



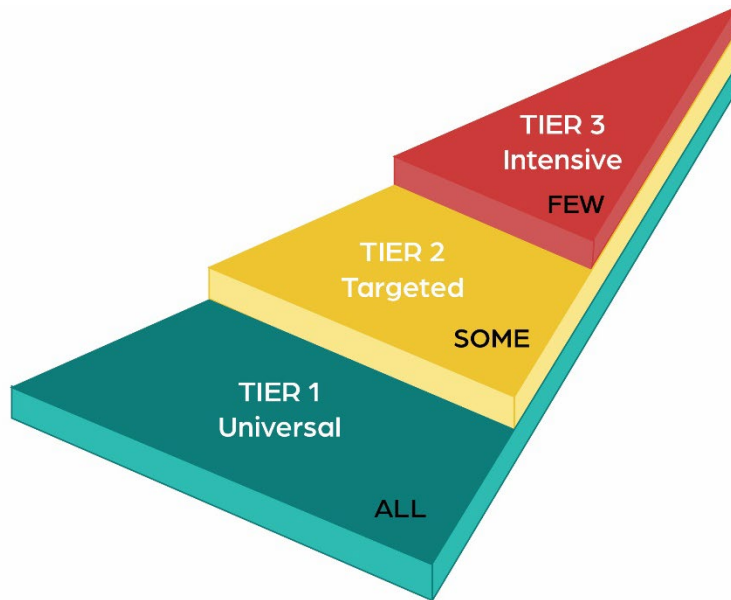
PBS for Individual
and Community
Services Guide
(Tiers 2 and 3)



aspect
Autism Spectrum Australia

About this guide

Aspect's Positive Behaviour Support (PBS) approach consists of three tiers:



Tier 1 supports are universal supports that are in place for all participants that access ICS. **Tier 1 support practices are outlined in the [PBS section](#) of the Aspect approach website.**

When behaviours of concern persist despite Tier 1 supports being in place, Tiers 2 and 3 level supports can be used. **This guide outlines the use of [Tier 2](#) and [Tier 3](#) supports to address specific behaviours of concern. It covers modifying the environment, understanding the underlying causes of behaviour and working with the person and their support network to identify additional skills or strategies for motivating behaviour change.**

PBS forms

Aspect uses four coloured forms to structure PBS support across ICS:

- [Individual Autism Profile \(Green Form\)](#)
- [Positive Behaviour Support Plan \(Orange Form\)](#)
- [Behaviour Response Plan \(Red Form\)](#)
- [Implementation Checklist \(Blue Form\)](#)

These templates have been developed to meet evidence-based criteria for PBS plans such as:

- behaviour being defined in observable terms
- descriptions of typical antecedents (what happens before a behaviour) and consequences leading to an understanding of function
- a matched multi-element support plan.

Plans developed are used alongside team work and goal setting, assessment, and development of support strategies, with monitoring and review. Participants accessing discrete PBS services with Aspect Therapy are also provided with either interim or comprehensive behaviour support plans that are multi-elemental.

In addition to these forms and plans, to implement effective PBS supports it is vital to include the person on the autism spectrum in the development and assessment of their PBS plans. There are a variety of tools and assessments to use with Autistic people to gather information and preferences for how to support when there are behaviours of concern.

Individual Autism Profile (Green Form)

Individual autism abilities & support needs	Matched Support Strategies (based on autism needs assessment)
1	1
2	2
3	3
4	4
5	5
6	6

Behaviours of concern often occur due to a mismatch between a person's needs and their support and environment. It is important that staff understand a person's support needs and develop matched supports (see [Positive Behaviour Support Provision in Individual and Community Services](#) procedure and [Positive Behaviour Support Services for Aspect Therapy](#) procedure).

ICS staff can develop an [Individual Profile \(Green Form\)](#) for individuals as required who need further support and prevention for behaviours of concern. This profile assesses a person's quality of life, strengths and interests and autism needs using information from all stakeholders, including the person themselves. For each identified support need, a strategy goal is developed to meet this need. Key strategies can be put on an [Implementation Checklist \(Blue Form\)](#) to

promote them being implemented consistently.

