



Impacts of Quality Assurance Measures (O. Reg. 299/10) for Adults with Intellectual Disabilities: Preliminary Outcomes of a Community Partnership on the Implementation of Behaviour Support Plans by Group Home Staff

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Objectives

- Describe one collaborative service delivery model in Ontario that was designed to meet Quality Assurance Measures (QAM) Behaviour Support Plan requirements.
- Describe the outcomes of positive behaviour change strategies on the rate of intrusive measures used to address challenging behaviours.
- Identify and describe one evaluation measure that can be used to inform Behaviour Support Plan recommendations and service delivery.
- Identify practical and ethical implications of QAM for community behaviour support services for adults with intellectual disabilities (ID) and community agencies.



Service Delivery Model



Quality Assurance Measures (O. Reg. 299/10)

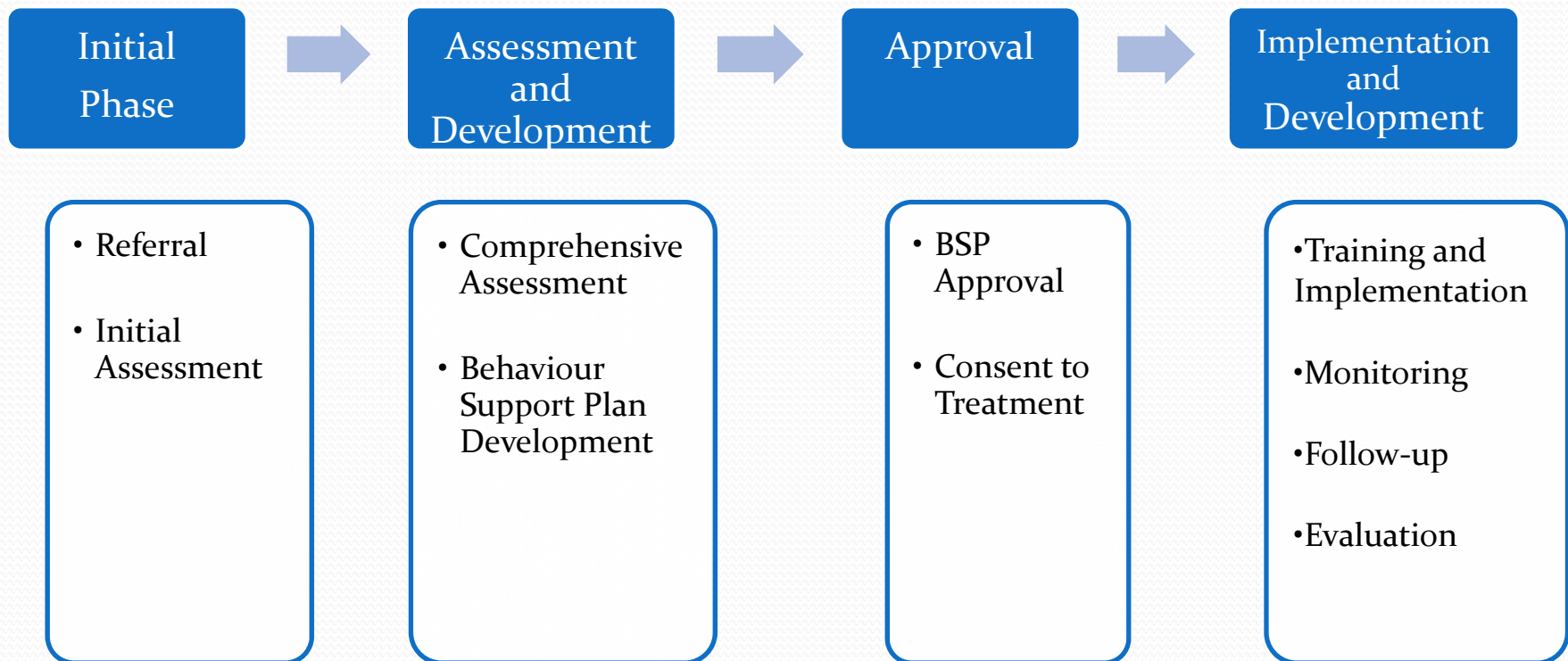
- Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008.
- Supports for adults with challenging behaviour should promote community engagement and independence
- Recognizes that intrusive measures may be used.
- Provides policy direction on the use of intrusive measures.
- Promote consistency among service agencies that use behaviour interventions.

