Recommended Core Competencies of a BSS (Behavioural Support System)

Core Competencies of a BSS:

BSS that aims to foster development of the following Core Competencies in all working with this population:

- Knowledge
- Cultural Values and Diversity
- Person Centred Care Delivery
- Prevention and Self-Management
- Clinical Skills
- Resiliency and Adaptability
- Field Based Quality Improvement and Knowledge Transfer
- Collaboration and Communication
- Change Management Skills
- Technology Skills
- Leadership, Facilitation, Coaching and Mentoring
- Professional and Work Ethics

Reference:
Behavioural Supports Ontario (February ,2012), *Capacity Building Roadmap*, Ontario Local Health Integration Network
See: http://www.akeresourcecentre.org/BSO

"Our Goal: Responsive Behaviour in the 21st Century: Making them a fading memory"

Dr. Ken Le Clair

BSA (Behavioural Supports Alberta)

www.bsa.ualberta.ca

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ICCER Institute for Continuing Care Education & Research

Alberta Innovates Health Solutions

University of Alberta

Alberta Challenging Behaviours Interest & Research Group

Challenging/ Responsive Behaviours Defined:

All behaviour – whether disruptive or not – is seen as having meaning. Challenging/responsive behaviours exhibited by individuals with dementia, mental illness, addictions, brain injury, developmental disabilities and other neurological conditions (intentionally or unintentionally), are understood to be forms of communication expressed in actions, sounds, words and gestures. Such behaviours may be a reaction or response to something important to them regarding their personal, social, or physical environment, state or experience.

(Adapted from MAREP's definition & philosophy of responsive behaviours

See http://www.marep.uwaterloo.ca/research/index.html 202012.pdf)

Symposium 2012: Challenging/Responsive Behaviours:

Developing an Alberta Action Plan

Report date: December 6, 2012

A Successful Symposium & Beginnings of BSA (Behavioural Supports Alberta)!

What did we do?

On November 21st, 2012, a Symposium co-lead by the Alberta Challenging Behaviours Interest & Research Group and ICCER (Institute for Continuing Care Education & Research), was held at the University of Alberta in Edmonton.

The aim of the symposium was to explore and discuss the development of an Alberta Action Plan to:

- manage challenging/responsive behaviours exhibited by individuals across the continuum of care with mental illness, addictions, cognitive impairment, brain injury, developmental disabilities and other neurological conditions
- support those caring for, or supporting them.

Who attended?

76 health care providers, policy and decision-makers, academics, and researchers from across Alberta. Nine Alberta-based provider organizations were represented. Teleconferencing made it possible for others from Alberta, Manitoba and Ontario to participate.

What were the highlights?

- Increased awareness of resources, alignments & collaborators
- Beginnings of an Alberta Behavioural Supports System: **BSA**
- Agreement that BSA be a collaborative effort across the continuum of care, & various age & diagnostic groups.
- Initial development of **www.bsa.ualberta.ca** as a web portal for information exchange, networking, collaboration, & knowledge transfer/ mobilization

1. Do you feel Alberta would benefit from a provincial framework/strategy to address the management of challenging/responsive behaviours along the continuum of care?

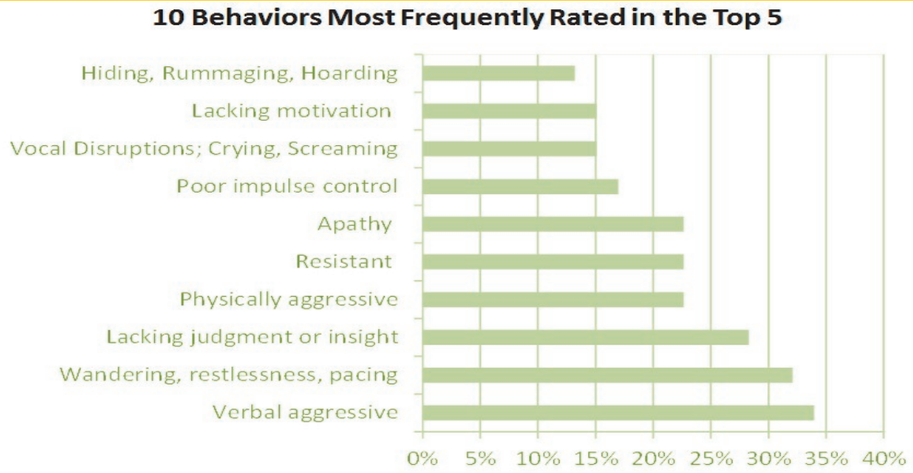
Response	Chart	Percentage	Count
Yes		100%	27
No		0%	0
	Total Responses		27

