Why isn't it working? Supporting people with challenging behaviour in residential services.
Louise Phillips- PhD Candidate
Prof Christine Bigby - supervisor
School of Social Work and Social Policy
l4phillips@students.latrobe.edu.au
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Agreed need for evidence based practice


The White Paper Valuing People (2001) UK “will contribute to improvements in learning disability services by promoting evidence based practice to address the current variation in quality” (p.,92).

The Australian Psychological Society (2011) “evidence based alternatives to restraint and seclusion...” (p.,10).

The Centre of Excellence for Behaviour Support in Queensland stated that “evidence from research is used to inform government, institutional and organisational policies as well as best practice”

The American Psychological Association (2006), “our approach to implementing evidence based practice has been through the development of guidelines for best practice”.

Office of the Senior Practitioner, Victoria “evidence based research to inform and assist in the development of practice guidelines” (DHS, 2007, p., 2).
What does the evidence tell us about interventions?

The effectiveness of Applied Behaviour Analysis methods:

Successful interventions are based on a functional assessment/analysis (Didden, Duker & Korzilius, 1997)

Reinforcement techniques – both positive (reward) and negative (removal of unwanted stimuli/demands) can reduce challenging behaviour (Didden, Korzilius, van Oorsouw, Strumey & Bodfish 2006)

Functional communication methods can provide an alternative to challenging behaviour for some (Matson, Dixon & Matson, 2005; Mirenda, 1997)

Antecedent control is mostly effective (e.g., enhance choice making, environmental changes, reduce demands) (Brosnan & Healy, 2011)

Punishment methods are sometimes effective (e.g., loud noise, electric shock, ammonia spray) (Campbell, 2003; Didden, Duker & Korzilius, 1997; Matson, Dixon & Matson, 2005)

Unethical approach

Despite this evidence, what works for whom in what circumstance is not clearly established.
Bringing approaches together to form Positive Behaviour Support

The use of aversive and punishment based interventions is controversial, are deemed to be a breach an individual’s human rights and are inherently dehumanising (Campbell, 2003; Johnston, Foxx, Jacobson, Green & Mulick, 2006).

Positive Behaviour Support (PBS) is a non-aversive approach, it is based on an understanding of why, when and how behaviours happen and what purpose they serve (Allen, et al., 2005) and uses a wide variety of intervention methods (Totsika, Toogood & Hastings, 2008).

The elements of PBS are not clearly agreed upon or defined in the PBS literature (MacDonald & McGill, 2013)

Evidence for the effectiveness of PBS in community based residential services is small. Two recent reviews have concluded it is effective, based on a small number of studies (MacDonald & McGill, 2013; LaVigna & Willis, 2012)
Sturmey (1994) stated that there are difficulties in translating assessment information into effective intervention strategies.

For example, if hitting others were assessed as serving an escape function for the individual, the following methods could plausibly be applied;

- providing a functionally equivalent communication method, (i.e., a mechanism by which the individual says they want to stop or leave),
- manipulating antecedents (i.e., reduce task demands),
- extinction (i.e., ignore the behaviour),
- differential reinforcement methods (i.e., reward the individual when they are not hitting),
- anger management techniques, or
- aversive methods (i.e., punish the individual following hitting).

All of these interventions can be applied and justified based on a behaviour assessment. Despite a hypothesis regarding behavioural function, intervention selection remains at the discretion of the person developing the plan.
Is front-line practice evidence based then?

Despite the:

- extensive research evidence concerning the effectiveness of various ABA strategies, and
- the apparent agreement that PBS is the preferred service response to challenging behaviour.

how research evidence is used, and what happens in practice is still cause for concern.
Even the specialists have difficulty in Victoria

Experienced behaviour specialist practitioners failed to highlight significant points from the evidence when asked what was important to include in plans (McVilly, Webber, Sharp & Paris, 2013).

Not much importance given to: use of reinforcers, understanding the behavioural function, environmental changes and teaching of replacement skills. Participants were “typical of those involved in the provision of assessment and behaviour programme development” (p., 707) all with degree level qualifications.

However, other evidence indicates that behaviour support plans in the same jurisdiction were not typically completed by specialised practitioners. In a review of behaviour support plans; out of 174 plans, 9 were written by specialist Behaviour Intervention Support Teams, 31 involved BIST consultation and the remaining 134 plans were written by direct support staff (Webber, McVilly, Fester, Sharp & Paris, 2010).

Presumably if experienced practitioners gave little importance to research evidence when developing plans, then those plans completed by direct support staff will be even less likely to contain evidence based strategies.
Staff difficulty in using behaviour intervention plans

Behaviour intervention plans are used in services (Allen, 2009; Robertson, et al., 2005). It is expected that plans reflect research evidence (Webber, McVilly, Fester & Chan, 2011).

Staff had difficulty in applying general behavioural principles, they doubted their value; they reported needing assistance in this area (Johnson, Iacono, Hagiliasssis & Phillips 2010)

50% of support staff surveyed ($n=358$) wanted more assistance with implementing behaviour interventions and supporting those with challenging behaviour (Dempsey & Arthur, 2002).

65% of residential staff had difficulty in implementing formal behavioural guidelines. (McKenzie, McLean, Megson and Reid, 2005)

Most staff were unable to read and interpret behaviour plans (Singh, Matson, Cooper & Adkins, 2009)

Support staff required intensive support to implement a plan effectively (McClean et al., 2005)
How do front-line staff respond (what actually happens in practice)?

Evidence indicates that staff respond with:

- **Verbal responses (e.g., ‘stop’, ‘calm down’)** (Baker & Bissmire, 2000; Hastings, 1996)
- **Ignoring the behaviour, physical interventions** (Baker & Bissmire, 2000)
- **Giving orders, taking items away** (Lambrechts, et al, 2010)
- **Punishment, mechanical restraint, environmental restrictions** (Saloviita, 2002)
- **Seclusion, physical interventions, mechanical restraint** (Merineau-Cote & Morin, 2012)

It is not indicated in the above studies whether staff responses occurred in the absence of a behaviour intervention plan or not.
High use of restrictive interventions

Use of restrictive interventions in services is high (despite evidence they don’t work):

<table>
<thead>
<tr>
<th>Intervention</th>
<th>% of service users</th>
<th>Study</th>
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<tbody>
<tr>
<td>Restraint (physical and mechanical)</td>
<td>13-48%</td>
<td>Emerson, et al., 2000; Robertson, et al., 2005</td>
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<tr>
<td>Sedation and/or psychotropic drugs</td>
<td>22-80%</td>
<td>Emerson, et al., 2000; Lowe, Allen, Brophy &amp; Moore; 2005; Robertson, et al, 2005; Office of the Senior Practitioner, 2010</td>
</tr>
<tr>
<td>Seclusion</td>
<td>17-56%</td>
<td>Emerson, et al., 2000; Robertson, et al., 2005</td>
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More questions....... 

Therefore, if front-line staff:

- operate within a context requiring evidence based practice........when the evidence indicates that a range of interventions may be successful, but doesn’t clearly stipulate a pathway,
- frequently use negative responses and restrictive interventions,
- have difficulty using behaviour support plans, (and some evidence indicates the support plans are prepared by people who don’t use the evidence anyway)
- need help in this area,

What then does influence the practice of front line staff when supporting those with challenging behaviour?
Thank you

References


Royal College of Psychiatrists. (2007). *Clinical and service guidelines for supporting people with learning disabilities who are at risk of receiving abusive or restrictive practices*: Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists.