(www.e-laws.gov.on.ca/html/source/regs/english/2010/elaws_src_regs_r10299_e.htm)

One Approach to QAM (O. Reg. 299/10)

- A collaboration service delivery model was established between an MCSS funded agency and a community behaviour therapy program (LRCSS).
- The agency recognized the need to comply to MCSS QAM policy directive.
- LRCSS identified behaviour consultants to work on this collaboration.
- Training provided to behaviour consultants, group home supervisors and support staff.

Service Delivery Model





Results of Restrictive Measures Pre and Post BSP



Purpose

- To evaluate the use of intrusive measures before and after behaviour support plans

Procedure

- Assessment
 - FBA
- Behaviour Support Plan
 - Focus on proactive and positive strategies
 - Use of least intrusive measures
 - Contextual Fit of BSP to Group Home
- Training
 - Hands on staff training
 - Supervisor training in doing adherence checks
- Monitoring and Evaluation

Measures

- Collected for each client
 - Medical Administration Records (MAR sheets)
 - Incident Reports (IR)
- MAR to identify PRNs administered
- IR to identify physical restraints performed
- Period collected: 3 months Pre and Post BSP

Client Demographics

- $n = 15$
- Gender
 - Male = 11
 - Female = 4
- Residential Site
 - Group Home = 6
 - Agency Treatment Home = 9

Client Demographics

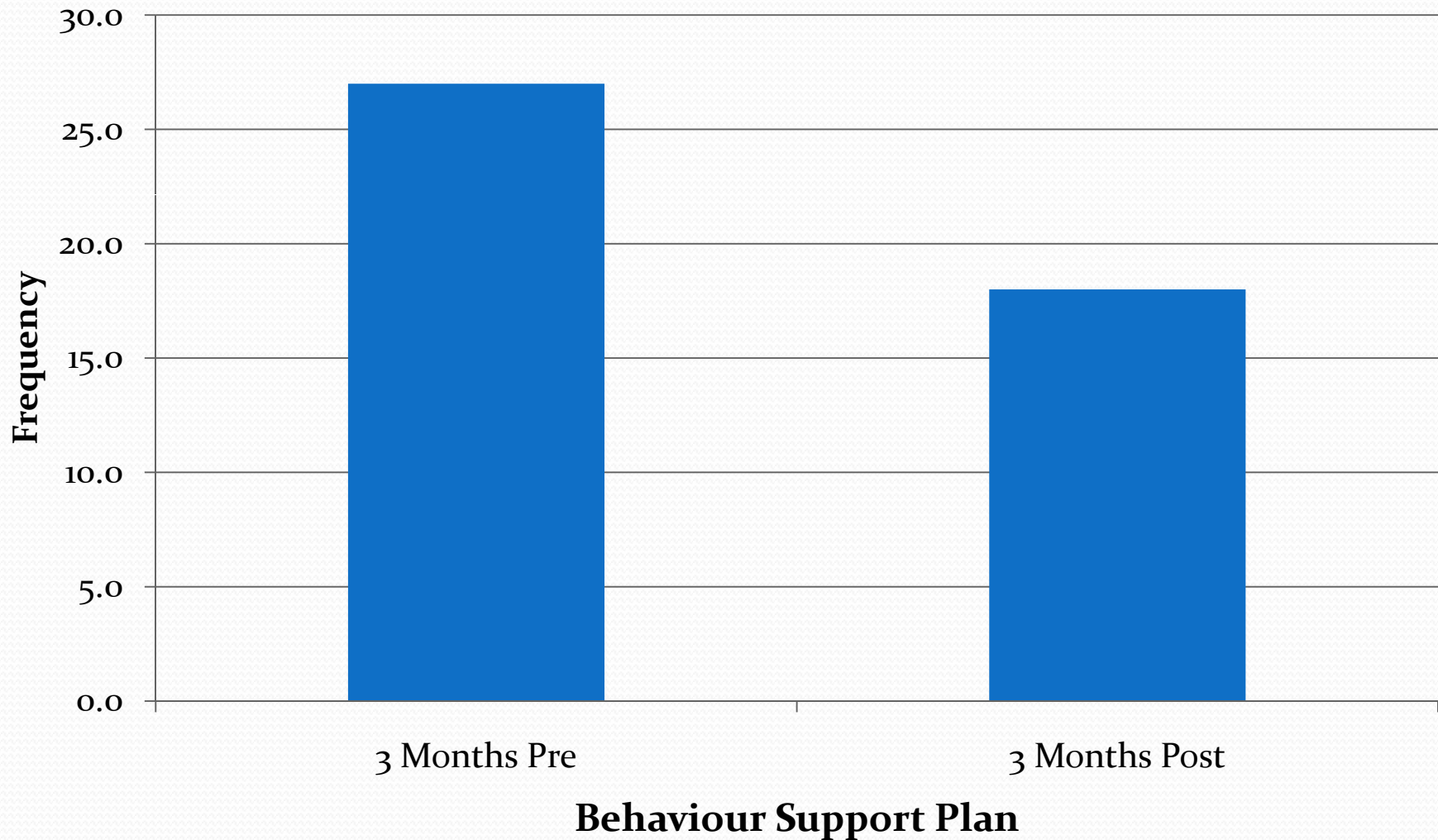
- Autism Spectrum Disorder – 45%
- Intellectual Disability – 36%
- Pervasive Developmental Disorder- NOS – 9%
- Down Syndrome – 5%
- Cerebral Palsy – 5%