Guiding Principles of a Behavioural Support System (BSS):

- Care is relationship-centred and person-directed
- Care system must be accountable and provide leadership
- Behaviour is communication
- Care is provided in the least restrictive environment
- Respect is given for all
- Care includes health promotion & chronic disease prevention
- Health technology

Reference:

Harris M, Clark S, Lusk E, editors. National behavioural support systems project: guiding principles and recommended components. Version 3. Canada: 2011.



What were the speaker highlights?

(For Speaker Notes, see the resources tab on www.bsa.ualberta.ca)

Dr. Ken Le Clair

- The dialogue is timely
- There is no need to re-invent the wheel. Much has been done in other areas of the country (see resources & links on www.bsa.ualberta.ca)
- Seek out, build upon, and leverage existing resources & networks
- Collaboration and speed are necessary

Patti Boucher

- Education & training is critical in developing capacity to manage challenging/responsive behaviours
- The BETSI offers a framework for determining organizational needs, training readiness & appropriate training programs. (see resources on www.bsa.ualberta.ca)

Karen Gayman

- Alberta Health Services has been developing a Cognitive Impairment Strategy aimed at:
  - providing person centered care that is accessible & sustainable for all Albertans
  - Supporting persons with dementia and their carers through their journey (from prevention & wellness, through early recognition, living with, and end of life).

Dr. Duncan Robertson

- Strategic Clinical Networks (SCNs) have been established in Alberta - led by clinicians & driven by clinical needs
- Seniors Health SCN platforms:
  - Healthy aging & seniors care
  - Aging brain care
- Initial projects:
  - Elder friendly care
  - Appropriate use of antipsychotics

What were the survey results?

2 surveys were conducted during the symposium (for both the survey questions & complete results, see the survey link on BSA).

53 symposium participants completed survey 1, & 27 survey 2. Respondents were affiliated with urgent care (1), in-patient acute care (2), rehabilitation (3), mental health (10), home care (15), supportive/assisted living (14), facility living (19), housing (3), and other (20) including policy & decision makers. They provided services to child/adolescents (7), adults (25), and seniors (44); and worked with persons with developmental disabilities (38%), dementia (83%), delirium (40%), addictions & substance abuse (28%), mental health disorders (57%), neurological conditions (45%) brain injury (40%) and responsive behaviours (45%).

- **72% of respondents (n= 50) indicated that the impact of challenging behaviours on the staff, clients and systems is high** (22% medium, and 6% low).
- 63% of respondents (n=52) indicated a high need for further education and support (35% medium, and 2% low).
- The 10 behaviours most frequently rated can be seen in the bar graph above. As seen in the chart above, clinical interventions most commonly used in addressing challenging behaviours were behavioral techniques/staff training, followed by medication and environmental modifications.
- 44% of respondents (n=25) equally disagreed and agreed that caregivers are equipped to be able to understand & effectively respond to behaviours in a client centred manner (12% were neutral).
- Educational/training resources most commonly used to support best practice in managing challenging behaviours can be found in the graph below (Supportive Pathways, PIECES & CPI being the most common). PIECES was identified as the most desirable, followed by Supportive Pathways, Montessori methods, & Gentle Persuasive Approaches.
- Respondents (n=27) indicated that the following additional supports for health care providers were needed more immediately: Leadership, facilitation, coaching & mentoring (85%), person centred care delivery (78%), knowledge (56%), & change management skills(48%).

