

Positive Behaviour Support Guide for the South Australian Disability Service Sector



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Introduction

Some people with disability may display behaviours of concern due to bio-psychosocial factors. Behaviours of concern are those that indicate a risk to the safety or wellbeing of the people who exhibit them or to others, and have the potential to negatively affect:

- The person's full participation
- Their experience of formal supports
- Their wellbeing and quality of life
- Their relationships
- Their safety and their human rights.

People with disability who display behaviours of concern are likely to experience restrictive practices as a response.

The *National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector* (the National Framework) emphasises that the key to reducing and eliminating restrictive practices is through the use of positive behaviour support (PBS) practices.

The National Framework informs the National Disability Insurance Scheme (NDIS) Quality and Safeguarding Framework, which will ensure that restrictive practices are reduced or eliminated by introducing consistent quality and compliance requirements for PBS practitioners, PBS plans and other safeguarding measures.

The Office of the Senior Practitioner (OSP), Department for Communities and Social Inclusion (DCSI), works with the South Australian disability services sector to determine how improved practices can uphold the rights of people with disability. The OSP's 'Positive Behaviour Support: Capacity and Constraints Project' found that the South Australian disability sector's workforce capacity to implement PBS is still developing.

This guide has been developed in collaboration with South Australian disability service providers and PBS practitioners. The guide seeks to establish a common understanding of PBS and outlines key considerations for South Australian disability service providers in the review and/or initiation of PBS within their organisations. It is further intended to complement the *Restrictive Practices Reference Guide for the South Australian Disability Service Sector*.

The OSP encourages disability service providers to use this resource to assess their current practice, and to plan PBS policy and practice improvements.

Policy Alignment

- *National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector*, Department of Social Services
- *National Disability Insurance Scheme Quality and Safeguarding Framework*, Department of Social Services
- *National Disability Strategy 2010–2020*

- *Safeguarding People with Disabilities Restrictive Practices Policy*, Department for Communities and Social Inclusion
- *Restrictive Practices Reference Guide for the South Australian Disability Service Sector*, Office of the Senior Practitioner, Department for Communities and Social Inclusion

Target Audience

This guide applies to all South Australian disability service providers. It is targeted at the staff placed to influence changes within their organisations including Board Members, Chief Executive Officers and Managers. This guide further seeks to support the development of front-line workers who are implementing PBS practice.

Glossary of Terms

Antecedent-Behaviour-Consequence (ABC) data is the gathering of observational data about stimuli that immediately precedes the behaviour of concern (Antecedent), the behaviour itself (Behaviour), and the event that follows the behaviour (Consequence).

Antecedent (setting) event is the physical, social and physiological event that may increase the likelihood of triggering the behaviour of concern.

Applied Behavioural Analysis (ABA) is the application of behavioural principles from learning theory (that is, classical and operant conditioning) that conceptualises behaviour as operating on the environment and maintained by its consequences.

Behaviours of concern are discussed in the [Behaviours of Concern section](#).

Functional Behavioural Assessment (FBA) is a problem-solving process for addressing an individual's behaviours of concern. It incorporates techniques and strategies to identify the factors contributing to the occurrence of the specific behaviour, the development of a hypothesis (why the behaviour is occurring) and helps identify targeted interventions to directly address the behaviour.

Modelling is the activity of demonstrating a new concept or approach and the process of learning through observation.

Positive behaviour support (PBS) is discussed in the [Definitions of Positive Behaviour Support section](#).

A **positive behaviour support practitioner** in South Australia is (1) a qualified developmental educator **or** (2) a person with an undergraduate degree with a recognised behavioural component **and** completion of a recognised, accredited positive behaviour support training program **and/or** a minimum of two years' positive behaviour support experience.

Additional definitions can be found in the [Restrictive Practices Reference Guide for the South Australian Disability Sector](#), *Acronyms, Definitions, Reference Documents and Links section*.

Behaviours of Concern

One advantage of using the term 'behaviour of concern' is that it refers to a wider range of behaviours than that of 'challenging behaviours' (Chan et al, p37, 2012). The degree to which behaviour becomes viewed as a behaviour of concern will differ depending on the context in which the behaviour occurs, evident risks and effect of the behaviour on the person and others. Service providers, families and relevant others must consider carefully whether the person's behaviour is of concern, and whether or not it is appropriate to intervene.

Behaviours of concern are behaviours of such intensity, frequency or duration that they threaten the quality of life and/or safety of the individual or others, and:

- May seriously limit or deny the use of ordinary community facilities, limit or deny lifestyle opportunities
- Impede positive interactions with others in their environment
- Are likely to lead to responses that are restrictive, aversive or result in exclusion.

Behaviours of concern can be defined as:

A behaviour that is a barrier to a person participating in, and contributing to, their community (including both active and passive behaviours), that undermines, directly or indirectly, a person's rights, dignity or quality of life, and poses a risk to the health and safety of a person and those with whom they live or work.

(Department of Human Services, 2011)

Behaviours that indicate a risk to the safety or wellbeing of the people who exhibit them or to others. They are likely to affect the communal, social or occupational quality of life of the people involved, and may lead to their rights being restricted.