Client Demographics

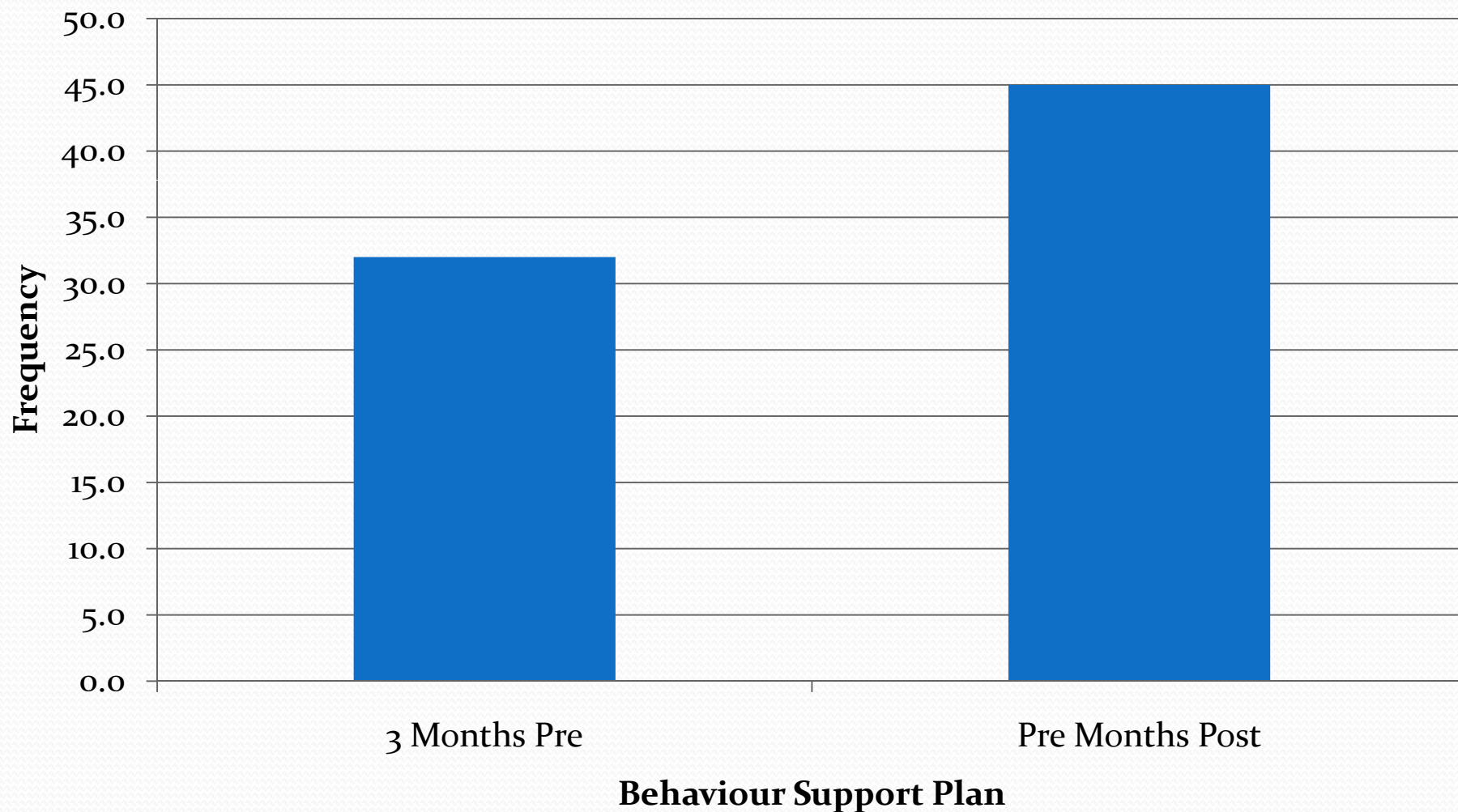
Target Behaviours in BSP

- Physical aggression
- Self injurious behaviour
- Destruction
- Theft
- Elopement
- Repetitive behaviours
- Verbal outbursts
- Non-cooperative behaviour
- Inappropriate sexual behaviour
- Inappropriate social behaviours

Total Frequency of Physical Restraints used Pre & Post Implementation of the BSP



Total Frequency of PRNs Administered Pre & Post Implementation of the BSP



Data Analysis

- Extinction Bursts
- PRN Administrations
 - Least to most intrusive
 - Clarification of a protocol
- Time Constraints
 - Training
 - Mastery of all Components of BSP

Limitations

- 3 month pre-post period
 - Limited post data
- Unable to control for confounding variables such as:
 - Hospitalization
 - Medication changes
 - Staffing changes
 - Multiple BSP implementation simultaneously

Future Directions

- More data
 - Extended post period
 - Include more behavioural data
- Treatment fidelity
 - Currently being collected



Staff Perceptions of Behaviour Support Plan (BSP) Implementation



Purpose

- Obtain group home staff feedback on BSP procedures
- Examine staff responses to inform future directions for clinical practice and research

Rationale

- Mediators will be doing program so...
 - Should be given support to become competent
 - Should be something they feel comfortable doing
 - Feel it will work
- Consistent with BACB practice guidelines (Content Area 10: Systems Support)

Procedure

- Obtained consent from participating clients/families
- Surveys distributed to group home Program Managers to share with their staff members
- Staff had the option to return the surveys anonymously in sealed envelopes or directly to the Program Managers