Clinical interventions most commonly used in addressing challenging behaviors

	Choice 1	Choice 2	Choice 3	Choice 4	Choice 5	Choice 6	Choice 7	Total Responses
Medication	7 (20%)	3 (9%)	8 (23%)	7 (20%)	2 (6%)	1 (3%)	7 (20%)	35
Behavioural techniques, staff training	15 (43%)	7 (20%)	1 (3%)	5 (14%)	1 (3%)	4 (11%)	2 (6%)	35
Environmental modifications	4 (12%)	7 (22%)	7 (22%)	1 (3%)	7 (22%)	3 (9%)	3 (9%)	32
Group programs (exercise, recreation)	5 (16%)	4 (12%)	6 (19%)	8 (25%)	5 (16%)	4 (12%)	0 (0%)	32
Social interaction/ psychosocial activities	5 (15%)	9 (26%)	5 (15%)	5 (15%)	4 (12%)	5 (15%)	1 (3%)	34
Alternative therapies (music, pet, aroma, light)	0 (0%)	2 (7%)	4 (13%)	2 (7%)	6 (20%)	5 (17%)	11 (37%)	30
Therapeutic Group Activities	0 (0%)	4 (13%)	3 (10%)	4 (13%)	5 (17%)	8 (27%)	6 (20%)	30

4. What educational and training resources do you or your organization most commonly use to support best practice in managing challenging behaviours?

Response	Chart	Percentage	Count
Gentle Persuasive Approaches (GPA)		17%	4
P.I.E.C.E.S.		67%	16
U-First!		12%	3
Supportive Pathways		83%	20
Montessori Methods for DementiaTM (MMDTM)		12%	3
Sensory Modulation Approaches		8%	2
MAREP Dementia Care Education Series		8%	2
Nonviolent crisis intervention (Crisis Prevention Institute)		46%	11
Mental Health First Aide		25%	6
Effective De-Escalation Techniques (EDT)		4%	1
NICHE		8%	2
Other, please specify...		29%	7
	Total Responses		24

Components of a BSS: Incorporation of the following components:

- An integrated care system
- Comprehensive health services
- Collaborative care
- Culturally appropriate services
- Continuous quality improvement
- Supportive access to resources
- Supportive environments
- Caregiver support
- Education and training
- Health Technology

Reference:

Harris M, Clark S, Lusk E, editors. National behavioural support systems project: guiding principles and recommended components. Version 3. Canada: 2011.

10 Sustaining & Spreading Capacity Building Solutions: Identified by Practice; Driven by practice change:

1. Collaborative, effective persons & family team learning service structures (huddles, inter-sectoral forums, care planning etc.)
2. Communities of Practice
3. On-line environmental scanning
4. Quality improvement strategies, algorithms, tools, protocols
5. Reflective practice—both skills and service

(Behavioural supports Ontario (2012) Behavioural Education and Training Supports Inventory (BETSI) – A Decision Making Framework, p. 20).

Intervention "The What"	Implementation "The How To"	
	Effective	Not Effective
Effective	**Consistent Sustainable Positive Outcomes**	Inconsistent; Not Sustainable; Poor outcomes
Not Effective	Poor outcomes	Inconsistent ; Not sustainable; Poor Outcomes; Sometimes harmful

Evidence supports that the more clearly core components of an evidence based intervention program or practice are known and defined, the more readily the program or practice can be implemented successfully. (Bauman, Stein, & Ireys, 1991; Dal, Baker, & Racine 2002; Winter & Szulanski 2001.)

(Adapted from Institute of Medicine, 2000; 2001; 2009; New Freedom Commission on Mental Health, 2003; National Commission on Excellence in Education, 1983; Department of Health and Human Services, 1999)

Table A: Program Implementation and Intervention Outcome Effectiveness Matrix

What desired outcomes were identified?

1. Establishment of a provincial BSA (*Behavioural Supports Alberta)* similar to BSO (Behavioural Supports Ontario) .

- BSA: A collective provincial voice & effort
- A strong Alberta presence re: provincial & national strategies
- A sustainable web-based presence that acts as a portal to information, education, communities of practice, resources, networking opportunities, service coordination, and research repository - a "share-point"
- A knowledge translation/ transfer/mobilization strategy to ensure that knowledge and information is broadly disseminated to regulated & unregulated caregivers, families, educators, policy & decision makers, and researchers.

