

## Behaviour Support Plans: Planning for success

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Working Well: On paper and  
in practice

Department of Human Services

Supporting people  
to achieve dignity  
without restraints



## This session

1. What we found from behaviour support plans (BSP) submitted in 2007
2. Key elements of good behaviour support planning
3. Making BSPs dynamic

## Why design plans?

1. Provide consistent evidence-based support for a person
2. Plans more likely to lead to action
3. Legislative requirement if person has a restrictive intervention (Victoria)

## Behaviour support plans 2007 in a nutshell

- OSP received plans for 1576 people
- We looked at what people told us:
  - About the person
  - Assessments
  - Interventions
  - Review
  - Legislative requirements:
    - Signed by Authorised programme officer
    - Independent Person was involved

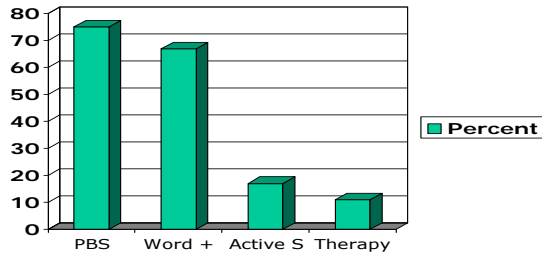
## What the plans told us about the person

- Twice as many males than females
- Half of the people with a disability were consulted in planning phase
- About one third reported the person had other disabilities (Autism, mental illness)

## Assessment

- Just under half of the plans reported the results of an assessment
  - Just over one third of these plans reported the results of a functional behaviour assessment
- Bottom line--Functional behaviour assessments are needed for every behaviour of concern

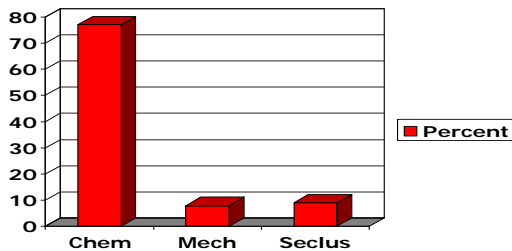
### Proactive Interventions



### BUT

- Only 18% of all positive behaviour support based on assessments
  - Intervention is random
  - Intervention unlikely to make any difference

### Restrictive interventions



### Restrictive interventions

- 86% identified the restrictive interventions that would be used
  - 24% of plans did not provide details of any positive support.
- Best practice --restraints and seclusion should never be used without a plan that involves meaningful:*
- *personal,*
  - *social and*
  - *environmental supports* <sup>11</sup>

<sup>11</sup> Huang, W. et al., (2007), Multidisciplinary approach to optimizing pharmacological and behavioural interventions for persons with developmental disabilities who are on psychotropic medications. *J Dev Phys Disabil* 19, 237-250.

### Other restrictive interventions



- 6% of plans reported other RIs:
  - Time out
  - Locked doors, cupboards
  - Social restraint
  - Physical restraint
- 7% of plans reported strategies of behaviour control that impact negatively on person's rights:
  - removal of privileges or
  - negative consequences.
- Main recipients of these strategies:
  - Males (18 and 60),
  - Middle aged females (30 and 60)

### Review of plans

- 12% review effectiveness of positive and restrictive interventions:
  - Majority planning assess restrictive intervention on behaviour of concern
  - Less than half examine impact on quality of life

### Plans that caused concern

- 16% of plans:
  - Lacked information about how the person would be supported
  - Reported use of strategies that used negative consequences
  - No evidence of positive support
  - Reported overly restrictive practices.

### The good news

- ✓ Most plans show evidence of using positive behaviour support
- ✓ Most worded in positive
- ✓ The APO and IP appear to play an important role in quality assurance of plans

### Room for improvement

- Assessments:
  - needed for every behaviour of concern clearly describing possible causes of the b.o.c.
  - Linked to interventions so causes of the behaviours of concern targeted.
  - Should be recent—people change
- Everyone who shows behaviors of concern requires personal, social and or environmental interventions.
  - RI should not be used without personal, social & environmental interventions.
- All interventions need to be reviewed

### Behaviour Support with a Human Rights focus In the Beginning .....

Convention on the Rights of Persons with a Disabilities.

#### Three Key Considerations:

- Human Dignity
- Achieving change in the social and physical environment
- Addressing the disadvantage

### The Victorian Charter of Human Rights and Responsibilities

- Purpose of the *Charter*.
- The *Charter* is directly enforceable with respect to Victorian laws and public institutions.
- The *Charter* prohibits any person, any entity or public authority from limiting or destroying the human rights of a person.

