




*Webber, McVilly Fester, Sharp & Paris*

**DEVELOPING GOOD QUALITY  
BEHAVIOUR SUPPORT PLANS: USING  
THE BSP-QE II**

The logo for Human Services features the words "human." and "services" stacked vertically in a white, lowercase, sans-serif font, set against a dark red rectangular background.

human.  
services

A decorative graphic consisting of several overlapping, curved bands of color in shades of red, orange, and white, creating a sense of movement and depth.

**Office of the Senior Practitioner  
Enhanced RIDS (eBSP)  
ASSID Disability Support Workers Conference  
Daryl Lang**





human.  
services

 **Developing good quality behaviour support plans: Using the BSP-QE II**

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- Office of the Senior Practitioner & Deakin University, Melbourne
- Workshop at DSW conference, Melbourne 17 Nov 2010



## Background

### We know:

1. Behaviour support plans are important in an overall strategy of reducing behaviours of concern & providing appropriate support (e.g., Carr et al., 2004)
2. Considerable evidence base to guide the design of effective behaviour support plans for adults with intellectual disability (Allen, 2009; Cook et al., 2007).
3. Good quality BSPs result in better support:
  - BSPs that include positive and proactive support less likely to lead to breakdown in placements (Broadhurst and Mansell, 2007).
  - Quality of BSPs can predict quality of the outcomes for children (Blood & Neel, 2007; Cook et al., 2010).

## BSP-QE II

BSP-QE II designed in U.S.A. for children at special school  
(Browning Wright, Saren & Mayer, 2003)

1. It has been validated for use in Australia
2. It is an effective standard way to assess quality of BSPs
3. It is a good way to build capacity of support workers to design good quality BSPs

[www.pent.ca.gov](http://www.pent.ca.gov)

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## The BSP-QE II's 12 quality components

1. Describing the behaviour/s of concern;
2. Specifying the triggers;
3. Describing the functions of the behaviour;
4. Specifying environmental changes related to the functions of the behaviour;
5. Describing predictors that relate to the function of the behaviour;
6. Describing replacement or alternative behaviours that relate to the function of the behaviour;

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## The BSP-QE II's 12 quality components

- 7. Teaching strategies for specific alternative behaviours;
- 8. Specifying reinforcers;
- 9. Outlining reactive strategies;
- 10. Specifying goals and objectives that can be used to evaluate progress;
- 11. Team co-ordination strategies;
- 12. Communication strategies among those involved.

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We asked BIST and other specialist practitioners in CSOs about what they thought needed to be included in BSPs and what they thought about the BSP-QEII criteria

- 30 specialists provided 273 comments on what should be in a BSP
- Most of the comments matched the 12 BSP-QEII criteria
- Additional comments suggested the importance of including:
  - personal background, diagnosis, history, strengths and support needs;
  - reference to contemporary philosophy (e.g., person centred approaches);
  - consideration of a user-friendly layout.

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We asked BIST and other specialist practitioners in CSOs about what they thought was needed to be included in BSPs and what they thought about the BSP-QEII criteria

- There was a consistently high level of endorsement of the importance of most of the 12 BSP-QEII criteria (M=8.5/10).
- The *highest* level of endorsement (>9): BoC stated observably & measurably; predictors & triggers outlined; function of the behaviour for the person
- The *lowest* level of endorsement : use of reinforcers for replacement behaviour (6.93); recording & communication protocols (7.46); description of reactive strategies (7.93)

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We compared BSPs submitted to the OSP in 2007-2008 (time 1) & 2009-2010 (time 2)

- There were 174 plans (relating to the support of 87 people, paired T1 & T2)
  - 84 from Govt. & 90 from CSOs.
  - 120 SSA, 23 DS, 23 Respite, & 8 CC
  - 9 BIST written, 31 BIST Consultation, 134 Direct Support Staff
  - 73 OSP template, 18 OSP modified template, 83 Agency template
- Overall quality of the BSPs significantly increased:
- Increased in mean ratings from Time 1 of **5/24** to Time 2 of **11/24**
- However, according to the BSP-QEII criteria plans remained in the score range indicative of 'weak' plans requiring improvement

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### What we found for plans submitted in 2009-2010 (Time 2)

- There were no significant differences in quality ratings between *Govt.* & *CSOs*
- The highest mean quality ratings were for plans developed in *Congregate Care* ( $M=13/24$ ) and *Shared Supported Accommodation* ( $M=11/24$ )
- The lowest mean quality ratings were for plans developed in *Day Support* and *Respite* ( $M=9/24$ )
- Plans involving *BIST consultation* scored significantly higher ( $M=13/24$ ) than those not involving BIST ( $M=10/24$ )
- There was no difference in quality ratings between plans using *OSP format* and those not using OSP format in 2009-2010 (*but for 2007-2008, OSP formats scored better* ( $M=8/24$ ) *than non—OSP formats* ( $M=5/24$ ))

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### Our most recent results 2010: Highest scoring

BSPs scored highest on:

- Defining the problem behaviour objectively (97%)
- Team coordination (94%)
- Specifying the predictors of, or triggers (92%)
- Describing predictors that relate to the function of the behaviour (92%)
- Specifying environmental changes (87%)
- Outlining reactive strategies (76%)
- Analysing and describing the functions of the behaviour (71%)

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## Lowest scoring

•BSPs scored lowest on:

- Describing replacement or alternative behaviours that relate to the function of the behaviour (24%)
  - Teaching strategies for specific alternative behaviours (24%)
  - Specifying reinforcers (6%)
  - Specifying the goals and objectives (4%)
  - Communication to all stakeholders (3%)
- *Result of the above pattern....tendency to use reactive & restrictive interventions rather than proactive & therapeutic interventions*

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## We are getting there....what is still needed?