2. Development of a sustainable, integrated, coordinated system of care, across the care continuum, as well as age and diagnostic groups – from community, through acute, hospital and long term care.

- Development of a BSA roadmap that shows the major components
- A person-centred, multi-disciplinary and multi-stakeholder approach
- Improved efforts to keep people independent
- A BSA stigma reduction campaign
- Linkage to population health, health promotion, and illness prevention strategies
- Consideration of cost efficiency & effectiveness.

3. Leveraging of current resources rather than re-creating the wheel (e.g. National BSS and BSO resources, Caregiver College, Continuing Care Desktop)

4. Research - Integration of research & evaluation in BSA to guide clinical best practice, education/training - for regulated & unregulated care providers, system change, & policy and decision making

BSA: Collaborative Sustainable Integrated Coordinated Across the care continuum, & age & diagnostic groups

5. Inclusion of Caregivers – include families, as well as formal and informal caregivers in the process

6. Enhancement of living options – Increase housing options for individuals in the community who exhibit challenging/ responsive behaviours.

Where do we go from here?

1. Establish a BSA working group/steering committee to:

- Develop a working paper/strategic plan
- Conduct an environmental scan
- Gather evidence
- Explore resources & alignments
- Develop a business case & cost-benefit /risk analysis

2. Further dialogue with:

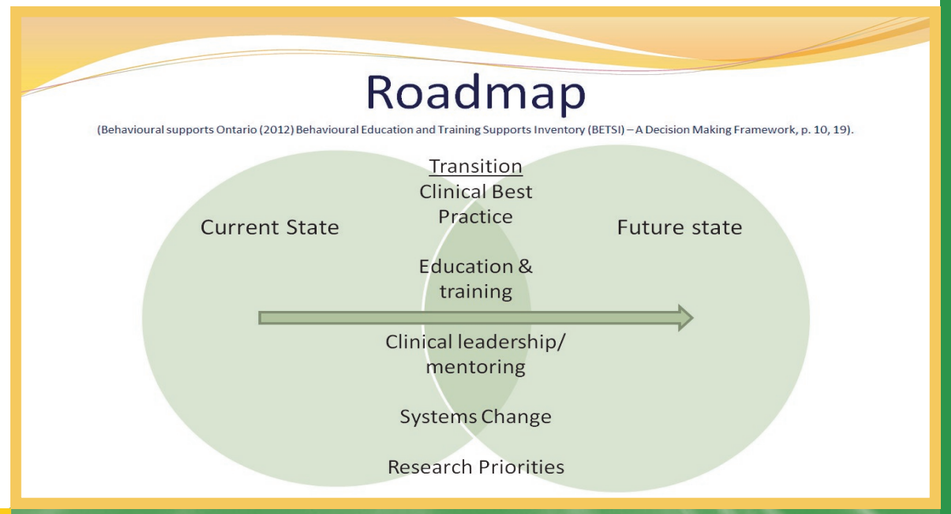
- Policy & decision makers
- Clinicians
- Front-line staff
- Families
- Educators
- Researchers

3. Further develop a BSA web-site to act as an information portal regarding education/training, communities of practice, resources, networking opportunities, service coordination & research collaborations

4. Establish partnerships/ coalitions with stakeholders including the National BSS, BSO, and other provincial partners & networks.

5. Find funding - advocate for funding & explore research grant opportunities

6. Establish BSA working groups to examine clinical best practices, education/ training, clinical leadership/mentoring, systems issues & research plans.



10 Sustaining & Spreading Capacity Building Solutions: Identified by Practice; Driven by practice change (cont.'d):

6. Mentoring & job shadowing
7. Knowledge exchange event and Online Brokering
6. Provider networks and learning collaboratives
7. Facilitated learning programs (BETSI)
8. Case based and scenario based solution finding

Reference:

The Road Ahead: Supporting Sustainable Capacity Building , BSO, forthcoming (see Dr. Ken Le Clair's presentation in the resource link on: www.bsa.ualberta.ca).