Closing editorial: The need for a better evidence base for the situational management of challenging behaviour presented by people with intellectual disabilities

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This second special issue of the *International Journal of Positive Behavioural Support* addresses the important and topical issue of safe and effective situational management of risky and dangerous behaviours presented by people with intellectual disabilities.

We would especially like to take this opportunity to thank the guest editors, Gary LaVigna and Tom Willis, for making this special issue possible, and also to thank all of the individual authors for their highly innovative contributions. Our sincere hope is that this special issue will not only stimulate debate but will have a real impact on the reduction of restrictive practices used within the context of the care of vulnerable people.

The publication of this special issue presents an opportunity to reflect on the contribution that research has made in this area. It continues to be difficult to make authoritative comments about the prevalence of the use of physical interventions due to differences in sampling procedures employed. But the more recent publications continue to indicate widespread usage remains common, for example McGill, Murphy and Kelly-Pike (2009) found that restraint was used monthly or more frequently for 68% of their sample of 268 children and adults with intellectual disability and/or autism.

Of particular concern is that this widespread use takes place in the absence of an evidence base regarding effectiveness. Heyvaert et al (2014) recently conducted what at present is the only systematic review of the effectiveness of restraint interventions for challenging behaviour in the field of intellectual disability. Whilst this review was commendable in its comprehensive and systematic review of the literature in this area, it clearly demonstrated that researchers, almost without exception, have asked the wrong questions in regard to the outcomes which should be considered to guide practice in relation to situational management of challenging behaviour. They found that when outcome data are used to evaluate effectiveness, it is almost universally in the context of treatment, ie the reduction in the longer term frequency of the behaviour rather than effectiveness in situational management. One of the central tenets of positive behavioural support has been to provide separation of the roles ascribed to treatment (behavioural change over time) and management, the safe responding to behaviours when they occur (Allen, 2002). Thus the question 'does restraint lead to a reduction in the behaviour over time' is inappropriate, the valid question being 'does it lead to better outcomes in the situational management of the behaviour', ie the incident is resolved as safely and rapidly as possible.

It is in this context that we need a fit for purpose research agenda to drive evidence based practice in this area. This special issue will hopefully contribute to that process. Though the reported results are very preliminary, and each of the studies presents methodological issues which place limitations on the conclusions that may be drawn from them, they are are novel and hold great promise for impacting on the use of restrictive practices.

In developing this research agenda, it is important to build bridges between the papers presented here and existent research. There are three particular current research strands that this work needs to link to:

- individualised attempts to reduce restraint use
- research on the use and impact of reactive strategies
- research into whole organisation approaches to reducing the use of restrictive interventions.

Individualised attempts at restraint reduction, though not particularly numerous, hint at the possibility of combining the type of interventions described in the present issue of the journal with strategies such as restraint fading, targeted antecedent intervention, and altering criteria for release from restraint (see reviews by Luiselli, 2009; Williams, 2010).

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Studies on the impact of training in reactive strategies were reviewed by Allen (2001, 2011a) and McDonnell (2009). Contrary to the claim made by LaVigna and Willis (this issue), research into training staff in reactive strategies has focused on much more than participant confidence; additional dependent variables studied include the pre-post frequency of behavioural incidents, changes in the use of restrictive procedures (restraint, seclusion and as required medication), staff and service user injuries, participant knowledge, staff burnout, job satisfaction, stress, skill acquisition and maintenance, emotional impact, gender differences, social acceptability of techniques, usage of specific techniques, and staff and service user views. There is clear scope for researching whether teaching staff non-restrictive reactive strategies such as those described within the current volume impacts on these variables and, if so, whether it produces superior outcomes to more traditional training in reactive interventions.

It may also be argued that studies that have looked at, for example, changes in restraint, seclusion and emergency medication usage, were using analogues of behavioural severity. The measures employed may be less individualised and sophisticated than evidenced in the present papers, but this is nevertheless a related area of research which should inform and link into studies such as those presented here.

