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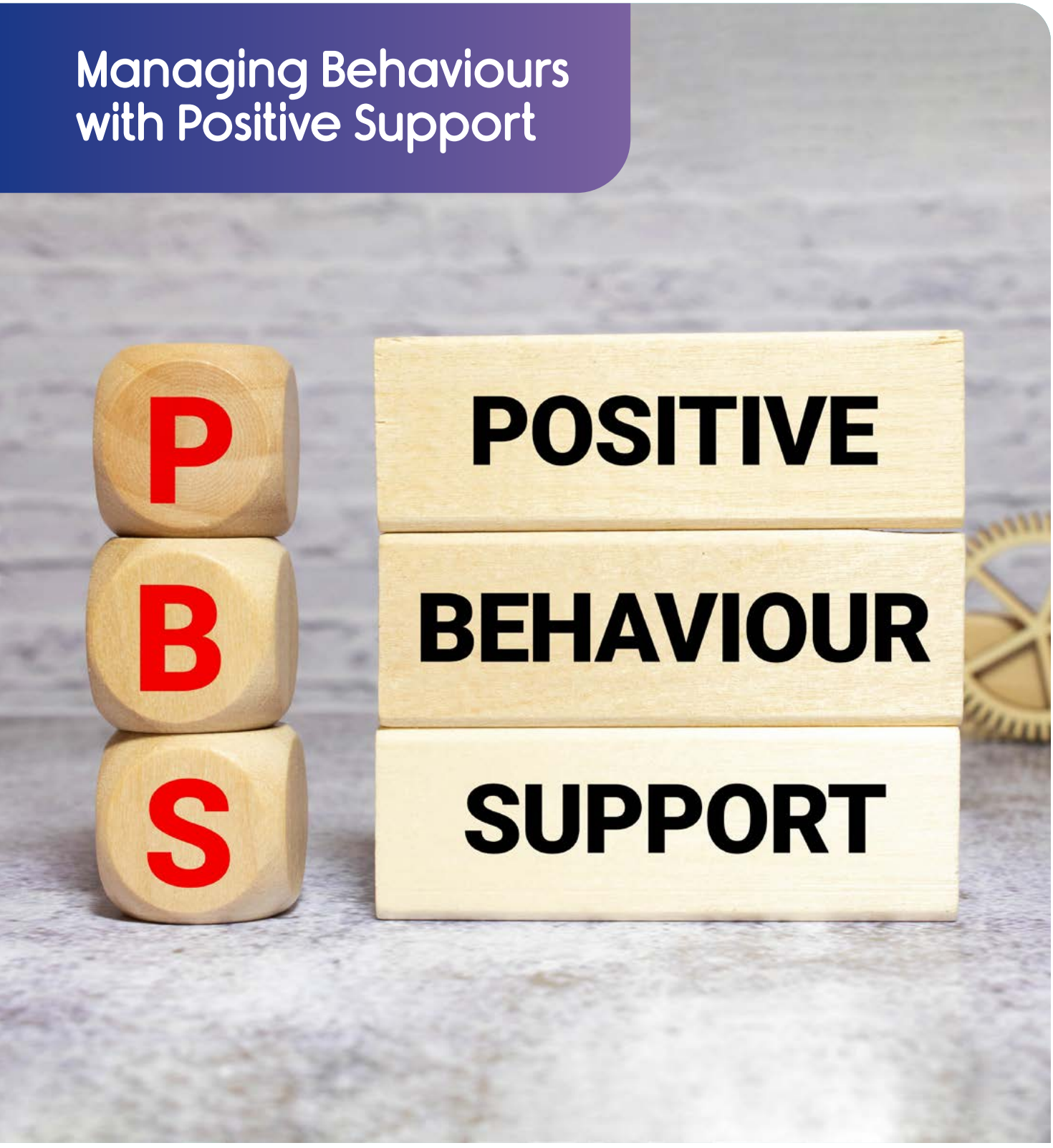
Managing Behaviours with Positive Support



PREMIUMHealth

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Phillipa Wilson
Founder & Managing Director of Premium Health

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Welcome to your course and Premium Health.

The aim of this resource is to provide the essential knowledge and skills required in your training.

We select our Premium Health trainers and assessors carefully. All are either nurses or paramedics with appropriate training qualifications, technical expertise and experience.

MANAGING BEHAVIOURS WITH POSITIVE SUPPORT

WHAT YOU NEED TO KNOW ABOUT YOUR COURSE

Welcome

This resource aims to provide the essential knowledge and skills for support workers to provide positive behaviour support (PBS).

Positive behaviour support is a person-centred approach to increase quality of life and decrease a range of behaviours which require extra support.

Some people require additional support to manage their inherent harmful or changed behaviours. The terminology “changed behaviours” is also used in this resource with other known descriptors such as “behaviours of concern or challenging behaviours”. Changed behaviours avoids negatively labelling people who exhibit behaviours that indicate a need for support. The behaviour is the problem, not the person exhibiting the behaviour.

We select our Premium Health trainers and assessors carefully. Our trainers are nurses or paramedics with technical expertise and experience in education, first aid, and healthcare. Our selection enables our health professionals to provide you with quality training for what Premium Health is known.

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POSITIVE BEHAVIOUR SUPPORT

Positive behaviour support (PBS) is a person-centred approach to increase quality of life and decrease a range of behaviours which require extra support.

Some people require additional support to manage their harmful or changed behaviours. The terminology "changed or altered behaviours" is also used in this resource with other known descriptors such as "behaviours of concern or challenging behaviours". Changed behaviours avoids negatively labelling people who exhibit behaviours that indicate a need for support. The behaviour is the problem, not the person exhibiting the behaviour.

PBS involves a person who engages in changed behaviours working with a behaviour support practitioner, their family, carers and support workers to understand the reasons for the behaviour. Strategies are developed to encourage positive and prevent harmful behaviours.

