

“What Are We Doing?”

Managing challenging behaviour and reducing the use of
compulsion and power through legislative reflections and
Positive Behaviour Support

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“I found it challenging, and at the same time quite exhilarating.

But also a feeling of, you know, what are we doing?

We just can't continue, we need to know what we are doing.”

Abstract

This thesis is concerned with *how* and *in what ways* the technology of Positive Behaviour Support (PBS) might help reduce the use of compulsion and power in schools.

In Norway, legislative confusion in schools regarding the use of compulsion and power relating to legislative matters, is not a new or controversial issue. The Education Act §9 A-10 prohibits any use of restrictive methods, but the Penal Code §§ 17 and 18 might be applied in situations of a serious nature. This discrepancy might create a legislative vacuum in which the line between the duty of care, and the use of coercion, might be difficult to navigate or, in the worst case, lead to the unlawful use of compulsion and power in Norwegian schools.

The study aims to investigate in what ways current legislation might contribute to the reduction in the use of compulsion and power, in what way PBS might help to clarify the current legislative confusion, and which components of PBS that might lead to the reduction in the use of compulsion and power. The data in this study is based on qualitative research interviews with four teachers working at a special needs department in an upper secondary school in Norway. The site of this study implemented PBS in 2014, specifically as a response to an audit by the county governor revealing unlawful use of compulsion and power, thus adding relevance to the research topic.

Main findings:

- Stand alone intervention-strategies at the site of study, specifically Active Support and the Low Arousal approach, were effective in reducing the use of compulsion and power.
- The technology of PBS seemed to increase the impact of such intervention-strategies, specifically the systemic component.
- The proactive component and person-centred approach of PBS, although somewhat abstract in nature, provided staff with some concrete and practical methods that helped reduce the use of compulsion and power, specifically the reflection-form and subsequent discussions.

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...

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1. Introduction

I have a confession to make: I have been using power and compulsion towards people with challenging behaviour. A lot of times.

Power and compulsion are often used towards people with challenging behaviour, for a number of reasons. Sometimes it is the easy option, and other times it might be the only right thing to do. Sometimes it is done out of compassion and care, and other times, sadly, out of ignorance, lack of reflection or, at worst, with harmful intent. Professionals using power and compulsion towards people with challenging behaviour are not necessarily evil. It is often done by responsible and compassionate professionals as a desperate last attempt at gaining control under very difficult, and sometimes dangerous, circumstances. However, what most good professionals will tell you afterwards is that they are full of doubt: Was it the right thing to do? Did I do more harm than good? Did we reinforce the wrong behaviour? How do we prevent this from happening again? Doubt is good, in my opinion. It is ignorance and lack of reflective practises that is dangerous. That is why I wanted to write this thesis.

People that engage in challenging behaviour do so for a reason, it serves a purpose.

The challenging behaviour can be life threatening, or mundane. It can be dangerous now, or it can become dangerous over time. What is challenging for me, is not necessarily challenging for you. When do we intervene? When do we take control over other peoples lives and decide what is best for them? On what grounds and with what means? I have been working with persons with autism spectrum disorders displaying challenging and at times dangerous behaviour, for many years. I am often doubtful. Sometimes there are quick fixes, but most often than not, only hard and methodical work. Even then, some challenging behaviour might persist where, sometimes, using power and compulsion is the only solution, yet only when all other means have been exhausted.

How then, do we manage challenging behaviour? How do we reduce the use of restrictive practises? And how can we be more mindful about the reciprocity of challenging behaviour and restrictive practices?

This thesis will highlight some legislative difficulties in facing challenging behaviour and suggest some approaches the Norwegian school system could use in reducing the use of compulsion and power. When I first started working with challenging behaviour, my own lack of knowledge and my institution's lack of support quickly became a source of frustration. However, necessity being the mother of invention, I ended up sourcing help from wonderful and knowledgeable people - and was encouraged and gratified by their generosity. Managing challenging behaviour is something that generates conversations and engages people, especially in the issues concerning the use of compulsion and power. Discussions fuelled by doubts and fears arise, and the thirst for knowledge, methods and strategies for managing challenging behaviour increases.

This thesis is not a recipe or manual for managing challenging behaviour, nor is it a rulebook for when or how to use power and compulsion. There is considerable literature on this subject, of which this thesis is concerned with only a small part, therefore, the main focus of this thesis, is that current legislations and the approach of Positive Behaviour Support (PBS) might help in reducing the use of power and compulsion in Norwegian schools.

1.1. Background and relevance

Statistics

Challenging behaviour is on the rise within the Norwegian School System (NSS), according to the Norwegian Education Agency, with the number of incidents involving violence and threats of violence from students in the NSS having increased threefold in the years 2015-2017, from 871 incidents to 3170 (Utdanningsetaten [UDE], 2017), and with the youngest students having the most impact, most of incidents involving students between 6-12 years.

There are a high number of incidents at special schools, or special departments within regular schools, but mainly 1-3 students per school involved in most of the incidents, and 43 incidents were reported to the police (UDE, 2017). Violence and threats towards teachers are also increasing. According to the the Union of Educators, 45% of teachers have been threatened with violence, and 42% having been a victim of violence by students, with 3170 reported incidents (Utdanningsforbundet, 2017). Several reports in the media support this trend (Arbeidstilsynet, 2017; Fladberg, 2018; Fladberg, 2017; Haugan, Rosenlund-Hauglid, 2017; Holmes, 2018; Mejlænder, 2017).

Debate

The Norwegian media debate, concerning the increase of violence and threats in schools, seems to be twofold in focus: on the one hand, the concerns for the increase in challenging behaviour, and on the other side, the concern for teachers' health and safety, both legitimate concerns. The discussion about what legislative measures teachers have at their disposal, for responding to such threats and managing challenging behaviour, is more often than not a source of confusion. The Education Act prohibits any use of compulsion and power, but situations of a more serious nature are legislated through the Penal Code. In between these two legislations are what some call a grey area, where uncertainty, doubt, and in some cases unlawful ignorance occurs. Several media reports describe schools being in a legislative limbo between these two legislations, with some schools using compulsion and power unlawfully (Fylkesmannen i Rogaland, 2016), with some schools reaching out to the county governor for help (Hanssen & Østvold, 2015), and one school even sending their staff on a self-defence course to remedy the situation (NTB, 2018). The focus on behaviour management, the managing of challenging behaviour, seems to have an emphasis on reactive methods, organisational stress and lack of leadership, which often leads to quick fixes and remediation of the immediate problem (Bloom, 2007), thus leading the organisation to implement training for staff in managing challenging behaviour, rather than preventing it. Even the Working Environment Act explicitly states that it is the responsibility of organisations to provide staff with proper training in services facing violence and threats (Arbeids- og sosialdepartementet, 2017), yet the governmental efforts to legislate the need for training in proactive methods is non-existent.

Programmes for training staff in physical interventions lack empirical support for their methods (McDonnell, 2013), and Allen (2009) states that reactive strategies have a very limited role to play in improving our approaches to challenging behaviour, and that their limitations are that:

- Their only goal is to achieve safe, rapid and ethical control over serious risk behaviours
- They only provide temporary control over difficult behaviour
- They are not constructive as they are not concerned with helping services and users change challenging behaviour in the longer term

Challenging behaviour

Challenging behaviour does not just simply stop by itself. If left untreated, it usually gets worse, and often requires a huge resource commitment, both in competence, staffing and economy (Holden, 2016). In the debate of what works in managing challenging behaviour, research seems to suggest that challenging behaviour increases in students when they experience corrections or consequences as a form of punishment (Elvèn, 2017). Successful interventions with regard to challenging behaviour, aim to change the schools' ecology, which encompasses all activities, all staff and all students at all areas of the school, and directs its attention to the risk-factors that maintain and reinforce the challenges (Ogden, 2014). Over 20 meta studies on school intervention-models seem to corroborate that some forms of proactive intervention methods work in reducing challenging behaviour, and a meta study on 249 cases evaluating psychosocial intervention programs, suggests that evidence-based approaches in general have a positive influence on aggressive and disruptive behaviour (Ferrer-Wreder et al., 2015; Greenberg et al., 2004; Payton et al., 2008; Sørli, 2000; as cited in Ogden 2014). The research into restrictive practises however, is still sparse (McDonnell, 2013).

The organisational focus on reactive methods, and the enduring relevance of the topic of taking control over others' lives, begs the question of 'what are we doing?'

1.2. The Problem

The organisational focus on reactive methods might be part of a bigger problem, namely, legislative confusion. The Education Act, explicitly prohibits any use of force, power or compulsion towards students (Kunnskapsdepartementet, 1999), and The Penal Code, the nationwide legislation concerning unlawful acts, have two sections relevant for schools; necessity, and self-defence. These two sections only permit the use of compulsion and power when the attack or situation cannot be avoided by other means (Ministry of Justice and Public Security, 2015). I will expand on this legislation later, but for now, what the reader need to know is that when faced with challenging behaviour in schools, the behaviour needs to be serious before any intervention is lawful. So, on the one hand, teachers are not allowed to use compulsion and power, and on the other hand, they are, *albeit only when serious in nature*. In contrast, students with intellectual disabilities receiving health care are governed by the Health Care Services Act (HCSA) (Helsedirektoratet, 2011), which includes clear and specific criteria for the use of compulsion and power. These students also go to school so, add to this the aforementioned increase in threats and violence in schools, the issue of teachers health and safety, and the increase in the use of compulsion and power in the health services, and the implications here are that students displaying challenging behaviour, regardless of diagnosis, are met with doubts and insecurity from teachers, and with a variety of managerial methods and, in some cases, a lack of a consistent right of law. The Ministry of Education seems to acknowledge this confusion in an issued response, stating that “the legal situation in the area does not provide clear guidance for each individual case. We agree that in some cases there may be challenges associated with this discretion” (Kunnskapsdepartementet, 2011).

The county governor’s guide (Fylkesmannen i Rogaland, 2015), released to clarify the above issues, only adds to the relevance of this confusion by referring to various available legislations, including the Health Care Services Act, as tools for navigating this legislative limbo, thus acknowledging the problem exists.

So, the problem is twofold: How do we manage challenging behaviour? How do we reduce restrictive practises? Or are these questions really one, their reciprocity considered?

The problem might be legislative confusion, but the solution might be found elsewhere.

1.3. The Solution

The research into the effectiveness on restrictive practises is sparse, but suggests that it has no therapeutic value (Paley, 2013), that it, at best, holds anecdotal evidence of their effectiveness (McDonnell, 2013), and that it does not improve safety for service users or caregivers (Allen, 2011). That is not to say that we should never be using compulsion and power when faced with challenging behaviour, but that for the purpose of this thesis, I will be concerned with what we *can* do, rather than what we can't. How do we then, manage challenging behaviour, and reduce restrictive practises in schools? Assuming these are two sides of the same coin. The legislative confusion outlined in the section above, may at best only be a judicial discourse, or at worst, contribute to the increase in the use of compulsion and power through lack of legislative knowledge. This poses some questions:

- In what way can current legislations contribute to the reduction in the use of compulsion and power?
- Does the lack of instructive legislations contribute to increase in the use of restrictive practises?
- And, does increased legislative knowledge lead to reduction in the use of compulsion and power?

The site of study

The site of my study is a special department for students with intellectual disabilities in an upper secondary school. An audit in 2012, by the county governor, concluded with the unlawful use of compulsion and power, and as such the institution initiated legislative training for all staff at the special department, and the implementation of an intervention method called Positive Behaviour Support (PBS) in 2015, done under the supervision of leading professors at The Tizard Centre - University of Kent. The implementation of PBS is interesting for several reasons. PBS is explicitly based on the rejection of aversive methods. It provides a person-centred and values-based, multi-component framework for assessing and understanding challenging behaviour using functional assessment. (Dunlap, Sailor, Horner & Sugai, 2011) Research suggests that successful restraint reduction considers both individual

and organisational factors (Paley 2013; Allen, 2011), and PBS is recognised as the best evidenced approach in supporting people who have intellectual disabilities and behaviour that is challenging. (Paley, 2013) This backstory, both with regard to this department's specific history, the legislative issues I have outlined, and the issues concerning reduction in restrictive practises, makes this school an interesting site of study. The fact that not many schools in Norway have adopted PBS, also means that research into PBS in a Norwegian context, is sparse, and that research into the effectiveness of PBS in reducing the use of compulsion and power even more so. The main components of PBS correspond with the aforementioned HCSA, and also to suggested restraint reduction components proposed by the British Institute for Learning Difficulties (BILD) (see Appendix 9). Thus it provides a legislatively contextual fit to the main arguments of this thesis.

The solution might, therefore, be elsewhere, as I said. Considering the contextual fit between PBS, HCSA, and the suggestions from BILD, the solution might be that *PBS provides some answers to the legislative confusion, and that the side-effect might be effective reduction in the use of compulsion and power.* This statement thus forms the basis of my main hypothesis. I have interviewed four participants on their experiences of how PBS might contribute to the reduction in the use of compulsion and power, on how and in what way legislative issues either hinders or contributes to this reduction, and what components of PBS that makes a possible reduction effective.

Their answers may form a small part of the solution.

1.4. Research question

The background and proposed solution in the sections above, leads to my research question:

- In what way might the implementation of PBS contribute to reducing the use of compulsion and power?

In order to answer this question, the following sub-questions emerges:

- In what way can current legislations contribute to the reduction in the use of compulsion and power?
- In what way can PBS help to clarify the current legislative confusion?
- What are the components of PBS that might lead to the reduction in the use of compulsion and power?

1.5. Clarifications and omissions

This thesis is a case study of a school with a specific history, at a specific moment in time. The literature, the site of study and the participants have been purposefully selected to make my argument. For practical reasons, that means omitting certain elements, outlined below:

- Firstly, the term *challenging behaviour* is used throughout the thesis as referring to problematic behaviour that might trigger the use of compulsion and power. Although the site of study is a special department for students with intellectual disabilities, it is their behaviour that triggers the use of compulsion and power, and as such, particular diagnosis is not being addressed.
- For the purpose of this thesis, I will use the terms *compulsion* and *power* together. This is for two reasons; these two terms are inextricably linked in the HCSA, and that, because they have slightly different meaning and content, they illuminate the topic more broadly. The term *restrictive practises* will sometimes be used instead of both compulsion and power. This is for practical and textual reasons.
- There is a great deal of literature on how to manage challenging behaviour, and the strength of PBS's multicomponent approach, which means being able to select the appropriate, evidence-based intervention method. Thus, PBS is a framework, rather than an intervention method, and this thesis will treat it as such, although some specific methods have been emphasised, like Active Support and Low Arousal Approach. These were vital components

in the PBS implementation at the field of my study, and as such relevant for the topic of research.

- I will only be concerned with legislations relevant for teachers practising in the Norwegian school system, and only with sections within laws relevant for the topic of research. As such, this is not an in-depth document analysis of current legislations.
- The literature in this thesis, on PBS and its effectiveness, stems mostly from the UK, for several reasons: the UK is more comparable to Norway than the US with regards to the schools system; the implementation of PBS at my site of study was conducted by leading professionals from a UK university; latterly, there has been a focus shift from the use of restrictive practises to the use of proactive methods in the health care system in the UK, thus, this thesis may be regarded as an extension of this shift.
- Some Norwegian legislation has been officially translated into English, some not. In the latter case I have sought to translate efficiently and effectively, however, I am not a legal expert and this is not an in-depth judicial analysis of hidden meaning or intentions, rather a more practical analysis, meant to be transferable to the topic of research.
- Lastly, I would have preferred to use the term *behaviour that challenges*, rather than *challenging behaviour* in my thesis, thus placing the responsibility on the caregiver rather on the person displaying said behaviour. However, for practical reasons, and against my better judgement, I have used challenging behaviour throughout.

1.6. Abbreviations

PBS = Positive Behaviour Support

ABA = Applied Behaviour Analysis

HCSA = Health Care Services Act

IS-10/2014 = Circular on Chapter 9 in the HCSA

FBA = Functional Behaviour Assessment

1.7. Structure

Throughout this thesis, I will attempt to construct the argument that there are already tools at our disposal for reducing the use of compulsion and power in Norwegian schools, and albeit sparse in volume, the findings from my site of study might lend support to this notion. This argument will be supported with reference to the current, confusing legislative limbo schools might be in, current legislative documents, and the findings from the site of study regarding the ways the technology of PBS might help clarify legislative confusion and provide, or at best contribute to the reduction of compulsion and power.

Overview of thesis structure:

- Chapter 1: Introduction, background and presentation of research questions.
- Chapter 2: Presentation of relevant theory and legislations, with definitions on restrictive practises and overview on current research into factors promoting the reductions of restrictive practises
- Chapter 3: Overview of research methods, sampling and analysis of data, and subsequent ethical considerations.
- Chapter 4: The presentation of research findings from the qualitative interviews with the four participants.
- Chapter 5: The discussion of the research findings together with relevant theory.
- Chapter 6: Conclusions, further research and limitations of this study

2. Theory

2.1. Challenging behaviour

A widely used definition of challenging behaviour is:

[B]ehaviour of such an intensity, frequency, or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion (Emerson, 2011, p. 4).

For the purpose of this thesis, I will be concerned with challenging behaviour triggering the use of compulsion and power, and this may encompass a broad range of behaviours, not all adhering to this definition. Such behaviours might also be of a serious nature, requiring special measures, precautions, removal of items or dividing persons (Emerson, 2001; Moss et.al., 2000; as cited in Holden, 2016). Examples of such behaviour may include aggression, stereotyped mannerisms, pica (eating inedible objects) non-compliance, persistent screaming, disturbed sleep patterns, overactivity, and socially objectionable behaviour such as smearing faeces over the body, regurgitation of food, exposing of genitals, and overt sexual behaviour (Emerson, 2011). The most important factor in challenging behaviour, is that it is defined by the effect it has on its environment (Tetzchner, 2003), thus the term challenging behaviour may focus our attention on who this behaviour is challenging for, and what kind of social problems are created and defined. The term was initially used to avoid attaching the term to persons or diagnosis and are descriptions of challenging behaviour as a social construct. Challenging behaviour can be divided into four broad areas: (1) physical attack against other people, (2) self-injurious behaviour, (3) destructive behaviour, and (4) other difficult, disruptive and socially unacceptable behaviour (Alborz, Emerson, Kiernan & Qureshi, 1994; as cited in Holden, 2016).

When referring to challenging behaviour in this thesis, I will refer exclusively to behaviour that may lead to the use of compulsion and power.

2.2. Compulsion & Power

The terms *compulsion* and *power* are used interchangeably in this thesis to correspond to the HCSA and also to encompass both the relational aspect of power and the active aspect of compulsion.

Power and compulsion

Power, in the Weberian sense, is often defined as the ability to exercise one's will over others (Weber 1982). From this, the sociologist Max Weber identified power as being either authoritative or coercive. Authoritative power is exercising power which is seen as legitimate. Being legitimised it is effective because those who are subject to the power do so with consent. In contrast coercion is where someone exercises power through force – someone is forced to do something against their wishes. From Weber's definition, power is first and foremost a social phenomenon, between actors and parties with conflicting interests. Power can be both positive and negative, and one usually focuses on the negative when relating to the term compulsion (Handegård, 2005). Hernes (1975) acknowledges these two sides to the term power, both positive and negative, and calls compulsion a special case of power. Compulsion is defined then, by Hernes as the relationship between two parties with strongly different interests. In other words, when the relationship is asymmetrical, the weaker part becomes impotent, or may have no capacity to understand the compulsive action that s/he may have been subject to (Hernes, 1975).

A more instrumental view of compulsion and power is Foucault's definition of discipline, a modality for exercising power: a whole set of instruments, techniques, procedures, levels of application and targets. Here, disciplines are techniques for assuring the ordering of human groups toward the following aims: to exercise power at the lowest cost as well as maximum efficiency and effectiveness; to increase the docility and utility of the people who are disciplined (Foucault, 1975). Whether one sees compulsion as a special element of power as with Hernes, or as a practical-physical matter like Foucault, the relationship of compulsion to power is inextricably linked, and thus provides a broader lens fitting for the discourse of reducing restrictive practises.

The term 'resistance'

In identifying the concept of resistance, Weber's definition is concerned with in what way the likelihood of one actor in a social situation is in a position to exercise will, in spite of resistance (Weber, 1982). This entails not only physical, but also relational and verbal interventions. According to Owren & Linde (2011), it is not possible to assess resistance without investigating the involved parties' intentions and perceptions of the situation. As such, specific and local knowledge, and the parties' degree of contentment is paramount to assess the degree of resistance in restrictive practises (Owren & Linde, 2011). Tännsjø (1999) draws the line between persuasion and coercion in terms of the intention behind the measure. The intention here is both the mental process within the person exercising the coercion, or it could be institutional, performed by some kind of authority. The crucial difference lies in the perception on the part of the service provider of the patients' own idea of relevance of different pieces of information. This means bringing forward all relevant facts for the patient to make an informed decision (Tännsjø, 1999).

Throughout this thesis, the terms compulsion and power will be referring to *the use of restrictive measures taken by staff in response to challenging behaviour*, and also in relation to legislative references, such as the Penal Code and the Education Act and the HCSA.

2.3. Ethics

Ethics is most often seen as a reflection on morality, in other words, ethics is the reflection, and morality are the values and attitudes towards actions, both ourselves and others, and what characterises the field of ethics is that it seeks to justify why an action is right or wrong (Reindal & Husstätter, 2010). This thesis is concerned with the use of force, specifically with challenges assessing the boundaries between care and restrictive practises. These boundaries are often saturated with ethical dilemmas, and as such, some background in the field of ethics is justified.

Autonomy

The concept of autonomy most often means the capacity to make an informed, un-coerced decision, and thus is seen as a basic human right and an established principle within the health services (Kroken, 2011). Of particular concern here is the premise that the qualification of self-determination might infer that the use of restrictive practises against non-autonomous persons is always acceptable. Østenstad (2006) suggests that this discourse might be easier if one is to conclude that all persons are inherently autonomous.

Paternalism

When taking control over others' lives, the concept of paternalism refers to the limiting of a persons' autonomy against the person's will, with the intentions of promoting their own good. (Kroken, 2011). The justification is that service providers *know better* what is good for this particular person. Syse (2006) separates paternalism into individual and social paternalism, with justifications in preventing serious harm on the person him/herself, or on other persons, respectively.

Dignity

The final concept relevant to ethical reflection on restrictive practises is dignity. The principle of dignity is especially relevant for persons at risk of undignified treatment, such as persons with intellectual disabilities, and is, according to Holden (2000), an absolute justification on not using compulsion and power. Østenstad (2006) sees dignity as a platform for making value-based judgments, where the argument is whether or not the person is respected. Kroken (2011) states that the principle of dignity assumes the establishment of standards for treatment that does not contain degrading or inhumane treatment. The absence of the use of restrictive practises thus means a balanced argument based on civil, social human rights concerns (Østenstad, 2006). This does not mean that the caring of human dignity requires the absence of restrictive practises in all contexts (Kroken, 2011).