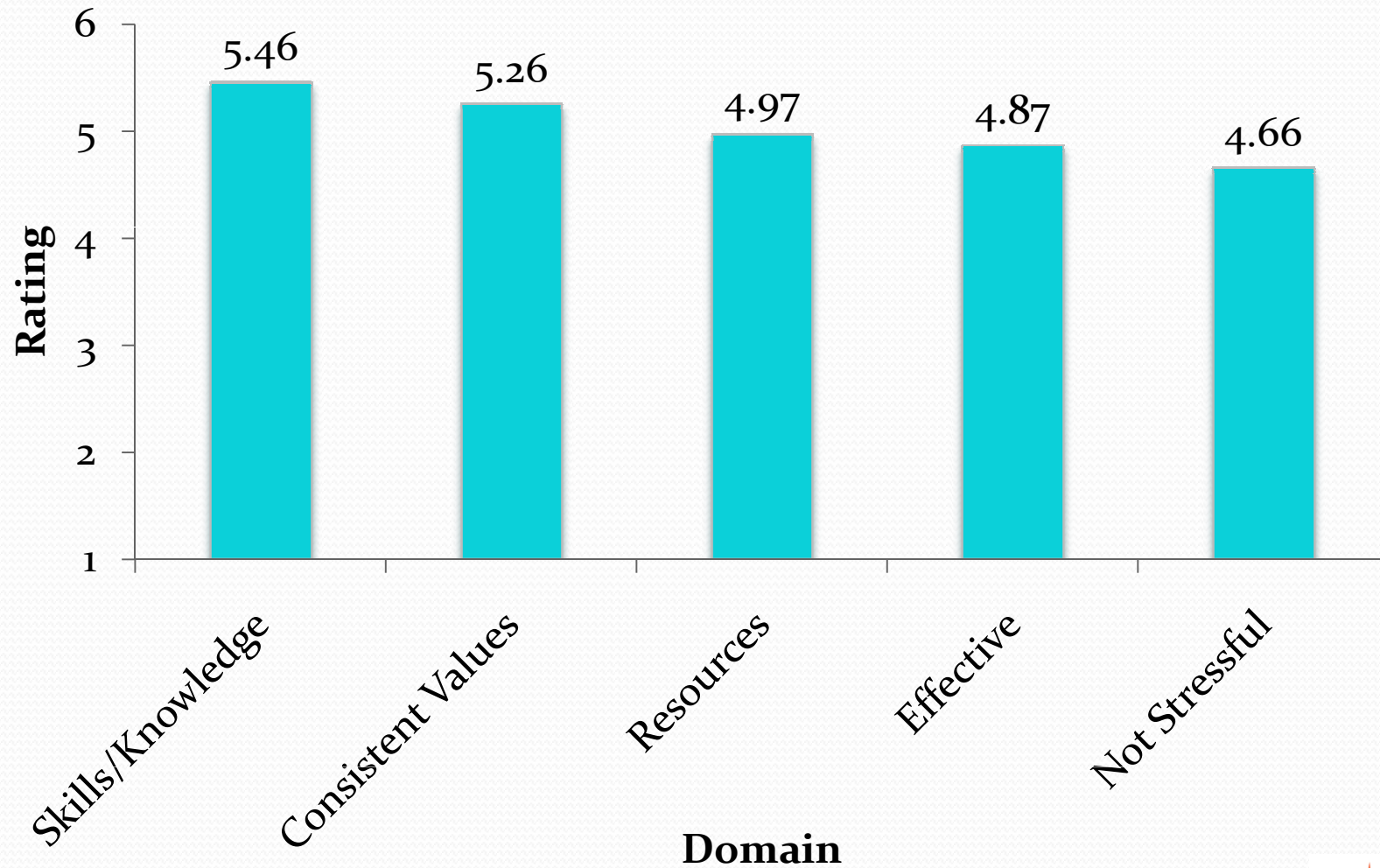
Measures

- *Contextual Fit Survey* (adapted from Kansas Institute for Positive Behaviour Support, 2005; and Horner, Salentine, & Albin, 2003)
- Consists of 16 statements (on a Likert scale from 1 to 6 – “strongly disagree” to “strongly agree”). We created 5 key domains:
 - Skills/Knowledge (4 statements)
 - Consistent Values (4 statements)
 - Resources (5 statements)
 - Effectiveness (2 statements)
 - Stress (1 statement)

Results

- Total number of surveys = 110
- Years of experience
 - Working at agency ($M = 8.87$, $SD = 6.13$, $n = 58$)
 - Working with individuals with ID ($M = 13.13$, $SD = 7.76$, $n = 56$)
- Highest level of education completed
 - High school ($n = 4$)
 - Developmental Services Worker Diploma ($n = 6$)
 - Personal Support Worker Diploma ($n = 2$)
 - College ($n = 27$)
 - Bachelor's degree ($n = 16$)
 - Master's degree ($n = 4$)

Staff Perceptions of BSP Implementation



Discussion

- Summary
 - Responses were very favourable across the 5 domains
 - Staff were most likely to perceive that they had the skills and knowledge to implement the BSPs
 - Most staff agreed that their personal values were consistent with BSP components
 - Supports and involvement with staff probably contributed to these positive results on the survey
- Future Directions
 - Implement with other agencies
- Limitations
 - Validity of survey, potential bias, results are preliminary



Ethical and Practical Issues



What are the....

Practical and ethical implications of QAM for community behaviour support services for adults with intellectual disabilities (ID) and community agencies?

Ethical & Practical Issues

Initial Phase

Assessment & Development Phase

Approval

Implementation & Evaluation

Initial Phase: Practical Implications

- Who identifies priority individuals?
- Will these individuals sit on a waitlist? Who will manage this waitlist?
- Behavioural support agencies have existing clinical case loads and waitlists, thus how do we ensure QAM BSP referrals get seen quickly enough
- BSP development varies across different agencies



Initial Phase: Ethical Implications

- Will the additional QAM requirements impact existing waitlist pressures for clinical services or Behaviour Analysts
- Ministry and agency pressures on BCBA to work quickly and will that impact the best practice approach to assessment/tx/ and follow up

Assessment and Development Phase: Practical Implications

- Who should be responsible to provide the resources to deal with the influx of new BSPs
MCSS? The community agency? The behaviour support agency? All?
- Provincially there are limited number of BCBA's and most work in the area of ASD services
- Low rate behaviours... and FBAs



