

# **SMARThinking 2006**

FOR DIRECT CARE STAFF IN NON-GOVERNMENT ORGANISATIONS

## **Self-Paced Learning Modules**

- 1. Preventing Challenging Behaviours**
- 2. Skills Training**
- 3. Challenging Behaviours**
- 4. The SMARThinker's Manual for Supervisors**

A joint ACROD WA & Disability Services Commission Project

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# Foreword

The SMARThinking self-paced learning Module format has been commissioned by ACROD and the Challenging Behaviours Consortium for staff in non-government organisations. It has been written by Morag Budiselik, Senior Clinical Psychologist who was part of the Disability Services Challenging Behaviours Project Team which was set up during 2005 to support the Consortium members.

The Challenging Behaviours Consortium consisted of 6 non-government organisations (5 metropolitan and 1 regional) who expressed an interest in developing their capacities to support people with challenging behaviours. Skills training for entry level staff was identified as a key need in this area.

It was clear that the original SMARThinking workshop format was not meeting the training needs of many organisations and their staff. Consortium members also identified gaps in training opportunities for rural and regional staff which were difficult to address through a traditional workshop format.

The new SMARThinking module system consists of a series of four workbooks. Modules 1, 2, and 3 are designed for entry level direct care staff. Module 4 provides information and support for other staff members who have responsibility for monitoring the practical work of other staff.

Although the Modules are designed for self-paced learning, organisations will need to ensure that learners have access to skilled and experienced senior staff (or Supervisor) to guide or 'mentor' them through the learning process. No 'answer guide' has been provided. Most of the answers are provided in the reading materials, and the practical exercises encourage the learner to apply what has been learned. Many learners will need the support of a more experienced staff member to reinforce and guide the application of their learning.

## Acknowledgements

The theoretical basis for this package has been influenced by growing trends in non-punishing treatment interventions for people with developmental disabilities. Foremost among the pioneers of these trends are Gary LaVigna of the Institute of Applied Behavior Analysis in Los Angeles, Jim Mansell of the Tizard Centre in the UK, and Keith McVilly of the Australasian Association for the Study of Intellectual Disability (ASSID).

Thanks also goes to:

- Libby Drenen of the DSC Learning & Development unit who suggested the self-paced learning format
- Tatjana Pedlow, the original ACROD SMARThinking facilitator, who made many suggestions for improvement
- Fellow Challenging Behaviours Project members Jacqui McGregor and Ana-Maria Guzman who provided inspiration as well as practical contributions

- Russell Brown, DSC Service Purchasing manager who co-ordinated the Challenging Behaviours Consortium process and was open to all suggestions
- Meredith Johnson, Acting Manager Planning & Development, DSC Accommodation Services Directorate, who made possible the time available to write the Modules
- ACTIV Library, 41 Bishop St Jolimont WA 6014 for its great range of resources and very helpful librarians

## **Disclaimers**

The case examples in these Modules are based on real-life situations. The names have been changed for confidentiality reasons and to protect the innocent as well as the guilty. Any resemblance to members of the author's family or friends, employees of Disability Services Commission and ACROD, celebrities and sports stars is purely co-incidental. Mainly.

## **About the Author**

Morag Budiselik is a Senior Clinical Psychologist with the Disability Services Accommodation Support Team. She has close on 20 years experience in working with people with intellectual disabilities and consults to staff primarily in the area of challenging behaviours.

She has in the past provided psychology services to: young offenders in non-custodial settings, families who were experiencing difficulties parenting, children at risk of abuse, troubled adolescents, and people with mental health problems.

In all these settings, she has generally tried to avoid 'punishing' methods simply because she didn't like doing that much. It was nice for her to see the theoretical literature supporting this approach gaining increasing acceptance in practice.

January 2006

## Module 1

### PREVENTING CHALLENGING BEHAVIOURS

## About this Module

This Module is about Prevention. We prefer to prevent Challenging Behaviours happening in the first place. Otherwise, we have to deal with the stress, distress and damage caused by these behaviours. And if we don't prevent the behaviour happening, we have to deal with crisis over and over again.

It's a bit like preventing fires. If you don't have good fire prevention methods, the risk of having a fire is high. And the costs in terms of damage to property and to people are also high. Is there anyone who would argue that fire prevention is a waste of time? Or that it's easier to put out a major fire than to prevent it in the first place?

Well, the same applies to Challenging Behaviours!

People are naturally worried about Challenging Behaviours and want to stop them. They sometimes find it hard to see how preventive strategies have anything to do with stopping Challenging Behaviours.

Preventing Challenging Behaviours aims to show you how preventive strategies can work to help you, and the people you support, avoid the crises of Challenging Behaviours.

The Module covers the following Topics:

- Topic 1.1 Positive Behaviour Support
- Topic 1.2 The Importance of Routine
- Topic 1.3 'Engagement'
- Topic 1.4 Communication
- Topic 1.5 Lifestyle Improvement

# Topic 1.1

## Positive Behaviour Support

Learning Outcomes:

By the end of this topic, you will be able to:

- Describe ways *Positive Behaviour Support* can assist people not have challenging behaviours
  - Name two goals of *Positive Behaviour Support*
  - Name the main steps in the *Positive Behaviour Support* process
- 

What is *Positive Behaviour Support*? It is the best way we know nowadays to prevent challenging behaviours happening. It does this by:

- Helping the person learn skills to replace the challenging behaviour
- Changing things in the environment that can 'trigger' or 'set off' the problem behaviour
- Making sure we understand what the person is trying to communicate by the behaviour
- Making the person's lifestyle more interesting
- Helping the person have more fun – both at home and in the community

And it does all these things by using positive (or non-punishing) methods.

The goals of *Positive Behaviour Support* are simple. They are to help people:

- Enjoy life
- Be as independent as possible
- Live as normal a life as possible
- Overcome problem behaviour

Simple to say – not always so easy to do! But these goals are a good checklist. We can ask ourselves whether what we are doing for the person meets these goals.

But how do we work out what the person needs so we can meet these goals together?

Many of the people we support are not able to tell us what they need. Others are so used to relying on their problem behaviours getting them what they want that they too are not able to tell us.

Others again might be able to tell us what they want, but it could be dangerous or illegal for us to give it to them!

So what *Positive Behaviour Support* needs us to do is to **assess** what the person is trying to tell us by the problem behaviour. Each person will have different reasons for problem behaviour. The same person might even have different reasons for what looks like the same behaviour.

For example, Zoe is unable to speak, and may scream loudly because she:

- Is bored
- Has a painful toothache
- Wants attention from someone
- Wants someone to go away and leave her alone
- Is hungry
- Is thirsty
- Is too hot or too cold

So many different reasons for the same behaviour! And you can see that we really do need to know what the reason is before we can do something to fix the problem.

The most common mistake many people make is to rush in to try and fix the problem without taking the time to work out why it is happening.

After we have assessed the problem, we need to think of all the things that should be done to help the person. In other words, we need to come up with a detailed (or comprehensive) **intervention plan**.

What sorts of things are included in an intervention plan? Some of the things we need to work out are:

- The strategies needed to prevent the problem behaviour
- What 'sets off' the problem behaviour (sometimes called 'triggers')
- The new skills we need to teach the person to replace the problem behaviour
- The skills we need to teach the person so that they can be as independent as possible

We also need to think about how we can help the person enjoy life more. *Positive Behaviour Support* suggests that we look at improving the person's lifestyle.

So, the three main steps in Positive Behaviour Support are:

- Thorough **Assessment**
- Comprehensive **Intervention Plan**

## 'Punishment'

Many people think that the only way to teach a person to behave well is by punishing them when they behave badly.

People with disabilities who also have challenging behaviours have usually been punished quite a lot as they were growing up. However, they still go on having challenging behaviours.

In recent years, we have learned that punishment can often cause more problems than it solves. For example:

- Punishment can often result in the person attacking other people, or injuring himself
- The person who is 'punished' can become afraid of the 'punisher'
- Punishment often becomes more harsh and severe when the behaviour doesn't stop
- If the person is not taught the right way to behave, punishment alone won't fix the problem

People learn by

- being taught the right way
- not being expected to do it right first time (or even 2<sup>nd</sup> or 3<sup>rd</sup> times!)
- being encouraged when they try
- being guided to do better
- being praised for effort as well as for success
- developing confidence in their own ability

Think about your own learning experiences. How much do you think you would learn if you were punished each time you made a mistake? And nobody actually told you how to do things correctly? Have you had these experiences in school? Or in a job?

Well, you have left school. And you probably have left any job where you had punishing experiences. The people we support usually don't have the choice to leave.

This is one of the reasons why Positive Behaviour Support aims to avoid using punishing methods.

# Learning Activity 1.1

## Positive Behaviour Support

In this Learning Activity, you will practice applying the ideas from Topic 1.1 through the use of case studies and guided questions.

### Steps

1. Read the case studies
2. Read all the questions
3. Write your answers in the space provided

## Worksheet 1.1

### 'Jacqui'

Jacqui often bangs her head against a wall at home. She is non-verbal and has a physical disability which makes it hard for her to go out on her own without help. Because she is slow in doing things at home, her carers find it quicker and easier to do everything themselves.

Jacqui left school last year where she was popular and had a group of friends. She has lost touch with these friends because there is no one available to take her to meet them.

She does not have a work placement as yet and her regular outings are to the same shopping centre to do the weekly grocery shop.



**'Neil'**

Neil came to live in the group home recently when his mother died and his elderly father wasn't able to look after him. At home, Neil had a very interesting lifestyle. He had many hobbies including gardening, bird watching and he loved to potter in the shed using his father's woodworking tools. He was also a member of a social club, went regularly to dancing where he won prizes, and played lawn bowls at his father's club.

In the group home, Neil was not allowed to go out on his own and there were not enough staff to go with him to his clubs and dancing. There was no shed, and there were no tools for woodworking or gardening.

Neil began to become aggressive towards staff and other residents and started to smash furniture and equipment in the home.

Questions	Your answers
<p><b>'Jacqui'</b></p> <p><b>What are three things you could do to make Jacqui's life more interesting?</b></p> <p>(In your answer, think of the ways <i>Positive Behaviour Support</i> can prevent challenging behaviours)</p> <p><b>What would you have to do to check you've thought of the right things?</b></p> <p>(See <i>Positive Behaviour Support</i> goals)</p>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>

<p><b>'Neil'</b></p> <p><b>What would you have to do to work out why Neil had started to have problem behaviours?</b></p> <p>(See main steps in <i>Positive Behaviour Support</i> process)</p> <p><b>What would you change in the group home so that Neil did not have problem behaviours?</b></p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
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Signed (Worker) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_



# Topic 1.2

## Routines

### Learning outcomes

By the end of this topic, you will be able to:

- Describe why Routines are important
  - Name ways Routines can reduce challenging behaviours
- 

What are 'Routines'? Routines are simply the way we organise the ordinary things we have to do in our daily lives. They are the sequence of events that make up everyday life. Routines include all of the activities we regularly carry out

- At home
- At work
- In the community

For example, think about how we go about getting ready for work, or doing the laundry, or paying our bills. We will probably do each of these tasks in the same way, almost without thinking about them. They have become *habits*.

Take getting ready for work. Most of us rely on electrical appliances when we get ready for work. Some of these appliances might be the electric kettle, toaster, hair dryer, heater, hot water system, clothes dryer. If we are super efficient, we might also start the dishwasher or the washing machine as part of our morning routine!

Now think how *your* routine would be ruined if there was a power failure. And how *you* would feel!

We need to be able to predict what is going to happen in our day, so that we don't get stressed worrying about things. When we can carry out our habitual routine, we can think about other things, solve other problems while doing what we need to.

The people we support also need certainty and predictability. They have disabilities that mean they have to depend on us to *support* them through their routine.

Often people with disabilities have more than one carer or support worker. They may even have 5 or 6. Suppose each of these carers followed a different routine. This would mean the person would have to cope with 5 or 6 different ways of doing the same activity!

The person could react in several ways. She could:

- a. Give up and let the carers do whatever they wanted to
- b. Put up a fight and try to do things the way she wanted them done
- c. Refuse to get out of bed in the morning
- d. Hit or swear at carers who upset her more

None of these behaviours is useful. Even when the person is docile and 'gives up', it means she is not learning the skills she needs to become as independent as possible.

If the person reacts by being unco-operative or fighting, she is likely to be accused of having "challenging behaviours" and carers might even ask that medication be prescribed for her!

As you might guess, life can also become very stressful for carers trying to support the person who does not have a consistent routine.

When the person has a predictable and consistent Routine that is followed by everyone, he or she has a much better chance of

- Becoming skilled in daily living activities
- Learning and practising the skills needed to become more independent
- Remaining calm
- Not needing challenging behaviours to communicate distress

Routines are essential to make sure each carer knows what has to be done in the home.

Routines should tell carers what support each individual person in a group home needs so that he can be successful in carrying out regular activities and tasks.

Routines also need to take into account all the things carers need to do. These 'extra' things might include domestic chores, budget and money management, writing shift reports, reading House Report Book, taking people to appointments, shopping etc.

And all of these tasks need to be carefully 'time-tabled' into carers' shifts. This is so that enough time is available to carry them out – or so that there are enough carers on shift when needed.

## **What 'Routines' look like**

Routines should:

- Be written down
- Indicate what carers need to do for each person in terms of support to maintain skills and quality of life
- Identify what each carer on shift (if more than one) needs to do
- Remind carers of any special needs people have (especially to avoid problem behaviours)
- Be reviewed regularly at staff meetings and changes made as needed

## **Common mistakes in written 'Routines' are that they:**

- Don't reflect what carers actually do
- Are not clear enough for new or casual staff to make sense of
- Are too detailed or not easy to read
- Don't give enough information about what support people need
- Only describe the domestic chores carers have to do
- Don't have realistic time lines (e.g 15 minutes given to shower 3 residents who need total assistance in the bathroom)
- Don't provide any guidelines to carers about what to do for residents between meals
- Don't include residents in domestic activities
- Are changed by individual carers, without discussing with rest of team
- Are written, stored in a file and never looked at again

Make sure your staff Team doesn't make any of these mistakes!!!

# Learning Activity 1.2

## Routines

The purpose of this Learning Activity is for you to understand how Routines can help Workers and how Routines can prevent challenging behaviours

### Steps

1. Read through the questions in the following Worksheet
2. Write your answers in the spaces provided
3. Consider the 'routine' in your own workplace and discuss with your supervisor or other staff members how well it supports staff and residents

## Worksheet 1.2

Questions	Your answers
<b>1. Why is it a good idea to have written Routines?</b>	

<p><b>2. How can written Routines help prevent challenging behaviour?</b></p>	
<p><b>3. List three common mistakes people make about Routines.</b></p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p><b>4. Are there written Routines in your workplace? If so, how do you think these could be improved for residents as well as for staff?</b></p> <p><b>Discuss with your supervisor.</b></p>	

Signed (Worker) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_



# Feedback Sheet

This sheet can be used by learners and supervisors.

Use it to record:

- comments
- feedback
- follow-up action

about the worksheet on the previous page.

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# Topic 1.3

## 'Engagement'

Learning outcomes:

By the end of this session, the learner will:

- Understand the meaning of the word 'engagement' as used in disability support services
  - Understand how levels of engagement can affect challenging behaviours
  - Be able to name ways to increase levels of engagement
- 

Some examples of 'Engagement' are:

- When a carer is involved in an activity with the person
- When the person is having a conversation with someone
- When the person is involved on his own in an activity he enjoys (e.g. gardening, drawing, playing video games, watching a favourite TV program)
- When the person does his chores as part of the group 'chores roster'
- When the person is involved with others in a joint activity (e.g. playing a board game, fixing a bike, doing the weekly shop)

'Engagement' is the word used to describe the person being *involved* in an interesting activity. The activity should also have a purpose. It should ideally not just be a way of passing the time.

It would be nice if all engagement could be enjoyable but it doesn't always need to be. Not many people would describe tidying their room as an example of 'enjoyable' engagement. But it can give a great sense of achievement when it's done!

For example, a person might appear to enjoy staring into space and rocking. If she does this most of the day, she is not involved in an activity that will improve her lifestyle. The activity also does not help her interact with other people either. In other words, this activity does not have a purpose, and it is not engagement.

Many of the people we support need our assistance to get involved. We have to help them plan a schedule of activities that will:

- improve their lifestyle
- give them interesting things to do
- increase their interaction with other people
- increase the opportunities they have to succeed in tasks and activities

So how exactly does 'engagement' help prevent challenging behaviours?

Research in the USA, UK and Australia has shown that there are major benefits when people have enough involvement in things. For example, people:

- ✓ are happier
- ✓ have fewer challenging behaviour
- ✓ have more enjoyable relationships with others
- ✓ are more independent
- ✓ have increased skills
- ✓ have a better quality of life
- ✓ have many more positive interactions with carers

There are also big advantages for staff too. When people are busy and have enough meaningful activities in their lives, carers

- ✓ feel competent and useful
- ✓ are more optimistic about the person's progress
- ✓ take pride in doing their job well
- ✓ and are usually having fun!

Now, what happens when people don't have enough activities? Or are not involvement much in what's going on? Well, the same research shows that people in this situation are more likely:

- X to be bored
- X to be angry or distressed
- X to have disruptive or challenging behaviours
- X to have more self-injury
- X to be depressed
- X to lose skills and become more dependent
- X to have very few positive interactions with carers

As if that wasn't all bad enough, what happens for staff is that they

- X end up feeling useless or helpless
- X are not optimistic about anything changing for the better
- X feel 'isolated' and left on their own to manage as best they can
- X don't enjoy their job
- X avoid interacting with the people they need to support (e.g. stay in the staff room, spend lots of time chatting with other staff)

We can now clearly see how good levels of 'Engagement' or involvement people can help prevent challenging behaviours.

When a person has challenging behaviours, the first things we need to consider are:

- Are there consistent and predictable Routines in place?
- Are there good enough levels of engagement for the person?

It's often amazing how challenging behaviours disappear if these things are in place! But many carers find it hard to believe that very difficult behaviour can be changed in such simple ways. That is, until they try it and see it working!

### **How to get the person engaged**

First of all, you have to have a positive relationship with the person. This is so that the person is more likely to want to do things with you or to co-operate with you.

What sort of things make for a positive relationship? If we think of people in our own lives, we will quickly be able to name those with whom we....

- (a) have a good relationship
- (b) have a not-so-good relationship
- (c) have a terrible relationship
- (d) have a sometimes good / sometimes not-so-good relationship

Chances are you have a good relationship with people you trust, people you like, and people you have fun with on a regular basis.

How would you feel about people who.....

- Nag you?
- Make demands on you that you can't meet?
- Make you feel stupid or useless?
- Don't treat you with respect?
- 'Punish' you if you get things wrong?
- Don't help you when you need help?

The people who need our support have the same sort of feelings about people. They respond well to people who treat them well most of the time. They respond badly to people who treat them badly most of the time. And sometimes, when individuals treat them badly, they respond to everyone badly!

You might be thinking "*That's all very well. But there are times when I need to get the person to do things they don't want to. And things that are not much fun to do.*"

That's a very good point. And it happens to all of us in life. How do we cope with being asked to do things we don't want to? We usually do it – even with gritted teeth – because we basically like the person asking us. And we have had lots of good times with the person and not so many of the 'gritted teeth' times.

Some examples from our own lives might be:

- Having to change a baby's very messy nappy
- Going to see the 'chick flick' that your new girlfriend wants to see
- Watching a boyfriend play in an important footie match
- Picking up the kids' dirty clothes off the floor

Can you think of more examples???

Your aim in improving the person's involvement is to have more fun times than 'not fun' times. That way everybody wins

# Learning Activity 1.3

## Engagement

The purpose of this Learning Activity is to help you think about 'engagement' and how it can improve the lives of the people you support.

## Steps

1. Read the Case Studies in the Worksheet 1.3. These are the same case studies from Worksheet 1.1. But this time, you are asked to think about them in terms of 'engagement'.
2. Read through the questions about the Case Studies in the Worksheet
3. Write your answers in the spaces provided
4. Read through the rest of the questions in the Worksheet and write your answers in the spaces provided

## Worksheet 1.3

Here's Jacqui and Neil again!

### 'Jacqui'

Jacqui often bangs her head against a wall at home. She is non-verbal and has a physical disability which makes it hard for her to go out on her own without help. Because she is slow in doing things at home, her carers find it quicker and easier to do everything themselves.

Jacqui left school last year where she was popular and had a group of friends. She has lost touch with these friends because there is no one available to take her to meet them.

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**'Neil'**

Neil came to live in the group home recently when his mother died and his elderly father wasn't able to look after him. At home, Neil had a very interesting lifestyle. He had many hobbies including gardening, bird watching and he loved to potter in the shed using his father's woodworking tools. He was also a member of a social club, went regularly to dancing where he won prizes, and played lawn bowls at his father's club.

In the group home, he was not allowed to go out on his own and there were not enough staff to go with him to his clubs and dancing. There was no shed, and there were no tools for woodworking or gardening.

Neil began to become aggressive towards staff and other residents and started to smash furniture and equipment in the home.

Questions	Your answers
<p><b>1. 'Jacqui'</b></p> <p><b>In what ways do you think 'lack of engagement' might have caused Jacqui's head-banging?</b></p>          <p><b>List 3 things that could improve Jacqui's involvement in activities?</b></p>	          <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>

<p><b>2. 'Neil'</b></p> <p><b>How do you think Neil's carers might feel about his problem behaviour?</b></p>  <p><b>What could carers do to improve their relationships with Neil?</b></p>	
<p><b>3. List 3 advantages for the people you support of good levels of 'engagement'.</b></p>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
<p><b>4. List 3 problems that result from poor levels of engagement for the people you support.</b></p>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>



<p><b>5. Describe how Workers can benefit by providing good levels of engagement for the people they support.</b></p>	
<p><b>6. Describe how Workers can suffer when there are poor levels of engagement.</b></p>	

Signed (Worker) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_



# Topic 1.4

## Communication

### Learning Outcomes

By the end of this Topic, you will

- Be able to explain why communication is important in understanding Challenging Behaviours
  - Demonstrate your knowledge of simple strategies to assist the person's understanding
  - Demonstrate your ability to express yourself clearly and simply
- 

Many people with disabilities are not able to express their needs very well. For some of them, Challenging Behaviours are the best way they have of letting people know they are not happy!

There are academic definitions of 'Challenging Behaviours', but – practically speaking – we might think of Challenging Behaviours as "*the person's way of telling us we are getting something wrong!*"

So, communication is indeed another important thing to think about when preventing Challenging Behaviours. That is why professional teams working with Challenging Behaviours often include a Speech Pathologist.

### **But the person understands everything I say!<sup>1</sup>**

Workers often say this, even about people who have very high support needs and who are non-verbal. Workers even say this about people with autism\* they support.

If the person is having challenging behaviours that are hard for Workers to change, then they will almost always have communication problems of some sort.

\*If a person has autism, he will definitely have communication problems because this is one of the three major symptoms of autism.

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<sup>1</sup> This section is based on written material developed by DSC Senior Speech Pathologist, Colette Doncon

When the person seems to understand everything that is said, there may be other clues happening which help him to understand. Some of these clues are:

- Staff gestures and facial expressions about what is wanted
- Consistent routine. That is, the person knows what is wanted because of other activities leading to it. For example, cooking for the evening meal is underway, and the next task needed is for the table to be set.
- Understanding a single word in a sentence or question. For example, if you ask someone to go to the kitchen and fetch a spoon, he may go to the kitchen and stand there because he has only understood the word 'kitchen'. Or he may go to the dining table and take a spoon from there because he has only understood, or remembered, the word 'spoon'.

But there is another side to communication. Even if the person does understand what you are saying, can you understand what he is 'saying'? The person may have a speech impediment, or may be non-verbal. He needs to let you know what he needs to say too. And you need to be able to take the time to help him say it.

To sum up, there are two sides in communication:

1. The person needs to understand what you're saying to him
2. You need to understand what the person is trying to say to you

A Speech Pathologist assessment can be very valuable in identifying what the person needs. But if this service is not available there are things you can do to help. The following are some examples of how you can support people in everyday activities:

## 1. Routines<sup>2</sup>

We've discovered how important Routines are already. But many of the people we support can't read. We can support them to understand their Routine in a number of ways. For example:

- by having picture cues attached
- by using Timetables with pictures or symbols
- by having a Chores Roster with the person's photo next to the Chore
- by using a "Who is on Shift?" timetable with photos of carers on shift
- by having 'menus' of engagement activities, using photos, pictures or symbols of the activity

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<sup>2</sup> More information about communication and resources can be obtained from the ACTIV Library, 41 Bishop St Jolimont WA 6014 or on Internet websites about 'Functional Communication'.

You won't need all of these necessarily. But if you have identified the problem area, then select which one you need.

For example, you might have a person who is continually asking who is coming on shift next. For that person, you would use a "Who is on Shift" timetable. (Make sure the photos have Velcro stick ons. That way they can be changed easily!)

## **2. Community Access**

We can increase people's independence in the community by providing them with 'community request' cards. These are small cards that can be carried in a bag or wallet and are handed over to shop assistants or counter staff.

For example, a community request card might read "Hello, can I have a skinny cappuccino please?" or "Can you take the money out of my purse to pay for this please?"

## **3. Increasing involvement**

Increasing the person's involvement in daily activities is another good way of preventing challenging behaviours. This can be done by:

- Offering the person choices (e.g. in selecting clothes, in planning meal menus)
- Planning shopping lists with the person
- Having 'leisure packs' that contain resources for activities that the person can choose from

The person may not be able to say what they want, or may not be able to choose from more than 2 offerings, but pictures again can help with shopping lists and meal planning for example.

## **4. Understanding the person better**

Staff may need to work together to figure out what the person is trying to communicate. Sometimes individual Workers may know what the person is trying to say, but assume that everybody else knows. The *Personal Communication Dictionary* and *Communication Books* can help make sure important information is available to everyone.

Here's an example of how a *Personal Communication Dictionary* can help:

### ***Eva's Personal Communication Dictionary.***

#### **'Eva'**

Eva is non-verbal. She will occasionally lead her carer to the office and stand there waiting for something. If the carer can't work out what Eva wants, Eva might bang her head hard on the wall. If the carer still can't work out what is wanted, Eva will pick up the car keys and hand them to the carer.

Eva's staff team have worked out that when Eva has a pain and can't get the carer to understand that she needs Panadol, Eva will pick up the car keys to let the carer know she wants to be taken to the doctor's!

One way staff can help each other understand what the person is trying to communicate is by developing a ***Personal Communication Dictionary***.

The written Personal Communication Dictionary contains a list of the person's behaviours and what they might mean. For example, Eva's Personal Communication Dictionary will describe Eva's head banging, and then suggest strategies staff might try to calm her down (e.g. offer her Panadol).

Do you remember Zoe from Topic 1.1?

**Zoe** is unable to speak, and may scream loudly because she:

- Is bored
- Has a painful toothache
- Wants attention from someone
- Wants someone to go away and leave her alone
- Is hungry
- Is thirsty
- Is too hot or too cold

For Zoe, the Personal Communication Dictionary will describe the behaviour ('Screaming') and then list all the possible things that could be causing it. This will help new staff, or staff who don't know Zoe well work out what to do.

### ***'Communication Books'***

These are another way of letting everyone involved know about things that are important in helping the person and us communicate better.

*Communication Books* are notebooks or diaries that travel between home and work / day placement to let staff in both locations know things that are important about the person.

For example, house staff might write that the person has had an unsettled night and might be a bit tired at work. Or that the person has a medical appointment that afternoon and house staff will be picking him up early that day.

Day placement staff might write details of the activities or outings that happened that day, so that house staff can talk to the person about these.

## **5. Communicating more often with more people!**

Sometimes carers, family, friends find it difficult to have things to talk about with the person. The person may have limited skills to communicate, or may simply not be good at having conversations with other people.

