



Getting In and Getting Out?

Achieving sustainable change by developing service providers' capacity to monitor implementation of behaviour support plans

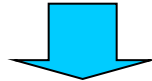
Impetus

- Interventions not sustained long-term
- Decisions about changes to interventions over time tend to lack evidence base
- Reliance on limited specialist resources

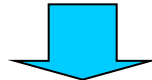


Teach service providers to oversee these tools

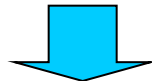
1. Intervention Plan



2. Implementation Standards



3. Implementation Diary



4. Feedback

Our training

- Intervention in place for 9 months
- Measures were established:
 - Target behaviour(s) were defined and recorded
 - Measure of severity of target behaviour(s) was defined and recorded
 - Intervention had a set of operationalised implementation standards
 - All records required to score implementation against the standards were available (e.g., observation checklists, implementation diaries)
- Selected 2 support workers
- Average daily implementation rate at commencement was 56%
- 5 sessions



Trainee A



Trainee B

Training Standards

Analysis of behavioural records

1. Trainee correctly identified true records of target behaviour from records of non-target behaviour
2. Trainee correctly determined the severity of each instance of target behaviour



Light bulb moments

- Some positive unintended consequences of the training included:
 - Staff gained understanding as to what to record on behaviour observation sheets
 - Problems with missing data became obvious
 - Paperwork was reduced (fewer behaviour observation forms required)

Training Standards

Analysis of implementation records

3. Trainee correctly identified which implementation standards apply to each day being scored
4. Trainee correctly scored each applicable standard as 'Met' or 'Not met' based on the diary record

Implementation Monitoring for ** **'s PBSP	
Implementation Standards	Met = 1 Not met = 0 Does not apply today = N/A
1. Provide some independent access to food (includes restricted access)	
a. A 1 is scored if a mini-fridge and cupboard specifically identified for ** ** was in or around the kitchen area	
b. A 1 is scored if the kitchen door was locked today whilst ** ** was home	
c. A 1 is scored if a portion of food was placed in ** ** mini-fridge and cupboard prior to each breakfast, morning tea, lunch, afternoon tea, dinner and supper, and the following boxes are ticked: ? Portions were put into **'s snack box just prior to meal/snack time ? Portions were put into her mini-fridge just prior to meal/snack time	
2. Use a daily schedule using photographs	
a. A 1 is scored if **'s daily schedule was available for her to hold in her hand	
b. If an outing occurred, a 1 is scored if the outing was represented on her schedule	
c. A 1 is scored if according to **'s Activity Support Log she participated in at least 3 meaningful activities today	
3. Schedule community access more frequently and early in the day (includes containment)	
a. A 1 is scored if ** went on an outing at least 6 times this week (left the ** complex)	
b. If there was an outing today, a 1 is scored if the outing commenced before 11am	
c. If ** was home whilst her co-tenant was out, and she was calm, a 1 is scored if the exit was unlocked	



Light bulb moments

- Quotes from trainees

“So I would have scored higher if I’d asked her to go outside when she became aggressive”

“So it’s not about [clients] behaviour, it’s about what I do... so I can get 100% even if she has an outburst”

Training Standards

Data entry

5. Trainee successfully opened and saved the Excel spreadsheet

6. Trainee accurately entered into the Excel spreadsheet:
 - Frequency of target behaviour
 - Severity of target behaviour

Frequency		Severity			
			Level 1	Level 2	Level 3
Sep-09	15	Sep-09	3	6	6
Oct-09	19	Oct-09	4	8	7
Nov-09	17	Nov-09	3	8	6
Dec-09	14	Dec-09	4	5	5
Jan-10	17	Jan-10	2	7	8
Feb-10	9	Feb-10	4	3	2
Mar-10	11	Mar-10	5	3	3
Apr-10	13	Apr-10	4	5	4
May-10	9	May-10	5	3	1
Jun-10	10	Jun-10	5	3	2
Jul-10	7	Jul-10	4	2	1
Aug-10	5	Aug-10	3	1	1

Severity Key	
1 =	Service user has attempted to be physically aggressive towards others, but no contact was made
2 =	Service user has made contact with another person whilst being physically aggressive, but no injury was observed
3 =	Physical aggression or self-harm occurred and injury was observed (e.g., bruises, scratch marks, anything requiring medical attention)

Training standards continued

6. Trainee accurately entered into the Excel spreadsheet:
- # of implementation standards met
 - # of implementation standards applicable

