



Positive Behaviour Team – clinical application of behaviour support model

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Overview

- Client background
- Application of service model
- Outcomes for client, family and community supports
- Importance and result of across agency collaboration
- Overall Results

Initial presentation – October 2008

- Client
 - Male, 14 years of age
 - Over 6', approx 90kg
 - Living with mother and father
 - Autism Spectrum Disorder, Intellectual Disability
 - Taking Risperidone
- Reported Problematic Behaviour
 - Hitting, scratching, kicking, ripping clothing, bending fingers of others. Has tried to strangle some caregivers. Broke a toddlers leg
 - Family management of beh – physical restraint on floor (wrestling to ground) for up to 45 minutes

- Previous interventions
 - Early Intervention Programme for Autism (DTT model)
 - Sleep programme to sleep in own room
 - Stepping Stones
 - Individual Psychology support
- Family dynamics
 - Mother main caregiver. Father disengaged
 - Two older brothers living out of home
 - Respite for one weekend a month out of home
- School history
 - Exclusion due to significant injury to staff. Staff considered legal charges.
 - New school mid 2008. Support School.
 - Continued aggression at new school requiring restraint by male and multiple staff

Initial Hypotheses by Mother and PBT

- Behaviour attention related
- Mother queried response to loud noise and father's voice
- Inability to express what needed or difficulties due to highly echolalic and limited functional speech
- Compliance issues

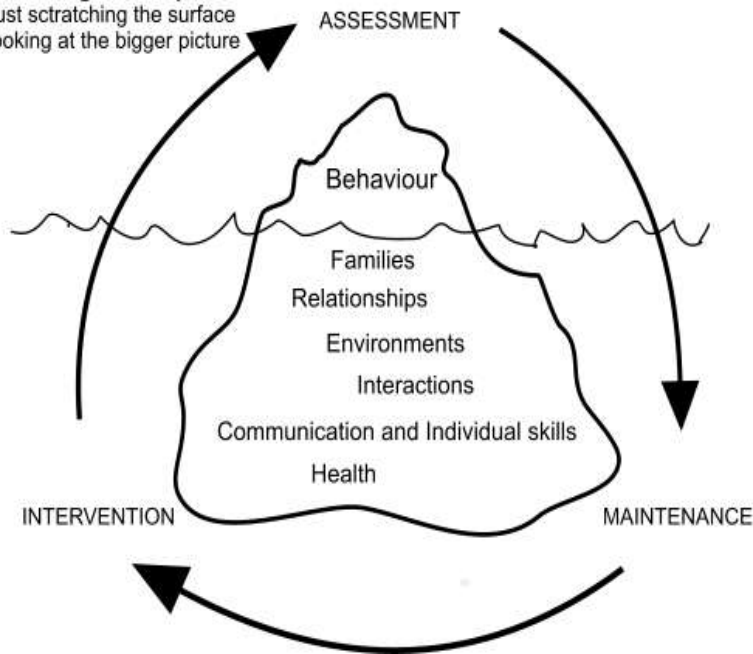
Service Model

- Core component of intervention achieved through assessment

Family guided to explore and make links between family relationships, personal beliefs and thoughts, patterns of behaviour and what the person is trying to communicate through the behaviour

Supporting the family and systems to create their **own** understanding of **why** the behaviour occurs, factors that influence and what might help

The Iceberg Concept
Not just scratching the surface
but looking at the bigger picture



“Assessment”

- 8 months of assessment/exploration
- Weekly sessions at home, some at school
- Exploration of how behaviours developed
- Thorough exploration of specifics around attention
- Tracking behaviour and relationship to mood/anxiety
- Exploring family dynamics and influence on management, ability to change
- Safety planning for parental safety during episodes of aggression
- Passive self defence training
- Sessions structured to guide mother to problem solve what triggers his anxiety and what needs to happen to prevent anxiety

Results of “assessment”

- Relationship between anxiety and processing issues. Processing as distinct from comprehension.
- No identified factors surrounding anxiety including
 - Changes in environment
 - Changes in expectations
 - Insufficient information to meet expectations and knowledge
- No identified what was socially acceptable and non acceptable physical behaviours on a daily basis eg, touching her neck.
- No identified the functions of his behaviours and how to meet these without accepting inappropriate beh.
- Clear understanding of pattern to anxiety escalation and ability to control mood
- No ‘ownership’ of knowledge and self-direction to strategies required

- Mo identified the different forms of attention he received at home.
- Mo had a plan to avoid/escape from escalating behaviour
- Mo more confident.
- Marital relationship in conflict (Mo more confident in demanding support)
- Mo aware of inability to change behaviour but the need to **prevent it**. Mo aware that focus of intervention is to prevent anxiety.

- Mother determined what needed to change
 - How information is presented to him
 - Establishing consistent messages about inappropriate behaviour
 - Meeting his physical/sensory needs in a proactive way
 - How to communicate information to him in a way that will assist his processing
 - Meeting his needs for social attention across day
 - Responding differently to different communication purposes of behaviour.
- Behaviour plan commenced

BE PREPARED	
... looks like this when he/she is calm and responsive	Help ... stay calm by doing this
BE ALERT	
Early signs of tension	Respond to the signs of tension by:

BE ALERT	
Getting Distressed	Diffuse
REACT AND PROTECT	
Physical Distress (Challenging Behaviour)	Protect
RECOVERY	
Recovery	Talk Out

Brief Behaviour Plan Overview

BE PREPARED

How to...

