

Australian Capital Territory

# Senior Practitioner (Positive Behaviour Support Plan) Guideline 2019 (No 2)

Disallowable instrument DI2019-273

made under the

**Senior Practitioner Act 2018, Section 12, Guideline about Positive Behaviour Support Plans**

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## **1 Name of instrument**

This instrument is the *Senior Practitioner (Positive Behaviour Support Plan) Guideline 2019 (No 2)*

## **2 Commencement**

This instrument commences on the day after its notification.

## **3 Guidelines**

I make the following Senior Practitioner (Positive Behaviour Support Plan) Guideline.

## **4 Revocation**

This instrument revokes DI2019-64, the *Senior Practitioner (Positive Behaviour Support Plan) Guideline 2019 (No 1)*.

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Senior Practitioner, Community Services Directorate

13 December 2019



**ACT**  
Government

# POSITIVE BEHAVIOUR SUPPORT PLAN GUIDELINE

HOW TO WRITE A POSITIVE BEHAVIOUR SUPPORT PLAN



Office of the ACT Senior Practitioner

November 2019 (Version 2)

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Artist: Moira Buchholtz, Hanging Rock, Victoria.  
'Be the Key'

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# FOREWORD

The Senior Practitioner holds an executive position in the ACT Government and has powers and functions provided by the *Senior Practitioner Act 2018* ('the SP Act'). The SP Act provides a legislative framework for the reduction and elimination of restrictive practices.

The Senior Practitioner has independent oversight of restrictive practices used by providers of education, education and care, care and protection of children, and disability services.

Section 7 of the SP Act defines a restrictive practice as a practice that is used to restrict the rights or freedom of movement of a person for the primary purpose of protecting the person or others from harm, and includes:

- > chemical restraint;
- > environmental restraint;
- > mechanical restraint;
- > physical restraint;
- > seclusion; or
- > verbal directions, or gestural conduct, of a coercive nature.

The role of the Senior Practitioner is to guide decision making and promote positive alternatives to restrictive practices that preserve a person's rights and freedoms.

Under Section 10 of the SP Act, a provider must not use a restrictive practice on a person, other than in accordance with a registered Positive Behaviour Support (PBS) Plan. A restrictive practice can only be used outside of a registered PBS Plan when each of the following applies:

- > the provider or relevant person for the provider believes on reasonable grounds that it is necessary to use the restrictive practice to avoid imminent harm to the person or others;
- > the restrictive practice is the least restrictive of the person as is possible in the circumstances having regard to the kinds of restrictive practice that may be used, how it is applied, and how long it is applied for;

- > if practicable – the use of the restrictive practice is authorised by the person in charge of the provider.

The intent of the legislation is to ensure that restrictive practices are only used:

- > as a last resort, for the shortest possible time and only when necessary to prevent harm to the person or others; and
- > if it is the least restrictive way of ensuring the safety of the person or others.

## ABOUT THIS GUIDELINE

The SP Act is the primary document prescribing the obligations and requirements of providers in education, education and care, disability and care and protection of children settings. However, this Guideline is a further point of reference, providing information about these areas and optional templates that can be utilised by providers as required.

The Senior Practitioner has issued this Guideline under Section 12(1) of the SP Act to assist service providers to develop a PBS plan consistent with the objects and requirements of the SP Act, for a person with behaviours of concern that may cause harm to themselves or others.

Section 12(1) of the SP Act requires the Senior Practitioner to make guidelines about PBS Plans, including:

- > the content of plans;
- > the preparation of plans;
- > the assessment and approval of plans;
- > the review and amendment of plans; and
- > notifying the Senior Practitioner about the use of restrictive practices under plans.

This Guideline defines key terms and steps through each element of the PBS planning process.

A PBS Plan describes the strategies to be used in increasing the person's quality of life, including strategies to build on the person's strengths and increase their life skills, and reduce the intensity, frequency and

duration of behaviours of concern that cause harm to the person or others. The development of a PBS Plan is a collaborative process between the person with behaviours of concern, their families or carers, the service provider and anyone who supports the person in school, work, at home, or in the community.

**It is important to note that only PBS Plans that include a restrictive practice need to be approved by a PBS Panel and registered by the Senior Practitioner.**

The SP Act supports the ACT's commitments under the National Disability Insurance Scheme (NDIS). The NDIS has made regulating the use of restrictive practices and the use of positive behaviour support a key part of the NDIS Quality and Safeguarding Framework. The NDIS has enshrined some of these requirements in legislation, namely, the *NDIS Amendment (Quality and Safeguards) Act 2017*.

The new arrangements under the NDIS focus on safeguarding the dignity and quality of life of people with disability who require behaviour support. These arrangements will include undertaking a functional behavioural assessment in relation to the behaviours of concern, then developing an NDIS positive behaviour support plan containing evidence-based, proactive strategies that meet the needs of the participant. From 1 July 2019, all NDIS providers in the ACT need to prepare a PBS Plan in a document that meets NDIS Commission requirements. An example template is available on the NDIS Commission website, at <https://www.ndiscommission.gov.au/providers/behaviour-support>.

It is expected that providers will develop and strengthen their own policies, procedures and related operational documents (templates, protocols) to comply with the SP Act and guidelines. The Senior Practitioner may request to review an organisation's policies, procedures and related templates to advise if they meet requirements. Alternatively, providers may proactively seek this advice. This ensures that different organisations are compliant with the legislation but have the flexibility to develop appropriate policies, procedures and related operational documents suitable to their individual context and service sector.

The ACT was the first State or Territory in Australia to adopt a legislative charter of human rights and is now one of three Australian jurisdictions with legislation that imposes binding human rights obligations on public authorities. Protected rights include the rights to liberty and security, rights of children and right to life. Any limits on human rights will only be justified where there is a lawful basis for the limitation, and it is the least restrictive way of achieving a legitimate purpose, such as protecting the safety and rights of others.

While the SP Act establishes a legislative scheme for regulating the use of restrictive practices, it does not replace or alter existing obligations or legislative schemes established under other Acts. For example, the *Work Health and Safety Act 2011* imposes a number of work health and safety duties on the Territory, its offices and works, including a duty to ensure (as far as is reasonably practicable) that the workplace is without risks to the health and safety of any person at the workplace (including staff). It is important that consideration of other Acts is included in any related planning and implementation of the SP Act.