BEHAVIOURS

Many different behaviours are considered concerning for various reasons. Here is a list of some that you may know of or have dealt with at home or work:

HURTING SELF (SELF-INJURIOUS)

EXAMPLES

- head-banging
- scratching
- picking skin
- eye poking
- grinding teeth
- eating non-foodstuffs
- hair pulling
- threats to self-harm

HURTING OTHERS (AGGRESSIVE)

EXAMPLES

- hitting
- pinching
- biting
- hair pulling
- spitting
- kicking

DAMAGING THINGS

EXAMPLES

- breaking items
- destroying clothing
- punching holes in the wall
- throwing objects

REFUSING TO DO THINGS

EXAMPLES

- not eating or drinking
- not taking medicine
- refusing to bathe or shower
- hiding away from others
- refusing to wear certain items of clothing
- refusing to participate in activities they usually enjoy

DOING THINGS THAT MAKE OTHERS UNCOMFORTABLE

EXAMPLES

- taking off clothes
- swearing
- repetitive words or phrases (echolalia)
- screaming
- stealing
- public masturbation or touching other people in a sexualised way

Stimming, the use of repetitive movements or noises used by people to cope with emotions, isn't considered a type of behaviour of concern.

Stimming behaviours, such as rocking, hand flapping and pacing, can be commonly used by people with autism. Head-banging is a stimming behaviour but can be considered one of concern if it has the potential to result in head injury, such as with persistent banging against a concrete surface.

HUMAN RIGHTS

It's a human right to have our needs for food, water, shelter and love met, and to be able to participate in the community and society actively. Persons also have a legal right to express their wishes, feelings and concerns and be involved in making decisions about their care and activities.

These rights are set out in the United Nations Universal Declaration of Human Rights, United Nations Convention on the Rights of Persons with Disabilities and the Victorian Charter of Human Rights and Responsibilities.

The Victorian Charter of Human Rights and Responsibilities applies to Victorian state and local government departments and agencies and people delivering services to persons on behalf of the government. PBS aims to uphold and promote persons' rights by working out what the behaviour is communicating and removing these barriers to participation.

Concerning behaviours can result in a person's exclusion from activities and the use of force to control movement or speech. These actions are also a violation of human rights and can physically and psychologically harm the person.

Later in the resource, we will discuss the regulated use of appropriate restrictive practices. Positive behaviour support is part of a person-centred approach for disability, including person-centred active support.

BEHAVIOURS AS COMMUNICATION

You may work with some people who are skilled in speaking or, unable to talk at all. Some may have functional communication abilities, which are the most basic communication skills. These skills are how people communicate needs and wants, such as 'I need to go to the toilet', 'I am cold' and 'I want that'.

Functional communication can be achieved through speech, writing notes or letters, using sign language, or augmentative and alternative communication (AAC) strategies such as communication boards or cards. Some people will use their body language to communicate, for example, smiling to show they are happy or folding their arms or putting their hands on hips to show they are annoyed.

Challenging and changing behaviours can be used to communicate something. For example:

- that a need is not being met, such as being hungry or thirsty
- to show how the person feels when they are bored or frustrated
- to get something the person wants, such as an item or being with a person

Using gestures to communicate fear

Behaviours can result from, or be a reaction to something a person has experienced or is experiencing. For example, when experiencing pain or illness, the environment is too noisy or quiet, or hot or cold.

At the core of positive behaviour support are the premises:

- all behaviour is a form of communication
- everything is done for a reason

UNDERSTANDING THE PERSON

You need to get to know about those you support. Read their care and behaviour support plans and ask questions.

Ask the person, their family and carers, other support workers, the behaviour support practitioner and your supervisor. Knowing their story, including their sensory processing and emotional state, will help you to interpret their actions and respond to early warning signs of agitation or distress.

Understand the person you support better with questions developed by the Victorian Government (2016) for disability workers.

PERSONALITY

- Who is the person?
- What words come to mind when you think of them?
- If they can/could, how would they describe themselves?
- How would you describe them to others?
- What's most important about this person?

COMMUNICATION

Using an iPad to communicate

- Do they have a personal communication dictionary or similar?
- What are their supports? Examples:
  - touch cues
  - real objects
  - facial expressions, gestures and body language
  - environmental cues such as pictures, boardmaker signs, words, logos, symbols, compics, photos, colours, noises, textures, smells, words
  - alternative and augmentative communication (AAC), Key Word Sign Australia and Braille
- How do they let someone know when they need/want something?
- How do they let someone know when they don't want something?
- How do they let someone know how they are feeling?
- How do they let someone know what has happened?
- How would they share information about an event, experience, object?

STRENGTHS AND ABILITIES

- Are they resilient?
- Do they have strong connections to family and friends?
- What skills do they have?
- What do they do well?

FAMILY OF ORIGIN AND CULTURE

- Who are their family members?
- Are they used to routine/organised environments or free flowing/spontaneous ones?
- What cultural values do they hold?
- What practices do they observe?

DISABILITY AND DIAGNOSES

- What is their disability?
- Are there medical conditions such as epilepsy, coeliac disease, diabetes?
- Are there mental health issues such as depression or psychosis?
- What impact does the condition have on the person?
- Are there any symptoms to be aware of?
- Are there warning signs to monitor for changes in the condition?

MEDICATIONS

- What medications have they been prescribed?
- Why is each medication prescribed?
- What benefit is the medication meant to be having?
- What side effects might the medication might result in, and what are the warning signs that require monitoring?

IMPACTS OF TRAUMA

- How has trauma impacted how they respond to others or react to situations?

SENSORY PROCESSING

- Do they experience difficulties in regulating energy levels?
- Do they experience difficulties in regulating their emotions?

- Are there difficulties with coordination?
- Are there difficulties in regulating impulse control?
- How does hunger, fatigue, physical health and wellbeing, stress and emotional state impact their sensory processing ability?

