

Collaboration in the Development of Behavioural Social Scripts in Reducing Behaviours of Concern and Restrictive Interventions

Senior Practitioner Partnership Grant

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scope

FOR PEOPLE WITH A DISABILITY

Research Questions

- To what extent are BSPs implemented in residential and day services?
- What factors do Disability Support Workers perceive as limiting or facilitating the implementation of BSPs?
- Are BSPs that have been modified as behavioural scripts (with visual supports where appropriate) associated with reductions in BOC and restrictive practices?



Background

- A BSP is “a plan developed for a person with a disability which specifies a range of strategies to be used in managing the person’s behaviour, including pro-active strategies to build on the person’s strengths and increase their life skills” (Disability Act 2006, p.2).
- BSPs found to be most effective are those that address the underlying cause of the behaviour.
- Interventions based on a functional analysis “made a significant contribution” to the effectiveness of behaviour support plans (Didden et al., 1997, p.395).
- Effectiveness of augmentative and alternative communication (AAC) as a behaviour support strategy for people with BOC (Sigafoos et al., 2009).



Background

- Social Stories™ (Gray, 1993).
 - Involves the use of written or pictured sequences to support social understanding, particularly for children with ASD.

Generalisability to adults with ID with a range of challenging behaviours is unknown.

Successful implementation dependent on level of understanding; pre-requisite is symbolic communication capacity (i.e., able to use words, symbols, pictures or signs to communicate).



Participants

- 17 Adults with ID
- Mean age = 28.4 years
- Gender = 10 male, 7 female
- n=4 participants administered PPVT-III
 - SS mean = 46.75 (range 12-79)
- n=9 participants administered Triple C
 - Majority did not have symbolic communication capacity
- n=4 participants not administered PPVT-III or Triple C



Participants

- ID levels
 - 5 moderate
 - 4 moderate-severe
 - 1 severe
 - 2 severe-profound
 - 4 profound
- n=4 visual impairment
- n=2 confirmed mental health diagnosis



Participants

- **28 Disability Support Workers.**
 - residential and day services
 - gender = 20 female, 8 male
 - years of experience = mean 8.8 years (range = 0.5 to 25 years)
 - n=22 base level positions
 - n=6 first line supervisory positions



Method

- Assessment of BOC
 - Checklist of Challenging Behaviour (Harris et al, 1994)
 - Motivation Assessment Scale (Durand & Crimmins, 1992).
- Review of Behaviour Support Plans
 - BSPs reviewed and scored using the Behaviour Support Plan assessment tool (Phillips, Wilson & Wilson, 2010)
- Frequency of BOC and Direct Support Worker Strategies and Responses
 - Researcher conducted observations of participants over a number of days within their homes or day services; DSWs kept written logs; recordings using ABC framework



Method

- Development of Intervention
 - Social scripts developed for n=5 participants
 - Pre- versus post treatment comparison used

If the kitchen gets noisy	I can go to another room	I can listen to music	I will feel happy
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- Direct Support Worker Interviews
 - DSWs were interviewed according to an interview schedule; questions tapped knowledge and understanding of the BSPs, their implementation, and their degree of effectiveness.



Results - Review of BSPs

- Strengths

- BSPs developed
- BSPs described the BOC
- Some positive/proactive strategies e.g., attempts to teach functionally equivalent behaviour