# PRINCIPLES OF POSITIVE BEHAVIOUR SUPPORT (PBS)

The SP Act enshrines the principle that services must be provided in a way that involves positive behaviour support planning informed by evidence-based practice; and the implementation of strategies to produce behavioural change, focussed on skills development and environmental design (Section 9(2)(e)).

Positive Behaviour Support (PBS) is an evidence-based framework to support people of all ages in all settings in reducing behaviours of concern (sometimes called challenging behaviours). It is the key strategy identified in the Act (Section 6) to maximise opportunities for achieving positive outcomes and reducing or eliminating the need for restrictive practice. PBS is:

- > **Person-centred:** ensuring the person's (or child's) life goals are at the centre of the process.
- > **a Partnership:** collaborating with the person and all key stakeholders shapes the process of change.
- > **Planned:** creating a clear document to ensure shared understandings and accountability.
- > **Positive:** focusing on preventative, rather than reactive, strategies.
- > **Proactive:** placing the responsibility for changing behaviour on both the person and their supporters.
- > **Purposeful:** using a functional behavioural assessment approach to identify the reason for the behaviour.
- > **Process driven:** cycling iteratively through a process of identifying, assessing, planning, implementing, monitoring and evaluating data.

PBS has two main aims:

- > to increase the person's quality of life, and
- > to decrease the intensity, frequency and duration of behaviour that causes harm to the person or others (see Section 11 of the SP Act).

The main feature of PBS is the use of a PBS Plan and, within that, a functional behavioural assessment. A functional behavioural assessment aims to identify where, when, and the likely reasons why a person engages in behaviours of concern. It typically involves the collection of data (such as observations and information from those who know the person well) to develop an understanding of the circumstances that trigger and maintain the behaviour of concern. PBS uses the data collected and develops effective individualised strategies and replacement behaviours, in a way that reduces the occurrence and impact of behaviours of concern and minimises the use of restrictive practices. These strategies are documented in the PBS Plan.

While the intent of this Guideline is not to dictate the use of a particular PBS Plan template, to meet legislative requirements all PBS Plans should contain:

## 1. Strategies to build on the person's strengths

- > Overview of person's biopsychosocial strengths and needs (such as health, routine, relevant history)
- > Replacement behaviour and skills to be taught
- > Environmental supports
- > Staff supports
- > Communication /sensory/ learning supports

## 2. Strategies to reduce the behaviour of concern

- > Description of behaviour of concern including frequency, intensity and duration
- > Background to behaviour of concern including early warning signs and triggers
- > Identified consequences of behaviour of concern

## 3. Positive strategies to be used prior to using restrictive practice

## 4. Identification of regulated Restrictive Practices included in PBS Plan

## 5. Detailed summary/ protocol for each proposed restrictive practice

- > Rationale for the use of the restrictive practice
- > Circumstances in which the restrictive practice is to be used
- > Procedure for using the restrictive practice including observations and monitoring
- > Implementation instructions for staff
- > Schedule of review of the restrictive practice
- > Fade out / reduction of restrictive practice strategies
- > De-escalation and debriefing strategies

## 6. Evidence of the consultation process with others (Including a person with knowledge of PBS) during the plan development

### 7. Strategies for monitoring and team responsibilities

- > Considerations of the safety of all people and duty of care obligations under the *Work Health Safety Act 2011* and the *Human Rights Act 2004*.

While positive behaviour support is appropriate for supporting all people with behaviours of concern, only PBS Plans that include restrictive practices need to be submitted to a Panel for approval and then forwarded to the Senior Practitioner for registration. The restrictive practices outlined in a plan may be:

- > Routine: administered or occur daily / regularly
- > PRN (as needed): occur on a needs basis/ irregularly in order to respond to a behaviour of concern.

Whilst PBS is the overarching framework presented in the SP Act, this does not exclude other person-centred approaches, in particular trauma-informed approaches. A trauma-informed perspective is one in which service providers are conscious of a person's trauma history and are aware of the impact this may have on the person's behaviours of concern.

As with the PBS approach, trauma-informed practice is strengths-based, uses culturally appropriate evidence-based assessment, engages in efforts to enhance the resilience and protective factors of people, and emphasises collaboration.





Table 1: Process for PBS Plans that include restrictive practices as described in the SP Act

Step required by SP Act	Who?	Guidelines	Described in:
<b>1.</b> <b>Developing the plan:</b> <b>Section 12(3)</b>	Provider (including individual and team)	A provider must: <ul style="list-style-type: none"> <li>&gt; consult as appropriate with the person, their family, carers, any guardian or advocate for the person and any other relevant person</li> <li>&gt; use the assistance of a person with professional expertise or appropriate experience in relation to positive behaviour support</li> </ul>	PBS Plan Guideline (this document)
<b>2.</b> <b>Writing the plan:</b> <b>Section 12(2)</b>	Provider (including individual and team)	A positive behaviour support plan must identify: <ul style="list-style-type: none"> <li>&gt; a description the behaviour of the person that is causing harm to the person or others</li> <li>&gt; the positive strategies that must be attempted before using a restrictive practice</li> <li>&gt; procedure and circumstance for each restrictive practice proposed to be used</li> <li>&gt; a copy for the person who is the subject of the plan (in an appropriate format)</li> </ul>	PBS Plan Guideline (this document)
<b>3.</b> <b>Preparing the plan for the panel:</b> <b>Section 15</b>	Provider / plan author	A provider/ plan author must apply to the PBS Panel. The application must be in writing and include: <ul style="list-style-type: none"> <li>&gt; the name and business address of the provider</li> <li>&gt; a copy of the plan</li> <li>&gt; supporting documentation may also be attached to the plan, such as reports from therapists, doctors or psychologists.</li> </ul>	PBS Panel Guideline
<b>4.</b> <b>Panel approval of the plan:</b> <b>Section 14</b>	PBS Panel	A PBS Panel must assess the plan and decide whether to approve the plan. The PBS Panel may approve the plan only if satisfied: <ul style="list-style-type: none"> <li>&gt; the plan is consistent with these guidelines; and</li> <li>&gt; any restrictive practice included in the plan is necessary to prevent harm to the person or others and is the least restrictive approach reasonably available.</li> </ul> The PBS Panel must give written reasons for its decision to the provider.	PBS Panel Guideline
<b>5.</b> <b>Registration of the plan:</b> <b>Section 15</b>	Senior Practitioner	Following the panel's approval of the plan, it will be forwarded to the senior practitioner for registration. On application, the senior practitioner must either: <ul style="list-style-type: none"> <li>&gt; register the positive behaviour support plan; or</li> <li>&gt; refuse to register the plan.</li> </ul> The senior practitioner may register the plan only if satisfied: <ul style="list-style-type: none"> <li>&gt; the plan is consistent with the guidelines made; and</li> <li>&gt; any restrictive practice included in the plan is necessary to prevent harm to the person or others and is the least restrictive approach reasonably available.</li> </ul>	PBS Panel Guideline

