Positive Behaviour Support Plan (PBSP)

Summary Document

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

PAGE 1 – About the Person with Disability

- *This page contains the relevant information about the person with disability who is the focus of the PBSP. This information 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).

Provide a short summary about the person with disability who is the focus of the PBSP
Taylor is an energetic and outdoor loving 23 year old. He is very proud of his back yard and once he gets to know a person, will invite them over to see his lawn and garden. Taylor has lived in supported accommodation since he was 21 years old. Taylor likes to get to know people before they come to his home. Taylor likes spending time with others that can keep up with him and like spending time outside. Taylor enjoys having a big glass of cold water with ice after his outside activities. Taylor lives with two other gentlemen who are significantly older than Taylor and who prefer to be inside rather than outside. Taylor does not seem to think being inside is much fun. Taylor's mother passed away when he was 21 and his father suffered a stroke shortly after the passing of his mother, at which time Taylor entered supported accommodation. Taylor has two older brothers [Tim and Jason] who take turns visiting Taylor once a month on a Saturday morning, sometimes taking Taylor [with staff support] to see his dad who is in a nursing home approximately two hours' drive away. It is uncertain if Taylor understands what has happened to his parents, but he stopped signing for them after living in his home for a few months. Taylor looks forward to seeing his brothers each month and will spend extra time in the back yard to make sure it is very tidy for their visit. Taylor enjoys going out, some of his favourite places to visit is the local park which has a gym circuit, as well as basketball courts, soccer fields, the beach and bushwalking tracks. Taylor responds with support from his staff to members of the community with gestures, facial expressions and signs such as "good", "ok", "hello" and "bye". Taylor has relaxed body language and posture when out with small groups. Taylor is generally healthy, only experiencing minor colds once or twice a year. Taylor is not fussy when it comes to food and enjoys eating the healthy foods that staff prepare for him. Taylor also drinks plenty of water which further supports his health. As Taylor is constantly on the go, he has sufficient exercise daily to support his health and wellbeing. Taylor has damage to his frontal lobe that causes him to have short-term memory deficits.

PAGE 2 – Assessments and Data Gathering

- *This page contains the relevant information regarding the assessments undertaken, and the data gathered to inform PBSP development. This information 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).

Persons consulted to prepare this PBSP (add/remove rows as required)	
Who are they?	How were they consulted?
Adult with disability	Direct observation
Family of adult	Interview – face to face
Guardian	Interview – face to face
Neuropsychiatrist	Interview – telephone
Speech and language pathologist	Interview – telephone
Graduate occupational therapist	Interview – telephone
General practitioner	Interview – telephone
Service manager	Interview – telephone
House coordinator	Interview – telephone
Direct support staff	Interview – telephone
Outline the behavioural assessment approaches implemented to develop this PBSP	
A functional behaviour assessment that included the use of the Contextual Assessment Inventory, the Functional Assessment Interview, scatterplots and ABC note cards, and semi-structured interviews.	
Additional non-behavioural assessments undertaken or reviewed to inform the development of this PBSP	
Comprehensive Health Assessment Program (CHAP) by GP, Communication assessment by speech and language pathologist, mental health assessment by neuropsychiatrist, and occupational therapy assessment by occupational therapist.	

PAGE 3 – Functional Behavioural Assessment

- *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:*
  - *Avoidance/escape*
  - *Communication*
  - *Physical/sensory need*
  - *Access- person/object/activity*
  - *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.*
  - *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	**Access – person/object/activity**	Other – please specify