Models for reflection

Related to the use of compulsion and power, one question for ethical reflection might be whether or not all persons decide for themselves what is best at all times, or if there are an

overarching premise upon which the society may intervene towards some persons (Kroken, 2011).

Models for ethical reflection

All participants at the site of study were from different professional backgrounds, and this was seen as a positive resource in the teamwork at the department. In such a plurality of professions, Lauvås & Handal's (2014) theory on the triad of praxis might help in explaining various ways of working, and in particular, different ways to explain and justify praxis. Thus, Lauvås & Handal divides practise into three levels: action, theoretical and experience-based reasoning, and ethical justifications, so, for the purpose of this thesis, the strength in this model lies in the separation of *reasons for action*, and *justifications for action*. Reasons for action are concerned with the professional, and the interest in finding the best action through analysis and knowledge from which to draw in a given situation. Ethical justifications are concerned with the engagement with what is right and wrong, what is valuable, ugly or pretty (Lauvås & Handal, 2014).

When relating specifically to the use of compulsion and power, reflecting on the aspect of the relationship between staff's concrete praxis and the service-user's autonomy may be relevant. Owren and Linde's (2011) concepts of *insisting* and *inviting* praxis is meant to assist in analysing interaction between staff and service-users, and can also be used to assess the ecology of the environment surrounding the service-user. The term *inviting praxis*, means that staff's initiative extends beyond the service-user's expressed will, but is at the same time limited by user feedback, being thus in accordance with the user's self-determination. *Insisting praxis* means that staff's initiative extends beyond the service-user's expressed will, but is not limited by user feedback, and as such is not in accordance with the user's self-determination. The boundaries between these different praxes is fluid in nature, and thus the relationship between the categories and the staff's movement between said categories, may generate reflection and discussion.

Both these models may then be valuable tools for reflection within organisations facing challenging behaviour, which may trigger the use of compulsion and power in relation to

assessment of the degree of restrictive practises, as well as to guide and support staff's praxis, specifically in relational matters.

2.4. Restrictive practices

Reactive strategies, are emergency strategies used in response to situations of risk, primarily with the aim of taking charge of a difficult situation and minimising any immediate negative outcome or risk. (Paley, 2011; as cited in Paley, 2014) As such, restrictive practises fall in the category of reactive strategies. Restrictive practises include, according to Allen (2011) three main features: (1) physical intervention, (2) seclusion, (3) chemical restraint/as required medication.

Definition

Physical restraint can be personal, mechanical or environmental, and involves one or more persons restricting the movements of another person. This type of intervention can be used to stop a person from dangerous behaviour with obvious danger to him/herself and/or his/hers surroundings. Physical assistance and physical guidance are not considered restrictive (Office of the Senior Practitioner, 2011; as cited in Paley, 2013). Mechanical restraint involves using an apparatus, like using a standing frame, a helmet, straps, cuffs and other specialised equipment. Environmental restraint invites controlling the environment in a way that restricts a person, or group for persons' movements. Usually this is done using barriers, locking doors, putting obstacles in the way. Chemical restraint is the use of medication with the primary aim to reduce the level of arousal in the person and thus managing their behaviour.

The HCSA defines restrictive practises more broadly, as "measures opposed by the health care user or patient or measures that are so invasive that they must be considered use of force of coercive measures regardless of the resistance" (Helsedirektoratet, 2011, §9-2).

The HCSA thus places emphasis on the term resistance as an expression of the persons will, and states that: "the persons capacity to exercise will, through resistance, may be limited, or hard to assess." (Rundskriv IS-10/2014)

Limitations

Reactive strategies, according to Allen (2009), have a limited role in improving our approaches to seriously challenging behaviour, mainly because they are not concerned with helping services and users change challenge behaviour in the longer term. There has been a huge emphasis on training in physical interventions in the UK, but data on its effectiveness is notably absent (Allen, 2001 & McDonnell, 2009; as cited in Allen, 2009). Such concerns are further heightened by the risk of potential serious side effects of restrictive practises.

For the purpose of this thesis, I will be concerned with the often fluid boundaries between care and restrictive practises, and as such, specifically with low-grade restrictive measures in relation to current legislations.

2.5. Restraint reduction

How then, do we work to reduce the use of compulsion and power? In recent years there may have been a significant paradigm shift in the attitudes towards reducing restrictive practises. From the “fear industry” of marketing, and over 700 training provider organisations in the UK providing training in reactive strategies, the uncritical acceptance of restrictive practices is under attack, with the key dilemma being the balance of rights between staff and service users (Allen, 2009). As such, restraint reduction must be done both on an individual basis, and an organisational basis (Paley, 2013; Allen, 2009).

Individual strategies

Effective individual strategies, according to the findings of Luiseli (2009) and Williams (2010) include: changing antecedent triggers for behaviour and interrupting early stages of behaviour escalation, chasing the criteria for releasing individuals from restraint, i.e. releasing after a set time period as opposed to when the person is calm. Procedures for the fading of mechanical restraint for self-injury, long-term follow up, and efforts embedded within broader organisational initiatives. According to Paley (2013) the following components contribute to the reduction in restrictive practises: functional assessment and

positive behaviour support, individualised support, increasing positive lifestyle outcomes for the person, good physical and mental care, involving friends and family, advocacy as a right, opportunities for skills development and employment, and proactive risk assessment.

Organisational strategies

High restraint use may reflect basic structural inadequacies at both service and national level, and discriminating between those individuals and services where restraint is necessary from those where risk behaviour can be prevented, avoided and/or managed by alternative means, is therefore crucial (Allen, 2009). Skills training, therefore, cannot compensate for fundamental structural inadequacies at a national or service level (Leadbetter, 2003; as cited in Leadbetter, 2009). Effective restraint reduction is unlikely to be accomplished by simple dictate or policy alone. But managing challenging behaviour is not amenable to simplistic managerial approaches alone (Leadbetter, 2009). The prediction of challenging behaviour within human services is achieved by assessment of specific organisational indicators, rather than the pathology of service users (Forquer et al 1996; as cited in Allen, 2009). A core aim for any organisational restraint reduction strategy should be the promotion of a public health model approach that moves explanatory causal and remedial beliefs from internal towards external explanations (Leadbetter, 2009). Bloom, (2007) talks about organisational stress, in that organisations act not like machines, but like people. When placed under stress by challenging behaviour, they develop dysfunctional coping responses, which then compromises the organisation's ability to learn from experience and to develop adaptive responses to the problem. This in turn leads to *group think*, and may increase the appeal of simplistic training packages which fail to impact on either practise or values. The cure becomes worse than the disease (Bloom, 2007).

Organisational factors promoting reduction in restrictive practises

Research into what organisational factors impacts the reduction of restrictive practices, is limited. However, the findings from three major reviews (Bullard, 2002; Colton, 2004; Evans, Wood & Lambert 2002; Delaney, 2006; Gaskin, Elsom & Happell, 2007; in Allen 2011) suggest the following areas of focus:

- staff training

- changes in policy and philosophy
- the development of individualised assessments and interventions
- user participation

Corroborating initiatives include Colton's (in Allen 2011) checklist for organisations participating in reducing restrictive practises, which also included the assessment of the organisations motivation to achieve said reduction (Allen, 2011), and Devau and McGill's (McDonnell, 2013) three core strategies: leadership and organisational restructure, using data for inform practices, and implementing strategies for restraint reduction on service and user level.

Research

Although lacking in experimental evidence, there is as such significant practise-based evidence to suggest that restrictive practises can be reduced, and the aforementioned reviews have in part been able to identify key ingredients of successful restraint reductions programme (Allen, 2011). There is solid data base that shows that behavioural interventions which do not use adverse approaches are for the most part as effective as those that do (Carr et al, 1999; Campbell, 2003; Didden et al, 1997, 2006; Harvey et al, 2009; Hsen-Hsing Ma, 2009; Scotti et al, 1991; Marquis et al, 2000; Scotti et al, 1996; Whitaker, 1993; as cited in Allen 2011).

For the purpose of this thesis, I will mainly be concerned with factors promoting reduction in restrictive practise at the site of study, and as such, focus will be mainly on the organisational strategies, due to PBS being of a systemic nature.

2.6. Legislations in Norway

There are several legislations governing the use of compulsion and power in Norway.

For the purpose of this thesis, three legislations are of importance: the Penal Code, the Education Act, and the Health Care Services Act. I will only be concerned with sections

within these legislations specifically pertaining to the use of restrictive practises and the use of compulsion and power.

2.6.1. The Norwegian Penal Code

All acts of compulsion and power that does not adhere to other legislations, are governed but the Penal Code. Two sections are of importance, §§ 17. Necessity and 18. Self-defence.

Necessity

Necessity in the Norwegian Penal code refers to the act of exercising an otherwise unlawful act to save another person or object that is not possible in other reasonable ways (Ministry of Justice and Public Security, 2015, §17). Examples may include breaking into a car to save an animal from overheating, exceeding the speed-limit to save someone's life, or breaking and entering a cabin to take shelter from dangerous weather-conditions. It is important to note that the limitations in this section is that the situation cannot be solved by other means, and that the value of what is being saved far exceeds the risk involved (Ministry of Justice and Public Security, 2015, §17).

Self-defence

The act of self-defence as stated in the Penal Code, is not only exempt from punishment, but is in addition regarded as being just, as long as it is exercised with reasonable force within the limits of the requirements of the Penal Code. Self-defence is that an otherwise unlawful act can be committed to stop or to defend an unlawful attack against either persons or objects (Ministry of Justice and Public Security, 2015, §18). Examples or self-defence might be to physically defend yourself from home intruders, disarm or kill an otherwise protected animal if the animal presents a serious threat, or as a last resort, take someones life to save your own or someone else's life. The limitations is that it is done proportionally, in other words, the act of self-defence must not exceed the attack in severity (Ministry of Justice and Public Security, 2015, §18).

Both §§ 17 Necessity and Self-defence are available legislative measures when used as a response to situations involving serious risk of harm to either persons or property, on the premise of proportionality. It is important to note that both sections are based on reasons of impunity. For the purpose of this thesis, the otherwise unlawful acts of §§ 17 and 18, is regarded as reasons for impunity when adhering to their judicial requirements, however the threshold for this is high, with the implication being that situations involving challenging behaviour, needs to be of such a serious nature that no other options than using compulsion and power are possible.

2.6.2. The Education Act

The Education Act is the legislation that governs all students and staff in Norwegian schools, both primary and secondary levels. With regard to the topic of research, five sections are of particular interest.

Firstly, sections particular to the rights of the students, § 1-3 states that the education provided “must be adapted to the skills and abilities of the individual student”, and § 9A-2 states that “all students are entitled to a safe and good school environment” (Kunnskapsdepartementet, 1999). These sections are concerned with the students right to adapted education, and the right to a good psychosocial environment.

Secondly, sections particular to the duties of staff: § 9 A-3 states that the school will have “zero tolerance for violations such as bullying, violence, discrimination and harassment.” and § 9 A-4 states that all employees have a duty to “take action against violations such as bullying, violence, discrimination and harassment if possible” (Kunnskapsdepartementet, 1999). These sections highlights both the schools, but more importantly, staff’s duty of care, as emphasised in the preparatory work of the Education Act, staff have not only a right, “but also *the duty* to intervene in order to prevent injuries or violence from other students or to injure themselves or the school property” (Kunnskapsdepartementet, 1998).

Finally, section § 9 A-10 might be of greatest relevance to the topic of compulsion and power, states that “no action shall be taken that involves physical punishment or other violating treatment” (Ministry of Education and Research, 1999). This section means that restrictive practises in all its forms, are unlawful within the school system.

2.6.3. The Health Care Services Act and IS-10/2015

The Health Care Services Act (HCSA) is a legislation to ensure the rights of persons with intellectual disabilities, but only those exclusively receiving health care services in Norway. The circular on the HCSA, IS-10/2015, was issued in 2014, and is a companion to the HCSA, expanding on the legislation, providing practical examples, and encouraging reflection and best-practise in organisations providing services for persons with intellectual disabilities. These two will be presented interchangeably throughout this section.

The main objective of the HCSA is:

[T]o prevent people with mental disabilities from exposing themselves or others to serious harm and to prevent and limit the use of compulsion and power. The services offered must be organised with respect to the individual's physical and psychological integrity and, insofar as this is possible, in accordance with the health care user or patient's right of self-determination. No person shall be treated in a degrading or violating manner (Helse- og omsorgsdepartementet, 2011, section 9-1).

Serious harm

The concept of serious harm is an absolute requirement for using compulsion and power according to the circular IS-10/2015. The criteria for what constitutes serious harm, is based upon the situation’s duration, kind and severity, who is at risk of serious harm, and whether or not the harm is possible to restore. (Helsedirektoratet, 2014, p.73) The concept of serious harm involves physical and psychological harm to one’s own person, social debasement, physical harm to other persons, or material harm to one’s own or other persons belongings.

Self-determination

Any measure taken within the HCSA should include stakeholder participation, and the sections relevant for the topic of compulsion and power, are the right to make choices, to be oneself, freedom of exploitation, right to privacy, and right of absence of compulsion (Helsedirektoratet, 2014, p.26-28) In the circular IS-10/2015, the term self-determination, have been changed to capacity evaluation, when concerned with the HCSA. This is due to the linguistic nuance that the term capacity evaluation also means being able to oppose measures, and includes the competence of taking independent decisions more generally (Helsedirektoratet, 2014, p.28).

Definition of compulsion and power

The HCSA's definition on the use of compulsion and power are as follows:

[M]easures opposed by the health care user or patient or measures that are so invasive that they must be considered use of force of coercive measures regardless of the resistance (Helse- og omsorgsdepartementet, 2011, Section 9-2).

Compulsion and power, are according to the HCSA, defined in two ways: the *subjective* and *objective* definition (Helsedirektoratet, 2014, p.52) The subjective definition means measures opposed by the service user, except for instances where the service users resistance are easily trounced via mild verbal or physical impact. The objective definition means measures that are so invasive that they must be considered use of force of coercive measures regardless of the resistance. This includes the use of invasive warning systems with technical devices. In the objective sense, an assessment has to be made on whether or not the service user normally would oppose the measure based on its invasiveness. The circular IS-10/2015 states that if in doubt, one is to assume that the service user is resisting, and the measure is therefore considered the use of compulsion and power (Helsedirektoratet, 2014, p.53). The circular IS-10/2015 separates behaviour that is demanding, but manageable for service providers and the environment, and behaviour that implies serious harm and might initiate the use of compulsion and power.

Other Solutions and the duty of prevention

The term *other solutions* involve preventing or limit serious harm with measures built on the service users voluntariness, as an alternative to compulsion and power (Helsedirektoratet, 2014, p.69). Compulsion and power may only be used to prevent or limit serious injury. Solutions other than the use of compulsion and power must be tested before such measures pursuant to this chapter are initiated (Helse- og omsorgsdepartementet, 2011). This requirement may only be deviated from in exceptional cases and in such cases, grounds must be provided. *The duty of prevention* includes reducing risk-factors for developing challenging behaviour, and to strengthen conditions for reducing said factors. The circular IS-10/2015 separates prevention from other solutions in that prevention is a continuous and integrated part of the services, and that other solutions are only to be tested when the problem arises (Helsedirektoratet, 2014, p.64).

Organisation of Services

Insofar as this is possible, the services offered must be organised and implemented in cooperation with the health care user or patient. The services provided shall insofar as possible be developed in cooperation with the stakeholder, with strong emphasis on the stakeholders' opinions (Helse- og omsorgsdepartementet, 2011, §9-1). An important goal is to find the least restrictive option for the person involved, and if possible, clarify the persons views on the measure(s). This means to actively work to organise the services in a way that will minimise the need for using compulsion and power. One shall always seek to clarify what the person wants to accomplish displaying challenging behaviour, and assist the person in expressing it in alternative ways, and suggests the use of functional behaviour assessments (FBA) for revealing antecedents and consequences that helps to maintaining said behaviour (Helsedirektoratet, 2014, p.41). With systematic work within the realm of health and safety, the municipalities can avoid situations with risk and violence. Events should be analysed after the fact, and form the basis of systematic organisational work in learning and improvement.

2.6.4. Summary of legislations

The presentation outlined above of the Penal Code, Education Act and the Health Care Services Act may help clarify the departure point from which this thesis is constructed. Schools in Norway are only governed by the Penal Code and Education Act, thus only providing the options of using compulsion and power triggering §§ 17 and 18 in situations of a serious nature, and the prohibition of all restrictive practises, respectively. At the same time, the Education Act emphasises the staff's duty of care and the student's right to a good psychosocial environment. The HCSA, and the circular IS-10/2014 on the other hand, gives a detailed account on the definitions of restrictive practises, the duty of prevention and other solutions and the concepts of serious harm and self-determination. In other words, with regard to the topic of interest, only the HCSA and the circular IS-10/2014 seems to be able to, in part, give some guidance for staff faced with challenging behaviour triggering the use of compulsion and power.

2.7. Applied Behaviour Analysis (ABA)

ABA is an approach to changing behaviours that uses procedures based on scientifically established principles of learning, and is defined as:

[T]he science in which tactics derived from the principles of behaviour are applied to improve socially significant behaviour and experimentation is used to identify the variables responsible for the improvement in behaviour (Cooper, Heron & Heward, 2014, p.1).

The technology of Positive Behaviour Support (PBS) is based on the science of ABA, with specific focus on the manipulation of antecedent triggers. An antecedent is an environmental condition or stimulus change existing or occurring prior to a behaviour of interest, and an antecedent intervention is a behaviour change strategy that manipulates contingency-independent antecedent stimuli (Cooper et al., 2014, p.1). For this reason, the following

concepts from ABA will be presented: *positive reinforcement, setting events and Functional Behaviour Assessment (FBA)*.

Positive Reinforcement

Positive reinforcement, according to Cooper, occurs when a stimulus change immediately follows a response and increases the future frequency of that type of behaviour in similar conditions (Cooper et al., 2014, p.14), and Kearney defines positive reinforcement to occur when the consequences of behaviour are such they make the behaviour more likely to occur again in the future (Kearney, 2015). Positive reinforcement could be a thing, a snack or verbal praise that the person finds pleasurable or rewarding. People usually try and behave in different ways until they find something that works to get the desired consequence. The underlying idea of positive reinforcement is to “catch them being good” (Kearney, 2015).

Setting Events

Setting events are antecedents that includes bodily states, and presence of inanimate objects that influence behaviour as well (Kearney, 2015). Examples of setting events may be lack of sleep, headache, having just eaten a big meal. Differences in setting events can help explain different reactions at different times with the same person. As such, setting events might be important factors when working with challenging behaviour, both to understand the behaviour, and to be able to adapt the environment appropriately.

Functional Behaviour Assessment (FBA)

An FBA is a systematic method of assessment for obtaining information about the purposes (functions) a problem behaviour serves for a person. Results are used to guide the design of an intervention for decreasing the problem behaviour and increasing appropriate behaviour (Cooper et al., 2014, p.8). An FBA is based on a functional analysis, which is a science-based approach that seeks an objective understanding of how certain behaviours may or may not be influenced by changes in the environment. This is usually done through using an ABC-form, where changes in antecedents (A) might influence changes in behaviour (B) and lead to certain consequences. (C) Expanding on this functional analysis, an FBA also includes observations, information from interviews of stakeholders and caregivers, support plans,

implementation scripts, and data-collection on its efficiency and effectiveness (Sugai, Horner, Dunlap et al., 2000).

2.8. Active support and Low arousal approach

The rationale to include the two approaches to intervention, Active Support and framework and Low arousal approach, into this theoretical framework is twofold:

Firstly, these approaches were implemented alongside PBS at the site of study. Although they are not often referred to in the participants answers, I nevertheless feel they are such vital components in the methods the participants experience as contributing to the reduction in restrictive practises, and as such, some background information is warranted, albeit brief.

Secondly, they are all examples of *evidence-based practises*, a vital criterion in PBS for selecting the appropriate support, and thus, how these approaches works within the PBS environment may be of significance to this research.

Active support

Active support is a method for providing enough help to enable people with intellectual disabilities to participate successfully in meaningful activities and relationships, so that people gain more control over their lives, gain more independence and become more included as a values member of their community, irrespectively of the degree of intellectual disability or presence of extra problems (Mansell et. al, in Mansell & Beadle-Brown, 2012) . The term active, differentiates this method from conventional passive methods such as passive minding, or doing things for and to people. Four principles are at the heart of Active support: (1) every moment has its potential, (2) little and often, (3) graded help and support, and (4) maximising choice and control. I will not go into detail regarding these principles, mostly due to time constraints, but also due to the self-explanatory nature of their names, which for the purpose of this thesis will be sufficient (Mansell et. al; as cited in Mansell and Beadle Brown, 2012).

Low arousal approach

When referring to Low arousal approach in this thesis, I will be referring to the works of Andrew McDonnell, and his works from Studio III in the UK. Low arousal approach is a staff-based intervention approach, using techniques to decrease activation-levels in serious situations (McDonnell, 2013). In an organisational context, emphasis is on strategies to reduce confrontations training staff in these methods. Practice examples include strategies to decrease expectations and demands, and the avoidance of non-verbal signals and triggers in conflict-situations. Also, less rules and less control are important components in this approach. Training of staff is concerned, in part, with staff reflection on negative thoughts and presumptions of the persons displaying the challenging behaviour.

2.9. Positive Behaviour Support (PBS)

Positive Behaviour Support (PBS) is an approach to intervention, that combines the application of behavioural intervention with the values base of social role valorisation, and the individual focus on person-centre planning (Allen, 2011). It is a best-practise model, that incorporates several theoretical perspectives in a multicomponent fashion, with emphasis on selecting and guiding evidence-based practises (Dunlap, Sailor, Horner & Sugai, 2011). With regard to challenging behaviour, PBS is predicated on an understanding of *why*, *when* and *how* this behaviour occurs, and what *purpose* this serves for the person. Work to reduce challenging behaviour within PBS, focuses on altering triggers for behaviour, specifically altering conditions that increase probability that challenging behaviour occurs, also known as antecedent interventions. The goal of PBS is to improve the quality of the lives of people who are the recipients of its support and interventions (Dunlap, Sailor, Horner et al. 2011).

In Norway, the use of PBS surfaced in 2003 at Glenne Autisme Centre, specifically through the works of luke moynahan and Knut Gundersen in their book “Nettverk og sosial kompetanse” from 2006. In Rogaland Kommune, a specialist team have implemented PBS in all services to persons with intellectual disabilities, including two schools.