EMOTIONAL SIGNS OF DISTRESS

What are some signs of distress they may display? Commons signs include:

- fidgeting, pacing and having difficulty sitting still
- changes in levels of activity, refusing activities or disengagement/withdrawal from activities and/or people
- shallow breathing
- headache, stomach pains
- poor concentration, distractibility
- forgetfulness
- repetitive questions or comments
- avoidance of an object or individual
- increased or decreased appetite
- increased or decreased sleepiness
- changes in communication skills, personal care or other skills of daily living

Source: Information adapted from State of Victoria, 2016, Positive Behaviour Support learning program –DAS staff, Learner's guide, Version 1

The following case study is an excerpt from an example BSP for TJ, a person with disability. This plan is part of the Behaviour support plan toolkit produced by the Victorian Government (2020).

CASE STUDY

A functional behaviour assessment is a process for identifying events in the environment that reliably precede (i.e., antecedents) and follow (i.e., consequences) problem behaviour. This information is used to develop an intervention plan. There are two types of antecedents—triggers and setting events. Triggers are antecedent events that happen just before the behaviour and seem to push it to happen while setting events can occur at a time removed before the behaviour (hours or even days) and set the whole chain in motion.

Continues over page →

ABOUT TJ

HISTORY

TJ is 19 years old. He has a great sense of humour, he likes being busy and once he starts something he likes to finish it and do it well. He has a great memory and will remember dates, times, and people easily. He prefers writing to communicate and asks lots of questions. He loves footy and barracks for Hawthorn.

- TJ has a mild intellectual disability and autism.
- TJ lived at home with both parents until the age of 17, but he physically injured his mother on several occasions by kicking her.
- TJ's parents tried many different strategies to stop him from kicking, including prescription of medication. His parents' health suffered, and they decided to move him into supported accommodation. When TJ first came to live at his current home, he was on 3mg of Risperidone per day and was having PRN Zyprexa on average once per week. This has since been slowly reduced.

TJ goes to Flinders Disability Services every day on the services bus which he hates because it's noisy and takes an hour. When he gets home, it is good to let him have time alone to cool off.

HEALTH

- TJ is in good health most of the time, but he gets ear infections about once a month. When he gets these ear infections (he will bang his ear or rub it) please refer to Health Plan dated 27/2/2022 for details on how to manage them.
- TJ can be exhausted after his placement day especially after the bus journey and if it's been a hot day, the best way to get him going the next day is to give him a cup of tea in the morning.
- TJ's mental health: It is reported that TJ was traumatised at school where he was punished by being locked in a 'time out area.'
- TJ is sensitive to heat. So have cool drinks ready on a hot day.

COMMUNICATION

A communication assessment (23 October 2021) showed that TJ can speak well but:

- TJ uses a notepad because he prefers written language than spoken, he finds the sounds of people's voices irritating.
- TJ understands information if given time.
- TJ has difficulty changing attention from one topic or activity to another.

LIKES/DISLIKES

Likes

- TJ only wants to be called TJ.
- TJ likes listening to music.
- TJ likes to be occupied; he prefers to do things on his own.
- TJ loves praise especially the 'thumbs-up' sign.
- TJ likes to know when everything is happening, and to be able to choose.
- TJ likes to visit his family.
- Structure and predictability are important to TJ. If plans need to change, let TJ know in writing through use of the daily planners.

Dislikes

- TJ really hates to be called his given name.
- TJ dislikes hot days.
- TJ doesn't like noise especially high-pitched voices.
- TJ doesn't like to sit still for long or waiting (depending on the day he can sit or wait for up to 10 minutes before needing to move).
- TJ is unhappy when there are any changes to his routine or what had been agreed to in his daily plan.
- TJ dislikes dogs barking or children shrieking in the park.
- TJ dislikes the bus to day placement.

SENSORY NEEDS

- TJ will seek to avoid the sounds of voices.
- TJ needs his iPod for car or bus travel or when in close confines with others.
- TJ would benefit from a sensory assessment. An appointment has been made and the plan will be updated once the assessment is completed, and the report received.

OTHER RELEVANT INFORMATION

- TJ wants to have friends, and be able to visit family more.
- TJ uses a computer at day placement and wants his own iPad (currently has to share the house iPad).
- TJ would like to learn to catch the train to his day placement.
- TJ would like to have more money of his own and a job.
- TJ would like to move into his own flat with a support worker.

BEHAVIOURS OF CONCERN

Harm to others

BEHAVIOUR DESCRIPTION

TJ can kick people in the legs with enough force to cause significant bruising and swelling. This can happen about eight times a day. The behaviour can last for up to 10 secs. This behaviour was noted by his parents to have occurred at home and at school and has continued since moving into his new home 3 months ago.

TRIGGERS AND SETTING EVENTS

When seeking to understand challenging behaviour, it is important to understand the role of behavioural triggers.

Triggers are actions or events that play a role in prompting particular behaviours.

Setting event/s are conditions or situational influences that affect behaviour. Indirectly the event sets up problem behaviour. These events help predict the problem behaviour will occur. For example:

- an event that occurred in the past (sitting next to someone who was screaming)
- where there are changes in the environment – too loud, a lot of people, dogs, lighting, cold
- the person delivering the demands does so in a way that is not preferred by the recipient, such as being too loud, abusive, angry, using wrong communication methods and word usage

Communication

BEHAVIOUR: KICKING	
Trigger 1: Staff calling him by names other than 'TJ'.	**Trigger 2:** Staff only using verbal communication to TJ rather than predominately writing or visual communication (his preferred way to communicate).
Setting event 1: Staff being unaware or forgetting to say 'TJ'.	**Setting event 2:** Staff using verbal instead of written language.

Physical environment

Trigger:

When the house is very noisy. TJ doesn't like noise.

