

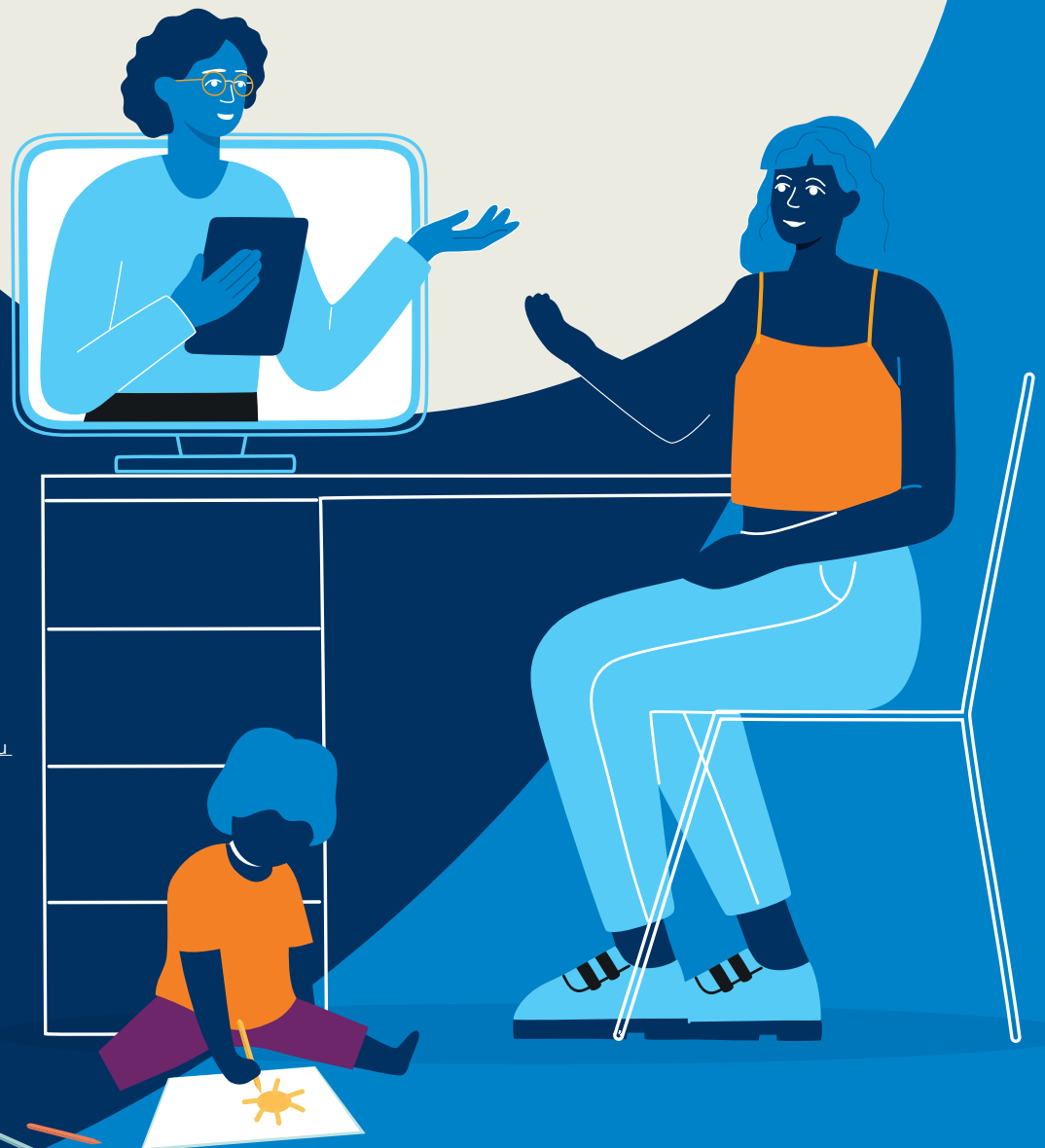


NDIS Quality
and Safeguards
Commission



TELEPBS IN AUSTRALIA PROJECT REPORT

A project report
on behaviour
support delivered
via telepractice
for people with
disability



Dr. Genevieve Johnsson
Autism Spectrum Australia,
University of Sydney Centre for
Disability Research and Policy
genevieve.johnsson@sydney.edu.au

Dr. Kim Bulkeley
University of Sydney Centre for
Disability Research and Policy
kim.bulkeley@sydney.edu.au

Johnsson & Bulkeley (2021)

Acknowledgement to country

We acknowledge the Traditional Owners and Custodians of Country throughout Australia and recognises their continuing connection to the land, sea, waterways and community. We pay our respects to them and their cultures; and to their Elders past, present and emerging.

Funding

This project report is part of a project funded by the NDIS Quality & Safeguards Commission to develop a range of resource materials to enable Behaviour Support Practitioners to conduct TelePBS in a safe, competent and effective manner that also meets the NDIS Quality and Safeguards Commission's PBS Capability Framework and practice standards.

Dual role

Dr Genevieve Johnsson works in a dual role of Honorary researcher with the Centre for Disability Research and Policy at the University of Sydney and Practice Leader for Innovation at Autism Spectrum Australia who provide TelePBS under NDIS. Provisions were made to ensure the rigour of the data analysis and reporting procedure to reduce risk of bias. There will be no commercialisation of the project outputs.

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SUMMARY



Access to behaviour support services for people with disability in rural and remote regions of Australia is significantly impacted by an inadequate workforce.

Telepractice is emerging as a potential solution, providing timely, quality, low-cost behaviour support services for people in rural and remote areas.

The emergence of COVID 19 also established the need for alternative service design solutions in the delivery of behaviour support where individuals were effectively isolated due to public health measures that reduced in person services, an unprecedented circumstance for people with disability and service providers.

In 2021, the NDIS Quality and Safeguards Commission funded Aspect to develop a range of resource materials to support Behaviour Support Practitioners to conduct TelePBS in a safe, competent and effective manner that also meets the NDIS Quality and Safeguards Commission's PBS Capability Framework and practice standards.

These were developed in three phases:

- 1. Literature and policy review,**
- 2. Stakeholder consultation, and**
- 3. Development of resources.**

Telepractice is an emerging area of practice has been found to be successful for a range of interventions for people with disability including speech and language therapy, parent-mediated social-communication interventions, classroom coaching for educators, and behaviour support.

Authors

Dr. Genevieve Johnsson
**Autism Spectrum Australia,
University of Sydney Centre for
Disability Research and Policy**
genevieve.johnsson@sydney.edu.au

Dr. Kim Bulkeley
**University of Sydney Centre for
Disability Research and Policy**
kim.bulkeley@sydney.edu.au

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Findings from the Phase 1 literature and policy review found a lack of policy documentation or guidelines that related specifically to the delivery of TelePBS. The identified literature also had a strong emphasis on addressing behaviours of concern in children on the autism spectrum using applied behavioural principles.

We found a general lack of research measuring generalisation and long-term outcomes for participants. There is a need for further research across a wider range of disabilities and age groups to understand what works, for who, and in which context to ensure the delivery of high quality telepractice behaviour supports under the National Disability Insurance Scheme.

Stakeholder consultation included interviews with **26 individuals including one person with disability, eight caregivers, twelve Behaviour Support Practitioners, two PBS Manager, and three PBS Academic experts.**

Data were independently analysed by both authors to ensure trustworthiness of the findings, and grouped under the five key emerging themes:

- 1. Tailoring and maximising the use of technology**
- 2. Contextual fit**
- 3. Rapport and engagement**
- 4. Creative assessment and planning**
- 5. Implementation and monitoring through coaching**

Implications and recommendations are presented under each theme, and resources will be developed accordingly in Phase 3.



Note on terminology:

Throughout the report we use the terms individual and/or their support team.

Individual refers to a person who has a disability.

This person may be a participant under the National Disability Insurance Scheme.

Support team refers to caregivers and extended family, educators, and other disability service providers who provide support to the person who has a disability.

BACKGROUND



Telepractice is a promising methodology for delivering timely and accessible behaviour support for people with disability and their support teams.

Telepractice saves on travel time and can result in significant cost reductions¹.

It can also lead to increased family and support team involvement in service provision², as well as an increase in support for people with disability in rural and remote regions of Australia³.

Telepractice is an emerging area of practice and has been found to be successful for a range of interventions for people with disability including speech and language therapy⁴, parent-mediated social-communication interventions⁵, classroom coaching for educators⁶, psychological interventions⁷ and behaviour support⁸.

Since March 2020 and the onset of COVID 19, access to in-person services impacted not only people in geographically isolated regions but people in all areas across the world.

Therefore, telepractice became not just a choice but a necessity for the continuity of services⁹.

While the literature is still emerging on telepractice, this model represents a quality service provision that has unfulfilled potential as an ongoing adjunct to in-person services.