Behaviours of concern can be attributed to one or more of the following:

- *Underlying physical, neurological, mental or emotional health issues*
- *The physiological effects of substances, including alcohol, illegal drugs or medications*
- *Breakdowns in communication*
- *An inability to self-regulate desire for things*
- *A lack of appropriate learning opportunities or role models*
- *The failure of service systems or support networks, or other environmental problems*
- *The effects of relationships with other people.*

(Chan et al, p37, 2012).

The types of behaviours most commonly associated with this label are: physical aggression; destruction of property or aspects of the environment; self-injury; and inappropriate sexual behaviour, which typically coexist in people with more severe behaviours of concern.

(Felce et al, 2000)

Definitions of Positive Behaviour Support

In the current field of PBS, there is no one definition that can illustrate its full extent. PBS incorporates different theoretical frameworks and various approaches, which are outlined in the following definitions.

Positive behaviour support:

is an applied science that uses educational methods to expand an individual's behaviour repertoire and systems change methods to redesign an individual's living environment to first enhance the individual's quality of life and, second, to minimise his or her behaviours of concern.

(Carr et al, 2002, p4)

is an integration of a contemporary disability values base with Applied Behaviour Analysis (ABA).

(Wardale, Davis, Vassos & Nankervis, 2016)

is a term that refers to a group of intervention strategies that are highly individualized, based on scientific principles and empirical data, grounded in person-centered values, and designed to prevent the occurrence of behaviours of concern.

(Dunlap et al, p5, 2003)

involves an ongoing process of using functional assessment; systemic, educational, environmental and therapeutic strategies which focused on improving quality of life, reducing and preventing the occurrence of behaviours of concern by teaching new skills and making changes in an individual's environment.

(Kincaid et al., 2016)

relies on person-centred strategies that are respectful of an individual's rights, dignity and overall wellbeing.

(Kincaid et al, 2016)

For PBS to be implemented successfully, a person-centred partnership with the individual, family, and the individual's support worker(s) is needed (for example, classrooms, schools, day options, supported employment, group homes and etc).

(Kincaid et al, 2016)

Functional Behaviour Assessment

A Functional Behaviour Assessment (FBA) is conducted to gain an understanding of the factors that influence the person's behaviour of concern. This process involves correlational assessment, based on interviews with the person's significant others, and observations of the person within their natural environments. This is to determine whether antecedent and consequent events reliably predict and maintain the person's behavior(s) of concern.

(Bogner & Shannon, 2016; Lucyshyn, Dunlap & Freeman, 2015)

A comprehensive assessment may further include diagnostic and neuropsychological assessment. It is important to identify factors that underlie the person's behaviour or that may be affected by the intervention (that is, confusion, pain, sleep deprivation).

Factors to Consider when Implementing Positive Behaviour Support in an Organisation

When considering implementing or improving PBS practices within an organisation, disability service providers will:

- Recognise that people with disability have a right to lead positive lives that are meaningful, participatory and self-determined
- Acknowledge that the key to addressing behaviours of concern and reducing and eliminating restrictive practices is through the implementation of PBS practice
- Acknowledge the need to understand the function of a person's behaviours of concern
- Understand that functional behavioural assessment and development of a PBS plan for a person is the first step in the PBS process (including determining when the person and all relevant informal and formal supports to that person will have the opportunity to provide input)
- Ensure a PBS plan has considered all other strategies, that any proposed restriction is the least restrictive option and ensure plan review points are scheduled
- Identify existing staff or recruit new staff who are committed to upholding the rights of the person, are person-centred in their practice and possess (or are prepared to learn) evidence-based PBS skills
- Invest the time and resources that are required throughout the process of implementing and evaluating PBS interventions for a person
- Acknowledge that consistent implementation and ongoing monitoring and evaluation of each PBS Plan is essential
- Ensure review mechanisms are developed, maintained and used for the de-briefing of the person and their support staff, the review of any restrictive practices used (incident reporting), the assessment of appropriateness, and alternatives
- Understand that changing to the physical environment(s) accessed by the person may be required to better accommodate their needs

- Review and redesign existing service models to ensure that PBS is implemented effectively for each person
- Provide ongoing supervision, debriefing, education and training for staff based on evidence-based practice
- Work closely with families/guardians/carers/other service providers and within their own capacities, to ensure consistency of implementation and generalisation across settings
- Keep excellent records and data to document each person's progress, assist reviews and map outcomes.

Implementing Positive Behaviour Support within an Organisation – Review and Redesign

Implementing PBS in an organisation is likely to require the existing service model to be reviewed and redesigned. Flexible service models are required to ensure that PBS can be carried out effectively when working with people to address behaviours of concern.

Some service environments are more likely to promote and maintain behaviours of concern because either the setting or the atmosphere is not conducive to a developmental approach, or is bereft of the activities and routines usually associated with 'home'.

(Millier, Williamson & Cabbage, n.d)

Models of service delivery and support that use 'situational management' tend to focus on using interventions for addressing behaviours of concern as they arise. This is a reactive approach and can contribute to the use of restrictive practices.