Positive Behaviour Support Plan (Orange Form)

Aspect has developed a simple structured [Positive Behaviour Support Plan \(Orange Form\)](#) template to support plans to meet evidence-based requirements of functional behaviour assessment. This form has an Antecedent Behaviour Consequence (ABC) assessment on the top row, descriptions of the function of behaviour in the middle row and a range of matched support strategies on the bottom row. This form should be reviewed and updated as part of the

PBS process (see [Positive Behaviour Support Provision in Individual and Community Services](#) procedure).

The [Individual Autism Profile \(Green Form\)](#) and [Positive Behaviour Support Plan \(Orange Form\)](#) are the key documents for positive behaviour change. These are usually used by staff in Aspect Therapy who are supporting participants who may have behaviours that challenge and for specialised ACS staff when a comprehensive or interim plan under the NDIS has not yet been provided. PBS practitioners within Aspect Therapy use this form and it makes up part of interim and comprehensive behaviour support plans.

Behaviour Response Plan (Red Form)

If challenges do arise, a [Behaviour Response Plan \(Red Form\)](#) will guide the actions of others to respond consistently and calmly, to reduce the distress of the individual and to keep everybody safe. Aspect's [Behaviour Response Plan \(Red Form\)](#) is a document written collaboratively with the person, their support team and is divided into three columns and five rows. The first row is a description of how the person may present at different levels of escalation, whilst the second row summarises what to do at each level of escalation to keep everyone safe and prevent behaviour from escalating. The third column is dedicated to support strategies for staff or others who may be supporting behaviours of concern, helping them to stay calm and safe during escalation patterns and enable coregulation.

It is important to intervene as early as possible and there is a step-by-step process to follow once persistent behaviours of concern occur. It is OK to 'give in', walk away or ignore behaviour sometimes, as long as you have a long-term plan. This

form is developed by PBS practitioners within Aspect Therapy and specialised ACS staff, and may be implemented by a range of ICS staff.

Implementation Checklist (Blue Form)

Implementation Checklist
Name: _____

My list of things to do to get going
Write a list of all the 'one-off' things you have to do, people to contact, things to buy or make, meetings to organise, etc. and write who is responsible for doing the task. Tick it off when it's done!

#	Task	Who will do it and when	Completed
1	Apply and follow the Standard Operating Procedure (SOP) for the individual's plan	Mon-Fri 9:00	<input type="checkbox"/>
2			<input type="checkbox"/>
3			<input type="checkbox"/>
4			<input type="checkbox"/>
5			<input type="checkbox"/>
6			<input type="checkbox"/>
7			<input type="checkbox"/>
8			<input type="checkbox"/>
9			<input type="checkbox"/>
10			<input type="checkbox"/>
11			<input type="checkbox"/>

aspect practice
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PBS plans can be complex; people have multiple roles and are very busy, and as a result, PBS strategies are not always put into practice every day. To overcome this, Aspect staff use an [Implementation Checklist \(Blue Form\)](#) of key support strategies to support all stakeholders and those working with the individual to implement and monitor their support.

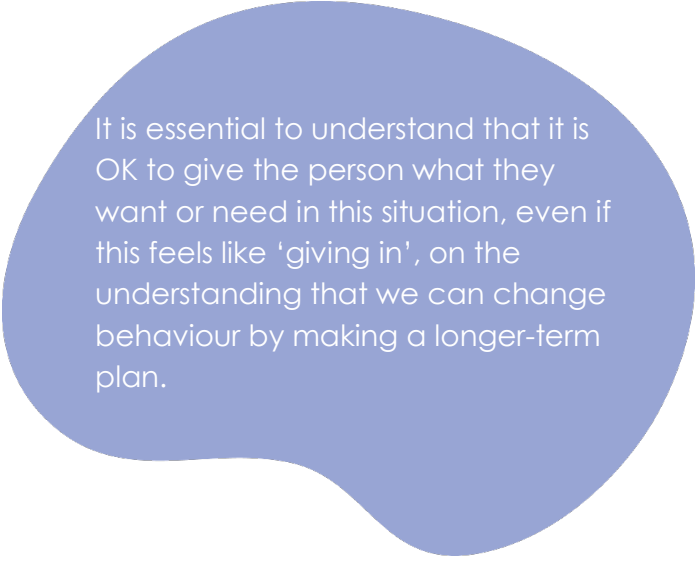
The [Implementation Checklist \(Blue Form\)](#) is a list of all of the most important proactive strategies that need to be done every day in order for the individual's plan to be put into action successfully. This form is used in Aspect Therapy, is included in comprehensive and interim behaviour support plans by PBS Practitioners and can be utilised by all staff in ACS.

