

Positive Behaviour Support: Guiding Principles and Practice Phases

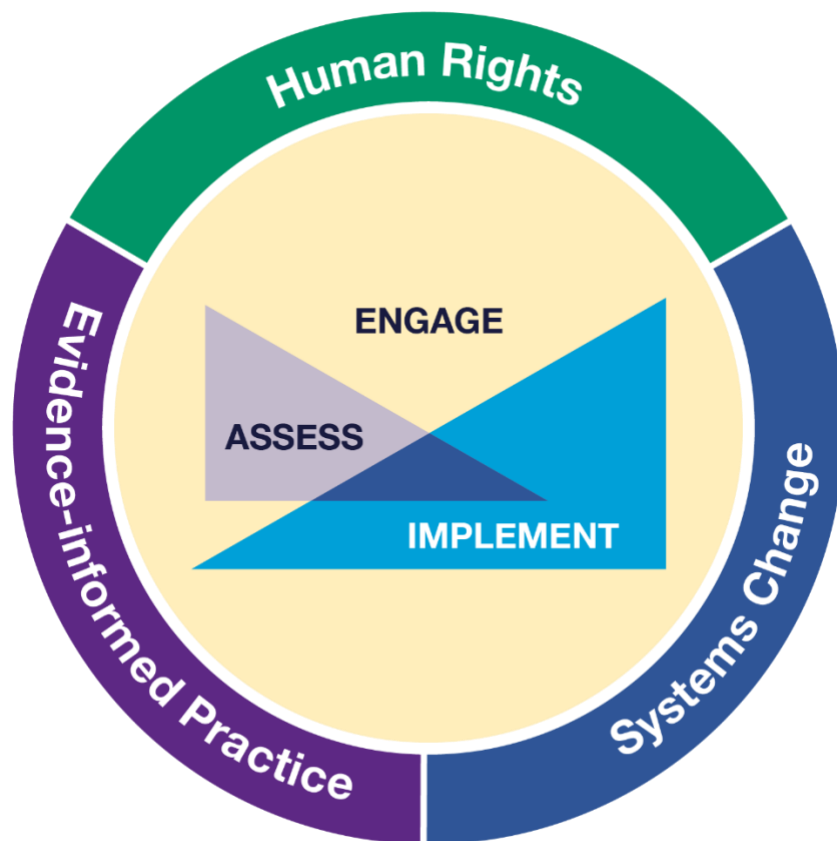
There are three overarching principles for Positive Behaviour Support (PBS) practice.

These principles permeate all aspects of PBS practice:

- Human rights
- Evidence-informed practice
- Systems change

Alongside the principles, we can consider Positive Behaviour Support as consisting of three broad practice phases:

- Initial engagement
- Assessment and formulation
- Implementation



Positive Behaviour Support can be thought of as having three guiding principles that surround the three phases of PBS, as depicted here.

The three principles explained

Let's take a look at each of the three principles in turn.

Human rights

Human rights include the right to live a good life; to equality and fairness; to exercise the freedom for a person to make choices about their life; and the right to supports that allow them to live a good life.

Evidence-informed practice

Evidence-informed practice involves the use of practices or approaches that have been shown to help, according to research. It includes intervention strategies that reflect what the PBS practitioner has learnt about the person and their support needs through assessment and data collection.

Systems change

Systems change refers to the focus on changing and adapting systems to enable a person to live a good life. Here PBS practitioners acknowledge that people are influenced by and interact with environments and systems, which are often causal factors of challenging behaviour.

How do the principles help to guide best practice in PBS?

People who live a meaningful and fulfilled life with adequate supports will feel less frustration and feel more regulated. This in turn reduces the likelihood of challenging behaviours.

The three guiding principles can be used in many ways to support PBS practice. For example, they might be used:

- As a checklist by PBS practitioners/service providers to support planning processes and ensure that their PBS plans have been built upon the strongest, most ethical foundations.
- To inform fidelity instruments to evaluate how well practices and plans adhere to the principles.
- As a guide for the person and other key stakeholders (e.g., their supporters) to assess the plan and their involvement in the planning process, and to prompt questions (e.g., of the practitioner) about how process aligns with these principles.

The three phases explained

Let's explore these three phases in a bit more

detail: **Initial engagement**

During the initial phase of PBS, the PBS practitioner will meet the person and supporters (e.g., family members and support staff) to learn what is important to them, and to discuss and define current challenges. The practitioner will also introduce PBS and its purpose, with an emphasis on the value of a collaborative approach (working with the person and their support network).

The practitioner will review information relating to the referral for behaviour support (where applicable) and plan their next steps with the person (e.g., initial assessment, who will be involved and how). Here, they will critically think about who should be in the PBS team to support best outcomes for the person. For example:

- who will be able to provide the most relevant information about the person (perhaps a family member, support worker, teacher, or friend)?
- who will provide the lived experience to help understanding around current practices and inform effective strategies?
- who will be using the behaviour support plan and overseeing/monitoring practice (perhaps a family member, facility manager or team leader)?

The person at the centre of the plan will have valuable insight into the answers to these questions and the practitioner should make sure they are consulted.

During initial engagement the **guiding principles** serve as a reminder that PBS process must start with the person: their rights, will and preference. The guiding principles emphasise the importance of working with the person during these early phases to understand their values and involve them in decision-making throughout process (e.g., who will be involved and how you will work together).

To further understand the person's right to supported decision-making in behaviour support, please visit the [Deciding with Support website](#).

When the PBS practitioner introduces PBS, they will emphasise that the person is not a challenge that needs 'fixing', but that they will work together to improve the environment and teach others to provide good support (using a systems change

approach). The practitioner should draw on the strong evidence-base of PBS, which will provide hope and confidence as stakeholders begin their work together.

Assessment and formulation

PBS starts with comprehensive assessment and formulation processes, which seek to understand the person and their situation (e.g., their strengths and supports) and determine the function (purpose) of challenging behaviours (e.g., factors contributing to, and maintaining these). The PBS practitioner will then use this information to inform the development of a targeted intervention plan and in planning for successful implementation.

The **guiding principles** encourage the practitioner to keep the person involved and promote their voice in planning improvement for their life. PBS practitioners are reminded that everything they do (e.g., the assessment tools they use and intervention strategies they develop) should contribute to process that is aligned with the person's values. They also assess the environment as a possible causal factor of challenging behaviour - to consider systems change recommendations and use evidence-based methods to ensure most effective practice – those that support best outcomes for the person.

Implementation

Implementation refers to 'doing' - this involves putting supports and strategies into practice. Implementation processes start from the very beginning of PBS process and become more targeted following the development of the targeted intervention plan.

For example, when the PBS practitioner meets with the person, they may identify immediate changes that will help (e.g., in establishing effective communication with staff, and a structured routine/environment) - and then they will build more targeted supports and strategies (e.g., skill development) that are informed by the practitioner's comprehensive assessment and formulation.

These intervention strategies are written in a targeted intervention plan (the master document), which includes practice documents and materials to support implementation. Successful implementation will also rely on the PBS practitioner supporting, coaching and mentoring those using the plan (e.g., the person, family members, support providers).

The practitioner will continue to modify the PBS plan throughout implementation processes as they monitor progress and work closely with the person as their situation evolves/changes over time.

The **guiding principles** remind practitioners to support others in understanding the needs and rights of the person throughout implementation, and to engage a PBS team that can support implementation across and within systems as required (e.g., service providers, managers, therapists, support workers) according to evidence-based practice.