**Chat Books** contain information about what the person has been doing, where they have been, what activities they plan to do. Chat books can contain photos, pictures from magazines, tickets from movies, shows, menus from restaurants.

Each of these items will have a short note written under it by carers describing what happened, when it happened, how the person enjoyed it and any other information that's important.

The person can then use this Chat Book to 'chat' with other people. It gives other people ideas about what to talk to the person about too.

## **6. Making yourself more easily understood**

- \* Use Plain English! Don't use big words or long complicated sentences
- \* Use natural gestures (e.g. pointing) as you talk to the person
- \* Use hand signals (e.g. to indicate *stop, come here, don't, fetch that*) at the same time as you are speaking

- \* Use Makaton<sup>3</sup> signs (as you speak to the person)
- \* Use objects as cues for the person. For example, hold up a towel to signal that it is bath-time.

And remember, the person doesn't just have to understand what you are saying, you have to understand what the person is trying to say!

---

<sup>3</sup> (To help improve communication, sometimes using Makaton signs is helpful. Makaton Training for staff can be provided by a Speech Pathologist who is qualified to teach Makaton.)



# Learning Activity 1.4

## Communication

The purpose of this learning activity is for you to identify and practise the skills you need to communicate better with the people you support.

### Steps

1. Read through the questions in Worksheet 1.4
2. Think of practical examples from your own workplace when
  - You improved your way of communicating
  - You were successful in working out what the person was trying to communicate
3. Write brief descriptions of these practical examples

## Worksheet 1.4

Discussion points	Your answers
<b>1. Why can better communication be important in preventing challenging behaviour?</b>	

<p><b>2. Name two reasons why people might think that a person with a disability “understands everything I say”?</b></p>	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>
<p><b>3. List three strategies you could use to make sure the person understands you better.</b></p>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
<p><b>4. List three ways you can communicate better with the person.</b></p>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
<p><b>5. Describe two occasions when you used special strategies to make sure the person understood you.</b></p> <p>(Briefly write down what the occasions were, what strategies you used and how you knew that the person understood you)</p>	

**6. Describe two incidents when you worked out what the person was trying to communicate.**

(Briefly write down what the incidents were, how you worked out what the person was communicating, and how you knew you were successful.)

Signed (Worker) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_



# Topic 1.5

## Lifestyle Improvement

### Learning Objectives

By the end of this section, learners will

- Understand why a well-balanced lifestyle is important
  - Understand how a poor quality lifestyle can lead to challenging behaviours
  - Be able to identify when lifestyle improvement is needed
- 

### Lifestyle improvement

*Positive Behaviour Support* is about preventing behaviour problems happening in the first place. But it also looks at improving the person's overall quality of life. It's not just about stopping problem behaviour.

Consider this case example.

#### 'Russell'

Russell shares a house with two other men with disabilities. Penny, the main carer, comes to their home for 3 hours each day.

Russell doesn't have enough money to do all the things he would like to do. He doesn't have a job, and feels he can only stay at home because he has no money. He is getting quite bad-tempered and argues a lot with his housemates. It's getting unpleasant in that home.

Penny, his main carer, talks to Russell about getting a job –either as a volunteer or paid. She also talks to him about how he spends his money and finds out that he is spending a lot on his daily can of Coke – which he loves. But he is spending \$2 on each can when he walks to the shops.

With Penny's help, Russell starts budgeting so he spends \$15 each month on a 30 pack of Coke and this lasts him for a month. She also helps him find a volunteer job. This will give him a good start when he is ready to apply for paid employment. And it gives him the opportunity to get out and mix with a different group of people.

Russell also tells Penny about the sort of things he would like to do, and with Penny's help, he finds places he could go to do these things without having to spend money.

Russell did not have a *Balanced Lifestyle*. When we say a person has a *Balanced Lifestyle*, we mean that the person has a daily Routine that covers events and activities:

- At home
- At work
- And in the community

Before he asked Penny for help, Russell mostly stayed home, with daily short trips to the shops to buy his can of Coke. He had no work or day placement and no meaningful involvement with anybody apart from Penny and his housemates.

Russell's bad-temper was probably a result of having nothing much of interest in his life. He needed a better quality of life. Or, in other words, he needed an improved lifestyle.

When we plan to improve a person's lifestyle, the sorts of things we are aiming to do are:

- To increase meaningful participation in home and community life
- To increase satisfying relationships
- To assist the person identify what they would like to do
- To increase the person's opportunities to make choices
- To develop the person's skills and competencies

Challenging behaviours can often interfere with the person being able to have a good quality of life. For example, when a person has challenging behaviours, carers might stop community access activities because they don't want to risk having an incident in public.

In some cases, the person with challenging behaviours has no activities or relationships outside of the home, no day placement, and few interesting things to do at home, other than watch TV or videos.

The person can lose skills when he does not have the chance to practice. For example, if Russell doesn't have contact with people outside of the home, he may 'forget'

- how to greet people in the right way
- how to make friends with others
- how to co-operate
- how to negotiate
- how to be nice around other people!

In other words, he forgets how to get on with people when he doesn't get enough practice!

And – the challenging behaviours can go on, and get worse. Which makes carers even more worried about taking the person out into the community. Before things get to this stage, the staff team needs to take a deep breath and rethink what they have been doing.

It's not always easy to change when you've been doing the same thing for a long time. This is true for us as well as for the people we support.

(Sometimes it needs an 'outsider' to help us take a fresh look at a situation. With people in residential settings who have Challenging Behaviours, usually a psychologist is asked to help.)

But as we have already seen in this Module, there are a range of things we can do to improve a person's situation. And all of them are linked to good *Positive Behaviour Support*.

These things are:

- Having Routines that provide people – and carers – with support when they most need it
- Having Routines that help provide predictability
- Increasing the person's involvement in enjoyable activities with carers and with others
- Making sure the person understands what is being 'communicated'
- Making sure you are able to understand what the person is trying to communicate to you
- Making sure you know what message the person is giving you through behaviour
- Improving the person's lifestyle so he has a good balance between home, work and community

# Learning Activity 1.5

## Lifestyle Improvement

The aim of this Learning Activity is for you to understand how a good quality of life can contribute to preventing challenging behaviours.

### Steps

1. Read through the Case Study in Worksheet 1.5a and give brief answers to the questions about it
2. Read through the questions in Worksheet 1.5b
3. Complete questions 1, 2 & 3 in Worksheet 1.5b
4. Choose **either** question 4a **or** 4b and complete.
5. Discuss with your Supervisor areas where you think there is an opportunity to improve the lifestyle of a person you support.



# Worksheet 1.5

## 'Carlo'

Carlo is new to the group home. Carers quickly discovered that he has serious problems managing his own behaviour in public places. He gets over-excited and loud, is unco-operative with his carer and can say rude things to members of the public.

The staff team decided that they needed to teach Carlo better ways of behaving in public. They did this by talking with Carlo about the sorts of things he enjoyed doing. Then they worked out how they could do these things with him in situations where he wasn't likely to get over-excited.

Because Carlo enjoyed fishing, carers introduced a regular fishing outing into the Routine and went to fishing spots where there were not too many people around.

Carers also picked times to go shopping when the supermarket was not busy. They also organised frequent barbecues and meals with visitors who were used to people who got over-excited

Case Study Questions	Your answers
<p><b>1. Why do you think the carers didn't just keep Carlo home until he learned to behave better?</b></p>	

<p><b>2. Why would the carers take Carlo to quiet places with not too many people around?</b></p>	
<p><b>3. What do you think the carers were trying to do by having visitors come to Carlo's home regularly?</b></p>	
<p><b>4. Give two reasons why improving a person's lifestyle can help prevent challenging behaviours.</b></p>	

<p><b>5. What is a 'Balanced Lifestyle'?</b></p> <p>(In your answer, mention the 3 key areas making up a balanced lifestyle)</p>	
<p><b>6. What do you think are the lifestyle activities that a typical 28 year old would be involved in?</b></p> <p>(In your answer, address each of the key areas of the Balanced Lifestyle)</p>	
<p><b>7. Choose ONE of the following to answer:</b></p> <p><b>4a Think of an example from your workplace where problem behaviours were reduced when the person's lifestyle was improved.</b></p> <p>(Give a brief description of the problem behaviours, what was changed in the person's lifestyle and how the behaviours improved.)</p> <p style="text-align: center;"><b>OR</b></p>	

<p><b>4b think of an example from your workplace where the person's problem behaviours might be the result of a poor quality lifestyle.</b></p> <p>(In your answer, briefly describe the challenging behaviours, and the areas where you think the person's lifestyle could be improved.)</p>	
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Signed (Worker) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_



## References for Module 1:

McVilly, K (2004) *Positive Behaviour Support for People with Intellectual Disability: evidence-based practice promoting quality of life* Australian Society for the Study of Intellectual Disability Inc.

Koegel, Koegel & Dunlap (1996) *Positive Behavioral Support: including people with difficult behavior in the community* Brooks Publishing Co

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SMARThinking 2006

## Module 2

# Skills Training

### About this Module

A big part of dealing with challenging behaviour is preventing it happening. Much of prevention has to do with keeping people interested and busy, using skills they have learned or teaching them new skills to fill 'gaps'.

This Module aims to give you the skills to identify or assess what the person needs to learn, and then how to teach people what they need to learn.

The following topics are covered in this Module:

- Topic 2.1 Observation & Recording
- Topic 2.2 Report writing
- Topic 2.3 Picking & developing training goals
- Topic 2.4 How to teach skills
- Topic 2.5 Reinforcement
- Topic 2.6 Maintenance & Generalisation

# Topic 2.1

## Observation & Recording

### Learning Objectives

By the end of this topic, participants will be able to

- State four reasons why objective description of behaviour is important
  - Write a definition of *narrative* and *frequency* recording methods
  - State the advantages and disadvantages of *narrative* and *frequency* recording methods
  - Write objective descriptions of behaviour
- 

There are a number of people who rely on staff reports about the behaviour of people they support. Some of these people are:

- \* The person himself
- \* Agency supervisors or managers
- \* The person's family
- \* External consultants like psychiatrists or psychologists

Why do such people rely on staff reports so much? The person himself relies on staff to provide him with the support he wants and needs. The others rely on staff reports to make sure they are providing staff – and the person – with the required support.

So, direct care staff have a very important and responsible role to play. If staff observations or reports are not clear, or are not accurate, then other people might make decisions which are not helpful, or which make the situation worse.

Also, direct care staff have most contact with the person they support. They have the best opportunities to collect useful information.

But it can often be difficult to know exactly what information is important. It is also easy to overlook important information about behaviour for the same reason – it's not always easy to recognise what is important.



Observation is a difficult skill to acquire. So much is happening in daily life. Some people notice and remember lots of things. Other people don't. Some recognise things that are important and others miss them completely.

It is a lot to expect of staff to leave them to work out what is important or not. Organisations and Supervisors should ideally provide guidelines for staff about what to observe for each person where there are concerns.

Staff can make things a bit easier by learning how to describe behaviour in objective terms. This will help Supervisors recognise more quickly where problems are.

## **How to define behaviour 'objectively' ('Seeing & Hearing')**

When you write about behaviour, you should write only about the aspects of behaviour that you can SEE or HEAR. There are good reasons for this. Most of these reasons have to do with making sure everyone understands what you mean.

This is also important when someone else (the Supervisor or psychologist, for example) is trying to work out how to help with the behaviour.

Here are more reasons for writing only about what you see and hear.

1. People don't always mean the same thing when they use 'describing' words. This is true even when they are using the same words. For example

When Teacher A describes Paris as being 'disruptive', he means that she talks a lot in class, and distracts other students.

When Teacher B describes Peter as 'disruptive', he means that Peter throws chairs and desks around the classroom.

Best to avoid describing words like 'disruptive' and write exactly what the person does!

2. Sometimes people writing about behaviours 'diagnose', or make value judgements about what they see. For example:

- Barbie says that Ken has an 'attitude'.
- Thelma describes Louise as 'manipulative'
- Donald says that Ivana had a 'hissy fit'

None of these examples actually tells us what the behaviours are that led to these words being used. Perhaps if other people knew what the behaviours were, they would not think these words were good descriptions at all.

3. When people are trying to work out how to support a person who has challenging behaviours, it helps if everyone understands exactly what the behaviours of concern are.

Suppose you were asked to record incidents of Ken's 'attitude'. What would you look for? You wouldn't exactly know what to look for. At best, you might guess. And a guess isn't good enough to support Ken.

4. Any psychologist providing consultation to your agency needs to know exactly what behaviours you need assistance with. Even if every direct care staff member knew what was meant by Ken's 'attitude', you would still need to describe the actual behaviour to an 'outsider'. The following is an example of a better way of reporting 'attitude' behaviour:

When asked to do the dishes, Ken swears under his breath and runs to his room.

That is the professional way to describe behaviour. No one can be in any doubt now about what the problem is with Ken's behaviour.

5. When staff are asked to record certain behaviours, these behaviours need to be clearly defined so that everyone knows what they are looking out for.

If you were asked to record "aggressive behaviour", what would you look for? Do you think other staff would be looking for different behaviours? Would you record *threats* the person made? Would you record mild pushes or taps as 'aggressive behaviour'? Would you record *attempts* to hit or just actual hits?

These are all things staff need to think about when they are asking others to record behaviour. If you have any doubts about what exactly you need to record, you should ask questions at your Team Meeting. Chances are other staff are just as puzzled.

6. If you are asked to record how often a behaviour happens, it helps if the behaviour is defined clearly and objectively. For instance, how would you record the number of times a person was 'shy' on your shift?? It's hard to know exactly what you should be recording.

7. The person with challenging behaviours is more likely to be treated fairly if his behaviour is described objectively.

For example, what would your reaction be if you heard Jake, a new person coming into your service, being described as "a sexual pervert"? You probably would be shocked.

This is not a professional or respectful way to describe a person who has problem behaviours.

What would your reaction be if you were told that Jake had not learned that it was not OK to walk from the shower to his bedroom without covering himself with a towel?

What if you were told that people had described Jake as a 'sexual pervert' because he had not been taught to cover himself after a shower?

A person may have behaviours that are upsetting to others. But this doesn't mean we should talk about them disrespectfully. It doesn't mean that we should 'label' the person as being a 'problem'.

Describing the behaviour we *see* and *hear* – and not what we think the behaviour means or what our personal opinions are – is a good start to being able to help the person overcome challenging behaviour. It is also the standard of a professional Worker.

## How to write objective descriptions of behaviour

**Do** use words that only refer to the behaviour

**Don't** use words or phrases to describe

- what the person might have intended to do
- how the person 'felt'
- why the person behaved in that way
- what the person was thinking at the time

(Why not? Because you can't know for sure what the person's intentions or reasons for behaving were.)

**Do** describe only what you can see or hear the person doing or saying.

**Do** use these guidelines when writing incident and shift reports

## Narrative Recording

Any written report about what happened during a staff shift is a type of Narrative Recording.

Narrative Recording is simply a written report of

- The person's behaviour
- The behaviour of others in the person's environment

Most organisations have a system of staff Shift reports. They may each use different systems though. Some organisations use Report Books, Communication Books or Case Notes for staff to write their Shift Reports.

Narrative Records (e.g. shift reports) can be used as a source of useful information in the early stages of behaviour assessment. It can help identify situations and behaviours that need to be looked at more closely.

Narrative Records should:

- be written in *objective* terms
- describe what was seen or heard
- not interpret or judge behaviour
- be respectful of the person and others

Occasionally, staff Shift Reports have been required in Court (e.g. for compensation claims). What you have written could be read out in Court or used in evidence. It's worth remembering this when you are writing your report at the end of a tough shift!

### **Disadvantages of Narrative Records/Shift Reports**

1. It can be difficult for staff to know what is important to record
2. It takes a lot of time to read through weeks or months of Shift Reports to identify patterns in behaviour.

This is why Supervisors or psychologists may want staff to keep additional records of behaviours.

### **Frequency Recording**

This is another way of recording behaviour. Frequency Recording is when staff simply count the number of times a behaviour happens.

Frequency recording tells us how often a behaviour is happening. It is a quick and useful way of finding out whether the behaviour is happening as often or as seldom as staff think.

It's not a good idea to rely on ideas or opinions about how often a behaviour is happening. Memories and opinions are often wrong. The only way to be sure is to do an actual count.

Frequency Recording is also a useful way of checking the effect of changes of medication on the person's behaviour.

The main question asked in Frequency Recording is: *How often does the behaviour happen?*

Three sorts of behaviours are suitable for Frequency Recording.

1. The behaviour should have a clear beginning and end

For example, episodes of self-injury and epileptic seizures can have clear starts and finishes.

2. The behaviour should last about the same length of time each time it happens

E.g. screaming episodes that usually last for the same period of time would be suitable for frequency recording.

Incidents that vary greatly in time would not be suitable (e.g. when screaming and yelling could last for 2 minutes on one occasion, and 40 minutes on another)

3. The behaviour should not happen so often that it is difficult to tell when one incident stops and another begins

Some types of epileptic seizures or 'absences' can almost roll into one another continuously at times. It is very difficult to count these sorts of incidents.

### **Disadvantages of Frequency Recording**

Using Frequency Recording means that staff have to count the behaviour every time it occurs.

Usually Frequency Recording is done for short, specified time periods only. This helps a bit. But staff still need to have the time free to count accurately. This can be difficult when there are other demands to meet.

### **Methods of Frequency Recording**

Most of us think of paper-and-pencil recording. But there are other ways of keeping track of the number of times a behaviour happens. For example:

- using a hand-held counter
- transferring dried beans from one pocket to another
- filming at a key time for the behaviour, and counting the behaviour afterwards from the video or DVD recording

What other methods can you think of to make Frequency Recording easier for you?

### **Antecedent – Behaviour – Consequence (ABC) Recording**

This is a more complicated way of recording behaviour. It is used a lot in trying to work out *what the person is trying to communicate* through Challenging Behaviours or *why* the person is behaving in a particular way.

Some organisations use this recording system but use different words to describe it. 'Antecedents' are also referred to as 'Triggers'.

ABC recording will be covered in more depth in Module 3. To be good at doing this sort of recording and getting useful information from it, you will need the skills you have learned in this Topic.

# Learning Activity 2.1

## Observation & Recording

The aim of this learning activity is for you to apply what you have learnt about observation and recording.

It also provides an opportunity for you to practice observation and recording skills.

### Steps

1. Read through all the questions in Worksheet 2.1
2. Write your answers to the questions
3. Complete the practical exercises

## Worksheet 2.1

Questions	Your answers
<b>1. In your own words, give four reasons why it is important to describe behaviour <i>objectively</i>.</b>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li></ul>

<p><b>2. What is Narrative Recording?</b></p> <p><b>What are the advantages and disadvantages of using this method?</b></p> <p>(Describe briefly, in your own words)</p>	
<p><b>3 (a) Give an example of a behaviour that would be suitable for Frequency Recording.</b></p> <p><b>(b) Describe when and how you would use Frequency Recording to record this behaviour.</b></p>	
<p><b>4. Describe 'unco-operative' in an objective way (e.g. what you would see or hear).</b></p> <p>(It might help to think of a person you support or know, and describe <i>their</i> 'unco-operative' behaviour!)</p>	



<p><b>5. What would you expect to see or hear if a person was described in the following ways:</b></p> <p><b>(a) Happy</b></p> <p><b>(b) Sad</b></p> <p><b>(c) Angry</b></p>	
--	--

**Practical Exercises:**

**1. Write a Report about a person's behaviour. Ask your Supervisor to read it and give you feedback about how you could improve.**

**2. Identify one of your own behaviours<sup>4</sup> to count.**

Hints:

- Pick only one behaviour
- Define the behaviour objectively
- Select a reasonable time period to count the behaviours (Aim for a period in which the behaviour is likely to happen at least 20 times.)
- Record during a time in which you know the behaviour will happen
- Decide how you are going to record the behaviour (i.e. paper-and-pencil, bean-counting?)
- Write down the results of your count
- Make a decision about what you want to do about your behaviour based on the results!

---

<sup>4</sup> You might choose a behaviour you think is a problem (e.g. smoking, nail-biting, eating chocolate) or a behaviour that you'd like to increase (e.g. saying 'thank you' to shop assistants, smiling at colleagues, finding your "30 mins a Day" for exercise)

**3. After discussion and with the approval of your manager/supervisor, pick a target behaviour of a person you support and count the number of times it happens.**

Use the Hints from Exercise 2 to guide you.

Signed (Worker) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_



# Topic 2.2

## Report Writing

### Learning Outcomes

In this Topic, you will learn about:

- Reports as an important means of communication
  - Different types of reports
  - What makes a good report
  - Important things to know about reports
- 

Report writing is an important form of communication. It is one of the main ways information is passed on to others. Having information written down is essential – especially when the information is important and about the people we support.

Staff can get busy with many jobs over a shift. They can forget what has happened.

If information is not written down, and staff leave, or go on holiday, then important actions may be overlooked or forgotten.

Some people are good at remembering things they are told. Others are not. To make sure, it's best to have things written down.

Reports can be for a range of purposes. Examples of different sorts of reports are:

- \* Shift reports
- \* Diary entries
- \* Reports about the outcome of medical appointments
- \* Notes about needed equipment or household repairs
- \* Incident reports
- \* Written proposals or requests for additional funding

As you can see, all of us will probably need to write some sort of report at some time.

## What makes a good Report<sup>5</sup>?

A good report follows the Four C's rule. That is, good reports are:

- Clear**
- Concise**
- Complete**
- Correct**

### Clear

The report should be easy to read. Writing should be readable (print if you know your handwriting is awful!). The message should be understandable at first reading.

Clear	Not Clear
John has an appointment to see Dr McTaggart on Friday 13 <sup>th</sup> August at 2.30 pm	Dr McTaggart wants to see John in a week's time.

### Concise

Your report should only be as long as is needed to include the necessary information. Don't use 5 words when 2 will do. Don't use jargon. (Remember 'objective' descriptions!)

Concise	Not Concise
On returning from the shops, I asked Melissa to help put the groceries away.	I said to Melissa that if she would, I'd like her to put the groceries away when I came back from the shops because she was at home and I had to help Amanda who was having trouble with her iPod because it was out of batteries.

---

<sup>5</sup> Based on J McGregor: Tip Sheets on *Report Writing*, Challenging Behaviour Consortium Project (2005)

## Complete

Make sure all the information required is in the report

Complete	Not Complete
When I feed carrot to Bruce, he pushes it out of his mouth with his tongue	Bruce spat his dinner out again

## Correct

Every piece of information must be accurate and able to be confirmed.

Accurate	Not Accurate
I will contact Kate's mother and ask her when she will be picking Kate up for the weekend.	Somebody said that Kate's mother might be picking her up on Saturday morning to take her home for the weekend.

It helps if you have a clear idea of what the report you are writing is to be used for and who will be reading it.

**SHIFT REPORTS** are the most common form of communication between staff. They are used to pass information between staff. They also let the Supervisor know what is happening in the house.

Some of the information that is usually found in Shift Reports is as follows:

What you need to include	Examples
What happened on Shift	Noon medications administered and medication charts signed
Things which worked well	I asked John to show me what the problem was. This made it easier to understand what he was trying to say.

<b>Difficulties</b>	Gina can't do up the buckles on her new shoes  We're low on petty cash tonight. Can morning shift please call the office and let them know.
<b>Areas of concern</b>	John came home from ATE with a swollen and bruised left thumb
<b>Suggestions</b>	Can we buy Gina shoes with Velcro fasteners in future?
<b>Things that still need to be done</b>	John's appointment is in the diary for Thursday, but I wasn't able to contact the office to arrange transport. Can someone follow up please?
<b>Anything out of the ordinary</b>	Heidi tripped and hit her right knee when out shopping. No injury observed. Please keep an eye on it.
<b>Maintenance / safety issues</b>	<u>Attn. Supervisor.</u> There is a leak in the ceiling in Heidi's bedroom. Can it be repaired before winter please?

### **Important things to remember about Reports**

1. All reports must be dated and signed by the person writing them
2. Reports should state facts – not opinions or judgments (See Topic 2.1)
3. Reports may be required for Court if there is a compensation claim
4. Reports can also be requested under the Freedom of Information Act
5. Because of items 3 and 4, be careful what you write!

## Learning Activity 2.2

The aim of this Activity is to give you practical exercises in applying the report-writing techniques you have learned in this topic.

### Steps

1. Read all the questions
2. Write the answers in the space provided
3. Complete the practical exercises after discussion with your manager/supervisor

## Worksheet 2.2

Questions	Your answers
<b>1. Give examples of three different sorts of reports you might need to write in your organisation.</b>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
<b>2. What are the Four Cs in good report writing?</b>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li></ul>





<p><b>(b) Rewrite it in a better way.</b></p> <p>(Make up the essential information you think is missing)</p>	
<p><b>6. Why wouldn't you write this in a Shift Report?</b></p> <p>"Brooke has been a real beast this shift. Her attitude sucks and her manners are disgusting. She ate her lunch like a pig. She's the worst behaved resident in this group home."</p>	
<p><b>7 (a) Why wouldn't you write this in a Shift Report?</b></p> <p>"I am sick of you lot not pulling your weight. I came on Shift and the kitchen was filthy. Dirty dishes were lying all over the place. You are a lazy lot of useless *****s. I'm always left to do the work."</p> <p><b>(b) Translate the above into a better Shift Report entry.</b></p>	<p>(a)</p> <p>(b)</p>

**Practical Exercise:**

**Write a Shift Report. Check that you are including the key information points that make for a good report. Ask your supervisor or manager to give you feedback about how you can improve.**

Signed (Worker)\_\_\_\_\_ Date\_\_\_\_\_

Signed (Supervisor)\_\_\_\_\_ Date\_\_\_\_\_



# Topic 2.3

## Picking & Developing Training Goals

### Learning Outcomes

By the end of this topic, participants will

- Be able to pick useful training goals for a person they support
- Describe why training plans are important
- Know how to break down a training goal into small steps

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Positive Behaviour Support aims to help people participate (engage) in activities as much as possible. This is better than having people do nothing. And it is much better than having staff do everything for people.

Why do you think this is? It is because 'participation' or 'engagement':

- Helps keep people fit and mentally alert
- Provides the basis for friendships and for living together
- Develops our skills and lets us show others what we can do
- Is how we look after ourself and go about our daily business

The opposite of all of these things happen when the person is not expected to participate, or has everything done for them. (Staff sometimes fall into the trap of doing everything themselves because it's quicker. What are the people they support doing during all of this staff activity? They're probably trying to work out how to get some action of their own going!)

People with disabilities can need help to participate. How much help they need will depend on the extent of the disability. With enough help, each person with a disability can:

- Participate in activities and have a full and interesting day
- Contribute to common activities, even if they don't have all the skills they need to complete a task
- Take their share of responsibility
- Get a sense of achievement from their contribution

Staff who support other people should aim to "bridge the gap" between what the person can do and what the person can't do.

## Picking Training Goals

1. The first task is to work out what is important for the person to learn.

This can often be done in the annual planning for the person. The person, and those who know him well, will pool their ideas and set goals for the year. These goals will usually involve some skills training for the person.

Another way training goals can be identified is through a more formal skills assessment process. Broad checklists are available (for example, the Inventory for Client & Agency Planning – ICAP<sup>6</sup>) or specific skills assessments (Irrabeena Core Skills Assessment - Revised<sup>7</sup>).

2. Consider whether the person actually needs to learn the skill. Ask: Will the skill be useful for the person? Perhaps there is another way of doing things that the person will find much easier.

For example, 30 years ago, we spent heaps of time training people how to tie their own shoelaces. Now, people who have difficulty tying knots wear slip-on shoes or shoes with Velcro.