Incidents of behaviours of concern are logged using Aspect's online risk management system (RiskMan). This is important data for tracking and analysing a situation around an individual (see [Incident Management Framework](#) procedure).

Tier 2 support

Step 1: Interim strategies

As soon as an incident occurs or there is a disclosure of behaviours of concern, the goal is to de-escalate the situation as quickly and safely as possible and to use the [Five Point Star](#) framework to help understand the situation from the person's perspective. All Aspect staff working in services are required to maintain non-violent crisis intervention accreditation, refreshing training once each year. This is a certified course which focuses on prevention and teaches management and intervention techniques to help staff cope with escalating behaviour in a professional and safe manner.



It is essential to understand that it is OK to give the person what they want or need in this situation, even if this feels like 'giving in', on the understanding that we can change behaviour by making a longer-term plan.

After an incident, adapt the routine as needed to maintain a safe, calm and supportive situation. This might include:

- adding extra downtime
- increasing access to preferred items
- reducing demands
- amending activities
- meeting sensory needs
- sticking to the planned schedule.

Whilst it is understandable that difficulties do sometimes arise, it is important that we work to prevent this from happening again. PBS often uses the phrase – *If we can predict it, we can prevent it.*

It is also helpful for staff to access support for their own wellbeing after any incident (see [Incident Debriefing](#) work instructions). This might be a short debrief with a supervisor, team leader, manager or colleague to more formal support through employment counselling, depending upon the frequency, severity and impact of the incident. It may be necessary to create or update risk assessments associated with service delivery.

Step 2: Team development and goal setting

PBS team

PBS is best completed using a team approach. This includes the person, their family/guardian and others who know them well. The more challenging the situation, the more frequent and comprehensive the teamwork needs to be. Where possible gain consent from the individual for the involvement of their support team involvement (See [Privacy of Personal Information in Service Delivery](#) procedure).

Family/guardian contact

After any incident, leadership will communicate the details of what happened to the person's family/representative (if they were not present at the time of the incident). It is understood that it is important for a family/representative to know how the person might be feeling in the environment, as this directly impacts how they might need to support them at home.

It is important to communicate objectively and empathically with families/representatives about incidents in other environments. Do not place blame on anyone who was supporting the individual at the time of the incident, but give an objective account of what occurred, including reassurance that the incident provides us with more information about the behaviour.

At this point staff need to highlight the importance of supporting and addressing the behaviours of concern. It is important that staff work with the family/representatives, respecting their choice and control for access to services, whilst at the same time making sure the needs and safety of the person are being met. Also consider the safety and wellbeing of staff working with the person. Support will be provided by leadership to address issues with families/guardians.

Depending on the business unit, Aspect staff will be involved at various levels of team-based supports and meetings.

Shared goals

The team begins by gaining a shared understanding of the situation and setting a few key outcome goals. Some of these goals may be around consistent implementation of strategies across environments, referral pathways, response planning and service provision.

Step 3: Assessment of needs

1. Collect Antecedent Behaviour Consequence (ABC) information

The most efficient and effective way to understand why behaviour occurs and to develop an effective support plan is to complete a detailed [ABC Understanding the Behaviour](#) form that is informed by the range of factors that impact behaviour (the person, those supporting them and the environment) and our understanding of the elements of the [Five Point Star](#).

The Behaviour Assessment Flow Chart is a step-by-step guide for staff to collect ABC information. It starts with a decision point: 'Is there a single behaviour or a number of different behaviours?'. If there's one, it asks for details like frequency and control. If there are multiple, it asks for a list and a focus. The next step is to 'Complete the ABC assessment process', which involves defining the behaviour, identifying antecedents and consequences, and gathering information from observers. A 'Goal' is then set. The chart then asks 'How are you going to collect the information?' and provides options for direct observation or interviews. It then asks 'What do you know when you observe the behaviour?' and 'What do you know about the function of the behaviour?' before leading to a final decision: 'Can you plan the function?'.

