

Good quality behaviour support can reduce restrictive intervention use

human services

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Office of the Senior Practitioner

Established in 2006 to protect the rights of people with a disability:

- Who show behaviours of concern and
- Are subjected to restrictive interventions and/or compulsory treatment orders
- One of the functions is research

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The research questions

Two questions:

- Does BSP quality impact on PRN (as required) use of chemical restraint, mechanical restraint and seclusion?
- Which quality components of the BSP-QE II (if any) made a difference to restrictive intervention use?

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Method

Behaviour Support Plan-Quality Evaluation II (BSP-QE II)^[1]:

- To objectively assess the quality of 568 behaviour support plans received by the Office from disability service providers in Victoria.
- The BSP QE II uses 12 evidence-based quality components to determine the overall quality of BSPs.

^[1] Browning Wright, D., Saren, D., & Mayer, G. R. (2003). The behaviour support plan-quality evaluation guide. Retrieved 13/6/2009, from <http://www.pent.ca.gov>

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12 Components of the BSP-QE II

1. Describe the behaviour/s of concern
2. What triggers the behaviour e.g. place, people, interaction etc.
3. Factors that support the behaviour/s of concern to occur/continue
4. Positive Behaviour Support that addresses the triggers and supporting factors
5. Function/s of all behaviour/s of concern
6. Alternative behaviour that meets the same function as behaviour/s of concern
7. Strategies, tools or materials used to teach the alternative behaviour/s
8. How will the person will be encouraged to use the alternative behaviour/s
9. What to do when the behaviour/s of concern occurs and to de-escalate the situation
10. Goals and Objectives
11. Team co-ordination
12. Communication

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What we found

- Overall quality of plans --Averages are low 11.4/24
- No differences in quality between BSPs:
 - For males compared to females, (averages were 11.6 (males) and 11.3 (females))
 - From CSOs compared to DHS, (averages were 11.4 (CSOs) and 11.6 (DHS))
- BSPs were better quality if the person was on a Supervised Treatment Order (average = 14.7) compared to those not (average=11.42).

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Did higher quality plans result in less or more restrictive interventions

- We compared the average quality of plans that:
 - resulted in a decrease in restrictive intervention use (number of PRN episodes) with
 - plans resulting in no change or increase in restrictive intervention use (number of PRN episodes)

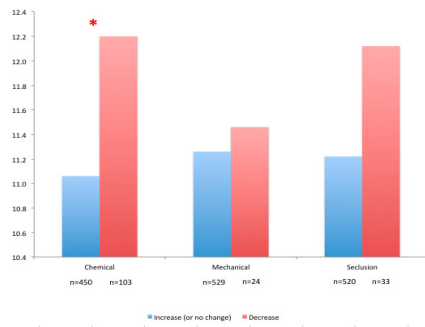
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Results

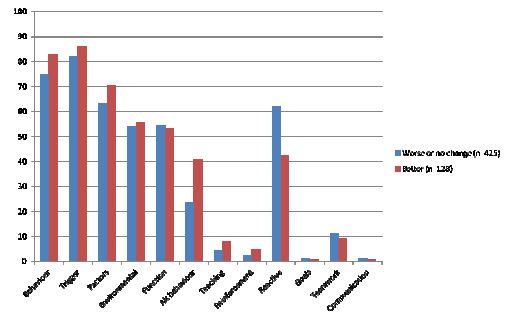
- The majority of the BSPs (n=434) resulted in no change or increase in restrictive intervention use
- 21% (n=115) resulted in a decrease in restrictive intervention use.

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Changes in all types but only PRN chemical was significant



Which quality components are important?



Results

2 components significantly different:

- alternative behaviours (40.6% compared to 23.5%).
- Reactive strategies in less detail (42% compared to 62%).

Quality components that are being done well

- Behaviour/s of concern
- Triggers
- Factors that support the behaviour/s of concern to occur/continue
- Positive Behaviour Support (environmental change)
- Function/s of behaviour/s of concern
- Reactive strategies

Alternative behaviour

- A behaviour that the person uses:
 - replace the behaviour of concern;
 - removing the need for the person to use the behaviour of concern.
 - Meet the **same** function
 - Teaching
 - Reinforcement

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Alternative behaviours

- Will it result in the same outcome as the behaviour of concern?
- Is it something that is easily done by the person?
- Can all DSW teach it?
- Do all DSW agree?
- Will it work in either the target environment or all environments?
- Is it something that is easily acknowledged?

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Other quality components that need improvement

- Goals & objectives –
 - A goal to specify a reduction in behaviours of concern and an increase in the use of alternative behaviours
- Team co-ordination –
 - the person with a disability, a rep from each service supporting the person, and family/other carers should be involved in **development** and **implementation**
- Communication –
 - how will stakeholders communicate changes to each other and how will monitoring/review take place?

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Conclusions

- The BSP-QE II cannot tell how well the BSP is implemented by all support staff
- For good implementation:
 - Clear goals and objectives that specify the alternative behaviour and how taught
 - The plan monitored in regular meetings by all stakeholders and the success of the BSP measured against:
 - Changes in the person's behaviour (i.e., there should be less behaviours of concern and more alternative behaviours)
 - Decreases in the use of PRN chemical restraint, mechanical restraint and seclusion.

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