1. Lindgren et al., 2016; Little et al., 2018

2. Ashburner et al., 2016

3. Dew et al., 2016

4. Boisvert et al., 2012

5. Baharav & Reiser, 2010; Ingersoll et al., 2016; Pickard et al., 2016; Wallisch et al., 2019

6. Ruble et al., 2013

7. Oudshoorn et al., 2021

8. Bearss et al., 2018; Lindgren et al., 2016; Singh et al., 2017; Singh et al., 2021; Suess et al., 2016; Tsami et al., 2019

9. Jeste et al., 2020

Autism Spectrum Australia (Aspect) has been researching and delivering disability-specific, allied health and behaviour support services via telepractice since 2015, when they were first funded to train practitioners online to support children with disabilities in rural and remote areas in preparation for the incoming NDIS.

Since then, Aspect has conducted a number of telepractice projects including a funded teletherapy pilot study in 2017-2018, and a teletherapy study into the rapid shift to telepractice in response to COVID 19 in 2020.

Aspect is currently conducting a TelePBS study (2019-2021) which is investigating a positive behaviour support (PBS) service delivered to individuals in regional and remote areas via videoconferencing technology.

The research is registered as a clinical trial¹ and aligns with the NDIS Positive Behaviour Support Capability Framework.

The aim of the overall research is to support Behaviour Support Practitioners and service users (people with disability and/or their support teams) to understand the potential of telepractice and how it may be included as part of the suite approaches used to provide PBS.

We aim to provide insights into how TelePBS can be done in a high-quality way.

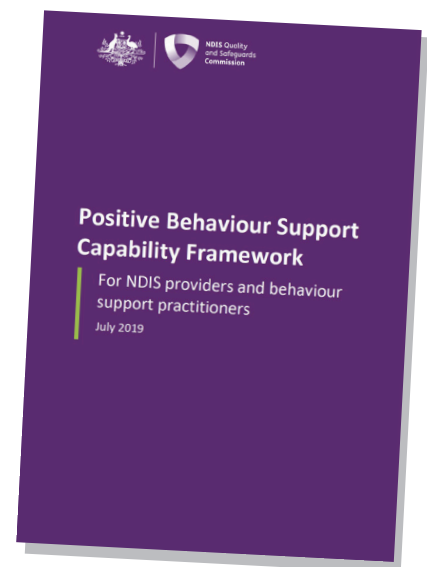
The implication of this is the extension of PBS services into geographically isolated areas, reduction in travel, and an increase in support for individuals on waitlists.

In 2021, the NDIS Quality and Safeguards Commission (the Commission) funded Aspect to develop a range of resource materials to enable Behaviour Support Practitioners to conduct TelePBS in a safe, competent and effective manner that also meets the NDIS Quality and Safeguards Commission's PBS Capability Framework and practice standards.

The project will run from February to June 2021 with a sector wide launch in July 2021. The resources will be freely accessible via the Commission and Aspect websites.

1. ANZCTR: <https://anzctr.org.au/Trial/Registration/TrialReview.aspx?id=378198&isReview=true>

BEHAVIOUR SUPPORT IN AUSTRALIA AND THE PBS FRAMEWORK



The NDIS Quality and Safeguards Commission (the Commission) was established in 2017 in accordance with Australia's international human rights obligations under the UN Convention on the Rights of Persons with Disability and as a result of the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector.

One of the roles of the Commission is to provide oversight in the delivery of behaviour support for people with disability with the aim of improving quality of life and reducing and eliminating the use of restrictive practices.

The Commission achieves this through the following activities:

- **Building the capacity of behaviour support practitioners**
- **Developing policy and guidance materials**
- **Education, training and advice to implementing providers**
- **Monitoring and analysing the use of restrictive practices**
- **Assisting states and territories in the development of nationally consistent restrictive practice definitions and minimum standards for authorisation**

The Commission outlines the required capabilities of practitioners who provide behaviour support under the NDIS in the **Positive Behaviour Support Capability Framework**¹. A national implementation program began in early 2021

in which all current and new Behaviour Support Practitioners will be required to undergo an assessment to gain registration as a core, proficient, advanced, or specialist behaviour support practitioner.

The latest State of the Disability Sector Report² indicates that there continues to be a considerable lack of access to experienced behaviour support practitioners, and action is urgently needed to address workforce shortages.

A National Workforce Plan is currently under development³ to respond to significant workforce shortages in the disability sector, including behaviour support practitioners. There has also been recognition of the issues of plan underutilisation⁴ in thin markets, particularly in rural and remote locations which impacts NDIS participants who require behaviour supports. These initiatives are working to ensure timely quality supports are available nationally.

Telepractice is showing promise as a viable way of providing and augmenting existing services in rural and remote areas of Australia. Further research and consultation are needed to explore what works, for who and in which context for a PBS service.

1: The Framework; NDIS QSC, 2020
2: National Disability Services, 2020
3: NDIA, 2021
4: NDIA, 2020

PROJECT METHODOLOGY

Phase 1: Literature review

The first phase of the project included a completion of a literature review on the delivery of behaviour support via telepractice for people with disability.

At the time of phase 1, the project lead Dr Genevieve Johnsson and University of Sydney research partner Dr Kim Bulkeley published a narrative review investigating and integrating the existing evidence base and current Australian policy relating to the delivery of positive behaviour support via telepractice for children and adolescents with autism¹.

We found that while telepractice appeared to have promising utility for the provision of support for children and adolescents with autism who present with challenging behaviour, there was very little policy documentation or guidelines found that related specifically to the delivery of this support.

For the purpose of the current project, we extended on the work by Johnsson and Bulkeley (2021) by conducting an updated policy and guideline search since 2019 when the search was conducted, as well as a new literature search on the delivery of behaviour support via telepractice for a broader group of people with disability across the lifespan³.

Phase 2: Stakeholder findings

The second phase of the project included consultation with key stakeholders who have experience and/or expertise in the delivery or receipt of a PBS service delivered via telepractice. These key stakeholders included people with disability, families, local allied health and health services, positive behaviour support practitioners, and PBS managers.

Interviews with stakeholders were predominantly conducted over the phone. Interviews were also included from the TelePBS clinical trial which Aspect is currently conducting. The interviews used a semi-structured interview schedule and took up to 30 minutes. Interviews were recorded and transcribed using a data transcription service (Rev).

Once transcribed, all data were de-identified and entered into nVivo for qualitative analysis. The lead investigator started by reading through the entire data set to understand the full breadth of the data. We then used deductive coding to complete a framework analysis of the qualitative data set. Deductive coding was chosen so we could align findings under a set of predefined codes (PBS Capability Framework). Using a constant comparative approach, sections

of the text were identified under each code. The rigour and trustworthiness of the data was enhanced using a data analysis check performed by the second author on 100% of the transcripts.

The findings from these two phases are found in this report. Here we include the findings from the literature and stakeholder consultation, implications and recommendations, and suggested resources for the delivery of behaviour support via telepractice in Australia under the PBS Capability Framework.

Phase 3: Resources development

The third phase of the project will involve the development of a range of resource materials to enable TelePBS to be provided in a safe, competent and effective manner that also meets the NDIS Quality and Safeguards Commission's PBS Capability Framework and practice standards.

These resources will include short videos, podcasts, and written resources aligned with the seven Capability Domains within the PBS Capability Framework.

1: Johnsson & Bulkeley, 2021

2. Moher et al., 2009

3. Pending journal submission

PHASE 1:

LITERATURE REVIEW

The phase 1 literature review was an extension of a recently published narrative review by the same authors¹.

The published narrative review identified that telepractice guidelines have been developed by a range of peak bodies including Speech Pathology Australia, the Australian Psychological Society, Occupational Therapy Australia, the Australian Health Practitioner Regulation Agency, and Early Childhood Intervention Australia.

The phase 1 literature review also sourced guidelines recently developed by Allied Health Professions Australia.

All emphasised the importance of assessing the client's needs and their suitability for a telepractice service, the provision of informed consent, and the maintenance of privacy and confidentiality of all client data, including data transmitted during sessions. Other mechanisms for high quality service delivery included the development of the therapeutic

relationship, preparing the telepractice environment and developing cultural competence.

There were however no specific references to behaviour supports in any of these guidelines.

In the phase 1 searches we also found a one-page document referring to conducting functional assessment via telepractice however information provided on this topic was brief and limited in scope.

The identified literature over both reviews on behaviour support delivered via telepractice is predominantly focussed on addressing behaviours of concern in children on the autism spectrum using applied behavioural principles.

Functional assessment and functional communication training are the most commonly reported behavioural procedures in the identified studies and appear to have promising for the delivery of behaviour support via telepractice.

We found a general lack of research measuring generalisation and long-term outcomes for participants.

The authors concluded that there is a need for further research across a wider range of disabilities and age groups to understand what works, for who, and in which context to ensure the delivery of high quality telepractice behaviour supports under the National Disability Insurance Scheme.



1: Johnson and Bulkeley, 2021

PHASE 2:

STAKEHOLDERS FINDINGS

The second phase of the project included consultation with key stakeholders who have experience and/or expertise in the delivery or receipt of a PBS service delivered via telepractice. These key stakeholders included people with disability, families, local allied health and health services, positive behaviour support practitioners, and PBS managers.