Implementing best practice PBS requires service providers to move away from a situational management or reactive intervention model to a model ensuring that people are supported in proactive, developmental and person-centred ways.

Appendix 1 contains a sample of an Effective Service Design Checklist from the Government of Western Australia's Positive Behaviour Support Framework that outlines proactive and reactive strategies.

Four Elements for Redesigning Your Service Model



Staff Recruitment and Selection Process

The key to ensuring the effectiveness of PBS is to recruit staff with the right values, skills, attitudes and aptitude for working with people with behaviours of concern. Selecting staff who will be a good fit with the person and their extended support system is also important to ensure the effectiveness of implementing PBS plans.

Ethical, person-centred and consistent ways of supporting each person are **critical** during the PBS implementation process. Values-based or person-centred recruitment of staff greatly contributes to the success of disability support provision in general and PBS implementation in particular. In turn, this assists service providers to actively reduce and eliminate their use of restrictive practices.

Values-based/person-centred recruitment can be used to identify staff who:

- Have demonstrated an ability to view people with disability as valued individuals with human rights
- Have an expressed interest in, and commitment to, working with people with disability who may display behaviours of concern
- Are committed to a person-centred approach
- Are prepared to work collaboratively
- Are committed to using evidence-based practice as guided and directed by skilled PBS practitioners
- Are prepared to 'stick around' and work through the complexities that may present during implementing a PBS plan.

More specific requirements of staff are discussed in the section [Staff Levels and Skills Required](#).

Development of a Continuous Learning Culture

Developing a continuous learning culture is vital to each organisation. It ensures that staff are well supported to reflect on and engage in continuous improvement regarding their capacity to implement PBS plans and current evidence-based practice.

Some best practice examples for developing a learning culture include:

- A tiered, graduated approach to staff training and development of opportunities to encourage a 'learning by doing' approach
- Recognising that it takes time to build a culture that supports staff to develop skills
- Good supervision and reflective practice opportunities to allow staff to discuss practices and client issues in a safe, non-judgmental environment
- Good role models and mentors
- Committing to 'life-long' learning to update knowledge and skills.

Building a Positive Organisational Culture

Building a positive organisational culture promotes collaboration and teamwork and contributes to the effective implementation of PBS within an organisation.

To create and promote a positive organisational culture, best practice examples include:

- Working to build a consensus amongst staff that change is necessary, and is not a criticism of their performance
- Leading by example
- Displaying personal and organisational values – Who is our client? Why are we here? What is the most important need we can meet?
- Demonstrating a genuine interest in what staff are doing and the effect their actions have on the quality of life of clients' lives
- Ensuring that staff feel valued and appreciated 'all the way up the line' – everyone in the organisation knows what you do. Managers should remain connected to support workers through supervision, debriefing and observation.

Staff Training and Development

Equipping staff with the required knowledge and skills is crucial to ensuring the successful implementation of PBS.

PBS is more however than learning a set of techniques. It is also about recognising that change often takes considerable time and a preparedness for working with the person and their family for that time.

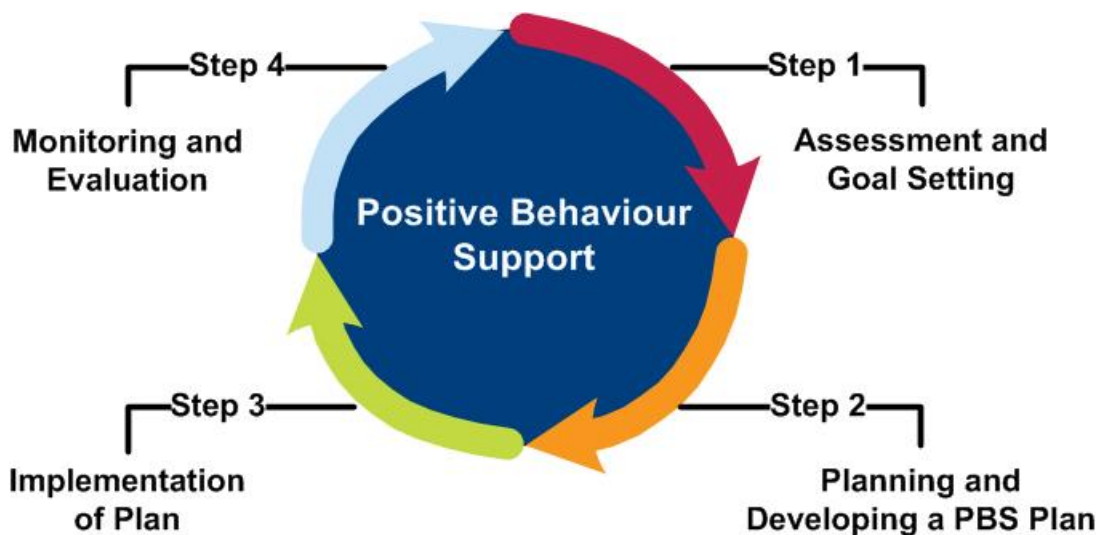
Questions to Consider when Reviewing and Redesigning Your Organisation's Service Model

The following questions may assist service providers in the process of reviewing and redesigning their service model to imbed PBS practices:

- If your organisation is providing PBS:
 - How well is it performing?
 - What specific areas could be improved?
 - Is an audit or evaluation required?
- Which people accessing your service do you think would benefit most from PBS practices and why? How well does your organisation currently “know” these people?
- How well does your organisation record data and/or ‘report up’ to instil a continuous learning culture and to inform practice?
- What service types provided by your organisation would benefit most from a review and/or redesign to implement PBS practices?
- Which staff members and at what levels across your organisation are skilled and experienced in PBS?
- What are some of the (human, environmental and other) resources, structures and processes that are required to support the development, implementation and regular review of PBS plans?
- What are some of the (human, environmental and other) resources, structures and processes that are required to be in place for risk identification and management, monitoring and review in the context of PBS?
- What resources and processes will be needed to implement and evaluate crisis response practices?
- What steps must the organisation take to ensure the PBS plans are developed, implemented and reviewed reliably and consistently?
- How effective is the organisation currently in directly involving the person and their family/guardians/carers/other service providers in support planning and practice? How could this be improved to ensure the consistency and effectiveness of PBS practices across settings?
- What staff recruitment process does your organisation currently use? Is it values-based or person-centred recruitment?
- What resources and systems will be required to support an organisational learning culture, including staff induction, staff training, staff supervision, reporting requirements and data collection? These are essential elements in best practice PBS.

Four Steps in Developing and Implementing Positive Behaviour Support (PBS)

This four-step cycle shows the PBS process and the staff skills, knowledge required to safely implement PBS.



Step 1 – Assessment and Goal Setting

Aim:

Before undertaking PBS, participants must agree that it is acceptable to intervene to change a person's behaviour, which brings a moral and ethical dimension to the decision-making process. There are many factors to consider, including family and community expectations (which will influence referrals to specialist services), age, culture, and the context in which the behaviour occurs.

(Alderman, Knight & Brooks, 2013)

A functional behavioural assessment (FBA) will assist the development of effective intervention strategies, which are most likely to have the greatest impact in increasing positive behaviours and reducing behaviours of concern.

(Ylvisaker, Jacobs & Feeney, 2003)

An FBA will develop a comprehensive understanding of the person and their behaviours of concern. The FBA will further assist developing an understanding of the relationships between the setting events, antecedents and maintaining consequences which contribute to the occurrence and maintenance of the person's behaviours of concern.

A good quality FBA will assist a PBS practitioner to develop a hypothesis about the function or purpose that a behaviour serves. This will in turn inform sound decisions about interventions or strategies to support people who require behaviour support.

Method(s):

PBS practitioners are strongly encouraged to work in partnership with the person, family, support staff and relevant others. This is to gather information and to actively involve them in setting appropriate goals.

Practitioners can adopt a range of information gathering methods as part of conducting a FBA, including using direct or indirect observations, checklists, interviews and group discussions.

A Flowchart to Conduct a Functional Behaviour Assessment (FBA) can be found in [Appendix 2 – Conducting a Functional Behaviour Assessment Flowchart](#).

Essential components:

- Identify contextual information about the person, their current supports and their behaviours of concern.
- Identify cultural and linguistic factors that may contribute to the person's behaviours of concern.
- Identify physical and mental health factors that may be contributing to the person's behaviours of concern and that require medical attention.
- Summarise the person's goals, strengths and interests
- Summarise the person's developmental skills, communication skills and adaptive functioning
- Record an understanding of family functioning and other stakeholders who are involved with the person
- Collaborate with, and clarify the roles of, all relevant stakeholders
- Evaluate the risk and protective factors present in the person's life.
- Describe the behaviour, including its frequency and severity (use tools such as Scatterplot and other frequency measures to collect behavioural data)
- Gather information about the setting events, environmental factors that may be linked to the behaviours of concern and potential maintaining consequences.
- Formulate a hypothesis about the purpose (function) of the behaviour(s) of concern.
- Conduct a functional analysis to test hypothesised functions of the behaviour through the systematic manipulation of variables.
- Record evidence of hypothesis testing and/or supporting evidence for your hypothesis.
- Set goal(s).

Step 2 – Planning and Developing a PBS Plan

Aim:

To develop a PBS plan that consists of proactive, reactive, educative and functional strategies that are accessible to the person, family, support staff and relevant others. The goal of PBS is to reduce or eliminate behaviours of concern in the short term and to implement practices that will improve longer term outcomes.

(McIntosh, 2014)

Method(s):

PBS practitioners are strongly encouraged to work in partnership with the person, family, support staff and relevant others to develop strategies based on the assessment outcomes and identified goals.

Contextual fit is the match between a written PBS plan and/or intervention strategies and the person's family (or school's) priorities, goals, values and strengths. The PBS Practitioner must develop a PBS plan that uses the person's family's experience, knowledge, skills, resources and supports. The better contextual fit, the more effective the plan and strategies will be.