Setting event:

Most incidents occurr around 3pm to 4pm when all residents are returning home from their day placements and there is increased noise.

Routine

Trigger:

Sudden changes to TJ's routine or what had been agreed to in his daily plan, e.g., change of staff, staff not doing as he requests or an unavoidable time delay which makes TJ very unhappy.

Other

Trigger:

TJ is more likely to kick others when he has an ear infection.

FUNCTION OF THE BEHAVIOUR

Protest, avoidance or escape

Function 1:

TJ kicks others to communicate his protest against being called any other name.

Function 2:

TJ kicks others to protest against people using verbal instead of written language.

Explanation of and strategies for a behaviour of concern.

Source: Used with permisssion. State of Victoria (2020), Behaviour support plan toolkit and (2017), Behaviour support plan toolkit, Section 4.

PERSON-CENTRED ACTIVE SUPPORT (PCAS)

PCAS recognises that each person, regardless of the cognitive or physical impact of their disability, can be engaged in purposeful and meaningful activities at home and/or in the community, such as listening to music, shopping, cooking, catching up with family and friends, or swimming.

Support worker and person exploring the garden

Support workers using a person-centred approach, support a person to participate in activities that the person likes. When a person is engaged in activities they choose, challenging behaviours can become less frequent.

When a person engages in behaviours of concern, a PCAS approach enables the development of positive behaviour support strategies to meet unmet needs, protect the person from harm and improve their quality of life.

POSITIVE BEHAVIOUR SUPPORT PROCESS

A functional behaviour assessment (FBA) is undertaken by a behaviour support practitioner in consultation with the person, family, carers, support team and others who provide services to the person to identify when, where and why behaviours of concern occur.

Some people require additional support to manage their harmful or changed behaviours. The terminology “changed or altered behaviours” is also used in this resource with other known descriptors such as “behaviours of concern or challenging behaviours”. Changed behaviours avoids negatively labelling people who exhibit behaviours that indicate a need for support. The behaviour is the problem, not the person exhibiting the behaviour.

The strategies and the methods to implement are documented in a behaviour support plan (BSP) to be followed by those who provide direct support. The practitioner will develop an action plan for the implemention, monitorng and evaluation of the BSP, identifying roles and responsibilities and activities to train staff in using strategies.

During an FBA, a behaviour support practitioner guides the person, their family, carers and support workers in identifying and understanding the reasons for a behaviour. The following is taken into consideration:

- What the challenging behaviour is and the effect on the person, carers, workers and others such as residents or community members, and property.
- When, where and how often the behaviour/s occur.
- The person and their strengths, such as existing skills and their support network of carers and workers.
- The person’s family, friends and their cultural background, social environment and values.
- Medical or physical conditions and social and environmental influences.
- The function of the behaviour, especially what the person may be trying to communicate.

Read about the FBAs and the tools used by practitioner in the Victorian Government’s (2020) Behaviour support plan toolkit.

SUPPORT STRATEGIES FOR BEHAVIOURS OF CONCERN

Proactive strategies aim to decrease the person's reliance on the use of challenging behaviour to communicate needs and wants. Response strategies are about de-escalation, not changing behaviour. Both types of strategies must be ethical and meet regulatory requirements and related frameworks, including the United Nations Universal Declaration of Human Rights, United Nations Convention on the Rights of Persons with Disabilities and the Victorian Charter of Human Rights and Responsibilities. Further obligations for workers and employers are determined by:

- National Disability Insurance Scheme (NDIS) Act 2013
- NDIS (Restrictive Practices and Behaviour Support) Rules 2018
- Zero Tolerance Framework to prevent and respond to abuse, neglect and violence of people with disability
- Disability Act 2006 (Vic)

Proactive strategies

The Victorian Department of Health's (2020) guidelines for senior practitioners state that positive behaviour support strategies should focus on the following:

- Changing the environmental/background factors that lead to behaviours of concern, such as turning down the heat or volume of music.
- Teaching the person new skills to use to replace their behaviour of concern, such as the use of a different communication aid.
- Teaching the person other skills to make them more independent and improve their quality of life, such as preparing food and personal care tasks.

These strategies are part of Victoria's Positive Practice Framework. New skills to replace behaviours of concern are referred to as functionally equivalent replacement behaviours (FERBs).

In using these strategies, support workers need to reward and reinforce good or the replacement behaviour.

CASE STUDY

Jacky is generally a warm, caring and friendly young woman who uses a combination of gestures, vocalisations and functional communication with support staff and other people in the supported independent living centre. At times she becomes frustrated when trying to communicate and will harm herself and others around her. It becomes evident to Jacky's family and support staff that having control and structure are important to Jacky.

A behaviour support practitioner works with Jacky and others around her to put some proactive strategies in place around communication, making decisions and reducing anxiety and stress.

Jacky seems to enjoy life a lot more since she has been able to make choices about activities and communicate effectively with support staff.

As she no longer regularly uses behaviours of concern, she has also been able to spend more time with friends and family.

Response strategies

Response strategies are sometimes referred to as 'reactive strategies' and used to de-escalate a situation. They may be used when the behaviour presents a safety risk.

The least restrictive de-escalation strategies should first be used by the support worker.

These can involve:

- Active listening so the person knows they are being heard.
- Giving the person some space.
- Providing the need/want.
- Removing the cause.
- Redirection.
- Apologising.
- Providing verbal direction.
- Removing others from the room.
- Leaving the room.

Redirecting a person to or distracting with a preferred activity are commonly used tactics.

RESTRICTIVE PRACTICE

A Restrictive Practice is any practice … 'that has the effect of restricting the rights or freedom of movement of a person with disability with the primary purpose of protecting the person or others from harm'. These practices can also be called restrictive interventions.

Restrictive practices are often authorised for use as part of a person's behaviour support plan to make sure people can be supported safely.