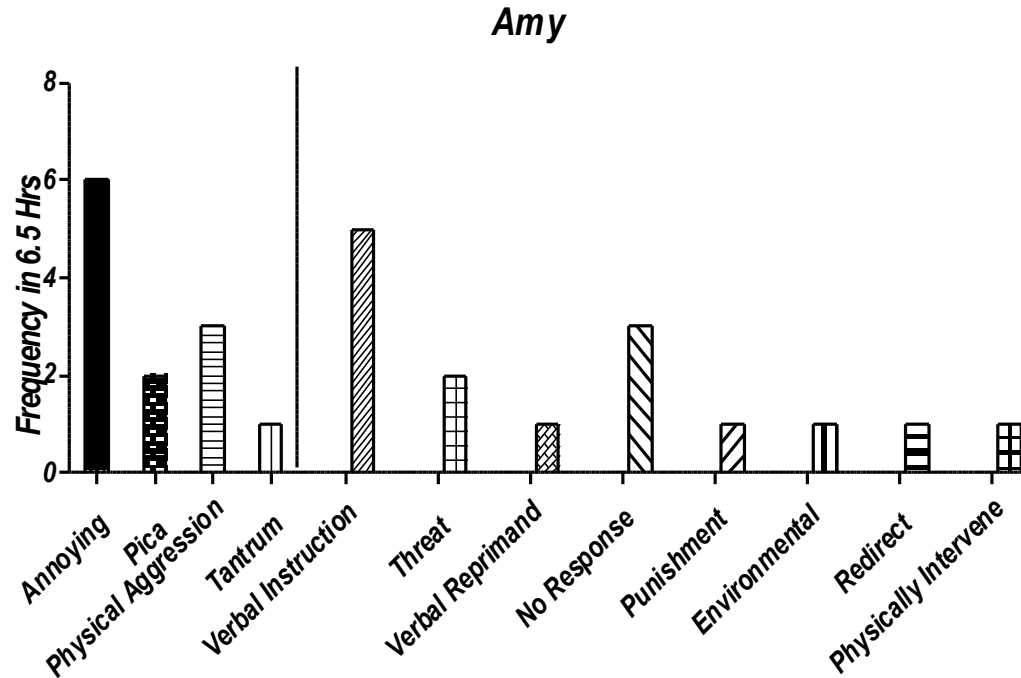
- Limitations

- BSPs did not contain a functional assessment
- Majority lacked proactive/preventative strategies
- Reactive strategies were included, however many of these were insufficient
- Plans did not address identified BOC
- Plans addressed behaviours that did not meet Emerson's (1995) criteria for BOC (e.g., hyperactivity)



Results - BSP Strategies

- “Incentive program” (no lemonade, loss of favourite item, no swimming etc if BOC occurs), “Ensure she has busy hands”, “Wear mechanical restraint when near others”, “Staff to place themselves between Amy and others”



Participant
BOC

SW Responses

Results - Intervention

- Intervention, comprising behavioural scripts, was developed for 5 participants only
- Pre- and post-intervention frequency of BOC: average number of BOC per hour

<i>Participant</i>	<i>Pre-Intervention</i>	<i>Post-Intervention</i>
1	6.9	4
2	3	0
3	0	0
4	1.3	4
5	1.85	0



Results - DSW Interviews

- Poor access to and understanding of BSPs
 - "Don't know, haven't really seen it or read it, so I don't know what is in there."
 - "I don't know what half of the things on that form mean."
 - "It is too important looking for someone like me to be bothered with."
 - "Is that the thing that says she has OCD and obsessions, is it the thing that tells us what to do when she gets upset?"
- Seeking assistance to develop and implement effective strategies
 - "Someone to guide us would be good, experience in understanding her is what we need."
 - "We need someone to come in and tell us what works. Someone with more knowledge than me, I don't know enough about this."
 - "Some strategies which actually work would be good!!"
 - "That (the BSP) tells us everything you could possibly need to know; except what to actually DO!"



Results - Implications

- ***BSPs currently do not adequately guide DSWs work with people with behaviours of concern***
 - DSWs overwhelmed by the complex nature of behaviour support planning
 - Behaviour supports plans be written in a style that is easy to understand (Singh et al., 2009)
- ***DSWs keen to gain further understanding of why individuals behave they way they do and they require further assistance in developing meaningful strategies***
 - Many behaviour support interventions rely on behavioural principles that may be poorly understood by DSWs (Clement & Bigby, 2007)
 - Many DSWs "wanted to follow through with the plan but were incapable of doing so" (Hieneman & Dunlap, 2000; p., 166)
 - Support workers need to "buy in" with the intervention (Hieneman & Dunlap, 2000)



Results - Implications

- Behavioural scripts offer potential as a form of positive behaviour support, however further research is needed.
- Disability Support Workers require mentoring and on-the-job support to navigate this difficult aspect of their role.

