



EVIDENCE BASED TRIAL FOR COMPLEX PSYCHOSOCIAL AND FORENSIC DISABILITY SERVICE DELIVERY MODELS IN AN NDIS FRAMEWORK

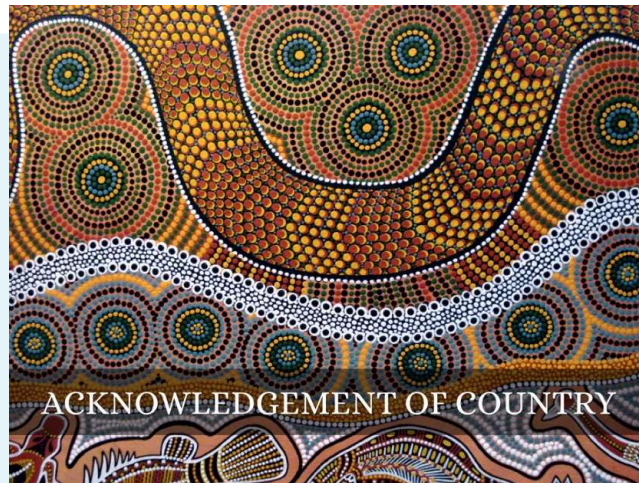
Positive Behaviour Support in a Psychosocial context

Melinda Kubisa and Sue Goodall
Community Living Options
South Australia
'Great opportunities – great life'



Acknowledgement of Country

We would like to begin by acknowledging the Traditional Owners of the land on which we meet today. We would also like to pay our respects to Elders past, present and emerging.



The “31 Homes Project”

Mental health participants access the NDIS

Designed to support people with multi-axial diagnosis to transition to community from James Nash House, Glenside Inpatient Rehabilitation Services (IRS) or Supported Residential Facilities (SRF): 27 houses

INTERAGENCY APPROACH

Partnerships with:

- Office of the Chief Psychiatrist
- NDIA
- Housing SA
- Community Mental Health
- SAPOL
- Department of Corrections
- Support Coordinators

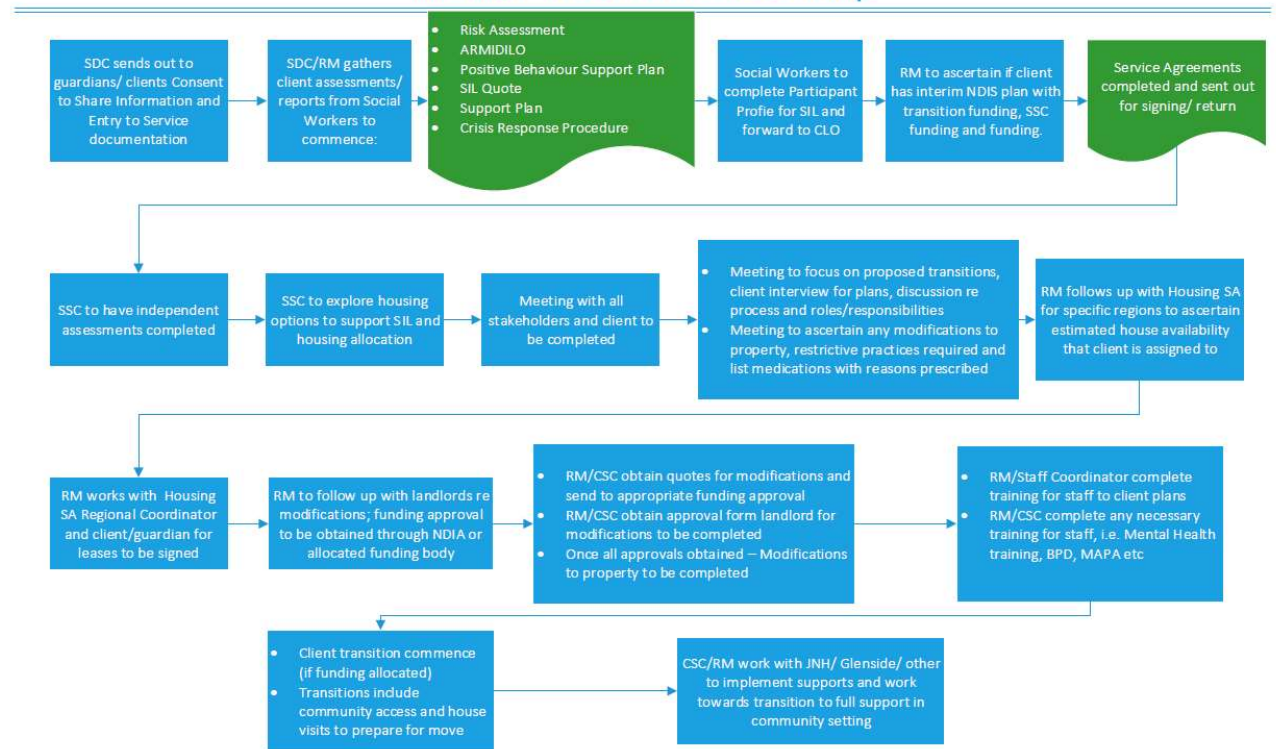


The “31 Homes Project”

Processes October 2018 to October 2019:

1. Interim NDIA plans for transition.
2. Exploring Housing Options (EHO) assessments.
3. Independent assessments (SSC) to support SIL quote (provider).
4. Transition plan service agreements: core support + PBS.
5. Recruitment (aligning with court dates, SIL dates, housing readiness).

