

# Practice Certificate in

# Multi-Element Behaviour Support

## Callan Institute

Saint John of God Community Services clg.

Module 1 presented by: Caroline Dench and Jacinta Mulhere

Date: 17<sup>th</sup> September 2024





## Layout of the Day

- 9.30 a.m. Start
- 10.45 a.m. Break
- 1:00 p.m. Lunch
- 3:00 p.m. Break
- 4.30 p.m. Finish

# Structure of Today

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12 Principles of PBS

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PBS Policy

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Functionally Based and Non-Functionally Based and/or  
Functionally Informed Non-Aversive Reactive Strategies

---

Robert case study

---

Ethics of intervening

---

Data collection

---

Assignment



# Overview of the Course

# Structure of the Course



7 Units



49  
competencies



Assessment



Submission of  
portfolio



Line  
Manager/Clinic  
al  
Supervisor/Men  
tor support

# Resources

Registration

Folder

Management of MEBS Workshop (24<sup>th</sup> September)

Assignments

Website: [www.callaninstitute.org](http://www.callaninstitute.org)

- Username: callanstudent
- Password: calmebs



Now that it is finally summer time, we are out and about more, doing lots of fun things, going to the beach and having impromptu ice-cream cones.

We know how routines can 'go out the window' on days like today, so it is now more important than ever to remind ourselves to support each other with the now old adage 'What's the Message?' should any behavioural problem arise.

[Read more](#)

## News & Events

### Callan Institute 2016 Training Schedule

If you are interested in Positive Behaviour Support (PBS) or Friendship, Relationship & Sexuality (RUA) Training, check out our 2016 dates:

[Read More](#)

e-learning course on Positive Behaviour Support  
This course provides a comprehensive way to learn behaviour skills for adults with an intellectual disability and behaviour of concern? Yes, this course is for you!  
[Read More](#)

### Callan Art Competition winner Mr. Terry Black

Another very successful Art Competition was displayed in Deansgrange Library in March. The winning piece was painted by Terry Black.

[Read More](#)

### Systematic Instruction

Building Capacity through Skills Teaching: This course supports the teaching of skills using applied behaviour analysis....

[Read More](#)

### Callan Facebook Page

Callan Institute Facebook Page has new posts every day. Keep up to date with events, tips and resources by visiting and liking us.

[Read More](#)

## Assesment



- ▶ What is a MEBS assessment?
- ▶ How do I make a referral?
- ▶ Information for families
- ▶ Information for service providers

## Research



- ▶ Literature on PBS and MEBS
- ▶ Research in MEBS
- ▶ Projects in MEBS

# Website for Resources

Callan Institute - Student Downloads Area

Home About Us Links Contact us Training **Assessment** Research

St John of God Hospitaller Services

Compassion Respect Excellence Hospitality Justice

**Training**

- What is MEBS?
- Workshops & Courses
- Student Downloads Area**
  - Systematic Instruction
  - Multi Element Behaviour Support 2013 - 2014
- Tutor Downloads Area

YOU ARE HERE: Home > Training > Student Downloads Area

Login

callanstudent

Password

.....

Login

Welcome to the student area. This is a secure area for students currently registered with Callan Institute, where you can access materials and get further information on assignments.

Please note that these materials have been updated in 2012. If you started the course prior to this, please contact us at [callan@sjog.ie](mailto:callan@sjog.ie) if you're looking for a familiar older version. If you are a registered student, and you are unable to access this area, please contact [callan@sjog.ie](mailto:callan@sjog.ie)

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**Login: Callan Student**



**Password: calmebs**

# Assignments

Module	Date	Assignment
1	17 <sup>th</sup> Sept., 2024	Background Assessment
2	15 <sup>th</sup> Oct., 2024	Functional Assessment Checking the Message
3	12 <sup>th</sup> Nov., 2024	MEBS Plan
4	10 <sup>th</sup> Dec., 2024 (online)	Quarterly Report and PSR
5	4 <sup>th</sup> March 2025	Video
6	10 <sup>th</sup> June 2025	Final Portfolio



# Behavioural support need is....



- A way to tell you something important
- There is a 'message' hidden in a behaviour support need
- Find the message and support the individual (and others affected)
- Previous labels were: challenging behaviour, behaviours of concern



# 12 Key components of PBS (Gore et al, 2022)

## **Rights and Values**

**A focus on rights and good lives for people with intellectual disabilities and those who care for them.**

1. Person Centred Foundation.
2. Constructional approaches and empowerment.
3. Partnership working with Stakeholder Involvement
4. Elimination of Aversive, Restrictive and Abusive Practices.
5. A biopsychosocial model of behaviours that challenge.

**Theory and Evidence Base:  
Understanding behaviour, needs and experience**

6. Behavioural Approaches to promote learning, doing and interacting.
7. Multi-Professional and cross discipline approaches.