We conducted a total of 26 interviews from December 2019 to May 2021. Ongoing review of the data indicated that data saturation was met. Interview participant details are presented in Table 1.

Initially we used deductive coding to gather data aligning with the 7 focus areas of the Positive Behaviour Support Capability Framework, however it was evident early in data analysis that an inductive approach was required with data falling beyond these areas.

Participant characteristics	Total
Role	
Person with disability	1
Caregiver	8
Behaviour Support Practitioner	12
PBS Manager	2
PBS Stakeholder	3
Location (Modified Monash Model, 2019)	
MM1	9
MM2	7
MM3	7
MM4-7	3

Table 1. Stakeholder consultation participant characteristics

Following substantial iterative review, results were summarised under five key themes (see figure 1).

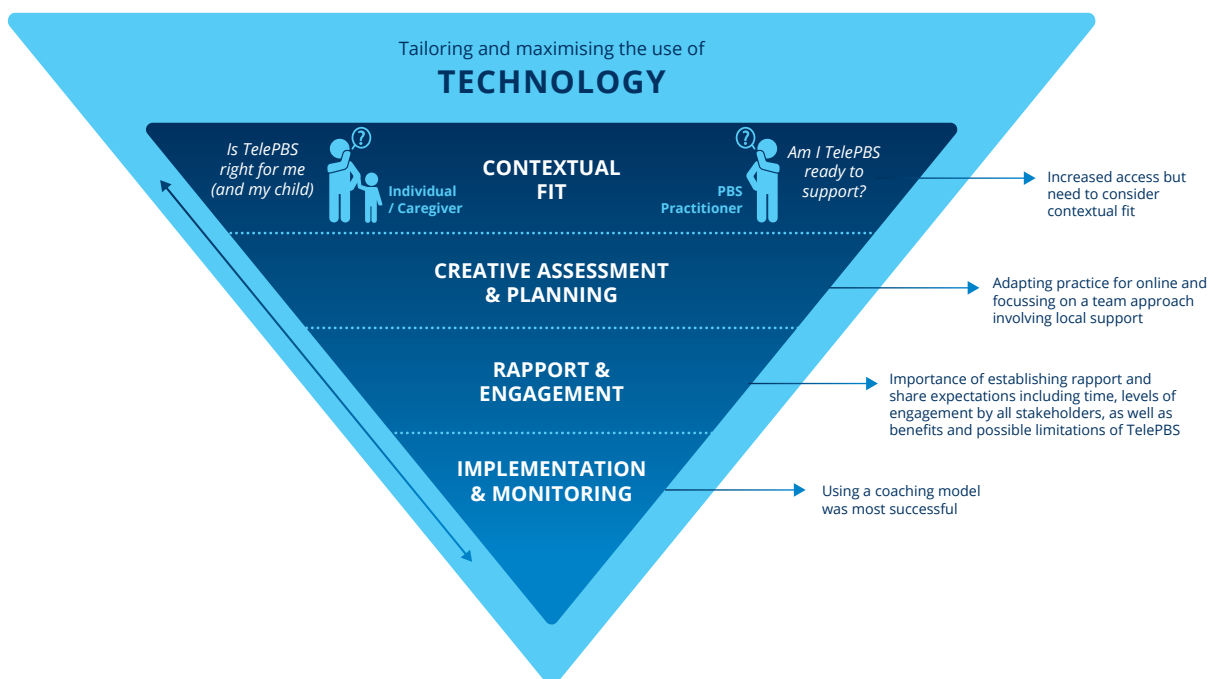
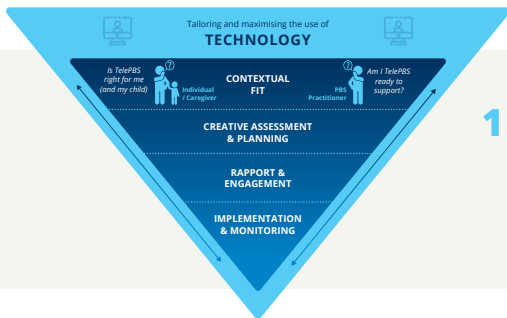


Figure 1. TelePBS Stakeholder findings.



1. Tailoring and maximising the use of TECHNOLOGY

“Every now and then it might drop out, but that was easily fixed, we just logged back on again.

So there was no problems at all.”

Caregiver 1



“For those whose parents are aging, it can be a bit more difficult because they don’t have the technology.”

Behaviour Support Practitioner 10

As part of the TelePBS project, we aimed to understand the experience and perspectives of all stakeholders when using technology to deliver and receive a TelePBS service.

To this end we aimed to examine the specific requirements and considerations that were necessary to be able to safely and effectively deliver positive behaviour support via telepractice.

We found that technology was not simply a factor that was considered at the start of a TelePBS service as a means to access behaviour support, but rather we found careful consideration of how it can be tailored to the individual context and used to maximise each part of the positive behaviour support service. Individuals and/or their support teams as well as practitioners were found to move along a journey of discovery in the technology space starting with getting connected.

There were relatively few instances of people receiving a TelePBS service being unable to access hardware technology. Where technology access was noted as difficult, this was due to ageing carers or lack of devices in the home.

There was one instance where funding was sought to secure devices for families to enable access in remote areas of Australia. The NDIA also recognised this need and made provisions for NDIS participants to purchase a device as part of their core support funding packages to access telehealth during COVID 19 lockdowns and ensure continuity of service (NDIA, 2021).

Issues with internet connectivity such as low bandwidth, inconsistent qualities in connection, and dropouts were found to be one of the largest barriers for delivering and receiving a TelePBS service.

This finding was reported by service users and practitioners but was not a feature of every session. The majority of participants who had connection difficulties also added that connectivity issues were always temporary and did not significantly impact on service access.

“He found it quite difficult when we were having technological difficulties and was becoming quite frustrated because I couldn’t hear what he was saying... So I’m surprised that he’s persevered, but we’ve actually had some really good sessions recently. But I thought at one stage he would just be like no, I don’t want to see [Practitioner] anymore because it’s too frustrating.”

Behaviour Support Practitioner 6

Caregivers and Behaviour Support Practitioners alike reported it was simply a matter of getting used to it.

“There’s always going to be an element of learning, and this is the first time for many families that they’ve been on a video teleconference. Once they’ve learned, it’s part of the process. Then... it’s not been so much of a challenge.”

PBS Manager 2

Connectivity affected not only being able to connect online but also the Behaviour Support Practitioner’s ability to maximise the use of technology through video and resource sharing (further discussed below).

Successful techniques of connecting via technology included sending out calendar reminders and using iPads instead of laptops or desktop computers.

Trouble shooting by having backup options such as an alternative video conferencing platform or combining phone audio and video conferencing featured heavily throughout the data on overcoming technology issues.

“How do I work this out from a technology perspective, where it’s easier for this person to get into a flow ...

So it is broadening my strategy.”


Behaviour Support Practitioner 1

“You hear of sessions cancelled because power went out ... Having those backups planned, so we can use the time for what was really important to the families, because it was that we’re counting on it or they’d worked around it”

Behaviour Support Practitioner 2

It was also reported that tailoring technology to the individual and their circumstances was important.

Recipients were happier when they had choice and control over how they receive their TelePBS service and this was continually monitored throughout the process.

 ***“With my socially anxious clients, we can use the chat box, we can turn video off and can look at other things instead of look at each other...”***


Behaviour Support Practitioner 7

A person with a disability reported that they received their TelePBS service using the telephone despite learning how to use Facetime and Zoom during COVID. They reported they did not like this service as they could not see their Behaviour Support Practitioners face. The person agreed that they would prefer a face-to-face online option in the future.

 ***“I’ll ask her next time!”***
Person with disability 1

Ensuring confidentiality and protecting the privacy of client data is an important consideration for all telepractice services. References to this in the current data set related to the storage of behaviour monitoring data on platforms such as google docs, as well as concerns about the accidental access to a video conferencing session by non-related practitioners. Enhanced security to increase confidence in the privacy of telepractice was raised by our respondents.

Finally, the sharing and development of resources via screen sharing featured as a tool used across multiple parts of the PBS process.

 ***“[Practitioner] was able to share screens with certain things we were doing so I could see, and even [my child] could see, that’s what they were talking about and how things went together.”***

Caregiver 1

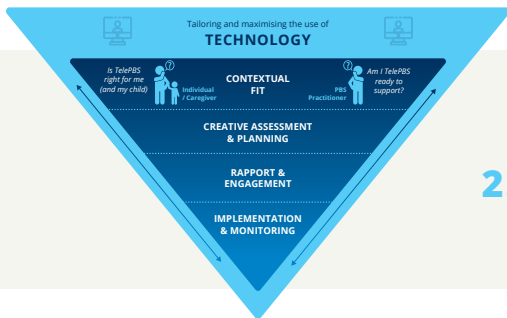
Due to the wraparound use of technology in this way we will include findings of how technology was used to deliver safe and effective services throughout the remainder of this report (See Maximising Technology boxes).

