



# The Positive Behaviour Team

## – The Application of Positive Behaviour Support

National ASSID Conference, Brisbane  
29<sup>th</sup> September 2010

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# Overview

- Context
- Development of the Positive Behaviour Team
- Implementation – Service Model
- Evaluation Results

# Context

- ***The Positive Behaviour Framework***  
(Disability Services Commission (DSC), 2009)
  - a plan for services provided to people with disabilities who sometimes exhibit challenging behaviour
  - recognised the place for highly skilled and dedicated tertiary teams in supporting this consumer group and their families

# Client Group

- People with a developmental disability aged 6-25 who sometimes exhibit challenging behaviour
- Client group identified via qualitative analysis of pre-existing referral data
- Living in a family context
- Focus on supporting families and preventing premature out-of-home placement

# Positive Behaviour Team

- Developed as an interdisciplinary tertiary team within the Disability Services Commission in 2007
- Accessed existing resources of Clinical Psychologists, Speech Pathologists and Social Workers who are experienced in working with challenging behaviour and families

# Team Mission

**‘To encourage lasting, positive behaviour change and improved quality of life of the person with a disability and their family by increasing the capacity of the person, their environment and support systems’**

# Theoretical Underpinnings

- Positive Behaviour Support model (e.g. Lucyshyn, Horner, Dunlap, Albin & Ben, 2002)
- A Family-centred approach - dictates that interventions with families are focused on what change may be meaningful for them and emphasises a collaborative partnership between service and family
- Functional Assessment as a basis for intervention
- Behaviour viewed as serving a communicative function
- Quality of Life is important for individuals and their families (e.g. John O' Brien) and an important consideration in service design & outcome
- Family systems approaches to psychotherapy - systemic interventions and engagement with families and other key stakeholders is necessary for lasting change (e.g. Milan Group (Palazzoli, Cecchin, Boscolo, Prata))

# The 3-pillars

- Rationale for the 3 discipline groups:
  - Applied Behaviour Analysis (Clinical Psychology)
  - Family Systems Approaches (Social Work)
  - Interventions to support functional communication (Speech Pathology)



# Service Model

- Approximately 35 referral places across metropolitan Perth
- Interventions run for 12-18 months (aim for 12 months)
- 2 clinicians of different disciplines assigned to each referral, but referral viewed as ‘whole of team referral’
- Two teams of 7 clinicians (North & South metro)
- Small case loads (6-7 referrals per full-time employee)
- Team supervision 3 times per month (2hr meetings)
- Individual supervision with Team Leader once per month, and as required

# Implementation

- Team Members engage with families to facilitate greater awareness of why behaviour exists and what changes they can make to achieve lasting positive behaviour change
- The aim is to develop a ‘shared understanding’ of why problems occur and what might help

# Implementation (Continued)

- Goal-directed and process driven approach (process checklists to guide interventions, though not manualised)
- ‘Introduction to Service’ meeting – focus on establishing **engagement** with parents and discussion of normal family expectations of a ‘fix’ for the problems they are experiencing
- Frequency and intensity varies based on identified needs and goals for each family
- Intervention moves along a continuum from assessment, through intervention, to maintenance
- Safety-planning and behaviour support plans prioritised as required
- Goals start off as ‘desired outcomes’ and are refined through process of systemic assessment
- Sustainability of goals is a key consideration

# Research Objectives

- To determine the impact & effectiveness of the services provided by the PBT.
- To establish an evaluation framework & management tool for on-going support of the PBT
- To provide a framework to inform evidence-based practices in future sector-wide developments involving PBT services.

# Research Activities

- Documentation review
- Development of Research Protocol with PBT
- Database Development
- Family Interviews & Surveys
- Staff Interviews & Surveys
- Local Area Coordinator Focus Group
- Community Teams Focus Group
- School & Respite Service Interviews

# Family Measures

- Beach Center on Disability (2003). *Partnership and family quality of life survey*. University of Kansas.
- Cummins, R., & Lau, A. (2006). *Personal Wellbeing Index, 4<sup>th</sup> Edition*. Melbourne: Deakin University.
- Einfeld, S. & Tong, B (2002). *Developmental Behaviour Checklist, Revised*. Melbourne, Australia: Centre for Developmental Psychiatry & Psychology, Monash University.
- Hammer, A., & marting, M. (1987). *Coping Resources Inventory*. Palo Alto, CA: Consulting Psychologists Press.
- Lovibond, S.H. & Lovibond, P.F. (1995). *Manual for the Depression Anxiety Stress Scales. (2<sup>nd</sup>. Ed.)*. Sydney: Psychology Foundation
- Stepping Stones Positive Parenting Program (2003) *Parenting Scale*. Queensland, Australia: Author.