Step required by SP Act	Who?	Guidelines	Described in:
<b>6.</b> <b>Sharing the plan:</b> <b>Section 16</b>	Senior Practitioner	On registration of a positive behaviour support plan, the provider must give a copy of the approved plan to: <ul style="list-style-type: none"> <li>&gt; the person who is the subject of the plan; and</li> <li>&gt; if the person has a guardian, the person’s guardian; and</li> <li>&gt; if the person is a child, each person with parental responsibility for the child; and the public advocate.</li> </ul>	PBS Panel Guideline
<b>7.</b> <b>Review and amendment of plans:</b> <b>Section 17</b>	Provider (including individual and team)	The provider must keep the plan under review and take steps to have it amended whenever necessary to reflect a change in circumstances such as if a plan includes a restrictive practice and it becomes no longer necessary to use the restrictive practice.  The provider must review the plan at any time on written request of the person who is the subject of the plan.  If the person has difficulty putting the request in writing, the provider must give the person reasonable assistance to do so.	PBS Panel Guideline
<b>8.</b> <b>Expiry of plans:</b> <b>Section 18</b>	Provider (including individual and team)	<ul style="list-style-type: none"> <li>&gt; A registered positive behaviour support plan expires 12 months after the day the plan is registered.</li> <li>&gt; The provider must review the plan, and if it still contains a restrictive practice, reapply to the panel (step 1).</li> </ul>	PBS Panel Guideline
<b>9.</b> <b>Maintaining a register of plans:</b> <b>Section 19</b>	Senior Practitioner	The Senior Practitioner must keep a register of PBS Plans.  The register may: <ul style="list-style-type: none"> <li>&gt; include any other information the senior practitioner considers relevant; and</li> <li>&gt; be kept in any form, including electronically, that the senior practitioner decides.</li> </ul> The Senior Practitioner may: <ul style="list-style-type: none"> <li>&gt; correct a mistake, error or omission in the register; and</li> <li>&gt; change a detail included in the register to keep the register up-to-date.</li> </ul>	PBS Panel Guideline
<b>10.</b> <b>Provider to monitor and record use of restrictive practices:</b> <b>Section 20</b>	Provider	The provider must— <ul style="list-style-type: none"> <li>&gt; monitor and make a record of any use of restrictive practices under the plan; and</li> <li>&gt; notify the Senior Practitioner about the use of restrictive practices in accordance with Section 10A (reporting on the use of restrictive practice other than under a registered PBS Plan) and any guidelines made under Section 12 or Section 27 of the SP Act.</li> </ul>	PBS Plan Guideline  this document  PBSP Panel Guideline/  Restrictive Practice Data Reporting Guideline



# APPENDICES

## APPENDIX A: HOW TO WRITE A PBS PLAN

This guidance is for those providers requiring support and/or resources to develop PBS plans in accordance with the Senior Practitioner Act 2018. It provides further detail in relation to each of the steps presented in Table 1, including a PBS Plan template and example PBS Plan. Providers may choose to use these resources to inform staff professional development or as a template for whole service provider approaches.

Appendix A is comprised of the following parts:

### **A1. General guidance on developing a PBS plan**

### **A2. Section one: Person and service provider's details**

### **A3. Section two: About the person**

### **A4. Section three: Behaviour of concern**

### **A5. Section four: Positive Behaviour Support (teaching the replacement behaviour)**

### **A6. Section five: Restrictive Practices**

### **A7. Section six: Team Collaboration**

### **A8. Section seven: Monitoring**

## A1. GENERAL GUIDANCE ON DEVELOPING A PBS PLAN

### **WHO SHOULD BE CONSULTED IN THE DEVELOPMENT OF A PBS PLAN?**

It is important to ensure that the PBS Plan is developed in consultation with key people, including:

- > the person for whom the plan is being developed;
- > the person's parent/s, guardian and/or advocate;
- > an expert in the positive behaviour support approach;
- > a representative from each service provider agency that is expected to implement the plan; and
- > any other professional who is integral to supporting the person, such as a medical practitioner therapist, speech pathologist or teacher.

### **WHAT QUESTIONS SHOULD BE ADDRESSED AT THE CONSULTATION MEETING?**

#### **1. What do we know about the person now that will help design the best support?**

- > Have there been any significant changes in the person's life that may impact them?
- > Are there emotional, physical or other health issues that may need to be considered?
- > Are there any assessment results that need to be taken into consideration, such as a communication assessment?
- > Is there anything else the team needs to consider to ensure the person is supported (e.g. is there a need for additional staff training or knowledge) or is there no other way for the person to communicate what they are trying to say?

#### **2. What are the functions of the behaviours of concern used by the person?**

- > If a functional behaviours assessment has been done, discuss what the team believes the function of the person's behaviour(s) is/are.
- > If previous interventions didn't work, a new functional behaviour assessment is needed.
- > Discuss what things trigger the behaviours of concern.
- > Do these triggers work the same way in all environments (in the community or home)?

### **3. What targeted positive behaviour supports are needed?**

How can the team best support the person to reduce their behaviours of concern?

Note: This can include positive behaviour support strategies such as replacement behaviours, reinforcement, building or using existing skills, and increasing the person's choices, interactions, opportunities and/or communication skills.

### **4. What de-escalation strategies are needed?**

Seek agreement from the team about de-escalation strategies needed to ensure consistency across different environments and settings. De-escalation strategies must start with the least restrictive options first.

### **5. Communication between team members**

- > How will the team communicate about changes in the person's behaviour or other significant changes that may affect the person's behaviours (e.g. a communications book that goes with the person to different services)?
- > Within each service, who is responsible for what? This includes developing materials for training, organising appointments relevant to behaviour support, and disseminating appropriate information.
- > Who will provide appropriate debriefing for staff when there has been an incident and how will staff safety be addressed?

### **6. When will the positive behaviour support plan be reviewed?**

A positive behaviour support plan expires after 12 months. If a restrictive practice is still required, the PBS plan must be reviewed and resubmitted to a Panel.