These interventions must be authorised by the NDIS Commission and clearly explained in the behaviour support plan (BSP). Any unauthorised use of a restrictive practice is a reportable incident, where the NDIS Commission must be contacted

There are five types of restrictive practices:

SECLUSION

Seclusion is the sole confinement of a person in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted.

CHEMICAL RESTRAINT

Chemical restraint is the use of medication or chemical substance.

It doesn't include the use of medication prescribed by a doctor to treat existing conditions.

MECHANICAL RESTRAINT

Mechanical restraint is the use of a device to prevent, restrict, or subdue a person's movement. It might involve the use of a belt, gloves, splint, helmet, wheelchair, bedrail, placement of furniture or restrictive clothing.

It doesn't include the use of devices for therapeutic or non-behavioural purposes.

PHYSICAL RESTRAINT

Physical restraint is the use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, to be used only as part of a planned response to an emergency.

These restraints require a separate plan and can only be approved by a government senior practitioner.

Physical restraint doesn't include:

- the use of a hands-on technique to redirect a person away from potential harm/injury
- a gentle hand to guide a person to an activity

ENVIRONMENTAL RESTRAINT

Environmental restraint restricts a person's free access to all parts of their environment, including restriction of access to items such as sharp knives or activities in the community.

Restrictive practices

Source: Content adapted from NDIS Quality and Safeguards Commission

WHEN RESTRICTIVE PRACTICES CAN BE USED

Regulated restrictive practices can only be used if they:

- Reduce the risk of harm to the person or others.
- Are clearly identified in a BSP.
- Are authorised from a state or territory.
- Are used as a last resort.
- Are the least restrictive response available.
- Are proportionate to the potential harm to the person or others.
- Are used for the shortest possible time.
- Are implemented only by registered NDIS providers.

Source: NDIS Commission, For Providers: Behaviour Support in the NDIS Commission

RESTRICTIVE PRACTICES NEVER TO BE USED

The following physical restraints are prohibited by law (State of Victoria, 2021) for use by anyone at anytime:

- **NEVER** use prone restraint (subduing a person by forcing them into a face-down position).

- **NEVER** use supine restraint (subduing a person by forcing them into a face-up position).

- **NEVER** use pin downs (subduing a person by holding down their limbs or any part of the body, such as their arms or legs).

- **NEVER** use basket holds (subduing a person by wrapping your arm/s around their upper and or lower body).

- **NEVER** use takedown techniques (subduing a person by forcing them to free-fall to the floor or by forcing them to fall to the floor with support).

› **NEVER** use any physical restraint that has the purpose or effect of restraining or inhibiting a person's respiratory or digestive functioning.

› **NEVER** use any physical restraint that has the effect of pushing the person's head forward onto their chest.

› **NEVER** use any physical restraint that has the purpose or effect of compelling a person's compliance through the infliction of pain, hyperextension of joints, or by applying pressure to the chest or joints.

BEHAVIOUR SUPPORT PLANS

The person-centred care plan provides information about their needs and preferences and how to best communicate with them.

Their BSP adds to this by explaining the behaviour of concern, its function and message, and when and how to use proactive and response strategies.

The person may not have a BSP with restrictive practices. If a restrictive practice isn't included but is used with a person, it must be reported as an incident to the NDIS Commission.

If you are to use a restrictive practice, you must have training in using them and follow the protocol outlined in the BSP. Depending on the restraint, you may need to obtain authorisation from a supervisor.

TYPES OF BEHAVIOUR SUPPORT PLANS

There are two types of NDIS BSPs:

Interim BSP

- a short-term plan to outline strategies until a comprehensive assessment is undertaken
- may be developed using your organisation's template or the NDIS Interim BSP template

Comprehensive BSP

- a long-term plan developed following lengthy consultation and assessment led by the behaviour support specialist
- may be developed using your organisation's template or the NDIS Comprehensive BSP template

NDIS Quality and Safeguards Commission

You can access the Victorian Government's template for people with disability in the BSP toolkit (2020). Check other states and territories for templates.

This toolkit also provides details and guidance on what is included in the plan.

A BSP with or without a restrictive practice should be reviewed at least every 12 months. If the person's circumstances change, then a review should take place.

IMPLEMENTING AND MONITORING THE BEHAVIOUR SUPPORT PLAN

Generally, the behaviour support specialist develops an action plan following consultation with the person, family and support team. This describes who will do what and when to implement changes to the environment, develop new skills and monitor progress against goals.

You should be guided by what's in this plan if your role means you are a representative of the support team. It may be that a coworker or your supervisor is on the team, and they will communicate to you what you need to do to support the person. This includes training in using all types of strategies.

USING PROACTIVE STRATEGIES

Using proactive strategies means you'll work with the person to:

- change the environment
- teach functionally equivalent replacement behaviours (FERBs), which often involves new communication skills such as using different aids to communicate needs and wants
- teach skills to increase engagement in meaningful activities, such as skills to increase independence, ability to problem solve and cope

The strategies developed by the behaviour support practitioners in consultation with others consider the person's needs, wants and preferences, strengths and abilities.

HOW TO CHANGE THE ENVIRONMENT

Changing the environment involves much more than changing the physical factors that can trigger behaviours of concern. Changing the background factors depends on the person and their needs and preferences. The behaviour support plan describes the triggers for behaviours of concern and outline the actions to change the environment.

Actions may include:

- adjusting types of, or timing of, activities
- adjusting a person's daily schedule to ensure predictability of activities
- providing options for activities
- changing the quantity or types of food and drinks to meet needs
- increasing or reducing opportunities to interact with other persons, friends and family members
- using different or more communication aids and supports to improve communication with others
- adjusting rooms or other spaces, such as the layout, temperature, brightness or similar to facilitate sensory processing
- avoiding places that overstimulate, such as crowded shops if the person has sensory processing difficulties
- providing choices for comfortable clothing

What support to provide

Follow the protocols outlined in the BSP. Know who you can contact for advice or guidance. You also need to know how to record the person's response to the changes.

