behaviour Support Plan Quality Evaluation II (BSP-QE II) (Browning-Wright, Saren & Mayer, 2003)
- Objective, reliable, valid measure of 12 components of quality of BSPs
- Scores range from 0-24,
- 13+ found to be “minimum score” in terms of reducing restrictive interventions

Senior Practitioner Behaviour Support Plan Quality Review		
Quality components of Behaviour Support Plans	Evaluation Guidelines and examples	Score
1 Describe the behaviour(s) of concern eg harm to others	What the behaviour looks like, its frequency, duration, impact (harm caused). T7 can kick people in the legs with force causing injury. He does this about eight times a day. The behaviour can last for 10 secs.	2 1 0
2 What triggers the behaviour(s) of concern eg Communication	Can be immediate or immediate past environmental factors. Include physical or social setting, specific activities, interaction, changes, degree of participation or choice. 1. Staff saying him "Tommy" instead of "T". 2. Staff speaking to him rather than writing (his preferred way to communicate).	2 1 0
3 Setting events for the behaviour of concern	What is in, or missing, in the environment that causes the trigger and behaviour to occur? Staff being unaware or forgetting to say "T". Staff using verbal instead of written language.	2 1 0
4 Function(s) of all behaviours of concern e.g. Protest	What is the person trying to communicate with the behaviour? This must be logically related to the triggers and setting events identified. Eg. T7 acts others to protest against being called Tommy and/or the use of verbal instead of written communication.	2 1 0
5 Environmental supports that addresses the triggers and setting events	What changes need to be made to address the triggers and setting events (eg. system, communication, materials, interactions etc). 1. All staff will be told to use his preferred name, T. 2. Where possible, staff will communicate with T7 in written form as at times. Other factors may also need to be considered. Eg. Health, choice, routine, engagement.	2 1 0
6 Replacement behaviour that meets the same function as behaviour of concern	Must specify replacement behaviour(s) that serve the same function as the behaviour of concern and must be easily performed. Eg. T7 will be taught to use cards to protest against use of the name "Tommy" and verbal language. The cards will also inform staff of his preferred name/interaction communication.	2 1 0
7 What strategies, tools or materials will be used to teach the replacement behaviour	Teaching strategies including at least one detail about how this will be done (eg. Materials, strategy, skill steps are described). Staff CA and T7 will create cards, CA will teach T7 and staff how to use and respond (as in 6 above) and what responses will be used and when (see 8 below).	2 1 0
8 How the person will be encouraged to use the replacement behaviour	The reinforcer for the replacement behaviour must be: specifically stated, be effective, given frequently. E.g. Every time T7 uses his card properly, staff will immediately give him "Thumbs up", and give a token for 5 mins extra time on the computer, and immediately perform the preferred action written on the card.	2 1 0
9 What to do when the behaviour of concern occurs and how to de-escalate the situation	Interventions must be legal, ethical, safe and the least restrictive. E.g., Ensure safety by staying back. Jim from T7 prompt him to use the replacement behaviour, attempt to meet his need, redirect him if this doesn't work, offer reassurance, validate with him when he is calm, incident will be discussed with other staff at end of shift, changes made to strategies if necessary.	2 1 0
10 Behavioural Goals	How much and by when will the replacement behaviour increase and the behaviour of concern decrease. E.g., When T7 needs to protest he will give the correct card to staff without kicking. 3/4 of the time for three consecutive weeks within three months. The goal is to reduce kicking within two months.	2 1 0
11 Team Coordination	List of all people involved in the development of the BSP, their role/relationship and specific tasks as described in the BSP. Eg. T7, Staff CA, TM, DL and parents TT and RT created BSP. CA responsible for card making, teaching and recording. TM and DL to arrange fortnightly meetings to be attended by all.	2 1 0
12 Communication and review of behavioural goals	How will the team monitor replacement and other behavioural changes? E.g., CA will make daily recordings of behaviour and card use, to be kept on file and reviewed by CA, TM and parents every two weeks, decisions on changes to strategies to be decided by all if agreed progress towards behavioural goal is not occurring or a crisis incident occurs.	2 1 0
Scoring	The BSP QEII has a total achievable score of 24, with a total of 2 for each of the 12 components, where: 2 means the component has been addressed in the BSP completely. 1 means the component has been partially addressed in the BSP. 0 means the component has not been addressed correctly or not included in the BSP. <i>Please note that there is no partial scoring for replacement behaviours. That is, the replacement behaviour(s) must serve the same function as the behaviour of concern to score 2.</i>	