Allen (2011b) reviewed studies on more systemic attempts to reduce restrictive practices. The work of practitioners such as Huckshorn (2005) and Colton (2004) has identified a range of core strategies that need to be in place in order to achieve service wide change. These are:

- leadership
- consumer involvement
- development of acceptable therapeutic environments
- development of good programmatic structures
- individualised, proactive intervention strategies
- clear crisis management strategies
- attention to workforce emotional support, development and training
- processing and learning from critical incidents
- data-driven practice and quality assurance.

Current knowledge suggests that all the above are necessary, but none sufficient to bring about significant reductions in restrictive practices. This body of work would suggest that the type of interventions described in the papers in this issue (which would fit under the sixth bullet point) would be insufficient in themselves to achieve widespread and lasting changes – but adding such strategies to the above menu would theoretically enhance the potency of this recipe. This is again a testable assertion.

There are additional aspects of the papers contained in this issue which merit comment. The 'alignment fallacy' is in itself a far from uncontentious statement. Most policy in this area shares a great deal of common ground. One interpretation of the often shared position on more restrictive interventions is that such strategies should not be employed in reacting to less severe behavioural challenges – something which most practitioners would surely agree with; policies then typically go on to say that such interventions might be required to manage more extreme behaviour – but not that they must be used to do so. It is a fallacy in itself to suggest that they do.

The apparent failure to consider what LaVigna and Willis (this issue) term 'first resort' reactive strategies in UK policy may also be explained by the fact that such strategies are included primarily under 'secondary prevention' in the influential model developed by Allen et al (1997), though this categorisation does not preclude their use once a behaviour of concern has actually occurred. These differences in taxonomy between PBS models can lead to errors in interpretation, and is something that future research needs to be clear about. Such research needs to acknowledge that, even within the toolkit of more restrictive reactive strategies, there are gradients of intervention (ranging from the use of personal space, self-protective procedures, to restraint etc).

Some of the 'first resort' reactive strategies in this issue are highly creative, but also generate their own issues. For example, the effectiveness of using tangible reinforcers to distract and/or interrupt a behavioural chain will be very dependent on the reinforcing properties of that tangible. To a large extent, this will be determined by the motivating operation of the relative state of deprivation in relation to it. The efforts to ensure that the reinforcer used does not serve to accidentally reinforce behaviours of concern by making it available at times other than when this behaviour is performed

makes theoretical sense. However, the delivery of this reinforcer at 'non-challenging' times reduces its future power when it is employed reactively.

Allen (2002) made the distinction between strategies designed to change behaviour and strategies designed simply to manage it. The former have historically included aversive procedures, such as the use of contingent restraint, which look similar to behaviour management in that it involves physical intervention. The intended purpose of these topographically similar interventions is functionally different, however; on some occasions in the papers appearing in this issue, this distinction became unhelpfully blurred. The papers are not alone in this respect, but this is a really important difference that researchers need to be clear about.

While the research papers each hold huge promise, the jury would need to remain out at this stage in terms of whether the strategies described would be effective with more severe behavioural challenges. Pursuing the legal theme, the use of restrictive interventions is unfortunately directly or indirectly enshrined in the health and safety legislation of many countries. It will be interesting, for example, to see how providing someone who engaged in very high-level self-injury with a favourite sweet would stand up as a primary reactive strategy when tested at law, even in circumstances when, up until that point in time, such a strategy had been effective.

As stated above, we very much hope that this issue of IJPBS stimulates debate, so we would welcome further research-led commentaries on the issues raised, and additional research papers that provide further evidence of the effectiveness of less intrusive reactive strategies, or that combine such interventions with other research strands as described above. The evidence for the effectiveness of preventative behavioural interventions is at present not sufficiently compelling to suggest that reactive interventions will not form part of many persons' individualised support plans for some time to come; that we need to make sure that these pass all legal and ethical tests is a non-negotiable requirement. It is against this background that the present papers need to be read.

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