HOW TO TEACH NEW SKILLS

The BSP explains for each skill development, what you need to do to teach the person a replacement skill or independence skill to increase their engagement in meaningful activities.

Information included:

- A description of the behaviour the skill is designed to replace or address.
- A description of what the person needs to do.
- The materials or tools needed to teach the skill.
- When the skill should be taught, such as when the person is demonstrating early signs of challenging behaviour or when the concerning behaviour is not occurring, and they are in a good mood.
- The level of proficiency the person should achieve.
- Goals and target dates.
- The actions to teach the skill and questions/prompts to use.
- How the use of the skill will be rewarded and reinforced by workers and other carers.
- How to monitor and record progress.

What support to provide

You can use the following hierarchy (State of Victoria 2021) to teach skills:

ASK

- Communicate in the way the person prefers, using any required communication aids.
- For example, 'Ali, would you like to make a cup of tea' while signing 'tea'.
- Allow time for the person to process the request and respond.

If no response, then **Instruct** →

INSTRUCT

- Tell the person to do the very first step in the activity.
- For example, 'Ali, get your cup from the cupboard.'
- Allow time for the person to process the request and respond.

If no response, then **Prompt** →

PROMPT

- Use gestures or signs to help inform the person what they need to do while giving the instruction.
- For example, 'Ali, get your cup from the cupboard' while pointing at the cupboard door.
- Allow time for the person to process the request and respond.

If no response, then **Show** →

SHOW

- Demonstrate the first step in using the new skill.
- For example, 'Ali, watch me. I'm getting your cup from the cupboard'. Then, return the cup and tell the person to do the first step in the activity.
- Allow the individual time to process the request and respond.

If no response, then **Guide** →

GUIDE

- Provide the minimal physical assistance that the person requires to help them complete the first step as well as repeating the instruction.
- For example, state 'Ali, get your cup from the cupboard' while you support her arm by gently raising it up from underneath the forearm to reach for the cup.
- If the person resists physical guidance, immediately stop teaching. Try again when the person is calm.
- Only ever use as much physical assistance as is required.
- Gradually decrease the amount of support you provide each session so the person can become as independent as possible in the skill.

Hierarchy of teaching, adapted from State of Victoria, 2016, Positive Behaviour Support learning program – DAS staff, Learner's guide, Version 1

Communication tips

Make sure all instructions are positive and specific. For example, 'Joseph, walk when you are inside the house' instead of 'don't run in the house, Joseph'.

Be specific with timing. For example, 'we will go shopping after breakfast' instead of ' we will go shopping later'.

Break down instructions into separate steps. Don't combine more than one step in an instruction. Finally, make sure that your body language and facial expression send the same message as your words. For example, shaking your head when saying something positive.

Reinforcing and rewarding skill development

Verbal acknowledgements such as 'Well done!' and 'Nice work!' are effective in reinforcing progress and the use of a new or replacement skill. Gestures can also be used, such as a thumbs-up.

Rewards can include providing a treat that has meaning for the person, like an activity they really enjoy or providing them with an object or item they like. Some service providers might have a token system of rewards. For example, a token is given to the person for extra time on a computer or to watch a short video that the person can claim when these activities occur.

Positive behaviour support strategies for TJ are included in the following:

POSITIVE BEHAVIOUR SUPPORT

Change the environmental/background factors

Address triggers and setting events

BEHAVIOUR: KICKING	
Trigger 1 and setting events:	**Trigger 2 and setting events:**
The person's name is TJ. Do not use any other name.	Staff to communicate with TJ in written or visual form.

Other:

- Staff will monitor TJ's health to avoid recurring ear infections (see health care plan 27/6/2021).
- On hot days provide cool drink and suggest a shower.

Address 'about the person' factors – communication

- Use communication cards, iPad and notepads instead of words.
- It takes time for TJ to understand information – when you have asked a question or given him some information, count to 20 slowly in your head then prompt TJ to see if he has understood or needs more time to plan his response, and repeat information if necessary.
- Give TJ time to understand any communication.
- Staff should also carry a spare notepad in case one is lost.
- Speak gently, softly and in a low tone around and to TJ as he responds better to this and only use verbal communication in conjunction with his preferred communication methods.
- TJ has difficulty changing attention from one thing (activity, conversation or setting) to another – always gain TJ's attention via gesture, and gently saying his name (TJ).
- Give TJ time to finish what he is doing.
- Give TJ warning or prompts that the activity, conversation or setting will change and provide him with a time frame (e.g. 5 minutes).
- Direct TJ's attention to his planner so that he is aware of what's happening next.

Physical and mental wellbeing

Feeling anxious:

- Suggest TJ listen to his music - have music available and ensure that his iPod is charged (sensory calming activity).
- Check on appointment creation to see a psychologist who does internet counselling.

Tiredness after day placement:

- Offer TJ a cool drink that he can make himself in the kitchen.
- Having a shower immediately upon return from day placement works well (sensory calming activity).

Routine chemical and PRN use side-effects
(PRN - Pro re nata is a Latin phrase often used in medical terminology meaning "in the circumstances" or "as the circumstance arises):

- Observe TJ for side-effects of use including drowsiness, dizziness etc.

Other

- TJ needs to know what's always happening: his daily planner and the staff roster help to ensure this.
- Make sure daily planner is updated every day.
- Make sure TJ has his smaller daily planner he carries with him.
- A 'who's on' staff roster is put on the wall in the house with pictures and names of the staff for that day.
- Always let TJ know of any changes to staff before the day if possible. Use change and sorry cards if needed.

Skill development strategies

Independence skills

- To take a shower after returning from day placement to help calm him is now part of his daily routine.
- Waiting for short periods of time.
- Independence: See travel training in Person-centred Care Plan.