Staff use the [Behaviour Assessment flow chart](#) to complete an [ABC form](#) – when the behaviour is occurring.

This information should be collated into a single [ABC form](#) with the aim of answering the following questions:

- What is the function of the behaviour (why does it happen again and again)?
- Why do they use this behaviour instead of a more helpful one?

2. Review Individual Autism Profile (Green Form)

The Individual Autism Profile form is a structured document for reviewing a person's profile. It includes fields for Name, Date, and Signature. The main body is a table with two columns: 'Individual autism abilities & support needs' and 'Matched Support Strategies'. The table has six rows, each with a large number (1-6) in the first column and a smaller number (1-6) in the second column. Below the table, there are sections for 'Notes' and 'Matched Support Strategies'.

Review or formulate the person's [Individual Profile \(Green Form\)](#) to make sure:

- the profile and matched strategies are relevant and up to date
- the key support strategies are being implemented consistently.

Step 4: Support plan development

1. Complete Positive Behaviour Support Plan (Orange Form)

The [Positive Behaviour Support Plan \(Orange Form\)](#) can be completed with collaboration with the person, their family/representatives and other people who know them. For some families/representatives this form can be too overwhelming and may need to be completed outside of service delivery, to identify what key replacement behaviours and skills are appropriate. It may be more appropriate in these cases to focus on smaller achievable goals and strategies, and discuss this form at a later time.

Use [Positive Behaviour Support Plan \(Orange Form\) guide](#) for a step-by-step guide to completing the behaviour planning template.

Once a draft is completed, it is helpful to review the plan to make sure it meets good practice criteria. Please see [Positive Behaviour Support Plan Review Tool](#) as a way to review the [Positive Behaviour Support Plan \(Orange Form\)](#).

2. Complete or review the Behaviour Response Plan (Red Form)

The [Behaviour Response Plan \(Red Form\)](#) should be completed and can be done in collaboration with the person, their family/representatives and other people who know them. A [Behaviour Response Plan \(Red Form\)](#) may need to be completed first to keep everyone safe in the interim. Please note: if restrictive practices are required as part of the plan as a last resort and to keep everyone safe, please see Tier 3.

A step-by-step guide to completing [Behaviour Response Plan \(Red Form\)](#) is available to assist in completion of this form – see [Behaviour Response Plan \(Red Form\) Guide](#). Once a draft is completed, it is helpful to review the plan to make sure it meets good practice criteria. A guide to reviewing the response is called [Evaluation Guide for Behaviour Response Plan](#).

3. Complete or review the Implementation Checklist (Blue Form)

The image shows a blue-bordered form titled "Implementation Checklist". At the top, it asks for the "Name" of the person. Below this, there is a paragraph of instructions: "We find it useful to do the ICS form. Make it as clear as you can. It might be helpful to have someone to help you. Please to have a note, marking the progress, and what you are responsible for doing the task. This is off your ICS form." The main part of the form is a table with three columns: "Task", "Who will do it and when", and "Completed". The "Task" column contains 11 numbered rows. The "Who will do it and when" column is currently empty. The "Completed" column contains checkboxes for each row. At the bottom of the form, there are logos for "ASPECT DIRECT" and "autism SPECTRUM".

This form should be completed in collaboration with the person, their family/guardian and others who know them well. This form can be adapted to suit individual needs. [Implementation Checklist \(Blue Form\)](#) can be used as needed to demonstrate implementation – often this is more frequently initially (such as daily) and then less frequently (weekly or monthly) as the strategies become more consistently implemented. Make sure this form is used in an accessible way, such as, the checklist can be one strategy written on a piece of paper and attached to the fridge in the person's home. It is important that strategies are achievable for the person and their support network to build success.

Consider whether the individual would like to be involved in assessing and identifying whether PBS strategies are implemented well. There are accessible implementation documents available to support people on the autism spectrum to assess how well strategies have been implemented.

Refer to [Implementation Checklist \(Blue Form\)](#) for more details on how to complete.

4. Behaviour plan review

PBS plan forms need to be reviewed by leadership for feedback to ensure high quality and best practice in behaviour support plans, as well as for individual staff development.