We train people now to do much more interesting things like making themselves cups of coffee, operating TV and DVD players etc. Funnily enough, they seem to learn to do these things faster than they ever learned to tie their shoelaces... (☺)

3. The goal should be realistic. You need to be sure that the person is capable of reaching the goal within 2-3 months of training. If not, you might want to break the goal down into smaller steps.

Or, you might train only part of the goal and provide support to complete the task. An example of this might be independent showering. Many people with disabilities can do a reasonable job of cleaning themselves in the shower but will have problems with washing their own hair. They may always need assistance with this part of the task.

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<sup>6</sup> available from Riverside Publishing, a Houghton Mifflin Company (USA)

<sup>7</sup> available from Disability Services Commission, Manager Planning & Development, Accommodation Services Directorate

4. Next, you need to decide how much support the person needs to learn the skill.

You may only need to tell some people how to do the task. Some might learn quickly by watching you do it. Others may need to be taught each of the small steps that are involved in the task.

You should consider how easy it is for the person to learn new things. There's no point in breaking down a task into small training steps if all you have to do is show the person how to do it a couple of times!

Other people might be able to learn the skill if they are given special equipment (e.g. built up handles, adapted plates, large print). They may never manage the skill with 'standard' equipment.

### **Assessing Existing Skills**

Before you start planning training goals, find out what the person's current skills are. This is especially important if you haven't used a skills assessment checklist.

It can be simple enough. Just ask the person to do the task on his own, without any help from staff. (But please don't try this with something that could be dangerous for the person – like crossing a busy main road, or administering his own medication!)

You would then watch how the person does the task. Note where he gets stuck or where he has difficulties. Note too what parts he can do well or without assistance.

Now you will know where you need to provide training or support.

### **Writing Training Goals Clearly**

Like reports, training goals need to be written clearly enough so that everyone understands what needs to be done.

Training goals should describe exactly what the person will be doing. For example:

<b>Clear Goal</b>	<b>Vague Goal</b>
Mary will feed herself with a spoon without spilling	Improve Mary's table manners

Clear Goal	Vague Goal
David will lay a place setting for each person at mealtimes	David will learn where to put the cutlery
Angus will shake hands when greeting visitors	Angus needs to be socially more responsive
Ella will wash her hands after using the toilet	Ella's personal hygiene to improve

It should be clear to everybody exactly what the person is expected to learn from training.

Sometimes the person may need some help to achieve the goal. You would describe this help in the goal. For example:

Goal
Mary will feed herself using her adapted spoon and Manoy plate
Ella will wash her hands after using the toilet when staff fill the sink with warm water for her

### Breaking down the Training Goal

People who have more difficulty learning will usually need to have the goal broken down into very small steps. This is sometimes called 'task analysis'.

Some books on training will already have more common tasks broken down for you. But it is quite easy to do it yourself. You simply have to do the task yourself and make a note of absolutely everything you do.

The hard part is trying to remember everything you do. This is especially true of tasks you can do without thinking. Don't worry too much about missing things out – you will soon be reminded of the missing bits when you start the training! This is because the person will have problems doing the task



according to your directions. You can always add in later the bits you've 'forgotten'.

**Rule: It's OK not to get everything right first time!**

Task breakdown is also known as 'Task Analysis'. Task Analysis is the term usually found in textbooks.

Here's a sample task analysis<sup>8</sup> of how to put on underpants or knickers:

- Step 1. Pick up underpants
- Step 2. Open at elastic waist
- Step 3. Locate a leg hole
- Step 4. Open up leg hole using hands to grasp either side of the opening
- Step 5. Place one foot into open leg hole starting at toe. Pull underpants over foot to ankle
- Step 6. Repeat steps 3 to 5 for other leg hole
- Step 7. With both feet in separate leg holes of underpants, grasp elastic waistband and pull up from ankles over the bottom to waist
- Step 8. Adjust underpants for comfort if required

When you are breaking a task down, don't have more than 12 training steps. It becomes too complicated. If there are more than 12 steps, you may need to split the task into two or more parts. You would then train each of these parts separately and in order so that the person eventually learns each part, making up the whole skill.

We will look at strategies you can use to train skills in the next Topic.

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<sup>8</sup> Task analysis reproduced with permission from original by Jacqui McGregor, DSC Challenging Behaviours Consortium Project, 2005.

## Learning Activity 2.3

This training activity will give you practice in explaining why training plans are important and how to select and develop training goals.

### Steps

1. Read all questions
2. Write your answers in the space provided
3. Complete the practical exercises with support from your supervisor or mentor

## Worksheet 2.3

Questions	Your Answers
<b>1. Why might teaching people skills help prevent Challenging Behaviours?</b>	
<b>2. Name four advantages of supporting people with disabilities to participate?</b>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li></ul>
<b>3. What's the first thing to do when you are picking training goals for the person?</b>	

<p><b>4. What else can you do if the person is not able to learn the skills to do a task completely on his own?</b></p>													
<p><b>5. What should you do before you start planning how to train the person in a skill?</b></p>													
<p><b>6. When assessing how well a person can do a task, what should you <u>never</u> do?</b></p>													
<p><b>7. Which of the following training goals are not clear?</b></p> <p>Erica will put her lunchbox in her school bag after breakfast</p> <p>Roxanne will be polite to visitors</p> <p>Jake will shake hands when introduced to new people</p> <p>Dylan will put the dog out at night before he goes to bed</p> <p>Bill will keep his room tidy</p> <p>Morticia will use less make-up when she goes to school</p>	<p><b>Circle your answer:</b></p> <table border="0"> <tr> <td><b>Clear</b></td> <td><b>Not Clear</b></td> </tr> <tr> <td><b>Clear</b></td> <td><b>Not Clear</b></td> </tr> <tr> <td><b>Clear</b></td> <td><b>Not Clear</b></td> </tr> <tr> <td><b>Clear</b></td> <td><b>Not Clear</b></td> </tr> <tr> <td><b>Clear</b></td> <td><b>Not Clear</b></td> </tr> <tr> <td><b>Clear</b></td> <td><b>Not Clear</b></td> </tr> </table>	<b>Clear</b>	<b>Not Clear</b>	<b>Clear</b>	<b>Not Clear</b>	<b>Clear</b>	<b>Not Clear</b>	<b>Clear</b>	<b>Not Clear</b>	<b>Clear</b>	<b>Not Clear</b>	<b>Clear</b>	<b>Not Clear</b>
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**8. Write a task analysis (task breakdown) for a simple everyday task.**

(Some suggestions to get you started: making a cup of tea, unwrapping a lolly, opening a can of Coke, changing a light bulb, making a Vodka Martini, abseiling down a cliff face, operating a cappuccino machine, mastering the Lotus position in Yoga etc. ☺)

**9. Check your task analysis by following your written steps to the letter. Or, better still, by asking a family member or friend to do the task according to your task analysis. Adjust the task analysis where necessary!**

Signed (Worker) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_

# Feedback Sheet

This sheet can be used by learners and supervisors.

Use it to record:

- Comments
- Feedback
- Follow-up action

about the worksheet on the previous page

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# Topic 2.4

## How to Train

### Learning Outcomes

By the end of this session, participants will:

- Demonstrate knowledge of a range of training strategies
  - Have practise in applying training strategies
  - Have written a simple training plan using principles of forward or backward chaining
- 

The support we provide to the person must match the need for assistance. We don't want the person to fail. Equally, we don't want to be doing so much for the person that we teach them to be helpless.

We may have to provide a lot of assistance for the person to do the task at first. **But** - we need to plan how to get the person doing more of the task for themselves with as little help as possible from us. This is called 'fading'. We 'fade' the amount of support we give people so that they can do the task with as little help as possible. They become 'as independent as possible'.

There are different ways we can provide assistance. Not all assistance provides the same level of support. We should aim to provide the least amount of assistance that helps the person succeed.

There are different levels you can select to provide assistance:

#### **Level 1**      **ASK** (Least level of assistance)

Asking, suggesting or telling is a *Verbal Prompt* that lets the person know that it is time to do something.

You would use a *Verbal Prompt* if the person knows how to do the task, but just needs reminding. For example:

"Would you start peeling the potatoes for dinner now please?"

"How about peeling the potatoes for dinner now?"

"It's time to peel the potatoes for dinner. Let's go!"

"Whose turn is it to peel the potatoes tonight?"

## Level 2 INSTRUCT (VERBAL PROMPT)

This is where you would give the person a series of *Verbal Prompts* to guide them through the task. This tells the person what he needs to do at each step.

For example:

"Put the bread in the toaster"  
"Push down the lever"  
"Wait"  
"Watch the toaster"  
(Toast pops up)  
"Take the toast out"

This works well when the person basically knows what needs to be done but may need reminding about the order of the steps. The person also needs to understand instructions. Using short, clear sentences is best.

Verbal Prompts can also be used to give the person a clue about what he needs to do next. For example:

"Where do you put the bread?"  
"What do you do with the lever?"  
"What do you need to do now?"

Never give the person more help than he needs to get the task done.

## Level 3 GESTURE

A gesture can be a sign to tell the person what to do next. Some Makaton signs can be used as 'Gesture' also. Gestures can be used when the person does not understand words. They can, like Makaton, also be combined with verbal instructions.

Examples:

- Pointing to the potato peeler and then miming peeling a potato
- Pointing to a cup then to the sink to indicate that the person needs to put the cup in the sink
- Pointing to your watch to let the person know it's time to do something
- Miming drinking to let the person know it's time to make a cup of coffee

#### Level 4      **SHOW**

To *Show* is to demonstrate to the person what needs to be done. A demonstration provides more support than a Gesture.

This level of support works well for someone who doesn't know what to do but can imitate.

Examples:

- Worker puts the first of six spoons in the drawer. Then hands the next spoon to the person and points to the right compartment in the drawer.
- Worker uses a damp Chux to wipe a section of the kitchen bench. Then hands the Chux to the person and points to the rest of the bench.
- Worker picks up a bag of groceries then points to another bag in the boot for the person to pick up.

#### Level 5      **PHYSICAL PROMPT** (Highest level of assistance)

This involves giving the person physical assistance to carry out a task. How much assistance you give depends on how much support the person needs.

People who need physical prompts are those who do not respond to other training methods such as Instruction or Showing.

There are levels of physical prompting. Some examples might help.

##### ➤ **Physical Prompt - *Hand-over-hand* method**

This is where the Worker uses their hand(s) to cover the person's hand(s) and guides them physically through the whole procedure

*Hand-over-hand* is full physical assistance. You would not use this if other methods were effective. *Hand-over-hand* **does not** involve forcing the person to do something against their will. **Always stop this strategy if the person resists.**

You might use *Hand-over-hand* in the early stages of training a new skill such as putting cutlery away, folding towels, putting on pants or cleaning teeth.

Your aim would be to reduce the need for this full prompt as quickly as possible once the person has begun to learn the skill.



### ➤ **Partial Physical Prompt**

You may only need to guide a person's wrist or forearm at the start of a task to remind them of the motion needed.

Sometimes a gentle tap on the wrist or elbow is enough.

Never use more of a physical prompt than is needed to start the person on the task.

You can also use **Instruct** and verbal **Prompt** together with Physical Prompts.

You can also start a skill training session by **Showing** the person what you want done, and then using Physical Prompt to help the person complete the task.

### **Thinking in Steps**

Most activities are a sequence of steps. When you are breaking down tasks into steps, you also need to think about what level of assistance the person will need to learn each step.

Remember those underpants?

- Step 1. Pick up underpants
- Step 2. Open at elastic waist
- Step 3. Locate a leg hole
- Step 4. Open up leg hole using hands to grasp either side of the opening
- Step 5. Place one foot into open leg hole starting at toe. Pull underpants over foot to ankle
- Step 6. Repeat steps 3 to 5 for other leg hole
- Step 7. With both feet in separate leg holes of underpants, grasp elastic waistband and pull up from ankles over the bottom to waist
- +  
(Step 8. Adjust underpants for comfort if required – desirable but not essential!)

Here are some useful ways to teach a skill that involves steps in a task – like putting on underpants. Each of these ways involves first breaking down the task into steps.

### **1. *Forward Chaining Strategy***

Using this strategy, you start by teaching the person the first step. So, in putting on underpants, you would teach the person first to pick up his underpants.

You would then complete the rest of the task for him.

When the person picks up his underpants with no (or limited) assistance from you, then you would start to teach him how to open the underpants at the waist.

After each step the person is learning, you would complete the task.

This strategy continues, step by step, until the person can achieve all the steps with no assistance from you.

### **2. *Backward Chaining Strategy***

Like *Forward Chaining*, you need to have written down all the steps in the task you want the person to learn.

This time though, you complete all the steps in the task except the last one which you teach the person.

In putting on underpants, for example, you would complete steps 1 to 6, and teach the person to pull them up himself (Step 7).

When he can do this, you would then complete all the tasks up to the point where he has one foot in a leg hole (Step 5). Then you would teach him how to put his remaining foot in the other leg hole. And so on. Until he has learned the whole sequence (or chain) backwards!

### **3. *Combination of Forward & Backward Chaining***

You can get really clever and combine both strategies to teach one skill. For example, you might start by getting the person to pick up his underpants.

Then you would complete Steps 2 to 6 for the person. Now he is standing with both feet in the leg holes of his underpants. Then you would teach him to pull the underpants up to his waist.

## Which Strategy to choose?

Which strategy you use depends on the skill you are trying to teach, and the personality of the person you are teaching. Some people we support like quick results – they might respond better to *Backward Chaining*.

Others are more precise – they like to learn things in order. *Forward Chaining* is the way to go for them.

Others still might lose patience if they have to learn step by step. They may have difficulties that prevent them learning the middle steps fast enough for their liking. These people could benefit from the *Combination* approach.

## Baseline

Now it should be clear that you have a few more things to find out before you start teaching the person a skill. First you need to find out how much of the task the person can do on his own. (‘*On his own*’ means without any prompts or assistance from you.) This is called a Baseline Assessment.

For example, to find out whether if a person can put on underpants, you need to ask him to do it. You then watch him do this task without giving him any assistance. When you have written down how much he can do for himself, you have done a Baseline assessment! Now that wasn’t too scary, was it?

(Don’t use the Baseline assessment technique for any tasks that could be dangerous. For example, tasks like using a chainsaw, crossing a highway, driving a car, wrestling crocodiles etc. etc. 😊 )

Just because the person *doesn’t* do a task, never assume that he *can’t* do it. Many people we support have got used to staff doing things for them and have learned to sit back and be waited on. We can often be surprised at what they can do when they are given the opportunity!

It’s useful if you do a Baseline assessment after you have identified the steps in the task. Then you can record

- which Steps the person can do without assistance
- which Steps the person can do with minimum assistance
- and which Steps he needs more assistance with or can’t do at all

This information gives you the starting point for your Training Plan.

## **When to Train**

It's best to plan your training session for the time of day when the task is most needed. Or in the normal pattern of the day's activities. For example, you would teach the person to put on underpants when he is getting dressed for the day. You wouldn't teach this skill at bedtime or before lunch!

You would teach a person how to brush his teeth at the times of day when this activity most naturally happens (e.g. in the morning and before bedtime)

You would train a person how to use public transport when you are out in the community.

Makes sense, doesn't it?

## **Training Plans: how to keep track of training and learning**

If you want a person to learn a skill, it is very important that he is taught the same way each time.

This can be difficult if there are a number of Workers involved in training the skill. Sometimes each Worker has a different idea about how the person should be taught. If the person is taught in too many different ways, it is not likely that he will learn the skill at all.

Staff might then think that the person can't learn and it is easier for them to do the task for the person. One person will give up and sit back and let staff do things for him. Another person will get annoyed at being taught different ways. That's when problem behaviours can happen.

One way to overcome this difficulty is to have written Training Plans. The Training Plan will describe what is to be taught and the steps and prompts needed to achieve the training goal.

The Training Plan will also have space for staff to record the person's progress. That is, whether he got the step right or wrong.

A sample Training Plan is provided on the next page. This will give you some ideas about the sort of things you might want to include when developing your own Training Plan.

Don't think you have to get a Training Plan right first time. (Remember the Rule? It's OK not to get it right first time!) You can always change the Training Plan if it doesn't work out. What is important is that you actually have a Training Plan so that all staff are working towards the same Goal for the person.

## SAMPLE TRAINING PLAN OUTLINE

<b>'Trainee's' Name:</b>	<b>Week ending:</b>
<b>Long Term Training Goal:</b>	<i>Final Task to be taught</i>
<b>Training Target for Week:</b>	<i>Step or Steps to be taught this week</i>
<b>How often:</b>	<i>When will training sessions happen? How many times per day or per week?</i>
<b>Time / place of training sessions:</b>	
<b>Materials &amp; preparations for training:</b>	<i>List materials needed for the Training Session and how they should be arranged before the start of the session</i>
<b>Introduction &amp; Support</b>	<i>What to ask the person to do (including how to best get attention and co-operation) How to give the support needed to achieve the Training Target</i>
<b>Correct Response</b>	<i>What the person needs to do to achieve the Training Target</i>
<b>Reinforcement</b>	<i>The best way to praise or reward the correct response</i>
<b>Feedback</b>	<i>Is there anything that needs to be done, or avoided in giving this person feedback?</i>
<b>Additional Help</b>	<i>What to do to help the person succeed when he doesn't get it correct</i>
<b>What to record:</b>	<i>How to record and correct and incorrect response</i>
<b>Day(s) of the week training is to take place</b>	
<b>Name of Staff providing training each day</b>	

# Learning Activity 2.4

## How to Train

The aim of this Learning Activity is for you to be able to:

- Know about different methods of supporting people to learn new skills
- Practice breaking down everyday tasks into steps
- Practice beginning to write a Training Plan

## Steps

1. Read through all the questions in the following Worksheet
2. Answer questions 1 – 4 in the spaces provided
3. Write your answers to questions 5 & 6. Consult with your supervisor or other staff if you need to.

## Worksheet 2.4

Questions	Your answers
<p><b>1. Put the following training support levels in order from <i>most</i> supportive (5) to <i>least</i> supportive (1)</b></p> <ul style="list-style-type: none"><li>• Physical Prompt</li><li>• Ask</li><li>• Gesture</li><li>• Verbal Prompt</li><li>• Show</li></ul>	<p>5.</p> <p>4.</p> <p>3.</p> <p>2.</p> <p>1.</p>

<p><b>2. The aim of training a person to do a skill is to help him become as independent as possible. True or False?</b></p> <p><b>Give reasons for your answer.</b></p>	
<p><b>3. Everybody can learn to do things for themselves. True or False?</b></p> <p><b>Give reasons for your answer.</b></p>	
<p><b>4. How do you think training a person to do more tasks could help prevent challenging behaviour?</b></p>	

**5. Write a task breakdown for 'Making a cup of coffee'.**

**6. Think of a person you support and a task you would like to train.**

- **Write a task breakdown for the skill**
- **Describe what training strategy would you use (e.g. chaining) and why**
- **Include the levels of support (e.g. Ask, Physical Prompt) you think you would need to provide to help the person learn**

(Use the Sample Training Session Plan as a framework)

Signed (Worker) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_

# Feedback Sheet

This sheet can be used by learners and supervisors.

Use it to record:

- Comments
- Feedback
- Follow-up action

about the worksheet on the previous page

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# Topic 2.5

## Feedback & Reinforcement

### Learning Outcomes

By the end of this Topic, you will be able to

- State why reinforcement is important
- Understand how people differ in how they respond to reinforcement
- Apply what you have learned about reinforcement to how you support people with disabilities

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We all need to be told how we are doing, especially when we are learning to do new things. Feedback gives information about how well we are doing, or where we could improve. 'Reinforcement' ( or reward) gives us encouragement to keep on trying to improve.

Most of us aren't very good at giving feedback or reinforcement. Often we take good performance for granted or expect that the person will perform a task or behave well without us having to do anything about it. Often we only notice poor performance or bad behaviour!

For example, how often do you thank a shop assistant for good service? How often do you give positive feedback to an employee with suggestions for improvement? We might complain to other people about poor service but say nothing to the person who is not doing a good job. Or, the only time we give feedback is to complain!

Some people are great natural rewarders of good behaviour. Some are very skilled at giving feedback that does not give offence but helps the person improve. The rest of us have to work hard to learn these skills!

People with disabilities can rely on us to provide them with support to improve their behaviour and their skills. Reinforcement and feedback are essential. We need to understand how to give good feedback and good reinforcement.

## Reinforcement

By becoming someone who provides a fun environment for people, you will be well on your way to preventing problem behaviour. Staff are 'reinforcing' or 'rewarding' when they do a lot of things that the person enjoys. These staff are also 'reinforcing' just by being around. The person is also more likely to co-operate with someone he likes – even if the task itself isn't much fun.

Being a 'reinforcing person' means that you smile a lot, communicate praise and approval as often as you can, and give rewards or treats sometimes just for the heck of it.

Reinforcement shouldn't always have to be earned.

But when you are teaching a person new skills, reinforcement for effort and for achievement is particularly important.

The most common form of reinforcement is verbal praise e.g. "Thank you, you've done a great job", "Well done", "That was terrific". This is sometimes called 'social reinforcement'. Smiles, pats on the back, hugs are also types of reinforcers.

Reinforcement should also be something the person enjoys. Most people enjoy verbal praise and compliments – but others don't. Some people are comfortable with hugs and pats – others are not. You need to find out what is most motivating for the person.

Other types of reinforcement involve treats of some sort. For example, food rewards (lollies, popcorn, chips), special outings, activities. These are called 'tangible' rewards.

(Food rewards can be a problem if the person has a weight problem. It can be hard to find low calorie alternatives that appeal to a person who looks for food rewards! Best to try and find something else the person enjoys.)

Whichever sort of reinforcement you choose for your training sessions, you need to remember that:

- What is reinforcing for one person, isn't reinforcing for another
- Don't assume that because you find something reinforcing, that everyone does!
- Praise as reinforcement should be 'natural' – you should sound enthusiastic and genuine

- Reinforcement should be age-appropriate. Don't tell a 45 year old man that he is "a good boy"!
- You should always pair a 'tangible' reinforcer with verbal praise. For example, you might say "*You washed those dishes very quickly, so now we'll have a cup of coffee together*" or "*Well done for helping me get through the chores quickly. That's why you're going to the park now*". Don't just give the reward, without telling the person why he has earned it.
- People can get tired of the same old reinforcer. Some tire more quickly than others. Vary the reinforcer you use. Be prepared to change it if you need to
- Reinforcers should always be 'faded'. That is, when the person is learning a skill, you need to provide lots of reinforcement to keep him motivated. As he gets better, you will use less reinforcement or use it occasionally. You don't want the person to go on depending on a lot of reinforcement to do the task
- Once the person has mastered the skill or the behaviour, remember to 'reinforce' occasionally. Don't take it for granted that the person will continue to behave well, or use the learned skill all the time, without you having to do anything more
- Any reinforcers should be able to be used in the community – without drawing attention from members of the public

## Feedback

It's not always easy to give feedback, especially when the person is beginning to learn a new skill. Here are a few guidelines that might help:

- Give feedback immediately or as soon as you can
- Feedback should describe what the person has done and the outcome. For example, "You've done your laundry – now your clothes look and smell really fresh!"
- You should sound genuine when giving feedback
- Feedback should focus on what the person has or has not done – not on the person. For example, do say "That was a good effort at fixing the tap. I think we might need a plumber to finish the job" Don't say "You're hopeless - you've ruined the tap!"
- Feedback should praise the person's effort in attempting as well as completing the task

- Give 'constructive' feedback. Don't tell the person he has done well if he hasn't. Praise the effort, and give suggestions for improvement for 'next time'
- If the person gets upset when given feedback in a certain way, make sure all other members of staff know what to say or what not to say when giving that person feedback

### **How to apply Reinforcement & Feedback in teaching skills to people with disabilities**

How you give feedback or how often you praise or reinforce someone depends on the person's abilities. For example:

- A person who can do something well, will only need the occasional encouraging word.
- Someone who needs a lot of support to participate will probably require constant praise just to get started.
- The person who is learning a new skill will need immediate and frequent feedback to let him know how he is doing and how he can improve. This person will also need a lot of praise or reinforcement to stay motivated.

You need to work out what feedback and reinforcers the person responds to when you are assessing what you need to include in the training plan.

Remember too that how you give feedback and reinforcement will change over time as the person becomes more skilled, or less dependent on staff input.

# Learning Activity 2.5

## Feedback & Reinforcement

Learning Activity 2.5 will give you practice in providing reinforcement and feedback to people you are teaching to master a skill. The activities can also assist you in improving your skills in reinforcement generally.

### Steps

1. Read through all the questions
2. Write your answers in the space provided

## Worksheet 2.5

Activity / Questions	Your Answers
<b>1. List 5 things you should <i>always</i> do when providing reinforcement.</b>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>
<b>2. List 5 things you should <i>avoid</i> doing when providing reinforcement.</b>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>

<p><b>3. List the 4 things about giving feedback that you think are particularly important.</b></p>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li></ul>
<p><b>4. Write down 10 different ways you can tell a person they've done a good job.</b></p>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>
<p><b>5. Wendy has had a go at mopping the kitchen floor. She's left big puddles of water. What would you say to her to provide her with feedback?</b></p>	

<p><b>6. Anna Maria has dried all the breakfast dishes and put them correctly back in the cupboard. What would you say to her?</b></p>	
<p><b>7. What does 'being a reinforcing person' mean?</b></p>	
<p><b>8. What does 'fading' a reinforcer mean?</b></p>	
<p><b>9. How often should you reinforce a person who is learning a new skill?</b></p>	
<p><b>10. Do you need to reinforce someone who can do a task well? Give reasons for your answer.</b></p>	

<p><b>11. What do you think is the difference between 'reinforcement' and 'feedback'?</b></p>	
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Signed (Worker) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_



# Feedback Sheet

This sheet can be used by learners and supervisors.

Use it to record:

- Comments
- Feedback
- Follow-up action

about the worksheet on the previous page

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# Topic 2.6

## Maintenance & Generalisation

### Learning Objectives

By the end of this topic, participants will

- Demonstrate understanding of the importance of maintenance and generalisation in training
  - Be able to include strategies for maintenance and generalisation in a training plan
- 

“Sylvester once knew how to dress himself, but now he just sits and waits for staff to do it for him!”

“I taught Jamie how to order his takeaway meal from McDonald’s. We went to Dome the other day and he just didn’t know what to do. What’s wrong with him?????”

These laments are examples of what we mean by ‘maintenance’ (Sylvester) and ‘generalisation’ (Jamie).

When we teach the person a skill, it is not enough just to teach that skill. We also need to make sure that the person will keep using the skill (maintenance). We also need to be sure that the person will use the skill in any location where it is needed (generalisation) – and not just where it was originally taught.

### **MAINTENANCE**

This is the word used to describe the process of making sure that the person keeps using the skill he has been taught.

Just because the person learns to use a skill, doesn’t mean that he will keep on using it. When we develop a training plan, there are a number of things to consider. We need to make sure that:

1. the skills we are training are useful (functional) for the person
2. the person is ‘reinforced’ for learning, especially in the early stages

3. the person is given as many opportunities as possible to use the skill he is learning
4. the person will continue using the skill long after the training is finished

Some skills are easy to maintain. Skills like pouring a drink, making the bed, sweeping the floor, bring in the mail, brushing teeth are easy to maintain because they happen often. You might call these 'Everyday skills'.

(Some of these skills are even easier to maintain because they have an instant reward. Making a cup of tea or pouring a glass of juice are examples of skills that have an instant reward!)

Other skills might be harder to maintain. These are the skills that don't get used every day. Some examples of these skills might be:

- Doing the laundry
- Washing the car
- Cleaning windows
- Weeding
- Mowing the lawn

We can call these 'Not Everyday skills'!

'Not Everyday' skills can be more difficult to teach. This is because the person may not get a lot of opportunities to practice. However, if the person is really keen to learn the skill, this may make up for the fact that it doesn't happen every day. This is something you should take into account when you are working out with the person what sort of things he would like to learn to do – or needs to learn to do.