2.9.1. Main components

Values

PBS emerged in the mid-80's and started as a reaction to the use of aversive methods in the period of de-centralisation of large central institutions and the following civil-rights movement in the US. The foundation is based on the values of the disability-rights movements and the technology and science of Applied Behaviour Analysis (ABA) (Dunlap, Sailor, Horner et al., 2011). PBS is therefore said to be a technology that is value-based and data-driven, meaning that the core values inform the social validity of the interventions via stakeholder participation, and that the interventions should be data-driven, meaning that PBS focuses on empirically sound and research-based data, to inform all decision making. PBS was first established as an approach for persons with severe disabilities, and one of the first extensions was developed specifically for young persons with autism exhibiting challenging behaviour (Dunlap & Fox, 2011). Prevention and reduction of challenging behaviour occurs within the context of increased quality of life, inclusion, participation, and the defence and support of valued social roles. PBS focuses on support that can be delivered in natural contexts by families, teachers, and support personnel, and as such draws from multiple theoretical perspectives, leading to diverse interventions that are measurably practical and effective for the contexts in which they are implemented (Koegel, Robinson & Koegel, 2011). PBS may, therefore be described as having a contextual value that will work across settings and contexts and, as such, be of specific value to students with challenging behaviour. The focus on social and ecological validity, data-based decision making, and stakeholder participation makes the approach of PBS relevant for working with reducing the use of compulsion and power in the school system. Consistent with person-centred values, the practice of PBS necessitates stakeholder participation in two ways: first, as agents of behaviour change; and second as persons for whom quality of life enhancements may form a part of the assessment and intervention process (Gore, McGill & Toogood, 2013).

Theory and evidence base

The primary use of applied behaviour analysis to assess and support behaviour change in

PBS' application of research-validated behavioural science, is based on the science of Applied Behaviour Analysis (ABA). This means that there is a strong focus on functional behaviour assessment of students' behaviour as basis for developing, applying and evaluating the effects of interventions and support, and on the premise that challenging behaviour serves important functions for people. The secondary use is of other complementary, evidence-based approaches to support behaviour change at multiple levels of a system. Other intervention programmes, or methods, can also be used as long as they are evidence-based, and that the expected outcomes of the intervention can be measured with precise tools (Dunlap, Sailor, Horner et al. 2011). The implementation of PBS within organisational systems is what distinguishes PBS from other intervention approaches. This means there is more of a focus on the sociology of behaviour that emphasises organisational and cultural systems within which support is provided (Sugai & Horner, 2011). The implication of this feature is that organisational and system events affect students on a personal level, and that the same data-driven and evidence-based practise should be implemented into the organisational culture for effective change to take place. This can lead to early identification and prevention of challenging behaviour in schools. With regard to selecting interventions, empirically validated intervention procedures and response to intervention monitoring are critical. As the needs of students displaying challenging behaviour are very diverse and there is no clear evidence that any one approach is superior, careful assessment of needs and ongoing evaluation of progress should allow the construction of tailored programmes that draw appropriate strategies from different approaches (Frederickson & Cline, 2009). There is considerable heterogeneity in students who display challenging behaviour, and procedures need to be adapted or changed if a child is not responding to an intervention. Children may frequently require a variety of programmes or approaches, implemented simultaneously, for effective intervention (Koegel et al. 2011). Thus, PBS assists in selecting and implementing the appropriate intervention method through both data-driven and value-based decision making.

Process

PBS is based on a data-driven approach to decision making at every stage, and data-based information helps us in assessing the need for intervention, the level of intervention, and the

effect and efficacy of the intervention. Data-based information in the context of PBS, is used on multiple levels and contexts. The feature of PBS that sets it apart from other programmes is data-collection on a systemic level, and that data-based information needs to be collected in order to improve the desired goals and outcomes. “Creating an efficient and durable data-based decision-making system is essential to develop accurate solutions and conveys professional accountability. By making decisions from accurate data, interventions are more likely to be implemented and effective” (Peshak, Kincaid & Pollard-Sage, 2011). This means that schools must determine what data to collect, and what data the school already has at the time of implementation. This can include, but is not limited to; suspensions, referrals about student behaviour, expulsions, climate surveys, attendance, and referrals to special education programmes (Peshak et al., 2011). The process begins with identifying intervention goals; gathering relevant information; developing summary statements and generating behavioural support plans (OSEP Technical Assistance Centre, 2017). The behaviour support plan is designed to address home, community, and classroom routines where challenging behaviour is occurring (Gore et al., 2013). The development of a functional behavioural assessment (FBA) takes place together with a support plan comprised of individualised, assessment-based intervention strategies, including a wide range of options such as: (1) guidance or instruction for the student to use new skills as a replacement for problem behaviours, (2) some rearrangement of the antecedent environment so that problems can be prevented and desirable behaviours can be encouraged, and (3) procedures for monitoring, evaluating, and reassessing of the plan as necessary (OSEP, 2017). The use of FBA in intervention has been found to be effective in reducing problem behaviours and increasing appropriate skills across diverse populations of students and educational settings (Kirk et al., 2015). The behaviour support plan should be designed to address home, community, and classroom routines where challenging behaviour is occurring (Gore et al. 2013).

2.9.2. Multicomponent technology - The Pyramid Model

PBS’s most promising and unique feature is that it works on a system-level, meaning structures and supports that are necessary to implement interventions across multiple settings.

According to Koegel et al. (2011), most commonly used discipline systems, including many school-wide support systems, are ineffective with students displaying challenging behaviour. The purpose of the system-wide approach is to provide universal promotion and prevention via proactive methods to eliminate challenging behaviour for the majority of the students in the classroom with the provision and promotion of positive behaviour with clearly defined expectations and consequences for challenging behaviour. This means that instead of waiting for students to fail or exert challenging behaviour, proactive measures are put in place for the majority of students to prevent challenging behaviour to occur (Koegel, 2011). The Pyramid Model of Teaching provides a tiered approach for managing intervention-strategies, and support is focused and targeted in an increasing level as we move up through the tiers.

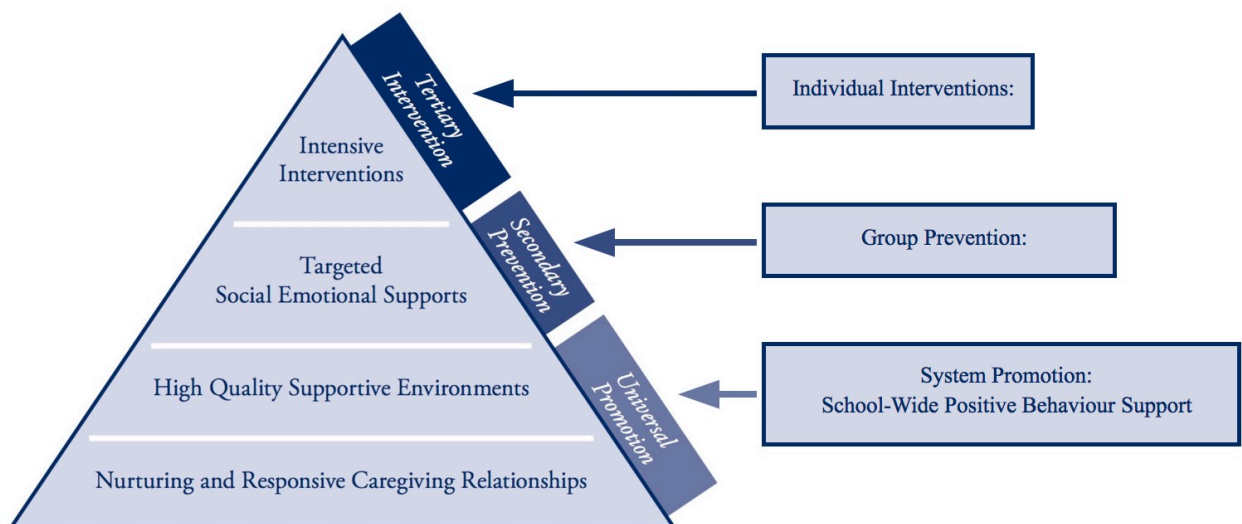


Fig. 1 the Pyramid Model (Fox et al. 2010)

This systems feature is congruent with the ecological systems theory of Urie Bronfenbrenner (1979), in that it collects data from a variety of contexts to inform decision making that not only takes these contexts into account, but actively encourages these contexts to work together in a collaborative manner. The implication for students with challenging behaviour is thus that most contextually fit support is given in an inclusive setting, and that by providing universal support for the majority of students, more resources can be allocated to support students with severe and persistent challenging behaviour. In the last decade, research has demonstrated that PBS is a highly effective intervention approach for addressing severe and

persistent challenging behaviour (Fox, Carta, Strain, Dunlap & Hemmeter, 2010). Currently, nearly 8,000 schools in the USA are in varying stages of adopting SW-PBS, and this number is expected to increase over the next decade, given the additional requirements by federal and state agencies that schools produce social and academic outcomes (Doolittle, Horner, Bradley, Sugai, & Vincent, 2007).

The real contributions of SW-PBS lie in focusing on the whole school as the unit of analysis; continuously assessing the needs of all students through multiple levels, focusing on early identification of challenging behaviour, delivering support in multiple settings and contexts, and the use of data to inform decision making.

2.9.3. Summary

In summing up, and according to Nick Gore at Tizard University, the definition of PBS might be of particular relevance here, due to their involvement in the implementation of PBS at the site of study:

PBS is a multicomponent framework for developing an understanding of the challenging behaviour displayed by an individual, based on an assessment of the social and physical environment and broader context within which it occurs; (b) with the inclusion of stakeholder perspectives and involvement; (c) using this understanding to develop, implement and evaluate the effectiveness of a personalised and enduring system of support and (d) that enhances quality of life outcomes for the focal person and other stakeholders (Gore et al. 2013).

As such, PBS does not consist of any new theories, methods or experimental strategies for preventing or reducing challenging behaviour. The new and promising feature of PBS is that it is a *broad approach for organising and selecting appropriate supports*. This encompasses physical, social, educational, biomedical, and logistical supports need to achieve basic lifestyle goals, while reducing problem behaviours that pose barriers to these goals (Dunlap

et al., 2011). PBS as an approach, guides us in the use of, selection and implementation of person-centred and contextually appropriate interventions. As such, PBS works on multiple levels simultaneously to provide support, prevention and intervention that is contextually fit, in other words, the research and practices of PBS can be understood as *ethically grounded contextualism* (Singer & Wang, 2011).

3. Methodology

In this thesis, the research design consists of qualitative interviews as a primary data collection method. This is because my main arguments draw upon existing legislations, theories and current discourses on this topic as a point of departure, and as such, the qualitative interviews are used to emphasise, embellish and personify statements and arguments derived from said literature. The phenomena of research are relatively sparse in volume, and thus a qualitative approach seems appropriate.

3.1. The qualitative method

A qualitative approach is a widely used methodology within research in special needs education, and aims to capture opinions and experiences not measurable or quantifiable, and by exploring the experiences of individuals and groups. A qualitative approach provides an opportunity to investigate the informants' own experiences of a chosen phenomenon that can provide an insight into human life, and is linked to a phenomenological approach (Kvale & Brinkmann, 2015). With such an approach, my aim is to investigate the participants' perceptions, attitudes and experiences in using compulsion and power when faced with challenging behaviour, and their interpretations on what factors might help reduce the use of compulsion and power.

The abductive approach

To arrive at a conclusion in the context of research, entails scientific reasoning, in order to draw conclusions from empirical evidence so, as Kvernbekk (2014) states, science is either inductive or deductive. Deduction is concerned with using observations to test existing theories, and induction is based on observations that provide the basis for new theory. Conclusions are made on the basis of observed single cases, and general conclusions are drawn as a result of the individual cases (Dalen, 2011). Abduction, on the other hand is a reasoning process used to arrive at a hypothesis. The process involves going back and forth to find patterns in the data material (Charmaz, 2014). My topic of research and the subsequent research problems stated in the introduction, forms the basis for an abductive approach, where I start with an assumption or theory, and check these assumptions or theories with empirical evidence (Bruhn-Jensen, 2002). Abduction says something about what is possible to be true and can be seen as a combination of inductive and deductive approaches (Dalen, 2011). By abductive reasoning you will not always find unambiguous and immediate answers, but it opens up for innovation, creativity and empathy. The topic of compulsion and power are riddled with ethical and practical dilemmas, and as such I would like to study in-depth data in order to thematise existing theories and legislations (Charmaz, 2014).

3.1.1. Phenomenology and hermeneutics

Phenomenology

An overall goal for qualitative research is to develop the understanding of social phenomena from a participants perspective. These phenomena should be linked to situations and people in their social reality, and by looking at phenomena related to social reality one will be able to investigate how people experience a phenomenon in a given context (Dalen, 2011). In this thesis, I will be concerned with the participant's experiences of working with reducing the use of compulsion and power, in an educational context. The goal is to describe the world as it is experienced by the participants, from the understanding that the real reality is what humans experience (Kvale and Brinkmann, 2015), thus we are asked to look for the underlying essence, rather than the details of everyday life (Cohen, Manion & Morrisson, 2011). Schutz, (as cited in Cohen et al. 2011), states that the way we understand behaviour of

others, is dependent of the process of typification. The observer makes use of these concepts resembling “ideal types” to make sense of what people do.

The concern, in this thesis, is with the relationship between the PBS implementation and the participants’ experiences of the possible reduction in the use of compulsion and power. As such, a phenomenological view is grounded in the participants’ objective experiences, and the understanding of meaning in a person’s subjective experience with a phenomenon (Kvale and Brinkmann, 2015), thus, this framework serves as a focal lens for my research.

Hermeneutics

The concept of hermeneutics, according to Kvale & Brinkmann (2015), is the doctrine of the interpretation of texts, and the purpose of hermeneutic interpretation in education research, is to arrive at a valid and general perception of the meaning of a specific text, discourse or action. Palmer (as cited in Kvale & Brinkmann, 2015) states that hermeneutic principles might assist qualitative research in analysing interviews as freestanding texts with an awareness towards how the contextual interpretation is based on both history and tradition. During the data-collection, an awareness of the site of study’s particular history and background, guided the interview process, with particular emphasis on how each participant *related to*, and *identified with* these factors. These factors were not raised as a subject in the interviews, but was illuminated through, and interwoven in, the participants’ answers. Thus, utilising these hermeneutic principles helped clarify and assist in interpreting the interviews in a more truthful context, thus adding a more general and valid perception of the participants’ answers.

3.1.2. Semi-structured interview

A qualitative research interview is descriptive in nature, to capture nuanced descriptions of the participants world, and qualitative research, requires a well-structured interview, and also thorough literature study on the topic of interest (Kvale and Brinkmann, 2015). Using a semi-structured interview provides opportunities to ask follow-up questions if something is unclear

(Dalen, 2011), and the interview-format gives researchers and informants more flexibility, which can help to get more information and answer a specific issue, as well as open to information from the informant (Kleven and Hjordemal, 2018). Specific themes and suggestions for questions, are required for good results (Kvale and Brinkmann, 2015), and the aim is to capture the participants' description of his or hers world, with the purpose of interpretation of the described phenomena.

The interview-guide in my research, consists of several pre-defined closed questions organised into topics, with some open-ended questions and is characterised by an openness towards sequence and formulation of questions, thus making it easier to respond to the participants' answers and his or her stories.

The interview guide consisted of 25 questions, grouped in the following three topics:

- participants' background and pre-existing knowledge
- participants' knowledge and reflection on the concepts of compulsion and power
- participants reflections on the PBS implementation

The strength of using this type of interview for this thesis, is that the structure of pre-defined questions allows for consistency in responses, and the openness allows for more comprehensiveness of data in making it more systematic for each respondent.

3.2. My preconceptions

There are two important factors as to why I'm writing my thesis on this particular topic: my *professional* and *educational* background.

Most of my professional career has been in the health care system, and later years as a special needs teacher, holding various positions including management and guidance. The bulk of my career have been spent working specifically with the topic of compulsion and power, both through practical training of staff, working directly with service users, but also with enforcing legislation and resolutions on restrictive practices in compliance with the Health Care

Services Act, HCSA. During my career, I have mainly been working with persons within the autism spectrum with severe behaviour challenges, often leading to the use of compulsion and power. I have felt first-hand, both working directly, but also managing and guiding staff, the ethical, practical, and emotional stress for all parties involved, when situations triggering reactive measures occurs. My insight into what the effects such situations can have on both the individual user level, and organisational level, have led to a thirst for more knowledge, to my seeking out other professionals in the field for help and guidance, and to employing transparency into the work ethic to encourage reflexive practises. My institutions lack of support notwithstanding, I opted to expand my educational background, and applied for two courses; “Master of Philosophy in Special Needs Education” at the University of Oslo, and the part-time course “Prevention and management of challenging behaviour in working with persons with intellectual disabilities” at VID Specialized University. These two courses combined, forms the basis of my educational background leading to this thesis.

Both my professional and educational background, thus, will naturally exert influence on both my intentions and the agenda behind my arguments and preconceptions, and it serves as a departure point for my doing this research. My motivation might thus lead to a degree of confirmation bias, and as such, my awareness of these preconceptions must be at the forefront of any attempt of conclusion or generalisation, however significant.

3.3. Instrumentation and data collection

The four interviews were conducted as semi-structured, and the interview guide (see Appendix 5 and 6) consisting of 25 questions, divided into thematic groups. A pilot interview was conducted prior to the interview, allowing the possibility of editing or changing questions, and to assess the interview setting and performance. The interviews were recorded as audio-files with a hand-held device, and also simultaneously transcribed by a third-party colleague with broad knowledge in the subject matter, making for a more efficient data-collection, and adding the ability to comment and reflect on the interview-process, the interviewer’s performance, and possible influencing factors, after the fact. The interviews

were conducted over two days, the short time-span possibly adding coherence to the data by reducing the possibilities of the participants sharing their experiences of the interviews.

3.3.1. Sampling method

The participants were selected using purposeful criterion-i sampling procedures. This procedure involves selecting participants from agencies, organisations or systems involved in the implementation-process. Individuals are then further selected based on the assumption that they possess knowledge and experience with the phenomenon of interest (i.e., the implementation of PBS) and thus will be able to provide information that is both detailed (depth) and generalisable (breadth) (Palinkas, Horwitz, Green et al. 2015). In this strategy, particular settings, persons or activities are selected deliberately to provide information that is particularly relevant to your questions and goals and that can't be gotten from other choices (Maxwell, 2013). The fact that the site of study had undergone an audit by the County Governor in 2012, and decided to implement PBS in 2014, was vital to the choice of participants, and thus, my research could not be done with any other participants. Participants were, therefore, selected in part due to their competence and relevance, but mostly due to the site of study's particular history. Selected individuals, critical for testing theories and the developed questions (Cohen et al. 2011), thus emphasise the purposeful selection of participants as necessary for this research topic.

3.3.2. Data analysis

In an analysis one is looking for a whole and then the meaningful themes (Gall, Gall & Borg, 2007). The analysis of the data material is based on the information from the participants, and the transcripts of the interviews being the material for analysis (Kvale and Brinkmann, 2015). I started looking for a whole through reading and comparing the transcripts. The often encountered problem of qualitative data analysis is the reduction of copious amounts of data to manageable and comprehensive proportions. One common procedure for achieving this is

content analysis, a process by which many words of texts are classified into much fewer categories (Weber, 1990; as cited in Cohen et al., 2007). Researchers avoid using preconceived categories, instead allowing the categories and names for categories to flow from the data. Researchers immerse themselves in the data to allow new insights to emerge (Kondracki & Wellman, 2002; as cited in Hsieh & Shannon, 2005), also described as inductive category development (Mayring, 2000; as cited in Hsieh & Shannon, 2005). Many qualitative methods share this initial approach to study design and analysis. The empirical data were divided into meaningful topics, based on the theoretical foundation, whilst review of transcripts and cross-case comparisons generated new topics. The themes were divided into meaningful categories and the overall categories were compared across cases using NVivo 11. The different categories were interpreted and described in the results of my findings in Chapter 4, while in Chapter 5 I will try to interpret the essence of the informants' statement in light of the presented theory from Chapter 2. The essence of a phenomenon against existing theory is in line with an abductive approach (Gall et al., 2007).

3.3.3. Coding of semi-structured interviews

Coding is the process of disassembling and reassembling the data (Cohen et al. 2011), and involves finding immediate, short categories that intend to define the action or experience described by the informants. Kvale and Brinkmann (2015) describe coding as associating one or more keywords to a text section in order to later identify a statement. The meaning of long interviews is reduced to a few simple categories (Kvale and Brinkmann, 2015). A coding process takes place at several levels, where the goal is to arrive at a comprehensive understanding of the collected data, which will contribute to the theory of the phenomenon being investigated (Dalen, 2011). The categories can be developed in advance or during the analysis itself (Kvale and Brinkmann, 2015).

The development of subcategories, with emphasis on different areas within the category that stand out among the participants gives the reader the opportunity to judge how typical the

quotes used are for the whole of the interview material and can to a certain degree be used to counter selective interpretations (Kvale and Brinkmann, 2015).

The categories of this research will be presented in detail in the presentation of findings in Chapter 4.

3.4. Validity and reliability

Validity

Kvale and Brinkmann (2015) states that validity is concerned with the extent to which a method investigates what it is intended to investigate and says something about the truthfulness and validity of the survey. A good validation depends on the findings being continually checked, questioned and interpreted theoretically (Kvale and Brinkmann, 2015). This involves the possibility of testing these accounts against the world, giving the phenomena that we are trying to understand the chance to prove us wrong. A key concept for validity is thus what Cohen et al. (2011) calls the validity threat: the way you might be wrong, i.e. alternative explanations or interpretations. This encompasses events or processes that could lead to invalid conclusions. Maxwell (in Cohen et al., 2011) argues for five kinds of validity that explore his notion of understanding: *descriptive validity*, *interpretative validity*, *theoretical validity*, *generalisability*, *evaluative validity*.

Descriptive validity.

Descriptive validity refers to the factual accuracy of the account, and thus is closely related to Glaser and Strauss' term credibility (Cohen et al. 2011). The interviews were all recorded with a hand-held audio recorder to ensure accurate collection of data, and to be able to transcribe the interviews word-by-word after the fact. A third-party person with broad knowledge in the topic of research, conducted the transcription during the interviews, which added depth and breadth to the participants answers. The assistance of the third-party person also contributed to the interview having more time to focus on the participants, thus facilitating good rapport. One threat to descriptive validity might the reactivity of the

interviewer, meaning the influence of the researcher on the setting or individuals studied (Cohen et al. 2011). The topic of research was selected due to the researcher's experience in, and knowledge of said topic, and thus, the conversations with the participants might be subject to some degree of reactivity-bias in that discussing topics of interest with other knowledgeable peers as a researcher and not as an equal participant, would make for difficulties in being aware of the different dynamics inherent in these roles.

Interpretative validity

Interpretative validity is the ability of the research to catch the meaning, interpretations, terms and intentions that situations and events might have for the participants (Cohen et al. 2011). The selection of four participants ensured triangulation, and made categorisation more valid in that the data was corroborated from several sources. The inclusion of a third-party observer, not being a researcher, meant that objective analysis of the data was debriefed after the fact to compare differences in perception to add coherence to the data. One obvious threat to the interpretative validity is the translation process. Firstly, the interviews were transcribed in the participant's mother tongue, Norwegian. Secondly, all interviews were translated into English, thus interpretation on two levels might add to this validity threat. Another threat to the interpretative validity might be the influence of researcher bias, in that the interpretation were done from the standpoint of an insider working in the same field as the participants, thus making objective interpretation more challenging.

