Positive Behaviour Support Plan (PBSP)
Summary Document

We envision that the user interface will contain four separate pages. Below is a description of each page and the text boxes we propose to be included.

PAGE 1 – Identifying Information

- *On this page, the user needs to provide some identifying information that will mainly help with assessing compliance with PBSP legislative requirements. There is a core set of requirements common across the states/territories however there are additional requirements in some states/territories.*
- *On this page, we will need to at least gather which state the person with disability currently resides in via a drop-down menu to allow the system to load the right set of requirements.*
- *Depending on how a user accesses the system, we may want to ask for some more identifying information such as NDIS provider number (to ensure that the person drafting the plan has the authority to do so), etc.*

State in which the person with disability is residing			
ACT	NSW	NT	QLD
SA	TAS	VIC	WA

NDIS behaviour support practitioner provider number

PAGE 2 – PBSP Process and Other Relevant Information

- *This page contains the relevant information about the PBSP development and implementation process that only needs to be entered once by the user.*

  NOTE: We will need to develop checklist items to assess the content in this section. This section will mainly be looking for the absence of content (i.e., information is not provided).

Start, End and PBSP Review Dates

Plan details			
PBSP start date:		PBSP end date:	
PBSP review:			

About the Person with Disability

Provide a short summary about the person with disability who is the focus of the PBSP

Assessment

Persons consulted to prepare this PBSP (add/remove rows as required)		
Name	Who are they?	How were they consulted?

Outline the assessment approaches implemented to develop this PBSP

Specify any additional assessments undertaken or documents consulted to inform the development of this PBSP		
Name of assessment/document	Name of assessor/document author	Date of assessment/document

PBSP Implementation

People involved in the implementation of this PBSP (add/remove rows as necessary)	
Name	Relationship to the person with disability

How will implementers of this PBSP be trained to implement the proposed interventions?		
Strategy	Person(s) responsible	Timeframe

How will implementers of this PBSP communicate with one another to discuss implementation?		
Strategy	Person(s) responsible	Timeframe

How will PBSP implementation and goal achievement be reviewed and monitored?		
Strategy	Person(s) responsible	Timeframe

Social Validity

How did you assess the acceptability of the interventions proposed in this plan, and who did you consult with?

PAGE 3 - Positive Behaviour Support

- *We envision that this page will start with a drop-down menu that allows the user to choose one of the five functions of behaviour:*

    o *Avoidance/escape*
    o *Communication*
    o *Physical/sensory need*
    o *Seeking an object/activity*
    o *Other – please specify*

- *Once they choose a function, the text boxes below would come up for the user to input information.*

- *Following this, the user will be asked if they want to include another function of behaviour.*

    o *If YES, the drop-down menu that allows the user to choose one of the five functions behaviour appears again. Once a choice is made, these text boxes appear again.*
        ▪ *Repeat this process until the user has no more functions to add.*

    NOTE: The items on the existing BSPA-tool will be used to assess the content in this section. We need to make some additional modifications to the tool to assist in more precise scoring.

Function				
Avoidance/escape	Communication	Physical/sensory need	Seeking an object/activity	Other – please specify

Function – Name of function (either avoidance/escape, communication, physical/sensory need, seeking an object/activity, other – please specify)

Identified Behaviours

Description of behaviours (include frequency, duration and severity) that align with this function

Setting events, triggers and consequences related to these behaviours (add/remove rows as necessary)		
Setting events	Triggers	Consequences

A summary statement outlining the functional hypothesis

Proposed alternative or functionally equivalent replacement behaviour(s)

Goals

Goal(s) specific to the behaviours described

Goals specific to enhancing the person's quality of life

Strategies

Environmental changes to address setting events and triggers (changes to reduce and/or eliminate their influence)
Teaching of the alternative or functionally equivalent replacement behaviour(s) (e.g., description of the teaching strategy and materials needed)
Other skill development (e.g., social, independence, coping, tolerance, etc.)

Reinforcement for Skill Development

Proposed reinforcers and how these reinforcers were identified
Schedule of reinforcement

De-Escalation - Reactive strategies for challenging behaviours

Strategies to ensure the safety of the person and/or others
How to prompt the alternative or functionally replacement behaviour(s)
Post-incident debriefing with the person with disability and/or parents, support staff, etc.

- We envision that this page will start with a YES/NO item that asks if restrictive interventions are proposed for use. If YES, the Authorisation text box comes up for the user to complete.

- Then, a drop-down menu will come up *that allows the user to choose one of three restrictive intervention options:*

    - *Chemical restraint*
    - *Physical, mechanical or environmental restraint*
    - *Seclusion*

- *Once they choose a restrictive intervention option, the appropriate set of text boxes (see below) would come up for the user to input information.*

- *Following this, the user will be asked if they want to include another restrictive intervention.*

    - *If YES, the drop-down menu that allows the user to choose one of the three restrictive intervention options appears again. Once a choice is made, the appropriate set of text boxes appear again.*
        - *Repeat this process until the user has no more restrictive interventions to add.*

    NOTE: We will need to develop checklist items to assess the content in this section. This section will mainly be looking for the absence of content (i.e., information is not provided).

Are you proposed to use restrictive interventions?	
Yes	No

Authorisation to use restrictive practices

Authorisation for the use of restrictive practices			
Authorising body:			
Date of approval:		Approval number:	
Approval period:			

Type of restrictive intervention

Restrictive intervention		
Chemical restraint	Physical/mechanical/environmental	Seclusion

Chemical Restraint

Medication(s) that will be used (e.g., name, dosage, administration)
Circumstance(s) in which the medication(s) will be used

Procedure for administering the medication(s), including observation and monitoring
How will chemical restraint be gradually reduced as behavioural goals are achieved by the person?
Why is the use of this restrictive practice the least restrictive way of ensuring the safety of the person and/or others?
How did you assess the acceptability of these restrictive practice(s), and who did you consult with?

Mechanical, Physical or Environmental Restraint

Type of Restraint		
☐ Mechanical	☐ Physical	☐ Environmental
Description of the restraint(s) to be used		
Circumstance(s) in which the restraint will be used		
Procedure for using the restraint, including observation, monitoring and maximum time period		
How will the restraint be gradually reduced as behavioural goals are achieved by the person?		
Why is the use of this restrictive practice the least restrictive way of ensuring the safety of the person and/or others?		
How did you assess the acceptability of these restrictive practice(s), and who did you consult with?		

Seclusion

Circumstance(s) in which seclusion will be used
The maximum frequency of seclusion per day, week and/or month; and for how long (minutes/hours)
Procedure for using seclusion, including observation and monitoring
How will seclusion be gradually reduced as behavioural goals are achieved by the person?
Why is the use of this restrictive practice the least restrictive way of ensuring the safety of the person and/or others?

How did you assess the acceptability of these restrictive practice(s), and who did you consult with?