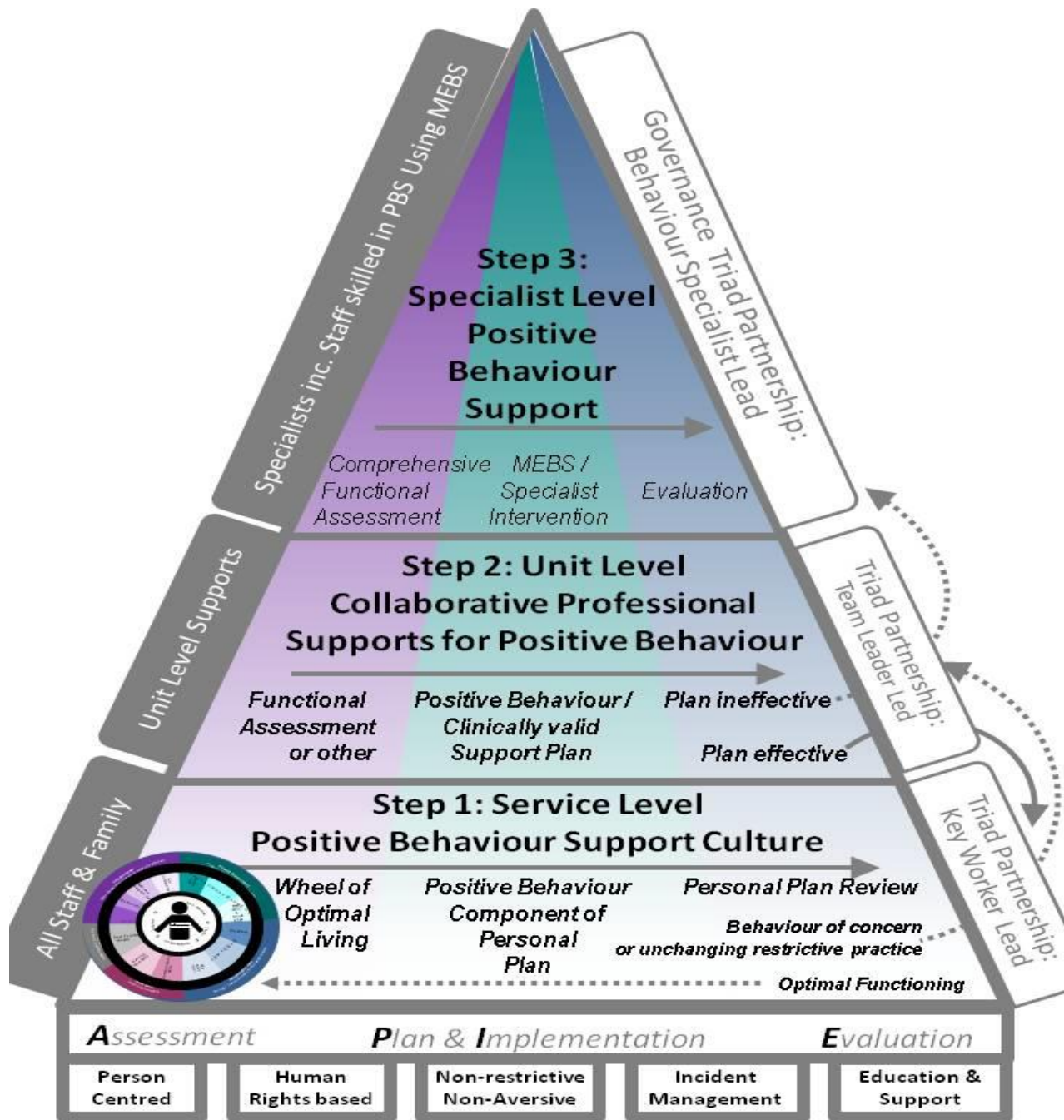
## **Process and Strategy.**

**A systematic approach to ensuring high quality support**

8. Evidence informed decisions. Data driven approach.
9. High Quality Care and Support Environments
10. Functional assessment
11. Multi-component PBS Plans
12. Implementation, monitoring and evaluation.



# PBS Policy



<b>Assessment</b>		<b>Plan &amp; Implementation</b>		<b>Evaluation</b>
Person Centred	Human Rights based	Non-restrictive Non-Aversive	Incident Management	Education & Support

