

Practice Statement No. 1

What is positive behaviour support?

This Practice Statement is presented in two sections. Part 1 provides practical information and Part 2 describes the origins and purpose of positive behaviour support.

Part 1

Background

The best way to support a person with intellectual disability who uses behaviours of concern is with *positive behaviour support*. Positive behaviour support is an evidence-based approach. It is proven to be successful in increasing quality of life and reducing behaviours of concern. It is not a fad or buzzword and is based on research.

When you improve a person's quality of life, they often don't need to use behaviours of concern anymore. Quality of life can be improved by actively assisting a person to live the life they want to lead. Make sure the person's rights are upheld and assist the person to develop personal relationships, improve their health, be more active in the community, or develop personally.

When people are happily engaged in doing the things they like, with the people they like, they tend not to use behaviours of concern. It's the same for all of us.

When using positive behaviour support you should:

1. Make sure the person is living the best life they possibly can. Often this is all you need to do. If the person is leading a good life and the behaviours of concern continue, you should:
2. Understand why the person uses behaviours of concern.
3. Address or modify the environment that triggers the behaviours of concern.
4. Teach the person new skills to meet their needs so they can use the new skills and not the behaviours of concern.
5. Have clear strategies to safely manage behaviours of concern with an emphasis on stopping and reducing the impact of the incident. These responsive strategies should not include any form of punishment.

Example

Simon is a young man in his early twenties. Simon has lots of energy, and loves being busy. His favourite things to do are swimming, cooking and spending time with his family. He also loves music, especially turning up the stereo and singing at the top of his voice.

Simon works in a lawn-mowing crew three days per week and attends cooking classes on the other two weekdays.

On Saturday, Simon had been in his bedroom all morning. Then he came and asked staff what was for lunch. Staff told Simon lunch would not be ready for another hour.

Simon pushed the microwave off the kitchen bench, breaking it. He said, 'I hate your lunch anyway.'

Simon then left the house without telling staff.

Based on this scenario, a positive behaviour support approach would include:

1. Making sure the person is living the best life they possibly can.

Simon and his staff, family and friends review his person-centred plan. They make sure Simon is doing the things he likes to do, and can pursue goals Simon has chosen for himself. They also make sure he spends lots of time with the people he likes most, not only on weekdays but also on the weekend.

2. Understanding why Simon uses behaviours of concern.

Simon loves social interaction and none was happening. He also enjoys cooking with others. When he tried to initiate some interaction around his lunch he was not given the opportunity to interact and cook.

3. Addressing or modifying the environment that triggers the behaviours of concern.

In future, staff will include Simon in morning social activities, including preparing lunch with staff.

4. Teaching Simon new skills.

Staff are teaching Simon how to start a friendly conversation. They have taught him to ask 'Hi, how is your day going?' Each time Simon asks this question, staff spend some time chatting to Simon about their day, and asking him about his.

Staff are also teaching Simon how to prepare meals. This includes choosing what to make, buying the ingredients and step-by-step support to make his chosen meal.

5. Having clear strategies to safely manage behaviours of concern.

Staff have been trained that if Simon starts to escalate, they should interact and acknowledge why Simon is upset (likely because he wants to cook and be included). Staff should offer to include Simon in activities such as making a snack or meal. Staff should also be aware of safety, e.g. keeping a safe distance, prompting easier meals to make, using safer utensils in the kitchen and going with him if he wants to leave the house. Staff have been trained to no longer tell Simon to stop or tell him off for his behaviour as this can upset him more.

Who should have a positive behaviour support plan?

All people who use behaviours of concern should have a *positive behaviour support plan*. The plan should improve the person's quality of life and decrease their behaviours of concern.

A person's positive behaviour support plan is required by law if restrictive practices are used. A restrictive practice may be necessary for the safety of the person or others. The positive behaviour support plan helps to reduce and eliminate the use of restrictive practices.

Most people's behaviours of concern don't require a restrictive practice.

What is a positive behaviour support plan?

A positive behaviour support plan describes support for a person who uses behaviours of concern.

Guidelines, templates and a model plan are available from the Centre of Excellence for Clinical Innovation and Behaviour Support website.

A positive behaviour support plan should describe:

- Why the person uses behaviours of concern.
- How the environment can be changed to make this behaviour unnecessary.
- Specific ways to teach the person new skills so they don't need to use behaviours of concern to get their needs met.
- Clear procedures for responding to behaviours of concern without punishment.
- A process to track plan implementation and outcomes, e.g. evidence of skills development and frequency, intensity and duration of behaviours of concern.

Any restrictive practice must comply with relevant legislation, e.g., in Queensland, the *Disability Services Act 2006* (Qld) ('DSA').

More information

We have kept this guide simple. It is based on the practical aspects of positive behaviour support, underpinned by applied behaviour analysis.

