

# A Review of Behaviour Practitioners in Post

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## Rationale

Other countries have promoted best standards of practice in behaviour support through various professional bodies and state agencies for well over a decade (PBIS 2014; BACB, 2014) and have established pay grades and job descriptions for behaviour practitioners. However, with the exception of guidelines issued to psychologists by the Psychological Society of Ireland (1998), Ireland on the whole is just beginning the process of developing standards in the area. This has been influenced by legislation such as the HIQA standards (Health Act, 2007) and the ongoing review of HSE day services (New Directions, 2012), both of which promote Positive Behaviour Support as current best practice. Because of this, the role of the behaviour practitioner in Ireland can be quite ambiguous. People working in these roles come from a variety of professional backgrounds, and as a result some may not always have the clinical structure or the professional resources required to implement best practice with behaviours of concern (Ball, Bush & Emerson, 1994). This study looks to identify what the common duties and responsibilities of behaviour practitioners are, what their professional affiliations are, and how they can best be supported to provide the most effective service to the adults and children they support. The aims of this research are:

1. To identify the duties and professional affiliations of existing behaviour practitioners
2. To see how behaviour support services fit into the overall service structures and how they are supported

## Methodology

An anonymous online survey was designed using Survey Monkey. In it, participants were allowed to skip questions to further protect their anonymity. Using snowball sampling, the survey link was distributed via social media platforms such as Facebook & LinkedIn, and through the websites and mailing lists of relevant professional bodies who agreed to disseminate it on our behalf, such as the Psychological Society of Ireland, An Bord Altranais, the Irish Nurses & Midwives Organisation and Trinity College Dublin. The final sample consisted of 96 participants, with an average response rate per question of 86%.

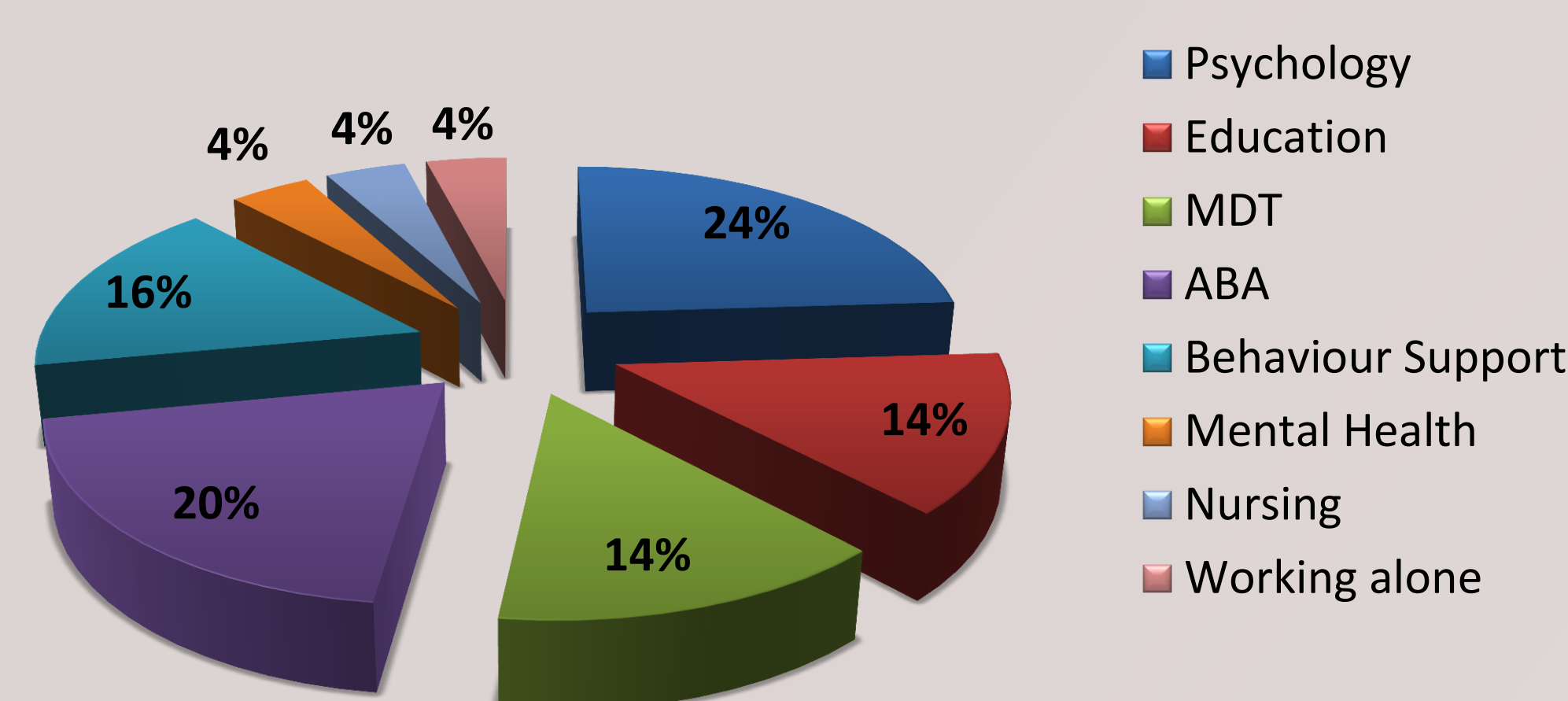
### Who is the average behaviour practitioner and what do they do?