- > How will the team monitor and record the use of restricted practices during the 12-month period (e.g., documentation reviewed at team meetings)?



## A2. SECTION ONE: PERSON AND SERVICE PROVIDER'S DETAILS

### EXAMPLE PBS PLAN (SECTION ONE)

#### Section One: Person and service provider's Details

**Name of person**

Insert photo

**Guardian/ Advocate**

**PBS Plan start date**

**PBS Plan end date**

**Service provider/s and address**

**Service Provider/s  
Representative/s**

**Contact details**

**PBS Plan author**

**Contact details**

**Behaviour support specialist**

**Contact details**

#### PANEL APPROVAL (for Plans that include restrictive practices only)

**Date approved/not approved**

**Registration number**

**Comments**

## GUIDANCE ON HOW TO COMPLETE PBS PLAN (SECTION ONE)

Please ensure the PBS Plan includes:

- > The full name of the person who is the subject of the plan
- > The full name and contact details of the PBS Plan author / NDIS-funded Behaviour Support Specialist (as applicable).

This information is useful for both the Senior Practitioner and the panel in case there are any questions associated with the PBS Plan.

Please ensure the PBS Plan end date is less than 12 months from the PBS Plan start date. Under the SP Act, a plan is only valid for 12 months before requiring review.



## A3. SECTION TWO: ABOUT THE PERSON

### EXAMPLE PBS PLAN (SECTION TWO)

#### section two: About the person

**History/ culture/ family/  
personal supports**

---

**Weekly routine**

---

**Health**

---

**Communication**

---

**Sensory**

---

**Likes/Dislikes/ Preferred  
supports**

---

**Strengths/ dreams/  
aspirations**

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## GUIDANCE ON HOW TO COMPLETE PBS PLAN (SECTION TWO)

This section should contain **brief** information on the **key** aspects of a person's life and support needs that need to be considered in supporting the person. This information is important to establish connections between what is known about the person and reasons for the behaviour of concern. It may also be used to capture the person's likes/strengths that can be used to promote positive behaviour and increase quality of life.

### History

Brief dot points about the person and the factors that may explain or influence their current behaviours of concern. This could include, for example:

- > the person's supports: informal (e.g. family/friends) and formal (e.g. public/ advocate/legally appointed guardian) and daily activities (school, employment/ day placement).
- > their education and culture, the person's disability and impact on their life.
- > any significant life events, if linked to their behaviour.
- > This section should also contain information about interventions that have been tried previously, what the results were, why the current restrictive practices are in use, or how someone's quality of life has increased with a *decrease* in restrictive practices.

### Health

Brief description of current physical and mental health. Consider briefly the ways health may be linked to their behaviours of concern and support needs. Only include information that is necessary for the person to be supported well.

This could include:

- pain, disease, chronic medical conditions, mental illness, or medication side effects.
- what are the impacts of hunger, stress, tiredness, boredom.
- list all current medications here.

You can summarise here using dot points here and refer to the person's health plan or mental health plan for further detail. Remember to be concise.

### Communication

Describe how the person communicates (consider both what is communicated **to them** and what they are able to communicate **to others**).

Consider:

- > Does the person have difficulty communicating their needs?
- > Do staff have difficulty understanding the person?
- > Have they been referred to a speech pathologist?
- > Has a speech pathologist assessment been done in the past?
- > Are there any communication strategies in place? If so, what? Are they meaningful to the person's level of ability?
- > How are communication difficulties influencing their behaviours of concern?

### Likes/Dislikes

**Likes:** This information will be important for engaging the person in enjoyable meaningful activities of their choice, they can be used for reinforcing new skills as well as giving the team ideas of what could be used to engage the person when they are in a difficult or overwhelming situation (de-escalation).

**Dislikes:** These are especially important if they act as triggers or setting events to behaviours of concern.

### Sensory

Sensory experiences include vision, hearing, touch, taste, smell, balance, body awareness through muscles and joints. Consider each of these for the person and describe what the person likes and doesn't like.

Is the person seeking or avoiding sensory experiences (e.g., noise)? Is this seeking or avoiding related to their behaviours of concern? Summarise the findings of any assessments.

### Strengths, dreams and aspirations

Brief description of the person's own goals and dreams.

## Other

Sometimes behaviours of concern occur because of a mismatch between the individual's environment and their needs. Is there anything in the environment that can be changed or should be maintained?

Look at the different settings the person lives in, the people they live with and their interactions and relationships.

- > Are they living where they want to live?
- > How often does the person get to make choices - are they meaningful choices? How often they get to do their preferred activities?
- > Are their environment, staff, interactions, responses and activities **predictable**? How do they know what's happening in their day?

Which of above factors could be addressed to support the person better?

This information will be helpful for the following sections when describing the triggers, setting events and deciding on the functions or purpose of the behaviours of concerns, as well as choosing PBS strategies.



## A4. SECTION THREE: BEHAVIOUR OF CONCERN

### EXAMPLE PBS PLAN (SECTION THREE)

#### SECTION THREE: BEHAVIOUR OF CONCERN

Behaviour Description  
(including frequency, severity, duration)

#### Triggers and setting events

Activity

Communication

People

Physical environment

Place

Routine

Time

Other

#### Functions of the behaviour

Protest, avoidance or escape

Wants objects or activities

Physical need

Sensory need

Seek social interaction

## GUIDANCE ON HOW TO COMPLETE PBS PLAN (SECTION THREE)

List the behaviour(s) of concern to be addressed in the PBS Plan.

If there are current behaviours of concern resulting in harm to self and or others, describe what these behaviours were and when they were last seen.

The following section includes an example of a student 'TJ'. The behaviour of concern is that when TJ is upset he screams. He will also pinch if he is not redirected. Many students in the class find this noise very distressing. As a response to his behaviour of screaming loudly and pinching, he is often moved to a seclusion space until he stops.

### Behaviour description

Describe what the behaviour looks like, how often it occurs, how long it lasts, what harm is caused, the last time the client used the behaviour, and how long the client has been using this behaviour.

**Example:** TJ, when upset, often shouts and screams. If this behaviour is not redirected, TJ pinches the person closest to him. He does this up to eight times a day. The behaviour can last for up to 10 minutes. Some students in the class become extremely upset. This has been happening since moving into his new classroom three months ago. This can be a physical risk to both TJ or other students as when agitated by loud sounds, several other students can become aggressive. TJ's pinching also can leave significant bruising.