If you would like more information, please see the next section of this Practice Statement or visit our page to learn about our professional development opportunities:

communities.qld.gov.au/disability/service-providers/centre-excellence

Part 2

Background

Behaviours of concern by a person with an intellectual disability are behaviours that reduce the person's quality of life or may cause physical harm, or a serious risk of physical harm, to themselves or others.

Between 8–18% of people with intellectual disability use behaviours of concern (Emerson 2001, Lowe et al. 2007; Bowring et al. 2017). Negative outcomes are frequent, both for the person and those who provide their support (Vassos & Nankervis 2012).

Positive behaviour support began in the mid 1980s as an alternative to punishment. While underpinned by applied behaviour analysis, positive behaviour support is broader than assessing and modifying the things that happen before (antecedents) and after (consequences) behaviours of concern (LaVigna and Willis 2012).

Positive behaviour support also includes exploring how a person's learning history and other personal factors may be contributing to the person's behaviours of concern (LaVigna & Willis 2012).

Ten things to remember

Positive behaviour support is accepted almost universally as the most effective intervention approach for behaviours of concern. Positive behaviour support improves quality of life and reduces the frequency, intensity and duration of behaviours of concern (Harvey et al. 2009; McClean & Grey 2012; Hassiotis et al. 2009; LaVigna & Willis 2012; Crates & Spicer 2016; Horner et al. 2009).

Gore et al. (2013) outline ten key components of positive behaviour support:

1. Prevent and reduce challenging behaviour in the context of increased quality of life, inclusion, participation and valued social roles.
2. Use constructive approaches: intervention, skills and avoiding aversive or restrictive practices.
3. Stakeholders must be involved.
4. Behaviour serves a purpose and is functional.
5. The use of applied behaviour analysis is primary.
6. The use of other complementary, evidence-based approaches is secondary.
7. Decision making is driven by data.
8. Interventions are based on professional assessment of the purpose of the behaviour.
9. Proactive and reactive strategies must be used.
10. Implementation should be monitored and evaluated over the long term.

Human rights

Positive behaviour support integrates applied behaviour analysis with the contemporary obligation to protect wellbeing and dignity as established in the *United Nations Convention on the Rights of Persons with Disabilities* ('UNCRPD') (Carr et al. 2002; Chan, French & Weber, 2011).

Recognition of the human rights of people with disabilities supports them to fully participate in and contribute to society (French 2010).

Some people may engage in behaviours of concern despite the improvements in their social context brought about by person-centred practice, community participation and human rights protections. In these situations, positive behaviour support employs applied behaviour analysis to aim to reduce the intensity, frequency or duration of behaviours of concern (Carr et al. 2002). Doody (2009) demonstrated that a good quality positive behaviour support plan aligns with the aims of the UNCRPD.

Preparing a positive behaviour support plan

When preparing a positive behaviour support plan, clinicians must meet legal requirements and the relevant clinical standards of quality and care. Include person-centred practice, professional standards and professional protection. It is also important that plans be easy to understand so implementation is more likely to happen (Wardale et al. 2016).

Behaviours of concern significantly affect the lives of people with intellectual disability and their carers. The plan should address the real need for ongoing, effective and relevant interventions made in the best interests of the individual with intellectual disability (Carter 2006).

The DSA requires that all people subject to restrictive practices have a positive behaviour support plan. Many people with an intellectual disability who engage in behaviours of concern, however, are not subject to such practices and therefore are not required by law to have a positive behaviour support plan.

However, as a minimum practice requirement and from a human rights perspective (Chan, French & Webber 2011), these people too should have a positive behaviour support plan to improve quality of life and reduce behaviours of concern. A positive behaviour support plan where restrictive practices are used with people with an intellectual or cognitive disability who are receiving funded disability support must meet the requirements of Part 6 of the DSA.

What can I do?

- Make sure the person's rights under the UNCRPD are recognised and respected
- Improve the person's quality of life
- Collect data on the person's quality of life, the frequency, intensity and duration of behaviours of concern as well as the things that happen before and after the behaviours.
- If restrictive practices are used, make sure you comply with relevant legislation. Consider:
 - Is the restriction necessary for safety?
 - Is it the least restrictive of the available alternatives?

For publications and resources about the DSA, see:

communities.qld.gov.au/disability/service-providers/centre-excellence/positive-behaviour-support/publications-resources

- Also consider:
 - Is the practice proportionate to the level of risk associated with the behaviour of harm?
 - Is the intervention justifiable in a society committed to the values of human dignity, equality and freedom (French 2010)? Can we show that it is justified?
- Register for formal training in positive behaviour support. The Centre of Excellence for Clinical Innovation and Behaviour Support provides this training in Queensland, Australia.
- Commission a clinician to write a positive behaviour support plan or, if you'd like to write the plan, complete formal training in writing a positive behaviour support plan:

communities.qld.gov.au/disability/service-providers/centre-excellence/practice-leadership-learning-resources/training

- Implement, monitor and review the plan, following consultation between the person, stakeholders and plan writer.

