



Positive Behaviour Support

Information for Service Providers

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Positive Behaviour Support

Information for PBS Practitioners working with icare

icare has developed a framework for working with people with challenging behaviour following a traumatic brain injury using the positive behaviour support approach. The following information is provided to assist practitioners working with participants and injured workers of icare to understand our framework, our expectations of PBS practitioners working with us and what support is available through our organisation.

What is Challenging Behaviour following TBI?

Challenging behaviour is defined at icare as culturally abnormal behaviour of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, and is likely to seriously limit use of, or result in the person being denied access to ordinary community facilities and/or engagement in their usual participation roles.

What is Positive Behaviour Support (PBS)?

Positive behaviour support (PBS) is widely accepted as the evidence-based approach for supporting individuals with challenging behaviour. It is defined as a multicomponent framework for understanding challenging behaviour rather than a single therapeutic approach or treatment. It is based on assessment of the broad social and physical context/s in which behaviour occurs and used to construct socially valid interventions that enhance quality of life outcomes for both the person themselves and their carers that makes the occurrence of challenging behaviour less likely.

A PBS approach is a team effort and involves families, carers, professionals and service providers all working together to support a person.

PBS is consistent with modern disability service standards and legislation emphasizing community participation and inclusion, a focus on developing prosocial skills in the pursuit of personally meaningful goals, and the use of least restrictive practices.

The focus of support is on improving a participant's quality of life and strengthening relationships with family, friends and the wider community.

Many of the principles and procedures of PBS are based on applied behavioural analysis. PBS can include additional evidence-based approaches that are supportive of its core values such as cognitive behaviour therapy for mood management.

Genuine implementation of PBS requires among other things quality training, consistency in practice and continuous service evaluation.

A positive behaviour support practitioner (PBS Practitioner) is a professional person providing behaviour support services which align with the PBS philosophy.

PBS practitioners may be psychologists or may be other health or disability professionals with extensive experience in the delivery of PBS.

A positive behaviour support plan (PBS Plan) is a document written by the PBS practitioner in close collaboration with the participant and other key stakeholders which sets out the case formulation for why the person's challenging behaviour occurs and details the PBS practices recommended to help the participant achieve their goals without exhibiting challenging behaviour.

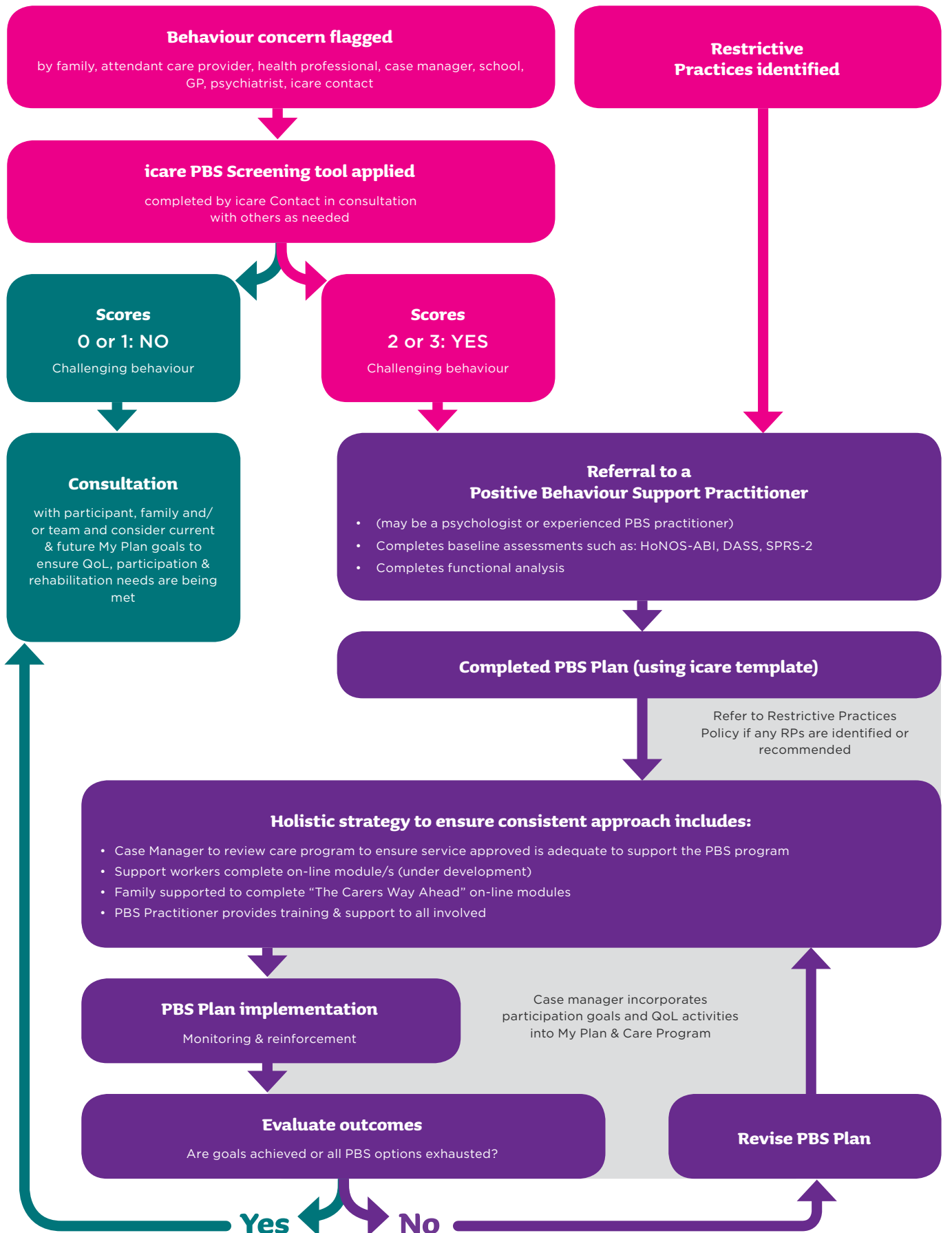
The PBS plan presents a holistic approach to reducing triggers (antecedents) to challenging behaviour and maximising quality of life and participation outcomes also to reduce challenging behaviour.