A PBS plan or intervention will have a 'good fit' if the key stakeholders (the person with behaviours of concern, family, support staff, school and relevant others involved in supporting the family):

- *Have been consulted and have had their expertise recognised*
- *Are comfortable with the goals and strategies included in the plan*
- *Perceive the family has the skills and resources to implement strategies*
- *View the plan as having a high likelihood of success.*

(Autism Spectrum Australia, Aspect Positive Behaviour Support)

Essential components:

- Identify the goal(s) for intervention informed by the hypothesis arising from the FBA. The timeframes of goals and related strategies (short, medium and long term) need to be clearly communicated with all stakeholders.
- *Describe and develop proactive strategies. Proactive strategies ensure that the environment is appropriate, meaningful and functional for the person.*

(Loman & Sanford, 2015)

These include:

- *Environmental/antecedent/setting events strategies to reduce or minimise the need for the person to engage in their behaviours of concern. This will involve setting realistic expectations with the person, promoting choice and control and ensuring meaningful routines.*

(Alderman et al, 2013; Loman & Sanford, 2015)

- *Replacement skills to be taught as an alternative to the behaviours of concern as well as other adaptive and coping skills to support the person to achieve new and more desirable behaviours. This will involve creating errorless learning opportunities for the individual (to reduce frustration and maximise skill acquisition), increasing cue saliency and anticipation, and positive communication partners.*
(Alderman et al, 2013; Loman & Sanford, 2015)
- Social activities, community connections and supports to help strengthen and/or manage family relationships and other significant relationships.
- Describe and develop proactive strategies including (where appropriate):
 - Positive reinforcement, Token Economies, Extinction and Differential Reinforcement. These proactive strategies promote the increased occurrence of desired behaviours and reduce the likelihood of the behaviours of concern reoccurring.
 - Clear contingency management strategies, effective incident management, de-escalation and crisis response strategies.
 - Where appropriate, and only after all other least restrictive options have been trialled, the use of a restrictive practice. Restrictive Practices will be used only as a last resort. (refer to [Restrictive Practices Reference Guide for the South Australian Disability Service Sector](#), Acronyms, Definitions, Reference Documents and Links section.)

Step 3 – Implementation of Plan

Aim:

There is a need to ensure consistency within and across settings and to ensure ongoing monitoring and review when implementing PBS in a person's life.

The information gathered from the FBA about the possible function of the behaviour of concern will guide the development of targeted strategies and approaches. These strategies and approaches will aim to reduce the occurrence of the behaviour of concern and to develop the person's skills.

Methods:

PBS practitioners are strongly encouraged to work in partnership with the person, their family, support staff and relevant others through the use of modelling, supervision, reflective practice, staff training and education.

Essential components:

- Implement the proactive strategies identified in the FBA and documented in the PBS plan.
- Clarify the goals and strategies in the PBS plan, trouble-shoot, and reflect on the effectiveness of the strategies by determining:
 - The role and function of the training/meeting/supervision sessions with stakeholders
 - The type and frequency of the training/meeting/supervision sessions with stakeholders.

- Flexibility is essential. As behaviours and support needs change over time, PBS practitioners must adjust the PBS strategies and goals in partnership with key stakeholders as required.

Step 4 – Monitoring and Evaluation

Aim:

Monitoring and evaluating PBS plans and interventions is essential to ensure that plans are carried out in a consistent and ethical manner and lead to continuous improvement. This will also assist service providers to identify the resources required to better support their staff and/or people with disability when practicing PBS.

Method(s):

Reviewing behavioural data, using checklists and conducting interviews with staff and other stakeholders are methods that can be used to evaluate the effectiveness of a PBS plan.

Essential components:

- Select an effective data collection tool (for example, frequency and severity measures) to measure the behaviour changes being targeted through the PBS plan.
- Examples of monitoring tools that can be used:
 - Positive Monitoring form (Refer to [Appendix 3 – Sample of Positive Monitoring Form](#)) to measure new and replacement skills
 - ABC charts and incident reports to measure the frequency and/or intensity of behaviours of concern.

The Capacities of Families, Support Workers and Relevant Others

A 'bottom-up approach' seeks to increase the capacity of families, carers, support staff and non-specialised care givers to learn about the impact of environmental factors upon the person's behavior, the function of the person's behavior and to promote their positive behaviours.

(Fisher, A, 2017)

Using this approach, PBS practitioners will train families, support staff and other relevant care givers with education regarding:

- The importance of observation when identifying possible functions of behaviours
- Helpful preventative strategies that ensure that the person has adequate choice and control in their life
- Possible modifications to ensure that the environment is appropriate to the person's physical and cognitive needs.

Families, carers, support staff and relevant others may further be trained by PBS practitioners in positive communication skills and other responsive strategies, for reinforcing desired behaviours and reducing the occurrence of behaviours of concern.

Taking a 'bottom-up approach' is an effort to support families, carers, support staff and relevant others at the front-line to genuinely understand and promote positive behaviours, rather than setting up a system that is dependent upon specialised support and intervention services for behaviours that may directly relate to environmental factors.

Staff Levels and Skills Required

Values-based or person-centred recruitment of staff contribute greatly to the success of PBS implementation. This section outlines the demonstrable capacities of different levels of staff who participate in the development of PBS plans and implementation of PBS.