Implications & Recommendations

- **TelePBS is not a one-size fits all from start to finish. It is a continual journey of trial and adaptation, and the discovery of new ways of working with the aim of maximising technology in the delivery of services.** It is an ongoing process of evaluation through which continual technical check-ins and revisions should be established i.e. is PBS via telepractice still our best solution? What changes can we make to ensure both deliverer and recipient continue to keep connecting safely and effectively?
- **Technology is more than just person to person video conferencing. It is the successful combination of a wide range of modalities including email, text, phone calls, screen and resource sharing, apps and interactive platforms sharing.** It is important to be open to multiple methods in the use of technology that are tailored to the individual needs of each recipient. The recipient should have a choice at all times over how they receive their TelePBS service and this may continually evolve throughout the life of the service.
- **Behaviour Support Practitioners without any prior experience of delivering services via telepractice will benefit from access to quality information, consultative support and practical training to build their skills and knowledge in how to maximise the use of technology to their advantage.** Prior to, and in response to COVID, a number of published guidelines were developed outlining the use of technology for delivering allied health services. All of these guidelines included information on technology hardware and software solutions, as well as good practice for setting up the videoconferencing space. These guidelines can be found here:

 - [Allied Health Professions Australia](#)
 - [Speech Pathology Australia](#)
 - [Occupational Therapy Australia](#)
 - [Reimagine Australia](#)
- **Recipients of TelePBS services will benefit from guidance and support to establish their technology access, as well as increase their competence and confidence in using technology.** While providers will deliver services through a variety of platforms, building up recipients' technical literacy and competence through access to good quality information and practice modules will reduce barriers to access prior to beginning a TelePBS service.
- **Funding for purchasing technology hardware should be an ongoing commitment for individuals in geographically or otherwise isolated situations.**
- **The finding regarding internet connectivity issues was not surprising given the significant amount of services migrating to online delivery all at once at the start of the pandemic in March 2020.** Geography also continues to play a critical role in digital inclusion in Australia as there remains a significant digital divide between metropolitan and non-metropolitan areas across all three dimensions of access, affordability, and digital ability¹. More needs to be done to support individuals and/or their support team such as subsidised data allowances, funded technical support, and technology trials to learn about navigating the online space for PBS support, how they can become TelePBS ready and how to successfully trouble shoot issues.

1. Thomas et al., 2020



2. CONTEXTUAL FIT

Across the board, the findings indicate that TelePBS was able to increase access to behaviour support services where local services were indeed limited or non-existent.

This was found to be due to location of the individual, lack of local behaviour support practitioners, as well as isolation due to COVID 19 lockdowns.

“There’s no services close. There is one practitioner in [nearby town] that is capable of supplying the service ... and their books closed and we’ve been on their waiting list for probably a year now.”

Caregiver 3

“I think the reality is that it’s a necessity. And particularly with COVID and obviously, my concern is people getting access to support easily in lockdown but also the effects of lockdown on behaviours of concern and exacerbating it.”

Stakeholder 3

A number of interviewees compared online services to their experience on delivering or receiving in-person services.

References relating to the services being comparable outweighed the references to TelePBS being less than comparable at a ratio of 2:1.

“I actually felt a bit more relaxed online. I didn’t find a difference really ... I didn’t really feel like it affected anything because we’re still talking and interacting.”

Caregiver 1

“There used to be models like the fly in, fly out models ... Tele Health PBS actually has some benefit in terms of that it can be a lot more ongoing and easier to provide for everybody involved. It’s not just that fly in for a couple of days, try and get a good understanding of the person, then they can go, you can spend your time developing that relationship and that rapport.”

PBS Manager 2

“It seemed like we were able to use the time more efficiently than in a face-to-face session”

Behaviour Support Practitioner 2

Where the TelePBS service was reported to be less than comparable the reasons include the potential to **“misinterpret things through a screen”** (Caregiver 4) due to it being more difficult to gauge body language and facial expressions in communication and also when engaging with parents in difficult conversations.

“I think it’s obviously a bit more personal when you’re there with someone”

Caregiver 4

“When you are talking about really tricky things, I think face-to-face is always better because you can sit in silence.”

Behaviour Support Practitioner 7

These factors were incorporated into the theme of contextual fit which relates to the need for both individuals and their support teams, as well as Behaviour Support Practitioners to consider what works, for who, and in which context prior to beginning a TelePBS service.

Factors that were a good fit for TelePBS include where individuals had an increase in challenging behaviour during home visits and so TelePBS was a safer alternative. Also, where Behaviour Support Practitioners may have had difficulty engaging families and individuals in the home due to complex home/personal life including multiple disabilities, the presence of parental mental health conditions, and potential concerns for the safety of the Behaviour Support Practitioner in the home.

“When we had people coming to the house for sessions... [my child] doesn’t like when people take my attention away from him. So he would come up and cover my mouth, turn head, or then he would start to physically attack me...”

Caregiver 5

“It definitely removed me from situations that could have been quite risky at times. There was one family where I was no longer going into the home on my own, and I didn’t have anyone else to go in with.”

Behaviour Support Practitioner 4

Caregivers also reported TelePBS as a good fit because of the reduction in travel which meant that they did not have to disrupt their families day to day routines. They also reported a benefit of not having pressure to clean their house, being able to involve more family members in the sessions, and they were less likely to cancel. Travel was also a major theme across all Behaviour Support Practitioner and Manager interviews.

“Driving from one place to another ... is dead money”

Caregiver 8

“The main benefit for us was the lack of travel. If we were to come to [major city], there’d be travel and accommodation, time out of school, and the dysregulation from that travel time as well for [my child], just because routines would be out.”

Caregiver 3

“A new client come on my caseload and I hear they particularly wanted to see me on a Friday. My Fridays are pretty full with a lot of travel. But with teletherapy as an option, and he’s a teletherapy only client, I’m able to squeeze him in.”

Behaviour Support Practitioner 1

We also heard about some contexts where the TelePBS model was more difficult to implement, and further consideration is needed for adaptation. Situations where parents are overwhelmed with multiple therapies and may not be ready to take on a capacity building approach were not as amenable to teletherapy. Behaviour Support Practitioner and individuals and their support teams found it less satisfactory when they were not on the same page, where the recipient has not embraced technology as a possible solution, or where technology is not meeting their needs.

“I think it also was probably a lot to do with COVID, but having families that were really not coping and the online was just more pressure for them.”

Behaviour Support Practitioner 1

“He actually called me this week, earlier this week and then said, “It’s not working for me. The tele-health is just not personal enough.”

Behaviour Support Practitioner 12

Support provided directly with the individual as part of a TelePBS service can be beneficial or sometimes preferred by the family as part of a PBS service, especially where there were difficulties engaging in a capacity building approach. However, there were reports that direct support via TelePBS sometimes just didn’t work.

“[My child] wouldn’t engage, and then I would end up having to speak to them for a huge amount of time. And when you have two, three appointments a week, it’s really difficult.”

Caregiver 4

“It just doesn’t work for people who have extremely impacted expressive communication challenges, or very young clients as well ... we discussed the potential around teletherapy to do more of a capacity building service... But for some, they just feel like face-to-face is simply more suitable.”

Behaviour Support Practitioner 4

Considerations for the contextual fit of TelePBS were identified by the respondents. They include the level of crisis a family and/or individual is currently in, and their relative capacity to independently implement strategies from a distance. We also heard that the availability of local in person services as an alternative or to augment TelePBS services played a role in the framing of TelePBS as a viable service option.

The individual and/or family’s level of comfort with technology was also identified as an important contextual consideration. The ability of the Behaviour Support Practitioner to conduct an active and individualised appraisal of the context to inform the approach taken and the supports or adaptations that may be required was found to be a mechanism for the successful implementation of TelePBS.

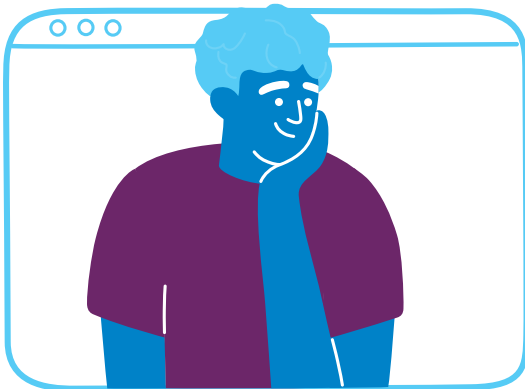
“It’s dependent upon the capacity of the key support workers, like all the key people for that family. And it’s dependent very much upon the clinician to drive that, recognise those challenges and recognise when using it is not appropriate.”

PBS Manager 1

Telepractice is not simply the transfer of a services to online, it is the careful adaptation of processes to develop effective partnerships with individuals and their support teams at a distance and rethinking each step of the PBS process and how this maps to online delivery. Therefore, Behaviour Support Practitioners competence and confidence in delivering services online may factor into its success at times.