IMPLEMENTATION RATE FOR ****					
	01-Jun-10	02-Jun-10	03-Jun-10	04-Jun-10	05-Jun-10
NUMBER OF CRITERIA MET	10	9	10	8	8
NUMBER OF CRITERIA APPLICABLE	15	14	14	12	10
DAILY IMPLEMENTATION RATE %	67%	64%	71%	67%	80%
AVERAGE MONTHLY IMPLEMENTATION RATE %	70%				

Training Standards

Feedback

7. Trainee generated a feedback sheet for their team which included:
 - A graph of the implementation rate
 - The current average implementation rate
 - A list of the implementation standards typically met
 - A list of the implementation standards which are opportunities for improvement
 - A graph of the frequency and severity of the target behaviour

Feedback



Summary of Behaviour and Plan Implementation Records for X X

Thanks very much for continuing to complete the (green) Behaviour Recording and (yellow) Implementation Diary sheets. Below is a summary of what has been recorded.

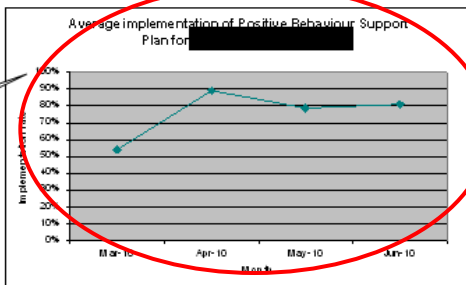
Plan implementation

The (yellow) implementation diary is used to reflect upon how X's support team is implementing the 8 strategies in his Positive Behaviour Support Plan. The feedback below relates to the completed diary for the period 26.3.10 – 18.6.10.



Average rate for June 2010 was

81%



What strategies are being implemented well ☺

- The rate of implementation is very good. Let's keep going and get it above 90%.
- X has been active in his kitchen, making meals and washing up. Staff are also enabling him to express his preferences about what he wants to eat.
- We recognise the significant insights staff have noted of X's attempts to communicate. Staff have identified certain facial expressions, gestures, postures and objects that X uses to intentionally communicate with his staff. This is really significant because previously self-harm has been one of the only ways he has initiated interaction, and it means that X's attempts to communicate have been recognised!
- Staff are recognising and recording examples of X experiencing taste, smell, touch, and movement sensations. He showed [redacted] how he could make a bubble out of plastic!
- X seems not to like the dog barking next door, and staff have managed this as best they can by keeping X busy away from the dog and positioning themselves between X and the dog if in the yard. Staff have also invited [co-tenant] to another area if X appears agitated.
- Staff respond early to X's cues of distress, by fixing what is upsetting him or inviting him to do something such as use an electrical item, have a drink or something to eat.
- It is pleasing to see the consideration staff are giving to X's distress when they complete the (green) behaviour recording sheet afterward. Reflection leads to improvement.

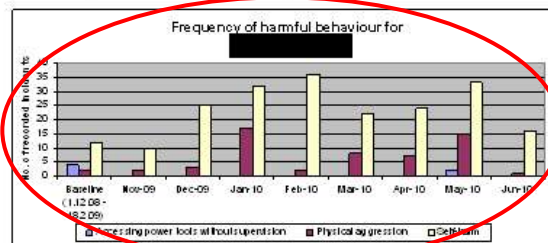
What we need to focus on next to improve implementation

We are aiming for 4 hours per week of X using tools or other electrical equipment. Even if these things are accessible to X, staff might need to turn the item on or hand it to him so that he starts using the item himself.

- Please encourage X to wear the ear-muffs when using the blower vac.
- We are aiming for at least 5 interactions each day initiated by staff, using objects or gestures to support X's understanding of what you are saying. Remember, X does not reliably respond to spoken language – he needs objects and gestures to understand.
- Complete the implementation diary (yellow sheet) every day. In June, it was not completed on 2nd, 7th, 9th, or 16th.

Frequency of harmful behaviours

Below is a summary of frequency for 1 November 2009 – 17 June 2010 comparing X's behaviour to that during the baseline assessment period. The graph combines home and day centre data.



X's harmful behaviour is more frequent at the day centre than at home (e.g., in May 2010 25 out of 33 incidents of self-harm and 10 out of 15 incidents of physical aggression occurred at the X).

Use of restrictive practices


In May 2010, PRN was given 5 times at the X and 3 times at home.

X has not been contained when at home since X commenced their support on 10th March 2010 (apart for one exceptional circumstance on 14th June).

X continues to require supervised access to sharp knives and hot kitchen implements at home. At all other times, these items must not be accessible to him.