Theoretical validity

The theoretical validity is the theoretical constructions that the researcher brings to the research, and subsequently how the research explains phenomena (Cohen et al., 2011). In theoretical validity, the constructs are those of all the participants. The validity in the results of the research is based on the participants' *perceived* experience of the reduction of compulsion and power. As such, the study might have benefited from direct observation to corroborate the participants' statements, although time constraints would not allow this. The findings are also compared with research mostly from the UK, and this lack of triangulation might be a threat to the theoretical validity. This study also aims to understand the opinions of the participant informants, while at the same time interpreting their opinions into a larger

theoretical framework, making for a difficult task to not exceed or embellish the participants' intentions, perceptions or meanings. Awareness of these factors may in some part help secure the theoretical validity of the study.

Generalisability

Generalisability refers to the view that theory generated may be useful in understanding other similar situations (Cohen et al., 2011). In this research, the site of study had a particular background history and background so the research results must be viewed in light of this. In other words, within the participants' answers, and subsequent conclusions drawn from their responses, the particular history may influence the theoretical construction significantly. As such, the generalisability of the research might not be as beneficial in understanding similar situations, thus decreasing its transferability. That being said, several of the findings from the study are general in nature and may thus in small part offer some guidance on the topic of research.

Evaluative validity

Evaluative validity is concerned with the application of an evaluative judgmental stance towards that which is being researched, rather than a descriptive, explanatory, or interpretive framework (Cohen et al., 2011). My own preconceptions and knowledge from working in the field of topic, might infer that my agenda might intrude in the evaluation of said research, as a means of confirmation bias. While it is apparent that my interest in this field might lead to a biased positive view of the implementation process and its perceived reduction in the use of compulsion and power, efforts have been made to ask critical questions, challenge general assumptions to reduce bias, by including sometimes conflicting answers and opposing theory to highlight and discuss problematic areas, in compliance with a critical-theoretical perspective.

Reliability

Reliability in qualitative research can be regarded as a fit between what researchers record as data and what actually occurs in the natural setting that is being researched (Bogdan & Biklen; as cited in Cohen et al., 2011), thus, it is concerned with the reliability of the study

and the credibility of the research results (Kvale & Brinkmann, 2015), which means that the study carried out must be verified in the same way, by other researchers. In a qualitative study it is difficult to make such demands, as the research role and the interaction between researcher and informant are of importance to the outcome. In my study, I have presented my methodological choices, the context in which the interviews took place and given a description of the selection, as well as the interview-guide, which allows other researchers to, in principle, carry out the same study, albeit not in exactly the same way, due to the study's qualitative nature.

3.5. Ethical considerations

The topic of using compulsion and power often generates discussion and reflection and is often riddled with ethical dilemmas. As such, thorough ethical considerations are justified.

In this section, I will present some ethical considerations, as seen through the four categories as suggested by Kvale and Brinkmann (2015) often used in discussions of ethics in qualitative research: informed consent, confidentiality, consequences and the researcher's role.

Informed consent

Prior to my research, the site of study was sent an information letter with an overview of the project, and my invitation to participate. After positive response from the leader of the department, the participants were selected by 'threder' and were all sent a list over topics to be included in the interviews. This list was neither exhaustive, nor minimal, but was a response to an interviewee wish to see the questions beforehand. Although not formulated as questions, the list gave an idea of the topics involved, and in my opinion, would pre-empt any worry or stress due to performance anxiety on behalf of the interviewees. All interviewees were sent a *participation form* (see Appendix 5 and 6), containing information about the project, on the implications of participating, information on the interview form, how data are stored and used, and most importantly, how to withdraw from participating. At the start of each interview, I referred to the NSD approval letter, talked through the implications for

participating, especially with regard to confidentiality, and reminded the participant about the possibility to withdraw.

Confidentiality

The site of study was purposefully selected due to the relevance of the PBS implementation, and the participants due to their knowledge on the topics compulsion and power. This is in part due to their specific history for this department. It is a special case, and thus, makes it difficult to anonymise. I will not go into more detail on this history, for these exact reasons, but needless to say, providing participants' confidentiality were threatened, and the participants were thus duly informed on this matter. I have also avoided using the participants' educational backgrounds as a way of interpreting their answers, because all the employees in the department have different backgrounds and could, therefore, be easily identifiable. Lastly, the disclosure on the issue of the 2012 audit by the county governor may also jeopardise the school's confidentiality. I have nevertheless chosen to include it in the narrative of the background for doing this thesis at this specific site. I felt this being important, due to the fact that this had a significant impact on the reflection on the topics of compulsion and power, and working with restraint reduction strategies, at that time, and thus influencing the effects of the PBS implementation with regards to this thesis topic and research question. Openness on this, in my opinion, will only strengthen the validity of the research.

Consequences

As mentioned in the section about preconceptions, my aim with this thesis is to show how both legislation and PBS might help reduce the use of compulsion and power, which means that results from this study might be transferable, albeit in a small part, to other institutions facing similar challenges. One consequence of this development, might be the threat to anonymity, as mentioned in the section above. However, the opposite might also happen, the lack of transferability. This would mean *outing* participants without providing any benefits to the border population. According to Kvale and Brinkmann (2015), the principle of beneficence means considering the lowest risk to the participant. In qualitative research, this often means that both the sum of potential positive benefits for the participant, and the

research results leading to new knowledge, outweigh the risk on the participant. Research into the use of compulsion and power in the school system relating to the technology of PBS, is at best sparse. The usefulness of such a study, albeit modest, might in some part defend the risk of anonymity to the participants. The interviews presented some challenges in the reciprocity of trust and openness, in that being a small department, and discussing topics of a serious nature, meant the participants sometimes disclosing private matters, opinions and beliefs on not only themselves but on colleagues and supervisors. This meant that I had to consider the openness and intimacy that defines qualitative research, and be aware of the threat of what Kvale and Brinkmann (2017) refers to as the researchers' quasi-therapeutic role. This means being aware of, and considering how far to probe the participants in their answers of this nature. The interviewees were all staff at the site of study, and no students were involved, but, there are instances where the participants answer involved descriptions of specific cases. Some of these have been altered to protect the students' anonymity, but in other cases, the accuracy of the descriptions of the case is of importance to the point it tries to make and is, therefore, not altered. Thus, it is recognised that there is a slight threat to the anonymity of said students, if only to the staff and caretakers at the site of study.

Researcher's role

I have previously outlined some of my preconceptions, which needs an added awareness into the possible threat of confirmation bias based on my interest and motivation for doing this thesis. This awareness means being attentive to my role as an interviewer, and the reciprocity in the dialogical relationship with the participant, which in turn meant being cognisant of the need not to prompt for answers, or confirm answers in a neutral way, prior to the interviews, when I conducted a pilot interview. This is important for two reasons: to find out if changes needed to be made in the interview guide, and to have an opportunity for rehearsal. A third-party observer attended both the pilot and the succeeding four interviews, and was able to provide feedback on the changes in the guide, and on my performance. This led to the omission of one question from the original guide in favour of another more relevant question.

During the interviews, the third-party observer observed mine and the participants performance, took notes and wrote down the answers. In addition to keeping track of the

questions to avoid any omissions, this served as a helpful guide in the discussion and debriefing of our experiences after the completion of the interviews. For transcription purposes, a digital recorder was used to record all interviews. The sound-files were then transferred to an external hard drive placed in a locked cabinet for the duration of the study. All interviews were translated into English. This meant adhering to accuracy and truthfulness, but at the same time having to rearrange syntax and grammar in the translation process. The upside of translating into another language is the apparent advantage of anonymity: it is harder to reveal the participants identity based on their identifiable expressions or the characteristics of their spoken language. On the downside, statements, meanings and intentions may be *lost in translation*, so greater care has to be taken on the accuracy and, therefore, also the quality of the translation. Having completed a bachelor's degree in the UK, for three years, meant that with regards to the quality of translations, I am confident that I have translated all interviews to the degree of accuracy that is expected at master's level.

Other ethical considerations

There is currently no international standard for implementing PBS, and as such, companies and educational institutions providing training in PBS have no clear guidelines or common characteristics for practise. This means that there are huge discrepancies in the quality of implementation worldwide. The two biggest proponents of PBS are the UK and the US, with the latter having a significant amount of research on PBS and its effectiveness. Nevertheless, in my research, I have been focused on the UK version, for the reasons mentioned in section 1.5. "Clarifications and Omissions". The implication here is that the UK version, might be seen as *its own version* of PBS, due to the aforementioned lack of standardised practise. This in turn may lead to the threat of reduced generalisability of results, and that seeing the UK version of PBS as a variation of PBS or as another kind of intervention approach, is judged on to which degree it separates itself from the US version.

Finally, it is important to state that this project has been approved by the NSD - Norwegian Centre for Research Data (see Appendix 7 and 8), which handles all research projects involving collection of personal data in Norway.

4. Findings

In this section, the research findings will be presented together with the findings from the aforementioned theory and legislation. The findings have been divided into categories based on themes across the cases, and on significant statements made by the participants.

Prior to my conducting the interviews, the following two categories served as a departure-point for my research:

- The use of legislations in reducing restrictive practises
- PBS as an approach for reducing restrictive practises

Based on the findings from the interviews, further four categories were developed:

- Focal shift
- Values and reflective practises
- Methods for reducing the use of compulsion and power
- The importance of the PBS-plan

4.1. The presentation of findings

All participants will be referred to as P1 for participant 1, P2 for participant 2, and so forth. For added anonymity, the answers will be randomised according to a security key held by the researcher, ensuring that the order of participants remains untraceable and, thus, to be in compliance of NSD guidelines concerning anonymity. In cases where the participants' answers referred to particular situations involving students, all students' genders have been changed to female, to avoid revealing their identity.

The interviews were conducted in Norwegian, this to ensure all participants were able to express themselves in the truest form possible, all using their mother tongue. All answers have been translated, and as such, the syntax has in some cases been modified, and sentences

rearranged, but attempts have been made to reflect the participants' reflections as truthfully and accurately as possible. Certain statements have been grammatically modified in instances where this does not alter their original content. Also, pauses, verbal sounds and slang have in some instances been modified for the purpose of preserving textual flow.

4.1.1. The use of legislations in reducing restrictive practises

My argument is that current legislations, HCSA included, can be used in working with challenging behaviour in reducing the use of compulsion and power. This means that the legislation may contain specific and accurate instructions that might be transferrable to practise. My questions to the participants was concerned with how and in what way their own legislative knowledge and competence might influence their judgements in using compulsion and power in situations involving challenging behaviour.

The participants had, prior to my research, undergone training in the HCSA, and it is important to note that this training was given prior to the implementation of PBS, thus making the attributing effects more challenging to separate.

The Grey Area

Several participants referred in various ways to the *grey area*, as an area without legislation, and that may be seen as an ungoverned vacuum where both uncertainty and doubt were exacerbated. The distinction between what constitutes a serious situation, and what is a mundane one, seems not to be the problem. Rather, various low-risk situations bordering on the need for using compulsion and power seem to be the most difficult situations to assess and manage. The participants expressed no doubts on when to use self-defence, but rather, on the timing and level of compulsion and power used in these low risk situations.

P4 comments on the grey area and the generality of current legislations:

I feel they may avoid saying much about it when it comes to grey areas, and where it might apply to more than one person or the whole group. And sometimes, you get the

feeling that they don't want to say anything about it, because in a way they don't want to acknowledge that it is an issue they have to take on board and that it is actually someone's everyday-life and needs some balancing.

This comment addresses the legislative failure to provide specific instructions, in both the Penal Code and the Education Act, but most importantly the participants *feeling* of these omissions.

Several of the participants were concerned with the grey area, especially with regards to light to moderate physical guidance and concerning the distinction between care and compulsion and power, and when to intervene. As P1 states:

Does the person comply when using mild physical guidance, or is it the use of compulsion and power when the person opposes so much that you have to hold him or her? We have discussed this a lot of times, where does the line go between care, and compulsion and power.

Some were concerned with the timing of when to intervene, and it seems the dilemma being preventing the low-risk situations to escalate to more serious situations. P4 refers to prior knowledge to judge the timing of the intervention, and to the uncertainty of being second guessed by peers:

It is a thing that is difficult, if you know, based on prior knowledge, that if I just handle the situation now, I might avoid a bigger situation later. But people that don't have this knowledge might think *why did you do this now?* That is difficult.

Several of the participants referred to § 9 A-2 in the Education Act, regarding a student's right to a good psychosocial environment in schools, as generating some specific challenges. Within this grey area, specifically pertaining to the degree of violation on the student's and others, P1:

I'm thinking of how much they are allowed to violate others or themselves, and you are thinking that you have to protect the student or the others, and then you have to physically guide the student. So it's like, what are you allowed to do? That can be difficult, because you don't know before you start, how this student might react, and you have to consider how negative this is for the student or the other students that we need to get this student out. Yes, that can be difficult.

The issue of violation in relation to § 9 A-2 is further exemplified by P4:

If a student sits down in the hall, and starts yelling and shouting, it might be violating for the student when there are many other students watching, right? Can we take this student and lead him/her out to a group-room? With the use of compulsion and power? We've discussed this a lot: when is it violating for the student?

It seems that, based on the participants' answers, the judgement on what is violating for the student, also generates the issue of when is it violating for other students experiencing the situation. This might be a particular issue in institutions like schools. Again, the issue of timing seems to add to the challenge, in that intervening too quickly might generate a situation that in turn makes it more violating when other students are present.

P2 brings up the topic of new and unforeseen situations that might arise, as a legislative challenge:

Things, when they occur for the first time, can be difficult, because you can be prepared for a lot of things, we use a lot of time on risk assessment and things like that, but suddenly something new occurs. Can legislations help us then, or not?

This statement may in part refer to the HCSA, and lawful use of compulsion and power when faced with unexpected, and new situations involving serious risk.

Seeking advice from the county governor

The department at the site of my study invited the county governor to come for a discussion on some of the challenges presented in the above section. In my experience, getting in touch with the county governor can be an arduous exercise due to their workload. The fact that this department were able to do so might have two explanations: that the county governor in this county were prioritising this department due to the audit of 2012, and/or that this county governor has more resources to assist in such queries. I mention this, because this might not be a solution available for all.

Some of the questions were regarding the lack of HCSA in schools, and again referring to the grey area, P3 states:

You feel kind of in a grey area, and we've had many discussions and focus on the topic, it is good to have a clear conscience. And to get feedback on a concrete situation because much of the information available, is quite general, and maybe a bit difficult to incorporate into the practical but this was such a concrete case.

Again, the legislative generality seems to prompt this need for feedback, especially from a legislative authority such as the county governor. The issue seems also to be the participants need for confirmation on whether or not what they are doing is lawful.

It seems like the answers from the county governor on specific cases, provided at least a sense of clear conscience. But the county governor did not seem to have all the answers, which participant P1 found comforting:

We wrote down all the things we wondered about concerning the students at our department. And when they were here, we could sit and ask, and get the...solution! (laughs) I mean, they are, they were two people, but also get a bit like, yes, no ... you know? That was comforting. They also didn't have all the answers; we just have to talk about this topic. And then we got some answers, their thoughts and recommendations.

Issues on implementing HCSA as a new legislation in schools

The HCSA gives the right to use compulsion and power in schools, albeit under certain conditions. This raises the concerns for such legislation triggering an increase in the use of compulsion and power if the HCSA were to be fully incorporated. A legitimate concern then is raised by participants on whether or not more legislation might lead to an increase in the use of compulsion and power, due to an implicit legislative approval. As P4 states:

We talk a lot about this in class, that compulsion and power, must not be mixed up with the abuse of compulsion and power. You're not supposed to abuse it, but you have the right to use it if students attack you, for example, and that you can use the Penal Code. It's frustrating, but at the same time, I can see that it might be easier to use compulsion and power had it been legislated, such as in the health care services.

P3 presents another view, concerned with how increased knowledge might lead to more correct use:

This used to be much more complicated before, than it is now because now we have knowledge about these things ourselves, so I wouldn't be worried if legislation allowed the use of compulsion and power in schools. I wouldn't be worried that we would've abused it at our school, but I would've been very concerned about other schools, without the knowledge we have. Then I think It would be more abuse.

The participants all referred to the value of increased legislative knowledge as a positive factor in reducing the use of compulsion and power, although not unproblematic in practise, as P2 states:

The more legislative knowledge we have, in a way, the more difficult has become, but, how shall I put it...but better in a way, there is a positive change. And if that's difficult, it is how it should be.

Summary

All participants were concerned with how to manage low-risk situations, and how current legislation was too general in its instructions. The issue of *when* to intervene in low-risk situations to prevent escalation also seems to be of a particular challenge, especially with regards to 9a in the Education Act. It is interesting that suggestions from the county governor were not conclusive and, in some instances, the county governor were not able to provide answers, and that the participants found this comforting. Not all agreed on the benefits of incorporating HCSA in schools, stating it might lead to an increase in the use of compulsion and power, although all participants agreed that increased legislative knowledge had had a positive effect on the reduction of compulsion and power.

The main findings in this category were twofold. On one hand, the challenges of the grey area, of when and how to intervene in low-risk situations, and on the other hand the legislative generality of current legislations and the positive effects of increased legislative knowledge in reducing the use of compulsion and power.

4.1.2. PBS as an approach for reducing restrictive practises

The audit of 2012 initiated the implementation of PBS in 2014 to remedy the situation, and specifically reduce the use of compulsion and power at the department of study. The implementation was led by leading professors at Tizard University in Kent, and in the implementation had a specific focus on Active Support, SPELL and Low Arousal as key components of the intervention. In many of the participants' answers, the inclusion of Active Support in particular, was regarded as having had a positive effect.

The questions to the participants were concerned with how, and in what ways, PBS might alleviate the legislative confusion, and provide methods for reducing the use of compulsion and power. In other words, the participants' subjective experience of whether or not the PBS implementations had led to the reduction in the use of compulsion and power.

All the participants stated the organisational element of PBS as an important element in this, like P3 states:

It's the systems focus, that we've put everything in place, you know, having lots of fragmented knowledge, but no understanding of how it all connects, and what influences what.

P2 elaborates on this concept, adding the factor of a common language as unifying for the department:

The PBS-implementation has been positive for our department, and our team. You know, now we can discuss terminology and technical terms. So, I think it has been most unifying for our class, that you get a sort of joint perspective. It's not just people taking something here and there, you know?

The questions were particularly concerned with whether or not PBS could assist in clarifying the legislative confusion; the participants' answers were somewhat ambiguous:

I can't judge whether or not it is easier to assess the use of compulsion and power after the PBS-implementation but, we have been through changes, and the more we discuss, and reflect, the more competent we get (P2).

I don't really feel it's the PBS-implementation that has made it easier. I think it's the transition we've done together, that is the answer...the journey, so to speak (P3).

These answers highlight two challenges, firstly it seems that the topic of reflection and discussion is an important one at the site of study, and secondly that the site's particular history with regards to the audit in 2012, leading to the implementation of PBS must be seen as a narrative from which any potential conclusions must be drawn from.

When asked if PBS provided more tools to reduce the use of compulsion and power, P3 states:

We have a common understanding of the terms, at our department. If I say little and often, people do understand me, so I think we have more tools at our disposal with PBS than other departments.

This statement emphasises the previously mentioned unifying aspect of common knowledge and practises at the department. It seems that some of the methods implemented within the technology of PBS, like Active Support in this instance, provide staff with small but effective units of practise that makes for a more unifying experience in staff communication.

All participants stated that the experience of PBS' focus on proactive methods provided a systematic approach to existing practise:

I feel that, after the PBS-implementation, the focus has been more on proactive methods than before, and we've also got the reflections, and the documentation. It has been more organised into a system, everything we do (P1).

This focal shift is further emphasised by P1:

Now, it's more like this: you work with proactive methods, and if it happens, it happens, and then the reflection on how we could've done things differently. So, I think the system, how you're supposed to work, is important... that you have to follow the PBS-plan, you know what to do prior to the situation, in the situation, and afterwards.

A particular challenge pertaining to the involvement of caregivers and parents in managing challenging behaviour was exemplified with how information instructions from parents might be problematic and trigger situations using compulsion and power:

The parents of this student, who has no verbal language or poor communicative skills, says the student might need three or four times to adapt to a new situation. He loves to go for a walk, where situations of self-defence, the student attacks us, we listen to the parents, it takes three or four times, we try again, after the third time we let the parents know that we are not allowed to use self-defence multiple times in the same situations, but the parents still says he need three or four times, maybe we should try again? At that time, we were unsure. What do we do now?

(P4)

PBS has a strong focus on caregivers' involvement in decision-making, but this answer presents a possible challenge in working closely with parents, where the triggering of situations with challenging behaviour raises some ethical questions on the legislative practise concerning the repeated use of §§ 17 and 18 on necessity and self-defence.

Summary

All participants stated that the systems' focus of PBS had a positive effect on their practise, and specifically in reducing the use of compulsion and power, although the methods and specific tools at disposal were either already implemented or consisted of other evidence-based strategies like Active Support. It seems then, that this systems' focus might contribute to organising pre-existing knowledge and practises into a more streamlined approach through common language, and that this provided an effective restraint reduction component with a shift towards proactive methods. One participant referred to the potentially problematic co-operation with parents.

The main findings in this category were that PBS's systems focus was an important element in reducing the use of compulsion and power but did little to clarify the legislative confusion specifically, and that PBS and the underlying tools like Active Support provided some unity in staff through common language and practise.

4.1.3. Focal shift

The 2012 audit at the site of study, revealing the unlawful use of compulsion and power, necessitated the urgent reduction of this practise. The result of this has been the increasing legislative knowledge in staff through training, as a short term-initiative, versus the long term commitment to the implementation of PBS.

Regarding PBS, and its proactive focus, the questions to the participants were concerned with how and in what way this focus had helped reduce the use of compulsion and power.

All participants referred to their experience of the focal shift PBS had contributed to as an important factor in reducing the use of compulsion and power. As P1 states:

Prior to the PBS implementation, I felt we had more of a focus on self-defence and how we handled it, and what we could've done differently in the handling. But now, the focus is more: what can we do prior to the situation occurring to avoid the situation from even happening?

The focus on handling the situation might be a common trait in organisations with situations involving high-risk and the use of self-defence, and the particular history of the site of study may contribute to this view. However, the focus on antecedent strategies reveals an ambitious statement, to avoid the situation from even happening. The proactive focus is further embellished by P3, referring to the building of a relationship with the student:

I now look more at the student, and his/hers needs and wishes. That's my focal point, instead of having the education act as my main focus, because you will get equally as far regardless, it's just in what way do you start. So, I've become more relaxed, in that it is ok to do baby-steps, it ok to not open your books the first day of school. You have to start with the good relationship first. The focus is on quality of life, and having good days in school.