“Previously there were certain things you thought you couldn’t do when you weren’t face-to-face, and now we’ve worked out a way we can... There’s obviously a potential to go back to face-to-face, but I think we’ve seen the benefit of being able to do it by tele in terms of the convenience... it might actually help to keep that process going.”

Behaviour Support Practitioner 5



In our early analysis of interviews for TelePBS we indicated that a change management approach was needed to upskill the PBS workforce to deliver services via telepractice¹.

COVID 19 however forced the mass uptake of a model of support that Behaviour Support Practitioners were potentially not yet competent or confident to effectively deliver.

While interpersonal skills such as patience, understanding, and empathy are important characteristics in any therapeutic relationship, a heavy emphasis was placed on these throughout the data as central to developing relationships through the screen.

Behaviour Support Practitioner characteristics that were reported to be vital in the role when delivering TelePBS also include being flexible, creative, and open to learning new ways of working.

“I think being flexible, and finding ways for it to work... I suppose you have to be creative and have an open mind,”

Behaviour Support Practitioner 3

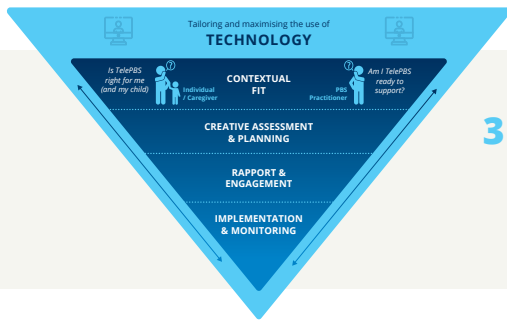
“I guess it comes down to the sort of clinician you are... I am a more of a hands-on person, I like to be there in person. So that’s probably something that I’m just developing myself.”

Behaviour Support Practitioner 11

1. Johnsson, Bulkeley & Crowe, 2020

Implications & Recommendations

- **The individual appraisal and adaptation of the TelePBS approach was identified, and decision trees might be a useful tool to guide these decisions for individuals and/or their support teams, as well as Behaviour Support Practitioners.**
- **The development of a decision tree based on these findings would help both individuals and/or their support teams to decide whether a TelePBS approach is appropriate at this time, and whether there are alternative or hybrid options.** The decision tree would also support individuals and/or families to seek further support where TelePBS is not the right approach right now. Individuals and/or their support teams can be guided through this decision tree by the Behaviour Support Practitioner who is able to appraise and make recommendations on the decision to include TelePBS or discuss a plan to work towards this model of service in the future.
- **Telepractice is recognised as an important option in the delivery of supports.** The increase in access to behaviour supports for all people with disability regardless of their geographical or otherwise isolated status must be maintained.
- **A decision tree for Behaviour Support Practitioners would assume TelePBS is an approach they must consider and therefore would guide them to establish what technical requirements, interpersonal characteristics, and skills and knowledge that they would need to safely and effectively deliver TelePBS.**
- **Training and support are needed to develop the Behaviour Support Practitioner workforce to adapt to his new model and way of working.** The development of a training package including practical resources on getting started and developing rapport via telepractice, as well as the assessment, planning, implementation and monitoring of PBS plans would support the development of a Tele-Behaviour Support Practitioner workforce.



3. RAPPORT & ENGAGEMENT

The development of the relationship was recognised as a key to successful TelePBS. An established relationship is key to engaging support teams in the PBS process and in developing trust in the Behaviour Support Practitioners recommendations and willingness to implement.

“If you’re not having a relationship and you’re not understanding what the limitations might be for that family or that client or whatever, or, what values there might be that you’re not taking into account... If you don’t have that relationship, you might end up with a really good plan, but it’s never going to be implemented.”

PBS Stakeholder 3



This relationship however was reported by Behaviour Support Practitioners to be harder and take longer to develop via telepractice with the individual and/or their support teams.

“There is obviously something nice about being in a room with someone in terms of developing that rapport, I guess you can’t change that. That’s the one bit you probably can’t do, but you can still develop some rapport with families.”

Behaviour Support Practitioner 5

“I do think it can take longer to build that relationship with people when you’re not face-to-face ... it’s forced me to sit back and say no, this rapport building process is really important to the work you are going to do later, or allowing that family a bit of time to process”

Behaviour Support Practitioner 6

Caregivers still reported that they were able to develop a relationship with the Behaviour Support Practitioner despite the distance, however the use of video as opposed to audio only, was noted as a successful factor in this.

“I was a bit nervous initially because for me it’s easier to actually see people to talk, but it went really well ... she did everything to make it a comfortable experience. And at the end I was even not thinking about it. I was forgetting about the fact that it was online”

Caregiver 2

“Seeing their face, rather than just hearing a voice all the time, sometimes you can get to know them better in a way.”

Caregiver 3

Incongruent expectations were said to be one factor that impacted rapport between the Behaviour Support Practitioner and caregivers where both had different ideas on what a TelePBS service would look like. This led to reports of the need to set out expectations prior to beginning a TelePBS service to avoid the breakdown of this relationship and the service.

“I think what would have been ideal is setting out a plan initially about timeframes ... so just being very clear of what’s going to happen and when ... rather than it feeling like an open ended thing, you can clearly see what each session is working towards.”

Caregiver 4

“Key things around the way you sell it to family ... actually this is a more effective way for them to use your resourcing. And it’s limited. We know that. Let’s be transparent about it.”

PBS Stakeholder 2

“It would be great for participants and their families as well to get an understanding, prior to engaging in the service, of what the expectations can be, and what could be achieved.”

PBS Manager 1

“Ensuring families are aware of what’s coming, I’ve found has been somewhat helpful as well.”

Behaviour Support Practitioner 3

Behaviour Support Practitioners also need to be informed of their expectations when making the shift from in person services to online.

We found that Behaviour Support Practitioners need to recognise that it will be a challenge and they will need to think about how they effectively adapt their approach for online rather than a direct transfer of their current approach.

“Recognising that it is a challenge ... that it is going to take a bit more work, and a bit more effort, more brain power from you initially. Just like anything else new... I think that recognition is important because otherwise clinicians feel it is something they should be able to immediately adapt to. And it’s just not that simple.”

PBS Manager 1

Developing rapport and engaging the individual with the behaviour of concern in direct support by the Behaviour Support Practitioner was discussed throughout the data. Instances where this works well include where the individual may be motivated by technology, able to independently connect via technology, and may have the ability to, and find value in having input into their own behaviour support strategies.

"We had a couple of teenagers we were working with. We'd attempted to deliver some face-to-face services but didn't have a huge amount of success. By teletherapy, however, because there's more control of the medium, we had quite significant success with engagement."

Behaviour Support Practitioner 4

"One particular child got mum to move away, and then he helped me write his response plan ... and he had some great contributions to make, so I thought that was great. Had we been doing face-to-face, he probably would have not been in the room at all."

Behaviour Support Practitioner 1

Instances where direct individual support was not possible include where technology may have been a distraction, or the individual may have complex disability impacting their ability to attend to the online platform.

"Look, it is quite challenging because for a lot of particularly the teenagers or adults as well, technology can be quite a high motivator, sometimes too motivating for some... so it can be a bit distracting."

Behaviour Support Practitioner 11

"I probably need to develop my skills more in establishing rapport with some of my clients, via telehealth. It is quite challenging, particularly with the cohort of people that we work with. A lot of them have quite complex intellectual and physical disabilities. So being on a video link or a zoom link can be quite challenging because they need a lot of extra support to be able to be involved in it on a one-on-one basis."

Behaviour Support Practitioner 10

Engagement of external service providers is an important part of the PBS process to support the implementation and generalisation of behaviour support plans across multiple environments. While telepractice was found to increase the ability of multiple services to become engaged in the process at once via online sessions, possible barriers to this level of engagement with other service providers such as supported accommodation settings were reported to be attitudinal in nature.

“There can be an element of ... “you haven’t seen it” or “you haven’t been out to see them”, or “you don’t know what it’s like on the ground with this person”, and “well you don’t really know them”, that can cause a bit of friction.”

PBS Manager 2

“My area of influence is the environmental factors and the other people around the person. That’s 66.66% of the work I can be doing, whereas I find the providers want me to focus on the person, especially via tele-health. That’s not the thing that I have the greatest level of access to.”

Behaviour Support Practitioner 6

For schools, barriers to engagement with the behaviour support process centred more around scheduling and technology issues.

“I think some of the teachers that may have been not so familiar with the technology may have had some issues or may have been a bit resistant or may have had difficulties with the timetabling that the technology may not have been used as much as it could have been that they often preferred emails. That way they could just come in and read the email, respond when it suited them.”