This guide defines a PBS practitioner in South Australia as:

- A qualified Developmental Educator; or
- A person with an undergraduate degree with a recognised behavioural component **and** completion of a recognised, accredited PBS training program and/or a minimum of two years PBS experience.

Staff Level	Demonstrated Ability
<p>Direct support staff</p>	<ul style="list-style-type: none"> • Support a person's communication and choice. • Identify and describe behaviour(s) of concern. • Collect data as requested by a PBS practitioner. • Implement PBS strategies appropriate and suitable for the individuals with behaviours of concern as directed by PBS practitioner. • Maintain rapport and active engagement with the person. • Provide continuous feedback to supervisors/team leaders/specialists/consultants. • Deliver the strategies recommended in the PBS plan. • Work with the person, their family, supervisors/team leaders, specialists/consultants to ensure consistency when using the strategies. • Be receptive to the feedback provided by supervisors/ team leaders/specialists/consultants and discuss concerns as they arise. • Demonstrate good communication skills to ensure open communication with the person, their family and other team members.

Staff Level	Demonstrated Ability
Supervisors/ team leaders	<ul style="list-style-type: none"> • Work with the person, direct support staff and the supports around the person to identify and prioritise behaviour(s) of concern. • Ensure goal(s) is/are set with the person and the supports around the person. • Facilitate universal behaviour support strategies. • Ensure person-centred approaches are used. • Facilitate PBS strategies for people with low-to-moderate risk. • Ensure integrity in collecting and managing data/information that is relevant for the assessment process is maintained. • Ensure a 'good fit' between staff and the person. • Organise staff/duty rotations to maximise resources. • Monitor staff wellbeing. • Provide regular supervision, debriefing and support around the development of the skills: <ul style="list-style-type: none"> – Identifying/understanding the function of behaviours of concern – Collaborative working relationships/team work – Understand and maintain personal and work capacities – Work-life balance. • Clarify staff roles for implementing PBS plans and promote team work. • Provide support and direction to staff on implementing a PBS plan. • Monitor and report on the use of authorised and unauthorised restrictive practices. • Provide continuous feedback and discussion during the implementation of a PBS plan. • Facilitate regular team meetings to review and update support plans, invite staff feedback and involve staff in decision-making. • Involve the team in setting clear goals and vision. • Demonstrate strong communication skills. • Ensure and promote open communication within the team. • Focus on the person, the person's family, and support and direct staff strengths. • Provide positive and constructive feedback.

Staff Level	Demonstrated Ability
PBS practitioner	<ul style="list-style-type: none"> • Work with a higher level of complexity such as with a person who has complex needs or comorbidity. • Conduct ‘specialised’ Functional Behavioural Assessment. • Develop specialised PBS plans. • Consolidate, synthesise and analyse the collected data and information on a person’s behaviour(s) of concern. • Provide staff training and support. • Provide supervision and feedback to help staff understand how they can continuously improve their implementation of PBS for a person. Support staff to remain committed to providing ethical and least restrictive practices. • Develop proactive and reactive strategies in a PBS plan together with the person and the systems around the person. • Conduct comprehensive assessment and contingency planning for any person identified as having a higher level of risk. • Write and coordinate reactive management plans. • Identify, devise and monitor the use of restrictive practices. • Lead and model the implementation of PBS in practice (practice leadership). • Provide support and feedback during the implementation of a PBS plan. • Facilitate regular team meetings to review and update support plans, invite staff feedback and involve staff in decision-making. • Ensure consistency when using the strategies by providing staff training/education on PBS, conducting field testing and ensuring best practices are used. • Demonstrate strong communication skills. • Focus on the person, the person’s family, and support and direct staff strengths. • Ensure ongoing communication with the person, the person’s family and other team members.

Appendix 1 – Sample of an Effective Service Design Checklist

(Millier, Williamson and Cabbage, n.d)