icare has produced a template PBS plan which is to be used by all PBS practitioners for all Lifetime Care participants and Workers Care workers. The template is available on the icare website:

www.icare.nsw.gov.au

Go to: Injured or ill people > practitioners and providers > forms and resources

The following model outlines the process for the identification of Challenging Behaviour, and where the PBS practitioner role fits in the broader context of service provision for participants and workers in icare Schemes.



What we expect a PBS practitioner to assess

The PBS practitioner completes a series of **baseline assessments** which include, at a minimum:

- HoNOS-ABI (or HoNOSCA for children)
- Sydney Psychosocial Reintegration Scale version 2 (SPRS-C for children)
- Depression Anxiety and Stress Scales 21 (not used for younger children)

These are validated measures that assess behaviour, community integration and participation, and emotional functioning. They are sensitive to change and are recommended as core outcome measures. None of these measures have pre-requisite qualifications or skills but require some independent learning/training to implement.

The PBS practitioner completes a **Behavioural Assessment & a Functional Analysis**.

Behavioural assessment looks at what is happening before a challenging behaviour occurs (antecedents) and what happens afterwards (consequences) to better understand what relationships are maintaining the behaviour.

A Functional analysis is an analysis of the possible purposes a behaviour serves in the environment (people and place). This is done via systematic evaluation of antecedents and consequences of the behaviour to identify those factors that influence the likelihood of the behaviour occurring.

A full Functional Analysis may include asking support staff to complete behaviour monitoring sheets that describe antecedents for challenging behaviour, as well as the type, frequency and intensity of challenging behaviour and its consequences.

A useful adjunct to Functional Analysis is the identification of environmental factors which prelude pro-social behaviour. This can provide some guidance on strategies for avoiding and/or managing challenging behaviour.

Information to assist behavioural assessment and functional analysis is obtained from client interview, interview with significant others, behavioural observation, and file review.

Some **tools** the PBS practitioner might use include:

- Overt Behaviour Scale (OBS)
- Motivation Assessment Scale

In some situations, it may be necessary to complete **formal neuropsychological assessment** to identify the participant's specific cognitive profile. There may already be a neuropsychology report on file, or there may be a need to seek one (in some cases, the PBS practitioner may be a neuropsychologist). Where it is not possible or practical to obtain a neuropsychology assessment, the PBS practitioner may need to consider alternative sources of information to reach a formulation about cognitive functioning. This can be done via functional assessment of what the participant is able to do in their day-to-day life, what they have been able to learn since their injury and how they adapt to new problems as they occur.

The PBS practitioner must include an **assessment of the family's** (or primary carer's) strengths and needs. Research indicates that helping to decrease carer stress can decrease challenging behaviour.