Contextual fit is the match between a written PBS plan, the person, family/representative or environment priorities, goals, values and strengths. The PBS plan should use everyone's experience, knowledge, skills, resources and supports. Research suggests that the better contextual fit, the more effective the plan and strategies will be.

There are a range of checklists that help measure contextual fit including person, family/guardian, school and disability service provider checklists. If any areas do not fit, ICS staff will try to amend the plan to get better fit. In ACS these checklists are also used to assess external behaviour support plans for participants.

It is helpful to have stakeholders sign their support for the plan.

Step 5: Support plan implementation

ICS staff can support implementation in sessions, via modelling, coaching and/or skill development. Plan implementation will involve teaching and rewarding replacement behaviours and new skills will be part of the goals of the service.

Tier 3 support

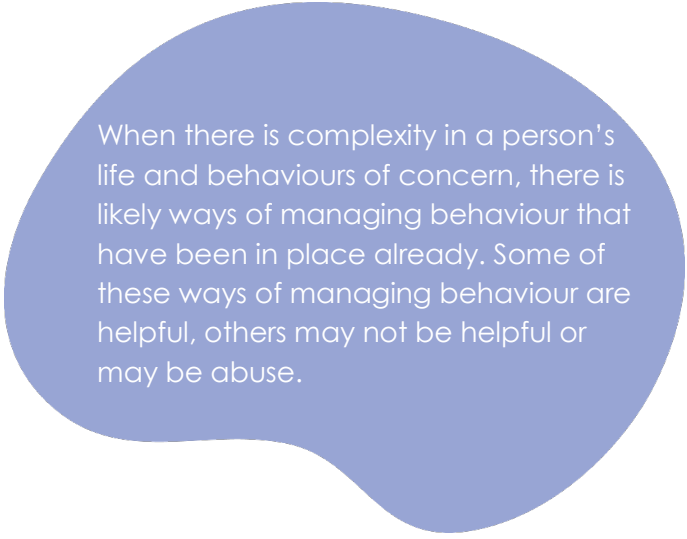
Sometimes Aspect staff support people on the autism spectrum in complex situations that occur in many settings of the person's life. These situations can include:

- individuals with multiple support needs, including medical, mental health, trauma or multiple disabilities
- individuals with significantly poor quality of life, high stress and low self-esteem
- individuals with persistent high levels of complex behaviour and low resilience
- families/representatives experiencing stress, complex challenges and difficulties supporting the person
- frequent use of restrictive practices
- conflict between key stakeholders resulting in limited collaboration
- negative perceptions, emotions or behaviours with the person by those who support them
- previous attempts at support that have not produced positive change
- failure to implement strategies to meet the person's needs
- a lack of good quality coordinated support available.

There may also be a range of unknown factors.

PBS uses a 'wraparound' approach for complex situations. This includes a more intensive and comprehensive PBS cycle, which requires all areas of the person's life to work together, often facilitated by a behaviour support practitioner or coordinator of supports. This will include a:

- PBS team consisting of those who support the person, contributing and meeting at least once per month to develop shared understanding and approach to support and positive collaboration
- single more comprehensive positive support plan that includes a detailed assessment; formulation; multi-element support that identifies relevant medical, speech, occupational therapy and psychological strategies; protocols for specific restrictive practices and focusses on practical utility and implementation
- process that works to build additional supports for the person, their family/representatives and others and keeps track of goals, strategies and progress.



When there is complexity in a person's life and behaviours of concern, there is likely ways of managing behaviour that have been in place already. Some of these ways of managing behaviour are helpful, others may not be helpful or may be abuse.

PBS services in ICS are individualised to provide the best support for the person on the autism spectrum, their family/representative and support network.

Prohibited practices

Prohibited practices are practices which are forbidden. These practices are unethical, though they may not be unlawful. Prohibited practices include causing pain, distress or humiliation to a person as well as using response cost or over-correction strategies. For more information see [Restrictive & Prohibited Practices Reference Guide](#).

Reportable incidents

The use of restrictive practices which do not have authorisation within NDIS-funded services are considered to be reportable incidents to the NDIS Quality and Safeguards Commission. Please follow relevant guidelines around reporting incidents to the Commission (see [NDIS Commission Reportable Incidents](#) procedure).