## **The Partnership Orientation Measure**

Garbacz, S., Woods, K., Swanger-Gagne, M., Taylor, A., Black, K., & Sheridan, S. (2008). The Effectiveness of a Partnership-Centred Approach in Conjoint Behavioral Consultation. *School Psychology Quarterly, 23* (3), 313–326.

## **Quality of Family – Professional Partnerships**

Summers, J., Hoffman, L., Marquis, J., Turnbull, A., Poston, D., Nelson, Louis (2005). Measuring the quality of family – professional partnerships in special education. *Exceptional Children, 72* (1), 65-81.

## **Measure of Processes of Care (MPOC-20)**

King, S., King, G., & Rosenbaum, P. (2004). Evaluating Health Service Delivery to Children With Chronic Conditions and Their Families: Development of a Refined Measure of Processes of Care (MPOC–20). *Children's Health Care, 33*(1), 35–57.

## **Measure of Beliefs About Participation in Family-Centered Services**

King, G., Kertoy, M., King, S., Law, M., Rosenbaum, P., & Hurley, P. (2003). A Measure of Parents' and Service Providers' Beliefs About Participation in Family-Centered Services. *Children's Health Care, 33*(3), 191-214.



# Staff Measures

King, G., Kertoy, M., King, S., Law, M., Rosenbaum, P., & Hurley, P. (2003). A Measure of Parents' and Service Providers' Beliefs About Participation in Family-Centered Services. *Children's Health Care*,

Maslach, C. & Jackson, S. (1986). *Human Services Survey*. Palo Alto, CA: Consulting Psychologists Press 33(3), 191-214.

Osipow, S. & Spokane, A., (1998). *Occupational Stress Inventory Revised Edition (OSI-R): Professional Manual*. USA- Psychological Assessment Resources, Inc.



# Clients of the PBT

- Referrals = 92
- Accepted Cases = 80
- Closed at June 2010 = 47
- Active at June 2010 = 33
  - Assessment = 10
  - Intervention = 19
  - Maintenance = 4
- Engagement =  
M 346 days (SD 226)
- ID = 41%
- ASD = 20%
- ID + ASD = 39%
- Males = 66%
- Mean Age = 14 (SD3.8)
- Range = 5 to 26 years
- Mode = 16 yrs (13%)

# Issues for the Person with Disability

- Aggression = 31%
- Aggression & Self-Injury = 25%
- Non-compliance = 20%
- Risk-taking = 11%
- Residual > socially unacceptable behaviour;  
toileting issues;

# Issues for the Family

## Personal Wellbeing

- PWI Fathers =  
M 6.4 / 10 (SD 1.5)
- PWI Mothers =  
M 5.75 / 10 (SD 1.3)
- Child's safety
- School exclusion
- Safety of family members
- Impact on parent's relationship
- Impact on siblings
- Communication
- Social Skills
- Control
- Independence

# Preliminary Analysis

- Goal Attainment for PWD
  - Met = 32%
  - Partially Met = 45%
  - Discontinued = 13%
  - Unmet = 10% (3/47 clients)

- Family QoL

Significant Improvement:

M 3.2 (SD 0.58) >

M 3.7 (SD 0.45)

- Parental Efficacy

Significant Improvement:

M 54.25 (SD 11.6) >

M 61.88 (SD 7.9)

- Parental Mental Health

Significant Improvement:

M 33.77 (SD 23.03) >

M 24.81 (SD 19.08)

# Why Might it be Effective?

- Positive Behaviour Support Techniques
- Communications Strategies
- Multi-Systemic Family Therapy & Education
- Experienced
- Multi-disciplinary Team
- Trans-disciplinary framework
- Regulated Referrals
- Extended Engagement
- Family & networks

# References

- Disability Services Commission (2009), Positive Behaviour Framework.
- Lucyshyn, J.M., Horner, R.H., Dunlap, G., Albin, R.W., Ben, K.R. (2002). Positive Behaviour Support With Families. In J.M. Lucyshyn, G. Dunlap & R.W. Albin (Eds.), *Families and Positive Behaviour Support* (pp.3-43). Baltimore: Paul H. Brookes.

Refer also to references concerning the various measures, as noted in earlier slides