Here are some things that can stop the person with disabilities maintaining skills:

- The task can take longer than if staff did it themselves
- The person may not do the task to a staff member's standard
- Staff find it easier to do the task for the person
- The person doesn't need to use the skill i.e. it's not functional

There are benefits for staff when the person learns skills. For example, staff:

- Become more skilled in picking the right training goals for the person
- Becoming more skilled in training

- Develop team work skills
- Get to spend positive time with the person
- Contribute to the reduction of problem behaviour
- Feel rightly pleased with themselves when the person masters the skill!

There are other aspects of 'maintenance' that you need to think about. Some of these are:

### **1. New Staff**

Sometimes the person may stop using a learned skill when there are new staff around. This often happens when new staff have not had the time to develop a good relationship with the person.

The person may be refusing to co-operate with the new staff. Or may 'pretend' they don't know how to do the task – and fool the new Worker.

It might also be that the person has not learned to use the skill when different people are around. (The next section on 'Generalisation' will explain this more.)

In locations where there are frequent changes of staff, it is important that new staff work hard to build a good relationship with the people they support. This will usually motivate the person to keep using learned skills.

### **2. Reality!**

From time to time, most of us can get unmotivated, unco-operative or lazy. This doesn't mean that we have lost skills, or that we need another intensive training plan! It just may mean that we are having an "off day".

People with disabilities can also have "off days". We need to be realistic and apply the same standards to them as we do to ourselves! If the "off days" go on for a while, you may need to explore why this is happening, rather than assuming that another skills training plan is needed.

### **3. Maintaining effort**

Many of us find repetitive tasks (e.g. chores, laundry) boring and unrewarding at times. So it shouldn't surprise us to discover that people with disabilities feel the same. Staff need to keep paying attention to motivating the person. And to reviewing whether the person is receiving enough reinforcement for his efforts.

## Summary

To sum up, 'maintenance' is about

- having the right training goals for the person
- making sure the person goes on using the skills he has learned
- giving the person as many opportunities to practice as you can
- working together as a staff team to give the person the best shot at learning and using new skills
- having a motivating and reinforcing relationship with the person

## GENERALISATION

A person can be trained by staff to use a spoon – rather than fingers - to eat a meal at home. When the person uses a spoon to eat a meal at a restaurant or on a family outing, then 'generalisation' has occurred.

'Generalisation' is the word used to describe when a skill is used in a number of locations that are different from where the original skill was taught.

Here's another example. When I first learned to drive, I learned to drive in a Holden Monaro. But over my driving lifetime, I have driven many different sorts of cars. My driving skill has 'generalised' from the Monaro to a whole lot of other cars.

I didn't need to have driving lessons to drive different sorts of cars. And you didn't need this either. This is a good indication that we have mastered the skill of driving. We have worked out for ourselves that basic driving skills can be used across a range of cars. Even when each car is slightly different.

People with disabilities may actually need to be taught that the skill they are learning can be used in other situations.

Take the example of teaching a person to eat without spilling food. It is important that the person learns to use this skill

- At every meal time
- Regardless of which staff member is on shift
- In many different locations e.g. group home, restaurant, food hall or barbecue
- With all types of food e.g. cereal, porridge, soups, beef stew, stir fry, rice, spaghetti, noodles, cake, or ice cream

Your aim is to equip the person with good enough skills so he can take part in any situation he may encounter in his daily life. This means you have to plan for 'generalisation'.

This does not necessarily mean that you have to train the person in every single situation. But it does mean that you will have to train in a variety of situations over time to make sure the skills have been well learned.

There are two things you need to take into account when planning for 'generalisation':

1. ***Start training in a situation where you have most control.***

Usually, this is the home situation. This is where people are most comfortable and relaxed. It is also where staff are best able to monitor the person's learning progress.

If you are teaching a person to eat without spilling, you would begin by making sure that a range of foods are eaten at home. In this way, you will make sure that the person gets practice in eating foods with a wide range of consistencies and textures.

You might start training during the 'quietest' meal time, or during a meal time when there are fewer people around. As the person becomes more skilled, you would move on to another, busier meal time. And so on, until the person is eating a wide range of foods without spilling, and in a range of mealtime situations.

(There are some foods like spaghetti that most people have difficulty eating without spilling. It's best not to start your training with these foods – it's too difficult for everybody!)

Try to have as few distractions as possible around the person in the early stage of training.

2. ***Continue training in a range of different situations.*** When the person has mastered eating without spilling at home, then you can start extending the training plan to different situations. These different situations should be ones that the person is likely to encounter. For example, you might want the person to practice his skill in his visits to his family, or in an outing to a Food Hall, for example.

When planning for generalisation, it is important to plan for many different people teaching the skill.

It is not a good idea for only one staff member to carry out the training plan. If the group home has several staff, each staff member should take part in training the skill.

If there is only one Worker supporting the person, then it is even more important to plan for others to take part in teaching the person the planned skill. Otherwise, the person may refuse to use the skill when the Worker is not available.

If you do not plan for generalisation, it is unlikely that a person with developmental disabilities will use the new skill in all the situations that he should.

When you do plan for generalisation, the person is trained to use the skills in a range of everyday situations. What then happens is that the person is likely to use the new skill in situations where he did not receive training. This is when you know you've done a great training job! You should congratulate yourself.

# Learning Activity 2.6

## Maintenance & Generalisation

In this activity, you will review the ideas covered in this Topic and have opportunities to apply these in a range of practical examples.

### Steps

1. Read through the questions and activities.
2. Write your answers in the space provided.

## Worksheet 2.6

Questions / Activity	Your answers
<p><b>1. <i>Maintenance is not just about making sure the person gets plenty of opportunities to practice the learned skill.</i> Name four other things you should consider when planning for maintenance.</b></p>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li></ul>
<p><b>2. In your own words, describe what 'generalisation' means.</b></p>	



<p><b>3. List 4 things you need to remember when planning for generalisation.</b></p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
<p><b>4. You are planning to train Morag how to eat without spilling. Why <i>wouldn't</i> you start this training at Morag's weekly restaurant outing?</b></p> <p><b>Give 3 reasons.</b></p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p><b>5. How can you make sure that the person continues to use the skill you have taught him?</b></p>	

Signed (Worker) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_

# Feedback Sheet

This sheet can be used by learners and supervisors.

Use it to record:

- Comments
- Feedback
- Follow-up action

about the worksheet on the previous page

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Felce, D et al (1996) *Active Support: Handbooks for planning daily activities & support arrangements for people with learning disabilities* Welsh Centre for Learning Disabilities Applied Research Unit<sup>9</sup>

Disability Services Commission (2001) *Contribute to Positive Learning* Community Services Training Package

## SMARTThinking 2006

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<sup>9</sup> Contact details: Welsh Centre for Learning Disabilities Applied Research Unit, Meridian Court, North Road, Cardiff CF14 3BG, United Kingdom.

# Module 3

## Challenging Behaviours

### About this Module

You might be tempted to think that this Module is The Important One. But knowing what to do to prevent challenging behaviour is at least as important (if not *more* important) as knowing how to deal with it when it happens.

This Module looks at how and why challenging behaviours develop. It also deals with why the person persists in using these behaviours even when the results (crises) are not pleasant for anyone involved.

We also look at how to avoid challenging behaviours. And we look at how to deal with them when they do occur.

The following Topics are covered in this Module:

- Topic 3.1 What are 'Challenging behaviours'?
- Topic 3.2 Why people have challenging behaviours
- Topic 3.3 How to record challenging behaviours
- Topic 3.4 How to avoid a crisis
- Topic 3.5 What to do when there's a crisis

### Topic 3.1

# What are Challenging Behaviours?

## Learning Outcomes

By the end of this Topic, participants will

- Understand why behaviours are described as 'challenging'
  - Be able to describe who has responsibility for changing Challenging Behaviours
- 

When people talk about challenging behaviours, they usually think of behaviours like:

- Screaming or yelling
- Physical aggression
- Verbal aggression
- Property damage
- Illegal behaviours
- Self injury
- Dangerous behaviours

There have been many definitions of Challenging Behaviours, but the one most often quoted was written by Eric Emerson, a British professor, who wrote in 1995 that challenging behaviour is:

".....abnormal behaviour of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to .....result in the person being denied access to ordinary community facilities."

It's not an easy definition, is it? But what you really need to know from this definition is that Challenging Behaviour

- (1) is dangerous to the person and to other people
- (2) prevents the person enjoying or being involved in everyday activities that the rest of us take for granted

We need to avoid 'blaming' the person for these behaviours. You may have seen the TV advertising campaign "*See the person – not the problem*". That is just as true for Challenging Behaviours as it is for any other sort of disability.

As you have seen in previous Modules, there are many reasons why a person can have Challenging Behaviours. Many of these reasons are a result of the way we provide – or don't provide – support to the person.

***The challenge is for us to make sure we are providing the right sort of service or support to the person so that he does not need to use Challenging Behaviours to get what he needs from us.***

Only when we have good support services in place will we be able to work out what else we need to do to help the person not need challenging behaviours.

Here's an example to consider:

### **'Monique'**

Monique lived in her own home with a small team of carers providing services to her. She had very challenging behaviours that only happened from time to time. These included serious aggression towards carers and visitors, episodes of total incontinence, binge eating, refusing to shower, and being awake all night.

Monique was on medication to help with her behaviours and the GP changed this medication frequently because it never quite seemed to solve all the problems.

The staff at the local community mental health service said that Monique's problems were behavioural.

The new service manager quickly found out that there were:

- \*no written Routines for the carers
- \*no plan to help carers understand the best way to provide Monique with support
- \*no procedures to guide carers about what they should do when Monique was having problems
- \*no directions for carers about what they should do when Monique was behaving dangerously
- \*no clear instructions from the GP about what medications to give and when to give them
- \*shift rosters that had carers working non-stop at times for 48 hours

When these service problems were fixed, it was soon obvious which of Monique's problems were behavioural, which were due to poor support services, and which were due to mental illness.

You might remember our definition of 'Challenging Behaviours' from a previous Module. It was:

"Challenging Behaviours is the person's way of telling us we're getting something wrong!"

This is the quick way of saying we need to look at what we are doing first before we start trying to 'fix' the person.

### What can change our thinking about Challenging Behaviours?

#### 'Jessica'

Jessica did not seem to be able to wait for meals. She would scream and yell and cry until she was given something to eat.

This behaviour was very difficult for Jessica's carers. How would you deal with it? Perhaps you would not give in to Jessica and make her wait until meal time. You might think that giving her what she wanted when she wanted was 'rewarding' her for bad behaviour. Or that you needed to teach her to wait.

Suppose I told you that Jessica is only 3 months old? Would that change your views about her 'Challenging Behaviour'? It should!

Sometimes knowing more about the behaviour, the person, or the person's life experiences changes how we think about their behaviour.

#### 'Frank'

Frank was new to the group home. He was non-verbal and needed lots of support with daily living skills. He was usually quite co-operative, but became very aggressive when staff tried to toilet him.

Things became so difficult around the toileting that staff began to think Frank could not go on staying at the group home.

The Supervisor then found out that Frank's family had tried to get him to use the toilet by punishing him when he wet or soiled himself. The way they

punished him was forcing him to sit on the toilet and holding him there for long periods of time.

That certainly changed how Frank's staff responded to his 'Challenging Behaviours'. Once staff heard how Frank had been punished, they felt sorry for him and started to think of better ways they could encourage him to use the toilet.

Sometimes staff are given background information about the people they care for. It can help them understand more about why the person behaves as he does. When we understand, we can be more sympathetic and patient.

Sometimes information is not available. When behaviour is very challenging, it may help to think how distressed the person must be to behave in that way. You can then try to imagine what bad experiences he must have had to have learned to behave in that way.

### **What 'other' sorts of behaviour might be challenging?**

It is easy to recognise noisy or aggressive behaviour and say it is 'challenging'. But there are other sorts of behaviours that can also be challenging. These 'other' behaviours also prevent the people we support from becoming more independent and enjoying life.

Examples of some of these 'other behaviours' are:

- Self stimulation (e.g. rocking, hand flapping) which the person would rather do than get involved in more useful activities
- Withdrawal. That is when the person does not get involved in activities or with others.
- Difficult to engage. This means that carers find it very hard to find activities that interest or involve the person.

What do these behaviours have in common? All of them involve the person quietly fading into the background. Typically (but not always), the person does not need or want any involvement from carers.

Our natural tendency is to pay attention to people who are demanding it! And to relax and get on with other things when the person we support is quiet, not causing any trouble, or is too hard to know what to do with.

These 'other' behaviours present a different sort of challenge. But it is still a challenge if we want to achieve the goals of Positive Behaviour Support for the person.



Remember these goals from Module 1? They are to help people:

- Enjoy life
- Be as independent as possible
- Live as normal a life as possible
- And overcome the problem behaviour

These goals apply to **all** people whose behaviour results in them missing out on ordinary life experiences.

## Learning Activity 3.1

## What is 'Challenging Behaviour'?

The purpose of this learning activity is for you to be able to describe what challenging behaviours are, and to identify common and 'not so common' examples.

### Steps

1. Read through all the questions in Workshop 3.1
2. Write answers to questions 1, 2, 3, and 4(a)
3. Choose **either** question 4(b) **or** 4(c) to answer.

## Worksheet 3.1

Questions	Your answers
<b>1. <u>In your own words</u>, write a definition of 'challenging behaviours'.</b>	
<b>2. Name three sorts of behaviour most people would consider to be 'challenging'.</b>	•

	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
<p><b>3. Name two 'other' behaviours most people might not think of as 'challenging'.</b></p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
<p><b>4(a) Think of an example of challenging behaviour you have noticed in a person you support.</b></p> <p>(Briefly describe the behaviour and the difficulties you have had in trying to support that person.)</p> <p><b>Then -</b></p> <p><b>Write a brief description for <u>EITHER</u> 4(b) <u>OR</u> 4(c):</b></p>	

<p><b>4(b) With your supervisor, discuss the difficulties you have had with this person and what you might try to improve the situation. Write what you decided from this discussion.</b></p> <p style="text-align: center;"><b>OR</b></p> <p><b>4(c) Describe briefly what you did to change the person's behaviour</b></p>	
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Signed (Worker) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_

## Feedback Sheet



# Why people have challenging behaviours

Learning Outcomes:

By the end of this topic, you will be able to:

- Name three ways most people learn to control their own behaviour
  - Give reasons why people with challenging behaviours cannot always control their own behaviour
  - Identify 2 of the most common reasons why people have challenging behaviours
- 

Remember the list of 'common' challenging behaviours in Topic 3.1? They were:

- Screaming or yelling
- Physical aggression
- Verbal aggression
- Property damage
- Illegal behaviours
- Self injury
- Dangerous behaviours

Now, think about which of these Challenging Behaviours are *only* done by people who have disabilities. If you said "None of them", you'd be right.

(You might think self-injury only happens with people who have intellectual disabilities. But that is not the case. People in prison can self-injure, or sometimes people who are very stressed can also harm themselves.)

So, what helps the rest of us control our urges to behave badly?!

1. We can **communicate**. For example, we can tell people how we are feeling. We can ask for help when we need it.

It's not just about being able to speak. Think of times you've wanted to tell someone something difficult and just haven't been able to think of the right words, or find the right time to speak out.

People with disabilities may be able to speak clearly. But they may not have learned that it is OK to speak about how they feel about things. They may not have learned the words they need to describe their feelings.

Other people with disabilities are not able to speak clearly, or not able to speak at all. They are very dependent on others to work out their messages. They need carers to pay attention to them so that the carers actually notice that the person is trying to communicate.

People without disabilities can also have the same problems in communicating with others. Which is why people without disabilities can have Challenging Behaviours too!

The person may have learned to use Challenging Behaviours to draw attention to his needs. Challenging Behaviours are very effective in getting others to pay attention!

2. We can make **choices**. This gives us some control over our lives. For example, we choose our jobs. We choose where we want to live. We choose who we want to live with. We choose what we want to do in our spare time. We choose our friends.

If we don't like a choice we've made, we change it.

People with disabilities may not have the opportunity to make these sorts of choices. They may not even have the opportunity to make 'little choices' like what to wear on an outing, whether to have sugar in tea or not, when to have their favourite snack.

Sometimes carers are busy. They can forget about supporting the person to make choices – even 'little' ones. They may have the person's best interests at heart, but may need to think more about how the person can be included in making decisions and choices.

3. We have learned **self-control**. We have learned not to behave badly when we are disappointed, for example. Or when we can't have what we want. (Well, most of the time anyway....☺) Other things that we have learned that help us control our behaviour are:

- Consideration for other people and their feelings
- Negotiation, compromise, and co-operation with others
- Waiting for rewards in life (e.g. pay day, the weekend, going on holiday)
- Stopping and thinking about the consequences of our behaviour before we do it

All of these are skills that we have learned as we were growing up. We have usually learned these through experience and through patient teaching by our parents.

People with disabilities may not have had the opportunities or the experiences needed to learn these skills. They may not have had parents who were able to provide them with the special teaching they needed. They may even have had parents who hadn't learned these skills themselves.

## **Common Background Factors for Challenging Behaviours**

Here we are going to consider why some people might be more likely than others to have challenging behaviours.

We call these '*background*' factors because sometimes they may not seem to be directly related to the behaviours we call 'challenging'.

Background factors *may or may not* play a part in the development of challenging behaviours.

In other words, just because a person has one of these background reasons, it doesn't mean that he or she will definitely have challenging behaviours.

Some common 'background' reasons include:

- Intellectual disability (ID)
- Autism Spectrum Disorders (ASD)
- Acquired brain injury (ABI)
- Cerebral palsy (CP)
- Psychiatric disorder
- Epilepsy

How do these factors make it more likely that a person might have challenging behaviours?

Any disorder resulting from these factors can affect the person's ability to:

- Communicate
- Solve problems or think things through logically
- Control their feelings and impulses
- Control their behaviour
- Organise themselves to carry out everyday tasks

Let's look at examples of the way some background factors can cause challenging behaviours:



### 'Shane'

Shane has a complicated sort of epilepsy that is usually well controlled by medication. But sometimes he can have outbursts of agitated behaviour when he will cry, moan and grab at others around him. He can hurt people when he grabs them.

These outbursts are a symptom of Shane's epileptic seizures. Carers have recognised that Shane has these outbursts when he is tired or hungry. He can also have outbursts when he is worried about things.

Shane's carers know what to do to help Shane avoid these symptoms of epilepsy. They make sure he doesn't get over-tired and that he eats regularly. They also recognise when he is starting to get worried and talk to him to calm him down.

### 'Tanya'

Tanya has bipolar disorder (this used to be called 'manic depression') and is on medication. Sometimes, she forgets to take her medication.

When Tanya stops taking her medication, she very quickly gets right out of her daily routine. She stops going to work and stays up all night. She goes nightclubbing and drinks too much alcohol. She wakes up some mornings not knowing where she's been or who she has been with.

On one occasion, she ended up in hospital after having been beaten up. She doesn't remember how this happened.

Tanya agrees with her carers that she needs more help to remember to take her medication. Her carers organise this.

As you might be able to tell from the above examples, when people don't get the support they need – or they get the wrong sort of support – they can develop Challenging Behaviours.

Sometimes it can be hard to work out exactly why the person is having Challenging Behaviours. But you have already covered in Modules 1 & 2

there are a number of ways Challenging Behaviours can be prevented or reduced.

Some of the most common things that go wrong with supports are when the person:

- Lacks a balanced lifestyle
- Does not have interesting or meaningful daily activities
- Does not have a consistent routine
- Is not expected to take part in any daily living activities
- Does not get enough attention
- Gets too much attention for the problem behaviour
- Is not 'rewarded' for good behaviour
- Is 'punished' for unwanted behaviour
- Does not have medical needs recognised
- Has a poor diet or irregular meals

This list could help check whether the person with challenging behaviours is getting the supports he or she needs to prevent the behaviour.

### **'Triggers' or Antecedents**

Although there may be background factors or reasons why a person is more likely to have challenging behaviours, there is usually something that 'sets the person off'. Something will 'trigger' the person to have a crisis.

So, for example, Hamish has an intellectual disability (background factor) and is usually placid and easy going. But he becomes agitated, verbally abusive and throws things around when his footie team is losing a match (trigger).

(Hamish barracks for Collingwood, so he frequently gets agitated during the footie season..... You've got to feel sorry for him.)

We'll look more closely at triggers (antecedents) in Topic 3.3.

## **Learning Activity 3.2**

### **Why people have challenging behaviours**

The aim of this Learning Activity is for you to be able to describe:

- Why people with and without disabilities might have challenging behaviours
- 'Background' reasons why people might develop challenging behaviours
- How the right supports and services can help prevent or reduce the risk of challenging behaviours

## Steps

1. Read through the questions 1, 2 & 3 in the following Worksheet.
2. Answer questions 1, 2 & 3.
3. Read the Case Study
4. Answer Case Study questions 4 & 5
5. Discuss the Case Study with your Supervisor

## Worksheet 3.2

Questions	Your answers

<p><b>1. Name 3 ways people <u>without</u> disabilities learn to control their own behaviour.</b></p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p><b>2. Give 3 reasons why other people, or people with disabilities, don't learn to control their own behaviour well.</b></p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p><b>3. Briefly describe two background factors which can cause a person to have challenging behaviours.</b></p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>

**Case Study: 'Kathryn'**

Kathryn has Down Syndrome. She has an intellectual disability and is not able to talk.

When she was small, Kathryn would not want to go to the doctor's, or to the dentist. Her parents would drag her to appointments, and would physically hold Kathryn down to have her medical or dental treatments.

As Kathryn got bigger and stronger, holding her down got harder as she fought and kicked. More people were needed to hold her down.

Kathryn also began to fight and kick when people tried to get her to do anything she didn't want to.

Case Study Questions	Your answers
<p><b>4. Name two 'background factors' which might explain why Kathryn has Challenging Behaviours.</b></p>	<ul style="list-style-type: none"> <li>•</li>   <li>•</li> </ul>
<p><b>5. How do you think Kathryn 'learned' to fight and kick when people tried to get her to do things.</b></p>	
<p><b>6. What might you do to help Kathryn co-operate better?</b></p> <p>(You could discuss this case study with your supervisor.)</p>	

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Signed (Worker) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_

## Feedback Sheet

This sheet can be used by learners and supervisors.

Use it to record:

- Comments
- Feedback
- Follow-up action

about the worksheet on the previous pages.

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## Topic 3.3

### **Behaviour Recording**

## Learning Outcomes

By the end of this topic, you will:

- Understand why it is important to record behaviour
  - Be able to write useful descriptions of behaviour
  - Understand the terms 'trigger' (or 'antecedent'), 'outcome' (or 'consequence')
  - Know why an ABC recording chart is used
  - Know how to complete an 'ABC' recording chart
- 

## Behaviour Recording

When we are trying to work out why behaviours are happening, or how often they are happening, we need to keep records.

Carers often need to keep lots of different records (e.g. daily reports, medication charts, accounts, timesheets). These records are useful to staff and to managers. If there are problems with a person's behaviour, then it makes sense to keep records about these too.

Other reasons for recording behaviours include:

- Letting others know what the behaviour of concern is
- Not having to rely on staff memories
- Gathering information over time about what might be causing the behaviour
- Gathering information about what the person might be gaining from the behaviour

It is useful to keep records about behaviour separate from other sorts of recordings. This means they can easily be copied and sent to a Supervisor or a psychologist, or taken to psychiatrist appointments.

### **ABC Recording**

ABC Recording is a common way of recording behaviour. (The letters **ABC** stand for **A**ntecedent, **B**ehaviour, **C**onsequence.)



ABC recording is used to help staff try and work out what situations could be causing the person's Challenging Behaviours. (Some organisations use different ways of describing this sort of recording.)

Staff need to be able to do three things when writing ABC recordings. They need to be able:

1. to describe situations that may contribute to the Challenging Behaviour. These situations are called the **Triggers** (or Antecedents) to behaviour.
2. to describe the **Behaviour** accurately.
3. to identify what the outcome (or **Consequence**) of the behaviour was.

Let's look at each of these in turn.

## Triggers (or 'antecedents')

Although there are background factors that make a person more likely to have Challenging Behaviours, there is always something that sets the person off.

### 'Steve'

Steve has been up most of the night watching the tennis at Wimbledon on TV. He is tired and grumpy when he arrives early at work.

Mitzi, his secretary, tells him that his 8 a.m. meeting with the Works Supervisor has just been cancelled. Steve yells at her and blames her for not letting him know about this sooner.

For Steve, the background factor is that he is tired and grumpy because he stayed up watching soccer. But what set him off was the cancellation of his 8 a.m. meeting. That was the *Trigger* for his bad behaviour.

*Triggers* can also be called 'antecedents'. Both are words that describe what happened just before the incident.

It's not always easy to work out what the Trigger might be when dealing with a person's challenging behaviours. Sometimes, the behaviour gives you such a shock that you forget what the Trigger might have been.

### 'Alison'

Alison was writing her shift report when she was attacked by Justin. She was very shaken by this, and at first told her supervisor that there didn't seem to be any reason why Justin attacked her.

Later, when she calmed down a bit, she remembered that James had asked her for a drink just before the attack. Because Alison was in the middle of writing her report, she absent-mindedly asked him to wait. She had forgotten that Justin hated being asked to wait.

There are some common triggers that often result in problem behaviours for people. For example:

- Being told to do something
- Having to wait
- Being told 'No'
- Sudden noises
- Being in pain or ill
- Unexpected changes in routine
- Being 'told off' for making a mistake, or doing something wrong

Here are some 'not so common' triggers that have also been known to set some people off!

- Being told it's time to get up
- Having to stop at red traffic lights
- Being taken to the shopping centre more than twice in a week
- Rubbish bins being emptied by Council at 4 a.m.
- Having to stand in line at the Supermarket checkout
- Waiting to see a doctor

Do any of these set you off????? If you've said "Yes", you are not alone!

## Behaviour

Describing behaviour in 'objective' terms is a skill in itself. In Module 2 we looked at good and not-so-good ways of describing behaviour.

One way of thinking about it is this: try and write the description as if you were writing it for someone who didn't know the person or the situation. And describe only what you **see** and **hear**.

Often we get into the habit of using descriptions that everyone who works with the person understands. But if you need to provide this information to a manager or a psychologist, you have to make the details quite clear.

This is important when the behaviour is very serious. You need to be able to write so that it is quite clear that the behaviour is serious.

Here is an example:

**Written description of behaviour:** "John has been aggressive towards staff recently."

**Actual behaviour:** John has attacked staff on four occasions in the past 3 weeks. Three staff have been injured seriously and are likely to be off work for at least two months.

If you expected your agency management or a psychologist to help you, which of these descriptions do you think would get you what you wanted? Which description do you think would get a higher priority and a quicker service? I would be more impressed by the description of the actual behaviour!

Do you need any more convincing about how important it is to write clear and objective descriptions of behaviour?!

## 'Consequences' or Outcomes

Sometimes people think the word '*consequence*' means punishment. And often the word can be used to mean this.

However, when we are talking about recording behaviour, '*consequence*' simply means what happens after the behaviour has occurred. We will use the word 'Outcome' to avoid confusion.

Many challenging behaviours keep happening because the person is somehow 'rewarded' for the behaviour over a long period of time. In other words, the person gets the *outcome* (or consequence) for the behaviour that he wants.

Outcomes can be thought of in terms of three main groups. The person engages in the challenging behaviour because he or she:

1. Gets something s/he wants ('reward')
2. Gets out of doing something (escape)
3. Gets attention

Let's look at examples of each.

1. **Rewards.** These can be food rewards, drinks but can also be activities such as going to the movies or the beach, watching videos, or having someone to spend time with.