More information on the BSP QEII can be found at <http://www.ecst.ca.gov/beh/qa/bpsqrepublic.pdf>

PBS training

4 day PBS training: Aim-to produce and assess a BSP

- Day 1 Important information about the person re bio-psycho-social needs
- Day 2 Function of behaviours and planning supports (FBA and PBS)
- Day 3 Using the BSP-QE II to assess BSPs
- Day 4 Recap and implementation back in services

4 hour PBS training:

- BSP Toolkit-Content from days 1-2, and building in BSP-QEII components



This research...

- Analysed:
 - 4 day PBS and 4 hour PBS training
- 3 roles involved in BSP:
 - 1. Creator 2. Endorser 3. Approver
- Used the BSP-QE II to assess BSPs written before the trainings with BSPs written post trainings

Persons Details

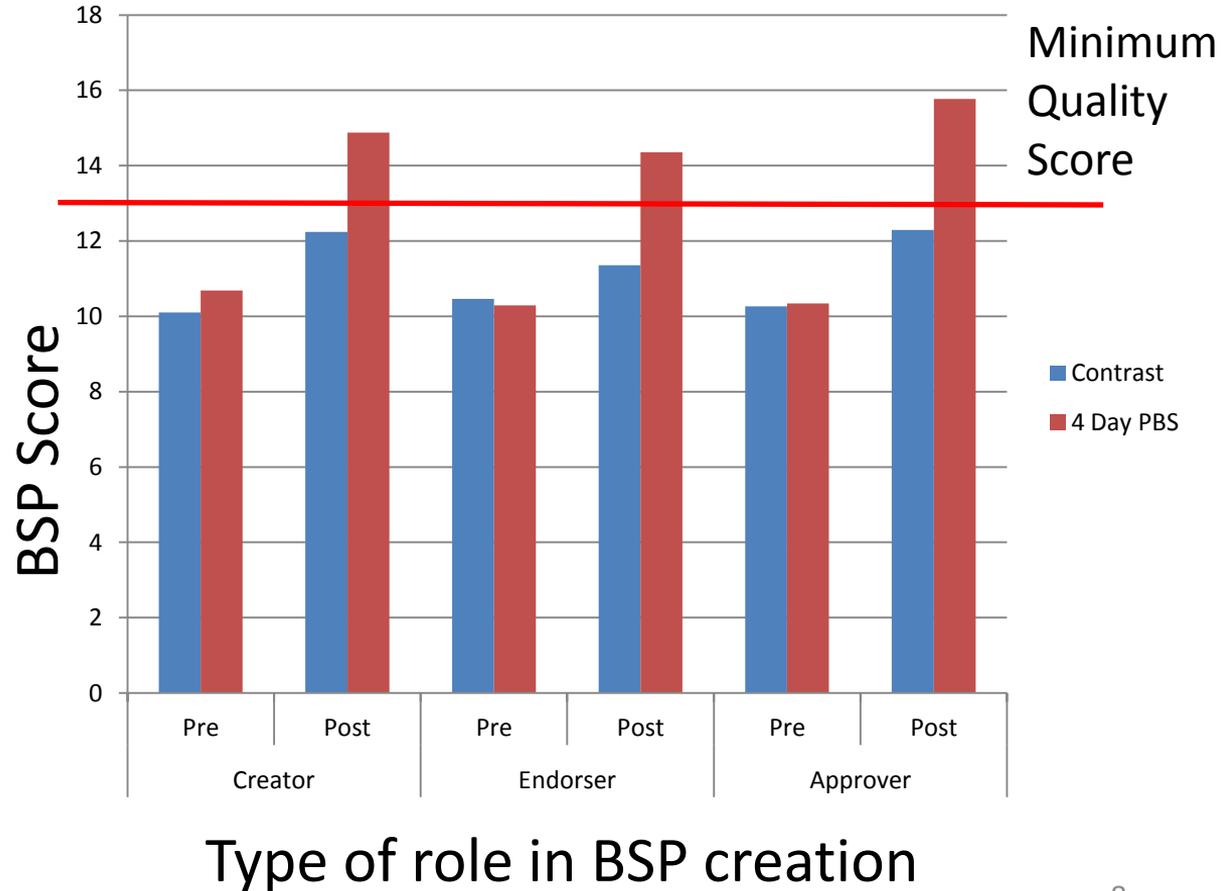
No Photo	Name of person	TJ Holgate	Service Setting	Market St. Castletown
	Start Date	21/02/2013	End Date	20/02/2014
	BSP Type	Normal	AFO	Simon Forrester
Independent Person	Ray and Julia Holgate	Author	Jan Arnold (House Supervisor)	

