Psychosocial Sector NDIS Q&S Readiness Project

Bite-sized NDIS



Desseri Everything Positive Behaviour Support

Supported by:



Government of Western Australia Department of Communities



Western Australian Association for Mental Health

Engagement Today



Experiences and questions welcomed



Jump in to ask questions, 'raise' your hand or use the chat box at any time



Today we will be using Mentimeter – an interactive forum; make sure your smart phone is ready!



This is a brave space, let's be kind to each other in our interactions.



for Psychosocial Service Providers

We acknowledge the traditional custodians of this land.

We recognise their continuing connection to land, water and community.

And we pay our respects to their Elders past, present and future.



We would like to acknowledge the courage and contribution of people with lived experience.

Reviewing Mains

Restrictive Practices

- The purpose of Challenging **Behaviours**
- What Restrictive Practice is
- How Restrictive Practice is regulated

Resources

- Implementing Behaviour Support Plans Map
- 2a Module Readiness Workbook
- MHCC Self Assessment Tool
- Restrictive Practices Audit Tool

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What Underpins Positive Behaviour Support?

Supported **Decision** Making

Human **Rights**

WAAMH

Personcentred **Practice**

Evidence

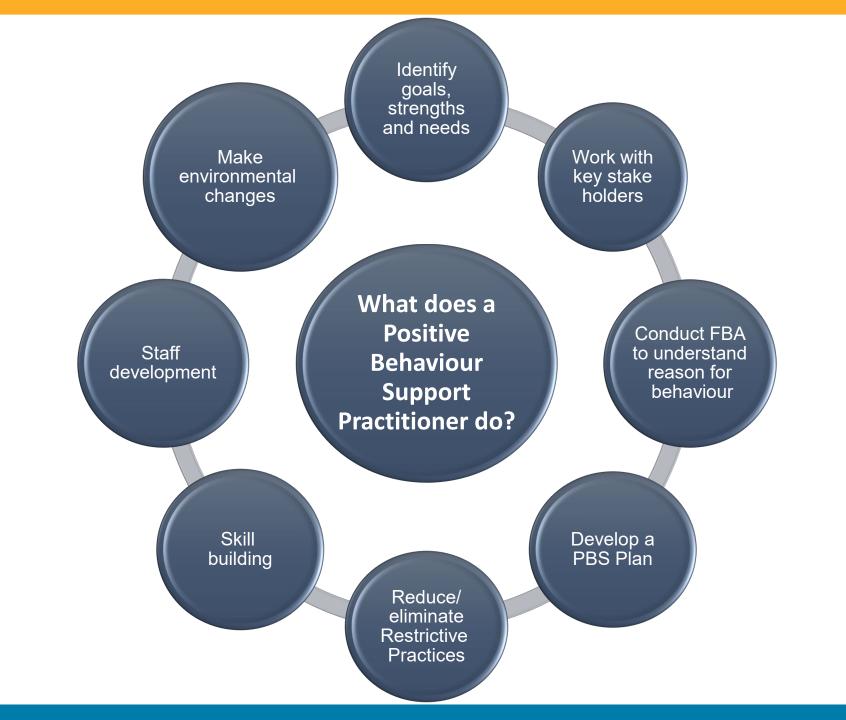
Trauma Informed Principles





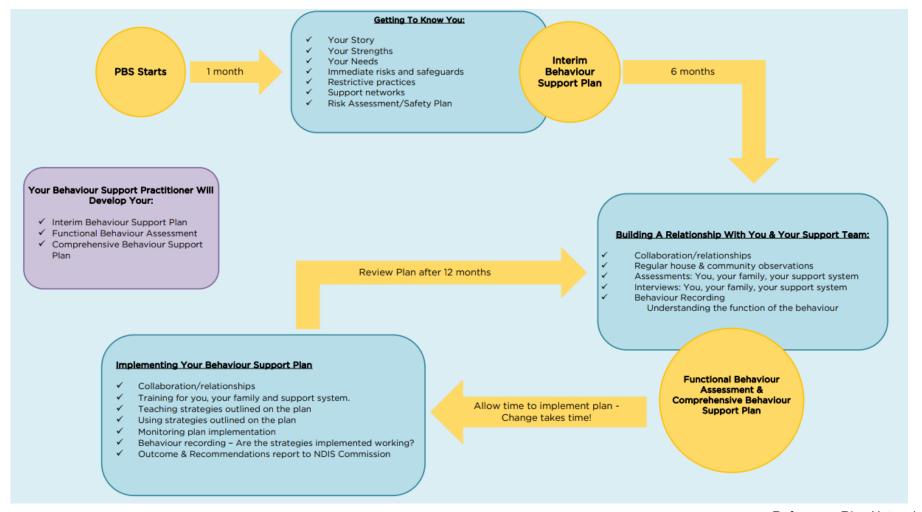
How Does Positive Behaviour Support Work?

My Good Life Positive Behaviour Support? Restrictive Practices?





The PBS Plan Timeline



Reference: Rise Network

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Functional Behavioural Assessment



Strengths/Needs



Likes/Dislikes



List of collaborators



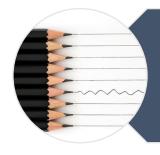
Where/when behaviours are occurring

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Functional Behavioural Assessment



Frequency of behaviours



Baseline measure information



Function of the behaviour hypothesis



ow risk scenarios

What does a Functional Behaviour Assessment look like?

Туре	Harm to self - other
Description	Hygiene - lack ot personal care (showering)
Frequency / Duration	Weekly/daily
Intensity	Medium/likely