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

Description of behaviours (include frequency, duration and severity) that align with this function		
Full body slam [running into walls and other solid objects, forcefully connecting with head, torso and limbs together] and hitting head on solid objects [walls] and hitting staff with head [forward head-butt to staff head or shoulder area]. Before these behaviours occur, deep, he will show low vocalisations [humming progresses to grunting] and pacing [3 fast steps back and forth] and runs towards staff, wide eyes and hands fisted at sides, stiff body.		
Setting events, triggers and consequences related to these behaviours (add/remove rows as necessary)		
Setting events	Triggers	Consequences
When Taylor has had a negative interaction with co-tenant/s earlier in day	Unsure of what is happening next	Access to support staff
When Taylor has had schedule changes earlier in day		
When Taylor is tired		
A summary statement outlining the functional hypothesis		
Taylor will make a deep humming/grunting noise and pace when he is unsure of what is happening next. Taylor does this to access staff support [the provision of information]. If staff do not respond to Taylor's deep humming/grunting and pacing within two minutes and provide information on what is happening next, Taylor's behaviour that causes harm to self or others will escalate and he will run towards and full body slam the closest large solid object and commence hitting head on that object. If staff do not respond to Taylor hitting his head and full body slam into solid objects within 30 seconds and provide information on what is happening next, Taylor will run towards staff, eyes wide, hands fisted at sides, stiff body and will hit staff in the head or shoulder area with his own head. This behaviour is more likely to occur if Taylor has had negative interaction with his cotenant/s, and/or there are changes to his schedule earlier in the day, and/or he is tired.		
Proposed alternative or functionally equivalent replacement behaviour(s)		

Replace full body slam and hitting head behaviours with using a ‘next’ sign

Page 4 – Positive Behavioural Support Interventions

Goals

Goal(s) specific to the behaviours described
Goal By 15th August 2014 when Taylor is unsure of what is happening next; Taylor will use the sign for 'next'. Taylor will use this replacement behaviour instead of full body slams and hitting head on large solid objects and staff. Taylor will use his new skill with 100% independence, on every occasion, when he wants to know what is happening next.
Goals specific to enhancing the person's quality of life
None required.

Strategies

Environmental changes to address setting events and triggers (changes to reduce and/or eliminate their influence)

Taylor is more likely to respond using behaviour that causes harm to self or others when he is unsure of what is happening next, following negative interactions with co-tenant/s and or schedule changes earlier in the day and or is tired. Strategies that proactively support Taylor in these situations may reduce the likelihood of his use of behaviour that causes harm to self or others:
• Following negative interactions with co-tenants, staff are to ensure Taylor receives extra information [speech and sign] and additional reminders about activities for the day [once de-escalated and open to communication].
• Staff are to be well versed in Taylor's daily schedule and ensure they provide stability in line with this schedule.
  o Staff are to confirm well in advance that Taylor is able to engage in his daily activities as listed on his daily schedule, if staff identify any potential changes they are to have alternatives available for Taylor to choose from and communicate such to any staff coming on shift.
• Taylor would benefit from further investigation and possible clinical review into causes for any sleep disturbances when presenting as tired for more than two days in a row.
• Include all staff considerations and preparation of other options as topics for discussion, information sharing and updating at each staff meeting. To be signed off by the House Coordinator.
 	
It has been identified that Taylor will engage in behaviour that causes harm to self or others if he is unsure what is happening next. Strategies that proactively support Taylor in these situations will reduce his need to use behaviour that causes harm to self or others.
• Taylor benefits from clear, concise and frequent communication [speech and sign] on what is happening next:
  o Staff are to ensure that prior [5 minutes] to completing a current activity with Taylor, they let Taylor know [speech and sign] what is happening next in his day.
  o Staff are to ensure that Taylor has opportunity to have some level of choice in relation to his next activity.
  o Staff are to continue to provide information to Taylor on what is happening next [speech and sign] whilst he transitions from one activity to another.
• Staff are to use speech and sign with Taylor about his daily schedule throughout the day:
  o Upon waking, immediately after breakfast and morning tea, half hour before and after lunch and afternoon tea, then hourly until dinner, half hour after dinner then hourly until Taylor chooses to prepare for bed.

Teaching of the alternative or functionally equivalent replacement behaviour(s) (e.g., description of the teaching strategy and materials needed)
Staff are to teach Taylor to use the sign for "next" when he is unsure of what is happening next. It is important that staff speak while they sign with Taylor, following his communication profile and "All About Me" book. Remember to keep communication with Taylor short and clear, using speech whilst signing, maximum five word sentences.

Taylor's short-term memory is supported well by regular speech and sign. Taylor has used sign language in the past, staff are to recommence using signs uniformly across all areas of Taylors life, speaking whilst signing.