This statement refers to the challenge of being in compliance with the Education Act and national curricula. The building of relationships seems to be an integral part of practise at the site of study, and in particular Active Support and the principle of *little and often* (Mansell & Beadle Brown, 2012) might be a catalyst for such an approach. The contradiction between providing good quality education and reducing the use of compulsion and power are exemplified by P1:

We have already lowered the demands on the student. And it is in an educational context. Are we allowed, are we not allowed? What is expected that the students actually do in school? Sometimes we've had students that, in my opinion, might be better off not coming to school some days, because they are so out of it.

This raises some important questions around the limitations of teaching and learning in a context and an environment where challenging behaviour triggers the use of compulsion and power, and on whether the legislative duty of providing education trumps the relational aspect of a proactive approach that might sometimes be necessary to implement in order to fulfil such duties. Most of the participants mentioned this dilemma as part of the grey area mentioned in previous sections, exacerbated but the focal shift mentioned in section. The focal shift towards proactive methods also had an added benefit, according to P2:

We have become much more ... there is a lot of discussion now, of what is right, and how we feel, and how we can work efficiently to avoid situations from occurring... both after the audit, but especially after the PBS-implementation.

This answer reveals the reflective component surfacing through the implementation, and that, as previously mentioned, might contribute to the added knowledge and subsequent reduction in the use of compulsion and power.

Summary

All participants expressed that the focal shift, from reactive to proactive methods, seemed valuable in reducing the use of compulsion and power. Interestingly, it seems that this reduction was considered almost a side-effect of this focus, rather than a means to an end in itself. The contradiction between legislative duties in providing education on the one hand, and focusing on proactive methods on the other, seemed to be a challenge for many participants, especially in situations involving demands. Further, an added benefit of the focal shift, for almost all participants, was the increase in reflective practices, through discussions.

The main findings in this category are that increased knowledge of the proactive focus of PBS might lead to a reduction in the use of compulsion and power, not as a means in itself, but rather as a side-effect, and that this focus could also raise some concerns in matters of educational policy, and the demands on the student triggering the use of compulsion and power.

4.1.4. Values and reflective practise

The values base is one of the main components of PBS and is also what makes this site of study a contextual fit in legislative matters pertaining to the use of compulsion and power, due to the ethical issues so often raised in these matters.

The questions to the participants were concerned with identifying the most important component of PBS in reducing restrictive practises, and in what way it might contribute to said reduction. All participants were unanimous in their belief that the values base was one of the most important components in PBS in reducing the use of compulsion and power. At the site of study, a reflection form was implemented as a tool for reflection after situations involving the use of compulsion and power. Such a form is not an explicit part of PBS, but processing after the event is nevertheless a crucial part of the PBS technology.

On the focal shift towards quality of life, P3 stated:

One of the biggest differences, in my opinion, is the values-base, and what then becomes the main goal. That the focus is on the student, and you place the student in the middle of all these values, and that becomes the main goal: to increase the students' agency and quality of life, and to prevent the student from being isolated. After that, I think, everything else follows.

This answer, in part, echoes the answer in the previous section regarding the reduction in restrictive practises as a side-effect from the focus on proactive methods, and might also be interpreted as a defence in the discussion of educational vs relational emphasis.

P1 further expanded on the focal shift, reflection, and the change in staff attitudes:

I feel it is a sort of change in attitude or something that has happened, after the PBS-implementation... especially with the PBS values-base. That there is another way of reflecting, and I started thinking about things in a different way. That's the main difference now. Prior to the PBS-implementation, reactive methods were the main focus point, I feel, like, *what do we do when they....* you know? That's were the main focal point was, but now it has changed.

The answer reveals another way of reflecting. This may due to the reflection form, used in processing after the event, and the way it lends itself to increased awareness in reflective practises, but also, according to P1, generating new ways of reflecting and thinking differently about current practise. The reflection form is explained outlined by P2:

We use a reflection-form, in our department, which I consider very useful. Both to process the event, but also with regards to what could have been changed, what's the difference from the last time this situation occurred, and so forth. More of ... what's the backstory, what's the reason it happened? And how each one of us experienced the situation, because although we experienced the same situation, it does not mean

we have the same experience of it. I really like the reflection part, especially together with the others.

The reflection form seems to be of importance to all participants, but P2 reveals a concrete strength inherent in such a form, the staff's subjective experience of the event. This point seems to support the increase in reflection through sharing experiences of the same situation, after the event. P1 further expands on this:

It is the reflection, right? To reflect within a group, on what is actually compulsion and power... sharing experiences. The more you know about it, the more you can plan the teaching. The more we reflect, the more we speak together, the more similar we get in how we regard compulsion and power, right?

Summary

All participants emphasised the values base of PBS as one of the most important components in reducing restrictive practises. The focus on quality of life, seems to defend the use of proactive methods at the expense of educational duties, and again, that this focus provides reduction in restrictive practises as a side-effect. The reflective practise of staff seems to have increased, and the reflection form seems to be vital to this increase providing both individual accounts of situations as a departure point for discussions, and the unity of shared experiences and reflections.

The main findings in this category are that the values base of PBS defends proactive methods in opposition to educational duties, with the reflection note contributing to an increase in discussion and reflective practise that is both unifying and a catalyst for further reflection.

4.1.5. Methods for reducing the use of compulsion and power

As outlined in the theoretical chapter of this thesis, PBS is not an intervention method, but a framework providing an approach to intervention. In this context, PBS guides the selection

and implementation of other strategies and interventions methods adapted for the particular person. Of the intervention methods implemented at the site of study are Active Support, the SPELL framework, and Low Arousal approach. The questions to the participants were concerned with whether or not PBS might provide some methods or tools for reducing the use of compulsion and power, and if so, in what way. The participants were unified in their belief that Active Support, and its four principles, were of great importance to this reduction. Other methods of significance included lowering demands, to the method of data-collection. Several of the participants also stated some challenges relating to the concept of reinforcement, as in the theory of ABA. Active Support and the principle of little and often, exemplified by P1:

The principle of little and often, like with the student that ran around ... as gradual as we have been moving forward with her, found things she liked to do, things we knew she liked, we knew she enjoyed her hair being done. So we started with doing her hair in the group room, and then, we took her outside in the room adjacent to hers, so at least she got out of her room, and now she's in a group with a lot of other students were she just sits, and like, we did those small steps for a long time. Before, we would go straight to the big stuff, and then necessity or self-defence, right? But we didn't really see the value of just taking the small, small, steps. That way, at least we avoid getting into those kinds of situations.

This answer highlights the aforementioned focal shift, from reactive methods, and the participant admits that previous practise would likely follow this approach. In contrast, current practise involves small steps, with increasing difficulty, with a clear goal. The answer seems to imply that the focal shift has been successful in reducing situations triggering self-defence, and that the principle of little and often might be important in providing a concrete choice of method. P4 confirms this:

We used to be much more insisting, in that, placing a demand on the student, we would see it through. Whereas now, we are much better at, ok, at removing

something, and reduce this, and this is what you have to do, and then you will get a break.

But, the participants also mentioned critique from other staff to these pro-active methods as common. P4 states:

Some people are very concerned with what the students should be doing, not, in a way, the students own learning. I feel there are some fear of, like, some students work for 10 minutes, and break for 10 minutes, so they get like: *but you haven't done anything today*. But this is maybe more than enough for this particular student.

This answer refers again to the focus on educational duties at the expense of pro-active practises, specifically with relation to the students' workload. P1 helps defend pro-active methods in the following way:

Right after the PBS-implementation, I felt it was more difficult than it is now. I feel more confident that I'm doing the right thing now, or that it is ok to do like I'm doing.

This answer highlights the importance of the pro-active practise with relation to the teachers' confidence in said methods, and increase in knowledge.

Another principle from Active Support, *maximising choice and agency*, might have an effect, according to P2:

Our focus is more on maximising choices and agency with the students. Giving students a choice has had a positive effect. That's stuff we didn't have that much focus on before. It's not about the student choosing what to do in school, but the order, or what he/she wants to do after completing the task, like a reinforcer.

An important distinction is made by the participant, which it is not that the student chooses *what to do*, but rather the order or *the type of re-enforcer*. The ABA-related implications are further explored by P4:

I was very aware of this not being interpreted for the student as the wrong kind of reinforcement, like, that I'm withdrawing because I'm afraid, or that the student might escape or avoid certain tasks... but, with time, this has become easier... that we are more confident in ourselves and how we work.

Challenges with the concept of lowering demands as used within Low Arousal approach, highlights an issue many of the participants found challenging, namely how not to reinforce the wrong behaviour. It seems that most participants were concerned with this issue, especially related to withdrawing demands during the escalation of a situation. On setting events and decreasing demands P3 states:

We always try to read our students state of mind, to do the hard stuff on the good days, and if the student is not well or lacks sleep, to lower the expectations. We try as best we can to have the student as the main focal point. It is more important to be empowering the student, rather than insisting on sticking to my plan, in a way.

One of the questions to the participants was concerned with how data collection, a vital component in the technology of PBS, might help reduce the use of compulsion and power. It seems the site of study had used data collection prior to the PBS implementation, but participants still found PBS' systemic approach to data collection an important method in reducing restrictive practises. On the use of data as a reduction tool, P2 states:

We've been collecting data for a long time, but what I've taken away from the PBS-implementation is the registration of why things happen. After the implementation, it is obvious, in my mind that the registration forms have changed, and that's the kind of thing that you can see that some days are worse than others. Without my having

any specific examples, I think it still has an effect, because we're looking for repetitive things that can be challenging for the students.

This answer has two important parts, firstly, the participants acknowledge that the structure of the registration forms have changed after the PBS implementation, and secondly, the effect of the data collection is, according to P2, because of staff looking for *repetitive things that might be challenging for students*. The structure of the data collection forms, after the PBS implementation, was more concerned with the setting events and the antecedents leading to the registered event. In looking for repetitive events, P3 exemplifies this with a case of a female student having her period:

We saw some peaks in the graphs when we started registering her behaviour. Why? She's on her period at the time of the peaks. Ok. Be aware. Be aware, and pay attention at those peaks.

This answer directly relates to the concept of setting events, as relating to the science of ABA. On using data collection for a holistic approach to the students, P1 states:

It's good to register a lot of different things, what works, what went well, why it went so well, what's the setting, the antecedent, and consequences. We need the whole picture.

All participants found the data analysis and the subsequent graphic presentation of data as motivating, reassuring, and as a sign they were doing the right thing. P2:

Then we have it, black on white, that it is actually is decreasing. It's not just a feeling you have. The visibility has been very important... that what we do matters. We can see it in the graphs.

Several of the participants mentioned the unifying aspect of the data collection, in that it avoids speculation and different interpretations of behaviour, and might contribute to

confirming best practises within the department, especially relating to the data collections visible representation.

Summary

The participants' answers all revealed methods for reducing the use of compulsion and power ranging from using principles from Active Support, Low Arousal approach and the importance of data collection. The principles from Active Support, specifically little and often, presented some challenges in other staff's opinions, but experiences with increased confidence helped remedy this challenge. Data collection as an intervention method, was the only "true" PBS component amongst the approaches, while the other being evidence-based practises is alignment with the PBS ethos. Several of the participants presented some ABA-related challenges with concerns about the wrong kind of reinforcement in withdrawing from demands.

The main findings in this category were that lowering demands on students might be an effective method in reducing the use of compulsion and power, albeit generating some challenges in staff opinions. The importance of data collection, specifically the visibility and unifying function of data results, was emphasised, and that maximising choice and control had a positive effect, although concerns were raised on the fear of reinforcing the wrong behaviour.

4.1.6. The importance of the PBS-plan

The development of PBS-plans is a vital component of the focus on proactive methods in PBS, and at the site of study, the PBS-plan contained the four principles from Active Support, and the assessment of reinforcers particular to the student. This is, to my knowledge, a modification suggested under instructions of the implementation team from Tizard University.

The questions to the participants were concerned with how, and in what way, the development of individual PBS-plans for students, might contribute to the reduction in the use of compulsion and power. All participants referred to the PBS-plan as an important component within the proactive methods and as a good source of information about the student, leading to more qualified decisions being made in the prevention of high-risk situations. P1 states:

The most important part in the PBS-plan, I feel, is the proactive methods. To us, this has become the most important point, how we work with the student, how we work to avoid creating situations.

The systemic effects within PBS also played an important role according to the participants. As P1 states:

We used to work similarly to this, but never as systematic as now, on paper. To have a plan we can present to others that can come and read specifically why we do what we do, and what is important to think about beforehand, is really valuable.

The main bulk of the PBS-plan is concerned with providing a step by step guide to making sure the person not only has a great quality of life but also enables carers to identify when they need to intervene to prevent an episode of challenging behaviour. Here, P1 identifies that is how they work to avoid situations, rather than the focus on reactive measures.

On the coherent effects the PBS-plan might have, P2 states:

When putting things in writing, you probably have to be more clear. You can get your information from many sources, but it can be heavily influenced by tone of voice, and you can, sort of, exaggerate some things, or tone it down. But when it's written, it's much clearer, is my experience, from the PBS-plans that I had at that time.

This answer highlights the importance of gathering information from various sources into a coherent, central document to be used on all arenas in the students' life, and that writing it

down, avoids speculation and opining. P2 also touches on the effect of being prepared, when meeting the student for the first time, and emphasises avoiding any beginner's mistakes the first time. P4 expands on the topic of using the PBS-plan as a recipe for what to do in certain situations, and how that might be an important factor in reducing challenging behaviour:

In those instances where we conducted interviews with both parents, teachers and the care home, and collected data and, sort of, organised it in a more systematic way, that was a mapping on what could be difficult and how the student can express him or herself, right? Of course that's key to get to know the student, and it also provides a certain ... this is what we do! It's an attempt of a small recipe on what to do in various situations. So, you don't need to go all the way yourself, right?

Here, the PBS-plan is seen as a recipe for what to do in various situations, providing a possible list of methods, varying according to the situation(s). As such, the PBS-plan is not only a method in itself but, significantly, it also generates the options of various available methods.

Summary

The participants' answers showed that the PBS-plan might have an important preventive effect, with the main focus being on proactive methods. The process of information gathering was seen as a systematic way of unifying the information on the student, and avoiding any opining and speculation, as such, the PBS-plan was seen as more of a neutral plan of centralised knowledge. The PBS-plan also in some instances worked as a recipe, or manual, for choosing various methods in situations involving challenging behaviour, and thus inheriting a meta perspective where the plan itself is not the method, but the list within the plan is.

The main findings in this category were that the PBS-plans' proactive component was seen as valuable in reducing the use of compulsion and power, and that the plan provided information from various sources in a systematic way and could thus be used as a manual for various methods when faced with challenging behaviour.

4.2. Summary of findings

The summary of answers from the participants at the site of study can be condensed into the following points:

- There are challenges in identifying what constitutes the use of compulsion and power within what some of the participants called the grey area, an area where current legislation is too general to provide sufficiently nuanced guiding information, where the line between care and compulsion and power becomes blurred and, therefore, hard to navigate. This might be down to the generality in legislation, or to the individual interpretations on what constitutes compulsion and power, and its subsequent reflection and discussion. The systemic component of PBS did little to clarify this.
- Reflection was seen by all participants as an important strategy in reducing the use of compulsion and power. The reflection-note, meant to debrief staff after the event, served as a catalyst for reflection, increasing the participants knowledge and confidence, but in the beginning also fuelling uncertainty. Increased legislative knowledge and reflection provided staff with a common language, unifying the department.
- Effective methods in reducing restrictive practises were mainly relational, but also by using Low Arousal strategies such as lowering demands, and by utilising the principles of Active Support, specifically *little and often* and by maximising choice and control, although not reinforcing wrong behaviour seems to be the main concerns. The collection of data, and its visual representation was seen as motivational and important in identifying recurring challenges with students, thus reducing the use of compulsion and power.
- The PBS implementation contributed to a focal shift in staff, from reactive methods to an emphasis on proactive methods, and the restraint reduction was perceived as a side effect of this shift.
- PBS-plans were used as a recipe for choosing appropriate methods in situations involving challenging behaviour.

5. Discussion of findings

The discussion of the findings will be organised in adherence to their respective research questions, and presented in the sections below, alongside relevant theory.

The overarching research question is concerned with how, and in what way PBS might have contributed to the reduction in the use of compulsion and power at the site of study. All participants expressed at one time or another during the interviews, an uncertainty towards the attributing effects of PBS. In other words, whether PBS had contributed to the reduction, or the institutions particular history, general increase in knowledge or the specific use of other intervention methods such as for instance Active Support were the main contributors.

P4 exemplifies this statement, when describing two particular students with *very* challenging behaviour:

One year we had a lot of necessity and self-defence, with two new students specifically, with very challenging behaviour. And we talked a lot about it afterwards, that it has been reduced, but that's because we had gone through that semester, those weeks. I'm not sure if we could've handled things much more differently now, than we did then.

The statement highlights the apparent conundrum of looking for positive results from an intervention. P4 raises a legitimate question: how do we know that the positive effects can be attributed to the implementation of PBS and not just a result of, in this example, relational competence?

The results of the findings all point to this conundrum through uncertainty in two ways. Firstly through the uncertainty on whether or not it is possible to attribute the positive effects of reduction in restrictive practises to PBS, organisational factors or relational competence. Secondly, have increased competence in staff led to a deeper understanding of the impact of

the historical context of the site of study, and thus attributing the positive changes to this specific history rather than that of the PBS intervention?

This dichotomy will permeate the following discussion of the findings.

5.1. In what way can current legislations contribute to the reduction in the use of compulsion and power?

The Grey Area

I started this thesis by presenting a background of legislative confusion, about the school system being ungoverned and in a limbo between the Penal Code and the Education Act when faced with challenging behaviour. The participants, in part, confirmed this confusion, referring to the grey area, and exemplifying this limbo by means of practical challenges with students, where uncertainty and doubt on the borders between care and compulsion and power arose. Tännsjø, (1999) and his principle of the intention behind measures, is clearly at work here, as the staff were all concerned with not using compulsion and power more than necessary, but the issue of informed consent might be a challenge in handling certain situations with students with intellectual disabilities, often not able to speak for themselves, or showing resistance. Owren & Linde call such assessments difficult, and also state that it should be, and that it can be a goal in itself to live with this uncertainty (Owren & Linde, 2011). An uncertainty managed well amongst staff might be a valuable perspective and a resource rather than trying to find easy solutions to complex ethical problems. According to Paley, by having increased awareness of the legislation, guidance and policy, you can ensure you are working within the law and are addressing the principles of best practice (Paley, 2012; as cited in Paley, 2013). Chan et al. (as cited in Paley, 2013) state that while legislative compliance is important and necessary, it is clear that it is not a sufficient response to the problem of restrictive practices by itself, “a practice change within an organisation is equally important”.

In addition, the HCSA's definition on what constitutes the use of compulsion and power states that if in doubt on how the service user perceives the restrictive measures, one is to assume that said service user is opposing the measure (Helsedirektoratet, 2011). In the examples mentioned by the participants, this statement might provide some guidance in assessing the amount of resistance within a given situation, and when it constitutes compulsion and power.

§ 9 A-2 in the Education Act states that all staff have a duty to intervene in order to prevent the student from inflicting harm on others, or him/herself, or property, and that minimal physical guidance is not considered coercion or the use of compulsion and power (Kunnskapsdepartementet, 1999). The order of conduct will not be applicable in the examples raised by the participants, due to the nature of the challenging behaviour. The duty of activity could also be applied here, and states that what defines this duty is that the situation is of an acute nature, and seeks to stop an ongoing situation (Utdanningsdirektoratet, 2018). As such, the HCSA's subjective and objective division on restrictive practices will manifest itself in the severity of the situation (Helsedirektoratet, 2014). The participants all acknowledged being confident in what kind of situations constituted using the Penal Code, due to the severity of the situation, thus, this limbo is found in the apparent distance between using necessity and/or self-defence, and light to moderate use of force.

The Education Act governs all staff in Norwegian schools, but concerning the use of compulsion and power, the act is sparse. The words compulsion and power are not mentioned in the act, and the omission of instructions on how to react to challenging behaviour is sparse. In some instances, the order of conduct may be useful, but the duty of care nevertheless highlights staffs duties to intervene in situations jeopardising the students' psychosocial environment as stated in section 9a of the Education Act (Kunnskapsdepartementet, 1999). I have also presented some correspondence, both from the Directorate of Education, the Department of Health, and from the County Governor, attempting to clarify this confusion, which thus implicitly acknowledges that the problem exists (County Governor of Rogaland, 2015). Several academic works have also highlighted this problematic area (Netland, 2009; Rusten & Finvold, 2011; Vestvoll, 2016).

Integrity and violation

In several of the examples told by the participants, the issue of a student's integrity and the possible violation of this, as well as the integrity of other students, were seen as problematic. Examples of this behaviour were screaming and shouting in hallways while sitting down, sometimes lying on the floor, refusing to go to the classroom, often with other students watching the situation, adding to the possible dilemma of using compulsion and power. The circular IS-10/2014 states that there should be a high threshold for invoking serious harm through the loss of integrity on the service users' actions, and it seems that the threshold is lower on the violation of other people's integrity, and/or students (Helsedirektoratet, 2014, p. 87). The participants acknowledged this as being a source of discussion with no definite answers. The HCSA clearly states that the fact that challenging behaviour is demanding, or unorthodox, is in itself not as criteria for using compulsion and power, neither that the behaviour might cause practical challenges (Helsedirektoratet, 2014, p.75), and it seems likely that the participants were aware of this. Nevertheless, the challenge in identifying what is violating for a particular student, and for the students observing the situation, seems to be at the heart of the issue. The HSCA states that it is more violating for the student to be subject to the use of compulsion and power in front of other people (Helsedirektoratet, 2014, p.84). Holden (2016) is concerned with the *aesthetics* of compulsion, and whether or not the specific restrictive practice looks attractive or not, as an ethical guide for using the least restrictive option. This means that using methods that lacks this attractiveness must be subject to a higher standard of justification. As such, the participants' perception of the various ways these situations might look for the other students, and the subsequent violation for the particular student involved, seems to suggest such aesthetic considerations being employed in assessing when, and in what way to intervene.

The duty of care as a basis for using compulsion and power is also problematic, according to Kramås & Syse (as cited in Kroken, 2011), as the understanding of the concept of care might become unclear in performing restrictive measures, in relation to informed consent. Kroken (2011) then states that the duty of care does not fulfil the criteria of competence in planned restrictive interventions, thus leading to an unregulated legislative situation.