Triggers	 Not prompted to shower Not prompted by his favourite staff Not going on an outing to meet his girlfriend/friends

LOW HSK SCENDIOS	 Favourite staff on who can prompt successfully If chooses to shower of his own accord girlfriend/friends
High risk scenarios	 is not prompted to shower by staff Favourite staff are not on shift is not going out or choosing not to go out of his home
Function of the behaviour hypothesis	This behaviour has always been part of but has significantly increased of late. It is hypothesized that this has occurred due to a change in medication as his mood is lower and the recent moving of his girlfriend to a different location and is now unable to see. This is a sensory behaviour as this feels good to mot to do so or he does not care.



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What a PBS Practitioner may need from you:

Identify key stakeholders in your client's life.

Identify any key data that might provide insight into the situation.

Involve the client and their support network in meetings.

Assist in identifying restrictive practices and behaviours of concern.

Collaborate to develop strategies.

Discuss ways of monitoring behaviour.

Three theories that may be applied in Positive Behaviour Support

Organic Causes

relating to medical factors such as brain injury or impairments relating to physical, behavioural, communication, or cognitive abilities



Emotional State

the individual's happiness, sadness, anxiety, depression



Thoughts (Cognitions)

how we view ourselves and others



Environment

what surrounds us, including the noise, temperature, activities, space



Social Relationships

how we interact with others in our environment



Behaviour

Behaviour is defined by the way in which people act towards others. Common behaviours people seek support for include:



Escaping running away, climbing



Aggression kicking, punching, screaming, biting

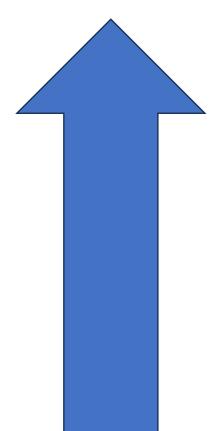


Avoidance withdrawal, picky eating



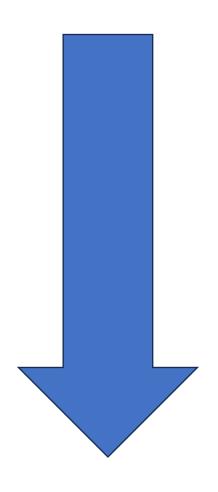
Consequence







Consequence



Reducing the likelihood of a disruptive behaviour



Child becomes bored in class

Speaking out, making inappropriate jokes



Students in the class were asked to not acknowledge these outbursts

Next time the child is less likely to speak out during class because he is not receiving the attention he wanted