**'Maria'**

Maria knows that her toddler, David, will throw a tantrum at the supermarket check out unless she buys him a lollipop. So Maria buys David a lollipop each time they go to the supermarket. If she forgets, David throws a tantrum and reminds her!

There's nothing wrong with giving a person rewards just for the sake of it, or for good behaviour. Sometimes though carers – like Maria – end up giving 'rewards' only to stop bad behaviour. This can result in the bad behaviour This can be a problem, especially when the behaviour is *very* bad!

2. **Escape.** This is when the person gets out of doing something they should be doing because of the problem behaviour.

**'Danny'**

Everyone knows that Danny doesn't like doing his chores after dinner. Danny will shout and throw furniture around if he is asked to do his chore. Carers have stopped asking Danny to do any chores around the house.

The outcome of Danny's bad behaviour is that he avoids having to do his share in the running of the house.

3. **Attention.** This is often the reason carers give for why the person has challenging behaviour. They may say "He's only doing it for attention!"

Some people think that if a person behaves badly because they want attention, then the best way to fix this is to ignore the person's behaviour.

But sometimes, ignoring doesn't help. Here's an example of that:

**'Judd'**

Judd has started swearing at home. His carers decide to ignore it. However, the situation has got worse and worse. Now Judd is swearing at work and in

the community. He is at risk of losing his job and the neighbours are complaining.

Sometimes ignoring does help. And here's a typical example of this:

### 'Britney'

Britney's Grandma was shocked when Britney used a swear word she had learned at kindy. Britney used the word often when she was with Grandma. Britney's mum and dad ignored her when she tried to use the swear word to shock them. Britney soon stopped using that word.

How can you tell when it's OK to ignore and when it's not? It's not easy. Best advice is: **when in doubt, DON'T IGNORE!** But you need to plan the best way to ignore. (Shrieks of shock and horror tend not to work very well!)

Challenging Behaviours are typically impossible to ignore, and so the person gets lots of attention when we try to stop the behaviour. If this is the only time the person gets attention, then he is likely to use the Challenging Behaviour in the future to get the attention he needs.

This is why we need to know what the person gets from the Challenging Behaviour, so we can change the 'consequence'.

### How behaviour recordings help

Behaviour recordings are important in working out why the person might be behaving badly. Supervisors and psychologists rely on direct care staff to provide the information that they need so that they can work out why the behaviour is happening.

So it is important that staff can provide clear details of what happens. Let's look at some examples of 'ABC' behaviour recordings.

Date & time	Trigger / Antecedent	Behaviour	Outcome / Consequence
Monday 6.30 pm	I asked Dominic to wash the dishes	He yelled and swore at me. He	I told him to go to his room to calm

		threw several plates at the wall, smashing them.	down.
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In this example, the Trigger of asking Dominic to wash the dishes seems to have set off the behaviour.

Date & time	Trigger / Antecedent	Behaviour	Outcome / Consequence
Thursday 4.30 pm	Mark asked Stella if she had had a good day at work	Stella told him to "F... off"	Mark hit Stella

Do you think Mark will continue to ask Stella if she has had a good day, after this? Do you think Stella is more likely or less likely to speak like this to Mark again?

Date & time	Trigger / Antecedent	Behaviour	Outcome / Consequence
Wednesday 6.30 pm	Tom went into the kitchen and asked for something to eat.  The Cook told him it was nearly dinner time and he had to wait.	Tom began to scream. Then he started grabbing raw food from the bench top and crammed it into his mouth	Cook gave Tom a sandwich to keep him going until dinner was ready.

Date & time	Trigger / Antecedent	Behaviour	Outcome / Consequence
	Matthew's mother	Matthew was very	I asked him what

Friday 8 pm	didn't phone as she usually does.	agitated. He paced around the house muttering to himself and kicked the door several times.	was wrong and helped him dial his mother's number. She had got home late. Matthew settled down after he talked with his Mum.
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<b>Date &amp; time</b>	<b>Trigger / Antecedent</b>	<b>Behaviour</b>	<b>Outcome / Consequence</b>
Saturday 7.30 a.m.	Don't know what might have upset Jason.	Jason was in his room on his own. He started yelling and swearing and throwing things (radio, CD player, clock) around. He broke all of these.	I offered him his extra medication (as per medication chart). He accepted it, went back to his room and went to bed.

These are good examples of clear behaviour recordings. They contain facts about the behaviour and give anyone who doesn't know the people a good idea about the situations.

Recordings like this will, over a period of time, usually give clues about how to support the person better.

You can see good examples of good staff support after a behaviour incident in the examples about Matthew and Jason.

In the example about 'Tom', we may be able to work out how we could prevent the unwanted behaviour. It seems that Tom gets very hungry and can't wait until dinner time. One way of preventing this would be to make sure Tom gets a more substantial snack at afternoon tea-time. Another way might be to have dinner earlier. Or at a regular and predictable time.

So, writing clear behavioural descriptions is an important skill for staff to have. It can help us – in ABC Recordings – to see what we need to change to provide better support to people.

There's more about this in the next Topic.

## **Learning Activity 3.3**

### **Behaviour Recording**



This Learning Activity will help you identify the main steps in behaviour recording and give you practice in writing 'ABC' recordings.

## Steps

1. Read through questions 1 – 6 and give brief answers.
2. Read through the examples in question 7 and decide which are good descriptions and which are poor description of ABC recordings. Briefly give your reasons in the space provided.
3. Discuss with your supervisor whether the organisation you work for uses ABC recording. (It may be called a different name, and the recording form may look different.)
4. Study the ABC recording form provided. With your supervisor's assistance, identify a person you support and select one of the person's behaviours you might record. You can use either this ABC recording form, or the one your organisation prefers. Your supervisor will advise you.
5. Complete the recording chart for a single example of behaviour, over a period of two weeks. (Aim for 20 separate recordings of that behaviour. Depending on how often the behaviour happens and how often you are on shift, this may take longer than two weeks).
6. Ask your supervisor for feedback when you have completed your recordings.

## Worksheet 3.3

Questions	Your answers

<p><b>1. Briefly give 2 reasons why it is important to record details of a person's challenging behaviour?</b></p>	
<p><b>2. What do the letters ABC stand for in 'ABC' behaviour recording?</b></p>	
<p><b>3. Your agency may use similar recordings to ABC but with a different name. What does your agency call it?</b></p>	
<p><b>4. What is a more common word to describe 'antecedent'?</b></p>	
<p><b>5. In your own words, briefly describe what a 'trigger' to behaviour is?</b></p>	
<p><b>6. In ABC recordings, why might it be better to use the word 'outcome' rather than 'consequence'?</b></p>	

**7. Which of the following ABC recordings are useful and which are not? Briefly give your reasons why.**

Date & time	Trigger	Behaviour	Outcome
Saturday 6.30 pm	Melissa was in the shower	She carried on like a pork chop as usual when I tried to wash her hair	Wet

**Useful?**

**Not useful?**

**Your reasons:**

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Date & time	Trigger	Behaviour	Outcome
Sunday 5.30 am	Andrew was in the kitchen	He threw the jar of vegemite at me	We didn't have any vegemite for

			breakfast
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**Useful?**

**Not useful?**

**Your reasons:**

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<b>Date &amp; time</b>	<b>Trigger</b>	<b>Behaviour</b>	<b>Outcome</b>
Tuesday	I was in the bathroom helping	Karyn was co-operative until I	I stopped using the hairdryer and

7 pm	Karyn to finish washing her hair.	started using the hair-dryer. Then she began to scream and hit out at me.	towel-dried her hair as well as I could. Karyn calmed right down and let me finish brushing her hair.
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**Useful?**

**Not useful?**

**Your reasons:**

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<b>Date &amp; time</b>	<b>Trigger</b>	<b>Behaviour</b>	<b>Outcome</b>
Monday 8.30 a.m.	John & Sam were in the house bus ready to go to	Sam got out and started kicking	Bus was damaged.

	work. The bus wouldn't start.	the bus. He was shouting and swearing.	Neighbours have complained. I eventually got Sam back in the house and calmed down by offering him a cup of coffee
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**Useful?**

**Not useful?**

**Your reasons:**

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**8. Study the ABC recording form on the next page. With your supervisor's assistance, identify a person you support and select one behaviour you might record. You can use either this ABC recording form, or the one your organisation prefers. Your supervisor will advise you.**

**Complete the recording chart for a single example of behaviour, over a period of two weeks. (You should collect at least 20 separate recordings of that behaviour. Depending on how often the behaviour happens and how often you are on shift, this may take longer than two weeks).**

**Ask your supervisor for feedback when you have completed your recordings.**

**9. With your supervisor's help, try to work out from your ABC recordings how you might change the way you provide support to the person.**

Signed (Worker) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_

### ABC RECORDING

Person's Name:

Target Behaviour:

Date Recording started:

Date & Time	Antecedent	Behaviour	Consequence



# Feedback Sheet

This sheet can be used by learners and supervisors.

Use it to record:

- Comments
- Feedback
- Follow-up action

about the worksheet on the previous pages.

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# Topic 3.4

## How to avoid a crisis

### Learning Outcomes

By the end of this topic, learners will

- Be able to identify the main service supports that help avoid challenging behaviours
- Understand why preventive strategies are important
- Be aware of useful strategies that can avert a possible crisis

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### How to avoid a crisis

We used to talk about “how to manage a crisis”. This was a useful phrase because then we could say that:

*The best way to manage a crisis is not to have one in the first place!*

And that sums up the whole point of the SMARThinking modules. Most of our efforts should be going into establishing a good support service so that the people we support don't need challenging behaviours to get their needs met.

Now we talk about how to avoid a crisis.

By now you will have a very good idea of what you need to do to establish a good support service. All the things we have learned in the *SMARThinking* Modules work towards avoiding crisis. The main service supports we need are:

- Having predictable consistent routines for staff to support individuals through daily activities
- Helping the person have a balanced lifestyle and a good quality of life
- Supporting the person to have enough interesting and meaningful activities in the day

- Interacting positively with the people you support
- Identifying what skills the person needs to improve his lifestyle
- Teaching the person skills so he or she doesn't need the challenging behaviours to get what is wanted
- Knowing the people you support well enough to understand their individual likes and dislikes
- Knowing the sorts of situations and events that can cause the person to have a crisis – and making sure these are avoided

In other words, a good Positive Behaviour Support system is essential to avoid challenging behaviours.

Sometimes even with the best Positive Behaviour Support system in place, the person's behaviour might still present problems on occasions.

There are a number of practical strategies that can be used to reduce the risks involved to others when a crisis looks likely.

### **Personal Risk Factors**

If you are supporting people who are known to have challenging behaviours like grabbing or snatching at carers, or who are likely to physically attack, then you should **avoid** things such as:

- Necklaces or pendants
- Dangling earrings
- Long hair hanging loose
- Scarves
- Glasses (wear contact lenses if you can. If not, try to avoid wearing very expensive glasses or sunglasses around people who 'grab')
- Expensive clothing (unless you're prepared to have it damaged)
- Tight skirts (in case you need to run)
- Stiletto heels (same reason as above!)
- Getting too close when the person seems a bit agitated

### **Environmental Risk Factors**

Depending on the nature of the challenging behaviour, you and your agency may need to consider the following:

- Keeping sharp knives or scissors locked away
- Removing heavy 'throwable' objects from the person's easy reach
- Removing heavy items of furniture or securing these to floor or wall

- Re-arranging furniture so that a quick exit is possible, if required
- If certain doors are kept locked, reconsider this. (Staff can get injured while they are trying to unlock doors during crises.)
- Replace glass windows broken during crises with non-break substitutes (it may be expensive initially, but it's cheaper in the long term if windows get broken often)

## Strategies to prevent behaviours escalating

The following strategies are low-key ways of helping the person avoid having a crisis:

### 'Antecedent' Control

Remember the other word for 'antecedent' that we learned earlier in this module? That's right. 'Trigger' – what happens that sets the person off and leads to a crisis.

When we get to know a person well, we will learn what is likely to cause them to have a crisis.

Here are some examples:

#### 'George'

George loves watching *Home and Away*. If staff interrupt him and ask him to do his chores during *Home and Away*, George is likely attack them.

Sarah likes her tea lukewarm. If anyone gives her a very hot cup of tea, Sarah will throw it across the kitchen.

Adam doesn't like his mother vacuuming while he is watching the footie on TV. If she does, Adam is likely to shout and swear at her. He may even throw a cold tinny at her.

Meredith needs to have a cup of strong coffee in the morning before she can talk politely to anyone. She has a bumper sticker on her car that says "Give me a cup of coffee now and no-one will get hurt." (We think Meredith really means this. 😊)

The best way to avoid a crisis in these situations is to do things the way the person likes them. For example, wait until George has finished watching *Home and Away* before reminding him about his chores. Leave Meredith

alone until she has had her coffee. Work out what to do about Sarah and Adam yourself!

You might also want to teach the person better ways of letting others know how they like things to happen. But not when you are trying to avoid a crisis. **People can't learn anything when they are upset or in a crisis.**

You are wasting your time (and risking life and limb) if you start trying to tell George how he should be behaving when he is starting to attack you.

What you might do for George is to talk with him on the weekend when he is relaxed and has time. Work out with him how he could organise his routine after work so that he finishes his chores before *Home and Away* starts.

Sometimes staff think they are not doing their job properly if they let the person they support 'get their own way'.

If you know that the person is likely to have an incident where someone could get hurt, then it is "doing your job properly" to avoid this if at all possible. In other words, when a crisis looks possible, the most important thing is to stop it quickly.

**It really is OK not to have a crisis!!**

Sometimes it's OK just to manage situations by avoiding the triggers. At other times, you need to have a plan to teach the person better ways of coping or dealing with the problem situation.

It all depends on the person and the situation. The staff team and the Supervisor need to agree about the best way to manage these incidents.

### **'Interrupt & Redirect'**

This strategy requires the carer to notice when the person is just beginning to get stressed in a situation, and to 'interrupt' this by suggesting the person do something else e.g. have a cuppa, go to the mailbox and fetch the mail, listen to his favourite music etc.

*Interrupt & Redirect* is just a way of 'distracting' the person from a situation that is causing stress and could lead to a crisis.

It can be a very effective strategy. The most common mistake made is when the person gets too upset before carers try to '*interrupt and redirect*'.

## Active Listening

This involves recognising that the person is becoming stressed and talking with him about it.

Active Listening is a strategy that gets the person talking about how he is feeling. The listener doesn't offer advice or give instructions, but simply summarises what he thinks the person is saying.

An example might help.

### 'Louise'

Louise notices that Eric is looking angry. He is muttering under his breath – never a good sign for Eric. Louise quietly and calmly says to Eric "You look angry. Want to tell me about it?"

Eric says he has just been dropped from the cricket team at school. "It's not fair. I've been doing really well at bowling and batting. The teacher just doesn't like me."

Louise says calmly "I know you've been trying hard. I've seen you practising and training hard."

Gradually as they talk, Eric responds to Louise's supportive but calming way of talking. He calms down too. Then he begins to plan with Louise what he can do to get back his place on the team.

# Learning Activity 3.4

## How to avoid a crisis

The aim of this Learning Activity is for you to

- Understand the different ways of avoiding crisis
- Recognise the benefits of not having crises

### Steps

1. Read all the Worksheet questions
2. Write your answers in the spaces provided
3. Read your agency's policy on crisis strategies that are approved for staff use
4. Discuss any questions or issues you have about 'avoiding crisis' with your Supervisor.

## Worksheet 3.4

Questions	Your answers
<p><b>1. What three 'service supports' do you think are the most important in preventing challenging behaviours?</b></p> <p>Discuss your choices with your Supervisor.</p>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>

<p><b>2. 'Personal Risk Factors' are the responsibility of each carer. True or False?</b></p> <p><b>Give brief reasons for your answer.</b></p>	
<p><b>3. Name two strategies you can use to 'calm down' a person who is becoming agitated or distressed.</b></p> <p><b>Briefly describe how these are used.</b></p>	
<p><b>4. When is it OK not to have a crisis?</b></p>	



<p><b>5. Why is it not a good idea to teach a person better ways of behaving when he looks like he might be getting upset?</b></p>	
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Signed (Worker) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_

# Feedback Sheet

This sheet can be used by learners and supervisors.

Use it to record:

- Comments
- Feedback
- Follow-up action

about the worksheet on the previous pages.

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# Topic 3.5

## What to do when there's a crisis

### Learning Outcomes

By the end of this topic, you will be able to:

- Describe the main 'rules' about dealing with crises that threaten other people's safety
  - Name two ways of reacting to such a crisis
  - Describe what needs to be done when a person's self-injury threatens his own safety
- 

Sometimes, the people you are supporting will have a history of aggressive behaviour towards others.

The preventive measures you have learned about in **SMARTthinking** will go a long way to reducing the risk of crisis in such people.

However, even with the best Positive Behaviour Support in place, there may still be times when the person's behaviour escalates. This may place other residents or staff at risk.

In this situation, there needs to be a written Plan about the person's challenging behaviour for all carers to follow. These Plans are sometimes called 'Behaviour Support Plans' and will include information to staff about:

- The behaviour of concern
- Who might be at risk and what could happen
- The sorts of situations that increase the risk of the behaviour happening (e.g. things definitely *not* to say or do!)
- What preventive strategies need to be used
- 'Early Warning Signs' that the person is becoming agitated
- The strategies staff need to use to deal with the Early Warning Signs
- What staff need to do if the behaviour crisis occurs

Each individual who has Challenging behaviour needs to have his or her own individual written Plan that tells staff what they need to do when a crisis happens. Sometimes, this Plan can be included as part of a *Behaviour Support Plan*.

Some organisations prefer to have a separate written *Risk Management Plan* for staff who are likely to have to deal with Challenging Behaviours.

Whichever form is chosen, individual crisis strategies will be needed for each person who has problem behaviours.

But there are two main 'rules' for staff who have to deal with crisis. These are to:

1. Protect other vulnerable people
2. Keep yourself safe

It is also likely that your agency will have procedures in place describing in general terms the strategies that staff are permitted to use when dealing with crisis. If you are not familiar with these, ask your Supervisor or manager.

Other suggestions for staff who are faced with a crisis are:

- ❖ **Call for assistance.** Do this before you start to deal with the crisis. Have emergency contact numbers on automatic dial on landline or mobile phones. Make sure your mobile battery is always charged!
- ❖ **Don't panic.** Stay calm. Control your breathing. Speak softly. Talk to the person using his name.
- ❖ **Don't react to the person's anger or aggression.** Keep your voice low. Repeat calming phrases. Reassure the person.
- ❖ **'Neutralise' the situation.** Get other vulnerable people out of the way. Stop everything else that is going on e.g. turn off the TV or radio. Reduce other noise levels. Pull the bus or car over to the side of the road. Decide whether another staff member would be better to deal with the situation.
- ❖ **Don't worry about:** protecting property, 'rewarding' the person's Challenging Behaviour, or teaching the person who's in charge!
- ❖ **Do worry about:** calming the situation as quickly as possible and keeping everyone safe.

**When all else fails.....**

## **The 'Barrier' Method!**

Sometimes you can create a barrier between the person who is in crisis and others. This Barrier protects others from possible physical harm.

An example of this would be if you were talking to calm a person down and you were standing across a table so the person couldn't reach you. The table in the room is used as the Barrier in this example.

Another example of the Barrier method is when everyone in the house goes outside and waits until the person in crisis calms down. Closed doors, windows and exterior walls are the Barriers here.

## **Passive Self Defence**

This involves the use of strategies to help staff get themselves out of situations where they could get hurt.

These strategies should not be confused with any Karate practices. The aim is to avoid anyone (including the person in crisis) getting hurt.

Your primary goal however should be to get yourself and any other vulnerable people out of the crisis situation as quickly as possible.

Passive self-defence strategies need to be taught by an expert, and need to be practiced regularly. That is why it is not covered in the *SMARTThinking* self-paced learning packages. Your organisation needs to contact recognised passive self-defence trainers to provide you with this training.

## **Physical Restraint**

This involves physically holding the person so that he or she cannot move. It should be avoided if at all possible and used as a last resort.

There is always the risk of injury to everyone involved in physically restraining a person. Also, physical restraint can cause some people in crisis to become even more aggressive, especially if they have been forcibly held down in the past.

There are possible serious consequences when restraint is used. Nowadays, a guardian may need to be legally appointed to consent to the use of any form of restraint.

It is no longer acceptable only to have parents' agreement for staff to use restraint.

Guardians are appointed by the State Administrative Tribunal (which used to be known as the Guardianship & Administration Board). The Tribunal may appoint a parent as a guardian to approve restraint.

**And don't forget.....**

Running away is also an acceptable strategy when nothing else works!

**What about Self-Injury?**

Some people we support can injure themselves badly when they are agitated or distressed. They might bang their heads on walls or floors, punch themselves, or cut themselves with knives, or pieces of broken glass.

People who self-injure may not present a risk to staff. But the risk to the person can be high.

All the strategies used to prevent challenging behaviours apply to people who self-injure.

Self-injury often occurs in people who are highly dependent on others for their care. It can occur in people who have a psychiatric disorder as well as in people with intellectual disability.

It is likely that a psychologist and / or a psychiatrist will be needed to provide specialist assessment and advice to Workers and the organisation who are supporting people who self-injure.

When there is a crisis, Workers need to have strategies in place to reduce the harm that the person might do to themselves.

For example, staff might place a pillow between the wall and the head of the person who bangs her head on walls. The person who scratches himself may need to have his nails kept very short.

Self-injury should never be ignored.

# Learning Activity 3.5

## What to do when there's a crisis

This Learning Activity will reinforce the main strategies you have learned in dealing with crisis situations. It will also give you the opportunity to apply what you have learned to a situation you are familiar with in your own agency.

### Steps

1. Read through all the questions in the following Worksheet
2. Write your answers in the spaces provided

## Worksheet 3.5

Questions	Your answers
<b>1. What are the two main 'rules' for carers in dealing with crises?</b>	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>
<b>2. Name two strategies you might use to calm a person down.</b>	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>

<p><b>3. Describe one strategy you could use to prevent yourself being hurt.</b></p>	
<p><b>4. Give three reasons why you should avoid using physical restraint to deal with a crisis.</b></p>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
<p><b>5. What is the first thing you should try to do when a person is self-injuring?</b></p>	



**6. Think of someone you support who has challenging behaviours. Now that you have finished this module, is there anything you think might be done differently when he or she has a crisis?**

Briefly describe the behaviour, what strategies are currently being used, and what you think might be done differently.

Signed (Worker) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_

# Feedback Sheet

This sheet can be used by learners and supervisors.

Use it to record:

- Comments
- Feedback
- Follow-up action

about the worksheet on the previous pages.

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## Module 4

# The SMARThinker's Manual

### About this Module

This Module is for those staff who have additional responsibilities within organisations. These responsibilities will include providing guidance and support to direct care staff.

You should have access to a supervisor, line manager or mentor who is skilled and experienced in working with people with disabilities. You will need their support in order to complete the Learning Activities in the Module and to give you useful feedback.

Module 4 builds on the skills you have learned in Modules 1, 2 and 3. By now, you should have had plenty of practice in using what you have learned to date. You will learn in Module 4 the advanced skills you need to support other staff who work with people with disabilities.

Some of you may play key roles in supporting direct care staff. For you, there are ideas on how to provide additional support for staff who are likely to encounter difficult or challenging behaviours.

The following Topics are covered in this Module:

- Topic 4.1 Individual Planning
- Topic 4.2 Challenging behaviours: how to do a functional assessment
- Topic 4.3 Data collection
- Topic 4.4 Developing a Behaviour Support Plan
- Topic 4.5 Routines and how to write them
- Topic 4.6 Writing Activity Plans
- Topic 4.7 Writing Risk Management plans
- Topic 4.8 Supporting Staff

# Topic 4.1

## Individual Planning

### Learning Outcomes

By the end of this topic, you will be able to:

- Give reasons why Individual Planning is important
  - State how 'Balanced Lifestyle' relates to Individual Planning
  - Describe how Individual Planning relates to the overall support service available to the person
  - State the principle areas to consider in Individual Planning
- 

There are many different terms used to describe planning that is done by organisations to support individuals. Some terms used include:

- Lifestyle Planning
- Person-centred planning
- Futures planning
- Individual planning
- Annual review
- Client/Consumer Review

Each of these tackles planning in different ways.

In this Topic, we are focussing on the yearly planning that needs to take place to make sure that the person's changing needs continue to be met by the organisation. We will call this 'Individual Planning'.

Individual Planning is needed to work out whether the person needs any different supports to maintain a good quality of life. Individual Planning can also be used to identify training goals or lifestyle events for the year ahead.

Without the information from Individual Planning, direct care staff do not have a 'flight plan'. They either don't know where they are heading with their support for the person, or they are not all headed in the same direction. And if they do reach a destination, they don't always know how or why they got there.

Would you catch a plane if the pilot didn't know where he was going? Mystery flights are all very well for an occasional day trip, but not for a lifetime. We need to have a plan so that staff know what they are going to

do for the person. We also need to know what the person would like to achieve, and what other significant people in the person's life are able to contribute.

## **Balanced Lifestyle**

'Balanced Lifestyle' is at the basis of Individual Planning. It is the concept we use to check whether we 'have got it right' for the person.

By 'Balanced Lifestyle' we mean a balance of:

- home life
- day occupation
- community involvement.

And we consider these within relationships appropriate for the person's age.

### **For example:**

For a young child, 'day occupation' means going to school. Home life and community involvement are typically centred around parental care and the family.

An adult's life is characterised by increased independence. Day occupation is either work, or alternatives to work. Home life and community involvement shifts from the focus on parents, to friends and partners. Family life continues to be important, but is not usually the main or only source of relationships.

So, people need different things at different stages of their lives. The 'balance' is also important. Some people spend too much time working, and risk losing important relationships. Others spend too much time having fun in the community – and risk losing their jobs!

Many people with disabilities spend too much time at work and at home, and lose touch with community activities and friends. Their only 'friendships' are with people who get paid for 'being there'.

A 'balanced lifestyle' will have good measures of each of the elements, together with a rich range of relationships.

When the person lacks a balanced lifestyle and also has challenging behaviours, any psychological or psychiatric intervention will not be successful.

We need to deal with everything else that is wrong in the person's life. Which is what Positive Behaviour Support recommends. And what we have discovered works best!

### **Who is involved in Individual Planning?**

Usually, Individual Planning involves a meeting of all people involved in the person's life, as well as the person himself. These people can include:

- Family, friends
- Key staff members
- Workplace or recreation staff
- Support person, or Leisure buddy
- Advocate
- Psychologist
- Therapists

Who attends will depend on who can make a useful contribution to the process. It is always best not just to have staff from the support organisation at Individual Planning meetings. If this happens, you are almost certainly guaranteed that the person does not have a balanced lifestyle! It means the only people who are important in the person's life are the ones who are paid to work with the person.

### **What areas are covered in Individual Planning?**

There are a range of lifestyle assessment forms available to assist the gathering of relevant information about the person's needs. Your organisation may have a preferred process. Typically, though, the main areas covered include:

#### ***Home Life***

In this section, key information about the person's interests, skills and areas for development or training can be collected under headings such as:

- Home chores
- Self care
- Hobbies
- Interests

#### ***Day Occupation***

This is often referred to as 'Work' or 'Alternatives to Work'. The Individual Planning meeting might consider such things as:

- Where the person is employed and for how many hours per week
- What sort of employment? What sort of support is provided?
- Does the person enjoy his work?
- Is the person in an 'Alternatives to Work' placement? Where? For how many hours per week? Is a support person provided?
- Does the person enjoy the 'Alternatives to Work' placement?
- Are there any difficulties with either the work or 'Alternatives to Work' placements? e.g. access, support requirements, behaviour problems, financial constraints
- What additional supports are required?
- Are any changes indicated?

### ***Community Participation***

- What facilities or services does the person access?
- Who goes with the person?
- How does the person choose these facilities or services?
- How often does the person participate?
- Does the person have any difficulties accessing the facilities?
- What relationships has the person formed through the community participation?