Functionally equivalent behaviour that can be taught

- TJ is being taught to use cards to communicate. These cards will also be used by TJ inform staff of his preferred name/preference for written or visual communication and to protest if his preferred name or way of communicating are not used.

Independence skills

- Every time TJ uses his cards, give him 'thumbs-up', and get him what he wants.
- Staff to praise TJ when he waits for a short time for something without getting upset.

Explanation of and strategies for a behaviour of concern.

Source: Used with permisssion. State of Victoria (2020), Behaviour support plan toolkit and (2017), Behaviour support plan toolkit, Section 4.

SITUATIONAL CONTROL

Situational control strategies are for behaviours that are only a concern because of where or when they occur.

For example:

- removing clothing
- masturbation
- spitting
- nose picking

If situational control is required, the BSP will outline what actions to take to teach the person where and when they can engage in these behaviours and where and when it's not appropriate.

Reinforcement and reward can be used as an incentive for the person to engage in the behaviour at the right time and place. A signal may be used to tell the person when it is okay to engage in the behaviour. An example of a signal might be using a badge or an activity sequence board. Immediate response strategies are used to address the behaviour when it's the wrong place and time.

USING RESPONSE STRATEGIES

Recall that the aim of response strategies is to de-escalate a situation where harm could occur and when there's early warning signs of a behaviour of concern. If harm isn't imminent, proactive strategies are used first. In BSPs, there's can be a recommendation for the use of a minimum number of response strategies before a restraint is used.

Strategies to immediately respond to a situation can include those used to change the environment and develop new skills. Types of strategies were listed earlier, examples are provided below:

- asking questions and listening carefully to identify the cause of the distress
- doing things to help the person relax, such as creating a quiet space and allowing them some time to do an activity on their own
- trying to meet the need, for example, providing a snack if the person hasn't eaten for a while or didn't finish a meal
- using humour or doing something unexpected
- redirecting or distracting, for example, offer another activity that you know they prefer
- interpositioning, where you move away from the person and put barriers between you, so physical contact can't be made

Below is how to use de-escalation with TJ, and chemical restraint if de-escalation strategies fail to stop the behaviour.

RESPONSE STRATEGIES (DE-ESCALATION)

Assess safety

- Check in with TJ after returning from day placement.
- If he is unhappy, ensure safety by keeping everyone 2 metres from TJ if possible. Some signs that he is unhappy include showing you his 'unhappy' card, his facial expression (glaring, frowning and eyebrows drawn together), or his body language (moving quickly without seeming to settle, muscle tension evident across shoulders and arms, fists may be clenched).
- If TJ has used his 'unhappy' card, give him a 'thumbs-up'. Use a gesture to ask TJ to follow you away from the others. Ensure you stay out of kicking range.

- Offer him the card that says:
  - 'are you ok TJ?'
  - 'use your cards to tell me what's wrong.'
- Each staff should always have one of these cards on them.

If TJ uses his card

- Get him what he wants as soon as possible and reward him with a thumbs-up sign.
- If TJ is showing signs of being unhappy or is agitated (e.g. yelling) because of a staff issue (daily planner not updated/ 'who's on' board not completed), say sorry and ask TJ for help with finding out what's happening.
- Then suggest something relaxing (shower/music/ computer) as TJ can stay upset for a while after the problem has been solved.
- Make sure to check in with him regularly for the rest of the shift and let new staff know when they arrive.

OTHER (DE-ESCALATION STRATEGIES)

If TJ indicates 'No', that he either would not like to talk to you about it or use his cards

- Ask him (by offering the choice through cards) if he would like a shower ('would you like a shower?'), a cold drink ('would you like a cold drink?') TJ will usually take you up on one of these offers as it is part of his usual routine.
- If TJ does not take you up on one of the options presented to him, encourage TJ to go to his room and listen to music until he calms down (no longer glaring, open relaxed body language, able to smile and engage). Do this by using the 'bedroom and music' card or by pointing to his room. Check in on him in 10 minutes to see if he is feeling less upset and if he would like to complete his usual routine.

If TJ attempts to kick

- Hold your palm up to signal 'stop'.
- Remove yourself and any others from TJ's reach and give him some space. Check on him at 5-minute intervals. If TJ has not calmed after 20 minutes, offer him PRN Olanzapine 5mg.
- Continue to monitor until PRN takes effect (usually in 20 minutes time – TJ will appear calmer and slightly drowsy).
- Offer him a cool drink and the chance to go lie down and listen to some music.

If the behaviour occurs outside the home

When he's in the park:

- Follow 'assess safety', 'prompt replacement behaviour' and 'if TJ uses his cards' above (substitute iPod for shower when out in the community).
- If this is not working encourage TJ to sit in the bus on his own until he calms using the 'bus' card or pointing. Check in on him in 10 minutes to see if he is feeling less upset and if he would like to re-join the activity.
- If he doesn't want to do this, move everyone away from him and give him space.
- Follow 'if TJ attempts to kick' above should he attempt to kick while in the community.

Use of PRN Chemical Restraint

- If TJ has kicked someone and will continue to kick them and they cannot escape.

or

- If all the above steps have been tried and it is certain TJ will kick someone, follow the PRN Chemical Restraint Guidelines dated 21/9/21 (see attached).

If the PRN order is used more than twice within a seven day period, the BSP should be reviewed and an appointment made with the GP for a medical review and a review of the PRN.

POST-INCIDENT DEBRIEFING

- Check if staff, TJ or other residents have been injured or upset and require further professional support such as the Employee Assistance Program or a referral to the Critical Incident Response Management Team for group support.
- Inform the other staff of the incident.
- When he is calm, use the cards to ask him to discuss the incident, privately.
- Discuss with other staff/manager if immediate changes to strategies and the BSP are necessary.
- Discuss incident at the next team meeting.