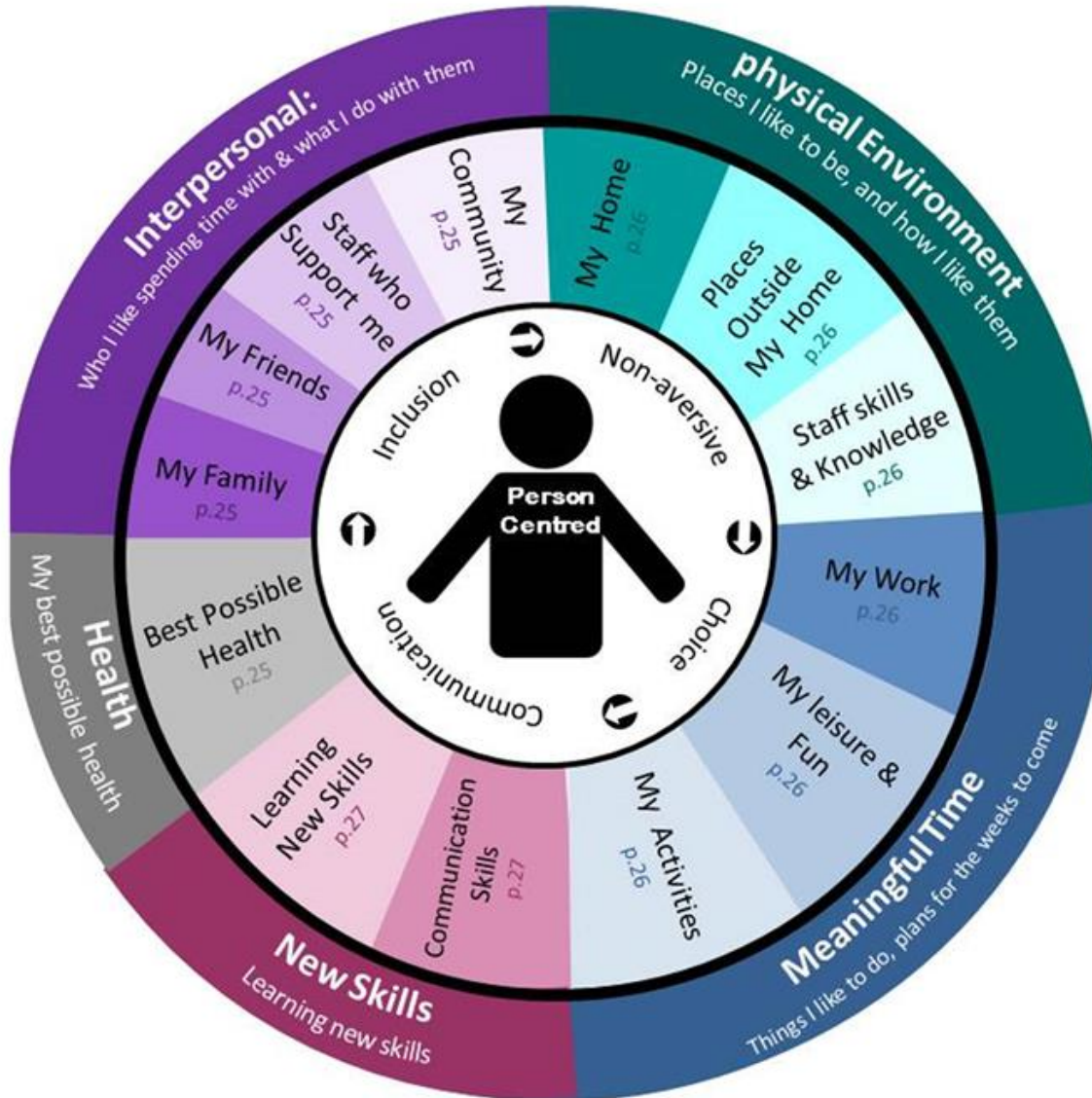


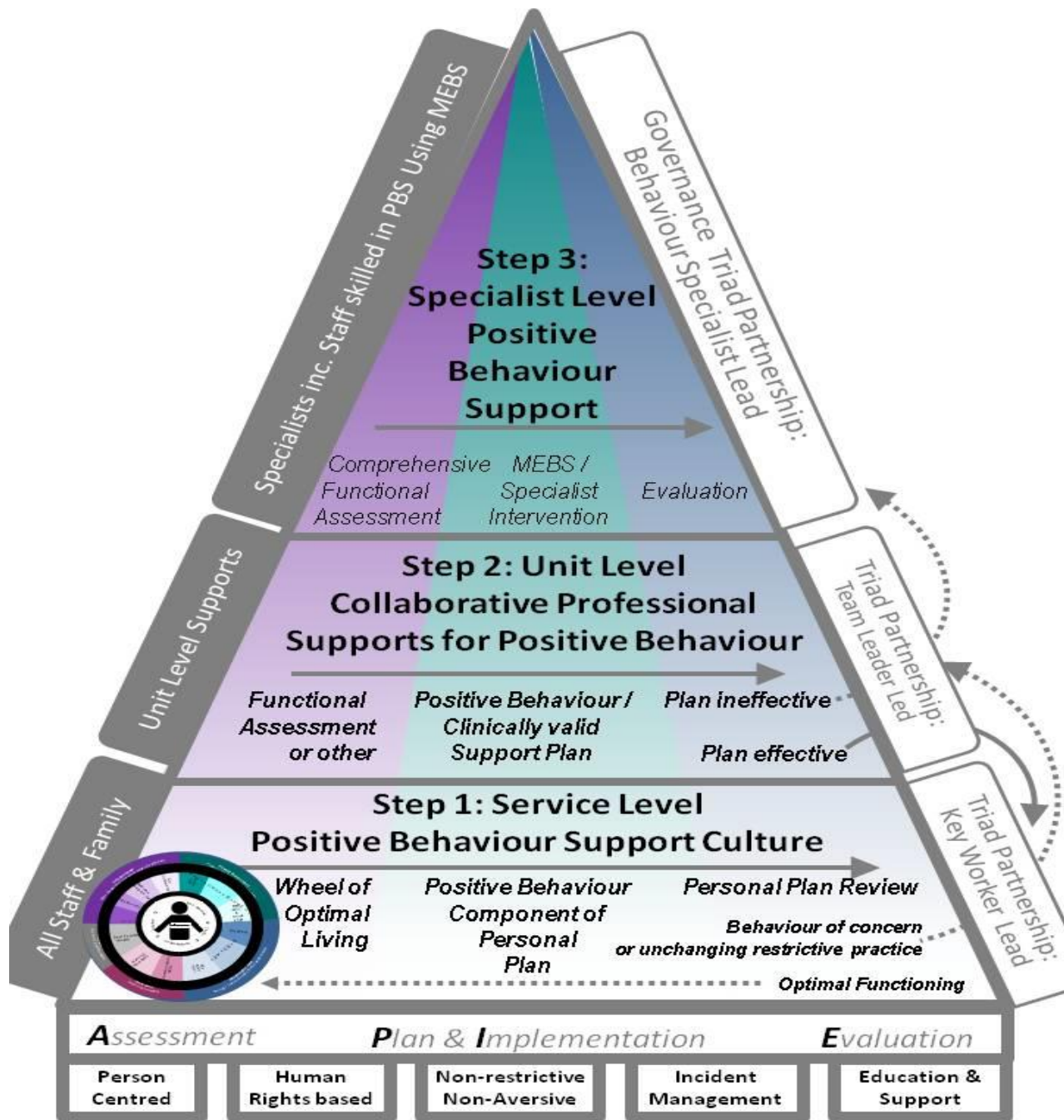
This needs  
an expert

I need some  
help

Easy – I can figure  
out what's going on

# Wheel of Optimal Living





# A Review of Multi Element Behaviour Support



# Multi-Element Behaviour Support

## Background & Functional Assessment

### Proactive Strategies

### Resolution Strategies

#### Environmental Accommodations

- Setting
- Interactions
- Activities
- Choice
- Variety

#### Skills Teaching

- General skills
- Functionally equivalent skills
- Functionally related skills
- Coping & tolerance skills

#### Direct Intervention

- Reward no behaviour
- Reward low rates of behaviour
- Reward alternatives
- Co-operation training
- Satiation

#### •Respond to message /function

- Ignore
- Redirect
- Feedback
- Instruction
- Facilitate
- Stimulus Change
- Active Listening
- Emergency Management

Support system

Outcomes

•Speed & degree of effects

•Generalisation

•Maintenance

•Social Validity

•No Side effects

•Quality of life

# Proactive Strategies Review:

## 1. Environmental Interventions:

- Physical environment,
- Interpersonal environment
- Programmatic environment

## 2. Skills Teaching:

- General Skill
- Functionally Equivalent Skill
- Functionally Related Skills
- Coping and Tolerance Skill

## 3. Direct Interventions:

- Reward Contracts
- Antecedent Strategies

# Environmental Accommodations



# Skills Teaching

- General
- Functionally Equivalent
- Functionally Related
- Coping & Tolerance

A photograph of three people sitting around a round wooden table. On the left, a woman in a red and black plaid shirt is pointing at a document on the table. In the center, a man in a white t-shirt with 'CENTRAL' printed on it is looking at the document. On the right, a man in a blue shirt and a dark cap is also looking at the document. The background features a large green leaf-like shape and a large orange circle. At the bottom of the image, there is a large orange banner with the text 'Keep learning' in white.

Keep learning

# Direct Interventions

Anything that directly acts on the behaviour sequence (triggers or consequences)

- Trigger Control
- Reward Contracts
- Stimulus Control
- Satiation





1



2



3



# Why did we traditionally respond in aversive ways?

## **A myth: The Principle of Alignment:**

- If a behaviour is 'big' and risky, it needs a 'big' response?

## **Overemphasising the power of reinforcement:**

- If we reinforce something it may happen again. True, but only if done in isolation.