Discussion and reflection

All participants highlighted the importance of discussion and reflection as important in reducing restrictive practices, and the question might be if this increased knowledge in itself leads to more correct praxis? One of the positive factors were concerned with the fact that participants had opposing views on what constituted the use of compulsion and power, and it is possible that these discussions on individual and subjective experiences were unifying and thus were subject to a sort of consensus in legislative and ethical matters. The need for reflection and ethical considerations is stated in the circular IS-10/2014:

The consideration of the person's right to self-determination and integrity therefore requires that the services reflect on the extent and in what situations the service user is "controlled" ... and to what extent it is necessary to intervene in the person's self-determination in these situations (Helsedirektoratet, 2014, p.65).

Specific debriefing around incidents should also be a feature of the reactive component in PBS (Allen, 2011), and the HCSA further states the importance of increased ethical reflection in staff, and that the municipality must facilitate this (Helsedirektoratet, 2014). Some of the participants expressed ambiguity with regard to applying the HCSA in schools, and worried that legislation might implicate an unintentional drive towards increasing the use due to the implicit approval of using compulsion and power. It is interesting to note that the participants did not see this as a concern at their own department, mainly due to the increase in knowledge. This is emphasised in this statement from P2, regarding the HCSA being implemented in all schools:

I had been very concerned about other schools that did not have the knowledge we have now. Then I think it could have been ... that there had been more abuse.

Summary

The Education Act does not seem to provide participants with any specific guidance on what to do when facing challenging behaviour, and my belief is that the HCSA might be of help in these situations. The debate in Norwegian media, and the subsequent discussion on unlawful

use of compulsion and power, exemplified by several schools' challenges with this topic, and various academic papers reveals, at best, an acknowledgement that the grey area is problematic or, at worst, that ignorance may lead to apathy. It seems the challenges in the grey area, evolved around the degree of force or coercion used and what constitutes the use of compulsion and power, and the boundaries between care, and compulsion and power. Thus, what this grey area presented was twofold. On the one hand, the participants' individual perception and interpretation of what constitutes the use of compulsion and power, and on the other hand, the generality in current legislation, not being instructive in specific situations. There are legitimate concerns about the lack of instructions in legislation and what such a generality might lead to, but as Kroken (2011) says, the inherent multifaceted dimension of clinical everyday practice will make the implementation of legislation, that takes all matters comprehensively into account, is an impossible feat.

Main points:

- The perceived legislative dilemmas seem to be between the Education Act's duty of care, yet at the same time explicitly prohibiting use of compulsion and power.
- The participants were concerning *the amount* of force and coercion used, however, increased legislative knowledge and subsequent discussions seemed to remedy some of this uncertainty.
- The discussions seemed to have a unifying effect on staff, and lead to an increase in awareness on the use of compulsion and power.
- Concerns were raised on the possible negative implications of implementing the HCSA in schools, possibly leading to more use of compulsion and power.

5.2. In what way can PBS help to clarify the current legislative confusion?

PBS: Confusing in itself?

The legislative confusion of the grey area was, according to the participants, not remediated by PBS, in other words PBS did little to clarify the legislative confusion. Asked on whether the PBS-implementation had provided some answers, P2 answered:

“I can’t really say whether we are better or worse in assessing the use of power and compulsion or not. But we have been transitioning, and we discuss, and the more we reflect, the better we become.”

This statement is interesting in two ways; on the one hand, the participant acknowledges an increase in knowledge and confidence in assessing situations involving compulsion and power by attributing it to the reflection, but on the other hand, the statement might reveal a lack of awareness of the attributional value of PBS. There are several reasons for this confusion. Firstly, PBS in itself, is not an intervention method, and as such, does not provide any legislative guidance or specific instructions on what to do when faced with challenging behaviour. PBS is only concerned with supporting the selection of supports, with an emphasis on those with roots in ABA, and does not in itself provide any practical guide to intervention (Gore et al. 2013). Secondly, it might also be the site of study’s specific history, and the journey that makes it difficult to identify the possible clarifying factors. As P1 states, highlighting the increase in experience, “I really think that it’s just the transition we have gone through together which makes it easier assess the use of compulsion and power. Not PBS. It’s the journey” P1. And thirdly, some clarifying answers might partly lie in the components *within* PBS, such as Active Support and Low Arousal approach, and not in PBS itself, and that the participants’ experience of PBS providing a unifying common language, might implicate that PBS provides no common language in itself. Why then, you may ask, choose this as a research question? This raises an interesting point, that the systemic and organisational approach of PBS, might be the clarifying proponent, but on such an overriding level that it is not seen as such by the participants. In other words, PBS works on several levels at the same time, making it difficult to identify the attributions of cause and effect. On the one hand, none of the participants perceived PBS as clarifying, with regard to the

described legislative confusion, but acknowledged the importance of these components particular to PBS.

With these points in mind, the question might instead be in what way the PBS values base and multilevel component might guide the implementation on tertiary intervention methods and praxis, and how this in turn might lead to a reduction in the use of compulsion and power?

Values base and intervention methods

PBS has an attention to global outcomes such as quality of life, and attention to ecological validity (Strain & Schwartz, 2011), and as such, Active Support is in congruence with this due to its focus of improving quality of life through the enabling of relationships and the focus on choice and autonomy, and the link to data collection and the foundation in ABA in the use of positive reinforcement of behaviour (Mansell & Beadle-Brown, 2012) is in accordance with the criteria for selecting interventions within PBS (Dunlap et al., 2011). Several of the participants highlighted the proactive component, and the values base with the reflective practice as most important factors in the PBS implementation, with regard to using compulsion and power, and these factors may contribute to the clarifying aspect of PBS, in the relation to the Education Act and the HCSA. As P2 succinctly states on the focal shift:

“The focus is on the quality of life, on having good days in school.”

Reflection-form

On what constitutes use of compulsion and power, PBS as an approach will surely not provide such answers, but the increased legislative knowledge and reflection-form might be of assistance here. The increased legislative knowledge fuelled and increased discussions within the department, and was seen by all participants as a component providing coherence and unity in judgements on praxis. As Kroken (2011) states, detailed knowledge on legislations such as the HCSA is vital in providing service users with security under the law when using compulsion and power, and the HCSA further emphasises the need for competence and reflection in legislative matters (Helsedirektoratet, 2014). It seems then, that the increase in legislative knowledge leads to the enrichment of discussions, and that the

subsequent reflection is by-product of the systematisation through the reflection-note. The reflection-note seemed to enable staff in the unifying of practises related to the perception of *the level of resistance* in using compulsion and power. As such, the reflection-note might be an important factor in clarifying situations within the grey area, albeit after the fact. This means that reflection-note might expand legislative knowledge to be transferable into practise. As such, PBS is not the sole contributor for clarifying legislative issues, but works in symbiosis together with legislative theory to inform practise, with PBS providing systematic and multilevel support for said practises to saturate the organisation on both micro- and macro levels.

The PBS-plan

On the generality of legislations, PBS might be able to guide the selection of evidence-based methods which, when combined with the PBS-plan might be of such specificity as to provide proper guidance and instructions, and might also have an impact in reducing the use of compulsion and power. The reasons might be twofold. Firstly, that all decisions are based on a thorough assessment done in cooperation with all stakeholders with the focus on enhancing the quality of life, leading to increased knowledge on the students' risk-factors and positive resources, and secondly, that the inclusion of specific methods and principles, including reinforcement, are all in alignment with such knowledge, thus working more effectively.

The need for understanding antecedent factors and subsequent challenging behaviour as a result, is acknowledged as being important in reducing said behaviour. In the HCSA, the need for a functional assessment of behaviour that may trigger the use of compulsion and power is mandatory (Helsedirektoratet, 2014, p.41), and is in line the BILD code of practise (see Appendix 9) as an important factor in reducing restrictive practises, together with the increased focus on quality of life as both a practise and an outcome (Allen, 2011; Paley , 2013).

Summary

Where the legislative instructions end, the grey area starts, and PBS might help in providing a framework for developing and using tools and methods for reflection and discussion necessary to navigate in this grey area, albeit not directly, but through guiding the

implementation of evidence based practises adhering to the PBS requirements, and in alignment with PBS' focus on quality of life. There is however some confusion in the difference between PBS as an approach as opposed to a practical method, and as such attributional value might be placed on single intervention components rather than the organisational component of PBS. The question is whether or not such a distinction matters or not, with relation to working with reducing restrictive practises? One of PBS' important features, is the development of a PBS-team to provide support on all arenas to the stakeholder, and begins by building a behaviour support team of key individuals and stakeholders who are most involved in the child's life (OSEP Technical Assistance Centre, 2017), with team members collaborating in multiple ways in order to develop, implement, and monitor a student's support plan (FBA). The site of study's particular history and motivation for implementing PBS might seem to guide such team-building within the participants department, although presenting some challenges with relation to other departments, as discussed earlier. It is therefore pertinent to acknowledge that the focus on building support on all arenas of the stakeholder requires a team effort, and without the kind of motivation and history of this department, might make for a more challenging exercise. This organisational factor, providing support on multiple levels and arenas simultaneously, might also contribute to the confusion concerning the efficacy of single intervention components versus the organisational component of PBS.

Main points

- PBS in itself, does not clarify any legislative issues.
- There seems to be some confusion on the attributional effect of PBS, where PBS as an approach rather than an intervention method in itself seems to generate uncertainty on which components within PBS that actually work.
- The use of the reflection-note seems to be unifying and adding coherence of practise to the department as a whole.
- There are legitimate concerns on the generality of legislations, and in legislations not providing specific and practical instructions when faced with challenging behaviour, although the solutions seems to be abstract and non-tangible like the reflection-note, and the subsequent discussions.

5.3. What are the components of PBS that might lead to the reduction in the use of compulsion and power?

PBS and the relation to other intervention methods

The participants often referred to other intervention methods as being helpful in reducing the use of compulsion and power Active Support and the Low Arousal approach. Bearing in mind the discussion in the previous section on the attributional value of PBS, the reduction in the use of compulsion and power might not be attributed directly from these singular components, but rather in the selection of them, and their systemwide use. PBS guides the implementation of other intervention methods through linking them with a common FBA, by focusing on behaviour change that spans the full spectrum of a person's life, (Dunlap et al. 2011) and by providing supports designed to increase the accuracy and durability of practice implementation (Sugai & Horner, 2002; Sugai et al., 2008; as cited in Sailor, Doolittle & Bradley et al., 2011). The decision to implement Active Support and Low Arousal at the site of study, was a decision made by the team from Tizard University in the UK, and as such might be perceived by the participants as inherent to PBS, and thus difficult to separate from the implementation process. This adds to the site of study's particular history as a possible confusing factor in interpreting the results of said implementation.

Active Support

The PBS' criteria for selecting interventions involves using methods founded on the principles of ABA, using data to inform practise, and to be delivered in natural contexts. Approaches must however be evidence-based and consistent with the functional account of challenging behaviour. Their use reflects an addition rather than substitution of ABA (Scott, Anderson, Mancil et al., 2011), and these criteria seems to be in accordance with the restrictive practises framework of BILD (Allen, 2011; Paley, 2013), and also HCSA's criteria of using evidence based strategies and FBA's (Helsedirektoratet, 2014, p.41). The methods from Active Support in particular, seemed to be of great importance, and it is interesting to note that the four principles are implemented in such a systematic way, as to provide an organisational approach with multiple benefits on multiple levels to staff and students:

- The principles are outlined in the PBS-plan
- The principles have a cross-sectional value, infusing both the department as a whole, and the student in particular, as an individual component, and as a unifying component providing a common language and departure point for reflection and discussion.
- Reflection combined with data-collection, makes for a powerful combination of tools, increasing staff's motivation and measuring the methods effectiveness.
- And finally, the focus on the quality of life for the student, as a values guide when implementing such methods.

(Mansell & Beadle Brown, 2012)

Active Support seems to have an increasing evidence-base (Mansell & Beadle Brown, 2012), and the programmatic structure of Active Support, and programmatic changes in general might reduce challenging behaviour and enhance the impact of PBS interventions (Bradshaw et al., 2004; Beadle-Brown et al., 2008; Toogood et al., 2009; Carr et al. 1999; as cited in Allen, 2011) Thus, although PBS in itself does not provide any practical methods, the influence of the systemic component is quite apparent, and may also explain why it seems difficult to separate the attributing effects. This applies therefore also to the participants perception of the focal shift towards proactive methods, and that it may be hard to attribute, due to such methods being of a more overarching concept, involving both specific measures and general values. The participants' perceived reduction in the use of compulsion and power, might be attributed to the focus on altering antecedent triggers and skills teaching, both vital components of Active Support, and in congruence with PBS. In other words, the attributional value might be of little importance, but the effects of Active Support *might be enhanced by* PBS.

Proactive methods vs educational intent

The PBS' focus on enhancing students' quality of life, and the subsequent person-centred approach, brought on some interesting challenges in relation to educational intent, as P1 states:

There is much to be done before you can think of the educational training specifically, you have to build a relationship, and you need to provide a secure environment for both staff and students, and then we go forward in small steps.

It seems that several of the participants were concerned with the educational duties of the teacher in the relation to proactive methods. The issue of providing good quality education to students displaying challenging behaviour seems to be influenced by the uncertainty and lack of confidence when seeking to justify the focus on proactive methods, specifically such as Active Support's principles of little and often. It might be that parents' influences, educational policies, and time restraints combine to generate an environment in which proactive methods must be defended and argued for, and that this adds to the conflict in teachers autonomy, specifically in the apparent tension between providing a good psychosocial environment and providing duty of care, and the prohibition of restrictive practises as stated in the Education Act (Kunnskapsdepartementet, 1999). Adding to this, § 1-3 in the same act, states the right to *adapted education* for all students not able to participate in ordinary education, and the pressure of said adaption combined with the increase in the academic testing in Norwegian schools, have already fuelled a debate concerning the teacher's autonomy (Holmes, Lohne & Ertesvåg, 2018). It seems then, that the question is not what to do, but rather, defending current practise. Further importance of the person-centred approach is exemplified by P3, in relation to the possible effects in reducing compulsion and power:

Quality of life: that's where the focus is now, and the reduction in the use of compulsion and power is a sort of side-effect. There is no doubt that the use of compulsion or power has decreased.

The above statement, albeit anecdotal, highlights the fact that all participants at the site of study related in one way or another to the values base of PBS, and its implications in the work with reducing in the use of compulsion and power as being an important factor in said reduction. An important link must be made here to the intellectual roots of PBS, as a result of, and reaction to, the use of aversive behavioural procedures in the 1980s and 1990s. One

suggested contributing factor to this situation was the lack of an overall values base to guide the applications of technologies derived from the field of applied behaviour analysis (Emerson & McGill, 1987; as cited in Allen, 2011), and as such the congruence with the BILD code of practise, and current policy statements with emphasis on person-centred approaches, only adds to the importance of the PBS values' base (Allen, 2011). This focus might seem to provide the participants with justification when prioritising relational support in favour of academic work. It is also interesting to note that this values focus might be regarded by the participants as being more of an approach than a practical method, yet at the same time providing results directly from methodical work.

The use of data-collection

The use of data-collection was seen as effective in reducing the use of compulsion and power, but again, this might not be regarded as a method for managing challenging behaviour, but rather, the effects were reassurance and motivation in staff. The PBS' concern with finding the behavioural function, might be of relevance here, in that sourcing the root cause of challenging behaviour might prevent the situation from happening in the first place. This antecedent focus was expressed by one participant as having had an effect on the design of functional analysis forms, specifically with the inclusion and added focus on the antecedents and the following consequences. In relation to reducing the use of compulsion and power, based on the results of such an analysis, PBS guides in the selection of antecedent manipulations, teaching arrangements and rearrangement of reinforcement contingencies to emphasise the use of positive events and the reduction or removal of aversive consequences (Dunlap et al., 2011). In line with this, the participants' view on how the data-collection method had changed, was focused on the specificity of the functional analysis form in particular, when it might be that the system use of the data gathered, helped inform proactive methods in multiple levels, thus leading to the reduction in restrictive practises, initially attributed to the form itself. The gathering of data to inform practise might then be an effective tool to reduce challenging behaviour, and the effectiveness of designing interventions informed by an FBA, was considered positive in reducing challenging behaviour and increasing the use of positive behaviour in students, according to the meta-study of 83 studies and 145 participants conducted by Goh and Bambara (in Ogden, 2014) in

2012. This focus on antecedent strategies based on a functional assessment of the behaviour, highlights the importance of the focal shift experienced by the participants, and the results from the data-collection might also contribute to an increase in confidence and justification when faced with the aforementioned dilemma of educational duties vs proactive methods.

The PBS-plan and ABA

Several of the participants pointed to the PBS-plan as crucial to being able to adapt to challenging behaviour and to develop proactive methods, mainly due to the systemic gathering of information, and their subsequent multilevel use. The inclusion of the four principles from Active Support, along with the reinforcer, seems to be a vital component to the reduction in the use of compulsion and power. Again, elements from other intervention methods guides the proactive work, but the systemic approach is rooted in PBS. PBS being founded on the principles of ABA, the inclusion of reinforcement into the PBS-plan was specifically mentioned by the participants as helpful in clarifying strategies for antecedent interventions, although presenting some issues in the guidance of staff in other departments, mainly based on resistance towards ABA. Because PBS evolved from ABA, it is not surprising that there are many areas of overlap, or shared emphases, between the two perspectives (Dunlap, Carr, Horner et al., 1999), and some of this resistance may in part stem from a certain confusion around what role ABA plays within the technology of PBS. Resistance to the science of ABA, may also contribute from the fact that a major aspect of PBS' distinctiveness is its emphasis on the broad role of context and the macro-variables that exert pervasive influences on behaviour but that are relatively difficult to isolate with traditional behaviour analytic methodologies (Dunlap et al., 1999). The systematic effects of the PBS-plan, working on multiple levels, as perceived by the participants, seems to corroborate this statement. Interventions within the PBS umbrella, thus, are built on the foundations of ABA and repackaged in a more positive, collaborative, and holistic framework. In this context, the specificity of focus, reliance on data, and expectation of observable change germane to ABA are adapted to become more acceptable to practitioners in educational settings (Safran & Oswald, 2003), and as such, the development of PBS-plans might be of particular value in realising this. On one hand, although PBS does not establish a new science, it seem to have hastened the acceptance of ABA applications among a wide

range of service providers, most notably at the level of whole schools, but on the other hand, the resistance to programs with ABA applications might still be seen as an ideological- or a values discourse, as highlighted by some participants with regard to the guidance of staff.

Summary

On evaluating the efficacy of methods contributing to the reduction in the use of compulsion and power, the discussed attributional effects seemed to stem from singular interventions like Active Support, but the systemic component of PBS appeared to enhance the effects of said interventions, thus the efficacy and efficiency of PBS in particular might be hard to assess. The four principles of Active Support seemed to trigger some debate on the emphasis on proactive methods vs providing education, in that the participants often felt the need for justification on this emphasis, this was in part remediated through increased experience and knowledge. The efficacy of PBS however, was acknowledged by the participants through their perceived importance of the PBS-plan, and the subsequent systemic inclusion of the reinforcer and principles of Active Support. Here, all participants valued the systemic, and permeating effects of the multicomponent technology. One important aspect in reducing

Main points:

- The site of study's particular history might make evaluation of the efficacy of the various components within the PBS implementation.
- The use of Active Support and the four principles were seen by all participants as an important method in reducing the use of compulsion and power, particularly when included in the PBS-plan.
- The emphasis on quality of life rather than academic outcomes presented some challenges, mainly in defending such practise. Increased knowledge and experience seemed to remedy this.
- Data-collection added visibility and reduced opining amongst staff, and was seen as helpful in defending the proactive practise.

- Elements from ABA seemed to generate some resistance among staff from other departments, but the inclusion of reinforcements in the PBS-plan was seen as an important component in reducing the use of compulsion and power.

6. Conclusion

Returning to my main research question now seems pertinent:

- In what way might the implementation of PBS contribute to reducing the use of compulsion and power?

It is not controversial to claim that there is a legislative vacuum between the Penal Code and the Education Act, as several of the sources I have presented confirms this. Interestingly, PBS does not in itself help clarify this situation, and adding to this, the effects of the site of study's particular history may have interfered with the results of this research.

So, have the implementation of PBS at the site of study helped in reducing the use of compulsion and power? The answer is twofold. Firstly, individual components like Active Support and Low Arousal approach seemed to work effectively in reducing the use of compulsion and power on their own. But on the other hand, the systemic approach of PBS, with the inclusion of principles from Active Support and reinforcers into the PBS-plan, the reflection-note and subsequent discussions, seemed to increase the impact of these individual components. The most interesting find is that, in looking for legislative answers to situations triggering the use of compulsion and power, *the answers are found in more abstract ways*. In other words, the focal shift towards proactive methods and focus on the quality of life, may help remediate the legislative confusion, and help reduce the use of compulsion and power. The impact of the reflection-form in particular seems like a powerful tool in the reduction restrictive practises, and this might be due to the increase in legislative knowledge through the embodiment of experience, and the participant's sharing and subsequent discussions of their individual accounts of situations. In other words, constantly asking *what are we doing?*

I have in this thesis tried to present (1) a legislative challenge as a backdrop for exploring and understanding institutional unlawfulness, (2) how PBS might be a possible remedy, and (3) some effective proactive methods related to PBS as experienced by the participants at a site of study, specifically concerned with reducing the use of compulsion and power.

Summary

The participants' answers, may be a small part of the solution, I stated in the first chapter of this thesis. I will expand this statement and say that the participants' *reflections* might contribute to the solution, interestingly because that in looking for practical advice, the participants all acknowledged finding these answers in more abstract ways through systematic reflection and discussion. Whether or not the reduction in the use of compulsion and power is PBS' merit is more questionable, but my research shows that the implementation of PBS might increase the impact of existing interventions, and that the focal shift towards proactive methods and person-centred approach might help reduce the use of compulsion and power.

Main points:

- Standalone intervention-strategies at the site of study, specifically Active Support and Low Arousal approach, were effective in reducing the use of compulsion and power.
- The technology of PBS seemed to increase the impact of such intervention-strategies, specifically the systemic component.
- The proactive component and person-centred approach of PBS, although somewhat abstract in nature, provided staff with some concrete and practical methods helped reduce the use of compulsion and power, specifically the reflection-form and subsequent discussions.

6.1. Weaknesses with this study

Although efforts have been made to ensure reliability and validity of this research, there are also weaknesses with this study. I will outline four relevant points in the section below.

-The site of study has a particular history with regard to the research topic. The inferences and challenges in identifying factors that might reduce the use of restrictive practises are obvious. On one hand, the legislative knowledge prior to the implementation, on the other, the institutions own motivation to reduce said practises. As one participant stated, it might be the journey or history, rather than PBS, that has contributed to the reduction. This proves my case in point.

-The site of study's implicit preconceptions might also interfere in this research, specifically with regard to the participants answers. The focus on reducing the use of restrictive practises, combined with the institutional willingness and the municipal resources to do so, might in part contribute to a sort of self-fulfilling prophecy in the participants answers.