Assessment and Development Phase: Ethical Implications

- What if an individual/family doesn't consent to an FBA or want to contribute to the BSP?
- Support staff or families or individuals may be hesitant to consider future removal of an intrusive measure

Approval Phase: Practical Implications

- Challenge getting all consenting bodies/persons to review BSP and sign in a timely fashion
- Individual/family/or Public Guardian and Trustee (PGT) may not approve the completed BSP

Approval Phase: Ethical Implications

- P.G.T. may not be able to provide INFORMED consent.
- What if an individual client signs the BSP but they may still have limited understanding of the BSP
- BCBA may not be present at a 3rd party review or Ethics Review Committee meeting
- Behaviour analyst is being asked to sign the full BSP which includes an attached Crisis and PRN Protocol
- BSPs can also be approved by physician, psychologist, psychological associates, psychiatrist

Implementation and Evaluation: Practical Implications

- Is it clinically appropriate to address multiple behaviours or functions at the same time?
- Is it feasible to expect staff to implement multiple new BSPs in a group home with multiple individuals
- BCBA may not know if BSP is correctly implemented and if all pro-active strategies are used before the use of restraints or PRNs
- Who are the Ministry auditors? Do they primarily look for approval signatures and the presence of documents or do they also review content?



Implementation and Evaluation: Ethical Implications

- What if environmental factors are a significantly affecting challenging behaviour but the environment cannot be changed
- High pressure to complete the BSP, then limited resources, motivation, finances for implementation
- Goal is to use intrusive measures as a last resort, how will the ministry be following up on this?
- Are there sufficient requirements included in QAM to ensure Positive and Proactive strategies will continue to be implemented following the development and signing of the plan

Food for Thought...

- Who reviews the BSP 6 months later? How might this impact implementation?
- Who is the third party reviewer? (not stipulated in the ministry policy) Who's responsibility is it to initiate this review?
- How do we address issues with treatment integrity after the BSP is developed and signed?

What can be done...

- Aim for collaboration during the development of BSP to increase buy in
- Highlight to agencies that the review process will require ongoing monitoring of the challenging behaviours
- Ministry → Increase available resources to complete BSPs in a timely fashion without impacting existing clinical services or waitlists



QAM Contingencies

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Brock

Good things about QAM

Implicit and Explicit Rationales for QAM

- **Values** – promoting quality of life, social inclusion, autonomy
- **Rights** – right to most effective, least intrusive behaviour support.
- **Ethics** – least intrusive model, professional practice requirements
- **Science** – “most effective evidence-based practices” (Policy Directives, p. 12)
 - ABA and Positive Behaviour Support

Good things about QAM

- Behaviour Support Plan (BSP) must be developed:
 - >3 incidents of challenging behaviour
 - challenging behaviour being managed by intrusive procedures – physical restraint, PRN



Good things about QAM

- Influence of ONTABA Standards:
 - Least intrusive, effective model
 - BSP based on biopsychosocial and functional behaviour assessments.
 - Focus on improving environment, positive reinforcement and skill training.
 - BSPs do not have to include intrusive procedures.



Good things about QAM

*****Behaviour Support Strategies Adherence*****

- **“A service agency shall ensure that positive behaviour interventions and intrusive behaviour interventions are used as outlined in the BSP”
(19(2), p. 13)**

Some Not so Good Things about QAM

- Lack of ongoing training and support for direct-care, supervisors, managers, directors.
- Attitudes of some agencies based on learning history – “this too will pass.”
- Enforcement
 - competencies of Compliance Officers
 - consistency of Compliance Officers
 - training for Compliance Officers

QAM Contingencies on Direct Care and Supervisors

- BSP Adherence = Staff Behaviours
- Staff implementation must be monitored by Supervisor.
- Staff receive ongoing supervisor feedback on BSP implementation to maintain consistency.
- Part of staff's performance plan (Policy Directives, p. 16)
- Possibility of both positive reinforcement and punishment based on supervisor feedback.
- **Where are contingencies for supervisor to monitor and give effective feedback?**

QAM Contingencies for Agencies

- Negative Reinforcement – avoid “reprimand” from compliance officer
- Positive Reinforcement – may get extra \$ for failing (e.g., more staff needed)
- Response Cost – more BSPs, more work, more responsibility to report.

*****Where is positive reinforcement for BSP adherence?*****