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FERB: Functionally Equivalent Replacement Behaviour

Meets the need

More appropriate or acceptable (for all)

Natural motivators



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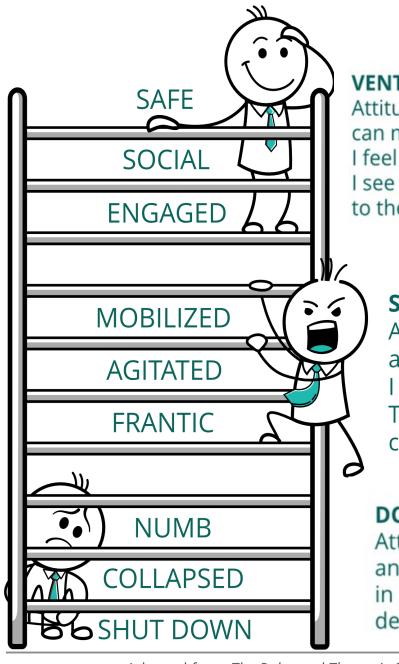
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Poly-Vagal Theory

"When our nervous system fails, we use a behaviour."

-Dr Stephen Porges (2017)



VENTRAL VAGAL ACTIVATION

Attitude: "I am feeling at ease and can manage whatever comes my way. I feel empowered and connected. I see the "big picture" and connect to the world and people in it."

SYMPATHETIC ACTIVATION

Attitude: "I am getting overwhelmed and having hard time keeping up. I feel anxious and irritated. The world seems dangerous, chaotic and unfriendly."

DORSAL VAGAL ACTIVATION

Attitude: "I am buried under a huge load and I cannot get out. I am alone in my despair. The world is empty, dead and dark."

Source:



Source: Sensorimotor Art Therapy

Bodily Awareness





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"How can we expect people to change if we don't give them the chance to?" -Marissa Meyer

Other Support Options

- Internal Policies and Procedures
- External Supervision
- PBS Community of Practice (Second Thursday of the month)
- NDIS Q&S Commission website



WAAMH CARE Hub

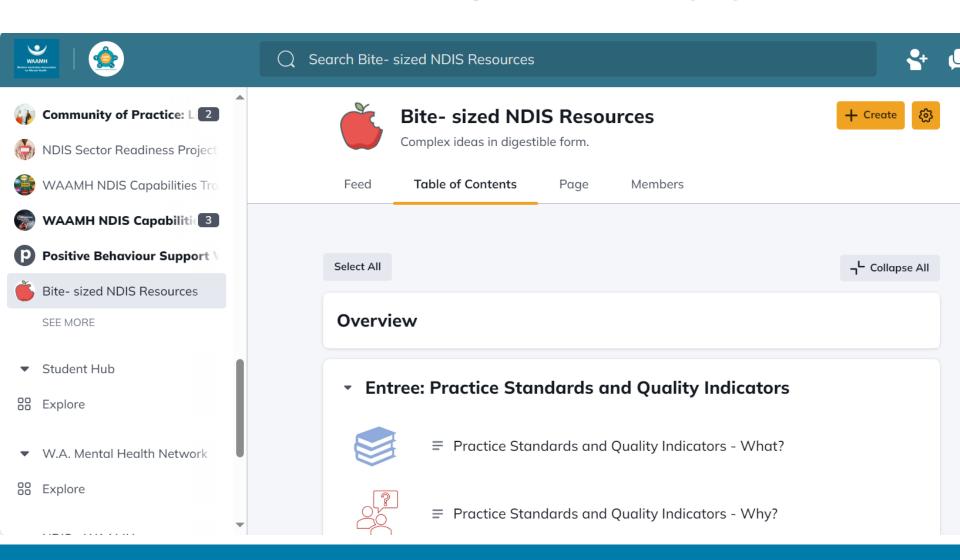


Collaborative and Responsive Engagement





WAAMH CARE Hub





Launching...





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Please note:
You will be sent a link to a short quiz to be completed over the next week.

This will assist you in integrating your knowledge from today's session.

ready4qsc@waamh.org.au