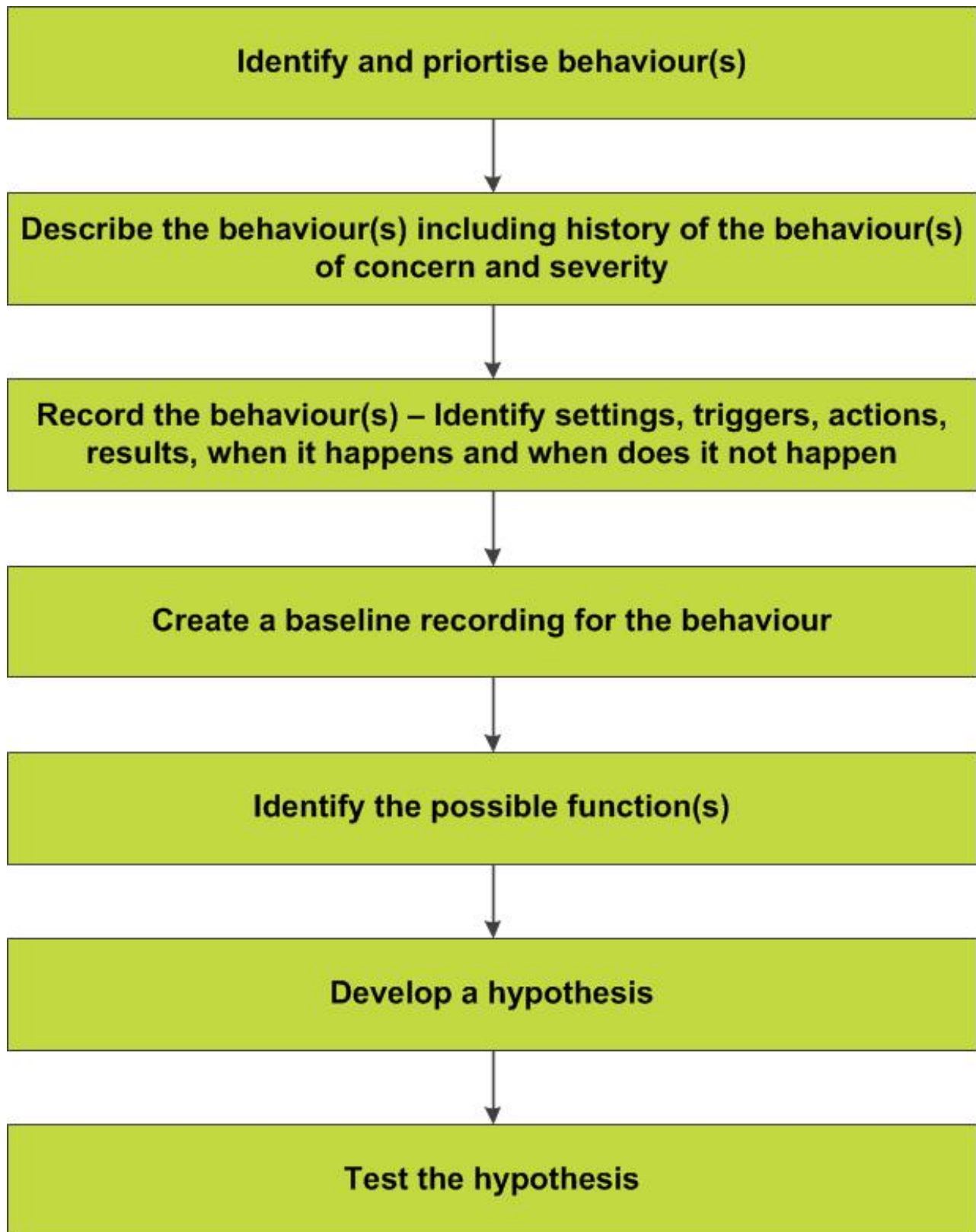
Proactive Strategies:

- Set up the environment:
 - Physical environmental considerations
 - Service setting
 - People
 - Interaction style
 - Visual supports
 - Programming
- Identify what is useful for the person to learn:
 - Improve communication skills
 - Enhance skills of daily living
 - Enhance coping skills
 - Teach skills that allow people to relax
- Getting the support right:
 - Keep human rights as the focus
 - Staff
 - Maximise the person's control
 - Use behaviour support strategies
 - Medications review

Reactive Strategies

- Understanding early warning signs. Pick up the cues – Understanding why behaviour occurs determines how you respond.
- Manage the crisis. Have a plan – Have a planned response (positive behaviour support plan).
- Proactive recovery. Know what soothes – Help the person to calm down using strategies or tools that are known to work for the person. Debrief – Debrief the person and others affected by the incident.

Appendix 2 – Conducting a Functional Behaviour Assessment Flowchart



Adapted from Department of Human Services (n.d, p8)

Appendix 3 – Positive Monitoring Form

According to Lowe & Jones (2016), positive monitoring is a structured, systematic and effective method for checking accuracy of implementation and providing regular positive feedback to staff. The form is based on regular observation of staff work, which includes all support workers and all elements of a PBS plan (for example, positive interaction, proactive and reactive strategies).

Prescribed Action	Should action have been implemented? Yes/No	Was action implemented? Yes/No	Comments
Daily participation plan	Yes	Yes	
Peter is supported to prepare his own breakfast	No	–	Peter went out for breakfast with his sister
Communicate in a calm tone of voice and did not raise his voice	Yes	Yes	
All the actions developed in the proactive and reactive strategies			
Total	25	21	
Overall percentage score = 84%			
Areas of achievement (Staff-specific and has to be positive):			
Areas of need:			
Required actions:			
Next observation date:			

Resources

Resources available within South Australia:

Positive Behaviour Support Framework, Disability Services, Department for Communities and Social Inclusion, viewed 27 June 2017 at:

<http://www.dcsi.sa.gov.au/agencies/disability-sa/office-of-the-senior-practitioner>

Positive Behaviour Support following a Brain Injury: A Four-Step Beginner's Guide, Disability and Community Inclusion Unit, School of Health Sciences, Sturt Campus, Flinders University, viewed 27 June 2017 at: <http://www.dcsi.sa.gov.au/agencies/disability-sa/office-of-the-senior-practitioner>

Restrictive Practices Reference Guide for the South Australian Disability Service Sector, Department for Communities and Social Inclusion, viewed 27 June 2017 at:

<http://www.dcsi.sa.gov.au/agencies/disability-sa/office-of-the-senior-practitioner>

Resources available from Victoria:

Positive Practice Framework: A guide for behaviour support services practitioners, State of Victoria, Department of Human Services, viewed 8 March 2017 at:

http://www.dhs.vic.gov.au/_data/assets/pdf_file/0011/680627/a_osp_positive_practice_framework_pdf_040112.pdf

Behaviour Support Plan Toolkit Section 1 – Behaviour Support Plans: Why develop good quality plans, State of Victoria, Department of Human Services, viewed 8 March 2017 at:

http://www.dhs.vic.gov.au/_data/assets/pdf_file/0011/845345/Toolkit-section-1-Why-develop-good-quality-plans-0913.pdf

Behaviour Support Plan Toolkit Section 4 – Useful assessment tools and forms, State of Victoria, Department of Human Services, viewed on 8 March 2017 at:

http://www.dhs.vic.gov.au/_data/assets/pdf_file/0005/845348/Toolkit-section-4-Useful-assessment-tools-and-forms-0913.pdf

Resources available from Queensland:

Centre of Excellence for Clinical Innovation and Behaviour Support training:

- Free online induction to Positive Behaviour Support
- 4 Days Training – Functional Assessment and Positive Behaviour Interventions
- 1 day Training – Evaluating the Quality of Positive Behaviour Support Plans
- 1 day Training – Teaching Skills to People with an Intellectual Disability

Viewed 8 March 2017 at: <https://www.communities.qld.gov.au/disability/centre-of-excellence/practice-leadership-learning-and-resources/training#s-2-online-induction-to-positive-behaviour-support>

Preparing a positive behaviour support plan – guidelines and model plan, Department of Communities, Child Safety and Disability Services, Queensland Government, viewed 8 March 2017 at: <https://www.communities.qld.gov.au/resources/disability/key-projects/positive-behaviour-support/positive-behaviour-support-plan.pdf>

Resources available from New South Wales:

Behaviour Support: Policy and Practice Manual (Guidelines for the provision of behaviour support services for people with an intellectual disability Part 1: Policy and Practice), Office of the Senior Practitioner, Ageing, Disability and Home Care, Department of Family and Community Services NSW, viewed 8 March 2017 at:

https://www.adhc.nsw.gov.au/_data/assets/file/0003/228360/341_Behaviour_Support_Policy_and_Practice_Manual_Part_1_web.pdf

Behaviour Support: Policy and Practice Manual (Guidelines for the provision of behaviour support services for people with an intellectual disability Part 2: ADHC Procedures and Templates), Office of the Senior Practitioner, Ageing, Disability and Home Care, Department of Family and Community Services NSW, viewed 8 March 2017 at:

https://www.adhc.nsw.gov.au/_data/assets/file/0006/228363/341_Behaviour_Support_Policy_and_Practice_Manual_Part_2_web.pdf

Behaviour Support Systems Review: Practice Guide, Office of the Senior Practitioner, Ageing, Disability and Home Care, Department of Family and Community Services NSW, viewed 8 March 2017 at:

https://www.adhc.nsw.gov.au/_data/assets/file/0011/338807/BSS_Review_Practice_Guide.pdf

Practice Guide to Person Centred Clinical Risk Assessment, Centre for Disability Studies and the University of Sydney for Department of Family and Community Services NSW, viewed 8 March 2017 at:

https://www.adhc.nsw.gov.au/_data/assets/file/0009/338814/Practice_Guide_to_Person_Centred_Clinical_Risk_Assessment.pdf

Violence Risk Assessment: Practice Guide (Practice Guide for Practitioners who support people with disabilities), Clinical Innovation and Governance Directorate of the Department of Family and Community Services, NSW, viewed 8 March 2017 at:

https://www.adhc.nsw.gov.au/_data/assets/file/0018/330156/Violence-Risk-Assessment-in-Intellectual-Disability-Practice-Guide.pdf

Support Model Assessment: A Practice Guide, Statewide Behaviour Intervention Service Clinical Innovation and Governance Ageing, Disability and Home Care, viewed 8 March 2017 at:

https://www.adhc.nsw.gov.au/_data/assets/pdf_file/0004/340771/support_model_assessment_practice_guide.pdf

Contextual Fit Checklists for Families and Schools, Aspect Positive Behaviour Support, viewed 8 March 2017 at:

<https://www.autismspectrum.org.au/sites/default/files/Aspect%20Practice%20PBS%20Aspect%20Practice%20PBS%20Contextual%20Fit%20Checklist%20for%20families%20and%20Schools%202014.pdf>

Principles of Positive Behaviour Support (EDPD5012), University of Sydney, viewed 8 March 2017 at: <http://sydney.edu.au/courses/uos/EDPD5012/preventing-disruptive-behaviour>

Resources available from Western Australia:

Positive Behaviour Support Information for Disability Sector Organisations, Disability Services Commission: Government of Western Australia, viewed 8 March 2017 at: <http://www.disability.wa.gov.au/Global/Publications/For%20disability%20service%20providers/Guidelines%20and%20policies/Behaviour%20Support/Positive%20Behaviour%20Support%20Information%20Sheet%20for%20Disability%20Sector%20Organisations.pdf>

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