## **Confusion between Crisis Management with Treatment:**

- e.g. CPR V. Good heart health

## **A sense of fairness:**



# Response Strategies

Aversive

- Where an aversive stimulus was introduced, something the person does not like such as a threat to call the Gardai or loss of privileges.

Restraint (Restrictive)

- Where the person's freedom of movement, access or behaviour is restricted .

Non-Functionally Based  
Non-Aversive Reactive  
Strategies (N-FB NARS)

Functionally Based Non-  
Aversive Reactive  
Strategies (FB NARS)



# Functionally Based Reactive Strategies

## Positive Resolution - Introduce a Stimulus to Reduce Behaviour

Capitulation

Active Listening

Something they love to do / Preferred Events

Ask them to help you

Ask them to do something they always do.

Remind of previously arranged goals /targets for Positive Behaviour

Inject Humour

Facilitate skills

- Communication
- Problem solving
- Physical Activity
- Relaxation/Deep breathing

## Negative Resolution - Remove a Stimulus to Reduce Behaviour

Capitulation

Active Listening

Stimulus change by reducing stimulation in the environment

- Turn off the lights
- Turn down sound
- Move people away

Evasion- Stay safe while implementing strategies

Use of physical environment to provide barriers to contact

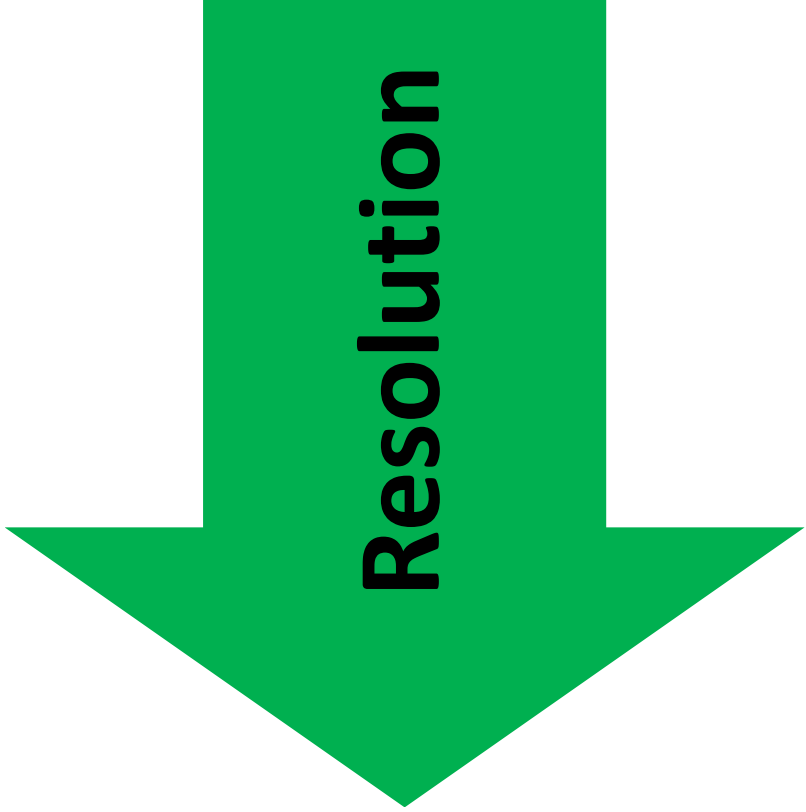
Self protection through protective clothing, objects and deflection

Maintaining a safe distance

# Episodic Severity-the severity of an episode

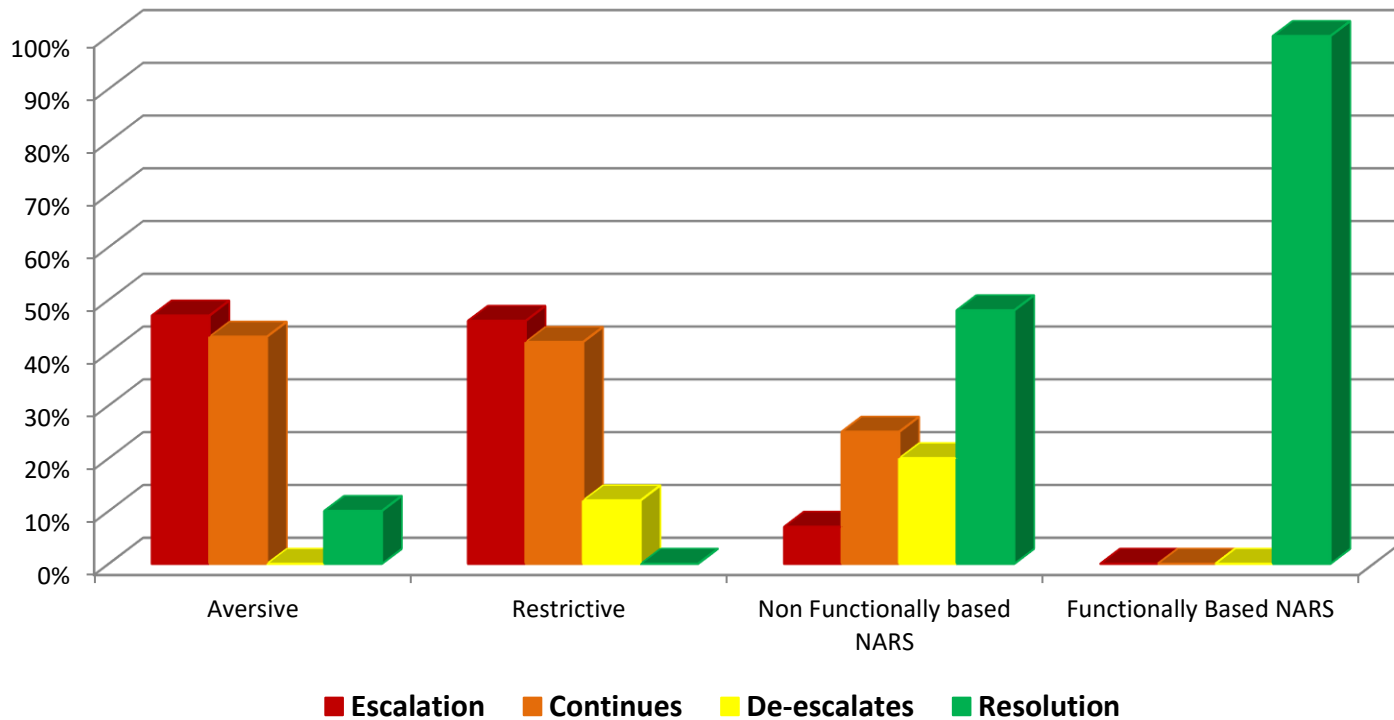
## Reference

- LaVigna, G. W. & Willis, T.J. (2005). Episodic Severity: an overlooked dependent variable in the application of behaviour analysis to challenging behaviour, *Journal of Positive Behaviour Interventions*, 7(1) 47-54.
- Spicer, M, & Crates, N. (2016) Non-aversive reactive strategies (NARS) to reduce the episodic severity of aggression and to reduce the need for restrictive practices. In R. P. Liberman G. W. LaVigna (Eds.), *New Directions for Treatment of Aggressive Behavior in Persons with Mental and Developmental Disabilities*. Nova Science Publishers.



