What are Positive Behaviour Support Plans?

ACDS

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Introduction

The purpose of this resource is to help define and describe the use of Positive Behaviour Support Plans when working with individuals with developmental disabilities.

Sometimes individuals behave in a way that is a harmful to themselves or others. The concept 'behaviour of concern' means that an individual is displaying behaviour of such intensity, frequency or duration that the physical safety of individuals or others is likely to be placed in jeopardy. Furthermore, the consequences of the behaviour are likely to have serious impact on activities of daily living and/or quality of life.

This resource has been designed to answer the basic questions a front line staff, family member, or individual may have about Positive Behaviour Support plans.

Positive Behaviour Supports Approach

Over the past few years, the Applied Behavioural Approach (uses learning theory to teach/replace behaviours) was integrated with a person centered approach, resulting in the Positive Behaviour Supports (PBS) approach.

The defining feature of the PBS approach is that behavioural interventions are expected to align closely with the individual's dreams and personal goals. As well, it recognizes that the individual interacts with others in different environments and that these contexts must also be taken into consideration when addressing behaviour.

Positive Behaviour Supports: Plan as Part of a Process

Some individuals with disabilities have complex and challenging behaviours. These behaviours are likely preventing the individual from having a quality of life that she or he desires. The behaviours may also result in risk to the individual, others, and/or the environment. If this is the case, several processes are put into place.

Initially, a risk assessment will be completed on the individual. The risk assessment provides the 'big picture' perspective in regard to situations when an individual might become a danger to self, staff, others, or property. In situations where the individual may engage in violence, it is important to develop a risk management plan. The risk management plan will help identify ways to enhance the safety and protection of all people and perhaps property. As well, it would then become necessary to explore the possible need for a functional assessment to help identify the behaviours associated with the risk.

Risk Assessment

Crisis Intervention

Functional Assessment

Positive Behaviour Support Plan

In a functional assessment, the purpose of an individual's behaviours is explored by collecting data specific to the individual, their relationships and their environments. Using this information, the specialist is able to develop appropriate teaching and/or intervention strategies that are specific to the individual. A positive behaviour support plan is then developed from the results of the functional assessment to assist with formalizing, documenting, and monitoring the intervention strategies.
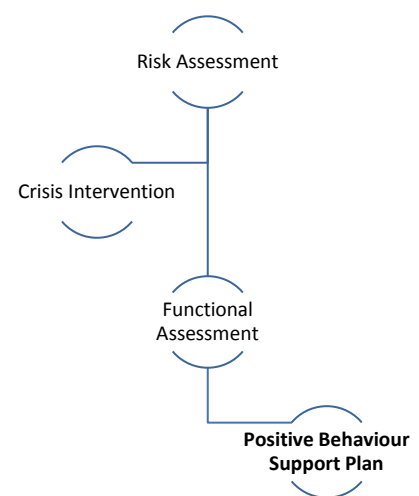
Developing a Positive Behaviour Supports Plan

As discussed earlier, some individuals have 'behaviours of concern,' meaning that their behaviour may be considered harmful in some way. These behaviours are typically considered 'anticipated' (likely to occur) in that the person may have a history of the behaviour. However, the behaviour may increase, decrease, or change over time. As such, family/staff members may choose to seek professional help to identify prevention and intervention strategies when behaviours are interfering with an individual's safety and quality of life.

Generally, a trained professional (graduate level training in behaviour and/or psychology) is best suited to develop a Positive Behaviour Supports (PBS) plan. A certain level of training, education, and experience is important as the professional is required to interpret the information from the Functional Assessment and create a meaningful intervention plan. The professional uses the information provided, their training/education, and past experience when developing a PBS plan that is helpful for the individual and care providers/family.

Sometimes, the situation is more simplistic and straightforward. In these situations, the agency may have a trained specialist who will develop a PBS plan.

Alberta Council of Disability Services has defined Qualified Person with respect to behavioural supports as:

- A staff member, service provider, or caregiver who develops, implements, and/or reviews the use of planned positive procedures and/or restrictive procedures must be qualified to do so. A qualified person may be a psychologist with relevant training and experience in behavioural management, or a person with at least two years of relevant training that includes behavioural supports and a minimum of three years of practical experience in behavioural supports (including planned positive procedures and restrictive procedures).

- A qualified person would also be responsible for supervising interventions that use planned positive procedures and restrictive procedures.

- Note: a person with the above training and experience would also be limited in the kind of restrictive procedures they are allowed to approve, implement, and supervise. For instance, a psychologist could be consulted for anything involving psychotropic medications and for the supervision of individuals who require more complex behavioural procedures (e.g., aversive conditioning); however, a psychiatrist or physician would be required to prescribe any medications.

Remember, family and/or staff members as well as the qualified person may have different ways of interacting with an individual. It is important to choose a professional that will listen to the perspective of the individual with the challenging behaviour along with family members and key service providers.