Develop yourself

Grow your career, skills and knowledge with professional development opportunities at the Centre of Excellence for Clinical Innovation and Behaviour Support:

communities.qld.gov.au/disability/service-providers/centre-excellence

References

- Bowring, DL, Totsika, V, Hastings, RP, Toogood, S & Griffith, GM 2017, 'Challenging behaviours in adults with an intellectual disability: A total population study and exploration of risk indices', *British Journal of Clinical Psychology*, vol. 56, no. 1, pp.16–32.
- Crates, N & Spicer, M 2016, 'Reactive strategies within a positive behavioural support framework for reducing the episodic severity of aggression', *International Journal of Positive Behavioural Support*, vol. 6, no. 1, pp. 24–34.
- Carr, EG, Dunlap, G, Horner, RH, Koegel, RL, Turnbull, AP, Sailor, W, Anderson, JL, Albin, RW, Koegel, LK, & Fox, L 2002, 'Positive behavior support: evolution of an applied science', *Journal of Positive Behavior Interventions*, vol. 4, no. 1, p. 420.
- Carter, WJ 2006, *Challenging behaviour and disability: a targeted response*, report to the Honourable Warren Pitt MP, Minister for Communities, Disability Services and Seniors.
- Chan, J, French, P & Weber, L 2011, 'Positive behavioural support and the UNCRPD', *International Journal of Positive Behaviour Support*, vol. 1, no. 1, pp. 7–13.
- Doody, C 2009, 'Multi-element behaviour support as a model for the delivery of a human rights based approach for working with people with intellectual disabilities and behaviours that challenge', *British Journal of Learning Disabilities*, vol. 37, no. 4, pp. 293–9.
- Emerson, E 2001, *Challenging behaviour: analysis and intervention in people with severe intellectual disabilities*, 2nd edn, Cambridge University Press.
- French, P 2010, 'The management of risk: a human rights perspective', Paper presented at the Strength to Strength 2010 National Disability Services and Disability Professionals Victoria State Conference, 2 March 2010.
- Gore, NJ, McGill, P, Toogood, S, Allen, D, Hughes, JC, Baker, P, Hastings, RP, Noone, SJ & Denne, LD 2013, 'Definition and scope for positive behavioural support', *International Journal of Positive Behavioural Support*, vol. 3, no. 2, pp. 14–23.
- Harvey, ST, Boer, D, Meyer, LH & Evans, IM 2009, 'Updating a meta-analysis of intervention research with challenging behaviour: Treatment validity and standards of practice', *Journal of Intellectual & Developmental Disability*, vol. 34, no. 1, pp. 67–80.
- Hassiotis, A, Robotham, D, Canagasabay, A, Romeo, R, Langridge, D, Blizard, R, Murad, S & King, M 2009, 'Randomised, Single-Blind, Controlled Trial of a Specialist, Behaviour Therapy Team for Challenging Behaviour in Adults with Intellectual Disabilities', *American Journal of Psychiatry*, vol. 166, pp. 1278–85.
- Horner, R, Sugai, G, Smokowski, K, Eber, L, Nakasato, J, Todd, A & Esperanza, J 2009, 'A Randomised, Wait-List Controlled Effectiveness Trial Assessment School-Wide Positive Behavior Support in Elementary Schools', *Journal of Positive Behavior Interventions*, vol. 11, no. 3, pp. 133–44.

LaVigna, GW & Willis, T, 2012, 'The efficacy of Positive Behaviour Support with the most challenging behaviour: The evidence and its implications', *Journal of Intellectual and Developmental Disability*, vol. 37, no. 3, pp. 185–95.

Lowe, K, Allen, D, Jones, E, Brophy, S, Moore, K & James, W 2007, 'Challenging behaviours: Prevalence and topographies', *Journal of Intellectual Disability Research*, vol. 51, no. 8, pp. 625–36.

McClellan, B., Grey, I (2012). A component analysis of positive behaviour support plans. *Journal of Intellectual and Developmental Disability*, 37(3), 221-231.

Vassos, MV & Nankervis, KL 2012, 'Investigating the importance of various individual, interpersonal, organisational and demographic variables when predicting job burnout in disability support workers,' *Research in Developmental Disabilities*, vol. 33, pp. 1780–91.

Wardale, S, Davis, F, Vassos, M & Nankervis, K 2016, 'The outcome of a statewide audit of the quality of positive behaviour support', *Journal of Intellectual & Developmental Disability*, vol. 43, no. 2, pp. 202–12.

About the Centre

At the Centre of Excellence for Clinical Innovation and Behaviour Support, our vision is for positive behaviour support to be embedded throughout the person's whole support system. Family and supporters are central, guided by a collaborative multidisciplinary team.

The Centre researches innovative approaches to training for supporters of people with intellectual disabilities.

The Centre's training caters to learning needs of all areas of disability service provision, from frontline staff member to clinician to executive officer.

Please contact us for more information about upcoming events, our news, the Centre's research projects and learning and development opportunities.

centrefexcellencetraining@communities.qld.gov.au

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