Taylor's support staff will provide teaching sessions where Taylor is given the opportunity to learn and practice his new skill [using "next" sign]

- After breakfast each day, staff are to discuss [speech and sign] the new skill with Taylor, reminding him they will practice during the day
- Staff will also run through with Taylor what will be happening just prior to each teaching session, and check that he is okay to begin each training session [speech and sign]
- Teaching sessions are to take place after preferred activity, when Taylor is in a positive mood [smiling, relaxed posture, nil escalation for at least one hour before]
- Teaching sessions are to take place at least three times a day for three minutes
- These sessions will begin on 15th May 2014 in Taylor's home where he will be prompted [speech and sign] to use his "next" sign at the end of each activity
- Taylor's progress will be recorded on the Task Record Sheet.

Other strategies (e.g., social, independence, coping, tolerance, etc.)

Other supports to improve Taylor's quality of life include:

1. Scheduling visits to Taylor's brother's houses and liaising with his brothers to organise times when they will come and visit him or take him out.
2. A personal shopping program which is teaching Taylor to purchase small items from the local store, independently.
3. Staff supporting Taylor to be involved with the local soccer club.
4. Visiting the local park which has a gym circuit, as well as basketball courts, soccer fields, the beach and bushwalking tracks.
5. Ensuring that Taylor has access to several of the following activities daily: Playing ball games, catch and throw with a large ball, running on sand or grass with bare feet, push-ups and sit-ups, climbing ropes/playground equipment, caring for the lawn and garden, taking out the rubbish and car washing.

The community access arrangements in place for the adult
Visiting the local park which has a gym circuit, as well as basketball courts, soccer fields, the beach and bushwalking tracks. **Taylor is to attend at least one of these outings of his choice every second day, for a minimum of two hours.**

Taylor is supported by staff to attend to household tasks in the community such as going shopping on a **weekly basis**.

Meeting new staff in a park or sports field. This occurs once per month on average, depending on the staff turnover at Taylor's home.

Reinforcement for Skill Development

Proposed reinforcers

Praise

Schedule of reinforcement

Every time Taylor uses the "next" sign, staff will immediately praise him for letting them know he needs help using speech and sign, and wants to know what is happening next. Staff to then immediately provide information using speech and sign - and wherever possible choices - on what is happening next to Taylor. Staff are to check if Taylor understands, using speech and sign, what is happening next.

How were these reinforcers identified?

His parents, guardian and support staff indicated that praise works well with Taylor – he likes being told that he has 'done a good job'.

De-Escalation - Reactive strategies for challenging behaviours

How to prompt the alternative or functionally replacement behaviour(s)
When Taylor is unsure of what is happening next he may show signs that indicate he is about to engage in the behaviour that causes harm to himself or others. These early behaviours are: a. deep, low vocalisations [humming progresses to grunting] and pacing [3 fast steps back and forth] b. runs towards staff, wide eyes and hands fisted at sides, stiff body. If Taylor begins to engage in this behaviour immediately speak and sign to him what is happening next and encourage Taylor to use his 'next' sign.
Strategies to ensure the safety of the person and/or others
If Taylor continues to escalate, ensure the safety of all by telling other people in the room to leave immediately, keeping Taylor in your line of sight, position your back to the door and continue to speak and sign what is happening next and that staff are there to help him. If Taylor begins to attempt to hit staff with his head, commence seclusion protocol.
Post-incident debriefing with the person with disability and/or parents, support staff, etc.
Following the use of behaviour that causes harm to self or others, Taylor is often disorientated and may not remember why he is on the floor, against a wall or secluded. It is very important that staff let Taylor know they are there to help him. • Ask Taylor if he is okay using speech and sign. • Offer Taylor a drink of water. When Taylor is de-escalated [relaxed posture and body language], let him know that when he is unsure of what is happening next, he can use his "next" sign to let staff know he needs help and they can help him. Staff to model using the "next" sign and invite Taylor to practice using his "next" sign with them.

PAGE 5 – Restrictive Intervention

- We envision that this page will start with a YES/NO item that asks if restrictive interventions are proposed for use.