# Person Centred Crisis Support (Spicer & Crates, 2013)

## Resolution Strategies





# Conclusions



Rapid safe control, compliance and contemporary practice can all be achieved with Non Aversive Reactive Strategies (NARS)



The alignment principle which states that, the more dangerous the behaviour the more justified, in fact necessary, it is to use more restrictive and aversive strategies to manage risk, is a fallacy!



Restrictive and aversive responses are in most cases less effective and more likely to lead to escalation.



It has been demonstrated that the use of Functionally Based and Non-Functionally Based NARS within the context of a multi-element behaviour support plan removes the potential for counter-therapeutic side effects.



# Multi-Element Behaviour Support

## Background & Functional Assessment

### Proactive Strategies

### Resolution Strategies

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- Setting
- Interactions
- Activities
- Choice
- Variety

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- General skills
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•Social Validity

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•Quality of life

# Robert's Behaviour



# Robert's Comprehensive Behavioural Assessment

Background Assessment	Triggers	Message/Function
Difficulty expressing Emotion – Pre-verbal	Transitions/change	It's too noisy for me (60%)
Concept of time needs	Transport not available	I can't wait (30%)
Health needs; constipation / Itchy skin	Waiting	I need to get out into the air (10%)
Likes textures/touch / water	Unfamiliar Staff	
Great Family support	Noise	
No meaningful role in life	Indoors for long periods	
Doesn't enjoy company of those he lives with		



Environmental	Skills	Direct
Free access to garden	General	Familiar Staff
Quiet Area	Grow herbs / Put on music	Handcream in all environments
Picture Schedule	FE: 'It's Too Noisy' (using PECS)	Free access to transport
New House	FR: Using Noise Cancelling headphones	Noise Control in Home
Massage	C&T: Hand cream Breathing exercises	Maintaining tight scheduled



## Reactive Strategies

Functionally Based

Non-Aversive

Focused on  
Episodic Severity

## Function:

*It's Too Noisy (60%)*

*I can't wait (30%)*

*I need to get out (10%)*

## Reactive Strategies

Active listening to assess if it's too noisy, or a secondary message (I can't wait / I need to get out)

Acknowledge message

Reduce Noise / Reduce waiting / go to garden as required

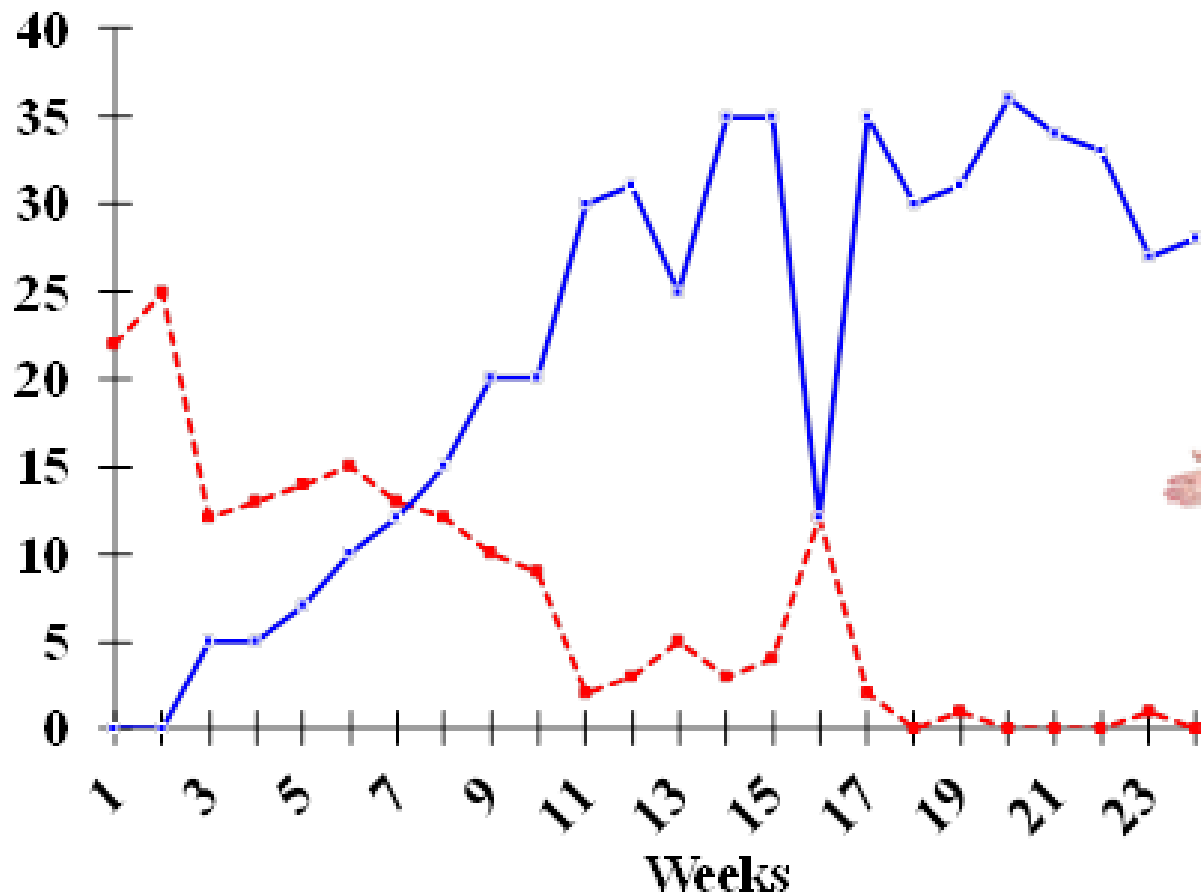


# Function: “It’s Too Noisy”

Environmental	Skills	Direct	Reactive Strategies
Free access to garden	General Grow herbs / Put on music	Familiar Staff	Active listening to assess if it’s too noisy, or a secondary message (I can’t wait / I need to get out)
Quiet Area	FE: ‘It’s Too Noisy’ (using PECS)	Handcream in all environments	
Picture Schedule		Free access to transport	
New House	FR: Using Noise Cancelling headphones	Noise Control in Home	Acknowledge message
Massage	C&T: Hand cream Breathing exercises	Maintaining tight scheduled	Reduce Noise / Reduce waiting / go to garden as required