The following are typical components of a Positive Behaviour Support Plan:

Rationale

It is important to identify the philosophy and values guiding the plan. This is where the individual and/or family/staff members agree on why the plan is necessary and how the plan will contribute to the individual's quality of life. Ethical considerations are discussed here and decisions/agreements are made very explicitly.

Goals

This section provides the long term direction of all teaching and/or intervention strategies. For example, it will address what behaviours are being addressed.

Please note that typically it is expected that the goals will focus on increasing appropriate behaviours. Generally, the focus should not be on reducing or eliminating a behaviour. The assumption is that behaviours of concern are a communication. Reducing a behaviour means closing off communication. Teaching new skills, changing environments and/or social expectations are ways of increasing the communication. This in turn is more aligned with the philosophy of being person centered and using PBS plans as a way to move toward a better quality of life.

Objectives

Ideally, the goal will be able to be broken into several different short term tasks that are SMART (specific, measureable, achievable, realistic, time sensitive). The behavioural consultant will help with ensuring that the behaviours are operationally defined which means they are observable and measurable.

Strategies

This part of the plan addresses the different strategies that can be taken into consideration. Following is a list of various approaches and strategies that the professional will consider when developing the PBS plan.

- **Modifying the Physical Environment**

    o   The focus here is on the actual physical setting such as the home, or work place.

    o   Example: In many residences 'sharps' (such as knives and scissors) are locked away.

- **Modifying the Social Environment**

    o   The emphasis here is on the expectations of social situation.

    o   Example: It is appropriate for someone to yell during a hockey game but not in a movie theatre.

- **Teaching Skills**

    o   This is a psycho-educational approach and assumes that with new information/insight/skills, an individual would make better choices instead of using the behaviour of concern.

    o   Example: Partly because of blood sugar levels, Jason gets very irritable when he is hungry. His family/staff member decides to teach him how to prepare a small snack by himself.

Implementation

This section identifies the resources and processes associated with implementing the plan. It may include things like staff training, procedures for documenting and recording data, data collection and summary sheets, use of positive reinforces etc.

Evaluation

This section outlines the process for reviewing the Positive Behaviour Support plan. It may include a brief summary of how the PBS plan will be evaluated. For example, it should identify if and when the plan will be terminated. It should also identify who will be involved in the decision to terminate a plan. There are several reasons to terminate a plan. For example ideally, the individual will move towards an enhanced quality of life and no longer have behaviours of concern. Another reason might be that the plan is not working and it is time to try a different approach/set of strategies.

Ethical Values and Positive Behaviour Support Plans

Sometimes it is confusing and difficult to make decisions for individuals who have complex behaviours. As care providers, the goal is to help an individual have a better quality of life. It is sometimes easier to make decisions for someone from a place of caring and compassion instead of a place of respect for the individual's right to make their own decisions and determine their own quality of life.

There are very specific professional values that help professionals make ethical decisions in these challenging situations.

Principle I: Respect for the Dignity of Persons

The focus of this principle is to ensure the basic rights and choices of the individual are upheld and maintained. It includes concepts like informed consent, confidentiality, and non-discrimination. This is the most important principle and it comes first, before the other principles.

Principle II: Responsible Caring

It is important to ensure that all approaches taken towards an individual in service maximize the potential benefits and minimize potential harm. While it is necessary to make decisions based on caring for the welfare of the individual, it is imperative to ensure the individual's choice is incorporated into any planning.

Principle III: Integrity in Relationships

The focus here is to ensure interactions and relationships are in the best interests of the individual receiving services. The Human Services field is relatively small, and even smaller when working in rural communities. In some situations, a staff may have multiple relationships with an individual and family. It is important to act professionally and discuss complicated relationships.

Principle IV: Social Responsibility

This principle focuses on the fact that responsibilities to an individual extend beyond the person being served. There is a responsibility to other members of the family, home, agency, and/or community that must be taken into consideration. At times individuals with complex behaviours may break the law. It is essential that family/staff members are aware and informed as to what course of action to take when this happens.

Following are some samples of professional and/or ethical concerns that arise when working with adults with disabilities.

1. Jordan, a 27 year old male living on his own dislikes house work and prefers watching the television. His family/staff member decides to only let him watch T.V. after his chores are finished.

   It makes sense that his family/staff member thinks it is best for Jordan to have a clean house. However, as a 21 year old male, Jordan has the right to make the decision if he wants to clean the house or watch T.V. in the evenings. His decision makes sense given his age and stage of life, although it may not be desired by family/staff members.

2. Shania, a 38 year old female is living with her sister and working at a local coffee shop. The sister decides Shania is drinking too much coffee and replaces all the coffee in the house with 'decaf.' She doesn't tell Shania.

   The sister wants what is best for Shania, however, it is important to talk with Shania and discuss the situation. It is not respectful to replace the coffee without Shania's knowledge. Ideally Shania's consent and cooperation is required. In the end, it is Shania's decision (unless there are medical issues which would require further discussion).