-The site of study's history and journey, might also contribute to the difficulty in generalising the results, and as such weaken the research results transferability. The focus on a department with students with intellectual disabilities, might also weaken transferability to ordinary classrooms and non-diagnosed students.

6.2. Future research

Several topics of study might be of relevance for future studies on PBS and its effectiveness in Norwegian schools, and I will suggest four areas of focus in the section below.

-It might be of interest to repeat the study in an ordinary classroom, with students without known diagnosis, and as such, research into the intervention program PALS, also based on PBS-SWS. The specific components leading to reduction in restrictive practises would be an interesting area of study on a larger scale, and PALS having been implemented in over 300 schools in Norway, thus provides a larger sample size for conducting a quantitative study.

-The effects on training staff in reactive methods would be of particular interest with regard to incorporating PBS, specifically in areas such as the organisational component being used in de-escalation techniques, the timing of interventions relating to the PBS plan, and by using PBS's organisational component to develop organisation-wide crisis-management plans. The need for a common accreditation in training of staff in reactive methods is also pertinent, and research into this area might provide some data to inform an eventual process in establishing such standards.

-As the results of my study suggests, because some of the components within PBS might work as standalone interventions, it is sometimes unclear whether their effectiveness can be attributed to PBS or not. A comparative study on the effectiveness of these components in PBS and non-PBS environments, might also be an interesting area of study. An example of such a study might require an experimental design to evaluate the effects.

-And finally, a non-PBS topic, the impact of reflective practises as a component for reducing the use of compulsion and power is also an interesting area of study. To my knowledge, research into this topic is sparse, and yet the topic of restrictive practices is riddled with ethical challenges and dilemmas. One particular topic could be to look into the effectiveness of various reflection tools and methods, as a comparative study.

6.3. Closing comments

Unlawful use of compulsion and power exists in the Norwegian school system today.

This is my own statement.

I say this not because it is helpful or constructive, but because it might hopefully generate action towards ignorance and apathy through reflection and discussion. As long as there are grey areas, doubt and uncertainty, knowledge and reflective practise might serve as powerful antidotes to the unlawful use of compulsion and power.

The circular IS-10/2014 explicitly states that: “compulsion, in some cases, might be a necessary element in delivering justifiable service provision.” (Helsedirektoratet, 2014, p. 32), whereas in the Education Act, the terms *challenging behaviour*, *restrictive practises* and *power* are not even mentioned (Kunnskapsdepartementet, 1999). Neither is *compulsion* in the meaning implicit in this thesis. As such, the Education Act might both be regarded as being proactive in nature, yet at the same not recognising that situations necessitating the use of compulsion and power even exists in schools. Both powerful statements in their own right, and thus permeating my topic of research; *recognising that compulsion and power is being used might be a prerequisite for developing ethical alternatives.*

Based on my research, it seems some of the challenges might lie in the staff’s attitudes to the use of restrictive practices, ranging from uncertainty on legal issues, to the justification in doing what’s best for the student. The research findings indicates that the implementation of PBS have led to an increase in legislative discussion and ethical reflection, specific in nature, thus serving as a powerful alternatives to ignorance and apathy.

Interestingly, with the reduction in the use of compulsion and power as a side-effect.

The approach of Positive Behaviour Support is only one alternative. Legislations another. There are many alternatives out there, it is just a matter of using them.

Whatever the alternative, I nevertheless hope to see service providers constantly working to towards understanding what we are doing. We owe it to the people we are working for.

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8. Appendices

8.1. Appendix 1: Request of participation

Forespørsel om intervjudeltakelse i Masteroppgaven:

“Positive Behavior Support and Reduction of Restrictive Practices - A Case Study”

Jeg skal våren 2018 gjennomføre et forskningsprosjekt som en del av min masteroppgave ved Institutt for spesialpedagogikk, Universitetet i Oslo.

Masteroppgaven min tar sikte på å identifisere, hvis mulig, ulike faktorer som kan bidra til reduksjon i bruk av makt og tvang overfor elever i skolen, med bakgrunn i rammeverket Positiv Atferdsstøtte (PAS). Jeg har akkurat gjennomført studiet Utfordrende Atferd og Funksjonshemming ved ViD Vitenskapelige Høgskole i Sandnes, og således kommet i kontakt med [REDACTED] og fått høre om implementeringsarbeidet av PAS som er blitt gjennomført hos dere, [REDACTED].

Nettopp derfor ville det vært svært verdifullt å få gjennomført prosjektet hos akkurat dere!

Utvalget av informanter tar sikte på å representere både bredde i kompetanse, samt grad av lederansvar. Intervjuene vil gjøres med [REDACTED].

Ingen elever vil bli involvert i prosjektet.

Intervjuene vil vare ca. 1 time, og kan gjennomføres på skolen, eller der det måtte passe for informantene. Det vil bli gjort lydopptak av intervjuene, så det hadde vært ønskelig om disse kunne gjennomføres på et skjermet sted med minst mulig støy og distraksjon, og det vil bli gjort simultan transkripsjon av en tredjepart under selve intervjuene.

Spørsmålene vil ta sikte på å identifisere hvilke komponenter i PAS som kan bidra til reduksjon av bruk av makt og tvang overfor elever, samt belyse hvilke faktorer som kan påvirke kvaliteten på implementeringsarbeidet og effekten dette kan ha på overnevnte komponenter.

Deltagelse i prosjektet er selvfølgelig frivillig, og informantene kan når som helst trekke seg fra studien. Prosjektet er meldt til Norsk senter for forskningsdata (www.nsd.no) for godkjenning. Hvis dere stiller dere positive til prosjektet, så tar jeg gjerne kontakt for videre avtale av tidspunkt, samt forslag til informanter som kan være aktuelle.

Skulle du ha spørsmål og prosjektet må du mer enn gjerne kontakte meg på [REDACTED].

Du kan også kontakte min veileder Kolbjørn Varmann ved Institutt for Spesialpedagogikk på telefonnummer [REDACTED], eller min biveileder Ulf Wangensteen Berge ved ViD Vitenskapelige Høgskole på telefon [REDACTED].

Håper på positiv tilbakemelding!

Mvh

Markus Hernes



8.2. Appendix 2: Information to participants

Forespørsel om intervjudeltakelse i Masteroppgaven:

“Positive Behavior Support and Reduction of Restrictive Practices - A Case Study”

Bakgrunn og formål

Formålet med studien er å undersøke om implementering av Positiv Atferdsstøtte kan bidra til reduksjon i bruk av makt og tvang overfor elever i skolen, og forsøke å avdekke hvilke faktorer ved implementeringen som kan bidra til dette.

Undersøkelsen utføres på bakgrunn av en mastergradsstudie, ved Institutt for Spesialpedagogikk (ISP), ved Universitetet i Oslo.

Det er foretatt et strategisk utvalg, med bakgrunn i bekjentskap.

Den aktuelle skolen er valgt på bakgrunn av praksis og satsningsområde.

Hva innebærer deltakelse i studien?

Deltakelse i studien innebærer å delta på et intervju med varighet på ca 1 time. Spørsmålene i intervjuet vil omhandle hvorvidt implementering av Positiv Atferdsstøtte har bidratt til reduksjon i bruk av makt og tvang overfor elever, samt forsøke å avdekke eventuelt hvilke faktorer som har bidratt til denne reduksjonen. Intervjuet vil registreres i form av lydopptak, samt simultan transkripsjon gjort av en tredjepart under selve intervjuet.

Mulige fordeler og ulemper ved deltagelse i studien

En fordel med deltagelse vil være muligheten til å dele ulike erfaringer fra implementeringsprosessen og kunnskap ervervet gjennom endringsarbeid, som kan komme andre institusjoner til gode, særlig med fokus på reduksjon av bruk av makt og tvang i skolen, samt kunnskapsoverføring av implementeringsprosessen.

En mulig ulempe er at det kan være krevende å formidle eventuelle negative holdninger til, eller negative erfaringer fra implementeringen, særlig fordi antall informanter er lite. Det er likevel ønskelig å få dokumentert implementeringen av en intervensjonsmodell som kan regnes som pilotprosjekt i norsk sammenheng, og undersøkelsen vil tilstrebe å ivareta alle de involvertes interesser, særlig med hensyn til overnevnte problemstilling.

Hva skjer med informasjonen om deg?

Alle personopplysninger vil bli behandlet konfidensielt. Lydopptak og datamateriale vil lagres i låsbart arkiv, hvor kun undertegnede og veileder/biveileder har tilgang.

Personopplysninger vil bli anonymisert i oppgaven, og kun undertegnede som vil ha tilgang til disse. Informantene vil bli anonymisert i den aktuelle oppgaven, men det gjøres oppmerksom på at datainnsamlingen foregår kun på én skole, og skal måle effekten av en intervensjon som ikke er blitt gjennomført på andre skoler i Norge, vil det i noen tilfeller være umulig å sikre full anonymitet.

Prosjektet skal etter planen avsluttes 1.september 2018. Etter denne dato vil lydopptak som er gjort bli slettet, og alt datamateriale makulert.

Frivillig deltakelse

Det er frivillig å delta i studien, og du kan når som helst trekke ditt samtykke uten å oppgi noen grunn. Dersom du trekker deg, vil alle opplysninger om deg bli slettet.

Dersom du har spørsmål til studien, ta kontakt med Markus Hernes på telefonnummer [redacted], veileder Kolbjørn Varmann ved Institutt for Spesialpedagogikk på telefonnummer [redacted], eller biveileder Ulf Wangensteen Berge ved ViD Vitenskapelige Høgskole på telefon [redacted].

Studien er meldt til Personvernombudet for forskning, Norsk samfunnsvitenskapelig datatjeneste AS. (www.nsd.no)

Mvh

Markus Hernes

8.3. Appendix 3: Confidentiality agreement

Samtykke til deltakelse i prosjektet:

“Positive Behavior Support and Reduction of Restrictive Practices
- A Case Study”.

Ja, jeg er informert om studien, og ønsker å delta som informant ved 1 intervju, omfang ca 1 time.

Jeg inneforstått med hvordan mine personopplysninger vil bli behandlet, og at disse vil bli slettet ved prosjektslutt, 1 september 2018.

(Sign. prosjektdeltaker)

Sted

Dato

8.4. Appendix 4: Preparatory email to the participants

Intervjuguide - Positiv Atferdsstøtte (PAS) og reduksjon i bruk av makt og tvang

Introduksjon

1. Kort presentasjon av prosjektet og medvirkende.
2. Anonymisering, bruk av lydopptak, og muligheten til å trekke seg.

Om informanten

3. Hva slags utdanningsbakgrunn og yrkesidentitet har du? (Disse kan være det samme, men for noen er yrkesidentitet noe annet enn utdanningsbakgrunn.)
4. Arbeidserfaring, hvor mange år har du jobbet med elever med utfordrende atferd?
5. Hva er din stilling og dine arbeidsoppgaver?
6. Hadde du kjennskap til PAS før implementeringen?
7. Hadde du lite, noe eller mye forkunnskap om lovverket som regulerer bruk av makt og tvang før implementeringen? Eventuelt i hvilken sammenheng hadde du ervervet denne kunnskapen?

Temaoversikt:

-Om makt og tvang

Begrepene tvang og makt, og synet på bruk av makt og tvang.

Utfordringer med ulike utdanningsbakgrunner, utfordringer med å vurdere makt og tvang, utfordringer med mangel på lovverk i skolen.

-Implementering av PAS

Læringspyramiden og forebygging og håndtering på flere nivåer for å redusere bruk av makt og tvang.

Brukermedvirkning, PAS-planer, samt bruk av data i arbeidet med å redusere bruk av makt og tvang.

Tanker rundt proaktive og reaktive metoder for å redusere bruk av makt og tvang.

Hovedkomponenter i PAS som kan føre til reduksjon i bruk av makt og tvang.

PAS og metodevalg i møte med utfordrende atferd, lettere eller vanskeligere å vurdere makt og tvang med PAS.

Markus Hernes



8.5. Appendix 5: Interview guide (Norwegian)

Intervjuguide - Positiv Atferdsstøtte (PAS) og reduksjon i bruk av makt og tvang

Introduksjon

1. Kort presentasjon av prosjektet og medvirkende.
2. Anonymisering, bruk av lydopptak, og muligheten til å trekke seg.

Om informanten

3. Hva slags utdanningsbakgrunn og yrkesidentitet har du? (Disse kan være det samme, men for noen er yrkesidentitet noe annet enn utdanningsbakgrunn.)
4. Arbeidserfaring, hvor mange år har du jobbet med elever med utfordrende atferd?
5. Hva er din stilling og dine arbeidsoppgaver?
6. Hadde du kjennskap til PAS før implementeringen?
7. Hadde du lite, noe eller mye forkunnskap om lovverket som regulerer bruk av makt og tvang før implementeringen? Eventuelt i hvilken sammenheng hadde du ervervet denne kunnskapen?

Om makt og tvang

8. Hva legger du i begrepene tvang og makt?
9. Hvordan oppfatter du synet på bruk av makt og tvang ved din arbeidsplass?
10. Ulike utdanningsforløp gir ulik kompetanse i lovverket som regulerer bruk av makt og tvang. For eksempel finnes det nesten ikke i pedagogiske utdanninger, men ofte i helse- og sosialfaglige utdanninger. Har du ett konkret eksempel på en situasjon hvor det har vært utfordrende med ulik utdanningsbakgrunn, spesifikt opp mot bruk av makt og tvang?
11. I møte med utfordrende atferd, har du eksempler på tiltak det har vært vanskelig å vurdere om er lov eller ikke?
12. I møte med utfordrende atferd, har du eksempler på situasjoner der du tenker at mangel på lovverk som regulerer makt og tvang i skolen kan bidra til økt tvangsbruk mot elever som utviser utfordrende atferd?
13. Hadde du lite, noe eller mye kjennskap til opplæringsloven før PAS-implementeringen? Og i hvilken grad synes du den føltes støttende i situasjoner hvor du måtte avgjøre om noe var tvang eller makt?
14. På hvilken måte tenker du at ulik lovgivning på ulike arenaer kan by på ulike utfordringer i skolen? Eksempelvis Opplæringsloven vs Kapittel 9.

Implementering av PAS

15. I hvilken grad vil du si at organisasjonen, gjennom implementeringen av PAS, har hatt et uttalt fokus på reduksjon av makt og tvang?
16. På hvilken måte opplever du at brukermedvirkning, både med elev, nærfamilie og nærmiljø, og samarbeid med disse har bidratt til reduksjon av makt og tvang?
17. Hvor viktig opplever du at utarbeidelsen av PAS-planer for elever som utviser utfordrende atferd har vært i arbeidet med å redusere bruken av makt og tvang?
18. I PAS brukes data for å bedre praksis, sette mål, og evaluere effekten av intervensjoner. I hvilken grad tenker du dette har hatt betydning for reduksjonen av bruk av makt og tvang? Har du eksempler der du tenker dette har hatt direkte effekt på reduksjon i bruk av makt og tvang?
19. I hvilken grad mener du økt kunnskap om proaktive og reaktive metoder har bidratt til økt metodevalg i møte med utfordrende atferd? Har dette etter din mening ført til reduksjon i bruk av makt og tvang?
20. Opplever du at økt kunnskap om reaktive metoder også har bidratt til reduksjon i bruk av makt og tvang? I så fall på hvilken måte?
21. Dere er ansatte med ulik kompetanse i lovverket, i hvilken grad tenker du implementeringen av PAS har vært samtlende for yrkessammensetningen? Hvordan og på hvilken måte?
22. Hvis du skulle sette ord på hvilke hovedkomponenter i PAS som har bidratt til reduksjon i bruk av makt og tvang, hvilke av disse tre vil du si har hatt størst effekt, og på hvilken måte? Verdigrunnlaget, teorigrunnlaget, eller den vitenskapelige tilnærmingen?
23. I møte med utfordrende atferd, på hvilken måte tenker du PAS kan tilby faglige og etisk forsvarlige metodevalg?
24. Har det etter din mening blitt lettere å vurdere hvilke tiltak som er lov eller ikke, og i hvilken grad har eventuelt dette bidratt til reduksjon i bruk av makt og tvang?
25. Avslutningsvis, er det noe du har lyst å legge til, eller noe du føler er viktig som ikke vi har spurt om?

8.6. Appendix 6: Interview guide (English)

Interview Guide - Positive Behavioral Support (PAS) and reduction in use of compulsion and power.

(Translated for information-purposes only)

Introduction

1. A brief presentation of the research-project and it's contributors.
2. Anonymity, using audio recording, and the ability to withdraw.

About the informant

3. What kind of educational background and professional identity do you have? (These can be the same, but for some, these can have a different meaning.)
4. Work experience, how many years have you been working with students with challenging behaviour?
5. What is your position and your duties within the department?
6. Did you know about PBS before implementation?
7. Did you have little, some or broad knowledge about the legislation that governs the use of compulsion and power before implementation? In what context did you acquire this knowledge?

About compulsion and power

8. How do you perceive the concepts of compulsion and power?
9. How do you perceive the view of the use of compulsion and power at your workplace?
10. Different educational courses provide different teaching in legislative competence that regulate the use of compulsion and power. For example, there are almost none in teachers educational programs, but often in health and social education programs. Do you have a specific example of a situation where different educational backgrounds have been challenging, specifically related to the use of compulsion and power?
11. In facing challenging behaviour, do you have examples of practices that have been difficult to judge if is lawful or not?
12. Faced with challenging behaviour, do you have examples of situations where you think that the lack of legislation regulating compulsion and power in schools might lead to increased use of compulsion and power against students who exhibit challenging behaviour?
13. Did you have little, some or broad knowledge of the Education Act before the PBS-implementation? And to what extent do you think

it felt supportive in situations where you had to decide if the measures used was considered compulsion or power?

14. In what way do you think that different legislation in different arenas can present different challenges in schools? For example, the Education Act vs Chapter 9 in the HCSA.

Implementation of PBS

15. To what extent would you say that the organisation, through the implementation of PBS, has had a pronounced focus on reducing compulsion and power?

16. In what way do you feel that stakeholder participation with both the student, the close family and the local community, and cooperation with these has contributed to the reduction of compulsion and power?

17. How important do you find that the preparation of PBS-plans for students with challenging behaviour has been in the effort to reduce the use of compulsion and power?

18. In PBS, data is used to improve practice, set goals, and evaluate the effect of interventions. To what extent do you think this has influenced the reduction of use of compulsion and power? Do you have examples where you think this has had direct effect on reduction in the use of compulsion and power?

19. To what extent do you believe increased knowledge of proactive and reactive methods has contributed to increased choice of methods in facing challenging behaviour? In your opinion, has this meant a reduction in the use of compulsion and power?

20. Do you feel that increased knowledge of reactive methods has also contributed to the reduction in the use of power and power? If so, in what way?

21. You are all employees with different levels of legislative competence, to what extent do you think the implementation of PBS has been unifying for the professional composition? How and in what way?

22. If you were to say which main components of PBS have contributed to reduction in the use of compulsion and power, which of these three would you say has had the greatest effect and in what way? The values base, the focus on evidence based practises, or the approach to data-collection to inform practises?

23. In the face of challenging behaviour, in what way do you think PBS can offer professional and ethical method selection?

24. In your opinion, has it become easier to assess which measures are lawful or not, and to what extent has this contributed to a reduction in the use of compulsion and power?

25. Lastly, is it something you want to add, or something you feel is important that we have not yet asked?


8.7. Appendix 7: Application to NSD

MELDESKJEMA

Meldeskjema (versjon 1.6) for forsknings- og studentprosjekt som medfører meldeplikt eller konsesjonsplikt (jf. personopplysningsloven og helseregisterloven med forskrifter).

