

Office of the Senior Practitioner

Positive solutions in practice: finding alternatives to restrictive interventions

*Supporting people to achieve
dignity without restraints*

For more information please contact the Office on 9096 8427 or seniorpractitioner@dhs.vic.gov.au

© Copyright State of Victoria, Department of Human Services, October 2012.

Published by the Victorian Government Department of Human Services, Melbourne, Victoria.

This publication is copyright. No part may be reproduced by any process except in accordance with the provisions of the *Copyright Act 1968*. Authorised by the Victorian Government, 50 Lonsdale Street, Melbourne.

Accessibility

If you would like to receive this publication in an accessible format, please phone 03 9096 8427 using the National Relay Service 13 36 77 if required, or email seniorpractitioner@dhs.vic.gov.au

This document is also available in PDF and Word format and can be downloaded from www.dhs.vic.gov.au/ds/osp

Positive solutions in practice: Finding alternatives to restrictive interventions

TJ is 19 years old; he has a mild intellectual disability and autism. He prefers to communicate through writing because he finds the sounds of people's voices extremely irritating. He strongly prefers to be called TJ and really hates to be called Tommy or Tom. TJ is in search of the 'perfect' life and becomes very upset when his life does not appear to be working out in this way. When things go well for TJ, things go well for those around him, including staff and his parents, but when things go bad, those people suffer. Most things that make him unhappy are changes to his routine or that which had been agreed in his daily plan. Staff changes, staff not doing as he requests and an unavoidable time delays tend to be particular triggers. Other annoyances such as dogs barking or children shrieking in the park will also make him very upset. Staff try to get him to calm down by moving him away from the trigger or talking through the issue at hand, but when de-escalation efforts don't work they give him a PRN sedative.

Restrictive intervention

A PRN (pro re nata or 'as needed') sedative is a chemical restraint – a medication used primarily for behavioural control. The problem with restrictive interventions like chemical restraints is that they don't teach the person skills and they can have unwanted side effects. Our most recent research (Webber et al., in press) shows that good-quality positive behaviour support is a better way to support people and, when used, will reduce the occurrence of unnecessary restraint like PRN chemical restraint. In a recent project we looked at a group of people who had been restrained or secluded and asked if there was a minimum standard in quality of behaviour support needed to reduce unnecessary use of restraint and seclusion. The answer was yes!

Quality behaviour support plans and reductions in restrictive interventions

We found that people who had quality behaviour support plans were more likely to be subjected to less restraint and seclusion during the plan than before the plan, and they received less restrictive interventions than those who had poorer quality support plans. Essentially, quality behaviour support plans:

- described the reason the person uses the behaviour (the function of the behaviour of concern)
- showed targeted positive interventions that focused on the individual's learning and individual needs (replacement behaviours)
- attended to environmental factors that might trigger the behaviour
- showed a team approach and timely reviews.

The results of our study that examined the quality of behaviour support plans on restrictive intervention use provide evidence that the quality of behaviour support plans is associated with the use of restrictive interventions. This is an important finding because, apart from preliminary findings (Webber et al., 2011), it is the first study we know of that has examined this link, and these findings have direct implications for designing behaviour support plans for people at risk of being subjected to restrictive interventions.

The findings of our study are consistent with previous work by Carr and colleagues (1999; 2004), Sugai and colleagues (2000) and Cook and colleagues. (2010), but it also adds to this body of literature by showing that the quality of behaviour support plans may reduce the use of restrictive interventions such as PRN chemical restraint, mechanical restraint and seclusion.

As consistent with previous findings (for example, Carr et al., 1999), behaviour support plans that included information about the function of behaviour had the strongest effect on reducing restraint and seclusion. Also, as expected, plans demonstrating evidence that the support team had a good understanding of the support required for the person with a disability and how that support would be coordinated, were more likely to know how to support the person positively, therefore leading to a reduction in the use of restrictive interventions. In addition to the function of the behaviour and behavioural goals and objectives, the three other components were also found to be important: the predictors of behaviour, the causes of the behaviour and environmental changes required. (Unfortunately, because too few behaviour support plans described replacement behaviours, we could not look at the impact of this component.)

What could this mean for designing a behaviour support plan for TJ?

First we need a good understanding of TJ's strengths and preferences, and also the things he doesn't like. The more these are used in the intervention the more successful it will be. TJ is happiest when he is using the computer and when watching videos. He doesn't like using verbal communication, he prefers written communication.

Second, we need a good understanding of why TJ uses behaviours of concern and what leads to the behaviours of concern.

Defining the behaviour of concern and its functions

The main behaviour of concern is destroying property, along with harm to himself and/or others, such as kicking a door with enough force to injure himself or others. According to TJ's support workers, TJ kicks the door or furniture to either express anger at a change in routine (new staff person), or to avoid doing something he doesn't want to do (these are the functions of TJ's behaviour). TJ never shows behaviours of concern while doing something he enjoys, such as using the computer.