Restrictive practices

Sometimes Aspect staff need to use different crisis strategies to keep a person safe. This might be holding them so they do not run out into the road or moving them away from an area to somewhere calm and safe so they do not injure themselves or others. These are known as restrictive practices (see [Restrictive and Prohibited Practices Reference Guide](#)). Aspect staff have a duty of care to protect all of the people who use our services, to uphold their human rights and always works within a culture of safety to protect people on the spectrum and their support networks.

Unfortunately, these safety strategies have the potential to be misused by:

- being used as an immediate quick fix rather than only as the last resort in a crisis
- becoming overused and relied on
- being used as a substitute for PBS strategies
- becoming a permanent part of a person's support, even when they might not be needed.

When strategies are misused, there are often profoundly negative consequences for the people these strategies are meant to help.

Restrictive practices include (but are not limited to):	
Chemical restraint	The planned use of psychotropic medication to manage behaviour and/or the use of reactive PRN medication (given 'as needed'). For behaviour support practitioners the Chemical Restraint Protocol PRN/Routine Psychotropic is used to capture chemical restraints in behaviour support plans.
Physical restraint	Where movement of any part of the person's body is prevented, restricted or subdued, including physically escorting someone to go somewhere against their will. For behaviour support practitioners, the Physical Restraint Information form is used to include information about the risks of physical restraints in behaviour support plans.
Mechanical restraint	The use of travel harnesses, seat belt buckle covers, specific clothing such as body suits, onesies, gloves or helmets. For behaviour support practitioners the Mechanical Restraint Protocol are used. Please note that identification of seat belt buckle covers as a restrictive practice can differ between states/territories. Also see Safe Transportation Definitions and Guidelines .
Seclusion	Where a person is solely contained in an area and is unable to leave for a fixed or open amount of time. Behaviour support practitioners use the Seclusion Protocol to include seclusion in behaviour support plans
Environmental restraint	Restricted access beyond normally accepted community practices, restricting access to services or school, and includes locking doors, cupboards or removing access to specific items and activities (such as food or drink). Also see Monitoring the use of Fences and Locked Doors/Gates procedure.

Certain practices are restrictive in their use and can only be implemented in an unplanned emergency situation or with prior approval from the Aspect Restrictive Practices Authorisation Panel and any other state or national compliance requirements.

For more information on restrictive and prohibited practices see:

- [Restrictive & Prohibited Practices Reference Guide](#)
- [Restrictive and Prohibited Practices in Aspect Individual and Community Services](#) procedure
- [Restrictive Practices Authorisation Process in Aspect Individual and Community Services](#) procedure
- [Jurisdictional Restrictive Practices Compliance and Approvals Requirements](#)
- [Monitoring Calm Spaces](#) procedure
- [Monitoring the use of Fences and Locked Doors/Gates](#) procedure
- [Medication and Restrictive Practices](#) procedure
- [Transporting Students/Participants](#) instruction

When working with people on the autism spectrum it is important to identify when restrictive practices are in use to manage behaviours of concern. NDIS-funded services need to apply to the relevant state or territory to be authorised to implement restrictive practices (see [Restrictive Practices Authorisation Process in Aspect Individual and Community Services](#) procedure). When working with a person where there are restrictive practices in place ICS staff aim to:

- collaborate with the person, their family/representative and support network to create 'wraparound' service that works as a team to provide best practice and supports the person to have the best life possible
- collaborate with the person and/or their family/representative and support network in a careful respectful solution-focussed approach, to increase access to other services and supports to grow resilience and optimism
- focus on an empathetic understanding of the person, their broad quality of life and support needs including the use of [Basic Needs Checklist](#), the [Individual Autism Profile \(Green Form\)](#) and [Five Point Star](#) framework.
- contribute to a comprehensive person-centred support plan that integrates all other support information and plans to improve quality of life.

Behaviour Support Practitioners within Aspect Therapy are registered with the NDIS Quality and Safeguards Commission (see [Suitable Behaviour Support Practitioners](#) procedure) to provide specialist behaviour support services and to write interim and comprehensive behaviour support plans that contain restrictive practices. For more information on the Commission's requirements for behaviour support practitioners, refer to the [Quality and Safeguards Framework](#) and Aspect Therapy's [Suitable Behaviour Support Practitioners](#) procedure.