1. Intro		
Samles det inn direkte personidentifiserende opplysninger?	Ja <input type="radio"/> Nei <input checked="" type="radio"/>	En person vil være direkte identifiserbar via navn, personnummer, eller andre personentydige kjennetegn. Les mer om hva personopplysninger er.
Hvis ja, hvilke?	<input type="checkbox"/> Navn <input type="checkbox"/> 11-sifret fødselsnummer <input type="checkbox"/> Adresse <input type="checkbox"/> E-post <input type="checkbox"/> Telefonnummer <input type="checkbox"/> Annet	NB! Selv om opplysningene skal anonymiseres i oppgave/rapport, må det krysses av dersom det skal innhentes/registreres personidentifiserende opplysninger i forbindelse med prosjektet. Les mer om hva behandling av personopplysninger innebærer.
Annet, spesifiser hvilke		
Samles det inn bakgrunnsopplysninger som kan identifisere enkeltpersoner (indirekte personidentifiserende opplysninger)?	Ja <input checked="" type="radio"/> Nei <input type="radio"/>	En person vil være indirekte identifiserbar dersom det er mulig å identifisere vedkommende gjennom bakgrunnsopplysninger som for eksempel bostedskommune eller arbeidsplass/skole kombinert med opplysninger som alder, kjønn, yrke, diagnose, etc.
Hvis ja, hvilke	Alle informanter er fra samme arbeidsplass og jobber på samme avdeling men i ulike stillinger. Skolen er også den eneste i landet som har implementert det rammeverket som masteroppgaven omhandler. Samtykkeavtalen med informantene synliggjør denne problemstillingen.	NB! For at stemme skal regnes som personidentifiserende, må denne bli registrert i kombinasjon med andre opplysninger, slik at personer kan gjenkjennes.
Skal det registreres personopplysninger (direkte/indirekte/via IP-/epost adresse, etc) ved hjelp av nettbaserte spørreskjema?	Ja <input type="radio"/> Nei <input checked="" type="radio"/>	Les mer om nettbaserte spørreskjema .
Blir det registrert personopplysninger på digitale bilde- eller videoopptak?	Ja <input type="radio"/> Nei <input checked="" type="radio"/>	Bilde/videoopptak av ansikter vil regnes som personidentifiserende.
Søkes det vurdering fra REK om hvorvidt prosjektet er omfattet av helseforskningsloven?	Ja <input type="radio"/> Nei <input checked="" type="radio"/>	NB! Dersom REK (Regional Komité for medisinsk og helsefaglig forskningsetikk) har vurdert prosjektet som helseforskning, er det ikke nødvendig å sende inn meldeskjema til personvernombudet (NB! Gjelder ikke prosjekter som skal benytte data fra pseudonyme helseregistre). Les mer. Dersom tilbakemelding fra REK ikke foreligger, anbefaler vi at du avventer videre utfylling til svar fra REK foreligger.
2. Prosjektittel		
Prosjektittel	“Positive Behavior Support and Reduction of Restrictive Practices - A Case Study”	Oppgi prosjektets tittel. NB! Dette kan ikke være «Masteroppgave» eller liknende, navnet må beskrive prosjektets innhold.
3. Behandlingsansvarlig institusjon		
Institusjon	Universitetet i Oslo	Velg den institusjonen du er tilknyttet. Alle nivå må oppgis. Ved studentprosjekt er det studentens tilknytning som er avgjørende. Dersom institusjonen ikke finnes på listen, har den ikke avtale med NSD som personvernombud. Vennligst ta kontakt med institusjonen. Les mer om behandlingsansvarlig institusjon .
Avdeling/Fakultet	Det utdanningsvitenskapelige fakultet	
Institutt	Institutt for spesialpedagogikk	
4. Daglig ansvarlig (forsker, veileder, stipendiat)		

Fornavn	Kolbjørn	Før opp navnet på den som har det daglige ansvaret for prosjektet. Veileder er vanligvis daglig ansvarlig ved studentprosjekt. Les mer om daglig ansvarlig . Daglig ansvarlig og student må i utgangspunktet være tilknyttet samme institusjon. Dersom studenten har ekstern veileder, kan biveileder eller fagansvarlig ved studiestedet stå som daglig ansvarlig. Arbeidssted må være tilknyttet behandlingsansvarlig institusjon, f.eks. underavdeling, institutt etc. NB! Det er viktig at du oppgir en e-postadresse som brukes aktivt. Vennligst gi oss beskjed dersom den endres.
Etternavn	Varmann	
Stilling	Seniorforsker	
Telefon		
Mobil		
E-post		
Alternativ e-post		
Arbeidssted	Universitet i Oslo, Institutt for Spesialpedagogikk	
Adresse (arb.)	Postboks 1140	
Postnr./sted (arb.sted)	0318 Blindern	
5. Student (master, bachelor)		
Studentprosjekt	Ja <input checked="" type="radio"/> Nei <input type="radio"/>	Dersom det er flere studenter som samarbeider om et prosjekt, skal det velges en kontaktperson som føres opp her. Øvrige studenter kan føres opp under pkt 10.
Fornavn	Markus	
Etternavn	Hernes	
Telefon		
Mobil		
E-post		
Alternativ e-post		
Privatadresse		
Postnr./sted (privatadr.)		
Type oppgave	<input checked="" type="radio"/> Masteroppgave <input type="radio"/> Bacheloroppgave <input type="radio"/> Semesteroppgave <input type="radio"/> Annet	
6. Formålet med prosjektet		
Formål	<p>Formålet med studien er å undersøke om implementering av Positiv Atferdsstøtte (PAS) som rammeverk kan bidra til reduksjon i bruk av makt og tvang overfor elever i skolen.</p> <p>Oppgaven tar sikte på å identifisere hvilke komponenter i PAS som kan bidra til reduksjon av bruk av makt og tvang overfor elever, samt belyse hvilke faktorer som kan påvirke kvaliteten på implementeringsarbeidet og effekten dette kan ha på overnevnte komponenter.</p>	Redegjør kort for prosjektets formål, problemstilling, forskningsspørsmål e.l.
7. Hvilke personer skal det innhentes personopplysninger om (utvalg)?		
Kryss av for utvalg	<input type="checkbox"/> Barnehagebarn <input type="checkbox"/> Skoleelever <input type="checkbox"/> Pasienter <input type="checkbox"/> Brukere/klienter/kunder <input type="checkbox"/> Ansatte <input type="checkbox"/> Barnevernsbarn <input checked="" type="checkbox"/> Lærere <input type="checkbox"/> Helsepersonell <input type="checkbox"/> Asylsøkere <input type="checkbox"/> Andre	Les mer om forskjellige forskningstematikker og utvalg .
Beskriv utvalg/deltakere		Med utvalg menes dem som deltar i undersøkelsen eller dem det innhentes opplysninger om.

Rekruttering/trekking	Rekrutteres gjennom eget nettverk, i samråd med biveileder Ulf Wangenstein Berge.	Beskriv hvordan utvalget trekkes eller rekrutteres og oppgi hvem som foretar den. Et utvalg kan rekrutteres gjennom f.eks. en bedrift, skole, idrettsmiljø eller eget nettverk, eller trekkes fra registre som f.eks. Folkeregisteret, SSB-registre, pasientregistre.
Førstegangskontakt	Informasjonsskriv er sendt rektor 12.01.2018. Førstegangskontakt med 1 informant er gjort gjennom videreutdanning ved ViD Vitenskapelig Høgskole høsten 2017. Hele utvalget sendes samtykkeskjema og informasjonsskriv i samarbeid med rektor, februar 2018.	Beskriv hvordan førstegangskontakten opprettes og oppgi hvem som foretar den. Les mer om førstegagskontakt og forskjellige utvalg på våre temasider .
Alder på utvalget	<input type="checkbox"/> Barn (0-15 år) <input type="checkbox"/> Ungdom (16-17 år) <input checked="" type="checkbox"/> Voksne (over 18 år)	Les om forskning som involverer barn på våre nettsider.
Omtrentlig antall personer som inngår i utvalget	4	
Samles det inn sensitive personopplysninger?	Ja <input type="radio"/> Nei <input checked="" type="radio"/>	Les mer om sensitive opplysninger .
Hvis ja, hvilke?	<input type="checkbox"/> Rasemessig eller etnisk bakgrunn, eller politisk, filosofisk eller religiøs oppfatning <input type="checkbox"/> At en person har vært mistenkt, siktet, tiltalt eller dømt for en straffbar handling <input type="checkbox"/> Helseforhold <input type="checkbox"/> Seksuelle forhold <input type="checkbox"/> Medlemskap i fagforeninger	
Inkluderes det myndige personer med redusert eller manglende samtykkekompetanse?	Ja <input type="radio"/> Nei <input checked="" type="radio"/>	Les mer om pasienter, brukere og personer med redusert eller manglende samtykkekompetanse .
Samles det inn personopplysninger om personer som selv ikke deltar (tredjepersoner)?	Ja <input type="radio"/> Nei <input checked="" type="radio"/>	Med opplysninger om tredjeperson menes opplysninger som kan identifisere personer (direkte eller indirekte) som ikke inngår i utvalget. Eksempler på tredjeperson er kollega, elev, klient, familiemedlem, som identifiseres i datamaterialet. Les mer .
8. Metode for innsamling av personopplysninger		
Kryss av for hvilke datainnsamlingsmetoder og datakilder som vil benyttes	<input type="checkbox"/> Papirbasert spørreskjema <input type="checkbox"/> Elektronisk spørreskjema <input checked="" type="checkbox"/> Personlig intervju <input type="checkbox"/> Gruppeintervju <input type="checkbox"/> Observasjon <input type="checkbox"/> Deltakende observasjon <input type="checkbox"/> Blogg/sosiale medier/internett <input type="checkbox"/> Psykologiske/pedagogiske tester <input type="checkbox"/> Medisinske undersøkelser/tester <input type="checkbox"/> Journaldata (medisinske journaler)	Personopplysninger kan innhentes direkte fra den registrerte f.eks. gjennom spørreskjema, intervju, tester, og/eller ulike journaler (f.eks. elevmapper, NAV, PPT, sykehus) og/eller registre (f.eks. Statistisk sentralbyrå, sentrale helseregistre). NB! Dersom personopplysninger innhentes fra forskjellige personer (utvalg) og med forskjellige metoder, må dette spesifiseres i kommentar-boksen. Husk også å legge ved relevante vedlegg til alle utvalgs-gruppene og metodene som skal benyttes. Les mer om registerstudier . Dersom du skal anvende registerdata, må variabeliste lastes opp under pkt. 15 Les mer om forskningsmetoder .
	<input type="checkbox"/> Registerdata	
	<input type="checkbox"/> Annen innsamlingsmetode	
Tilleggsopplysninger		
9. Informasjon og samtykke		
Oppgi hvordan utvalget/deltakerne informeres	<input checked="" type="checkbox"/> Skriftlig <input type="checkbox"/> Muntlig <input type="checkbox"/> Informeres ikke	Dersom utvalget ikke skal informeres om behandlingen av personopplysninger må det begrunnes. Les mer . Vennligst send inn mal for skriftlig eller muntlig informasjon til deltakerne sammen med meldeskjema. Last ned en veiledende mal her . Les om krav til informasjon og samtykke . NB! Vedlegg lastes opp til sist i meldeskjemaet, se punkt 15 Vedlegg.

Samtykker utvalget til deltakelse?	<ul style="list-style-type: none"> ● Ja ○ Nei ○ Flere utvalg, ikke samtykke fra alle 	<p>For at et samtykke til deltakelse i forskning skal være gyldig, må det være frivillig, uttrykkelig og informert.</p> <p>Samtykke kan gis skriftlig, muntlig eller gjennom en aktiv handling. For eksempel vil et besvart spørreskjema være å regne som et aktivt samtykke.</p> <p>Dersom det ikke skal innhentes samtykke, må det begrunnes. Les mer.</p>
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10. Informasjonssikkerhet

Hvordan registreres og oppbevares personopplysningene?	<input type="checkbox"/> På server i virksomhetens nettverk <input type="checkbox"/> Fysisk isolert PC tilhørende virksomheten (dvs. ingen tilknytning til andre datamaskiner eller nettverk, interne eller eksterne) <input type="checkbox"/> Datamaskin i nettverkssystem tilknyttet Internett tilhørende virksomheten <input checked="" type="checkbox"/> Privat datamaskin <input type="checkbox"/> Videoopptak/fotografi <input checked="" type="checkbox"/> Lydopptak <input checked="" type="checkbox"/> Notater/papir <input type="checkbox"/> Mobile lagringsenheter (bærbar datamaskin, minnepenn, minnekort, cd, ekstern harddisk, mobiltelefon) <input type="checkbox"/> Annen registreringsmetode	<p>Merk av for hvilke hjelpemidler som benyttes for registrering og analyse av opplysninger.</p> <p>Sett flere kryss dersom opplysningene registreres på flere måter.</p> <p>Med «virksomhet» menes her behandlingsansvarlig institusjon.</p> <p>NB! Som hovedregel bør data som inneholder personopplysninger lagres på behandlingsansvarlig sin forskningsserver.</p> <p>Lagring på andre medier - som privat pc, mobiltelefon, minnepinne, server på annet arbeidssted - er mindre sikkert, og må derfor begrunnes. Slik lagring må avklares med behandlingsansvarlig institusjon, og personopplysningene bør krypteres.</p>
Annen registreringsmetode beskriv		
Hvordan er datamaterialet beskyttet mot at uvedkommende får innsyn?	<p>Lydfiler fra lydopptaker overføres til en ekstern harddisk etter endt opptak. Denne oppbevares i låsbart skap i egen leilighet. Notater oppbevares på samme måte. Lydopptakeren formateres etter endt opptak, og inneholder ikke noe datamateriale.</p>	<p>Er f.eks. datamaskintilgangen beskyttet med brukernavn og passord, står datamaskinen i et låsbart rom, og hvordan sikres bærbare enheter, utskrifter og opptak?</p>
Samles opplysningene inn/behandles av en databehandler (ekstern aktør)?	Ja ○ Nei ●	<p>Dersom det benyttes eksterne til helt eller delvis å behandle personopplysninger, f.eks. Questback, transkriberingsassistent eller tolk, er dette å betrakte som en databehandler. Slike oppdrag må kontraktreguleres.</p>
Hvis ja, hvilken		
Overføres personopplysninger ved hjelp av e-post/Internett?	Ja ○ Nei ●	<p>F.eks. ved overføring av data til samarbeidspartner, databehandler mm.</p>
Hvis ja, beskriv?		<p>Dersom personopplysninger skal sendes via internett, bør de krypteres tilstrekkelig.</p> <p>Vi anbefaler ikke lagring av personopplysninger på nettskytjenester. Bruk av nettskytjenester må avklares med behandlingsansvarlig institusjon.</p> <p>Dersom nettskytjeneste benyttes, skal det inngås skriftlig databehandleravtale med leverandøren av tjenesten. Les mer.</p>
Skal andre personer enn daglig ansvarlig/student ha tilgang til datamaterialet med personopplysninger?	Ja ○ Nei ●	
Hvis ja, hvem (oppgi navn og arbeidssted)?		
Utleveres/deles personopplysninger med andre institusjoner eller land?	<ul style="list-style-type: none"> ● Nei ○ Andre institusjoner ○ Institusjoner i andre land 	<p>F.eks. ved nasjonale samarbeidsprosjekter der personopplysninger utveksles eller ved internasjonale samarbeidsprosjekter der personopplysninger utveksles.</p>

11. Vurdering/godkjenning fra andre instanser

Søkes det om dispensasjon fra taushetsplikten for å få tilgang til data?	Ja ○ Nei ●	<p>For å få tilgang til taushetsbelagte opplysninger fra f.eks. NAV, PPT, sykehus, må det søkes om dispensasjon fra taushetsplikten. Dispensasjon søkes vanligvis fra aktuelt departement.</p>
Hvis ja, hvilke		
Søkes det godkjenning fra andre instanser?	Ja ○ Nei ●	<p>I noen forskningsprosjekter kan det være nødvendig å søke flere tillatelser. Søkes det f.eks. om tilgang til data fra en registreier? Søkes det om tillatelse til forskning i en virksomhet eller en skole? Les mer om andre godkjenninger.</p>
Hvis ja, hvilken		

12. Periode for behandling av personopplysninger

Prosjektstart Planlagt dato for prosjektslutt	01.02.2018 01.10.2018	Prosjektstart Vennligst oppgi tidspunktet for når kontakt med utvalget skal gjøres/datainnsamlingen starter. Prosjektslutt: Vennligst oppgi tidspunktet for når datamaterialet enten skal anonymiseres/slettes, eller arkiveres i påvente av oppfølgingsstudier eller annet.
Skal personopplysninger publiseres (direkte eller indirekte)?	<input type="checkbox"/> Ja, direkte (navn e.l.) <input type="checkbox"/> Ja, indirekte (identifiserende bakgrunnsopplysninger) <input checked="" type="checkbox"/> Nei, publiseres anonymt	Les mer om direkte og indirekte personidentifiserende opplysninger. NB! Dersom personopplysninger skal publiseres, må det vanligvis innhentes eksplisitt samtykke til dette fra den enkelte, og deltakere bør gis anledning til å lese gjennom og godkjenne sitater.
Hva skal skje med datamaterialet ved prosjektslutt?	<input checked="" type="checkbox"/> Datamaterialet anonymiseres <input type="checkbox"/> Datamaterialet oppbevares med personidentifikasjon	NB! Her menes datamaterialet, ikke publikasjon. Selv om data publiseres med personidentifikasjon skal som regel øvrig data anonymiseres. Med anonymisering menes at datamaterialet bearbeides slik at det ikke lenger er mulig å føre opplysningene tilbake til enkeltpersoner. Les mer om anonymisering av data .
13. Finansiering		
Hvordan finansieres prosjektet?		Fylles ut ved eventuell ekstern finansiering (oppdragsforskning, annet).
14. Tilleggsopplysninger		
Tilleggsopplysninger		Dersom prosjektet er del av et prosjekt (eller skal ha data fra et prosjekt) som allerede har tilrådning fra personvernombudet og/eller konsesjon fra Datatilsynet, beskriv dette her og oppgi navn på prosjektleder, prosjektittel og/eller prosjektnummer.
15. Vedlegg		
Vedlegg	Antall vedlegg: 3. <ul style="list-style-type: none"> ● info_rektor.pdf ● temaliste.pdf ● intervju_godkjenningsskjema.pdf 	

8.8. Appendix 8: NSD approval confirmation

Kolbjørn Varmann
Postboks 1140 Blindern
0318 OSLO

Vår dato: 23.01.2018

Vår ref: 58364 / 3 / STM

Deres dato:

Deres ref:

Forenklet vurdering fra NSD Personvernombudet for forskning

Vi viser til melding om behandling av personopplysninger, mottatt 14.01.2018.
Meldingen gjelder prosjektet:

58364	<i>Positive Behavior Support and Reduction of Restrictive Practices - A Case Study</i>
Behandlingsansvarlig	Universitetet i Oslo, ved institusjonens øverste leder
Daglig ansvarlig	Kolbjørn Varmann
Student	Markus Hernes

Vurdering

Etter gjennomgang av opplysningene i meldeskjemaet med vedlegg, vurderer vi at prosjektet er omfattet av personopplysningsloven § 31. Personopplysningene som blir samlet inn er ikke sensitive, prosjektet er samtykkebasert og har lav personvernulempe. Prosjektet har derfor fått en forenklet vurdering. Du kan gå i gang med prosjektet. Du har selvstendig ansvar for å følge vilkårene under og sette deg inn i veiledningen i dette brevet.

Vilkår for vår vurdering

Vår anbefaling forutsetter at du gjennomfører prosjektet i tråd med:

- opplysningene gitt i meldeskjemaet
- krav til informert samtykke
- at du ikke innhenter [sensitive opplysninger](#)
- veiledning i dette brevet
- Universitetet i Oslo sine retningslinjer for datasikkerhet

Veiledning

Krav til informert samtykke

Utvalget skal få skriftlig og/eller muntlig informasjon om prosjektet og samtykke til deltakelse. Informasjon må minst omfatte:

- at Universitetet i Oslo er behandlingsansvarlig institusjon for prosjektet
- daglig ansvarlig (eventuelt student og veileder) sine kontaktopplysninger
- prosjektets formål og hva opplysningene skal brukes til

Dokumentet er elektronisk produsert og godkjent ved NSDs rutiner for elektronisk godkjenning.

- hvilke opplysninger som skal innhentes og hvordan opplysningene innhentes
- når prosjektet skal avsluttes og når personopplysningene skal anonymiseres/slettes

På nettsidene våre finner du mer informasjon og en veiledende mal for [informasjonsskriv](#).

Forskningsetiske retningslinjer

Sett deg inn i [forskningsetiske retningslinjer](#).

Meld fra hvis du gjør vesentlige endringer i prosjektet

Dersom prosjektet endrer seg, kan det være nødvendig å sende inn endringsmelding. På våre nettsider finner du svar på hvilke [endringer](#) du må melde, samt endrings skjema.

Opplysninger om prosjektet blir lagt ut på våre nettsider og i Meldingsarkivet

Vi har lagt ut opplysninger om prosjektet på nettsidene våre. Alle våre institusjoner har også tilgang til egne prosjekter i [Meldingsarkivet](#).

Vi tar kontakt om status for behandling av personopplysninger ved prosjektslutt

Ved prosjektslutt 01.10.2018 vil vi ta kontakt for å avklare status for behandlingen av personopplysninger.

Gjelder dette ditt prosjekt?

Dersom du skal bruke databehandler

Dersom du skal bruke databehandler (ekstern transkriberingsassistent/spørreskjemaleverandør) må du inngå en databehandleravtale med vedkommende. For råd om hva databehandleravtalen bør inneholde, se [Datatilsynets veileder](#).

Hvis utvalget har taushetsplikt

Vi minner om at noen grupper (f.eks. opplærings- og helsepersonell/forvaltningsansatte) har [taushetsplikt](#). De kan derfor ikke gi deg identifiserende opplysninger om andre, med mindre de får samtykke fra den det gjelder.

Dersom du forsker på egen arbeidsplass

Vi minner om at når du [forsker på egen arbeidsplass](#) må du være bevisst din dobbeltrolle som både forsker og ansatt. Ved rekruttering er det spesielt viktig at forespørsel rettes på en slik måte at frivilligheten ved deltakelse ivaretas.

Se våre nettsider eller ta kontakt med oss dersom du har spørsmål. Vi ønsker lykke til med prosjektet!

Vennlig hilsen

Marianne Høgetveit Myhren

Sri Tenden Myklebust

Kontaktperson: Sri Tenden Myklebust tlf: 55 58 22 68 / Sri.Myklebust@nsd.no

8.9. Appendix 9: BILD, PBS and HCSA - Comparison

Restrictive Practises Reduction Strategies - Congruence with PBS and Chapter 9 in HCSA

Variable	Descriptor / BILD code of practice	PBS	Health Care Services Act IS-10/2015
Leadership	Identifying reduction of restrictive practice as an organisational priority that requires commitment at all levels.	Should be given in any organisation seeking to adopt the systemic application of PBS as a clinical model. Implicit assumption in model.	Responsibility of municipalities, whether private or public institution. Includes systematic work towards reduction of restrictive practices; justifiable allocation of services; quality control; internal control, building a framework to ensure quality of services; and auditing of private contractors (p. 117, 118).
Consumer involvement	Involvement of consumers and families in assessment and intervention process.	Core feature ✓	Decision making competence (p.29); goals in co-operation with end user (p. 36); informed consent for both end user and parents/caregivers (p.59); participation in developing assessments and interventions (p.61); with regards to least restrictive option (p.78); right to make statement about restrictive practises involving the use of force and compulsion, and appeals (p.96).
Person-centred organisational culture	Putting the needs of the consumer at the forefront. Embracing supportive language; flexible individual support and having collaboration rather than compliance and control as an objective.	Core feature ✓	Core feature ✓ Judicial requirements makes person-centred approach implicit. Ethical considerations. (p.26-28); goals in co-operation with end user (p.36); participation in developing assessments and interventions (p.61), enhancing quality of life (p.32-36)
Development of acceptable environments	Increasing the quality of and reducing pollutants in living environments.	Core feature ✓	Core feature ✓

Programmatic structure	Maximising meaningful routines and activities empowering decision making.	Core feature ✓	Core feature ✓
Individualised proactive intervention planning	Individualised behaviour change plans for each individual subject in receipt of or at risk of restrictive practices.	Core feature ✓	Implementation of proactive strategies (p.10, 65), “other options” as mandatory pre-requisite for using restrictive practices (p.70-72), FBA (p.41).
Clear crisis management strategies	Clear, safe, pragmatic plans for responding to known risk behaviours.	Core feature ✓	Core feature ✓ Management plans mandatory for execution of restrictive practises. Least restrictive option (p.78); staff training in practical intervention techniques (p.83).
Staffing	Appropriate levels of staff resource, deployed in the most effective ways to meet user need.	Does not deal with resourcing per se, but the optimum allocation of resources to support the implementation of PBS plans is often a core consideration. Goodness of fit surveys/mediator analysis are central to this.	Core feature ✓ 2:1 staffing or 1:1 if not beneficial for end user (p.102); staff rotation lowest possible (p.106).
Workforce training and development	Competency-based training in critical user-related skills.	Core feature ✓	Core feature ✓
Processing after the event	Learning from incidents at a variety of levels (eg, immediate debriefing, RCA etc); ensuring that the emotional aftermath of difficult incidents is effectively managed and supported.	Specific debriefing around incidents should be a feature of reactive component. Consideration should also be given to the delivery of mindfulness or other training that proactively enables carers to deal with predictable stressors.	Not specified. Plans for reactive practises and use of restrictive practises, and debriefing. (p.118)
Data-driven practice and quality assurance	The routine and system-wide use of data to inform practice, set intervention and improvement goals, review outcome effectiveness.	Ongoing data analysis is a core feature.	Using evidence based practises (p.81); mandatory internal control and quality assurance in organisation (p.118); FBA (p.41).

* Adapted from “Reducing the use of restrictive practises with people who have intellectual disabilities - A practical approach”, by David Allen, © BILD 2011