### Triggers and Setting Events

Describe what usually happens **just before** the behaviour of concern occurs that leads to the behaviour occurring (trigger); and what has happened before the trigger to make the behaviour more likely to occur (setting event). Look for triggers and settings events you may have identified in the **Section Two** or through the behaviour recording conducted by the team.

It is important to not only to state the triggers and setting events but also WHY they might lead to the behaviour, this will help the team to come up with the function(s) or purpose of the behaviour in the next section 'Functions'.

### ACTIVITY

**Trigger:** Are there any activities, events or tasks that trigger the behaviour? Why? What behaviour will this lead to?

Setting event related to the trigger: What is/are the setting event(s) that directly relate to this trigger? What activities, events or tasks make it more likely that the behaviour of concern will occur? Why?

### COMMUNICATION

**Trigger:** Is there a particular form of communication or phrasing that triggers the behaviour? For example, the word 'no'. (Refer to the Communication part of Section Two.)

What is/are the setting event(s) that directly relate to this trigger? What behaviour does this lead to?

**Example Behaviour:** screaming and pinching

**Trigger 1.** Staff calling him by names other than his preferred name 'TJ'.

**Setting event 1.** Staff being unaware or forgetting to say 'TJ'.

**Trigger 2.** Staff not clearly identifying/ warning TJ of changes e.g. to daily activities.

**Setting event 2.** He also uses the behaviour to communicate confusion, e.g. at transitions. It appears to be related to anxiety.



## PEOPLE

Are there certain people whose presence or absence will trigger the behaviour? For example, regular/casual staff.

What is it about this person or group of people that triggers the behaviour? Is there a related setting event(s)? What behaviour does this lead to?

## PHYSICAL ENVIRONMENT

Are there any environments, or aspects of certain environments that trigger the behaviour or act as a setting event for a behaviour e.g., noise, crowding, location, temperature, materials or objects in the environment? What behaviour does this lead to?

## PLACE

Are there any locations (the pool, doctor's waiting room) that trigger the behaviour or act as setting events? Why? What behaviour does this lead to?

## ROUTINE

Are there any changes to a particular routine or schedule that will trigger the behaviour? Are there related setting events? What behaviour does this lead to?

## TIME

Are there any times of the day or year that will trigger the behaviour?

## OTHER

Describe anything else not listed above that may act as a trigger or setting event for the behaviour of concern. For example, feeling unwell, or when experiencing symptoms of mental illness or condition.

**Example:** TJ is more likely to scream in unfamiliar activities or with unfamiliar staff.

## Functions of the Behaviour(s)

Consider what the person is trying to communicate by using a particular behaviour of concern.

All behaviours of concern serve a purpose or have a 'function'. Correctly identifying the function of a behaviour can lead to effective strategies to support the person better.

Important:

- > The function should logically link to the triggers and setting events and behaviours you have listed above.
- > There can be multiple functions for one behaviour (for example, person uses one behaviour for social interaction and the same behaviour to avoid something, OR the person may use multiple behaviours for the same function – kicks or bites to avoid something).

Examples of functions may be:

- > **Protest, avoidance or escape**

Is there something the person wants to escape, avoid, reduce or delay by using this behaviour/s?

**Example:** TJ screams to protest being called names other than 'TJ' because he only wants to be referred to as 'TJ'.

- > **Wants objects or activities**

Is the person attempting to obtain an item or engage in a particular activity by using this behaviour/s?

- > **Physical need**

Physiological or basic needs here might include: needing to use the toilet or wanting a drink or food.

- > **Sensory need**

Is the person is trying to seek or avoid, increase or reduce any sensory experiences (touch, taste, sight, sound, smell, movement or body awareness through muscles and joints)?

- > **Seek social interaction/ attention**

Is the person attempting to communicate their need to seek relationships, company or interaction with another person?

## A5. SECTION FOUR: POSITIVE BEHAVIOUR SUPPORT

### EXAMPLE PBS PLAN (SECTION FOUR)

#### SECTION FOUR: POSITIVE BEHAVIOUR SUPPORT

Replacement behaviour / skill teaching

Communication skills

Social skills

Independence skills

Self-regulation skills

Other

#### Other goals and objectives

Address triggers and setting events

Physical and Mental Wellbeing

Address “About the Person” factors e.g. strengths/ dreams and life goals

#### De-escalation

Assess safety

Prompt the replacement behaviour

Other

Post incident debriefing



## GUIDANCE ON HOW TO COMPLETE PBS PLAN (SECTION FOUR)

Positive Behaviour Support (PBS) is the use of positive strategies to increase quality of life and decrease behaviours of concern by making changes to a person's environment and teaching new skills. In planning PBS strategies, considerations of any impact and implications of enacting the plan with respect to the safety of other people in the environment with reference to the Work Health Safety Act and matters relating to duty of care.

To be effective, all support strategies need to address the function of the behaviour, and the triggers and setting events that lead to the behaviour.

Describe changes to be made now that should reduce the chances of the person needing to use the behaviour in the future, these should include:

- > Changes to be made to reduce or eliminate the **triggers and setting events** (changing an environment).
- > Teaching a **replacement behaviour** so the person does not need to use the behaviour of concern.
- > Addressing any physical and mental health issues, communication difficulties for the person and for staff, as well as the other areas of the person's life needing support that were identified in the **About the person** section.

### Address triggers and setting events

What needs to be changed to reduce or eliminate the triggers or setting events or minimise their impact?

**Example Behaviour:** Screaming

**Trigger/Setting event 1:** All staff will be told to use his preferred name, TJ.

**Trigger/ Setting event 2:** Staff will always communicate schedule changes with TJ in written or visual form.

**Other setting events:** Unfamiliar noisy environments-Staff will monitor TJ's environments and help him to utilise iPod, headphones and highly preferred music when in noisy environments.

## Replacement behaviour and skill teaching

### 1. Replacement behaviours

Replacement behaviours are behaviours the person can use to meet the same functions as the behaviour of concern. They are essential to decreasing behaviours of concern. Ask: What could the person learn to do instead of the behaviour of concern that addresses the reason (function) they engage in the behaviour?

The team needs to specify:

- > The replacement behaviour to be taught so all staff can teach it and reinforce its use.
- > How the replacement behaviour fills the same need (or function) that that particular behaviour of concern serves for the person.
- > Who in the team will do what?
- > What strategies, tools or materials will be used to teach the replacement behaviour?
- > How the person will be rewarded with something positive to use the replacement behaviour.