Explanation of and strategies for a behaviour of concern.

Source: Used with permisssion. State of Victoria (2020), Behaviour support plan toolkit and (2017), Behaviour support plan toolkit, Section 4.

USING AUTHORISED RESTRICTIVE INTERVENTIONS

Remember: restrictive interventions can only be used if authorised and to prevent harm to the person or others.

Any use of a restraint must be documented and reported according to the instruction in the BSP. Plans will include an instruction of when a review for the use of the restraint should occur, for example, if used twice within a seven day period. There's also often a plan to phase out the use of a restrictive practice, which should be able to occur with changes in the environment and as a person learns and uses new skills.

Always check the scope of your role with your supervisor.

WHAT TO DO AFTER THE USE OF RESTRICTIVE PRACTICES

Following the use of a restrictive practice, adhere to your organisation's procedure for post-incident debriefing. This usually involves the following, as identified in TJ's BSP:

- Checking if the person and others have been harmed and require further professional support.
- Informing the other support staff.
- Discussing the incident in private with the person when they have calmed.
- Discussing with co-workers and the supervisor if changes to BSP strategies are necessary.
- Completing an incident form.

Here's an example of the use of a restrictive practice for TJ.

RESTRICTIVE INTERVENTIONS: SECTION 140 (C) AND (D)

Routine

Administration type: Chemicals

Risperidone 1mg, tablet orally at night. The prescribing doctor indicates that this medication is to address 'anxiety' (as indicated by incidents of behaviours of concern and distress over changes which leads to behaviours of concern). The intended benefit for TJ is that he will be more able to engage with others and more able to achieve his goals of living independently if he is not engaging in behaviours of concern.

A review with a potential planned further reduction will commence in two months' time when TJ has had more time to learn to use the card system developed with him, the PBS strategies are being implemented consistently and there has been a noted decrease in frequency, intensity or duration of behaviours of concern.

PRN

Administration type: Chemicals

Zyprexa, 5mg, Oral, max dose 20mg in a 24-hour period. If used more than twice per week, a review is indicated. Used to sedate TJ This is only used to prevent certain physical harm to others when all other least restrictive strategies have been followed so that TJ and others are not put in a position where they may be hurt.

The intended benefit for TJ is that he will be more able to maintain relationships with others and more able to achieve his goals of living independently if he is not engaging in behaviours of concern.

PRN chemical restraint has not been needed since the BSP has been implemented. Its need will be reviewed in two months. If it has not been needed, discussion will be held with the doctor regarding it being removed from his treatment.

Explanation of and strategies for a behaviour of concern.

Source: Used with permisssion. State of Victoria (2020), Behaviour support plan toolkit and (2017), Behaviour support plan toolkit, Section 4.

RECORDING AND REPORTING REQUIREMENTS

The behaviour support practitioner will have a system for workers to record actions and observations, including incident reports and support/case notes.

You may need to complete other tools to build a complete picture of the person's progress against goals in their BSP. Follow your organisation's procedures to record your actions and the person's behaviour and progress.

The behaviour support practitioner will lead the monitoring and evaluation of the strategies. If the strategies aren't working, new ones will be developed in consultation with the person, staff, workers and other support providers and may involve reassessment. When the strategies work and the behaviour of concern stops, the person will no longer require a BSP.

REPORTING USE OF RESTRICTIVE INTERVENTIONS

Regardless of where you work in Australia, if you use restrictive interventions with a person who is an NDIS participant, it must be reported to the NDIS via the online reporting system, the Restrictive Intervention Data System (RDIS), usually by an authorised practitioner in your organisation. Your organisation may have additional recording and reporting requirements, so check with your supervisor.

SELF-CARE

While providing support to clients with behaviours of concern is rewarding, it is challenging.

To deal with the challenges, and to prevent stress and burnout, you must take care of yourself.

- Self-care strategies include:
- Get some exercise
- Get enough sleep
- Maintain a healthy diet
- Do something for yourself every day
- Be social
- Ask for help if you need it

SUMMARY

Positive behaviour support requires taking a person-centred active support approach to apply strategies to address behaviours of concern.

Proactive strategies such as changing the environment, and teaching replacement skills and skills to improve the person's independence will enhance the person's quality of life.

Response strategies are effective for immediate responses to behaviours of concern when there are early warning signs. As with proactive strategies, when and how to use them is described in the person's behaviour support plan.

Restrictive practices are used only as a last resort to keep the person, yourself and others safe from harm. They must be authorised for use and administered by following the protocols outlined in the behaviour support plan. Their use must also be reported to the NDIS.

RESOURCES

Autism Spectrum Australia

Positive Behaviour Support

Information about PBS

https://www.autismspectrum.org.au/about-autism/what-is-autism/positive-behaviour-support-at-aspect

Commonwealth of Australia, Department of Industry

Every Moment Has Potential

Online learning resource for person-centred active support

https://www.activesupportresource.net.au

Commonwealth of Australia, National Disability Insurance Scheme (NDIS)

Resources for behaviour support

https://www.ndiscommission.gov.au/providers/behaviour-support#07

State of Victoria, Victorian Senior Practitioner

Resources for behaviour support and restrictive practices

https://www.ndiscommission.gov.au/providers/behaviour-support#07

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- Diabetes training for support workers
- Dysphagia for support workers
- End of life care
- Epilepsy training for support workers
- Epilepsy training and midazolam administration via intranasal and buccal routes
- Food safety awareness for support workers
- Infection control
- Managing behaviours with positive support
- Manual handling
- Nebuliser training for asthma
- Ostomy and stoma care for support workers
- Positive behaviour support
- Pressure injury – prevention and care for support workers
- Providing personal care with dignity and respect
- Shallow suctioning
- Tube feeding management
- Urinary catheter care
- Wound care awareness for support workers

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- Advanced first aid

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