

PBS- Handout for Clinicians

PART 1: What is Positive Behaviour Support?

Positive Behaviour Support is an evidence-based applied science that focuses both on the prevention of challenging behaviour as well as the reduction of problem behaviour (Australian Psychological Society, 2010; Carr, Dunlap, Horner, Koegel, Turnbull, Sailor, Anderson, Albin, Koegel, & Fox, 2002; Filter, Tincani & Fung, 2008; McVilly, 2011). Moreover, PBS is concerned with outcomes of improved quality of life for people with disability, their family and other stakeholders (Carr, 2007; Carr et al, 2002; Filter et al, 2008; McVilly, 2002). It is an approach applicable across a range of settings, including homes, schools and communities (Heineman, Childs & Sergay, 2006) and a recommended approach for behaviour support professionals (The Australian Psychological Society (APS), 2010; Lucyshyn, Dunlap & Albin, 2002). This overview of PBS focuses on individuals and families living in family homes and community. There is another large area of literature dedicated to educational settings, generically referred to as school-wide positive behaviour support, which is not the focus of this overview.

PBS has a dual intervention focus (Carr et al., 2002):

1. Use of educational methods to expand a person's behavioural repertoire – teaching and reinforcing more adaptive/positive behavioural responses to meet communication needs
2. Employment of Systems change methods to redesign a person's environment to both enhance quality of life for the person and key stakeholders as well as to reduce problem behaviours.

The primary goal of PBS is to help a person's lifestyle evolve in a way that improves quality of life for themselves and all significant stakeholders (e.g. family members, support staff, educators, significant others) (Carr et al, 2002). A secondary goal is to render problem behaviour irrelevant by providing an alternative more socially acceptable set of behaviours that the consumer can easily access and stakeholders can readily support with the result of reducing or eliminating the problem behaviour (Carr et al, 2002).

Where does Positive Behaviour Support Come from?

Applied Behaviour Analysis

Applied behaviour analysis (ABA) is concerned with the scientific study and systematic intervention approaches derived from the field of operant psychology (Carr et al, 2002). Many elements of effectively analysing and understanding

behaviour used within the PBS approach are derived from ABA. PBS emerged in the 1980's in response to growing concern over the use of aversive interventions at that point in time (Heineman et al, 2006). PBS was also seen as offering greater ecological validity compared to ABA given increased willingness to consider data from less experimentally rigorous methodologies such as qualitative analysis (Carr et al, 2002).

Inclusion Movement

PBS identifies that people with disability should live in the same settings as others and have the same access to opportunities as others, and in doing so, reinforces the notion of inclusion as a goal in program planning (Carr et al, 2002).

The emphasis on inclusion is reinforced in the oft-cited work of John O'Brien on the 5 accomplishments, or quality-of-life values (O'Brien & O'Brien, 1991).

1. Being present in and participating in community
2. Having valued roles and achieving social respect
3. Maintaining and satisfying personal relationships with family and friends
4. Expressing personal preferences and making choices
5. Gaining skills and competencies

Person-centred values

PBS identifies that humanistic values and considerations need to inform an empirical approach to management of behaviour (Carr et al, 2002). Person-centred planning is an approach by which the values and preferences of individuals are taken into account in intervention planning (Carr et al, 2002).

Why use PBS and not just ABA?

PBS is increasingly recognised internationally as the benchmark approach to supporting people with disability to live valued and inclusive lives within society. PBS is informing government policy, funding programs, and the broader professional community concerned with improving quality of life and meaningful outcomes for people with disability and those who support them (Carr, 2007).