**Important:** If there are multiple functions, multiple replacement behaviours may be needed.

**Example:** TJ will be taught by staff to use a range of visual supports to inform staff of his preferred name/preference for written or visual communication and to protest if his preferred name or way of communicating are not used.

**Example:** Staff and TJ will create the visual supports. Staff will teach (model and provide verbal prompts) TJ how to use them. Every time TJ uses his cards, staff will immediately give him 'thumbs up', and perform the preferred action written on the card.

## 2. Replacement behaviour and behaviour reduction

- > Include goals for increasing replacement behaviour and decreasing behaviour of concern.
- > The goal should state how much the replacement behaviour will increase and how much the behaviour of concern will decrease.

### Example of increasing the replacement behaviour:

When TJ needs to communicate or protest; he will give the correct card to staff without screaming, for .75 of the time for three consecutive weeks within three months.

### Example of decreasing behaviour:

The goal is to reduce instances of screaming within two months from eight times a day/ 10 minutes of screaming to less than twice a day/ less than one minute of screaming a day.

## 3. Skill teaching

This could include any skill the person wants to develop such as;

- > social skills for example interacting with others
- > independence skills (travel, cooking, using the phone/ money)
- > coping and tolerance skills (relaxation techniques, mindfulness, waiting skills).
- > If this information is already included in the person's learning/ lifestyle plan, just refer to it and attach.

## COMMUNICATION

What communication supports does the person need to ensure successful two-way communication and how will this be implemented and maintained over time? (See Communication in **About the person** section of this planning guide).

## Goals and Objectives

What will be achieved and when? What behaviours will be increased? What behaviours will be decreased?

## PHYSICAL AND MENTAL WELLBEING

What do the team need to do to address any health issues? (See Health in **About the person** section of this planning guide). This can include medical advice, other professional advice or activities such as chat time with the person and staff.

## ADDRESS 'ABOUT THE PERSON' FACTORS

Address any other issues that were raised when completing the **About the person** section of this planning guide. For example, environmental issues, lifestyle, relationships, sensory, disability, choice, Person-Centred Active Support.

## Other goals

Include goals for the other areas of the PBS Plan such as skill development, physical and mental wellbeing.

### Examples of skill teaching:

- > Teaching TJ to his photos on his schedule board before every transition, identifies the previous activity photo and moves it to the finished box.
- > Incorporate a change symbol for new/ unexpected activities on his schedule.
- > Teaching TJ to use visual supports to request his interests (iPod, multisensory tasks)
- > Teaching TJ to use the 'relax room' area of the classroom and engage with a range of preferred sensory items and books. This sometimes can be used with another student also.
- > Teaching TJ choice making e.g. music and headphones, outdoor courtyard and sensory time.
- > Teaching TJ to ask for help (across the room / the day)
- > Teaching TJ a range of self-regulation skills (as part of a whole class/ school approach)

## De-Escalation

List what staff should do when a behaviour of concern occurs to ensure the safety of all, to avoid escalating the behaviour and minimising its impact on all people in the least restrictive way.

- > For **each** behaviour or groups of behaviours, clearly state what the staff should do at each stage of behaviour escalation before the use of a restrictive intervention is considered.
- > The strategies listed need to work for the person involved, the different places the behaviours may occur in and the staff who may have to use them.

## ASSESS SAFETY

In planning the PBS strategies, the safety and wellbeing of the all people in the environment should be considered.

## PROMPT THE REPLACEMENT BEHAVIOUR

If safe to do so, how should the staff prompt the person to use the replacement behaviour being taught?

## POST INCIDENT DEBRIEFING

After any critical incident describe how everyone will be de-briefed to ensure the wellbeing of all involved as well as learning how to do things differently next time to avoid another critical incident.

- Best practice suggests there should be both immediate de-briefing and formal debriefing. The debriefings need to be done in a non-punitive and supportive way.
- > The immediate debriefing needs to look at the emotional support needed for the individual and staff involved, and any immediate changes required in the positive behaviour support plan.
  - > The formal debriefing should occur within 48 hours of the incident and needs to examine the incident to discover the cause.



## A6. SECTION FIVE: RESTRICTIVE PRACTICES

### EXAMPLE PBS PLAN (SECTION FIVE)

SECTION FIVE: RESTRICTIVE PRACTICES			
Restrictive Practice	Administration Type	Description (see guidance at page 24)	For each restrictive practice, address:
Routine	Chemical		Positive strategies to be used prior to using restrictive practice
Routine	Mechanical		Rationale for the use of the restrictive practice
Routine	Environmental		Circumstances in which the restrictive practice is to be used
PRN	Other		Procedure for using the restrictive practice including observations and monitoring
PRN	Chemical		Implementation instructions for staff
PRN	Mechanical		Schedule of review of the restrictive practice
PRN	Environmental		Fade out/ reduction of restrictive practice strategies
PRN	Seclusion		De-escalation and debriefing strategies
PRN	Physical		(These may be within the PBS plans or each separate protocol documents that accompany the PBS plan).