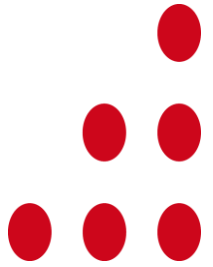


# Robert's graph



# Periodic Service Review

Physical Environment	+ / -	Comments
Footwear		
Quiet Area		
Music System in his room		
Daily Schedule		
<b>Programmatic Accommodations</b>		
Scheduled Bus/Car trips		
Scheduled hand massage session		
Access to Garden		
Garden Furnishings		
Wet Wear		
Swimming		
Weighted blanket		
<b>Interpersonal Accommodations</b>		
Staff supporting Robert		
Communicating with Robert		
Maintaining Family contact		
<b>Direct Interventions</b>		
Antecedent Controls		
Reward contract		
<b>Reactive Strategy</b>		
Reactive Strategy		
<b>Maintenance of Plan</b>		
Score PSR		
Data collection		
Staff Training		
Knowing Roberts Plan		
Weekly Meetings		
Transport		
Total	/23	
Percentage score		



# Before we do Anything.....



Why does the behaviour warrant intervention and support?

Whose concern is it?

Do we have consent to do so, how do we evidence the decision making process?

Are there any health concerns?

# Responsibility to the individual



Rights



Confidentiality and  
disclosure



Maintenance of  
Records & Data



Interruption or  
termination of  
Service



Is this a 'behavioural'  
need or a well being  
need?

# Pre-Intervention

## Review

- Review efficacy and readiness of the environment

## Work

- Work within the limits of your knowledge & skills

## Document

- The decision making process and consent

## Conduct

- Conduct a background and functional assessment

## Explain

- Explain results and design supports together



## Also Consider.....

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Generalisability

---

Treatment Robustness

---

Informed Choice

---

Willingness to participate

---

Adverse effects AND benefits to  
treatment

# Consent and Decision Making

Capacity (attaining the age of 18 and being competent to make the decision)

Information in terms of understands (procedures, right to refuse, withdrawal of consent, benefits and risks)

Voluntariness (no coercion or duress)



## **Key features of the Assisted Decision Making (Capacity) Act 2015:**

- It applies to everyone and to all health and social care settings.
- It provides for the individual's right of autonomy and self-determination to be respected through an Enduring Power of Attorney and an Advance Healthcare Directive – made when a person has capacity to come into effect when they may lack decision-making capacity.
- It provides for legally recognised decision-makers to support a person maximise their decision making powers.
- It places a legal requirement on service providers to comprehensively enable a person make a decision through the provision of a range of supports and information appropriate to their condition.
- It abolishes the Wards of Court system.



## **Key features of the Assisted Decision Making (Capacity) Act 2015:**

- It provides for a review of all existing wards to either discharge them fully or to transition those who still need assistance to the new structure.
- It repeals the Lunacy regulations governing the Ward of Court system.
- It establishes a Decision Support Service with clearly defined functions which will include the promotion of public awareness relating to the exercise of capacity by persons who may require assistance in exercising their capacity.
- The Director of the Decision Support Service will have the power to investigate complaints in relation to any action by a decision-maker in relation to their functions as such decision-maker.

# Guiding Principles of the Assisted Decision Making Act 2015

Nine Guiding principles: The 2015 Act also sets out nine guiding principles for anyone interacting with a person who has difficulties with their decision-making capacity. These include:

1. Presume every person has the capacity to make decisions about their life
2. Support people as much as possible to make their own decisions
3. Don't assume a person lacks capacity just because of an unwise decision
4. Only take action where it is really necessary
5. Any action should be the least restriction on a person's rights and freedoms
6. Give effect to the person's will and preferences
7. Consider the views of other people
8. Think about how urgent the action is
9. Use information appropriately

# How is capacity decided?

A person can be said to have capacity to make a decision if they are able to

- Understand the information relevant to the decision,
- Retain that information long enough to make a voluntary choice,
- Use or weigh that information as part of the process of making the decision,
- Communicate his or her decision in whatever way they communicate (not only verbally).



# Medical Concerns

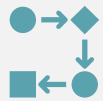
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If a person has a medical concern that may be contributing to their behaviour, this must be addressed *prior to* or *alongside* behavioural support.

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**NEVER** attempt to address a potentially medical situation with behavioural interventions only!  
(Sounds obvious, but it's been done!)

# Monitoring Behaviour



There should be a documented need before putting any behavioural support into place.



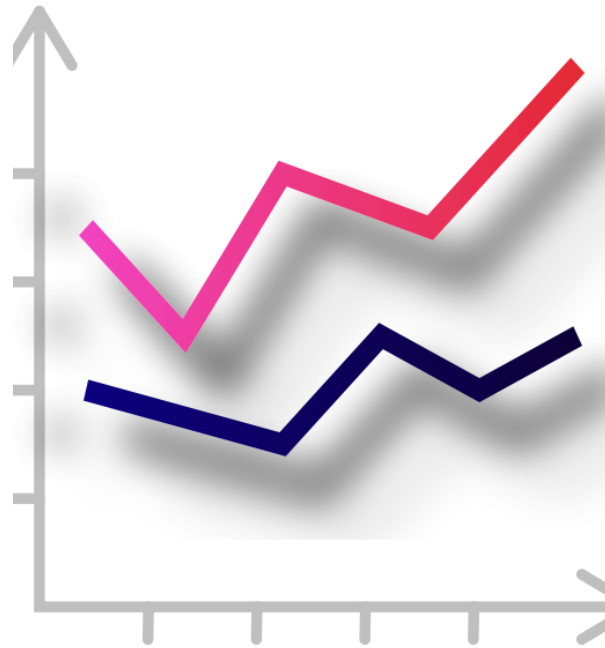
It is essential to continue data collection to respond to changes



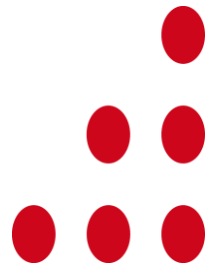
If the baseline is improving – consider support if there is a stable trend or an increase.