About the person

History	<ul style="list-style-type: none">• TJ is 19 years old. He has a great sense of humour, he likes being busy and once he starts something he likes to finish it and do it well. He has a great memory and will remember dates, times, and people easily. He prefers writing to communicate and asks lots of questions. He loves footy and barracks for Hawthorn.• He has a mild intellectual disability and autism.• Until the age of 17, TJ lived at home with both parents, but he physically injured his mother on several occasions by kicking her.• His parents tried many different strategies to stop him from kicking, including prescription of medication. His parents' health suffered and they decided to move him into supported accommodations. When TJ first came to live at his current home, he was on 3mg of Risperidone per day and was having PRN Zyprexa on average once per week. This has since been slowly reduced.• He goes to Flinders Disability Services every day on the services bus which he hates because it's noisy and takes an hour. When he gets home, good to let him have time alone to cool off.
Health	<ul style="list-style-type: none">• TJ is in good health most of the time but he can get ear infections about once a month. He gets ear infections (will bang his ear or rub it) please refer to Health Plan dated 27/2/2013 for details on how to manage ear infections.• He can be exhausted after his day placement especially after the bus journey and if it's been a hot day, best way to get him going the next day is to give him a cup of tea in the morning.• Mental health: It is reported that TJ was traumatised at school where he was punished by being locked in a "time out area".• He is sensitive to heat. Have cool drinks ready on a hot day.
Communication	A communication assessment (23 April 2012) showed that: <ul style="list-style-type: none">• TJ can speak well but:<ul style="list-style-type: none">◦ He uses a notepad because he prefers written language than spoken, he finds the sounds of people's voices irritating;◦ It takes time for TJ to understand information;◦ He has difficulty changing attention from one topic or activity to another.
Likes/Dislikes	Likes: <ul style="list-style-type: none">• He only wants to be called TJ.