- Then, a drop-down menu will come up *that allows the user to choose one of five restrictive intervention options:*
    - *Chemical restraint*
    - *Physical restraint*
    - *Mechanical restraint*
    - *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 five 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

Type of restrictive intervention

Restrictive intervention				
Chemical	Physical	**Mechanical**	Environmental	**Seclusion**

Chemical Restraint

Medication(s) that will be used (e.g., name, dosage, frequency, administration, route, prescriber)					
Name	Dosage	Frequency	Administration	Route	Prescriber
Risperidone	3mg morning and evening	Routine	Tablet	Orally	Neuropsychiatrist
Positive behavioural support strategies to be used before the PRN use of the medication					
Not required as this medication is to be used on a routine basis					
Circumstance(s) in which the medication(s) will be used					
Taylor is prescribed fixed dose Risperidone 6mg [3mg b.d.] by his Neuropsychiatrist Dr Kelp. Taylor's Risperidone aids in reducing the intensity of serious incidents, whilst the proactive measures in this plan are being implemented.					
Procedure for administering the medication(s), including observation and monitoring of side-effects					
The Risperidone is pre-packed by the pharmacist in a Webster Pack and is checked and signed for by staff when collected. The administration of Risperidone is immediately recorded on Taylor's medication chart, signed by staff member administering and countersigned by next staff member on shift [confirming medication has been removed from the Webster Pack].					

Any issues arising regarding side effects or missed medication will necessitate the following immediate actions:

- Contact the General Practitioner; or Poisons Information Centre 13 11 26; then
- Contact the House Coordinator or On-call Coordinator; then
- Complete and fax an Error in Medication form to the Service Manager.

Taylor will be safeguarded from abuse, neglect and exploitation by accurate and efficient monitoring and evaluation, followed by rigorous and timely information sharing and feedback.

Taylor's medication will be monitored and evaluated as follows:

- Daily monitoring by Support Staff; monthly monitoring by Dr Smythe; quarterly evaluation by Dr Kelp; quarterly information provision to family [Tim and Jason], Service Manager and Dee Yarrs by the House Coordinator.

Taylor is monitored closely for any side effects by his support staff and is provided with a nutritious and varied diet and drinks plenty of water. No other medications are introduced to Taylor without prior approval from his Neuropsychiatrist Dr Kelp and General Practitioner Dr Smythe.

Taylor has monthly general health checks with his General Practitioner Dr Smythe as additional monitoring for side effects.

How will chemical restraint be gradually reduced as behavioural goals are achieved by the person?
It is anticipated that once Taylor is able to independently use the replacement behaviour (ie sign 'next') that reduction in chemical restraint will be clinically indicated.
Why is the use of this medication the least restrictive way of ensuring the safety of the person and/or others?
The routine use of Risperidone is being undertaken to reduce the intensity of Taylor's incidents of behaviour that causes harm to self or others, during the implementation of the behavioural strategies listed in this plan. By reducing the intensity of Taylor's behaviour it also aids in avoiding the use of highly intrusive forms of restriction such as physical restraint. In combination with the strategies outlined in this plan, the use of chemical restraint Risperidone is the least restrictive alternative to support Taylor.

Social validity of the restrictive practice	
How did you assess the acceptability of this practice?	Who did you consult with to assess this?
Going through the plan with relevant stakeholders, allowing them to ask questions and taking into account all feedback provided in the final version of this plan.	Parents, guardians and support staff
Authorisation for the use of restrictive practices	
Authorising body	Approval period
Authorised Program Officer, MV Services	12 months from June 1, 2022

<u>Physical</u>

Description of the restraint(s) to be used
Positive behavioural support strategies to be used before the use of the restraint
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 restraint the least restrictive way of ensuring the safety of the person and/or others?	
Social validity of the restrictive practice	
How did you assess the acceptability of this practice?	Who did you consult with to assess this?
Authorisation for the use of restrictive practice	
Authorising body	Approval period

Mechanical

Description of the restraint(s) to be used	
Headgear	
Frequency of use	
Routine use	As needed
Positive behavioural support strategies to be used before the as needed use of the restraint	
Taylor routinely wears his headgear for 18 hours per day. As such, there are no positive strategies which precede each episode of him placing it on each morning.	
Circumstance(s) in which the restraint will be used	
Consistent with the recommendation of Dr Kelp, Neuropsychiatrist, Taylor is to wear his protective headgear during waking hours	
Procedure for using the restraint, including observation, monitoring and maximum time period	

He will wear the headgear for 18 hours continuous with removal for showering and retiring to bed.