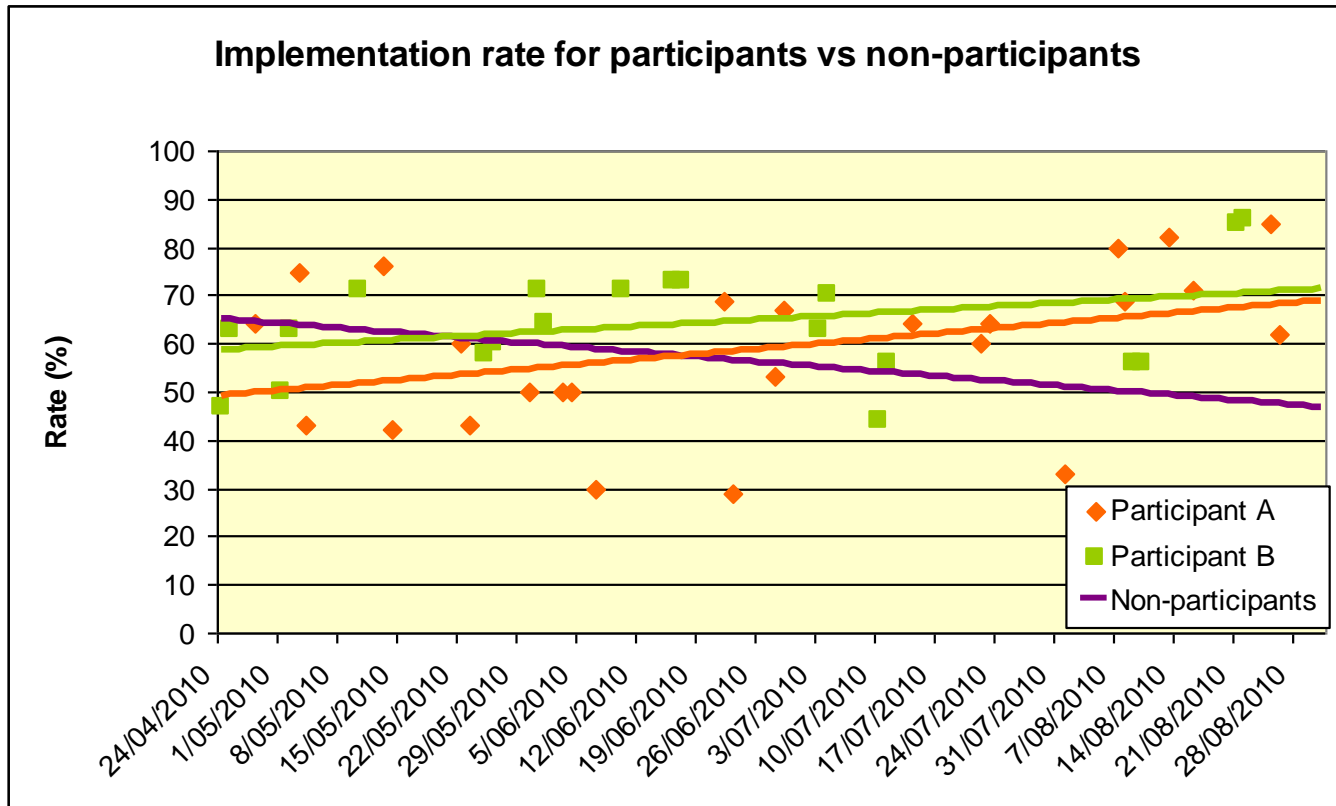
Anne Fallon & Sam McGowan
SRS South West

Standards	Session 1	Session 2	Session 3	Session 4	Session 5
1. Trainee correctly identified true records of target behaviour from records of non-target behaviour		✓			
2. Trainee correctly determined the severity of each instance of target behaviour					
3. Trainee correctly identified which implementation standards apply to each day being scored					
4. Trainee correctly scored each applicable standard as 'Met' or 'Not met' based on the observation/diary record					
5. Trainee successfully opened and saved the Excel spreadsheet	✓				
6. Trainee accurately entered into the Excel spreadsheet: <ul style="list-style-type: none"> – Frequency of target behaviour – Severity of target behaviour – Duration of target behaviour – # of implementation standards met – # of implementation standards applicable 					✓
7. Trainee generated a feedback sheet for their team which included: <ul style="list-style-type: none"> – A graph of the implementation rate – The current average implementation rate – A list of the implementation standards typically met – A list of the implementation standards which are opportunities for improvement – A graph of the frequency and severity of the target behaviour 					

Self-monitoring improves implementation



Trainee A



Trainee B

Participant views

- “We got really excited about what we needed to do.”
- “If it’s helped us understand then it would be really useful for everyone to do the training. Learning to do this monitoring was very profound.”

Where to from here?

- Use implementation standards as observation checklist
- Invite other Specialist Response Service teams to try the tools
- Training standard #8: Service Provider generates own implementation standards?
- Could some service users complete “implementation diary”

Contact Details

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