Other issues that are often considered in Individual Planning include:

### ***Health***

- General health & fitness
- Significant health issues
- Most recent medical / dental reviews
- Recent medication changes
- Mobility needs
- Changes? Improvements? Increased support needs?

### ***Communication***

- How does the person communicate? e.g. speech, signs, gesture
- Is there a need for communication aids? e.g. Makaton, Boardmaker, Compic
- What communication training or aids has the person had in the past?
- Does the person need a referral to a speech pathologist?

### ***Behaviour***

- Are there any behavioural issues that are preventing the person enjoying a quality lifestyle?
- Does the person need a referral to a psychologist?



### ***Relationships***

- What significant personal relationships does the person have?
- Who are the important people in the person's life outside of the home environment?
- How can these relationships best be maintained?
- How can new relationships be established?

### ***Finances***

- How are the person's finances managed? e.g. self-managed, family, Public Trustee
- Who (if anyone) is nominated to deal with Centrelink on behalf of the person?
- Are there any problems with the way the person's finances are managed?
- Is the person receiving the correct benefits and amounts of money?
- What is the person's involvement in his own financial management? Can this be increased?
- Does the person have enough money to have an adequate lifestyle?

### ***What is done with the information from the Individual Planning?***

All the information gathered needs to be written down. At the meeting, decisions will be made about what the goals for the year will be for the person. These should be written down on a separate Action Plan.

The goals should be matched with the Action Plan. The Action Plan needs to describe clearly what has to be done to meet the goals. Then the names of the people who are responsible for making sure the actions are carried out should be recorded, together with the required timelines (i.e. the date each action needs to be completed by).

### ***Is that it until next year?***

No, the Action Plan should be reviewed regularly. The first line manager or supervisor should check at least every 2 -3 months (depending on the Action Plan timelines) and make sure that the actions are underway.

There's nothing more embarrassing than turning up for the following year's Individual Planning Meeting and discovering that nothing has been done in the previous 12 months!

# Learning Activity 4.1

In this Learning Activity, you will have the opportunity to demonstrate your understanding of the Individual Planning process.

## Steps

1. Read all questions
2. Write your answers in the space provided
3. Complete the practical exercises with the support of your Supervisor/Manager

## Worksheet 4.1

Questions	Your answers
<b>1. What is the definition of 'Individual Planning' as used in this Topic?</b>	
<b>2. Give 3 reasons why Individual Planning is important.</b>  (Mention in your answer the benefits for residents as well as for direct care staff)	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>

<b>3. What is 'Balanced Lifestyle'?</b>	
<b>4. Who <u>must be</u> involved in an Individual Planning Meeting?</b>	
<b>5. Who <u>might be</u> involved in an Individual Planning meeting?</b>	
<b>6. What do you think are the most important areas to cover in planning for the person?</b>	
<b>7. What is an Action Plan for?</b>	

<p><b>8. How would you make sure actions are carried out?</b></p>	
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**Practical Exercises**

**1 (a) If your organisation already has an Individual Planning process, compare the process described in this Topic with that of your organisation. Discuss with your manager the similarities and differences in the two approaches.**

**Or**

**1 (b) If your organisation does not have an Individual Planning process, prepare a Draft process for your organisation based on the information provided in this Topic. Discuss this with your manager and explore the possibility of introducing this to your organisation.**

**2. Organise and conduct an Individual Planning meeting for a person you support. Discuss this first with your manager and obtain his/her approval to do this exercise.**

Signed (Staff Member) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Manager) \_\_\_\_\_ Date \_\_\_\_\_

## Topic 4.2

### Challenging Behaviours: How to do a Functional Assessment

Learning Outcomes:

By the end of this topic, you will be able to

- Name the main steps involved in doing a functional assessment
- Use the provided framework to guide you in completing a functional assessment for a person you are involved in supporting

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In Module 3, you learned that Challenging Behaviours always have a purpose for the person. This is true, even when we are not always sure what that purpose is.

You have also learned how important it is to find out what the purpose – or function – of the Challenging Behaviour is. By finding this out, we have a better chance of designing an intervention that is likely to work and support the person so Challenging Behaviours are not needed.

What is *'Functional Assessment'*? It is a term used to describe how we go about finding out why the Challenging Behaviour<sup>10</sup> is happening. We need to understand the *function* (or 'purpose') of the behaviour before we can 'fix' it!

So, *Functional Assessment* is simply the process we use to work out why problem behaviour keeps happening.

Some people might ask why is it important to work out why the behaviour is happening. Why not just go right ahead and try to stop the problem behaviour?

Here are a couple of examples that might show you why we need to understand the function of a problem behaviour first:

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<sup>10</sup> You can also use the Functional Assessment technique to work out why 'good' behaviours happen and how you can get them to happen more often. But most people are more concerned about preventing problem behaviours, so that's what we'll focus on!

### 'Dennis'

Dennis used to throw his chair and upturn his workbench at the Workshop. He had caused a lot of damage to furniture – and occasionally to people who got in his way when he was doing this.

Staff had tried to reward Dennis for time he spent working quietly. They also tried to stop the problem behaviour by sending Dennis to 'Time Out'.

Neither of these strategies stopped the behaviour happening.

### 'Lleyton'

Lleyton's teacher Liz was worried that 15 year old Lleyton never smiled and that this might stop Lleyton getting a job when he left school. Liz wrote contracts for Lleyton offering all sorts of rewards if he would only smile. Nothing worked. Lleyton still didn't smile.

In both these cases, the people who wanted to change behaviour began by using the first strategy they thought of that was most likely to work. They did not assess why the behaviour was happening. They only thought of one reason why the behaviour might be happening.

If you don't do an assessment, several things might happen:

1. your strategy won't work (just as they didn't work for Dennis or Lleyton)
2. you may spend a lot of time and energy trying to get the wrong strategy to work
3. the problem behaviour might get worse or happen more often
4. you might be trying to 'fix' the wrong behaviour
5. it might be the behaviour of others that is causing the problem
6. you might even think that you are not able to help the person with the problem behaviour

(Of course, sometimes trying a solution right away does sometimes work, even without a functional assessment. But this is the **SMARTinker's** Manual – our aim is to know what we're doing rather than taking wild guesses!)

Let's look at how our two cases turned out.

## Dennis

Dennis's workplace asked their consultant psychologist to help. The psychologist worked with staff to do a functional assessment.

From the information that was collected, it seemed that Dennis started throwing things around when he had been spending a lot of time on one job. It seemed likely that Dennis may have been trying to tell people that he needed a break, or needed a change of job.

Because Dennis was non-verbal, the workplace staff taught him how to signal when he needed a break. Dennis quickly stopped throwing furniture around when he got the breaks he needed. He also developed into a very productive worker.

## Lleyton

Teacher Liz asked the school psychologist to work with Lleyton to "improve his social skills". The first thing the psychologist asked Lleyton was "Why don't you smile?" Lleyton told the psychologist that it was because he was embarrassed by his broken front tooth.

The psychologist helped Lleyton and his family organise the dental treatment that repaired the broken tooth. Afterwards, everyone said what a lovely smile Lleyton had.

Here's a good rule to be aware of: When your behaviour strategy doesn't work, it's more likely to be because your assessment of the behaviour is wrong.

SMARThinkers don't blame the person for having problem behaviour. They work out what they need to do differently to support the person better.

There's another reason why behaviour strategies don't always work. Or why they work sometimes but not at other times. This reason is because often what looks like the same behaviour actually has a lot of different *functions*.

Here's a good example of this:

## 'Petra'

Petra is non-verbal and is dependant on staff for most activities. She bangs her head on the wall when she is:

- Bored
- In pain
- Hungry
- Thirsty
- Wants to stop what she is being asked to do
- Is wet or soiled
- Wants something
- Wants staff to pay attention to her
- Wants to be left alone

If your behaviour strategy is to feed Petra each time she bangs her head on the wall, you can see that you would hardly ever be successful in stopping this behaviour. (But you would be successful at least 3 times per day – not including morning & afternoon snacks or supper!)

You would not be able to work out all the reasons why Petra bangs her head on the wall without doing a functional assessment.

It can take a long time to do some functional assessments. This is usually because the behaviour has been a problem for a long time, or because there are complications (such as psychiatric disorder, epilepsy, family issues). In very complicated situations, you may need to ask for a psychologist to help you.

But for many problem behaviours, it's quite possible for staff to work out the function of the behaviour for themselves.

Functional assessment basically consists of

- coming up with ideas about why the behaviour is happening
- checking out which of these ideas are likely to be correct
- working out what staff can do to support the person better (intervention)
- keeping track of the results of your intervention (i.e. is the problem behaviour improving, getting worse, or staying the same)
- changing your intervention if it doesn't work



Here's a process to follow that will help you do your own functional assessments.

## Step 1

### *Collect information about the problem behaviour.*

Some of the ways you might do this are by:

- Getting to know the person
- Watching what the person does
- Talking to the person (if possible)
- Talking to the person's family, former carers, other staff
- Reading through past reports (e.g. from the daily house reports, from incident reports)
- Look at previous strategies that have been used to support the person. Find out, for example, what worked before, what did not work, why staff stopped using the strategies.
- Collect information using behavioural checklists
- Collect behavioural information (data collection – how to do this is covered in the next Topic)

There's no hard-and-fast rule about which of these ways will give you the best information in the fastest way. You probably won't have to use every single method listed above. Much will depend on what information you can access in your organisation and what is available to you.

## Step 2

### *Come up with some ideas about the function (or purpose) of the behaviour.*

It's often best to do this in a staff meeting so you can get as many different viewpoints as possible. (Where there is family involvement, it may be a good idea to include family members too.)

Some questions that may be worth considering at this stage are:

- When does the problem happen?
- What is the person trying to achieve with the behaviour?
- What is the person trying to avoid?
- Is the behaviour happening at similar times?
- Does the behaviour happen when the same people are around?
- Does the behaviour happen when some individuals are not around?

Use the information you have collected in the Step 1 as a starting point for discussion in this meeting.

### Step 3

#### ***Identify the most likely function of (or reason for) the behaviour.***

If you are confident enough that you are on the right track, you might go straight to Step 4 and develop an intervention plan based on your assessment of the function of the behaviour.

It's best to develop the intervention plan together with the staff team. In this way, staff will have 'ownership' of the plan, can contribute to ideas, and can give advice about whether strategies are workable or not. It also gives you an opportunity to reassure staff, or to identify where staff are uncertain or need additional support.

(If you are not quite so confident, or if there is disagreement in the staff team, you might consider starting behavioural recording at this stage. Use ABC recording. It's the best way to identify why a behaviour is happening. (More about ABC recording in the next Topic).

At this stage, you would get staff agreement to collect ABC recordings and for how long.

You would collect the data over the agreed period of time, and then examine the results. Hopefully, you will then be confident enough in the results to develop the intervention plan.)

### Step 4

#### ***Write out the intervention plan.***

The intervention plan is often referred to as a *Behaviour Support Plan*. The *Behaviour Support Plan* gives written guidance to staff about what they need to do to support the person who has the problem behaviour.

It is useful to include in the Plan your brief description of why the behaviour might be happening.

(More information about *Behaviour Support Plans* is provided in Topic 4.4)

The *Behaviour Support Plan* needs to be written so that everyone is clear about what has to be done. A written Plan is also helpful in the future, so that future staff will know what has been done in the past.

Even if the plan is not successful, keep a copy along with the rest of the person's information. It lets future staff know what has been tried and did not work.

## Step 5

### *Review and monitor the Plan.*

You need to keep track of how the Plan is working. You will need to check this quite frequently in the early stages. Aim to check at least weekly for the first month. By then, you should have a good idea whether the Plan is working or not.

You should also be monitoring how well or how consistently staff are following the Plan. Iron out any misunderstandings in the early stages. No matter how clear you think your Plan is, there is likely to be someone who misinterprets it or applies it in a way you would never have imagined.

Be prepared to negotiate any changes in the Plan if it is not working as you would want it to.

If the Plan is failing, you may need to return to Step 1 or Step 2 and start again. Don't persevere with a Plan that isn't working. It's not fair either on the person or on staff. And be comforted by the thought that hardly any of us get it right first time!

# Learning Activity 4.2

## **Challenging Behaviours: How to do a Functional Assessment**

In this Learning Activity, you will have the opportunity to revise and practice what you have learned in this topic.

### **Steps**

1. Read through the questions in Worksheet 4.1 and write your answers in the spaces provided
2. Consult your line manager before starting the practical exercises and make sure you have approval to begin these
3. Complete the practical exercises which are designed to give you practice in functional assessment within your workplace

## Worksheet 4.2

Questions	Your answers
<p>1. In your own words, explain what a Functional Assessment is.</p>	
<p>2. In your own words, explain why a Functional Assessment is important.</p>	
<p>3. How many steps are there in a typical Functional Assessment?</p>	
<p>4. Which of the following <i>is not</i> a Step in a Functional Assessment?</p> <ul style="list-style-type: none"><li>(a) collecting information about the problem</li><li>(b) working out with staff the most likely function of the behaviour</li><li>(c) arguing with staff about the proper standards of cleanliness in the home</li></ul>	

<p><b>5. Which of the following <i>is</i> a Step in a functional assessment?</b></p> <ul style="list-style-type: none"><li><b>(a) deciding where you're going to sit in a team meeting</b></li><li><b>(b) working out whose turn it is to make the afternoon tea</b></li><li><b>(c) writing a Plan so that staff know what they have to do to avoid the Challenging Behaviour happening</b></li></ul>	
<p><b>6. What might go wrong if you try to change the person's behaviour <i>without</i> doing a functional assessment?</b></p>	
<p><b>7. What would you do if your intervention plan didn't succeed?</b></p>	

8. In the following exercise, you are given a number of possible reasons (or functions) for a single problem behaviour. You are asked to think of a way of supporting Gerry better based on each of the possible functions.

Description of Problem Behaviour	Possible Reasons	Ways of supporting the person
<p>After being on a group outing for 20 minutes, Gerry hits his Support Person or begins to shout at other people in his group.</p>	<p>Gerry finds it hard to be on an outing where he doesn't know what to expect or what to do.</p>	<p><i>Example:</i>  <i>Reduce the time Gerry is on group outings to a maximum of 15 minutes.</i></p> <p><i>Select outings where Gerry is familiar with what will be going on.</i></p> <p><i>Teach Gerry what he needs to do on each outing.</i></p>
	<p>Gerry doesn't get on with someone in the group.</p>	
	<p>Gerry doesn't want to go on the outing</p>	

	Gerry is trying to communicate something but staff either don't understand or don't notice.	
--	---	--

**9. In the next practice example, you are given a description of the problem behaviour. This time, you need to come up with 4 possible reasons (functions) for the behaviour, and ideas about how to support Geoff better.**

<b>Description of Problem Behaviour</b>	<b>Possible Reasons</b>	<b>Ways of Supporting Person better</b>
Geoff has started to refuse to co-operate in his morning routine on Monday mornings. If staff insist, Geoff will scream and throw things.	1.	
	2.	
	3.	



	4.	
--	----	--

### Practical Exercises

**10. After discussion and in agreement\* with your line manager, complete a functional assessment for a person with problem behaviours who is supported by your agency.**

**11. After discussion and in agreement with your line manager, complete a functional assessment for a person with a behaviour you would like to increase.**

(Some examples given by previous learners include: increasing opportunities for exercise, increasing participation in household chores, increasing social behaviours such as smiling, saying 'please' and 'thank you')

Signed (Staff Member) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Manager) \_\_\_\_\_ Date \_\_\_\_\_

**\*NOTE:** You need to get your manager's approval before doing **any** practical exercise that involves a person you support.

There may be reasons known only to your manager why it is not a good idea for you to focus on the particular person you have chosen.



# Topic 4.3

## Data Collection

### Learning Outcomes

By the end of this topic, you will be able to:

- Explain the importance of recording or collecting data
- Explain the difference between frequency recording and ABC recording
- Identify target behaviour and design a suitable data recording system

---

When you are doing a Functional Assessment, you may need to collect 'Data'. You need 'Data' when you don't have enough information to be sure what the function of the behaviour actually is.

'Data' is a technical word used to describe the sort of information you get from recordings.

It is important to record information about Challenging Behaviour. There are several reasons for this:

- Staff memories can fail, or be mistaken
- Key staff can leave, be transferred to another group home, or win Lotto (and they take all information stored in their heads out of the door with them, unless it's written down)
- Some behaviours might be happening much more or much less often than staff think they are
- Staff understanding of when and why behaviour is happening may not be correct

SMARThinkers don't rely on opinions or impressions. They work from hard facts! And the best way of getting the facts is by teaching staff to record accurately and consistently.

There are two main reasons for collecting Data. You collect Data:

1. To investigate the target behaviour. That is, to find out how often, when or why the target behaviour is occurring

Or

2. To confirm you are using the right strategies. In other words, to check whether your Behaviour Support Plan is working or not

## Baseline

This is another technical word. It is used to describe part of the process of finding out more about the problem (or 'target') behaviour.

*Baseline* recordings are the recordings you do before you change anything to do with the behaviour.

When you are collecting *Baseline* Data, you don't change anything about the way you are providing support to the person. You don't try to stop or change the behaviour.

Baseline Data is collected for behaviour that is not dangerous or destructive. For example, you can record Baseline Data for a target behaviour such as swearing, not co-operating, or being late for work.

**You would not** collect Baseline Data for serious behaviour such as severe self-injury or attacks on others. For these behaviours, you would aim to prevent and stop. You would not simply record these behaviours without trying to prevent harm.

## Target Behaviour

The *Target Behaviour* is the behaviour you want to change. Sometimes there will be more than one behaviour that concerns you. However, when you are starting to design data recording systems, it is best to pick only one behaviour.

Even when you become quite experienced designing recording systems, it's a good idea not to ask staff to collect data about more than 2 behaviours.

It gets very difficult for staff to notice and remember several behaviours at once. Most often, you will not have the luxury of having one staff member who has nothing else to do but observe and record behaviour.

To get the best possible data about a problem behaviour, you need to make the recording system as simple to use as possible for staff. If it gets too complicated, staff will usually give up and stop recording.

## **Describing the Target Behaviour**

You have already learned in Module 2 the importance of 'objective' descriptions of behaviour. This also applies to any description of a Target Behaviour.

In addition, when you describe a Target Behaviour for collecting Data, you need to make sure the behaviour is described clearly enough so that all staff will know exactly what you want recorded.

A statement of the Target Behaviour should always be included on each Data recording sheet. This is so all staff can be reminded of it each time they fill in the sheet.

## **Common Recording Systems**

### **1. Frequency Recording**

Frequency Recording involves a simple count of how often a behaviour is happening. It gives you information –or data – about how much of a problem the behaviour is.

If a very challenging behaviour has happened recently, staff tend to think that this behaviour happens more often than it in fact has. This is a common trick that memory plays on people.

For less serious problem behaviours, staff can get so used to these happening that they no longer notice them. Sometimes, such behaviours are happening a lot more than staff think they are. It usually takes a new staff member to voice concern before others realise the extent of the problem.

These are two reasons why it might be important to find out exactly how often a behaviour is happening.

Any Frequency Recording sheet should contain the following:

- Person's name
- Date recording started
- Description of Target Behaviour
- Whether recordings are to be hourly, daily, weekly or for specified shifts only
- Space to record day or time of recording
- Space to record number of times target behaviour occurs
- Space for staff comments
- Name of staff responsible for recording and signature

Frequency Recording will not give you any information about the function (or purpose of the behaviour). This form of recording is generally used in the early stages when you are trying to decide whether the behaviour is serious or happens often enough to need a Behaviour Support Plan.

A sample Frequency Recording Sheet is attached at the end of this Topic.

## **2. Antecedent – Behaviour – Consequence (ABC) Recording**

This recording system was described fully in Module 3. By now you should have had experience in doing ABC recordings.

Now you need to know how to design one for staff to use.

There are many variations of ABC recordings. You basically only need to pick one that meets your needs. But just in case you don't have access to different versions of ABC recording sheets, here are the basics.

An ABC recording sheet (or whatever name your organisation is familiar with) should contain the following information:

- Person's name
- Date recording started
- Description of Target Behaviour
- Date and time of recording
- Objective description of what happened just before the Target Behaviour occurred
- Objective description of the behaviour during the incident
- Objective description of what happened after the behaviour occurred. (This might also include how incident was brought to an end, what staff did, what other people did etc.)
- Space for staff comments
- Space for staff name and signature

Staff are also likely to need some coaching to provide the information you need. Staff usually have most difficulty describing *antecedents* to behaviour.

When you review the recordings – this should be at least weekly to begin with – one thing you should be doing is identifying those staff who might need extra help to provide useful information.

You can provide this extra help either one-to-one with the staff member. If more than one staff member is having difficulties, you could raise the issue as a professional development opportunity for all staff.

It is important though that you review whatever sort of data you ask staff to collect. If staff don't think you are interested enough in what you have asked them to do, they're going to stop doing it!

### What to do with the data recordings

You review the recordings daily or weekly. What exactly are you reviewing them for? What are you looking for?

Frequency Recordings are the easiest. The best way to deal with them is to add up the number of times the behaviour happens over each day or week and transfer this information to a graph format.

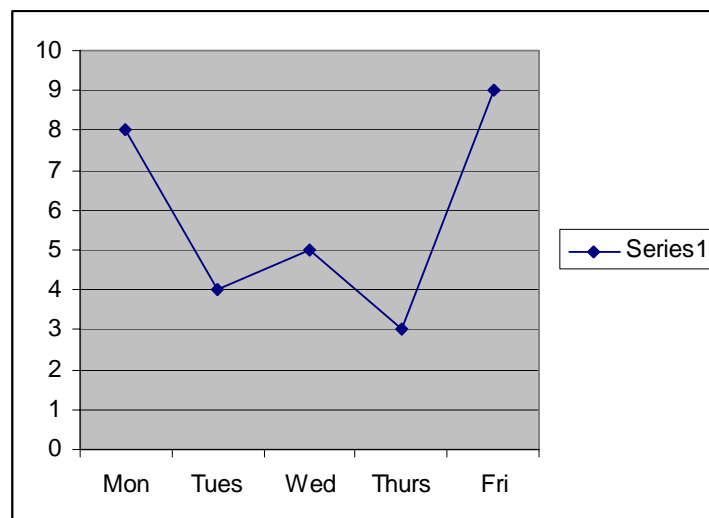
How do you know whether to pick a day, week or month? That depends on how often the behaviour happens. If you have a target behaviour that happens 10 times a day, you would probably choose to graph the frequency on a day-by-day basis.

If a target behaviour occurs 10 times per week, then graph on a weekly basis.

Graphing is a simple procedure if you can use Microsoft Excel. You just enter your information and the Chart Wizard does it all for you in which ever format you pick.

But you can also do it manually. The unit of time line runs across the bottom of your page (days, weeks) and the number of incidents runs up the left hand side of the page.

You then simply put a dot or cross where the number of incidents meets the unit of time. The graph is completed by joining the dots. Here's an example:



(The graph is courtesy of Excel's Chart Wizard!)

You can easily see that this behaviour during the 5 day period seemed to be worse on Monday and Friday. If your recording and graphing shows the same pattern over a four week period, for example, you could probably conclude that there's something going on Mondays and Fridays that's causing the person some problems. And you would then look more closely at Mondays and Fridays.

ABC Recordings can be more difficult to 'translate'. You need to have an open mind. You also need to be able to concentrate so that you pay attention to each recording.

What you are looking for are patterns of behaviour. For example, does Jackson always behave badly when Vincent is at home? Does Heidi play up when staff member Judy is on shift? Is Tom more aggressive when he gets back from outings?

And are there other things you need to consider? For example, does Liz tend to be unco-operative when she is coming down with a virus? Is Luke grumpy when he is constipated? Could Peter's bad-temper signal he has another urinary tract infection? Does Matthew's self-injury start up a few days before he has a major seizure?

It might also be the case that staff are not able to identify any consistent antecedent event. Sometimes we need to look further:

#### 'Paul'

Paul threw furniture around the front room of the group home once a week. ABC recordings identified that this behaviour happened each Tuesday between 10 and 11 a.m. Staff could not identify any consistent antecedent events. They asked for a psychologist to help.

The psychologist did an on-site observation on a Tuesday morning. She observed the Council garbos outside on the verge picking up dustbins and throwing the contents into the truck.

At the same time, Paul started picking up chairs and tables and throwing them around the room.

Yes, Paul was particularly impressed by the old-style garbos and their physical strength when they threw the contents of the bin into the truck. He was so



impressed that he wanted to copy what they were doing. And that explained why this particular behaviour only happened on 'rubbish day'.

'Consequences' are also important to look at. Have a look at the following examples:

<b>Antecedent / trigger</b>	<b>Behaviour</b>	<b>Consequence</b>
Grandma sleeps late after a night out with 'the girls'	She drives way over the speed limit to get to her early morning Pole Dancing class	She arrives in plenty of time

What do you think Grandma is likely to do next time she's running late for an appointment? That's right. She is more likely to speed again.

Now, what do you think Grandma would do if this happened?

<b>Antecedent / trigger</b>	<b>Behaviour</b>	<b>Consequence</b>
Grandma sleeps late	She drives way over the speed limit to get to an appointment	She gets 'flashed' by a Multinova and has to pay a huge fine.

If Grandma is like most of us, she'll drive within the speed limit after getting a fine, even if she is going to be late.

This is how 'Consequences' can affect a person's behaviour.

If Grandma was a SMARThinker, she would also make sure she set her alarm clock so that she got up in plenty of time on the days she had early appointments. That's how 'Antecedents' can affect behaviour.

Frequency and ABC recordings aren't the only source of information you need when you are trying to get a handle on problem behaviour. The Daily Report Book or House Communication Book where staff write their shift reports are also valuable. You can often pick up patterns in behaviour from the daily reports.

If you are a Supervisor, you should also be checking the Shift Reports regularly. Once a week is probably the absolute minimum.

Well, nobody said SMARThinking was easy! However, if you keep practising, these strategies will get easier. And when you get into the swing of things, you will get faster because you have a better grasp on what you need to do.

## Frequency Recording Chart Template

**Resident's Name:**

**Group Home:**

**Target Behaviour:**

Day	Week 1	Week 2	Week 3	Week 4
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

**Instructions to Staff:** Place one tick in the box for each time the Target Behaviour occurs during the day.

# Learning Activity 4.3

## Data Collection

In this Learning Activity, you will get practise in explaining to others why data collection is important and why it is not safe to rely on staff memories, particularly when challenging behaviours are occurring.

You will also have the opportunity to develop skills in designing your own recording systems and assisting other staff to use these effectively.

Finally, you will be required to complete a minimum of one graph based on Frequency Recordings for a person supported by your organisation. You will also be required to analyse ABC recordings as part of an assessment of the function of a person's problem behaviour.

## Steps

1. Read through all the questions in Worksheet 4.2
2. Write your answers in the spaces provided
3. Complete the practical exercises

## Worksheet 4.3

Questions	Your answers
<b>1. Give three reasons why you think it is important for staff to record information or data about a person's behaviour.</b>	

<p><b>2. What are the two main reasons for collecting data?</b></p>	
<p><b>3. In your own words, explain what <i>Baseline</i> recording is.</b></p>	
<p><b>4. In your own words, explain what is meant by <i>Target Behaviour</i>?</b></p>	
<p><b>5. What are the two most common types of data recording?</b></p>	
<p><b>6. Why would you use Frequency Recording?</b></p>	

<p><b>7. What sort of information would you hope to get from ABC recording?</b></p>	
---	--

**8. Describe how you would change the 'Antecedent' in the following example so that the unwanted behaviour is less likely to happen:**

Antecedent/ trigger	Behaviour	Consequence
Janine buys a big box of chocolates 'just in case' her nephews and nieces come to visit	She eats the lot on Saturday night while watching TV	She is putting on unwanted kilos

Answer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Describe how you would change the 'Consequence' in the following example so that the unwanted behaviour is less likely to happen:

Antecedent / trigger	Behaviour	Consequence
Roger runs out of cigarettes and money before pension day	He pesters his housemates to give him cigarettes	His housemates give Roger cigarettes to shut him up

Answer \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. (a) After discussion and agreement with your line manager, select a suitable behaviour of one person supported by your organisation. Design a frequency recording system for the target behaviour.