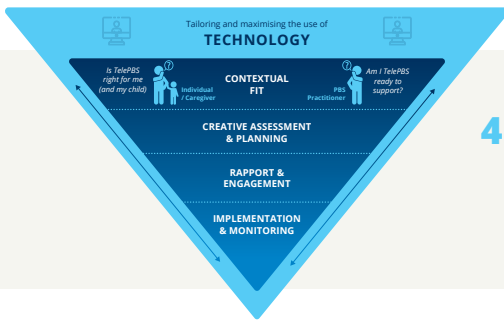
Behaviour Support Practitioner 9

MAXIMISING TECHNOLOGY for Assessment and Planning

- When engaging directly with the individual with a behaviour of concerns, use interactive games to build rapport and comfort of the individual in the online space.
 - Seeing a face of someone you are talking to, as opposed to talking only, can help support rapport. Therefore, where the individual and/or their support team prefers to turn the videos off when video-conferencing some platforms allow you to replace videos with a static image of yourself for them to look at.
- Alternatively, you could send a social story of yourself to the individual and their family.
- It is important to match the technology to the individuals' preferences, access, and digital abilities. Therefore, trial various options for connecting to see what it suits their style.

Implications & Recommendations

- **The development of the therapeutic relationship and establishing rapport is supported by previous published guidelines on the delivery of services via telepractice.**
 - **It is important in the context of TelePBS that Behaviour Support Practitioners and families come to a shared understanding of what TelePBS is and isn't.** This is a negotiated process and can be done verbally and supported via written communication. The development of an info sheet for individuals and/or their caregivers could be part of the process for preparing for this discussion and would help to establish these expectations from the outset. This could include setting up expectations of time, level of support team involvement and collaboration, and structure of sessions.
- This information could also set out expectations on the benefits and limitations of TelePBS such as it may take longer to gather data and implement behaviour support, however sessions can be more frequent with less travel.
- **An information sheet should also be developed and available to other service providers to explain the role of the Behaviour Support Practitioner, what TelePBS is, and the value of collaboration.** The role of individuals locally based supports as experts in the assessment and development of behaviour support plans could be explained and how this can all be done safely and effectively via telepractice.



4. CREATIVE ASSESSMENT & PLANNING

ASSESSMENT

According to the **NDIS PBS Capability Framework** the majority of assessments of behaviours of concern involve the following¹:



- Establishing a developmental history and gathering data on past interventions, physical or mental health problems, including the effect of medications and sleep, and any other considerations e.g. trauma.
- Observing the behaviour of concern
- Identifying the use of restrictive practices
- Collecting data on the behaviour of concern from a variety of sources including standardised assessments
- Describing the behaviour in a way that is observable and measurable
- Identifying antecedents (setting events and triggers) to behaviours of concern and factors that support quality of life
- Identifying consequences that maintain a behaviour (consequences)
- Analysing the relationship between the person and their environment
- Constructing a model of understanding that explains the functions of behaviour

1. NDIS Quality and Safeguards Commission, 2019

We found that the majority of the above processes involved in the assessment of behaviours of concern lent themselves well to a telepractice model. The collection of background information and data through interviews with relevant stakeholders was conducted online in a manner that met all the expectations of a quality service.

“The question she asked and everything she told me, I could feel that she completely, she got a perfect picture even without meeting each other. She really got him very well. She was able to react to understand all the challenges and his personality and everything very well.”

Caregiver 2

“I think it really relies on good interviewing skills and being able to ask some good questions ... no different to if we were sitting in person having an interview.”

Behaviour Support Practitioner 11

We found that the observation of the behaviour of concern evoked more discussion around the efficacy of TelePBS in capturing accurate behaviour assessment data. Some Behaviour Support Practitioners felt that they were not able comprehensively understand the context of the individual, as well as the environment for alternative supports.

“There might’ve been stuff where you couldn’t capture as much detail because you’re quite limited in what you see. You don’t really get to go beyond the room where the camera is. You can’t really see the house, see the environment, or, I guess, more free range on talking to people in the home. I think that can limit some of the available information.”

Behaviour Support Practitioner 9



Other Behaviour Support Practitioners felt that it was in some ways more beneficial to conduct behaviour observation using an online approach as their presence did not alter the environment and they were able to see a range of natural behaviours and interactions with the environment and the people within it. Others reported that the behaviour of concern was rarely observed when in person anyway.

“And the good thing about observing by telehealth is that you’re more of a fly on the wall. You can observe a routine at home or you can observe a session without having to be another face, another body in the room without causing too much anxiety for the participant. And that’s been a bonus.”

Behaviour Support Practitioner 3

“I’ve worked with this person for 12 months and I have not witnessed a behavioural meltdown. All of my accounts on that front are not based off my observation anyway.”

Behaviour Support Practitioner 12

“And that’s the thing, but when someone knows someone’s watching them, it’s totally different...”

Caregiver 1

“We’ve been creative with that too. There’s been a couple of occasions where I’ve just asked families to prop me on the coffee table while they play the game of scramble or something and just observe. It’s awkward, but I think we can work around those sorts of issues.”

Behaviour Support Practitioner 1

Instances where alternative ways to observe behaviours via telepractice were conducted include using a locally based support person to observe and provide insights on behaviour, going on virtual environmental tours, and the support team taking photos and videos of the person engaging in the behaviour.

“Through a bit of a key worker model ...What’s good is to be able to get, “This is observationally what I need to learn a little bit more about.” She was in that particular setting to be able to do that.”

Behaviour Support Practitioner 12

“You can still get to know the environment by getting them to kind of take you around in that little tour.”

Behaviour Support Practitioner 5

“I’ve taken videos and stuff like that. And sometimes [my child’s] been in the background, having a tantrum and I’ve been able to take that the iPad and say this is because of this.”

Caregiver 5

This filming of behaviours however had ethical implications for the Behaviour Support Practitioner who often reported that they did not want the filming of a behaviour of concern to delay support provided to the individual in distress or contribute to the maintenance of the behaviour.

It is important to set out expectations for gathering behaviour assessment data including ethical filming of behaviours of concern at the outset of the data collection phases.

While there were no instances in the current data set, this also has implications for the transmission or presentation of videos of highly sexualised behaviours, or videos which record other individuals without their consent.

“I’m not sure I’m comfortable with videos when someone’s in a crisis... I’m not sure that it sits ethically well with me.”

Behaviour Support Practitioner 10

“I would probably be more interested in them filming just basic interactions ... than you filming and sending me him distressed and having a meltdown, because while I do think it’s beneficial to capture that if it happens naturally, I just don’t want to ever encourage that to have to be recorded, or for me to have to be a part of that.”

Behaviour Support Practitioner 12

PLANNING

Planning refers to the development of a person-centred, evidence-informed positive behaviour support plan that is based on a shared understanding of the function of behaviours.

While some Behaviour Support Practitioners reported that they conducted planning outside of online sessions and this did not differ using a telepractice approach, the predominant subtheme under planning was the value found in collaborative planning and how this could be achieved via telepractice.

Screen sharing was a tool commonly used to support individuals and their support teams to understand what was being discussed and to actively contribute to their own plans or those of the individual they are supporting.

"[Practitioner] was able to share screens with certain things we were doing so I could see, and even [my child] could see, that's what they were talking about and how things went together ... [my child] 's been a part of putting things into it and what he believes are the issues.

So I suppose in a way at the time, it was helping him recognise that."

Caregiver 3

"It's also efficient ...

People don't really want to read long documents"

Caregiver 8

"It just feels a bit more collaborative and they're able to have more involvement in the plan process ... It's definitely been a positive experience I think, for the family feeling a lot more in control of the whole plan and it has more meaning to them because it's something that'd be more involved in."

Behaviour Support Practitioner 1

"The good thing is being able to share the screen and upload documents live. It almost works better than when you're crowded around a computer face-to-face."

Behaviour Support Practitioner 3

Telepractice also allowed multiple members to contribute to the development of plans which may contribute to increased engagement with the plan and likelihood of implementation.

"It brings critical mass ... several people in a virtual room ... on a document saying to the funding authority this is what is needed."

Caregiver 8

"I think dad probably wouldn't have attended sessions had it been face-to-face. We've had been able to maintain a consistent session once a week and they have both been so engaged in changing the plan, changing the wording of the plan as I'm going."

Behaviour Support Practitioner 1

"The service I have been implementing is more a kind of a ... complex situation, which required a really good team involvement and team support. From that perspective, we've been able to get a lot more feedback and collaboration on parts of the plan, which the hope would be that we then get some increased implementation into the future."

Behaviour Support Practitioner 5

Where Behaviour Support Practitioners identified an immediate need for an interim behaviour support plan that minimised risk to the person and others, it was reported that this could be conducted via telepractice.

“The development of the interim, the brief implementation of that, including the training to three different implementing providers and the family, and then the development of the comprehensive plan... That was all done by tele. We were able to successfully navigate some pretty tricky stuff and some full-on conversations with several different providers via teletherapy effectively.”