## GUIDANCE ON HOW TO COMPLETE PBS PLAN (SECTION FIVE)

Restrictive Practices	Description to be provided
Routine Chemical	<p><i>Chemical restraint refers to the use of medication or a chemical substance for the primary purpose of influencing a person's behaviour or movement.. It does not include use of a chemical substance that is prescribed by a medical practitioner or nurse practitioner for the treatment, or to enable the treatment, of a mental or physical illness or condition in a person; and used in accordance with the prescription.</i></p> <p><b>Description: Drug, Dosage, Route, Frequency</b></p> <p>Describe how the use of the restrictive practice reduces the risk of harm to the person or others and specify the benefit to the person. Note that restrictive interventions do not improve 'quality of life'.</p>
Routine Mechanical	<p><i>Mechanical restraints are devices used to prevent, restrict or subdue the movement of all or part of a person's body. They do not include devices for prescribed for therapeutic purposes or to enable the safe transportation of a person.</i></p> <p><b>Description: Belts/Straps, Helmet, Bedrails, Other, Cuffs, Gloves, Wheelchairs, Tables/ Furniture, Splints, Restrictive Clothing</b></p> <p>At which time of the day is the restraint applied and when is it removed?</p> <p>Describe how does the use of the restrictive intervention reduce the risk of harm to the person or others and specify the benefit to the person. Note that restrictive interventions do not improve 'quality of life'.</p>
Routine Environmental	<p><i>Environmental restraint means any action or system that limits a person's ability to freely access the person's surroundings or a particular thing; or engage in an activity.</i></p> <p><b>Description: Restriction to his or her room, toilet, bathroom, fridge, backyard, kitchen cupboards, pantry, laundry, living areas, kitchen, phone, other restrictions outside of the premises.</b></p> <p>Describe the times or situations where the person would be supervised by staff in order to either prevent or respond to behaviours of concern should they occur.</p>
PRN Other	<p>Would include, for example, any other directions or orders that have been issued by a tribunal, court or other authority that impact on a person's rights and freedoms.</p>
PRN Chemical	<p><b>Description: Drug, Dosage, Max per day, Oral</b></p> <p>Describe how the use of the restrictive practice reduces the risk of harm to the person or others and specify the benefit to the person. Note that restrictive interventions do not improve 'quality of life'.</p>
PRN Mechanical	<p><b>Description: Belts/Straps, helmets, bedrails, other, cuffs, gloves, wheelchairs, tables/ furniture, splints, restrictive clothing</b></p> <p>Maximum time they can be applied and the number of episodes per day they can be used.</p> <p>Describe how the use of the restrictive practice reduces the risk of harm to the person or others and specify the benefit to the person. Note that restrictive interventions do not improve 'quality of life'.</p>
PRN Environmental	<p><b>Description: Restriction to his or her room, toilet, bathroom, fridge, backyard, kitchen cupboards, pantry, laundry, living areas, kitchen, phone, other restrictions outside of the premises.</b></p> <p>Times or situations where the person would be supervised by staff in order to either prevent or respond to behaviours of concern should they occur.</p>
PRN Seclusion	<p><b>Description: Method and location</b></p> <p>Describe what the person's presentation looks like in order to cease seclusion as soon as possible.</p>
PRN Physical	<p><b>Description: Method and location</b></p> <p>Describe what the person's presentation looks like in order to cease physical restraint as soon as possible.</p>

## A7. SECTION SIX: TEAM COLLABORATION

### EXAMPLE PBS PLAN (SECTION SIX)

#### SECTION SIX: TEAM COLLABORATION

*Who has been involved in preparation of the PBSP and what are their responsibilities?*

NAME	AGENCY	ROLE	ACTIONS
------	--------	------	---------

#### Team coordination and review

**Team coordination**

**Communication and review of goals**



## GUIDANCE ON HOW TO COMPLETE PBS PLAN (SECTION SIX)

List all the people in the team and their roles and responsibilities. This may include both formal and informal supports such as doctors, specialists, legally appointed guardians etc. who may have a monitoring or oversight role.

How has the team included the person themselves in the development of their plan?

### TEAM CO-ORDINATION AND REVIEW

List how the team will co-ordinate all the tasks and responsibilities and review the PBS plan. There are a range of plan implementation supports available such as: <https://www.autismspectrum.org.au/pbs#Key%20Resources>.

### TEAM CO-ORDINATION

List all the specific tasks/goals of the PBS Plan. For example, replacement behaviour, other PBS goals such as supporting communication, physical and mental health tasks, or other tasks, who is responsible for carrying them out, by what date will the task be achieved and what progress has been made.

**Example:** Staff (name) responsible for card making, teaching and recording, parents to provide computer and follow strategies at home (replacement behaviour).

### COMMUNICATION AND REVIEW OF GOALS

Describe how the team will monitor progress towards the goals of the positive behaviour support plan.

**Example:** Staff will make daily recordings of behaviour and card use, to be kept on file and reviewed by staff and parents every two weeks, decisions on changes to strategies to be decided by all if progress towards quality of life goals, behavioural goals, or PBS Plan implementation is not occurring or a critical incident occurs.

## A8. SECTION SEVEN: MONITORING

### EXAMPLE PBS PLAN (SECTION SEVEN)

#### PBS/ Restrictive practice monitoring tool - to be used monthly

#### Person and provider's details

**Name of person**

---

**Service provider**

---

**Plan review date**

---

#### Restrictive Practices

#### Discussion

*Record discussion in team meeting minutes as to any changes to behaviour, issues with team consistency, barriers or importantly, successes.*

---

Review the data to identify number of restrictive practices required over the month.

---

Have there been increases or decreases in the use of restrictive practices in the last month compared to the previous month?

---

#### Behaviours of concern

#### Discussion

*Record discussion in team regarding the person displaying behaviours of concern.*

---

If the behaviour of concern has increased what are the reasons for the increase?

---

If the behaviour has increased what changes to need to be made to the PBSP, programs, materials, by whom, by when?

---

#### Replacement Behaviours

#### Discussion

*Record discussion as to the teaching of replacement behaviours; that is what they want the person to do instead of using the behaviour of concern.*

---

Review the data (observation sheets, daily notes, team meetings, and individual's feedback) to evaluate the learning of the new skill.

---

#### Review

#### Discussion

*Record discussion as to whether restrictive practices are still required.*

---

Is the restrictive practice still needed?  
If yes, why?

---

Are there any other support options that could be considered?

---





## APPENDIX B: PBS PLAN EXAMPLE TEMPLATE

### SECTION ONE: PERSON AND SERVICE PROVIDER'S DETAILS (for Plans that include restrictive practices only)

**Name of child** Insert photo

**Parents/Guardian/ Advocate**

**PBS Plan start date**

**PBS Plan end date**

**Service provider/s and address**

**Service Provider/s Representative/s**

**Contact details**

**PBS Plan author**

**Contact details**

**Behaviour support specialist**

**Contact details**

**Restrictive Practices in Plan**

Type	Description	Other information e.g location
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**SECTION TWO: ABOUT THE CHILD**

**History/ culture/ family/ personal supports/  
Weekly routine**

---

**Learning**

---

**Health**

---

**Communication**

---

**Sensory**

---

**Likes/Dislikes/ Preferred supports**

---

**Strengths/ dreams/ aspirations**

---



## SECTION THREE: BEHAVIOUR OF CONCERN

**Behaviour Description**  
(including frequency, severity, duration)

### Triggers and setting events

Activity

Communication

People

Physical environment

Place

Routine

Time

Other

### Functions of the behaviour

Protest, avoidance or escape

Wants objects or activities

Physical need

Sensory need

Seek social interaction

**SECTION FOUR: POSITIVE BEHAVIOUR SUPPORT**

**Replacement behaviour / skill teaching**

**Communication skills**

**Social skills**

**Independence skills**

**Self-regulation skills**

**Other**

**Other goals and objectives**

**Address triggers and setting events**

**Physical and Mental Wellbeing**

**Address “About the child” factors e.g. strengths/ dreams and life goals**

**De-escalation**

**Assess safety**

**Prompt the replacement behaviour**

**Other**

**Post incident debriefing**



**SECTION FIVE: RESTRICTIVE PRACTICES – please address one restrictive practice per page (e.g. duplicate this page as necessary)**

(Some of these areas may be addressed within other sections the PBS plan or in a separate protocol document that accompany the PBS plan. Indicate if so).