- What skills the person needs to learn that could replace the need to use the behaviour (analysis of why people do what they do)
- How to teach skills--How to design skills teaching with goals, objectives, reinforcement
- How to keep everyone who supports the person on track and informed (communication work)

*Our case study data shows that when above aspects are met:*

- *Behaviours of concern and RI decrease and*
- *Quality of life and inclusion increase*

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## CASE STUDY

- See Behaviour Support Plan

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## How the BSP-QE II can help you improve quality of your BSPs

- A: Behaviour/s of Concern
- How do you manage a behaviour of concern if you don't know what it looks like? There can be individual opinion or bias
- Observable and measurable
- Behavioural categories such as "aggression", "defiance" or "self-injurious behaviours" must be subsequently defined

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## B: Predictors/Triggers

- Examples:
- Physical setting
- Social setting/interaction
- Specific activities
- Instruction/interaction
- Scheduling factors

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## C: What is supporting the behaviour of concern to occur?

- This lays the groundwork for what will be described in environmental change.
- This is an analysis of what is in or what is missing in the environment and/or instruction

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#### D: Environmental changes to support/structure

- Reduce/remove the need for the person to use a behaviour of concern
- The key is to ensure a logical relationship between predictors, why the behaviour of concern is occurring and environmental structure/support change

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#### E: Function/s of the behaviour/s of concern

- **Why does the team believe the behaviour is occurring?** What does the person get or reject by engaging in the behaviour of concern
- The function should not be a construct on internal feelings of the person
- Identifying function can guide what needs to change in the environment and leads a determination of alternative behaviour

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### E: Function continued...

Get/Obtain	Protest/Reject/Escape/Avoid
Choice, independence	Tasks, activity, demand/request, lack of choice (See contaminants)
Attention: Social status, interaction, communication	Specific person or group of people
Objects, items	Undesired objects/items
Internal events: relief of anxiety, confusion – something that may release/relieve feeling/thoughts	Internal events: upcoming seizure, migraine, constipation
Self-stimulation, independence	Protesting past action by a person (See contaminants)
Justice/Fairness	Protest a lack of fairness, justice (See contaminants)
Sensory input	Sensory input

### F: Alternative behaviour that meets the same need as function

- This must serve THE SAME FUNCTION as the behaviour of concern
- We are not taking away the person's right to meet that need or function, but rather providing them at alternate way in meeting that need that is deemed appropriate or acceptable
- Functionally Equivalent Replacement Behaviour (BSP-QE II term)

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### G: Teaching strategies

- What are the necessary materials or strategies needed to teach or implement the alternative behaviour?
- With a consistent approach, a person can learn the appropriate way to meet their needs in an individualised manner
- There may be a need for a professional to assist such as speech therapist or psychologist, due to lack of resources or need for professional assistance

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### H: Reinforcement

- Used to increase or maintain behaviour and “reinforces” the probability of that behaviour being repeated.
- Reinforcement must be:
- (a) Specifically stated: what the person will receive not just “be positive during interaction”
- (b) Contingently given: if X occurs, then Y is given
- (c) Have effective evidence (is known to be desired by person): has the person frequently sought that or is there evidence that he/she will actively seek this
- (d) Given frequently to maintain behaviour: how often the reinforcer is given not just “given regularly”
- (e) Have choice-within-variety: two or more reinforcers that can be given
- (f) Have immediacy: statement that the reinforcer is given immediately after the desired behaviour

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## I: Reactive strategies/De-escalation

- What is the most effective and safe method of interacting with the person when they are using behaviours of concern
- What is the safest and least restrictive method of de-escalating the situation
- Interventions must be legal, ethical, safe for client, staff and others, individualised, respectfully implemented and socially acceptable, age appropriate and respectful of the person's psycho-social stage of developmentally, and constructed along a continuum of least restrictive to most restrictive

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## J: Behavioural Goals

Goal components:

- (1)By when?
- (2)who?
- (3)Will do or not do what? *Must be observable, measurable, specific behaviours desired or not desired by person or team*
- (4)Under what conditions/situations? Eg. location, circumstances
- (5)Level of proficiency? Eg. Skill accuracy, frequency – number of times, intensity
- (6)How is it measured and by whom?
- (7)*For what hypothesized purpose/function*
- (8)*The alternative behaviour*
- (9)*For what hypothesized function (the relationship is logical)*

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### K: Team Co-ordination

- People who were involved in the development of the behaviour support plan identified (including client), as well as their roles/relationship to the client.
- Specific responsibilities to be identified throughout the behaviour support plan. (HINT: can use initials)

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### L: Communication and review of behavioural goals

- Communication components:
- Who will participate in exchanging information
- Different communication between different parties
- Conditional or continuous communication: Eg. "If PRN medication needs to be administered, approval must be sought from ..." or "RIDS being filled out"
- Manner/method: how will data be exchanged (go back and forth) Eg. Meetings, case conference, conversation, communication book
- Content of data exchange: Eg. "Incident reports"
- Frequency: Eg. "Daily, weekly, monthly"

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### In sum

- People with disability should have their rights & dignity respected;  
– its an ethical obligation; its about being professional; and its the law!
- Where people exhibit behaviours of concern (BoC) they are at risk of having their rights and dignity infringed by the response of services and individual staff, whose first resort is all too often to use restrictive interventions (RIs).
- Behaviour Support Plans (BSPs) are one way of ensuring staff know what needs to be done, and when to use a range of strategies to minimise BoC and the need to resort to RIs.
- However, the quality of our BSPs remain of great concern; we need to refer to evidence-based practice to inform their development, and we need to use best practice criteria to monitor and measure our service quality.

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