Tools the PBS practitioner might use to assess family stress, strengths and needs:

- DASS 21

Analysis of the **attitudes and attributions of families**, carers and support workers to the participant and the challenging behaviour is part of the PBS practitioner's role. This information enables the PBS practitioner to include in the plan and its implementation, targeted education, support and reinforcement so that the attitudes & attributions of those around the participant are not inadvertently contributing to the challenging behaviour.

Structured assessments that can assist in this analysis include:

- The Controllability Beliefs Scale
- Interview: “Why do you believe (name) behaves in this way?”/ “How much do you believe he/she can control this behaviour?”

A crucial aspect of PBS planning is identifying opportunities for the person to **participate in meaningful activities**.

Over time, people exhibiting challenging behaviours can experience loss of opportunity to engage in their community or in activities from which they derive enjoyment or fulfilment. This can increase the likelihood of anti-social behaviour as the participant reacts against the imposed restrictions, the tedium of their daily life and their punitive and atypical living arrangements.

The PBS practitioner therefore spends time exploring interests, desires and goals with the participant during their assessment, and the plan should include clear strategies for achieving realistic goals.

The PBS practitioner works with the case manager to:

- ensure the PBS plan is, or can be, consistent with/integrated into the participant’s My Plan to ensure alignment of goals and strategies
- ensure the care program (and any future Care Needs Assessment) includes time for support workers to promote the participants access to participation-focused activities
- ensure the care program accommodates the participants preference for how daily living tasks are carried out. (for example, they may identify the desire to have 10mins at the end of their shower to relax under the water without a support worker present, which may increase the time the support worker needs to complete the showering task).

What needs to be in a PBS plan

- The participants personal short & long-term goals
- Activities the participant enjoys, including topics of conversation
- Warning signs and triggers (antecedents) for challenging behaviours
- Proactive or preventative strategies to reduce the likelihood of challenging behaviour occurring and to strengthen alternative pro-social behaviours
- Least restrictive reactive strategies for managing challenging behaviours
- Effective approaches for eliciting and strengthening alternative behaviours
- Criteria agreed by the team for ceasing or postponing PBS - including identifying if/when the approach is not working and needs to be changed or stopped
- Information about relevant psychopharmacology
- Plain English - no technical jargon
- Outcome measures - specific measures to help evaluate the effectiveness of the plan

The icare PBS Plan template must be used for all icare participants/workers.

Strategies icare will consider approving to support the implementation of the PBS Plan

icare understands key features to facilitating the success of a PBS plan include:

1. Changing the attributions of the people around the participant
2. Training and support for the attendant care team
3. Consistency in approach by everyone - family, carers, support workers, other service providers, schools

Options the PBS practitioner may include in the plan include:

Training for the family - Facilitating families to complete “Carers Way Ahead” - a series of on-line modules designed for families to help their understanding of behaviour following a TBI. Time spent with the PBS practitioner and/or a psychologist may also be indicated.

Training for the attendant care team - generic training in brain function & behaviour, sequelae of brain injury, generic approaches to working with people with behaviour that challenges is a mandatory requirement for our panel of attendant care providers but may need some reinforcement by the PBS practitioner. Icare and care industry representatives are currently exploring training content and channels which may enhance industry knowledge regarding working with people with challenging behaviour.

Training for the attendant care team - specific training for the support workers on a participant’s plan and their role in facilitating the plan objectives. Additional support for the team might include:

- An initial team meeting to introduce the plan and brain storm changes/approaches/concerns
 - Provision of scripts
 - Modelling - PBS practitioner models the behavioural approaches & responses
 - Posters & prompts
 - Recording sheets
 - Debriefing & regular team meetings - PBS practitioner to be involved initially
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Training for all rehab team members - case manager, school staff and allied health.

There may be the need for inclusion of validated **psychological therapies** (such as cognitive behavioural therapy) to assist with mood management (e.g. anger or depression). These interventions may be completed by the PBS practitioner, where they are a psychologist, or there may need to be a properly trained/experienced psychologist included in the team.

Involvement of other medical specialists

People with challenging behaviour and/or requiring a PBS plan do not necessarily require the support of a medical specialist, however there are circumstances where this is indicated.

Where the underlying impairment is **poor sleep hygiene, pain or other physical discomfort**, then referral to an appropriate physician is indicated as this may result in elimination of the challenging behaviour without need for a PBS approach.

Where the underlying impairment is a **mental health condition**, then referral to a psychiatrist with the appropriate skills/experience is indicated.

Where there is use of **chemical restraint** (a restrictive practice), this MUST be at the prescription of a medical practitioner.