Upon rising, Taylor is to be invited to assist staff to put his headgear on, staff are to ensure it is securely fitted with no hair caught in the back laces and both chin straps secured without pinching any skin. Upon retiring or having a shower, staff are to invite Taylor to help them take his headgear off.

Following hitting head behaviour, when safe to do so and Taylor is happy for you to approach, staff to inspect Taylor's headgear to ensure it is securely fitted and not pulling any hair or pinching any skin.

Taylor's protective headgear is to be cleaned with sanitising wipes and inspected nightly after Taylor goes to bed for any signs of wear and tear to the padding, internal and external soft surfaces, back laces and double chin strap. Any identified concerns are to be recorded on Taylor's headgear maintenance form and the House Coordinator or On-call Coordinator to be contacted immediately.

Taylor will be safeguarded from abuse, neglect and exploitation by accurate and efficient monitoring and evaluation, followed by rigorous and timely information sharing and feedback. Taylor's Restrictive Practices will be monitored and evaluated as follows:

- Reported per incident, daily monitoring by Support Staff; monthly monitoring by the House Coordinator; monthly information provision to family [Tim and Jason], the Service Manager and the Behaviour Support Specialist by the House Coordinator, annual reviews by his Neuropsychiatrist.

How do you know this restraint is safe to use?

A safety assessment was undertaken by Taylor's occupational therapist, who confirmed that the headgear was safe to use for 18 hours continuous wear.
How will the restraint be gradually reduced as behavioural goals are achieved by the person?
The continued use and need for the mechanical restraint will be impacted directly by the strategies listed in this plan. It is anticipated that once Taylor is able to independently use the replacement behaviour (ie sign 'next') there will be a reduction in his head hitting behaviours and that the use of the mechanical restraint can be reviewed for reduction in use.
Why is the use of this practice the least restrictive way of ensuring the safety of the person and/or others?
Taylors' hitting head behaviour to solid objects and or staff is of such intensity that he has suffered diffuse Traumatic Brain Injury [TBI] with ongoing contusions, hematomas, lacerations and nerve damage resulting in communication and cognitive impairment. Due to the significant frequency, intensity and duration of Taylors behaviour that causes harm to self or others, and following professional advice from Dr Kelp, Neuropsychiatrist, Taylor wears protective headgear during waking hours. This is an interim measure which is vital to keep Taylor safe and reduce possible injury whilst he learns the replacement behaviour.
Social validity of the practice

How did you assess the acceptability of this practice?	Who did you consult with to assess this?
Going through the plan with relevant stakeholders, allowing them to ask questions and taking into account all feedback provided in the final version of this plan.	Parents, guardians and support staff
Authorisation for the use of restrictive practices	
Authorising body	Approval period
Authorised Program Officer, MV Services	12 months from June 1, 2022

Environmental

Description of the restraint(s) to be used
Frequency of use

Routine use	As needed
Positive behavioural support strategies to be used before the as needed use of the restraint	
Circumstance(s) in which the restraint will be used	
What is the person with disability prevented from accessing?	
Procedure for using the restraint, including observation and monitoring	
Will other people be impacted by the use of this restraint?	
Yes	No
If YES, how will impact on others be minimised?	
How will the restraint be gradually reduced as behavioural goals are achieved by the person?	

Why is the use of this practice the least restrictive way of ensuring the safety of the person and/or others?

Social validity of the practice	
How did you assess the acceptability of this practice?	Who did you consult with to assess this?

Authorisation for the use of the practices	
Authorising body	Approval period

Seclusion

Frequency of use	
Routine use	As needed

Positive behavioural support strategies to be used before the as needed use of seclusion

The continued use and need for the use of seclusion will be impacted directly by the application of strategies listed in this plan. It is anticipated that once Taylor is able to independently use the replacement behaviour (ie sign 'next') that reduction in seclusion will be clinically indicated.
In the interim;

1. When Taylor is unsure of what is happening next he may show signs that indicate that he is about to engage in the behaviours that cause harm to himself or others. These early behaviours are;
    a. Deep, low vocalisations [humming progresses to grunting] and pacing [3 fast steps back and forth];
    b. Runs towards staff, wide eyes and hands fisted at sides, stiff body;