(b) Draw a graph of your results either using Microsoft Excel or by hand.

11. (a) Again, after discussion with your line manager, select a suitable behaviour of a person you support and develop an ABC recording sheet.

(b) Analyse the results of the ABC recordings gathered over a minimum of two weeks. Use other sources of information (e.g. medical visits, bowel/bladder recording charts, House Diary or Communication Book) if necessary.

(c) Identify a possible function of the target behaviour from your analysis.

Signed (Staff Member) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Manager) \_\_\_\_\_ Date \_\_\_\_\_





# Topic 4.4

## Writing Behaviour Support Plans

### Learning Outcomes

By the end of this Topic, you will be able to:

- Explain what a Behaviour Support Plan is
  - Write a basic Behaviour Support Plan using the template provided
- 

Behaviour Support Plans (BSPs) are written guidelines for direct care staff. They are written when a person has behaviours that need to be changed. The person needs 'support' to change his behaviour. And staff need to provide that support.

The written BSP makes sure that all staff know what they need to do to support the person. It is a way of increasing staff consistency. It also helps the person learn more quickly, because it is easier for the person to predict what staff are going to do.

BSPs are usually written after a Functional Assessment has been done. In some cases, though, the staff team already has enough information and experience to be able to contribute to a useful BSP without a 'full-blown' Functional Assessment. In this situation, the BSP is used to make sure all staff – including casual or relief staff – know how to provide the right supports for the person.

### What is included in a Behaviour Support Plan?

Apart from general information (who the plan is for, who wrote it, when it was written, and when it should be reviewed) there are five main steps to cover:

#### 1. **What the Plan is for**

There should be a description of the target behaviour at the start of the BSP. This will describe the behaviours that are to be changed.

## 2. **Why the Plan is needed**

This states the reason for the Plan. Giving the reason for the Plan helps direct care staff understand why they need to follow it.

## 3. **What we already know**

Often staff are aware of situations that can cause the person to engage in the behaviour that needs to be changed. And staff may have already learned how to avoid these.

Preventing the situation happening may be a simple and useful way of avoiding the unwanted behaviour. It is important to include this sort of information in the Plan.

## 4. **The Plan**

This is simply what staff need to do. A simple step-by-step list of instructions or strategies (no more than 6 steps) can be written in short sentences, describing what staff have to do to support the person best.

Focus on what staff need to do to succeed. Avoid complicated or lengthy instructions.

## 5. **Final Steps**

At the end of the Plan, you may need to include a section on how to get the person back into his routine, or back into group activities. If these are issues, you will need to describe how staff should do this.

## **Other Things to Consider**

### Recording

Staff should be encouraged to record whenever they have had to use the strategies in the Plan. Depending on your organisation's practices and the nature of the problem, you may choose to ask staff to record in a Daily Communication Book. Or you may prefer staff to record on separate recording sheets. Keep the recording sheets attached to the copy of the Plan and make sure there are enough blank sheets. Keep all documents in a location that is easy for staff to access.

### Staff Signatures

The Plan should be signed by all staff who were involved in writing it.

### Team Signatures

When a BSP is written, it's a good idea to have a sheet attached to it with every staff member's name on it. Each staff member would sign this sheet, indicating that they have read and understood what they need to do.

(This helps with the "I never saw it" defence! Which probably never happens in your organisation. But it does in some.)

There's a simple sample Behaviour Support Plan on the next page, followed by a blank template for you to use, if needed.

## Sample Behaviour Support Plan (BSP)

**Name:** 'Jim'  
**DOB:** 25.12.1975  
**Address:** Sunny Vale Group Home

**Date of Plan:** 15.10.2004  
**Review Date:** 15.10.2005

---

**What the Plan is for:** To help Jim calm down when he is upset (shouting, yelling, swearing)

### **Why the Plan is needed:**

Jim doesn't know when he is beginning to get upset and he needs to learn to calm down. This plan will help Jim to recognise how he is feeling and to manage these feelings with help from staff.

### **What we know already:**

Jim gets upset when he thinks he is going to be late for his bus. Staff need to make sure that Jim is awake and up by 7 a.m. at the latest. Please follow the Staff Routines to help Jim through his morning routine.

### **What to do (the BSP)**

1. When Jim's voice begins to get louder, tell him "You sound like you are getting upset. You need to calm down."
2. Ask Jim "What can you do to calm down?"
3. If necessary, remind Jim to breathe slowly. Or suggest he pick an activity from his Activity Planner which can often distract him from what is upsetting him.

### **Final Steps**

None needed. Jim will usually rejoin the group when he is ready.

### **Recording**

Staff to record use of the BSP in the Daily Communication Book

**Name/Signature:** Mary Jones, House Supervisor

# Behaviour Support Plan (BSP) Template

**Name:**  
**DOB:**  
**Address:**

**Date of Plan:**  
**Review Date:**

---

**What is the Plan for?**  
(Target Behaviour)

**Why is the Plan needed?**  
(Reason for Plan)

**What do we already know about the behaviour?**  
(Prevention)

**The Plan**  
(What staff need to do)

**Final Steps**  
(How to get person back into normal routine, or to rejoin group)

**Recording**  
(What staff need to record and how)

**Name/Signature & Position**  
(all staff involved in writing Plan)

---

*Suggested format for staff team signatures:*

I have read and understood the attached Behaviour Support Plan. Anything I have not understood, I have discussed with the Supervisor and it has been explained to me.

Name	Signature	Date

# Learning Activity 4.4

In this Learning Activity, you will have the opportunity to practice explaining to others what a 'Behaviour Support Plan' is. You will also get practice in writing your own Behaviour Support Plan for a person you support.

As before, always consult with your manager before beginning any practical exercise involving a person supported by your organisation.

## Steps

1. Read all the questions
2. Write your answers in the spaces provided
3. Complete the practical exercise after discussion with your manager

## Worksheet 4.4

Questions	Your answers
<b>1. In your own words, explain what a <i>Behaviour Support Plan</i> is.</b>	
<b>2. Why is it important to have a Behaviour Support Plan for a person who has challenging behaviours?</b>	

<p><b>3. What do you usually need to do before you can write a <i>Behaviour Support Plan</i>?</b></p>	
<p><b>4. How many steps are included in a Behaviour Support Plan?</b></p>	
<p><b>5. What do you think is the best way to encourage staff to follow the recommendations in a Behaviour Support Plan?</b></p>	

**6. In consultation with your manager, select a person with behaviours you would like to change. Following the process in the Behaviour Support Plan Template, write a Plan for that person.**

Signed (Staff Member) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_





# Topic 4.5

## How to write Routines

### Learning Outcomes

In this Topic, you will

- Learn the basic steps in writing a useful set of Staff Routines
  - Use what you have learned to write Staff Routines for a residence
  - Name common problems that occur when Staff Routines are introduced
  - Be able to list strategies that can be used to overcome some of these problems
- 

In Module 1, you learned why Routines were important in supporting people who have problem behaviours. And why Routines are important for all of us!

Let's have a quick review of what we learned back in Module 1.

Firstly, Routines are simply the way we organise the ordinary things we have to do in our daily lives. Routines include all of the activities we carry out at home, at work and in the community.

We need to be able to predict what is going to happen in our day, so that we don't get stressed worrying about what we should do next. We are comforted by certainty and predictability in our lives. There is usually enough uncertainty and unpredictability to keep us on our toes enough of the time. A basic familiar routine helps us cope better with unpredictable events.

The people we support also need predictability. Their disabilities (physical, intellectual or psychiatric) mean they have to depend on others to support them through their routine. Like us, they get comfort from predictability. This comfort helps them cope better with unpredictable events. Just like us.

But most of us get by without having to write down our daily Routine. Why should we have to write the Routine for the people we support? The next section gives a few reasons why people we support need staff to have a written Routine to follow.

## Why we need to write down Routines

### 1. Multiple Carers

When several staff work with one or more people with disabilities, each individual staff member may follow their own Routine for each person they support.

Now sometimes this doesn't matter. Not every person with disability is bothered by minor changes in their routine.

**But.....**you might have a group living situation where there are challenging behaviours. Your first step then needs to be to make sure that staff are carrying out support tasks in a consistent and predictable way.

You need to have the Routines clearly written so that all staff know exactly what they need to do to support the people they work with.

### 2. Single Carer?

What about a situation where there is one carer employed to provide in-home support for a person? You might think there's little point in writing down Routines in this sort of situation. Here's a real life example that might change your mind:

#### 'Patrick'

Patrick lived in his own home with a live-in carer. He was non-verbal, did not have any communication support system, and needed full assistance with most daily living activities.

One day, his carer (who had been with him for several years) was involved in a motor vehicle accident and sustained neck and spine injuries. She was unable to work for several months.

During this time, agency staff were employed to care for Patrick. He had up to 15 different carers per week, and not one of them had information about exactly what Patrick liked, needed or wanted. There were no written Routines to guide anyone on how best to support him.

Patrick became more and more upset. He began to attack the agency carers. One night he became so distressed that he smashed windows and the shower screen. The carer on shift received serious cuts which required hospital treatment. Patrick was so agitated that he had to be hospitalised and sedated.

Patrick was very vulnerable, having only one person who understood his needs, likes and wants. When she was unexpectedly unable to care for him, there was no information to help anyone else take over the support role.

### **3. New Staff**

Have you ever started a new job and in the first few hours been given verbal instructions about everything you needed to do in that job? As if starting a new job wasn't stressful enough, you then also had to try and remember what you had been told. You would also have to sort out what was important to do and what was not so important. What a nightmare!

Sometimes when a new carer starts working with a person or group of people, 'being told' is the only way they are given important information. How much do you think the average carer would remember from this approach???? The correct answer is: "Not much!"

Even when you have a long-term stable group of staff, there is still a strong need to have what they do for people written down. People get ill, they go on holidays, they need to take leave unexpectedly. Temporary or 'casual' staff may need to be recruited.

It is not unusual for several staff to leave a unit or group home at the same time. When they walk out the door, all the information stored in their heads walks out with them.

You might think this is not likely in your organisation. Don't rely on it! You never know where the next Lottery win is going to strike.

Written Routines are your best way of ensuring that the people you support continue to get good quality care, even when there are staff changes.

### **4. Increasing Independence for People with High Support Needs**

When staff follow the same routine and use the same strategies to support the person, the person learns the routine more quickly. As a result, the person becomes more independent. And staff need to do less for the person. Let's see how Angela became more independent:

### **'Angela'**

Angela was completely dependent on staff for showering. The Supervisor discovered that each staff member was showering Angela in a different way. For example, Susan would start by washing Angela's feet, while Kate began by washing Angela's hair.

At a staff meeting, the Supervisor worked out with staff a system of showering Angela that they all were happy with. Within weeks, Angela began to be more co-operative with staff, raising her arm or leg when she knew staff would be washing that next.

Within months, Angela was able to wash her arms independently, using a flannel soaped by staff.

If you don't have a lot of experience working with people who have high support needs, you may not think Angela has made much progress. You need to talk with people who do have that sort of experience. You'd be amazed how excited they get by what seems like very small improvements!

## **5. Increasing Independence for People with Low Support Needs**

People who have low support needs can also benefit from staff following a Routine consistently. They can make significant gains when there is a consistent routine. Here's how the people living and working in the Secret Bay group home got their acts together:

### **'Secret Bay Group Home'**

Four men lived in this group home. They all had jobs during the day and had staff support early morning until they went to work, and in the early evening. There were 4 different carers providing this support.

The new Supervisor, Heidi, was amazed to find that these four reasonably capable men had to be reminded to place their plates and cutlery in the sink after meals. The men also had to be asked to do the washing up, drying and putting away after meals.

At a staff meeting, Heidi discovered that only one staff member required the men to clear away and wash up after meals. The others had a range of systems in place, mostly involving that carer doing most of the work for the men.

Because the men in the group home didn't know exactly what was expected of them, they just waited to see how much the carer on shift did for them!

The new written staff Routine showed each staff member what needed to be done to support the men to learn to clear away their own plates and cutlery after each meal.

When this was followed consistently by all staff, the men soon began to clear away after each meal without being reminded by staff.

## What needs to be included in written Routines?

Written Routines should describe what staff or carers need to do to support each individual person in the home.

The Routines should:

- Describe what activities staff need to provide in order to assist the person to complete daily activities
- Clearly state which staff member needs to provide which activities (where there is more than one staff member on shift)
- Describe in detail what staff need to do to make sure the person maintains existing skills
- Identify activities needed to maintain the person's quality of life
- State key times for activities in the person's day (e.g. pick-up or departure time for day placement, regular family visits)
- State times for medication administration, toileting (where applicable)
- Identify activities to meet the person's in-house leisure or out-of-home recreational needs (e.g. maintaining appropriate levels of engagement)
- Describe in sufficient detail what needs to be done to avoid critical incidents or problem behaviour (where this applies)
- State steps required to meet training goals for the person
- Indicate where the staff member can find more detailed programs for the person (e.g. behaviour support plans, training plans, crisis management plans)
- Administrative requirements for staff (e.g. report writing, money checks, time-sheets, recording chart completion, washing house vehicle, domestic chores, security checks prior to bedtime etc.)

Not every residence or group home may need all of the above included in their Routines. Some may need different things included. Each group home or residence is different. Where there are problems being experienced – either with resident behaviour or with staff practices – you might consider including these ‘problem areas’ in the Routines.

For example, in one group home, staff often forgot to check that the house vehicle was locked overnight. The Supervisor included this in the late night security Routine for staff.

What is important is that the Routines should reflect the needs of the people being supported, and the staff who are supporting them.

Finally, Routines should be ideally be written in just enough detail to assist a new staff member who doesn’t know the people in the residence. Why? Because you want to make sure that the Routines are understandable.

‘Just enough detail’ is difficult to describe. You don’t want so much detail that you are writing great volumes. If there is too much information in a set of Routines, they will be overwhelming and difficult for staff to use.

It’s better to write less rather than more. Routines should be reviewed regularly. The Routines can be changed when problems are identified and it seems likely that staff need more information to stay consistent.

## **Who writes Routines?**

Not everybody is skilled at writing. The first task is to identify who is the best person or people to write the Staff Routines.

The following are arrangements that have been used in different organisations, together with the ‘advantages’ and ‘disadvantages’ of each:

1. The First line manager (or supervisor) writes the Routine.

### *Advantages:*

The person in this position would ideally have:

- the time and skills to write house routines
- access to a computer to make alterations and changes quickly and easily
- the capacity to negotiate with group home staff
- the authority to make decisions between differing opinions

*Disadvantages:*

A first line manager

- may not have the required skills
- may not have organisational support to have time to write Routines
- may not have sufficient knowledge about the workings of the group home to make informed decisions about the Routine

2. A single member of staff writes the Routine.

*Advantages:*

The staff member

- would have sound working knowledge of the best way to support the people living in the home
- would be recognised by other staff members as having skills in supporting the residents effectively
- is more likely to have written Routines accepted by the staff group as a whole

*Disadvantages:*

The staff member

- may be less likely to have paid work time available to write the Routines
- may not have computer or keyboard skills
- is not likely to have access to a computer within the organisation
- may not be regarded as an appropriate 'spokesperson' by the rest of the staff group
- may be resented by the rest of the staff group as having been 'specially favoured' by being asked to write the Routines

3. The entire staff group works together to write the Routines.

*Advantages:*

- all of the staff knowledge and expertise can be accessed and recorded at the same time
- staff will be more willing to follow Routines that they have been involved in writing

*Disadvantages:*

- The cost to the organisation of 'freeing up' a whole staff group to develop the Routines

- The length of time required to overcome differing or conflicting staff opinions about what supports need to be provided for each person, what sequence of activities is best etc

Each organisation will need to identify for itself the best way for it to produce written Staff Routines. The following section suggests a useful structure for writing Routines.

## How to write Staff Routines

Whether a single person or a staff group writes a set of staff Routines, the following procedure is recommended to make sure all needed information is included.

- Write down details of the residents' current routine. This should include the order in which activities happen, and what support staff need to provide for each person.
  - One way you can get this information is by observing what individual staff members actually do on shifts and ask them why they do things in that way. You can select which staff members you observe by working out who has the best skills at getting the co-operation of the people living in the residence
  - Another way to get the information is simply to ask staff what they do. If you choose this method, bear in mind that people rarely describe absolutely everything they do. Sometimes they forgot the 'automatic' things they have learned to do to get better outcomes for and from the people they support. Yet these 'automatic' things can be the most valuable to know to avoid problem behaviours
  - Often a combination of both of the above methods will give you the best information for the Routines.

(If you have a new person coming into your system, you can ask the people who have been providing support previously what the person's current routine is. In this way, you can provide the support the person is used to right away. This can reduce the 'shock' that some people experience coming into a new placement.)

- Identify clearly what each person can do independently or without staff support
- Include relevant details of the person's skills training goals or individual support needs within the Routine as a prompt to staff



- Identify clearly which of the person's support needs are actually training needs so that staff are aware that the person has the potential to develop further independence
- Record details in a staff shift format (e.g. either shift by shift during the week, or on a 24-hour running basis, depending on shift complexities<sup>11</sup>)
- Clearly document the times during the day / week when there is more than one staff member on shift
- Write down what each staff member on shift currently does. (Include domestic and administrative chores)
- Identify gaps in the current Routine (e.g. where there are long periods of time when the person appears not to be engaged in meaningful activities)
- Note which parts of the current Routine are not working, or where problems most often occur. (You may need to pay particular attention to these and think of different solutions for the new Routine)
- Clearly identify times in the Routine where the person is known to have problem behaviours. Give staff brief information about how to avoid causing these problems. Tell staff where to find more detailed behaviour support or crisis management plans, if these are available.
- Staff Routines should be written in Draft Format and circulated to **all** house staff for feedback
- House staff should be asked to provide *constructive feedback*. That is, if a staff member thinks a particular part of the routine will not work, he or she should suggest a better alternative
- Suggestions, feedback should be discussed at a staff meeting and agreement reached about what will be included in the final version
- It is recommended that Staff Routines be discussed regularly at team meetings to make sure they continue to meet the needs of the residents
- One person should be identified as responsible for making changes to the Routines (preferably via computer – it's much quicker and easier!)
- Staff should be advised against changing any part of the Routines without discussion with, and the agreement of, the staff group and the First line manager

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<sup>11</sup> Some organisations have complex shift structures that change daily, weekly or fortnightly. For these, it is often easier to develop a 2-staff 24 hour running roster, with shaded areas in staff columns to signal when there is only one staff on shift.

You don't have to get Routines perfect first time. It is more important to get staff following Routines so that service practice becomes consistent. If something is not working in the Routines, you can always change it. It is also important to keep Routines on the staff meeting agenda so that Routines become *living* documents. They are the foundation of a quality direct care service. Staff need to see that the organisation's management takes Routines seriously.

### **Advantages of Routines for Managers**

Routines can help Managers identify time periods during the day when staffing levels can be adjusted.

For example, if the Routines show that residents' needs for support in the morning could not be met adequately by only one staff, then this provides practical evidence for increasing the number of staff on shift at that time.

Similarly, when there is a request from a group home for increased staff, the manager can look at the Routines to see if the residents' needs can be met in different ways.

#### **Example:**

Staff in the Pacific Drive group home reported that they were understaffed and could not provide support to take people to medical appointments.

When the supervisor looked at the Routines, she saw that an extra staff member was available each week between 3 and 5 on Mondays, Wednesdays and Fridays. After discussion, this extra staff member's duties were altered to allow time to take residents to appointments.

All residents' appointments were then made for Mondays, Wednesdays and Fridays between 3pm and 5 pm.

No additional staff resources were required.

### **Templates for Routines**

These are provided on the following pages. They are suggestions only. However, which ever format you choose to use, you must make sure that when there is more than one staff, there are Routines for each staff member to follow.

### Routines Template (Single Staff)

Group Home \_\_\_\_\_

Day:

Shift:

Time	Staff Activities & Resident Support requirements	Resident Activities

Permission is given to photocopy this page.

**Routines Template (Two Staff Format)**

Group \_\_\_\_\_  
 Home \_\_\_\_\_

Shift: \_\_\_\_\_ Day(s): \_\_\_\_\_

<b>Time</b>	<b>Staff 1: Activities &amp; Resident Support requirements</b>	<b>Staff 2: Activities &amp; Resident Support requirements</b>	<b>Resident Activities</b>

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## Learning Activity 4.5

This Learning Activity aims to give you practice in being able to explain the importance of Routines and in the writing of Routines. You will also be given the opportunity to 'problem solve' sample scenarios to help you think about common problems with Routines.

You will also be required to write a set of Routines for a residence you support. You may need to identify a mentor to assist you with this, if there is no one in your organisation with experience in writing Routines. Discuss with your manager the possibility of networking with other organisations to identify a suitable mentor.

### Steps

1. Read through all the questions
2. Write your answers to each question in the space provided
3. In consultation with your manager, complete the practical exercise

## Worksheet 4.5

Questions	Your answers
<p><b>1. Briefly explain, in your own words, why it is important to have Routines to support residents and staff.</b></p>	

<p><b>2. What are some of the problems that can crop up <u>for staff</u> when there are no written Routines?</b></p>	
<p><b>3. What are some of the problems that can crop up <u>for residents</u> when there are no written Routines?</b></p>	
<p><b>4. Name 5 things you think are most important to include in written Routines?</b></p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
<p><b>5. An important part of writing Routines is getting details of the residents' current routine. Which method of getting this information do you think would work best in your organisation?</b></p>	

**6. Write a Routine for a group home or residential unit that you are responsible for. Consult with your manager first. Identify a suitable mentor if necessary to provide practical support and advice for this task.**

Signed (Staff Member) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_

# Feedback Sheet

This sheet can be used by participants and their line managers.

Use it to record:

- Comments
- Feedback
- Follow up action

about the Worksheet on the previous pages.

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# Topic 4.6

## Activity Schedules

### Learning Outcomes

By the end of this Topic, you will

- Be able to explain what an Activity Schedule is
  - Understand why Activity Schedules are useful
  - Be able to write an Activity Schedule for a group residence
- 

Activity Schedules are written down to show what regular activities are planned for each person in the residence for each day of the week.

They are a quick reference for staff to let them know what needs to be done for the people they support. Activity Schedules can also give staff ideas about what to do to keep people **engaged**.

How are Activity Schedules different from Routines? Routines may include the information in an Activity Schedule. The Activity Schedule clearly shows what each person is doing each day of the week. Its only purpose is to show engagement activities. Activity Schedules do not describe precise details of what staff need to do to support each person.

Some group homes write their Activity Schedules on a Whiteboard in the staff room. This can be helpful when activities change frequently e.g. when day placement times are not consistent, or when visits home are not predictable.

Activity Schedules can also clearly indicate whether each person has a good level and variety of community access to create a 'balanced lifestyle'.

Here are examples of two Activity Schedules for you to compare:

**Example 1****Bleak House Activity Schedule**

<b>Day</b>	<b>Heath</b>	<b>Joel</b>	<b>Nick</b>
Monday	Day Placement 9 – 1pm	9-10 Walk	Day Placement 9.30 – 2.30
Tuesday		Day Placement 9 – 1pm	Day Placement 9.30 – 2.30
Wednesday	Day Placement 9 – 3pm		Day Placement 9.30 – 2.30
Thursday	3-5pm Grocery shopping outing	Day Placement 9 – 1pm 3-5pm Grocery shopping outing	3-5pm Grocery shopping outing
Friday	Day Placement 9 – 1 pm Takeaway night	Takeaway night	Takeaway night
Saturday	a.m. Change videos	a.m. Change videos	a.m. Change videos
Sunday			

Would this be your idea of a good time? Apart from Day Placements, these men have only two 'outings' a week – one to the supermarket and another to the video store. No, that's not quite right - Joel gets to go for a walk on Monday morning! And I don't think I would call this description of Takeaway an 'Activity', would you?

Let's look at the next example:

## Example 2 Aria House<sup>12</sup> Activity Schedule

Day	Britney	Eminem	Delta
<b>Mon</b>	<p><b>Music time – 10.15am</b></p> <p><b>Arts &amp; Craft (pm)</b> – collage, painting, bead-making, threading cards, mask making, clay modelling</p> <p><b>Meal preparation (pm)</b> – assist in peeling vegetables</p>	<p><b>Planned Outing (am)</b> – to lake, museum, zoo etc</p> <p><b>Art &amp; craft (am)</b> – collage, painting, bead-making, threading cards, mask making, clay modelling</p>	<p><b>Music time – 10.15am</b></p> <p><b>Walk ½ hr (pm)</b> – round park, neighbourhood etc. with walking frame</p> <p><b>Gardening Activity (pm)</b></p>
<b>Tues</b>	<p><b>ATE 8 a.m.</b> pick up – 1.30 drop off.</p> <p><b>Ball Activity (pm)</b> – bowling pins, throw and catch, throwing ball into coloured buckets etc</p> <p><b>Walk ½ hr (pm)</b> – around park, neighbourhood</p>	<p><b>ATE 8.30 am</b> pick up – 1pm drop off</p> <p><b>Meal preparation (pm)</b> – assist in peeling vegetables</p>	<p><b>Arts &amp; Craft (am)</b> – collage, painting, bead-making, threading cards, mask making, clay modelling</p> <p><b>Planned movie / DVD session (am or pm)</b> at home. To walk to Video store to choose DVD</p>
<b>Wed</b> (cleaner comes in morning)	<p><b>ATE 8 am</b> pick up – 12.30 drop off</p> <p><b>Meal Preparation (pm)</b> – assists in peeling vegies</p> <p><b>Gardening Activity (pm)</b> – watering, weeding, planting</p>	<p><b>ATE 8.30</b> pick up – 1 pm drop off</p> <p><b>Sensory Activity (pm)</b> – playdough, clay, water experiments, collect collage materials</p> <p><b>Walk ½ hour</b> – around park, neighbourhood</p>	<p><b>Beauty session (am)</b> – face mask, nail soak, make up etc</p> <p><b>Planned outing (am)</b> – movies, zoo, park, café/restaurant, gallery, shopping</p> <p><b>Preparing for cooking (pm)</b> – select recipe from file, go to shops &amp; purchase ingredients</p> <p><b>Take video back</b> – walk to video store and return video</p>
<b>Thurs</b>	<p><b>ATE 8 am</b> pick up – 1.30 pm drop off</p> <p><b>Sensory Activity (pm)</b> – playdough, clay, water experiments, collage</p> <p><b>Walk ½ hr (pm)</b> – around park, neighbourhood, shopping centre</p>	<p><b>ATE 8.30</b> pick up – 1 pm drop off</p> <p><b>Beauty Session (pm)</b> – face mask/scrub, blow dry hair, manicure</p> <p><b>Meal Preparation (pm)</b>– assist in peeling vegies</p>	<p><b>Cooking Session (am)</b> – prepare selected recipe</p> <p><b>Walk ½ hr (am or pm)</b> – around park, neighbourhood with walking frame</p>
<b>Fri</b>	<p><b>Planned outing (am)</b> – movies, zoo, park, café/restaurant, museum, tenpin bowling</p> <p><b>Beauty Session (pm)</b> – face mask, manicure, makeup</p> <p><b>Walk ½ hr (pm)</b> – park, neighbourhood, shopping</p>	<p><b>Walk ½ hr (am)</b> – park, neighbourhood, shopping centre</p> <p><b>Art &amp; Craft (am)</b> – collage, painting, bead making, threading cards, mask making, plaster moulds, clay</p> <p><b>Meal Preparation (pm)</b> – assist peeling vegies</p>	<p><b>Music/Dance Session (am)</b> – use streamers, scarves, masks, various music to encourage movement. Use lots of praise.</p> <p><b>Art &amp; Craft (pm)</b> – collage, painting, bead making, threading cards, mask making, plaster</p>

<sup>12</sup> This activity schedule based on a version developed by Hills Community Support Group

	centre		moulds, clay
<b>Sat</b>	<p><b>Visit to Parents</b> (check diary to confirm)</p> <p><b>Music/Dance session (am)</b> – use streamers, scarves, masks, various music to encourage movement. Use lots of praise.</p> <p><b>Washing Bus (am or pm)</b> – assists to wash and vacuum. Use music to prompt engagement and lots of praise</p>	<p><b>Visit to Parents</b> (check diary to confirm)</p> <p><b>Washing Bus (am or pm)</b> – assists to wash and vacuum. Use music to prompt engagement and lots of praise</p> <p><b>Walk ½ hr (am or pm)</b> – around park, neighbourhood etc</p> <p><b>Planned free outing (pm)</b> – picnic lunch to Lake Leschenaultia, John Forrest National Park, markets etc. (Take picnic lunch)</p>	<p><b>Washing Bus (am or pm)</b> – assist to wash &amp; vacuum. Use music to prompt engagement and lots of praise.</p> <p><b>Walk ½ hr (pm)</b> – around park, neighbourhood etc with walking frame</p>
<b>Sun</b>	<p><b>Planned free outing (am)</b> – to Lake Leschenaultia, John Forrest National Park, markets etc. Take picnic lunch.</p> <p><b>Walk ½ hr (pm)</b> – around park, neighbourhood, to shops</p>	<p><b>Visit to Parents</b> (check diary to confirm)</p> <p><b>Arts &amp; Craft (am)</b> – collage, painting, bead making, threading cards, mask making, plaster moulds, clay etc.</p> <p><b>Gardening Activity (pm)</b> – watering, planting, weeding</p>	<p><b>Ball Activity (am)</b> – bowling pins, throw and catch, throwing ball into coloured buckets etc</p> <p><b>Planned free outing (pm)</b> – to Lake Leschenaultia, John Forrest National Park, markets. Take picnic lunch</p>

What can you tell from the Aria Group Home Activity Schedule? For a start, there's a balanced range of pleasant activities for each resident **every single day**. Plus a list of suggestions for staff about what to do in activities sessions.

