Options
COMMUNICATION THERAPY & TRAINING CENTRE

Health and Community Services Committee

Queensland Parliament

Cnr. George and Alice Streets

Brisbane, 4000.

December 8th,2013.

Dear Committee members

Re: Disability Services (Restrictive Practices) and Other Legislation Amendment Bill 2013.

I am responding to the above document from the perspective of someone who has an interest in the needs of both the adult (client) with complex communication needs and the people who provide support and care. In my response I have included refereed journal articles which may compliment the points I am making.

The three main areas which I would value seeing greater attention to in the Bill are as follows:

1. **Greater recognition for interactions being dependent upon the knowledge and skills of communication assistants[1].**

   Three grades of support personnel need to be defined.

   a. *Communication Partner* (someone with no knowledge or skill in non-speech communication methods)
   b. *Communication Assistant* (someone with some knowledge and skill in non speech communication methods)
   c. *Communication Coach* (someone with broad ranging knowledge, skill and experience in non-speech communication) is applied.

I would like to see some tabling or reporting of the ratio each service provider has for each of these three groups of support staff. This is important because without someone who is

[1] Beukelman, D. & Mirenda, P. (2005a). *Augmentative and alternative communication: supporting children and adults with complex communication needs* Baltimore USA: Paul H. Brookes.

Jane Remington-Gurney
MA.,LCST., CPSP, Cert IV Training and Assessment, Master Trainer.
Director
0410 448 523

www.AACOptions.com.au
Jane@AACOptions.com.au
P.O. Box 568 Kallangur Queensland Australia 4503

competent using an adults' communication method and strategy with them the chances of need for restrictive practices must surely increase.

In the past the behaviourist and deficit model has focussed on the needs and skills of the person with disability. Some change towards a pragmatic approach was seen at the turn of the century but there is still no accreditation or formal recognition for the non-speech communication training which some support workers and families under take.[2] The biopsychosocial model of today recognises that not only is there huge diversity amongst people but that this diversity is also fluid and shows variation according to the environment we interact in. The need for and response to restrictive practices may depend on their environment and with whom they interact.

Although there is scant research as yet to determine the extent to which challenging behaviours can be reduced simply by having support staff trained and competent in communication and non speech communication methods, it would be useful to acknowledge the potential significance of this now. Common sense would say that anyone would experience communication frustration and challenging behaviours if their communication partners did not share the same language code and switch codes fluently. I would therefore see that the following would be advantageous:

1. People with complex communication needs which place them in consideration for any Restrictive Practices not be in the care and support of:

i. People with no less knowledge and skill than *communication assistants*. This should be the minimal level of competency for people working and interacting with individuals who require non-spoken methods or specific strategies to address complex communication needs.

ii. Agencies which do not have a model for professional development/in-service for their employees in the topic of communication (spoken and non-spoken).

iii. Employees or support staff who have not completed and maintained their training in non-speech communication methods.

iv. Agencies which do not have adequate access to a communication coach for assessment, intervention and in-service training.

[2] Prizant B & Wetherby A, 1998, Understanding the continuum of discrete-trial traditional behavioral to social-pragmatic developmental approaches in communication enhancement for young children with autism/PDD. *Seminars in Speech and Language*, 19, 329-352. doi:10.1055/s-2008-1064053

To this end, formal training should be inclusive of evidence based communication strategies and generalist strategies in non-speech communication i.e. Social Stories, use of technology including the iPad and designing communication displays. Wherever possible, competency based training should be delivered in recognition that knowledge does not presume skill.

The literature currently not only recognises the need for trained communication assistants but their regulation[3]. Communication assistants and coaches should be able to provide access to communication for language development and maintenance as well as in response to the need for restrictive practices and the de-briefing with the adult/client. Priority is given to provision of vocabulary specific to the restrictive practices scenario, to assist the adult-client and supporting personnel. Signed, visual and spoken vocabulary might include rating scales (1-5 for emotional management, words to describe symptoms and side effects of medication or restrictive practice materials, labels associated with restrictive practice choices) as well as meaningful presentation of vocabulary (visual and signed mediums).I see that there is mention of the need for augmentation to spoken communication in the Bill, but it is not clear whether this includes a vocabulary of signals or units of meaning that are meaningful and appropriate in a restrictive practice context.

Attention to the above may enable the issues addressed in Clause 31(4) would have a greater chance of best outcomes. The quality and accuracy of reporting measures i.e. antecedent behaviour, completing behavioural support plans reflect not only the knowledge and skills of the adult but the person making the report.

It should also be noted that there is no statistical or research data to support the anecdotal information related to incidences of need for restrictive practices according to the degree of competency based training support personnel have. This is a gap in the literature which needs to be addressed.