Behaviour Support Practitioners 4

Behaviour Support Practitioners also recognised however the limitations of the TelePBS approach in missing potential restrictive practices. There may be a need to consider the addition of on-site observations and if this is not possible, the addition of local, in person support for complex behaviours of concern where the safety, dignity and rights of the person and those around them is at risk.

“I’ve come in to try to advocate with the restrictive practices, they’ve taken some things off this guy ... I think what’s made it easier for them is that I’ve not been there physically or on-site, as well, to really keep them accountable.”

Behaviour Support Practitioner 12

“Someone can say, we need to lock this away because there’s no other spot for it or something, you can believe them, but is it right? Is there another alternative that you can look at in the environment?”

Behaviour Support Practitioner 10

“So we have come in and said, “Well give us, I don’t know, 10 hours, for example, we’ll get that interim for you. But in this time you need to find an agency closer to you ... In an ideal scenario, actually, we could use telehealth so effectively to inform our interim plans, to have some initial meetings with families, where families can’t come and access those supports.”

Behaviour Support Practitioner 10

“Queensland had a long arrangement around restrictive practices and the regulation of restrictive practices ... there would be no restrictive practice authorised unless the clinician has met that person themselves and looked at their circumstances ... this is a really important safeguarding issue.”

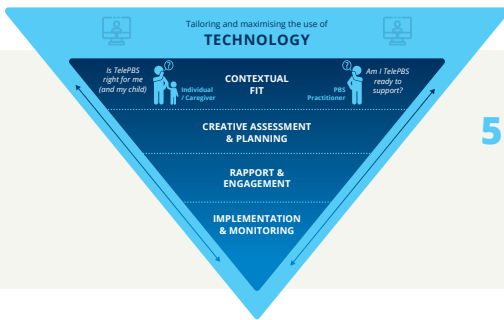
Stakeholder 3

MAXIMISING TECHNOLOGY for Assessment and Planning

- Use screen sharing to complete assessments and forms, sharing to ensure the persons voice is accurate and show you value their input.
- Ask the individual and/or caregiver to place the device/laptop on a shelf allowing the Behaviour Support Practitioner to see interactions in the whole environment.
- Ask the individual and/or caregiver to take you on a virtual environmental tour, if there are known concerns about different areas of the house ask them to point out their favourite and not so favourite things in each space.
- Check for restrictive practices on the environmental tour including locked cupboards and gated sections of the house
- Aim to use screen sharing to engage in collaborative planning as much as possible. If you are typing into a document, think: "can I share this document/questionnaire/ form and type as we talk?"

Implications & Recommendations

- **Consistent with previous research functional assessment was considered feasible via telepractice.** Behaviour Support Practitioners however need to think creatively when it comes to data collection and the observation of behaviours of concern to inform planning. Good resources should be developed that provide practical tips on how to set up technology for observation, what to look for, and the ethical implications of filming behaviours of concern. These resources should include scripted conversations to have with individuals, families and service providers on the value of observation via telepractice, as well as its limitations and how they can all work together to get an accurate picture of the behaviour of concern and its function.
- **Collaboration is key in the development of behaviour support plans.** Think "Nothing about us without us". Try to involve as many people as possible as the experts in the development of behaviour support plans.
- **Use screen sharing as much as possible to support the team to feel connected to the words that are being written, and strategies they themselves are developing that fit within their local context.**
- **Where clients have complex behaviours and restrictive practices are identified, Behaviour Support Practitioners should work towards setting up a regular schedule of team meetings to keep support team members engaged and accountable.**
- **Where an interim response plan is required, identify early on whether there is the availability of local in person support to augment the TelePBS service.**



5. IMPLEMENTATION & MONITORING

IMPLEMENTATION

Implementation is about putting a behaviour support plan into action. It involves providing tailored support and training so a plan is implemented effectively.

While implementation was reported to be successfully carried out via telepractice, it was reported that the pace of implementation was often slower when compared to in person services.

“Maybe we would have moved along a little faster if it would be in-person, or maybe I would have cancelled more sessions.”

Caregiver 1

The strongest sub theme under implementation was the use of a capacity building approach for the implementation of behaviour support plans. In the absence of in person support, Behaviour Support Practitioner rely heavily on the individuals local support team to learn and effectively implement strategies to teach the individuals new skills and replacement behaviours. This capacity building approach is used widely and is considered best practice for positive behaviour support. TelePBS however, relies solely on this approach as in person implementation is often not possible.

“So discussing with her what’s going on with him and her sending me resources and also giving me ideas. It’s given me the ability to research more and get a better understanding as well.”

Caregiver 5

“I really like PBS because it’s so capacity building. I feel that the teletherapy really supported the fact, it gets people a bit more involved in the process rather than me being a person who’s going to apply certain strategies. They feel more ownership I think.”

Behaviour Support Practitioner 1

“I find for the clients that I was working with locally, there was a big expectation on me to have to be the crisis response person for that provider ... my experience with tele-health ... its built that responsibility of the provider, and really made it a little bit easier for them to accept that this is your person that you’re caring for 24/7, and I’m only here an hour a week, an hour a fortnight, or whatever that looks like.”

Behaviour Support Practitioner 12

“In some ways being out of the room does support a family to feel that they can own that and that they’re the ones who are going to contribute, or the school as the case may be.”

Behaviour Support Practitioner 2

Coaching was identified as a particular approach used to build capacity of the individuals local support team.

There are many different models of coaching however we have provided some information on the Occupational Performance Coaching model (Graham et al., 2016) which aligns heavily with the relationship-based approach that has been identified as fundamental to a successful TelePBS service (See Coaching in Focus box below).

Behaviour Support Practitioners thought of creative ways to support implementation, especially for families who had difficulties adjusting to a capacity building model.

These included the use of live modelling, video modelling, making a copy of all resources and demonstrating live, webinar training, brief instruction sheets, live feedback sessions, and switching hard copy visual supports to app-based visual supports.

“Normally you would just go in and you would model and you would talk as you’re modelling. Whereas you have to take it back one step and parents sometimes aren’t ready for that”

Behaviour Support Practitioner 7

“I think for families, some of them want just someone there to show them, to kind of explain and show them in person what to do ... whether it’s getting them through some live modelling or us doing some video modelling or those sorts of things to try and bridge that gap or overcome some of those for them.”

Behaviour Support Practitioner 5

COACHING IN FOCUS

Occupational Performance Coaching (OPC)

OPC is a coaching approach based on developing high trust partnerships with people with disability and/or their support teams.

It is a person-centred approach which empowers the person and/or their support team to be agents of change in their own lives.

OPC identifies and implement changes, using reflective, goal-oriented conversations and strategies that support meaningful change for the person.

It aims to enhance the individual and/or their support teams’ competence and confidence in managing current and future situations independently.

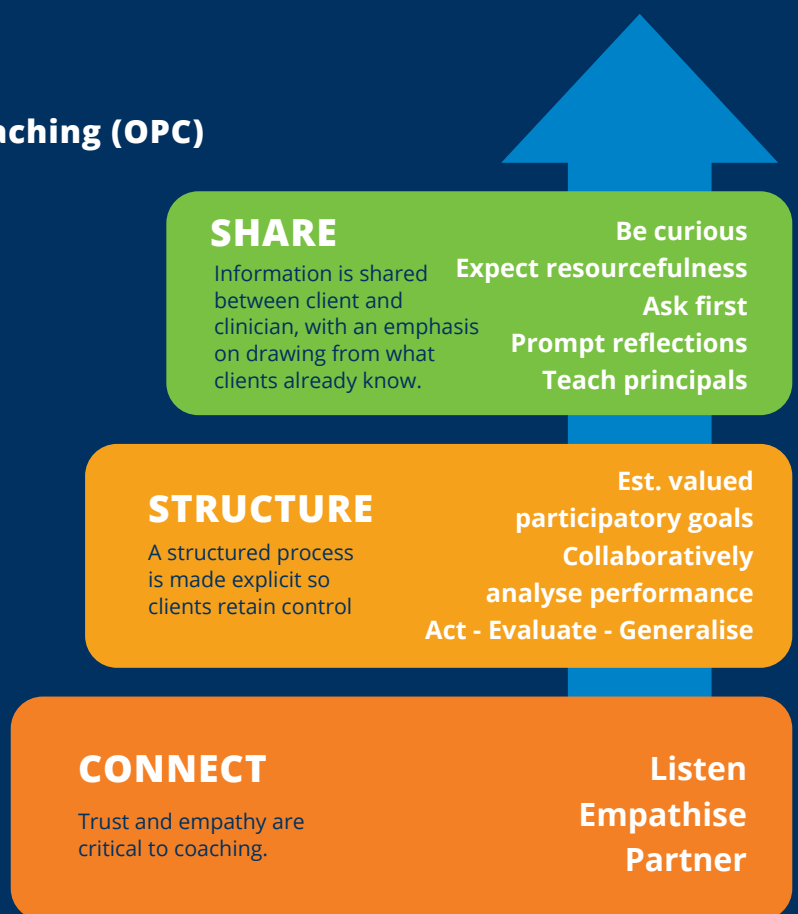


Figure 2. **OPC Three Enabling Domains (Adapted from Graham et al., 2020)**
For more information go to: <https://www.otago.ac.nz/opc>

It was also found throughout the data the pros and cons having a local support person be it an allied health assistant or support worker, who can support the individual and and/or their caregiver to implement the strategies.