### The Charter cont...

- Human rights are the basic rights that belong to all of us just because we are human beings.
- The charter protects rights referred to as civil and political rights.
  - under four key principles:
    - o Freedom
    - o Respect
    - o Equality
    - o Dignity

### Victorian Charter of Human Rights & Responsibilities cont...



Limitation on a person's human rights:

- Which right is to be limited? Is the right very important in international law, for example, freedom from torture?
- Is the purpose for wanting to limit the human right very pressing and important to society?
- What sort of limitation is being imposed? How could it infringe human rights?
- Is the limitation likely to achieve its purpose? Is the limitation excessive or out of proportion to its purpose?
- Are there any less restrictive means reasonably available to achieve the purpose that the limitation seeks to achieve?

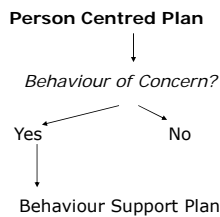
### Disability Act 2006 Part 7-Restrictive Interventions

Any intervention used to restrict the rights or freedom of movement of a person including:

- Chemical restraint
- Mechanical restraint
- Seclusion

Section 150 – other restrictive interventions.

### Steps in good behaviour planning



### Steps in good behaviour support planning

1. Assessment
2. Intervention
3. Monitoring
4. Review used to rewrite the next plan

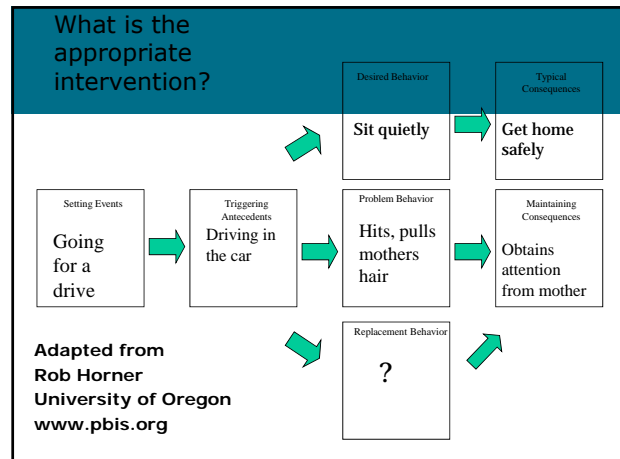
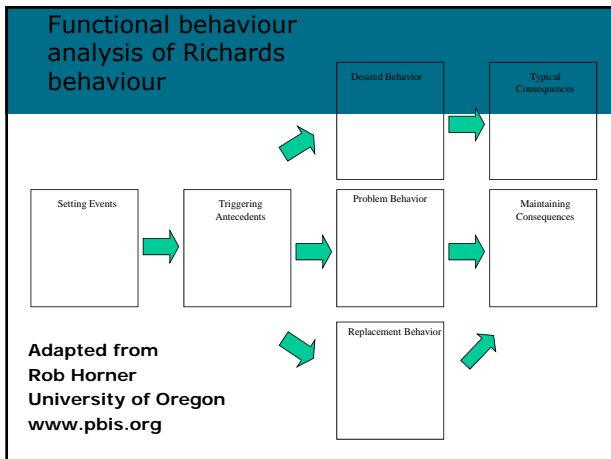
### 1. Assessment

- Functional behaviour (a must)
- FBA-key aspect of creating effective interventions (McIntosh, Brown & Borgmeier, 2008)
  - Define the behaviour of concern
  - Identify the events cause behaviour
  - Identify events keep behaviour going
  - Create behaviour support plan to decrease behaviour of concern & increase prosocial behaviours

### ABC chart

- Richard:
  - How did the behaviour of concern begin?
  - What behaviours of concern did you observe?
  - How did Richard's mother respond to his behaviours of concern

(See worksheet 1)



### Assessment covers all important aspects

- Multiple factors associated with behaviours of concern (Hemmings, 2007)
- People with a disability have more:
  - Physical health problems & more chronic diseases
  - Mental health problems & social emotional problems
- Life expectancy about 20 years less than people without a disability (Lennox, 2007)
- So need a bio-psycho-social assessment

### Assessment focus bio-psycho-social factors

- Reese, Hellings and Schroeder (2007) suggest:
  - Medical
  - Genetic/neuropsychological
  - Behavioural (FBA)
  - Quality of Life
- Carr & Owen-DeSchryver (2007) found that problem behaviour often caused by pain due to sickness