The problem with the PRN medication is that it only works in the short term. Once the effect of the medication has passed the issues that led to the behaviours of concern are still present and TJ hasn't learned how to deal with them appropriately. This means that the cycle of behaviour may never be broken; it is likely that TJ will continue to escalate when these situations arise and chemical restraint will continue to be used.

Replacement behaviour

TJ needs to learn new skills that will help him communicate with others. Then he will be able to let others know when he is feeling upset or needs or wants something else. This is called a replacement behaviour. TJ is telling his support worker he dislikes using verbal communication and wants it to stop in a more appropriate way than using his behaviour. Some form of augmentative communication is needed. The augmentative communication needs to be able to be learnt by TJ reasonably easily, and in a form he can use. The speech pathologist is best to advise about this and will also need to teach TJ's parents and support staff how to use this communication. (More information about replacement behaviours or skills can be found in the online resource, *Positive practice framework* (Department of Human Services, 2011)).

The goals and objectives of the behaviour support plan

The goal of TJ's behaviour support plan is for TJ to learn to use augmentative communication to express his needs in a more appropriate way. Instead of kicking the door, he will use his communication device to tell the support worker what he wants. So the objectives of the behaviour support plan are:

1. The speech pathologist will find the most effective augmentative communication device for TJ given his preferences and abilities.
2. The speech pathologist will work with TJ's support workers and parents to teach them how to use the device.
3. The support worker will teach TJ to use the communication device.

Rewards for TJ for using the communication device

TJ needs to be encouraged to use the communication device rather than using the behaviours of concern. The reward should be something TJ wants and can be given quickly. This might be a smiley emoticon every time he uses the device to attempt to communicate or whatever TJ finds rewarding.

Reactive strategies

These strategies need to describe how TJ can be stopped from using the behaviours of concern when it occurs, safely and with dignity. They should be part of a plan that uses proactive strategies such as those described above. They should be in order so that least restrictive ones are tried first.

1. If TJ begins to show he is upset, he will be sent a non-verbal message to ask how the support worker can help (*Check in with the person*).
2. If TJ continues to show he is upset he will be asked (non-verbally) to use his communication device (*Suggest using the replacement behaviour*).
3. If TJ refuses to use the communication device and continues to get upset, remove everyone from danger and try to redirect/distract/meet his need using non-verbal communication.
4. If TJ kicks the door or damages property with risk of harm to himself and/or others he will be given PRN chemical restraint (*Restrictive interventions can only be used when there is risk of harm to self or harm to others*).
5. When TJ has calmed, the support teacher will talk to TJ about what happened and check if the communication device needs changing or updating, or if TJ needs more help or different rewards to use it (*Debriefing is important to find out how to do things differently next time*).

How the behaviour support plan will be monitored and reviewed

The team (parents, support workers, speech pathologist, occupational therapist) will meet every few months (as agreed by all) and discuss how well the intervention is going and what if anything needs to change to reach the goals of the behaviour support plan.

The idea is that if the behaviour support plan works, TJ will no longer need to be given PRN chemical restraint and will no longer require a behaviour support plan. Through the strategies in the behaviour support plan, TJ will learn new skills that reduce his need to use his behaviour of concern that can be included into his individual person-centred plan.

References

- Carr, EG, Horner, RH, Turnbull, AP, Marquis, JG, McLaughlin, DM, McAtee, ML, Smith, CE, Anderson-Ryan, KA, Ruef, MB and Doolabh, A 1999, *Positive behavior support for people with developmental disabilities: a research synthesis*, American Association on Mental Retardation, Washington DC.
- Carr, EG, Innis, J, Blakeley-Smith, A and Vasdev, S 2004, Challenging behaviour: research design and measurement issues. In: E Emerson, C Hatton, Thompson, T and Parmenter, TR (Eds), *The international handbook of applied research in intellectual disabilities*, Wiley, Chichester, West Sussex, pp. 423–441.
- Cook, CR, Mayer, GR, Browning Wright, D, Kraemer, B, Wallace, MD, Dart, E, Collins, T and Restori, A 2010, 'Exploring the link among behaviour intervention plans, treatment integrity and student outcomes under natural educational conditions', *Journal of Special Education*, DOI 10.1177/0022466910369941.
- Department of Human Services 2011, *Positive practice framework: a guide for behaviour support services practitioners*, State Government of Victoria, viewed, <www.dhs.vic.gov.au>.
- Sugai, G, Lewis-Palmer, T and Hagan-Burke, S 2000, 'Overview of the functional behavioural assessment process', *Exceptionality*, vol. 8, no. 3, pp. 149–160.
- Webber, LS, McVilly, K, Fester, T, Chan, J 2011, 'Factors influencing quality of behaviour support plans and the impact of quality of plans on restrictive intervention use', *International Journal of Positive Behavioural Support*, vol. 1, pp. 24–31.
- Webber, LS, Richardson, B, Lambrick, F and Fester (in press), 'The impact of the quality of behaviour support plans on the use of restraint and seclusion in disability services', *International Journal of Positive Behavioural Support*.