- A psychologist (47%) or trained in applied behaviour analysis (23%)
- Working with children (71%) and/or adults (40%)
- More likely to be female (75%)
- Conducts around 12 full behaviour assessments in a year
- Conducts around 38 additional consultations with staff teams in a year
- Other duties include administration, reviews, training & research
- Would like to undertake further training in relation to their job (71%)

### Where does the behaviour practitioner fit into service structures?

Behaviour practitioners are spread between a number of different departments. This can mean that there can be very different expectations of behaviour practitioners in different services. Many sit within the psychology department while some may be embedded as part of the multi disciplinary team (MDT). Some are in teams focusing exclusively on applied behaviour analysis (ABA) or behaviour support, whilst a few are working alone. Half of the respondents did not answer this question. Answers to subsequent open-ended questions suggest that their reluctance to do so may indicate that they are falling between the cracks and do not feel embedded securely within their service structure.

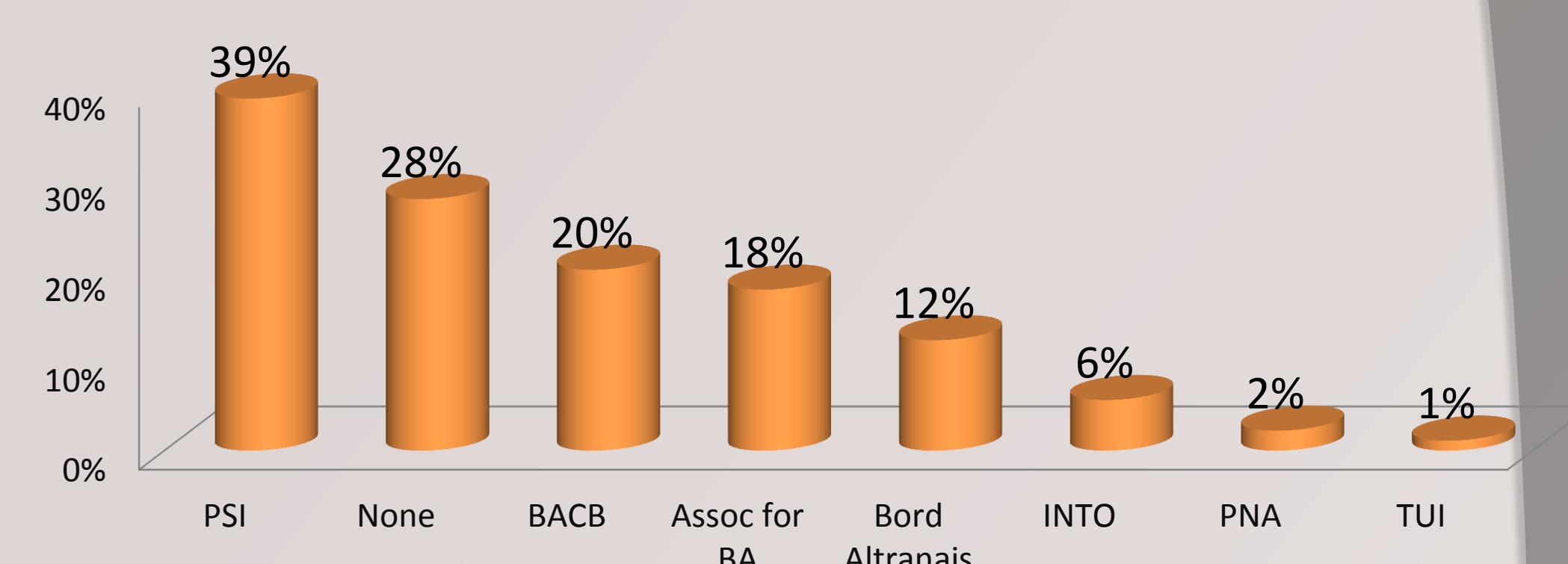
Figure 1: Department in which practitioners work



### What are behaviour practitioners' professional affiliations?

Many behaviour practitioners are registered with the Psychological Society of Ireland. However, 27% are not affiliated with any professional body. This means that they may not be operating within a professional code of ethics and may not be formally accountable to any professional body guiding their practice. Likewise, they may not have the support of a professional body to protect their professional standards or have a professional network to link in with.