ABA is a valued and valid clinical approach to supporting people with disability, their family and carers who share experiences of challenging behaviour. PBS builds on the excellent foundation of an ABA approach to behaviour management with the addition of a greater focus on the environmental context, person-centred values, and the importance of collaborating with key stakeholders in a person's environment (Carr et al, 2002). This focus ensures that intervention is focused on meaningful

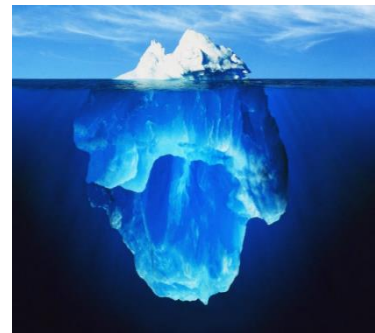
outcomes that have a tangible out come on the quality of life of the person with disability and those who support them. In turn, this invariably places an emphasis on sustainable behaviour change, as the context of the environment and the capacity and needs of the people who support an individual are all considered and addressed as part of the response.

The key elements of a PBS approach to supporting people with disability, their family and carers who share experiences of challenging behaviour are detailed below.

Where we focus matters

We tend to focus on what we see

- The tip of the iceberg may be what is most obvious/visible but we're only looking at a small part of a bigger picture
- We may only be scratching the surface in terms of what might be happening and what we understand
- If we only work with the tip of the iceberg, our understanding of a situation or person is very limited
- We may be more likely to make assumptions



“When we see behaviour, how does that influence how we see a person?”

- Assumptions are usually focused on how we see the person – has anyone had experience of this?
- E.g. “they are being manipulative/attention-seeking/doing it deliberately to push my buttons/understands everything I say”
- When this language starts to emerge, reputations can start to build and the person becomes the problem
- The focus then becomes on the person needing to change

“If we see the person as the problem, how does that influence how we respond?”

- Blame the person, react

- React by providing consequences
- Tendency to try to make the behaviour disappear or 'fix' the problem or 'contain' – this can lead to restrictive approaches
- Focus on teaching the person new skills such as 'anger management'
- Emphasis on teaching people to do other things instead (replacement behaviours)

“What is the impact of responding this way?”

- No further along in understanding what to do or what the person needs
- Behaviour tends to re-surface

“There are a number of underlying factors that influence behaviour”

- Shifting the focus off the behaviour/person leads to a greater understanding of the person's needs”
- When we understand where a person's unmet needs are, we know what to do

“When trying to meet unmet needs of those we support, we can often start in the wrong place”

- We are focused and committed to supporting people to have a good life and we get really good at developing plans to address these needs. Community access programs, skill development programs, social opportunities, engaging people in choice making about important things in their life
- Sometimes what's missing is the focus on the foundational needs that need to be met in order for the good life to be supported
- We often forget that if a person is not regulated, if they're stressed, anxious or overwhelmed, they are going to find it very difficult to engage in the meaningful things in their life or meet expectations. Sometimes these states of

dysregulation have been normalized by those around the person and they aren't recognised as being stressed. Sometimes people's needs change or circumstances shift things and there hasn't been an opportunity to pause and reflect on those changes. The foundation starts to get rocky but the expectations to engage in the 'good life' goals remain the same.

- The house model is just one pictorial concept of the foundational needs that we all need met to experience a good life



Foundational needs: need to be understood in order to focus on the good life

- ❖ Predictability and control
- ❖ Processing of information
- ❖ Communication with others
- ❖ Social interaction and sense of belonging
- ❖ Sensory regulation
- ❖ Pleasurable and meaningful engagement

Supporting a good life: can be more achievable with a solid foundation

- ❖ Connections to peers, family and community
- ❖ Friendships, family relationships and intimate relationships
- ❖ Making meaningful choices
- ❖ A sense of purpose and occupation – feeling valued
- ❖ Feeling safe, secure and in control of life

“Understanding a person’s needs help us identify what needs to change in the environment to meet the person’s needs”

- Capable environments (handout provided) relates to the areas of unmet needs listed above
- The principals of PBS take us in the direction of focusing on the environment and building capacity to meet needs

