



What does a Positive Behaviour Support Professional do?

If you have never had support from a Positive Behaviour Support practitioner before you may be wondering what to expect. There are many different things they may do. Here we will highlight some of the essential things you should see.

“If someone is hitting themselves in the face, assessment may show that the person has tooth ache. It would be unethical to stop someone communicating this pain. We should address the pain and this would stop the behaviour.”

Health is the first consideration

Before a PBS Professional begins any intervention they should complete an assessment. The first part of this assessment should be a health review to check for health issues that may cause the behaviour. If someone is hitting themselves in the face, assessment may show that the person has tooth ache. It would be unethical to stop someone communicating this pain. We should address the pain and this would stop the behaviour.



Behaviours can be associated with certain diagnoses. This does not mean these behaviours cant be changed, but we need to know what they are for and what is the reason to change them first.

The PBS practitioner may explore with you how to support your family member to see their GP or Dentist as part of this health review. Mental health problems should also be considered.

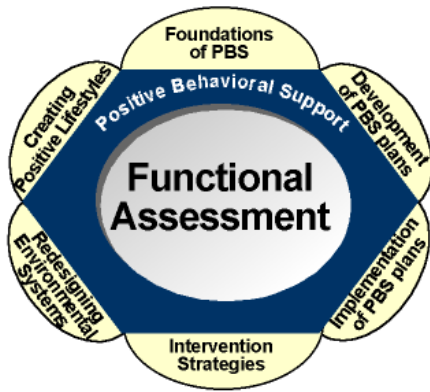
Understanding diagnoses

Sometimes behaviours are linked with certain syndromes or diagnoses. For example, it is common for people with Retts Syndrome to rub their hands together repeatedly, and it is common for people with autism to engage in repetitive behaviours such as hand flapping. When there are repetitive behaviours it is important to establish if these behaviours are harmful or helpful for your family member, recognising they may be harmful and helpful at the same time.

Repetitive behaviours are useful in many ways, such as coping with anxieties. If they are not harmful the practitioner should respect this and not try to change the behaviour, as they should only support changing behaviours if it is of benefit to the person. If they are harmful, or present a barrier to doing things and learning, the practitioner should produce a plan to teach a replacement skill that meets the same need. If a behaviour is linked with a diagnosis this does not mean the behaviour cannot change with the right support.

A Note on Medication

Sometimes medications are used as a treatment for challenging behaviour, but there is no medication that treats challenging behaviour. These medications are often used for their sedative side-effects, as they make people sleepy. Sometimes these are necessary in times of severe distress, but should be short-term whilst other assessments and interventions take place.



A Functional Assessment is essential to know what your family member gains or avoids from the behaviour. Plans are then developed to help them achieve this function in other ways

Functional Assessment

A functional assessment should be completed before a Positive Behaviour Support plan is put into place. This is an assessment to find out what your family member gains/avoids with this behaviour.

Interviews and questionnaires may be done with you, or others who provide support, to explore when and why the behaviours happen. You may be asked to complete recording forms such as ABC (Antecedent, Behaviour, Consequences) charts.

The assessment should also include some direct observations of the person, where the professional will watch your family member and make recordings to gather data about what happens.

The data collected should be shared with you. The professional should show you what the “baseline” data is. This is usually shown as a graph of the level/frequency of the behaviour before any plans have been in place.

A “formulation diagram” may be shown to you. This is a flowchart which summarises how the professional sees the behaviour is affected by things that happen before and after it. Importantly, the formulation should give details of what the professional thinks the function (or purpose) of the behaviour is, e.g. “David will hit himself in the head as he has learnt when he does this his support workers come to his attention”. You may be asked to put this formulation together with the practitioner, as you know your family member best.

A Positive Behaviour Support plan will be broken down into different areas. These areas may look like this:

- **Skills teaching** – what skills can be taught or improved for the person that meet the same function as the challenging behaviours;
- **Reinforcement strategies** – How will the new skills be supported to be more useful and rewarding than the challenging behaviours.
- **Prompting strategies** – what will be there to immediately prompt the new skills, and how can we minimise the prompts for the challenging behaviours
- **Setting events strategies** – how can we affect the things that are going on in the background for the person that make them more or less likely use the new/improved skills?

Limitations of the assessment

A practitioner should share with you that, if their assessment of the behaviour is in one place then it may not apply to other places. For example a young boy may scream whilst lying on the floor at home to gain his mother's attention, yet he may do the same thing at school to avoid a task. The function is different, so the plan needs to be different. Assuming the behaviours will be for the same things in different places could accidentally make challenging behaviours worse.

Working together to develop a Positive Behaviour Support Plan

The functional assessment described above should lead to the development of a Positive Behaviour Support Plan. The practitioner should go through their draft plan with you. The finalised Positive Behaviour Support plan should be developed together with you to make sure the plan is realistic and achievable.

The plan may also describe how other professionals can contribute to the plan. For example a Speech and Language Therapist may have a great deal to contribute when teaching a person new skill in communication, or an Occupational Therapist may have role in reviewing the environment to get the setting events right. A Positive Behaviour Support plan generally encompasses all support the person needs and places it within this framework. It would not exclude other approaches.

A Note on Reactive Strategies

Positive Behaviour Support is a proactive approach that focusses on what people should do, not what they should not do. However, Positive Behaviour Support plans should also include reactive strategies so there is a plan about how everyone should respond if there is an incident of challenging behaviour. It is important to have a plan that everyone is able to follow consistently. Reactive plans in a Positive Behaviour Support plan will be focussed on ending the incident as soon as possible and making incidents less serious.

A Positive Behaviour Support plan should not include restrictive approaches, like physical restraint or using medication. These interventions may still be needed but it should be a crisis/risk management plan that sits alongside the Positive Behaviour Support Plan. The crisis plan should be used less often as the Positive Behaviour Support plan takes effect.

Key points:

- Positive Behaviour Support professionals should rule out health problems first. They may ask you about the physical and mental health of your family member
- A functional assessment should be completed before a Positive Behaviour Support plan is made. This will include interviews and observational recordings. You should see a baseline graph to show the frequency of challenging behaviours before the Positive Behaviour Support plan is put in place
- You may see a formulation diagram that summarises what the assessment suggests the function of the challenging behaviour is, i.e. what does your family member use the behaviour to get or avoid. You should be involved in putting together this formulation
- You should be involved in the development of the Positive Behaviour Support plan. This plan will focus on how people can be supported to learn/improve skills to meet the function in a different way.
- The plan should not include restrictive practices or things your family member will not like. If these things are needed they will be in a separate plan.

Thinking points:

- Consent is an important consideration when anything is going to be done to someone. Does your family member understand the proposed plan? If so have they agreed to the plan?
- Many people in receipt of a Positive Behaviour Support plan won't be able to consent. What steps have been taken to ensure the plan is agreeable to your family member? Have others been involved in this process? Has it been recorded that this is being done in their "Best Interest"?