Ensure he has enough information to make life predictable and satisfy his need for knowledge.

- e.g. specially designed schedules to meet his need of knowledge of whereabouts of family members and expectations of tasks.
- Present visual information to predict upcoming events and changes
- Present visual information to give extended information to meet his need for knowledge and details

Communicate with him

- Best communicate with him through writing and visuals
- Phrase information to assist his comprehension and assist his verbal expression

Relationships

- Initiate physical contact on parent's terms and to meet his needs throughout the day.
- Respond to inappropriate touch when used as a sign of affection.

BE ALERT

How to..

- Recognise early warning signs of tension/anxiety
- Manage redirection and levels of attention
- Communicate in a way that facilitates processing – auditory processing shuts down with increased anxiety

Read the message behind the behaviour and signs to differentiate this.

- Holding paired with questioning - to seek information, comfort and reassurance (seeking assistance)
- Holding not paired with questioning
- How to clearly and consistently respond to each purpose of the behaviour

BE ALERT

How to..

- Know the behaviour has escalated to something more serious. Intensity of holds, nonverbal cues such as staring, verbal patterns indicating auditory processing is ineffective.
- Read the intensity of the anxiety and react accordingly.
- Knowing when to try to redirect and when to get ready to remove self as part of safety plan.
- Use knowledge of self defence to be prepared to block any aggressive attempts.

REACT AND PROTECT

How to..

- Read signs of crisis. Anxiety has increased to a level where he cannot control his actions.
- Follow safety plan. Removing self from situation and going to a safe place until he calms down.
- Access assistance in a crisis.

RECOVERY

How to..

- Know it is an appropriate time to re-establish interaction
- Assist him to calm down and re-engage in positive interactions.
- What activities to use to assist with calming his tension.

Results

- Behaviour improved at home
- Mother's confidence improved
- Father's involvement challenged. Saw impact of changes being made.
- Behaviour deteriorated at school

Observations at school

- Inconsistent use of visual supports
- Boredom
- Noisy classroom
- Early warning signs of anxiety not being identified
- Staff fearful
- Resulted in temporary exclusion

School intervention

- Systemic and behavioural exploration with immediate staff daily over a two week period (most part of the day)
- Planning for what supports he required to manage his anxiety
- Shift in being reactive and fearful to planning for supports. Behaviour plan changed from red to green/yellow
- Education Department Autism Support provided intensive visiting teacher to work with staff for remainder of term (putting in place supports and problem solving on daily basis)

- Clearly delineating intricacies of his communication needs
 - Patterns of processing
 - Delineation of communicative intent of similar behaviour e.g. holding
 - Putting in place communication support matched to his abilities and ease of use e.g. writing to support verbal discussion and explanations
 - Matching level of visual support to his processing patterns and early warning signs

School results

- Placed in independent room with 2 staff with him at all times
- Finely detailed Behaviour Support Plan with emphasis on preventative supports.
- Behaviour Support Plan updated weekly
- Optimal supports put in place
- Staff reading and responding to early warning signs, therefore decreasing escalation of anxiety
- Significant decrease in aggressive behaviour

Overall Results

Goal attainment (service involved for approx 18mths)

1. Frequency of holding behaviour to reduce by 70% in the home environment over a monthly period.

Preintervention

- Nov 08 - up to 10 incidents a day of forceful, restrictive holding lasting in duration of over an hour. Holding at least once daily

Post intervention

- March 2010 - 3 incidents over a 4 week period up to one minute in length.
- Reduction by approx 80% (when compared to pre-intervention of once daily)
- Current report of family – limited occurrences at home

2. Frequency of aggression towards parents (scratching, hitting, ripping, kicking, forcible holding) to reduce by 50% over a 3 monthly period as evidenced by recordings and parent report.

Preintervention

- Oct 08 - Feb 09 5 incidences at home
- Sept - Nov 09 6 or more incidences at school

Post intervention

- Feb - April 2010 1 incident at school, nil at home
- Greater than 50% reduction in both environments
- Current report of family – nil at home since April 2010

Overall results

Change across three pillars in home and school environments

Applied behaviour (Positive Behaviour Support)

- Carers reading early warning signs effectively
- Consistency in management
- Strategies and supports put in place to reduce possibility of anxiety
- Carers identifying potential triggers and potential influence on raising his anxiety
- Carers able to reflect on triggers and identify further supports required

Family Systems Approach

- Carer perspective of him has changed from avoiding and being fearful of his behaviour to planning for what support he requires
- Separation of identity from behaviour
- Support driven not behaviour driven
- Family and school relationships challenged to work more cohesively
- School supports now focussed on his gifts, what he needs and how to meet those needs in place of reacting to his behaviour.

Communication

- Detailed exploration of his processing needs and resultant visual supports required
- Verbal skills improved

Current Issues

- Acknowledgement that behaviour will not change. Proactive supports keep likelihood of behaviour low.
- Referral behaviours remain low
- Continued anxiety – lower levels
- Expressive communication needs to be addressed
- Significant resources and energy required to maintain proactive practices
- Continued risk of exclusion due to staff burnout, potential risk to staff
- Visionary planning of his future (person centred plan) is required to look at what environment in the short and long term will best meet his, his family and community access needs.