3. Mirek is a 43 year old male with FASD. He will often wander out of the house and down to the local corner store without informing his family/staff member. The agency decides to attach an alarm to the door so family/staff members know when he leaves the house.

   This is a very invasive approach to Mirek's behaviour of leaving without telling anyone. It is better to try other teaching strategies before using such a high intensity intervention. While this may be the easiest solution to family/staff concerns, it does not offer Mirek any opportunity for him to learn new behaviours that will help him in his life.

4. *Staszia* is a 32 year old female staff member working at a local agency. When she arrived at her local yoga class, the mother of one of the individuals that Staszia works with sits down beside her. The mother starts asking questions about her son his plans for the week. Stasiza updates the mother on this week's activities.

   Staszia is in a very difficult situation. Ideally she wants to maintain a good relationship with the mother, however, it is not the right time and place for this conversation.

Key Things to Remember

- PERSON CENTERED is the desired foundational philosophy when developing and implementing a Positive Behaviour Support plan.

- COMMUNICATION is critical to successfully implementing a plan. The team must communicate with each other, the individual, family members, the person overseeing the plan etc.

- ACCURACY is important when collecting data and monitoring changes (increases or decreases). Different tools measure different things – it may be necessary to experiment with several approaches until data collection becomes efficient and effective.

- CLEAR and CONCISE is important! A PBS plan must be easy to understand, straightforward and easy to communicate to others.

- COLLABORATIVE TEAM approach is important. Everyone has information and insight to contribute to the discussion and formulation of teaching and intervention strategies. Differences in opinions between staff, family and/or the qualified person need to be addressed and resolved before a plan is implemented.

Conclusion

A Positive Behaviour Support Plan offers a formalized plan that focuses on specific goals and objectives designed to increase an individual's quality of life.

When used effectively, a PBS plan ensures that an individual with complex and challenging behaviours is provided a variety of supports and resources from family/staff members in a way that is respectful and mindful of the larger picture.

In closing, it is important to remember that a Positive Behaviour Support plan is part of planning for an individual with complex needs and challenging behaviours. There are other tools such as person centered plans, risk assessments, crisis intervention plans, functional assessments and service plans that are important to ensuring the best quality of service.

Resources

Textbooks

Fischer, W. W., & Piazza, C.C. (2011). Handbook of applied behaviour analysis. NY: Guildford Publications.

Koegel, L. K., Koegel, R. L., & Dunlap, G. (Eds.). (1996). Positive behavioural support: Including people with difficult behaviour in the community. Baltimore: Paul H. Brookes.

Lucyshyn, J. M., Dunlap, G., & Albin, R. W. (2002). Families and positive behaviour support. Baltimore: Paul H. Brookes.

Malott, R. W. (2008). Principles of Behaviour (6th ed). Upper Saddle River, NJ: Pearson.

Meyer, L. H., & Evans, I. M., (1989). Nonaversive intervention for behaviour problems: A manual for home and community. Toronto: Paul H Brookes Publishing Co.

O'Neil, R. E., Horner, R. F., Albin, R. W. Albin, R.W., Storey, K., & Sprague, J.F. (1996). Functional assessment and program development for problem behaviour: A practical handbook. Florence, KY. Wadsworth Publishing.

Wheeler, J.J., & Richey, D.D. (2010). Behaviour management: Principles and practices of positive behaviour supports. San Francisco: Pearson.

Academic Journals

International Journal of Behavioural Consultation and Therapy

Journal of Applied Behaviour Analysis

Journal of the Experimental Analysis of Behaviour

The Behavioural Analysis Today

Academic Articles

Carr, E. G., Dunlap, G., Horner, R. H., Koegel, R. L., Turnbull, A. P., Sailor, W., Anderson, J., Albin, R. W., Koegel, L. K., & Fox, L. (2002). Positive behaviour support: Evolution of an applied science. *Journal of Positive Behaviour Interventions, 4,* 4-16.

Carr, E. G., Horner, R. H., Turnbull, A. P., Marquis, J. G., McLaughlin, D. M., McAtee, M. L., Smith, C. E., Ryan, K. A., Ruef, M. B., Doolabh, A., & Braddock, D. (1999). *Positive behaviour support as an approach for dealing with problem behaviour in people with developmental disabilities: A research syn- thesis.* Washington, DC: AAMR.

Strain, P. S., & Hemmeter, M. L. (1997). Keys to being successful when confronted with challenging behaviour. *Young Exceptional Children, 1(1),* 2-9.

Websites

Association of Positive Behaviour Supports

- Multidisciplinary organization that is supports Positive Behaviour Supports research and intervention strategies. http://www.apbs.org/

Disability and Community Care Services (Australia)

- This site offers resources, information, policies, procedures, and tools related to PBS. http://www.communities.qld.gov.au/disability/key-projects/positive-futures/publications-and-resources#service-provider-tools-and-resources

References

Wheeler, J.J., & Richey, D.D. (2010). *Behaviour management: Principles and practices of positive behaviour supports.* San Francisco: Pearson.