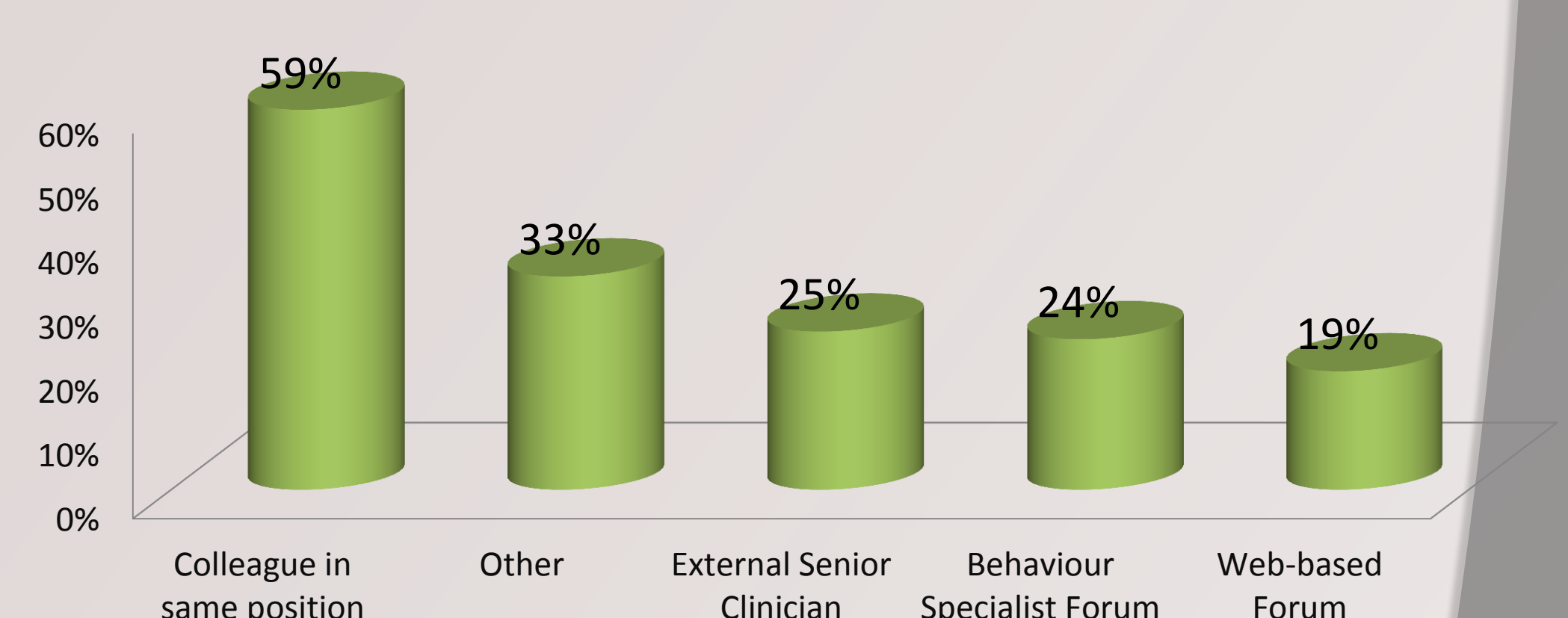
Figure 2: Membership of professional bodies



### Where does a behaviour practitioner get support?

42% of behaviour practitioners are receiving formal behaviour-specific clinical supervision in-house. Of the 59% who do not, many rely on a colleague for support. This leaves them in a vulnerable position in terms of ensuring that their practice is of best standard. It also means that there may not be adequate clinical governance for the service users they are supporting.

Figure 3: Additional sources of support or supervision



## Implications:

### Behaviour Practitioners are spread across departments, resulting in a wide range of differing expectations and duties

- Robust referral systems need to be in place to ensure behaviour practitioners are doing behavioural work suited to their skill set and to ensure they are not being inadvertently drawn into other roles.
- Manageable caseloads should be set and adhered to that allow the behaviour practitioner to operate to appropriate professional standards of practice.

### Behaviour Practitioners may not be getting adequate clinical supervision

- Where possible, a behaviour practitioner should be working in a department that can provide clinical governance and appropriate clinical supervision. Ideally, this would come from a Board Certified Behaviour Analyst, Registered Psychologist with expertise in behaviour support, or similar professional.
- If no supervision is available, if someone is operating independently or is the most senior behaviour practitioner in their service, they should seek appropriate sessional supervision from a suitably qualified external clinician and pursue other ways to maintain their professional development.

### Behaviour Practitioners seek support from each other

- Where possible, two behaviour practitioners working alongside each other for support is preferable. This could mean considering a split post.
- Behaviour practitioners should be supported to seek access to peer support networks, such as online forums (like PBSchat; PBS Ireland), face-to-face forums (for example Callan Institute's Behaviour Specialists Forum) or attendance at professional meetings, conferences and other networking opportunities.

#### References

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