### 2. Intervention

1. Team work works best
2. Begin with what person wants and include person
3. Take into account all the factors that may cause problem behaviour:
  - What environmental support is needed
  - What psychological support is needed
  - What skills need to be taught

### Plan for maximum autonomy

- Autonomy is essential for wellbeing and lack of it leads to depression (Boyle, 2008)
- Need to look for small opportunities (Finlay, Walton & Antaki, 2008)
  - When and what to eat today
  - When to shower, etc
  - Making sure "clinical needs" don't overpower person's immediate needs
  - Being mindful of what the person wants right now

### Intervention needs to be linked directly to assessment results

Carr & Owen DeSchryver strategy for addressing pain related problem behaviour:

1. Treat sickness and pain (bed rest, heat pads etc)
2. Change environmental demands (at school, home etc)
3. Teach coping skills:
  - Teach how to request a break
  - Teach how to obtain nurturance and specific foods

### Intervention needs to include others--build capacity in support team

- What skills does Mum need to learn?
  - Mindful of where Richard is at today
  - Planning skills (preparing Richard)
  - Communication skills
  - Refocusing skills
  - Understanding ABC behaviour
  - ?

### 3. Monitor effects of intervention—Is it working?

- Is the intervention resulting in changes?
  - Use ABC charts etc to plot behaviour over time (how much time?)
- What aspects of the intervention need to change?

### 4. Periodic reviews by teams

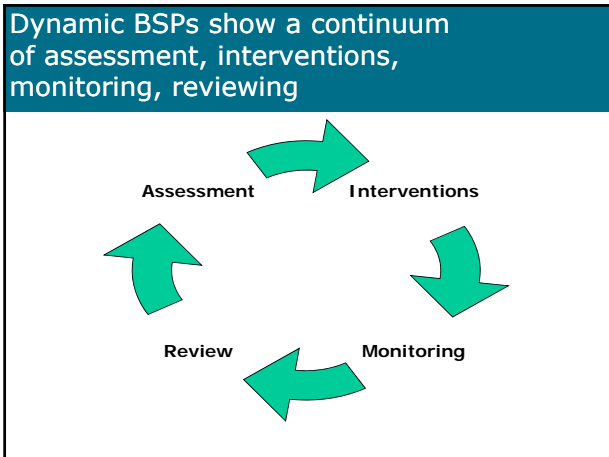
- Every month:
  - What is working well?
  - What needs to change?
  - In what ways is the person achieving greater autonomy and quality of life?
  - What can we do to support greater autonomy closer to achieving their desires?

### How to make behaviour support plans dynamic

- Reviewing and revising:
  - What has person achieved in last year?-- Update person's goals and objectives
  - What interventions need to be revised to get person closer to reaching their goals?
- Why review—people change (dynamic)

### Richard

- Can now ride in car safely
- These things have worked:
  - Use of communication book for forward planning
  - Teaching Mum to be mindful
- Some things didn't work (soft toy got thrown)
- Problem behaviour occurs around transitions e.g., waiting to be picked up when Mum is late, will bite other children
- New FBA needed before revised plan is written



### Value of good behaviour support

- Decrease in problem behaviour
- Decrease in restrictive practices
- Increase in other's safety
- Increase in prosocial behaviour & social inclusion
- Increase in quality of life
- Increase in exercising one's human rights
- Increase in dignity

1. How did the incident of challenging behaviour begin?	Tick box
Richard was asked to do something	
What?	
Richard was asked not to do something	
What?	
Richard was introduced to a new situation/people	
What/Who?	
Richard asked for something	
What?	
Other	
<b>2. What behaviours of concern did you observe?</b>	
Physical aggression towards someone	
Who?	
Why do you think this happened?	
Throwing objects	
Using objects as a weapon	
Shouting and screaming	
Taking off clothes	
Ripping own clothes	
Pulling down curtains	
Where?	
<b>3. Staff/carer response to behaviours of concern</b>	
One member of staff/carer spoke to Richard	
Richard was spoken to calmly with gestures	
Richard was not spoken to or given eye contact	
Richard was spoken to occasionally	
Richard was praised for calming down	
Other	

Reference:

Bissell, L, Phillips, N. & Stenfert Kroese, B. (2005). The experience of a man with severe challenging behaviour following resettlement from hospital: a single case design. *British Journal of Learning Disabilities*, 33, 166-173.



# Functional behaviour analysis of Richard's behaviour