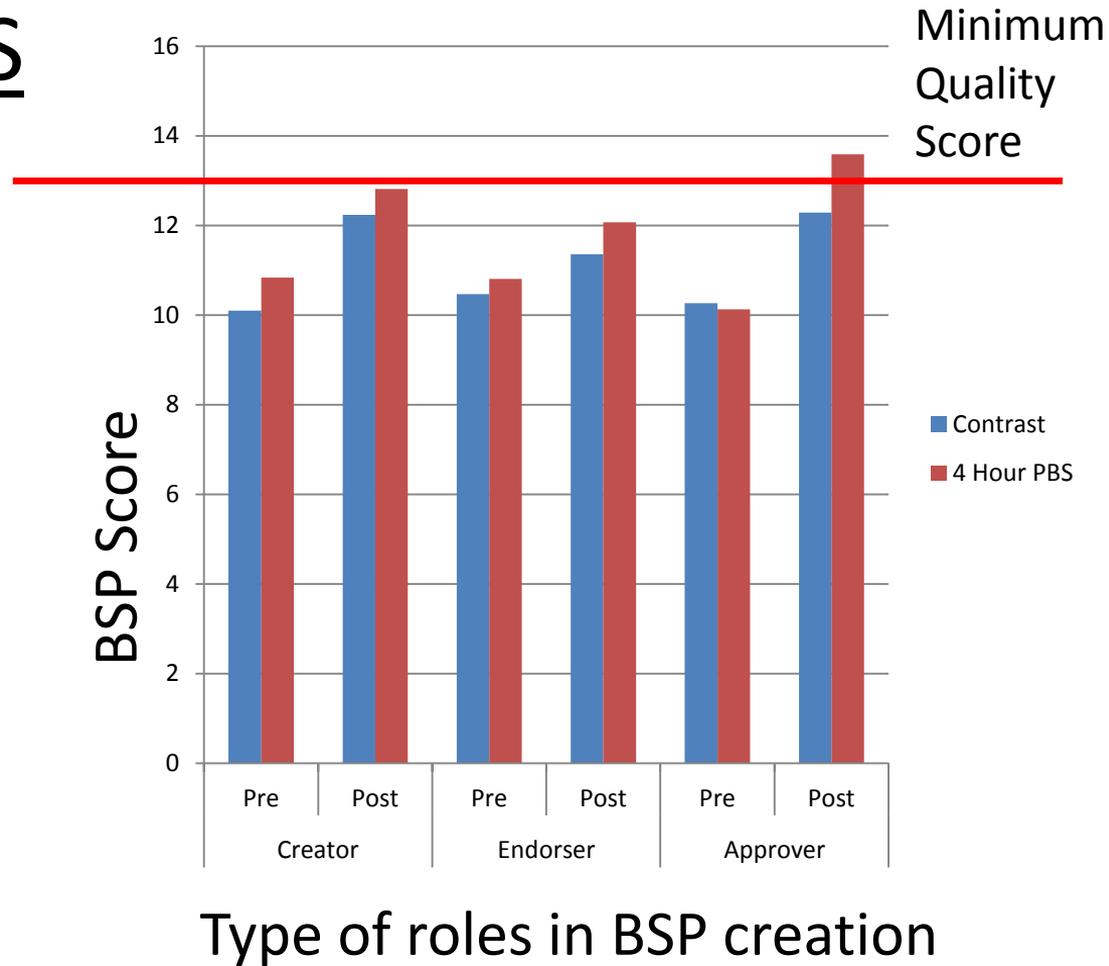
Results: 4 Day PBS

- BSPs of approvers increased significantly in quality compared to those who did not attend
- BSPs from all roles (creator, endorser, approver) reached minimum quality score



Results: 4 Hour PBS

- No significant difference in BSP quality between those who attended and those who did not
- Approver reached minimum score, creator close to minimum – not endorsers
- BSP quality increased slightly for all (attended training or did not attend training)



Limitations/Context

- No pure control group
- Roles: Individual/team input?
- Attendees: motivation, prior knowledge,
- Differences in training:
 - 4 day: - time to gather info - APO + manager requirement, BSP QEII training
 - 4 Hour : - half day- no info gathering-start of process



Some conclusions/further work needed



- BSPs are in general improving in quality
- 4 Day PBS leads to significant improvement in BSP Quality for approvers
- 4 hours of PBS: sufficient in short term for participants to learn basics of writing quality BSPs?
- Participants self-selected:
 - Need to look at those who didn't attend, everyone had access to the learning materials.
- Need to look at what about training makes the difference
 - Developing a BSP during workshop – BSP QEII training?

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