# Golden Rules to Practicing Ethically (Paul Chance)

Encourage	Encourage and support the person with a behavioural support need to participate in the 'getting to know a little more about their behavioural support need' and to design of the intervention
Avoid	Do not use aversive
Consider	Consider the alternative to the planned intervention
Monitor	Monitor the results of an intervention



Data Collection



What is our primary goal in PBS?



A magnifying glass is positioned over a bar chart. The chart has two sections labeled 'Q2' and 'Q3'. Each section contains two bars, one blue and one green. The magnifying glass is focused on the 'Q2' section, making the bars and label appear larger and sharper than the 'Q3' section.

# Stages of Data Collection

- Scatterplot  
What's going on?
- Baseline Data Collection  
What's the level of the behaviour before we provide support?
- Ongoing Data Collection  
How does the level of behaviour change when we provide support?

# What information to collect?



What do we want to see change?



Duration



Frequency



Severity



Rate / Speed

# Different ways to collect Data?



Event Recording



Interval Recording



Duration Recording



Time Sampling

# Scatterplot Recording

An initial picture of what's going on



This will help us to see:

What behaviour to focus on?

What way of collecting data would be most meaningful?

Are there any patterns to the behaviour?

# Baseline Data Collection

Allows us to see what the level of behaviour is before we do anything

Gives us something to evaluate our behaviour support plan against later – let's us know if the support is working.

Collect Information until you have enough data to understand the 'message'.

You may *have to* work with historical data – that's OK.

	Mon	Tues	Wed	Thur	Fri
10-11	✓ ✓		✓ ✓	✓	
11-12		✓ ✓ ✓			
12-1					✓ ✓
1-2	✓ ✓ ✓			✓ ✓ ✓	✓ ✓
2-3		✓ ✓			✓ ✓ ✓
Total	5	5	2	4	7

# Event Recording

Time	Mon	Tues	Wed	Thurs	Fri
10-11	X		X	X	
11-12		X			
12-1					X
1-2pm	X			X	X
2-3		X			X
Total:	40%	40%	20%	40%	60%

# Interval Recording

Date	Time	Strikes
14 Dec	12.40	6
14 Dec	14.50	4
16 Dec	07.00	7
17 Dec	10.30	3
19 Dec	19.45	5
	Baseline: $25/5 =$ 5 per hour	

Time Sampling – e.g. 1 hour



# BEHAVIOURAL ASSESSMENT

The foundation of behavioural support

Result of improper assessment

- Lengthy interventions with little success
- Interventions with the wrong behaviour

Rights Reinstatement

An iceberg floating in blue water. The tip of the iceberg is above the water line, and the much larger base is submerged. The text 'Behavioural support need' is centered on the tip, and 'Underlying Factors' is centered on the submerged part.