When a participant has been prescribed medication by their GP to influence their behaviour, and not for the treatment of a diagnosed mental disorder, a physical illness or a physical condition; best practice would suggest that the chemical restraint prescribed by the GP should also be assessed and endorsed by a specialist such as a psychiatrist who is knowledgeable regarding mental health, restrictive practice policy and PBS approaches.

Where a PBS practitioner identifies the need for referral to a medical specialist, they should speak with the icare contact.

Where medical specialists are engaged for people with challenging behaviour, they should be treated as active members of the support team & provided with the PBS plan.

Who else is involved and what you can expect from them

Case manager

icare employs case managers and also outsources case management where needed. The case manager is likely to have made the referral to you. Case managers:

- understand what challenging behaviour post TBI is
- understand the role of a PBS practitioner
- work closely with the PBS practitioner to create, understand & implement the plan (include contributing information from My Plan or amending My Plan to support the PBS plan)
- check that the care hours/program support the PBS plan
- ensure all relevant team members are across the plan & the strategies - including schools, family, therapists etc
- are part of monitoring & reinforcing - support the PBS practitioner and the Attendant Care team throughout implementation
- are aware of the icare Restrictive Practices Policy & the case manager's role

Attendant care provider

icare has a panel of approved attendant care providers who meet minimum standards and minimum requirements in terms of staff awareness and training with regard our injury group/s. Attendant care providers:

- ensure all members of the team are trained, confident, well supported & monitored to achieve a consistent approach to the PBS strategy
- keep records - measure frequency of antecedents, behaviour & consequences
- hold regular team meetings
- have a Care Coordinator who is across the PBS plan & strategies, and is actively involved in staff training, support & monitoring
- seek additional support when needed
- are aware of the icare Restrictive Practices Policy & their responsibilities with regard this policy
- make decisions regarding continuation of service provision in situations where the safety of their workers is at risk or the participant refuses provision of support

Psychiatrist

Not all participants/workers will have a psychiatrist involved, but where they do, the psychiatrist's role will include:

- Biopsychosocial assessment and diagnosis of disorders of mood, behaviour and cognition
- Liaison with multidisciplinary team regarding all aspects of management of these disorders
- Specific oversight of pharmacological management of mood, behavioural and cognitive disorders

When a PBS program should be discontinued

There are two main reasons for pausing or ceasing a positive behaviour support program:

1. Program objectives have been achieved.

Once program objectives are achieved and challenging behaviour has been effectively eliminated/managed, then there is no further need for a PBS Plan. icare will continue to monitor the participant to ensure sustainability of outcomes:

- My Plans and/or attendant care programs will include QoL goals and inclusion of participation activities
- re-emergence of challenging behaviour will be proactively managed
- significant changes in formal and/or informal supports will prompt consideration of further training in maintenance strategies for supporting the participant's continued pro-social behaviour.

For people at risk of challenging behaviour, it is recognised that there may be a life-long need for intermittent engagement of a PBS Practitioner.

2. All avenues have been exhausted and no PBS support is helping.

This means that every possible PBS approach and validated psychological therapy has been considered or attempted and the treating team agrees these are ineffective.

Where a PBS program is discontinued without a positive outcome, the icare contact will determine next steps in consultation with the treating team. Options may include referral to a psychiatrist and exploration of further strategies to ensure the safety, health, wellness and QoL of the participant.

It is expected that PBS practitioners will monitor and evaluate PBS plans and discontinue their service at the appropriate time.

Reference material to support PBS Practitioners when working with icare

Available on the icare website are several documents to support the PBS practitioners' work.

- My Plan Planning Facilitators Manual
- "Working with Lifetime Care" & "Working with Workers Care" booklets
- icare Restrictive Practices policy
- Positive Behaviour Support Plan template

Other useful references

Australasian Society for the Study of Brain Impairment (ASSBI): "Understanding Acquired Brain Injury and behaviour change: A guide to managing challenging behaviours" written by Sue Sloan, 2017

- NDIS Positive Behaviour Support Capability Framework – for NDIS providers and behaviour support practitioners; June 2019
- "The Carers Way Ahead" – a series of online modules to provide families with skills and strategies to help support their family member with brain injury:
<http://www2.psy.unsw.edu.au/Users/Smcdonald/resources.html>
- "Working with People with Traumatic Brain Injury"
www.tbistafftraining.info
Supported and funded by NSW Agency for Clinical Innovation
- "Working with People with Acquired Brain Injury"
www.abistafftraining.info
Funded by NSW Dept FaCS and supported by NSW ACI. 2011