As you may have picked up from the nature of the activities, these are residents with quite high support needs, and one (Delta) has specific mobility problems. Each staff member on shift knows exactly what he or she needs to do to keep 'at home' residents engaged.

You can also see how exercise is built in each day for each resident either through walks or dance activity. Even returning a video to the store is built in as an exercise activity.

And apart from washing the bus (which is another exercise activity!), there are no 'group' outings. Each resident has his or her own special 1:1 activity with staff each day. And it is an equal opportunity group home – even Eminem has his 'Beauty Session'.

The Supervisor of Aria has also kept in mind that the residents do not have unlimited funds. Costs for outings have been kept to a minimum.

# Learning Activity 4.6

## Activity Schedules

In this Learning Activity, you will be asked to explain what Activity Schedules are, and why they are useful for both residents and staff. You will also have the opportunity to design an Activity Schedule yourself.

### Steps

1. Read through all the questions in the Worksheet
2. Write your answers in the space provided
3. With your Supervisor or Manager, work on the practical exercise

## Worksheet 4.6

Questions	Your Answers
<b>1. Explain in your own words what an Activity Schedule is?</b>	
<b>2. Some staff don't like the phrase 'Activity Schedule'. What could you suggest as an alternative?</b>	
<b>3. Why do you think Activity Schedules would help both staff and residents increase 'engagement'?</b>	



- Bear in mind the physical needs of residents and build appropriate levels of exercise into the Schedule
- Co-ordinate the Activity Schedule with the Staff Rosters to make best use of staff availability for resident activities
- Plan Activities times when there are staff available
- Avoid having too many 'group' activities where all residents go out together
- Occasional in-house group activities are OK, providing all the residents get on well together and don't have high needs for personal attention
- Identify what resources are needed for in-house activities and wangle a budget out of your management for this
- Be creative in identifying low or no cost activities for residents who are on limited incomes (or who have high medical expenses)
- Make sure there are a list of options under each Activity to give staff ideas about what to do





# Topic 4.7

## Risk Management Plans<sup>13</sup>

Learning Outcomes:

By the end of this Topic, you will be able to

- Name key reasons why Risk Management Plans are essential
  - Identify people supported by your organisation who require Risk Management Plans
  - Complete a Risk Management Plan
- 

### Why are Risk Management Plans needed?

Risk Management Plans are needed to:

- Reduce the risk of injury or harm in the workplace through, for example, aggression or violence
- Reduce stress or trauma for staff or other residents
- Meet legal requirements for employers to provide a safe workplace (Occupational Safety & Health Act)

Under the Occupational Safety and Health Act, organisations are required to provide practical guidelines for workplaces where staff (and others) might be exposed to aggression, verbal abuse, or threats.

Organisations need to consult with staff about safety in the workplace and take all practicable measures to reduce the risks to staff.

Staff also have a responsibility under this Act to report risks to safety to their organisation. This means that staff need to keep their management informed about incidents so that the employer has the opportunity to do something.

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<sup>13</sup> This section is based on the work of Senior Clinical Psychologist, Ana-Maria Guzman as part of the Challenging Behaviours Consortium Project, Disability Services Commission WA, 2005.

## **When is a Risk Management Plan needed?**

Organisations need to have a Risk Management Plan when it is known that a person they support can cause injury or harm to others.

The Risk Management Plan tells staff what they need to do to:

- Reduce the risk to themselves or others
- Prevent the crisis happening
- Limit the amount of harm done
- Protect others from harm or injury

The people we support can get easily stressed, angry or hostile. Sometimes, they may have psychiatric illnesses or challenging behaviours. Occasionally, they may be under the influence of drugs or alcohol. Any of these can, under certain conditions, lead to aggression or the possibility of injury.

## **What's the difference between a Risk Management Plan and a Behaviour Support Plan?**

A written Risk Management Plan gives staff guidelines on how to respond if a crisis occurs. It may also provide guidelines about prevention, or about how to avoid the situations that have been known to lead to a crisis in the past.

The Behaviour Support Plan gives staff guidelines on everyday preventive strategies. It usually also contains information to help staff recognise when the person is beginning to become agitated and what to do about this to prevent further escalation.

If the person is known to have challenging behaviours, the Behaviour Support Plan should also include a section on Risk (or Crisis) Management. That is, there should also be guidelines to tell staff what to do if preventive strategies are not successful.

## **How to write a Risk Management Plan**

### **1. Risk Assessment**

The first step is to assess all possible aspects of the risk. The following format provides a useful template for this:

## Risk Assessment

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

<b>Identification of Risk:</b>	
Describe the foreseeable risk.	
Is the risk possible or likely to happen?	
List who is affected by the risk.	
<b>Assessment of Risk:</b>	
In which situations does the risk usually occur?	
How likely is it that the risk will occur?	
If the risk occurs, who is likely to be injured or hurt?	
What kinds of injuries or harm are likely to occur?	
How serious are the outcomes?	

Assessment completed by: \_\_\_\_\_ (print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Review Date: \_\_\_\_\_

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The process you use to address each of these items could include:

- Reviewing incident reports
- Gathering information from staff about past incidents involving violence, threatening or abusive behaviour
- Contacting families or previous carers about past incidents
- Providing a confidential way for staff to report incidents
- Analysing incident reports and / or behaviour recordings to determine
- Identifying similarities between incidents and patterns of behaviour
- Underlying causes of aggressive behaviour
- Counting how often the incidents occur
- Deciding how severe the incidents are and their consequences
- Gauging staff perceptions about their safety and the safety of others

## **2. Background to Risk Management Plans**

Risk Management Plans are usually brief and guide staff responses during anticipated incidents. However, successful response to challenging behaviour incidents are typically backed by extensive organisational effort, covering a range of issues. For example:

### ***Preventing incidents***

There will often be several solutions to a single problem. Some will be easier to use than others. If staff are actively engaged in solving problems, new ways of managing risks and potential incidents will be easier to introduce.

Specific solutions might include, for example:

#### Environmental changes

- rearranging furniture in communal areas,
- reducing background noise levels
- changing lighting, improving temperature control
- increased availability of personal space for residents
- avoid overcrowding in home

#### Changes to the workplace system

- rostering experienced staff at identified risk times
- increasing staffing levels at key risk times
- reducing level of domestic chores required of staff
- arranging staff rosters to avoid staff fatigue

## Sample Risk Assessment:

**Name:** 'Jessica' **DOB:** 29.3.77  
**Address:** Lotus Lane Group Home

<b>Identification of Risk</b>	
Describe the foreseeable risk.	Jessica becomes aggressive towards others at the table during mealtimes
Is the risk possible or real?	The risk is real. It happens frequently.
List who is affected by the risk.	Other residents.
<b>Assessment of Risk</b>	
In which situations does the risk usually occur?	Jessica will hit, kick or bite if another resident tries to use her cutlery, or take food off of her plate. She can also hit out if someone gets too close to her during the mealtime.
How likely is it that the risk will occur?	Very likely
If the risk occurs, who is likely to be injured or hurt?	Other residents usually. Very occasionally, staff members if they get too close.
What injuries or harm are likely to occur?	Serious. Family members of other residents have complained about injuries caused. One staff member has been off on Worker's Compensation for 3 weeks, following being hit.
How serious are the outcomes?	Serious.

### ***Dealing with Challenging Behaviours***

It is rarely possible to stop all incidents of challenging behaviours. There are workplace systems issues that should be considered by the organisation in addition to any specific procedures provided in a Risk Management Plan.

These workplace systems issues include:

- Selecting appropriately skilled staff
- Providing all staff with clear written guidelines about appropriate behaviour support strategies and unacceptable strategies
- Pair inexperienced staff with a more experienced staff member in areas where challenging behaviours occur more frequently
- Providing induction training for staff
- Training staff in necessary skills to prevent problem behaviours and reduce chance of serious incidents, including passive self-defence
- Providing rapid, emergency back-up for staff working on their own
- Liaising with local police, or emergency psychiatric clinics where necessary

### ***Reducing consequences to staff***

The cost of workplace aggression includes the financial costs of absenteeism, lost productivity, higher workers' compensation premiums as well as the personal costs of emotional trauma suffered by victims and their families. It is in the organisation's best interests to provide support to staff who are involved in distressing incidents. Some ways of supporting staff include:

- Organisation to have in place planned support strategies for the victim of workplace trauma, and others involved or affected
- Support strategies to be offered to all staff involved in workplace trauma
- Professional debriefing or trauma counselling for staff involved in workplace trauma
- All staff to be aware of indicators of post-traumatic stress and be encouraged to discuss observed symptoms with colleagues or supervisor

### 3. The Risk Management Plan

Staff working with the person should always be consulted when developing a Risk Management Plan. Often, staff know and can predict the types of situations that could lead to a person's challenging behaviour or crisis. In these circumstances, a plan can be written to manage the risk. (A comprehensive risk assessment may not always be necessary.)

A Risk Management Plan will include the following information:

- Information about the risk – a description of the behaviour and the type of harm it is likely to cause
- Real risk or potential risk? Has the behaviour actually happened or do staff think it is likely to happen?
- Who is likely to be affected? The person? Staff? Other people living in the home? Members of the public?
- In what situations does the behaviour occur?
- The likely consequences of the behaviour – who will be hurt? How will they be hurt? How badly will they be hurt?
- What are the options for dealing with the behaviour? What do we know works:
  - To avoid the problem?
  - To reduce the problem behaviour?
  - To protect others when it happens?

A Risk Management Plan is essential for staff who are working with people who have challenging behaviours that can cause injury or trauma. However, a Risk Management Plan without good preventive Positive Behaviour Support practices is dangerous for everyone.

And remember. The very best Risk Management Plan you can have is the one you never need to use! And that's because everyday good staff practices can help people overcome their challenging behaviours.

A template for a Risk Management Plan is provided on the next page. It is followed by a completed Risk Management Plan for 'Jessica' as a working example to assist you.

## Risk Management Plan

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

Risk Reduction Options			
Focus of Measures	Possible Solutions	Benefits	Disadvantages
Preventive Strategies  (how to prevent the incident happening)			
Active Intervention  (what to say or do to support preventive strategies)			
Reactive Intervention  (what to do if incident occurs)			
Agreed Risk Management Plan			
Focus of Measures	Strategies to be used	Level of Risk to others (High, Medium, Low)	
Preventive			
Active			
Reactive			

Plan completed by \_\_\_\_\_ (print)

Signature \_\_\_\_\_

Date: \_\_\_\_\_ Review Date: \_\_\_\_\_

Permission is given to photocopy this page.



## Risk Management Plan - **Sample**

**Name:** 'Jessica'  
**Address:** Lotus Lane Group Home

Risk Reduction Options			
Focus of Measures	Possible Solutions	Benefits	Disadvantages
Preventive Strategies  (how to prevent the incident happening)	1. Jessica to sit at the table next to a staff member with enough space so that she can't reach another resident 2. One staff sitting each side of Jessica	Will keep everyone happy and safe	May need extra staff
Active Intervention  (what to say or do to support preventive strategies)	Remind Jessica that she is not to hit, kick or bite. Praise her when she behaves acceptably during the meal	Jessica responds to praise, and this helps to keep her settled	Sometimes Jessica does not respond to being reminded
Reactive Intervention  (what to do if incident occurs)	When Jessica becomes aggressive, all residents and staff to leave the dining area	Others are not placed at risk	Jessica might follow everyone and continue to be aggressive
Agreed Risk Management Plan			
Focus of Measures	Strategies to be used	Level of Risk to others (High, Medium, Low)	
Preventive	Draw up a seating plan so that Jessica is not sitting close to other residents	Low	
Active	Remind Jessica about acceptable behaviour and give her encouragement. Praise her for good behaviour	Medium	
Reactive	Remove all residents and staff from the dining area	High	

**Plan completed by:** Jack Smith, House Supervisor  
**Date:** 5<sup>th</sup> January 2006      **Review Date:** 3<sup>rd</sup> March 2006

**Further References:**

DSC Challenging Behaviour Consortium Project Team (2005) Tip Sheets: *Risk Assessment Plans ; Writing a Risk Management Plan*

WorkSafe Western Australia (1999) *Code of Practice: Workplace Violence*  
Available on-line at: <http://www.safetyline.wa.gov.au>

WorkCover NSW (1996) *Preventing Violence in the Accommodation Services of the Social & Community Services Industry*  
Available on-line at: <http://www.workcover.nsw.gov.au>

# Learning Activity 4.7

## Risk Management Plans

By the end of this Learning Activity, you will be able to:

- Explain why your organisation must have a Risk Management Plan for each person who could cause harm or injury to others
- Describe the process you have learned in Topic4.6 to assess the possible risk and to develop a Risk Management Plan
- Write a Risk Management Plan for a person in your organisation

### Steps

1. Read all the questions
2. Write your answers in the space provided
3. Complete the practical exercises after consultation with your manager

## Worksheet 4.7

Questions	Your answers
<b>1. Write the three main reasons why organisations need to have Risk Management Plans.</b>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
<b>2. What are the four reasons why staff need to follow Risk Management Plans?</b>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li></ul>

<p><b>3. In your own words, explain the difference between a Risk Management Plan and a Behaviour Support Plan.</b></p>	
<p><b>4. Does a Risk Management Plan always have to be a separate document?</b></p> <p><b>(a) If no, why not?</b></p> <p><b>(b) If yes, explain why.</b></p>	
<p><b>5. Name 5 methods you can use to get the information you need to complete a Risk Assessment.</b></p>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>

<b>6. Who should be consulted when a Risk Management Plan needs to be written?</b>	
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**7. After consultation with your manager, write a Risk Management Plan for one of the people supported by your organisation.**

Signed (Staff Member) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_

# Feedback Sheet

This sheet can be used by participants and their line managers.

Use it to record:

- Comments
- Feedback
- Follow up action

about the Worksheet on the previous pages.

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# Topic 4.8

## Supporting Staff

### Learning Outcomes

This Topic is specifically for those who have leadership or supervisory responsibilities for direct care staff. By the end of this Topic, you will

- Understand the stress process
  - Be able to describe the symptoms of stress
  - Have strategies to prevent stress in staff
  - Have strategies to provide active support to direct staff dealing with Challenging Behaviours
- 

When direct care staff work with people who have Challenging Behaviours, they are *at risk* of experiencing symptoms of stress. This does not mean that all staff working in this area will become stressed. Some manage well, maintaining a robust, positive attitude. Others can experience mild and temporary symptoms. A few may have quite serious stress reactions.

People have very individual responses to stress and to traumatic events. Symptoms of stress can also appear immediately after an event – or not until weeks or months after the event.

Many people don't recognise stress in themselves. It is usually more quickly identified in others! And many of us can get quite put out if anyone suggests we might be stressed.

Organisations and Supervisors need to tackle the management of stressful or traumatic incidents at several levels:

#### **Prevention**

Organisations need to take steps to reduce or remove sources of risk

#### **Preparation**

Direct care staff need to be trained, educated and know what to do if a crisis occurs. Staff should also be given information about possible reactions and stress symptoms to look out for when serious

incidents occur. Information leaflets about stress reactions are a good strategy to prepare Workers for stressful events.

<b>Response</b>	When an incident happens, the organisation needs to have a plan in place to take effective action, to provide extra resources if required, or to have ready access to back-up for staff
<b>Recovery</b>	The organisation should also have a plan in place to provide support and counselling for staff and other people affected by the incident (e.g. other residents). Employee Assistance Programs are available for staff groups, but other arrangements would need to be made for stressed or traumatised residents.

There are a number of common factors that can trigger stress or trauma reactions. The main ones are:

### **Lack of warning**

When people are prepared for an incident, the stress demands are greatly decreased. It is the 'unexpected' that makes incidents likely to be more stressful. Direct Care Staff should always be advised what to do **when** Challenging Behaviours happen, not **if** they happen!

### **Type of event**

The psychological effect of an incident has more of an impact when the incident is 'man made'. In other words, if the incident is caused by a person, staff will believe that the incident could have been prevented.

After a challenging incident, staff can become very angry about management. Managers and supervisors are likely to be blamed or seen as responsible. " 'They' should have done something so that *this wouldn't have happened!*" is a common reaction.

### **Uncertainty**

Staff may not be sure how long the incident will last for when it is happening. There may also be a chance that the incident will happen again. But because nothing is certain, stress is likely to increase.



### **Time of Incident**

Incidents that happen at night tend to be more threatening than those that happen during the day. In many residences, there is only one staff member on shift at night. There may also be no support available out of office hours in the organisation. This results in people feeling more vulnerable and isolated.

### **Personal Injury**

Incidents that result in injury generally have more impact on those involved. The impact can affect witnesses to the incident as well as to the victim.

The good news is that, given a supportive work environment, most stress reactions disappear with time. Most staff adjust successfully. However it is important that supervisors and managers monitor involved staff to pick up signs of problems.

### **Stages in Work Related Stress / Trauma Reactions**

There's likely to be a lot of variation between individuals who have been involved in a serious incident at work. Some may show no reaction. Some may have very severe reactions. Others may not show any problems until weeks or months after the incident.

Most individuals will go through a series of stages after having been involved in an incident.

#### **Shock**

The first response is shock. This can last for a few hours or days. The Worker appears dazed or preoccupied. He might have trouble remembering simple things, and act unusually (e.g. argue more or become angry quicker).

The Worker is not likely to respond to help in this stage. He is so overwhelmed by what has happened that he can't take in much of what is being said or offered.

To the outside observer, the Worker may appear to be coping well. Supervisors need to be aware that there is still a need to monitor over time, as symptoms may appear after this stage.

## Impact

This stage starts after the incident is over. This is when the Worker is likely to become angry usually towards 'management'. Anger can also be directed against anyone else who is seen as 'responsible' for the incident.

A Worker can also blame himself, or feel guilty in some way. Often he asks questions such as

"what could I have done to have prevented the incident?"

"did I make it worse by what I did?"

"could I have helped others if I had done something different?"

Spells of depression are common as the full impact of the incident sinks in. The Worker may not accept or feel the need for help during this stage. The anger towards management can result in resentment of any support managers offer.

Also common are feelings of inadequacy or lack of competency in the job.

Normal reactions during this stage include concentration problems, irritability, sleep difficulties and being constantly on the lookout for warning signs of another incident.

The supervisor needs to remind the Worker that these reactions are the normal effects of being involved in a serious incident. (See **Organisational Preparation.**)

Here are some stress signs that a supervisor or manager needs to be on the look out for in a Worker who has been involved in a serious incident:

- Deterioration in work habits / attitudes
- Chronic lateness
- Missing work, taking days off
- Increased use of sick leave
- Increase in drug / alcohol use
- Significant personality changes (e.g. isolation from workmates, irritability)
- Deterioration in relationship with other staff

## Resolution

During this final stage, episodes of depression happen less often. The Worker begins to accept that he did the best he could to deal with the incident. He also accepts that other staff and management also did they best they could.

Finally, the Worker accepts that such incidents do happen, as unfortunate as this is.

## **Practical Strategies for Supervisors**

### **Preventing Stress**

Lifestyle factors can help people cope better with general 'everyday' stress, and can also help with the stress from serious incidents. Like many preventive strategies, these don't sound especially exciting. But they work!

The things all of us – including you - should be doing to stay healthy physically as well as psychologically are:

- Get enough rest
- Don't work too hard or too long
- Eat healthy
- Avoid a diet of junk food
- Exercise regularly
- Don't drink too much caffeine or alcohol
- Avoid recreational drugs. (They're illegal, anyway.)

All of the above especially apply after a serious incident. In addition, a Worker who has been involved in an incident should also:

- Avoid blaming themselves or being overcritical of themselves
- Talk about the incident with someone they trust
- Get help if they recognise they are experiencing more serious signs of stress

Other staff members should

- Be available if the Worker needs to talk about the incident
- Be aware of the signs of stress in the workplace and encourage the Worker to get help

### **Don't Blame Staff!**

It is not useful to 'blame' staff when serious incidents occur. Even when staff actions don't seem to have been sensible, it's still not useful.

There's a couple of reasons for this. The first, as you might guess, is because staff are likely to be blaming themselves anyway – after they've got over blaming management.

The second reason is that if staff have not responded to the incident in a useful way, it's a management fault – not a staff fault. If staff have

mismanaged a situation, it is clear that they have not been provided with effective preparation, training or monitoring of their practice.

A failure of staff performance is a reflection on the quality of supervision and management practices. The organisation needs to improve its managerial performance!

### **Supervisors as Leaders**

Supervisors need to be able to provide leadership and practical support to direct care staff who work with Challenging Behaviours. A supervisor has to have credibility.

You don't get credibility by spending most of your time in an office doing paperwork, or by visiting a home with a high incidence of Challenging Behaviours only once a month.

Tea and sympathy isn't enough either.

What staff want is practical support. They want to see a Supervisor who is prepared to chip in and help. They need a Supervisor who is able to try alternative strategies to find the one that works best for the person with the Challenging Behaviours.

A Supervisor should not expect direct care staff to try any strategies to manage Challenging Behaviours that the Supervisor herself isn't prepared to try first.

Not all Supervisors have these skills. If you don't, you need to get them. And the only way to get the confidence you need is to get experience working directly with people who have Challenging Behaviours. And with a suitably experienced and skilled mentor who can shape your practical experience. And protect you from the silly mistakes we all make when we are learning!

Reading about Challenging Behaviours and intervention strategies is not enough. You have to get out there and practice. And it is so much better being able to practice alongside someone who really knows what they're doing with Challenging Behaviours.

Networking with other organisations or with Disability Services Commission may provide you and your organisation with opportunities to develop this sort of experience.

Help can be available. You just have to know how and where to ask for it. Good luck, SMARTThinkers. You are well on your way to success!

# Learning Activity 4.8

## Supporting Staff

In this Learning Activity, you will revise the following elements in the Topic:

- The levels of organisational planning for Challenging Behaviours
- Common factors triggering stress or trauma reactions
- Stages in stress reactions
- Support Strategies for Supervisors

## Steps

1. Read through all the questions
2. Write your answers in the space provided
3. Complete the practical exercises after consultation with your manager

# Worksheet 4.8

Questions	Your answers
<p><b>1. What are the four levels of preparation an organisation needs to have in place to be able to respond effectively to workplace incidents?</b></p>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li></ul>
<p><b>2. Describe steps your organisation can take to prevent foreseeable risks.</b></p> <p>(Suggestions: Risk Management Plans, Positive Behaviour Support, Staff Guidelines)</p>	
<p><b>3. What could be done in your organisation to prepare direct care staff for incidents of Challenging Behaviour?</b></p>	

<p><b>4. Which of the following is a useful response to a serious incident?</b></p> <p>Back-up or relief staff available if needed</p> <p>Accessing the brandy bottle in staff medicine cupboard</p> <p>Senior manager visits Unit to reassure staff after the incident</p> <p><i>Management of Critical Incidents</i> Policy sent out after the incident by Head Office</p> <p>Senior staff available on-call</p> <p>Aromatherapy sessions</p> <p>Supervisor remains at Unit until staff and residents settled</p> <p>Supervisor at office 'Dials-a-Pizza' for Unit staff and residents</p>	<p><b>Circle your answer*:</b></p> <table border="0"> <tr> <td>Useful</td> <td>Not useful</td> </tr> <tr> <td>Useful</td> <td>Not useful</td> </tr> <tr> <td>Useful</td> <td>Not useful</td> </tr> <tr> <td>Useful</td> <td>Not useful</td> </tr> <tr> <td>Useful</td> <td>Not useful</td> </tr> <tr> <td>Useful</td> <td>Not useful</td> </tr> <tr> <td>Useful</td> <td>Not useful</td> </tr> <tr> <td>Useful</td> <td>Not useful</td> </tr> </table> <p>(*Some of these answers should be interesting!)</p>	Useful	Not useful	Useful	Not useful	Useful	Not useful	Useful	Not useful	Useful	Not useful	Useful	Not useful	Useful	Not useful	Useful	Not useful
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<p><b>5. What ideas do you have for a Recovery Plan for your organisation's response to serious incidents? List at least 5.</b></p>																	

<p><b>6. What are the five common factors about serious incidents that are more likely to result in staff having stress reactions?</b></p>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>
<p><b>7. What is the key element in organisations that contributes to Worker recovery from stressful incidents?</b></p>	
<p><b>8. List the common stages in a Worker's reaction to stressful or traumatic incidents.</b></p>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>



<p><b>9. Which of these common stages can be the most confronting for Supervisors and Managers in organisations?</b></p>	
<p><b>10. In your opinion, what is the Supervisor's role in providing support for direct care staff working with people with Challenging Behaviours?</b></p>	

### **Practical Exercises**

**11. In consultation with your Manager, review your organisation's plans for the management of serious incidents. Assess how well direct care staff are supported at each level of this planning. Discuss your findings with your Manager.**

**12. Check the preparedness of units and staff you are responsible for, in the event of a serious incident. (Attend to issues such as: availability of on-call support, emergency phone numbers, back-up from police)**

**13. Develop a checklist of actions you need to carry out following a serious incident. These actions should relate to the support you need to provide to Workers to reduce the chance of serious stress reactions.**

Signed (Staff Member)\_\_\_\_\_ Date\_\_\_\_\_

Signed (Manager)\_\_\_\_\_ Date\_\_\_\_\_

**Reference for Topic 4.8**

Paton, D (1992) *Dealing with Traumatic Incidents in the Workplace* Gull Publishing Pty Ltd Queensland