If Taylor begins to engage in this behaviour immediately use speech and sign to him what is happening next and encourage Taylor to use his "next" sign;

2. If Taylor's behaviour escalates and he begins to use the behaviours that cause harm to self or others (Full body slam and hitting head on staff)
    - Ensure the safety of Taylor by using speech and signing what is happening next and that staff are there to help him, whilst moving any items on the floor out of Taylor's direct path;
    - If Taylor continues to escalate, ensure the safety of all by telling other people in the room to leave immediately, keeping Taylor in your line of sight, position your back to the door and continue to use speech and sign what is happening next and that staff are there to help him;

Circumstance(s) in which seclusion will be used

Seclusion is only to be used when the safety of staff or others is at risk due to Taylor attempting to hit them with his head.

1. Taylor is only to be secluded within his own residential property, by removing all other persons from his space and restricting his free exit from the rear section of the building or
2. Preventing access to staff, co-tenants and others locked in the staff room. A demonstration of why use of seclusion is the least restrictive way of ensuring the safety

The maximum frequency of seclusion per day, week and/or month; and for how long (minutes/hours)

Taylor usually settles within 10 minutes of any incident of behaviour that causes harm to self or others. Seclusion may be used for a maximum of 15 minutes at the discretion of support staff. Seclusion will not occur more than twice per day, or 60 times per month.

Procedure for using seclusion, including observation and monitoring

1. Redirect Taylor to the rear of the building;

a. Lock the hallway door maintaining Taylor's access to the toilet and bathroom, but limiting access to the front of the house b. Taylor is to be the only person in the rear of the building;

2. If unable to redirect Taylor to the rear of the property: a. all staff, co-tenants and others in the home are to proceed directly to the staff room and lock the door;
3. Staff are to ensure they remain in the closest position possible to the locked door, either the hall door or the staffroom door, and listening for cessation of banging sounds.
4. After nil banging sounds can be heard by staff for a period of 60 seconds:
    a. Staff to speak to Taylor through the locked door, asking if he is OK;
    b. When Taylor responds with his "yes" sound, staff are to ask Taylor "can I come in";
    c. When Taylor responds with his "yes" sound staff to unlock and slowly open the door, identifying where Taylor is in the room;
    d. Staff are to stand close to the door way with a relaxed posture and body language and provide verbal support to Taylor, asking again if he is OK and if he would like a drink of water;
    e. When Taylor responds with his "yes" sound, a nod or sign for "good" staff to let Taylor know they will get him a glass of water and do so;
    f. When staff return to Taylor, they are to let Taylor know that everything is OK, that they are there to help him;
    g. When Taylor is exhibiting nil precursor or behaviour that causes harm to self or others, has a relaxed posture and body language offer to help Taylor. Check his headgear to make sure it is securely fitted and not pinching any skin or pulling any hair.

Reporting:

- Each use of seclusion is reported as soon as practical [verbally within 3 hours, formally within 24 hours] to the House Coordinator or On-call Coordinator.
- Record all use of seclusion on Taylor's Restrictive Practice Reporting Form; and
- Complete a Behaviour Incident Report Form.

Taylor will be safeguarded from abuse, neglect and exploitation by accurate and efficient monitoring and evaluation, followed by rigorous and timely information sharing and feedback. The use of seclusion will be monitored and evaluated as follows:

- • Reported per use by Support Staff; weekly monitoring and monthly evaluation by the House Coordinator; monthly information provision to family [Tim and Jason], his Neuropsychiatrist, the Service Manager and the Behaviour Support Specialist by the House Coordinator.

How will seclusion be gradually reduced as behavioural goals are achieved by the person?

It is anticipated that once Taylor is able to independently use the replacement behaviour (ie sign 'next') that reduction in seclusion will be clinically indicated.

Why is the use seclusion the least restrictive way of ensuring the safety of the person and/or others?

The episodic use of seclusion will be used to reduce harm to staff from Taylor. The ongoing use of seclusion will not improve Taylor's quality of life or assist in the reduction of the overall impact of his behaviour that causes harm to self or others. However, its episodic use is necessary to prevent harm to staff while they implement the strategies in this plan and Taylor is learning the skill of signing "next" to ask staff what is happening next. The use of seclusion is the least restrictive alternative for Taylor at present whilst he learns his replacement behaviour.