It was a matter of balancing the difficulty in training the local support person with the capacity of the individual and/or caregiver to implement strategies. Ultimately engaging with local support people further adds to the community capacity building approach that is best practice in positive behaviour support.

Qualities that were identified as important in a local support person include someone who is committed to the positive behaviour support approach and understands their role in positive behaviour support, someone who has good communication, good interpersonal skills, and is willing to undergo further training.

“You need to have someone on the ground that can implement ... with the one mum, she really struggled doing it on her own because of the load that she had on her own.”

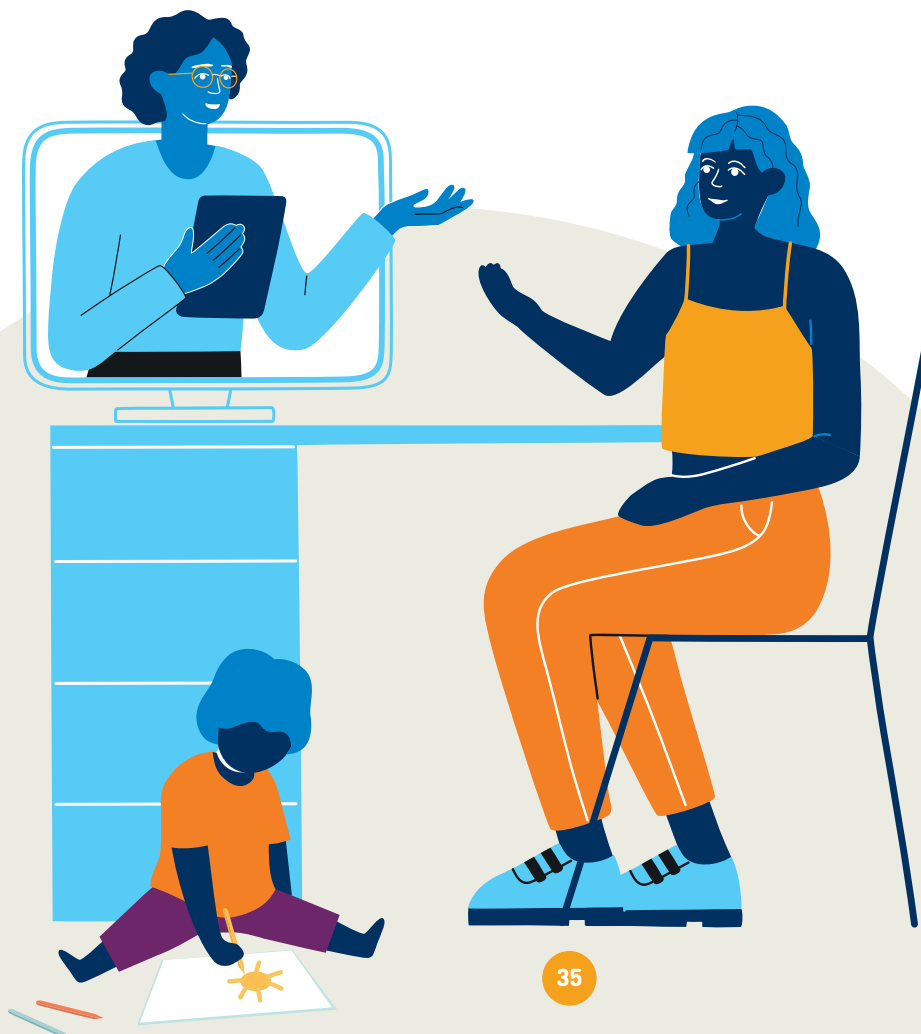
Behaviour Support Practitioner 7

“You have to teach someone and then that person has to do it with the client. It’s the implementation phase of the PBS of course, and I think that’s where it gets very tricky.”

Behaviour Support Practitioner 3

“It does upskill in terms of looking at allied therapy assistance ... in particular cases where we know that family’s capacity is quite limited to implement the strategies directly themselves. It does help give that added element of being able to trial it with someone that is there and in person.”

PBS manager 2



MONITORING (KNOW IT WORKS)

Caregivers and Behaviour Support Practitioners reported outcomes include improved quality of life, improved parent/child interaction, reduction of inappropriate touching, establishment of self-care routines, increased emotional self-regulation, sensory regulation, increased attention span, increased listening skills, reduced parental and child distress, independent play, increased choice and control in the classroom and reduction and elimination of restrictive practices, increase in parent confidence, increased wellbeing, and increased organisational skills.

Regarding the monitoring and evaluation of outcomes of behaviour support plans, this was predominantly done through interactions in online sessions with the individuals on progress, online sessions with support team members, and emailing progress reports. TelePBS however, increased the ability for Behaviour Support Practitioner to conduct more regular check ins. This helped to establish any progress made and the need to continually revise the behaviour support plan.

“Physically being able to go there, that would be maybe once every two months. Whereas monitoring a behaviour support plan via telehealth means that if I need to, I can have more of an intensive presence weekly. And I can see what the families are talking about rather than just hearing them over a phone.”

Behaviour Support Practitioner 11

The monitoring of behaviour support plans and the collection of behaviour data was also contingent on the support team on the ground with reports of pros and cons relying on the support team to report on progress.

“Monitoring really came through communication from the other therapists for that child. The monitoring for the child with the afterschool care situation, that was based on parent report and school report. And that seemed to work fine because we were really building the plan on that anyway.”

Behaviour Support Practitioner 2

“I find the data collection can be ad hoc, in that it really again does come down to the provider’s priorities. ”

Behaviour Support Practitioner 12

MAXIMISING TECHNOLOGY for Implementation and Monitoring

- Where an interim plan is in place and there are multiple providers set up a webinar training session and try to include the individual and/or their support team in the development of training materials that also provide information on strengths and interests
- Set up templates that are easy for the support team to fill in and share these on the screen during check ins as a talking point for how things have been going
- Be aware of NDIS providers storing any data on non-secure systems such as Google Docs. Many data storage systems are located outside of Australia and contravene the Australian Privacy Act 1988.

Implications & Recommendations

- **Consistent with previous literature implementing strategies based on the functional assessment (functional communication training) was successful as a capacity building model using a coaching approach.**
The relationship with the local support team and the involvement of them in the planning process may support implementation of the plan. Therefore, establish buy in throughout the assessment and planning phase of the PBS process by including them in the development of all materials and resources as much as possible
- **It is a good idea for Behaviour Support Practitioner to set up expectations around data collection.**
These can be agreed upon at the outset of the TelePBS service or during the implementation phase when the monitoring is discussed,
- **The addition of a local support person to monitor and feedback on any change is beneficial to assist with data collection, and monitors for the development of any new and complex behaviours of concern following implementation.**

Limitations

The authors recognise the relatively small sample size of the current study and that this cannot be seen to be representative of the larger population.

The NDIS Positive Behaviour Support Capability Framework is suggested as a way to deliver PBS in Australia for registered NDIS Behaviour Support Providers. It represents best practice in behaviour

support and provides a strong basis for the current project.

The authors also recognise that the delivery of Positive Behaviour Support in Australia may vary across the disability sector and findings should be individually appraised by each Behaviour Support Practitioner and Provider.

NEXT STAGE - PHASE 3:

RESOURCE DEVELOPMENT

Based on the findings of the literature and policy review, as well as the findings and implications of the stakeholder consultation, the following resources will be developed to enable Behaviour Support Practitioners to deliver TelePBS in a competent and safe manner:

Are you TelePBS ready and able?

A Behaviour Support Practitioner's Guide

An information sheet outlining the use of technology in the delivery of TelePBS including the use of multiple methods, practical tips for getting set up, and how to support families to access and use technology. The resource will aim to build up practitioners' technical literacy and competence on how they can become TelePBS ready and how to successfully troubleshoot issues.

Is TelePBS right for me (and my child?)

A participant's Guide

A decision tree based on these findings will help both individuals and/or their support teams to decide whether a TelePBS approach is appropriate at this time, and whether there is an alternative or hybrid approach needed to start with.

The decision tree would also support individuals and/or families to seek further support where TelePBS is not the right approach right now.

Can I align TelePBS with quality practice?

A Behaviour Support Practitioner's Guide

This resource will provide information to Behaviour Support Practitioners on the delivery of TelePBS starting with an emphasis on the development of the relationship.

The resource will then use practical tips and images to outline key phases in the PBS process including conducting effective online assessment and planning, implementation using a coaching approach, and conducting monitoring and evaluation.

Videos and Podcasts

These resources will show and share the experience and perspectives of PBS researchers, managers and practitioners, as well as the lived experience of individual recipients of TelePBS and/or their support teams.

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