**Behavioural support  
need**

**Underlying Factors**

# Looking for clues



**triggers**

**Environment**

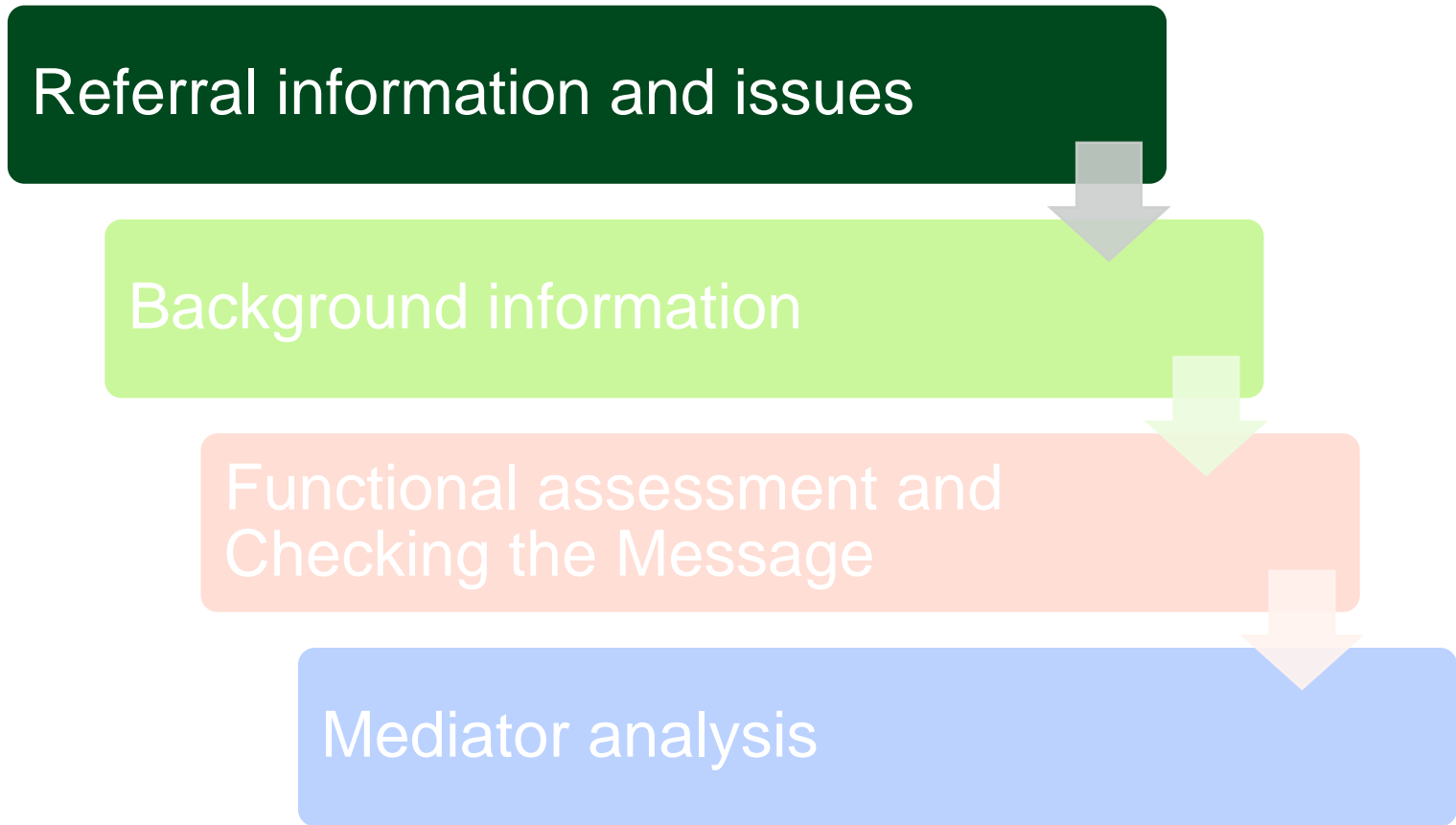
**Consequences**

**Communication**

**Experiences**

**Skills**

# Components/Content of a Behavioural Assessment





# Background Assessment

- Reason for Referral
- A little bit about me
- Cognitive Profile
- Sensory Profile
- Communication Profile
- Environmental Profile
- Life Story Profile
- Health Profile
- Motivation Profile
- Summary of Profile

# Functional Assessment

- Assessment of the behavioural support need
- History of the behaviour
- Trigger(Antecedent) analysis
- Consequence analysis
- Analysis of meaning



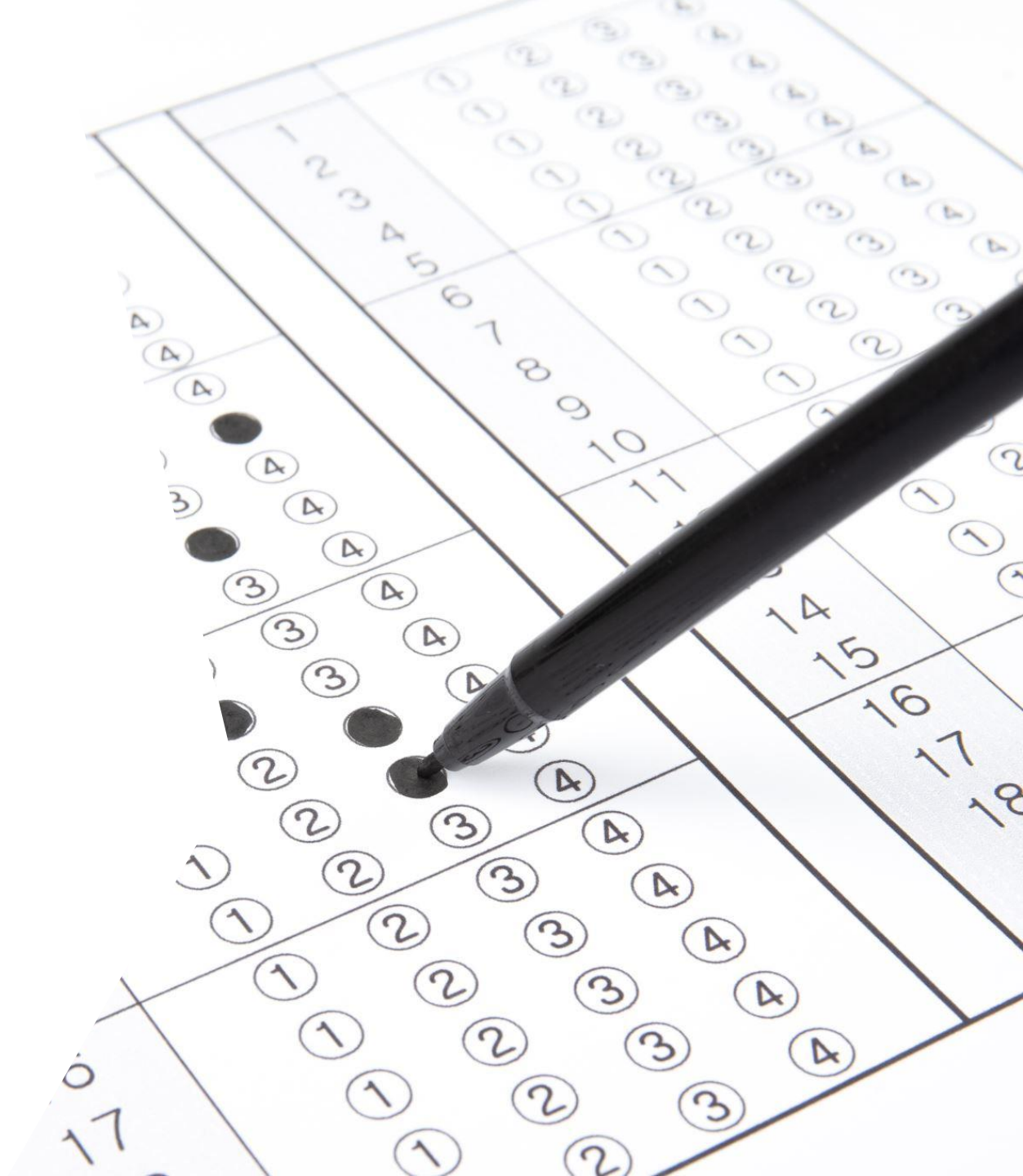
# Assessment of the behaviour support need

- Description
- Definition
- Course
- Strength (baseline)
- Episodic Severity



# Checking the Message

1. MAS
2. ABC analysis
3. Checking the message (with naturally occurring needs)
4. Intervention Development
5. Social Validity
6. One page summary



# Process of a Behavioural Assessment

Meeting with...

Spending time with...

Reading and Reviewing.....

Research on.....

# Assignment

1. Set up meeting with Mentor and/or Supervisor
2. Referral & Decision Making and Consent
3. Meet with clinical supervisor
4. Begin Baseline Data Collection
5. Complete Behaviour Assessment Workbook (Background Assessment) (sanitise/anonymous)
6. [www.callaninstitute.org](http://www.callaninstitute.org)  
Username:  
callanstudent  
Password: calmebs



# Submitting Assignments

- Submit assignments at Module 2 using Assignment Submission Form in a self addressed envelope (unsealed) or e-mail to [callan@sjog.ie](mailto:callan@sjog.ie)
- Written feedback will be returned
- Always submit *all work to date* to ensure quality feedback
- Retain a copy of all work submitted



# Callan Institute

Saint John of God Community Services clg.



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17<sup>th</sup> September 2024

*Hospitality \* Compassion \* Respect*