Social validity of seclusion

How did you assess the acceptability of this practice?	Who did you consult with to assess this?
Going through the plan with relevant stakeholders, allowing them to ask questions and taking into account all feedback provided in the final version of this plan.	Parents, guardians and support staff

Authorisation for the use of restrictive practices

Authorising body	Approval period
Authorised Program Officer, MV Services	12 months from June 1, 2022

PAGE 6 – PBSP Implementation

- *This page contains the relevant information about the PBSP implementation process. This information 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).

Implementation

People involved in the implementation of this PBSP				
Behaviour support practitioner	Support staff	House coordinator	Service manager	

How will implementers of this PBSP be trained to implement the proposed interventions?	
Strategy	Person(s) responsible
Face to face training to inform how staff can be best supported to implement skills teaching [replacement behaviour]	Behaviour support practitioner
Face to face training to provide opportunities for staff to practice delivering the skills teaching program	Behaviour support practitioner
Face to face training to provide feedback on performance	Behaviour support practitioner
Face to face training for staff to provide feedback to Dee Yarrs regarding any likely issues in teaching Taylor this skill	Behaviour support practitioner

How will implementers of this PBSP communicate with one another to discuss implementation?	
Strategy	Person(s) responsible
Prepare weekly cumulative graphs on Taylor's progress in learning the replacement behaviour within his home. The graphs will summarise data contained in the Task Record Sheets. The graphs will be emailed to Taylor's family [Tim and Jason], the Service Manager, Dee Yarrs and Dr Kelp at least monthly. Recipients of this information will report back to each other via email.	House coordinator, service manager, behaviour support practitioner, neuropsychiatrist
The graphs will also be presented at monthly team meetings to Support Staff.	House coordinator
Summary of Task Record Sheets forwarded to plan author	House coordinator
Monthly contact with family to discuss positive behaviour support strategies and goal achievement	House coordinator
Contact House/On Call Coordinator immediately following incidents of behaviour that causes harm to self or others	Support staff
Record and report each use of seclusion to House Coordinator	Support staff
Record and report any observed side effects of Risperidone to House Coordinator	Support staff
Report any observed side effects of Risperidone to Dr Smythe and Dr Kelp	House coordinator
Monthly information provision to family, Dr Kelp, Service manager and Dee Yarrs on use of seclusion	House coordinator
Quarterly information provision to family, Service manager and Dee Yarrs on chemical restraint	House coordinator

Quarterly information provision to family, Dr Kelp, Service manager and Dee Yarrs on mechanical restraint	House coordinator
Attend monthly team meetings to discuss Taylor's achievements facilitated by the House Coordinator	Support staff
Outline the implementation plan	
Action	Person(s) responsible
Deliver the skills teaching program use "next" sign	Behaviour support practitioner
Record progress of goal achievements on weekly graphs	House coordinator
Task Record Sheets completed daily and forwarded to House Coordinator each Monday	Support staff
Complete Behaviour Incident Report forms and ABC Note cards following incidents of behaviour that causes harm to self or others	Support staff
Record any use of behaviour that causes harm to self or others on Scatterplot	Support staff
Daily inspection of protective headgear, recording and reporting any identified concerns to House Coordinator	Support staff
All staff to read and 'sign-off' that they have read the plan.	All staff
How will PBSP implementation and goal achievement be reviewed and monitored?	
Strategy	Person(s) responsible
Attend review meetings facilitated by the plan author at 1, 3 and 9 months post implementation	Behaviour support practitioner, service manager, house coordinator, support staff
Modify aspects of the teaching program, based on both the analysed data and observations of Taylor's Support Staff.	Behaviour support practitioner
Timeframe for plan review	
This plan is scheduled for review on the following dates. Initial review one month from the date of this plan. Comprehensive reviews, at 3 months and 9 months from the date of this plan.	

Social Validity

How did you assess the acceptability of the interventions proposed in this PBSP?
Going through the plan with relevant stakeholders, allowing them to ask questions and taking into account all feedback provided in the final version of this plan.
Who did you consult with?
Parents, guardians and support staff