2. More inclusivity in the Positive Behaviour Support Plan.

Clause 13 details what a Positive Behaviour Support Plan is and could better reflect the two party nature of an interaction by adding comments pertaining to the knowledge and skills of the personnel assisting in both a Restrictive Practice and a Positive Behaviour Support Plan. For example:

a. Providing photographic or hard copy illustration of the communication dictionary (this is a document detailing what an adult signals-what the signal means-how the other person should respond to the signal- how to expand the signal through

[3] 'Finally, the AAC community needs to consider taking on issues that relate to the training and regulation of communication assistants, especially those who support people with CCN in high-stakes circumstances' (p. 215).Collier, B., Blackstone, S.& Taylor, A. (2012).Communication access to business organisations for people with complex communication needs. *AAC*, 28 (4), 205-218.

conversation and/or teaching). In this way, monitoring can occur with respect to the vocabulary needs of the individual[4].

b. Documenting the use of accommodations during an act of Restrictive Practice. Accommodations, usually for sensory-motor needs, might include the use of deep pressure for proprioception, access to pillows, calming or favourite music, safe access to communication equipment.

c. Documentation of the vocabulary and/or strategies considered potentially useful in the future for both adult and support personnel. For example, five point rating scale for emotional management, construction of social stories (not information stories) for de-briefing and social understanding and startegies to scaffold conversation in general conversation and de-briefing scenarios[5].

The above points would also specifically assist in Clause 13 (2,c,iii).

Stakeholders in this legislation would be aware that many of the adults concerned have been recipients of many years of investments in establishing functional communication methods. Not only is this population vulnerable, they are also vulnerable at specific stages in the application of a restrictive practices model. For example,

- When an adult transitions from an education system it would be critical to have a full report with DVD illustration and photographs to illustrate the methods and strategies used for communication.
- When a risk assessment is prepared it would be critical to include not only a full communication profile for the adult but a recording of the risk imposed for the adult, if staff were not trained in the methods of communication required in order that the adult participate in their community.
- When a restrictive practice is sought there is an increased chance that access to communication by the adult will be intentionally or unintentionally reduced. This may further compound challenging behaviour.
- When (if) debriefing occurs using models framed in a Participation Model[6] as well as a Human Rights Model[7] the interaction requires a receptive and an expressive language component.

Enhancing the quality of life and minimising risk for challenging behaviours by ensuring that spoken and non-spoken communication channels are symmetrical should be of the highest

[4] Brewster, S. (2013). Saying the 'F word...in the nicest possible way': augmentative communication and discourse of disability. *Disability and Society, 28*(1), 125-128. doi: 10.108009687599.2012.736672
[5] Remington-Gurney, J. (2013). Scaffolding Conversations Using AAC. *Journal of Social Inclusion*.
[6] Beukleman, D. (2012). *AAC for the 21st century:framing the future*. Paper presented at the State of the Science Conference for the RERC on communication enhancment, Baltimore USA
[7] World Health Organisation. 2001. *ICF: International Classification of Functioning, Disability and Health*. Geneva: Author.

priority by service providers. It is unacceptable to have adults supported by staff who have less knowledge and skill in appropriate spoken and non-spoken language methods.

3. Greater clarity on the issue of consent.

Review periods of 30 days can also be time periods for specific communication goals to be prescribed and reviewed. These goals may be adult client focussed and/or related to personnel/organisation up skilling.

In clause 25 the use of the term 'have *regard* to a model positive behaviour support plan' needs greater clarification.

In Clause 31 (4), I suggest a rewording to

> a) '...in a language or way that the adult has demonstrated being able to understand with trained communication assistants'

And

> b) 'with trained communication assistants who can use non speech methods of communication to augment the use of spoken language in a way that has appropriate regard to the adult's age, culture, disability and communication ability'.

There is a need to ensure that informed consent is met and that the Participation Model, where the adult is included as an integral part of decision making process, is applied as much as possible.

As you are probably aware, it is estimated that there are nearly half a million people in Australia with communication impairments. Some of these individuals are at risk for challenging behaviours which may be reduced by having trained communication assistants support them with language development, social understanding and social participation. Unfortunately we do not have any research data or statistics to shed light on how many people with a disability have either lost skills in the transition from school to adult placements or who could demonstrate less need for restrictive practices if communication opportunities and access were greater.

Thank you for the opportunity to respond to the document which I am making available to other advocates to highlight the need for a constructive approach which includes communication training for both the adult and most importantly, the people they interact with.[8]

Sincerely [redacted]

Jane Remington-Gurney.

[8] *Progress Without Punishment: Effective approaches for learners with behaviour problems.* Donnelan,A., LaVigna,G.W., Negri-Scooultz, N. & Fassbender,L.L. (1988). Teachers College Press. New York, USA.