PART 2: Principals of PBS

Strengths focus

- Focus is on the strengths of the person and the system around them
- Building the capacity of those around the person to meet their needs starts with recognising where the strengths are
- Recognising and developing support capacity (supports versus person)
- Emphasis on teams accessing their own resources – e.g. co-development of support plans that fit with the pragmatics of the workplace
- Creating a safe space where there is permission to make mistakes (Psychological Safety – see Positive Stories, UWA Research)

Genuine partnerships to make sustainable change

- Non-expert approach – recognising and acknowledging the existing expertise
- Sharing expertise and experiences
- Focus is on developing a shared understanding of what the person’s needs are and how well they are met
- Meeting the system where they are at, taking a non-judgemental approach
- Focus is on relationships
- Look for change agents/champions

Collaborative support planning rather than behaviour support planning

- Ensuring in depth knowledge of the person and functional impact of disability
- Knowing the person and support system well, strengths, needs, gaps, resources
- Attending to and addressing unmet needs that drive behaviour

Part 3: A framework for the implementation of PBS

This is one framework that lends itself to the PBS approach:

- It's a starting point
- It is presented in a concrete format to support the learning of the approach but in real time is it dynamic, fluid and non-prescriptive
- Developing the approach takes time
- Learning is ongoing

1. **Preparing for the conversation:** aligning ourselves with the underlying principals

a) **Positioning ourselves** - to shift the focus to the environment and develop partnerships that allow us to put supports in place

- Validating with active listening and showing empathy
- Demonstrating neutrality and curiosity
- Being non-judgemental
- Using tentative language
- Focusing on engagement
- Paying attention to points of leverage or champions in the system

b) **Developing hunches** – “We flirt with hypotheses, we don't marry them”

- There may be many assumptions about what might be happening for the person
- Develop hunches about what might be going on

- Map out what we want to know more about

c) Approach to exploring

- Solution-focused style of questioning that doesn't deepen the problem and draws out strengths
- Looking for exceptions – when the problem isn't there. Timing is important- looking for exceptions too early may not be well received
- Circular questioning to draw out similarities and differences across time, environments, people

2. **Engaging in the conversation:** some core questions can help us create a map from needs > to supports to > next steps

a) “What is happening?”

“When are things not going well?”

“What is working well?”

“When does the person appear most calm, happy and engaged?”

b) “What might this tell us about unmet needs?”

Link what the environment is providing to the foundational needs, for example:

- When a person is more regulated having a routine in place, what does that tell us about their need for predictability?
- When a person is more engaged and regulated when using a calendar or shopping list, what might that tell us about their processing needs?
- When a person is more dysregulated on the days when they have no conversations, what might that tell us about their need for social interaction?

c) “What supports are already in place to meet those needs?”

For example:

- A visual schedule may be in place to support the person's understanding of what is happening in the morning and this time of day is working well.
- A family member may be providing social interaction on Saturday mornings and this is working well.

d) “What are the gaps?”

- When are the supports to meet the needs not in place?
- Does this coincide with the times when things are not working well?
- What tweaks to supports might improve things?

For example:

- Extending the visual schedule to the afternoon/evenings
- Providing more opportunity for social interaction

e) “What are the next steps?”

- What small steps may help the system put supports in place?

For example:

- Sharing the understanding about needs and supports with others (a school meeting, session with a support worker/other family members)
- Assistance to develop visual supports
- Setting up processes to continue reflecting and maintain the shared understanding

Links to Helpful Resources:

Capable Environments Overview: <http://www.kcl.ac.uk/sspp/policy-institute/scwru/news/2014/newsfolder/McGill-et-al-Capable-environments.pdf>

Positive Stories Research on implementation of PBS within the WA Disability Sector: [http://www.ideaswa.net/upload/editor/files/positive_stories_-_final_report_\(3\).pdf](http://www.ideaswa.net/upload/editor/files/positive_stories_-_final_report_(3).pdf)

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[carers/standards-and-quality-assurance/new-national-standards-for-disability-services](#)

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