Restrictive Practice Type (highlight which)	Chemical	Mechanical	Environmental	Seclusion	Physical	Administration Type	Routines	PRN (as necessary)
Positive strategies to be used prior to using restrictive practice								
Rationale for the use of the restrictive practice								
Circumstances in which the restrictive practice is to be used								
Procedure for using the restrictive practice including observations and monitoring								
Procedure for using the restrictive practice including observations and monitoring								
Implementation instructions for staff								
Schedule of review of the restrictive practice								
Fade out/ reduction of restrictive practice strategies								
De-escalation and debriefing strategies								

**SECTION SIX: TEAM COLLABORATION**

*Who has been involved in preparation of the PBSP and what are their responsibilities?*

<b>NAME</b>	<b>AGENCY</b>	<b>ROLE</b>	<b>ACTIONS</b>	<b>SIGNATURE</b>
-------------	---------------	-------------	----------------	------------------


**Team coordination and review**

**Team coordination**

**Communication and review of goals**






## PBS/ RESTRICTIVE PRACTICE REVIEW TEMPLATE- TO BE USED MONTHLY

### Person and provider's details

Name of person

Service provider

Plan review date

### Restrictive Practices

### Discussion

*Record discussion in team meeting minutes as to any changes to behaviour, issues with team consistency, barriers or importantly, successes.*

Review the data to identify number of restrictive practices required over the month.

Have there been increases or decreases in the use of restrictive practices in the last month compared to the previous month?

### Behaviours of concern

### Discussion

*Record discussion in team regarding the person displaying behaviours of concern.*

If the behaviour of concern has increased what are the reasons for the increase?

If the behaviour has increased what changes to need to be made to the PBSP, programs, materials, by whom, by when?

### Replacement Behaviours

### Discussion

*Record discussion as to the teaching of replacement behaviours; that is what they want the person to do instead of using the behaviour of concern.*

Review the data (observation sheets, daily notes, team meetings, individual's feedback) to evaluate the learning of the new skill.

### Review

### Discussion

*Record discussion as to whether restrictive practices are still required.*

Is the restrictive practice still needed? If yes, why?

Are there any other support options that could be considered?

# APPENDIX C: POSITIVE BEHAVIOUR SUPPORT (PBS) PANEL APPLICATION

To be completed by plan author

**Email completed form to: [actseniorpractitioner@act.gov.au](mailto:actseniorpractitioner@act.gov.au)**

Date:

Provider: Disability Service Provider  Education Provider  Education and Care  Care & protection of children

## Person (subject of the PBS Plan) Details

Name:  DOB:

Street Address:

Suburb:  Post Code:

## Plan author

Name:

Organisation:

## Service Provider/s

1) Name:  Phone:

Organisation:

2) Name:  Phone:

Organisation:

## Parent / Guardian:

Name:  Phone:

Organisation (if applicable):

## Submission completed by

Name  Position

Team / Location  Phone

Signature  Date

## Endorsement from Supervisor / Manager

Name  Position

Team / Location  Phone

Signature  Date

Comments / Recommendations:

## PBS Plan Consent Details (to share information)

Name

Relationship to the person

Phone  Email

Signature  Date



## APPENDIX D: DEFINITIONS OF REGULATED RESTRICTIVE PRACTICES

**TABLE 1: RESTRICTIVE PRACTICE DEFINITIONS**

A practice that is used to restrict the rights or freedom of movement of a person for the primary purpose of protecting the person or others from harm; and includes the following:

- > chemical restraint;
- > environmental restraint;
- > mechanical restraint;
- > physical restraint;
- > seclusion; or
- > verbal directions, or gestural conduct, of a coercive nature.

A restrictive practice is NOT:

1. reasonable action taken to monitor and protect a child or vulnerable person from harm, e.g. holding a child’s hand while crossing the road.

Definition	Exclusion/ Exception
<b>Chemical restraint</b>	
The use of medication or a chemical substance for the primary purpose of influencing a person’s behaviour or movement.	Chemical restraint is NOT: <ol style="list-style-type: none"> <li>1. the use of a chemical substance that is prescribed by a medical practitioner or nurse practitioner for the treatment, or to enable the treatment, of a mental or physical illness or condition in a person; and</li> <li>2. used in accordance with the prescription.</li> </ol>
<b>Environmental restraint</b>	
Any action or system that limits a person’s ability to freely: <ul style="list-style-type: none"> <li>&gt; access the person’s surroundings or a particular thing; or</li> <li>&gt; engage in an activity.</li> </ul>	Environmental restraint is NOT: the use of reasonable safety precautions such as a fence around a primary school playground.
<b>Mechanical restraint</b>	
The use of a device to prevent, restrict or subdue the movement of all or part of a person’s body.	Mechanical restraint is NOT: <ol style="list-style-type: none"> <li>1. the use of the device to ensure the person’s safety when travelling; or</li> <li>2. the use of a device for therapeutic purposes.</li> </ol>
<b>Physical restraint</b>	
The use or action of physical force to stop, limit or subdue the movement of a person’s body or part of the person’s body.	Physical restraint is NOT: a reflex action of reasonable physical force and duration intended to guide or direct a person in the interests of the person’s safety where there is an imminent risk of harm.
<b>Seclusion</b>	
The sole confinement of a person, at any time of the day or night, in a room or other space from which free exit is prevented, either implicitly or explicitly, or not facilitated.	Seclusion is NOT: social isolation where a child or vulnerable person is in a space away from others.
<b>Verbal directions, or gestural conduct, of a coercive nature</b>	
The use of verbal or non-verbal communication that degrades, humiliates or forces a person into a position of powerlessness or threats of the use of restrictive practice to manage the person’s behaviour of concern.	Coercion is NOT: <ol style="list-style-type: none"> <li>1. Stating expectations or rules</li> <li>2. Giving a person directions or instructions to assist them to self-regulate.</li> </ol>