Mental Health Process Map



The “31 Homes Project” – Current Progress

- (x 3) x24/7 houses open
- (x5) service agreements for transition planning
- (x 21) Service agreements for PBS
- (x20) SIL currently submitted for
 - (x1) 3:1
 - (x10) 2:1
 - (x6) 1:1
 - (x1) TBC
- Passive or active overnight.

Demographics:

- Age: 21 to 64 years of age (average = 43 years).
- 20 males
- 9 females
- 27% forensic involvement.

Highest Presenting Behaviours include:

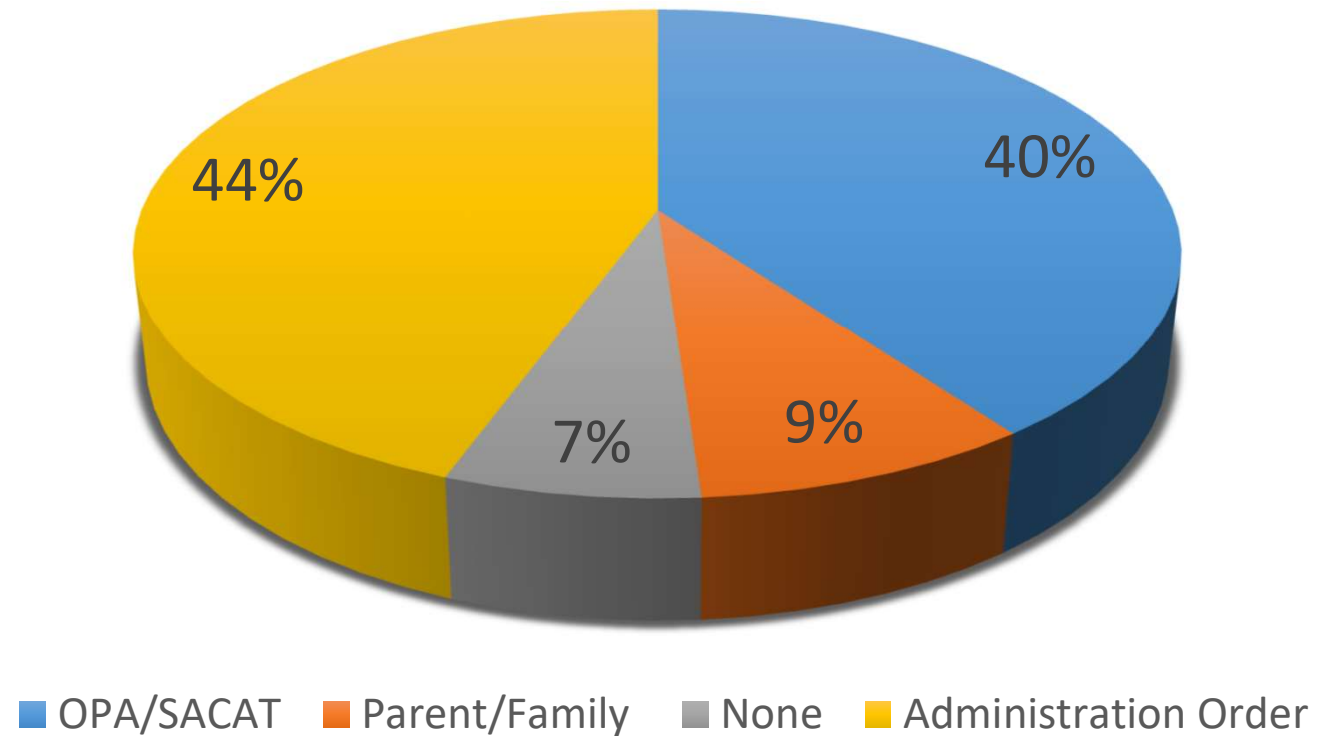
- Assault (2 x resulting in death)
- Elicit drug use/alcohol and drug misuse
- Property damage

Other behaviours include:

- Self harm/self neglect
- Medication non-compliance
- Armed Robbery
- Trespass/theft
- Use of weapons (gun/knives)
- Fire lighting

Target group of participants

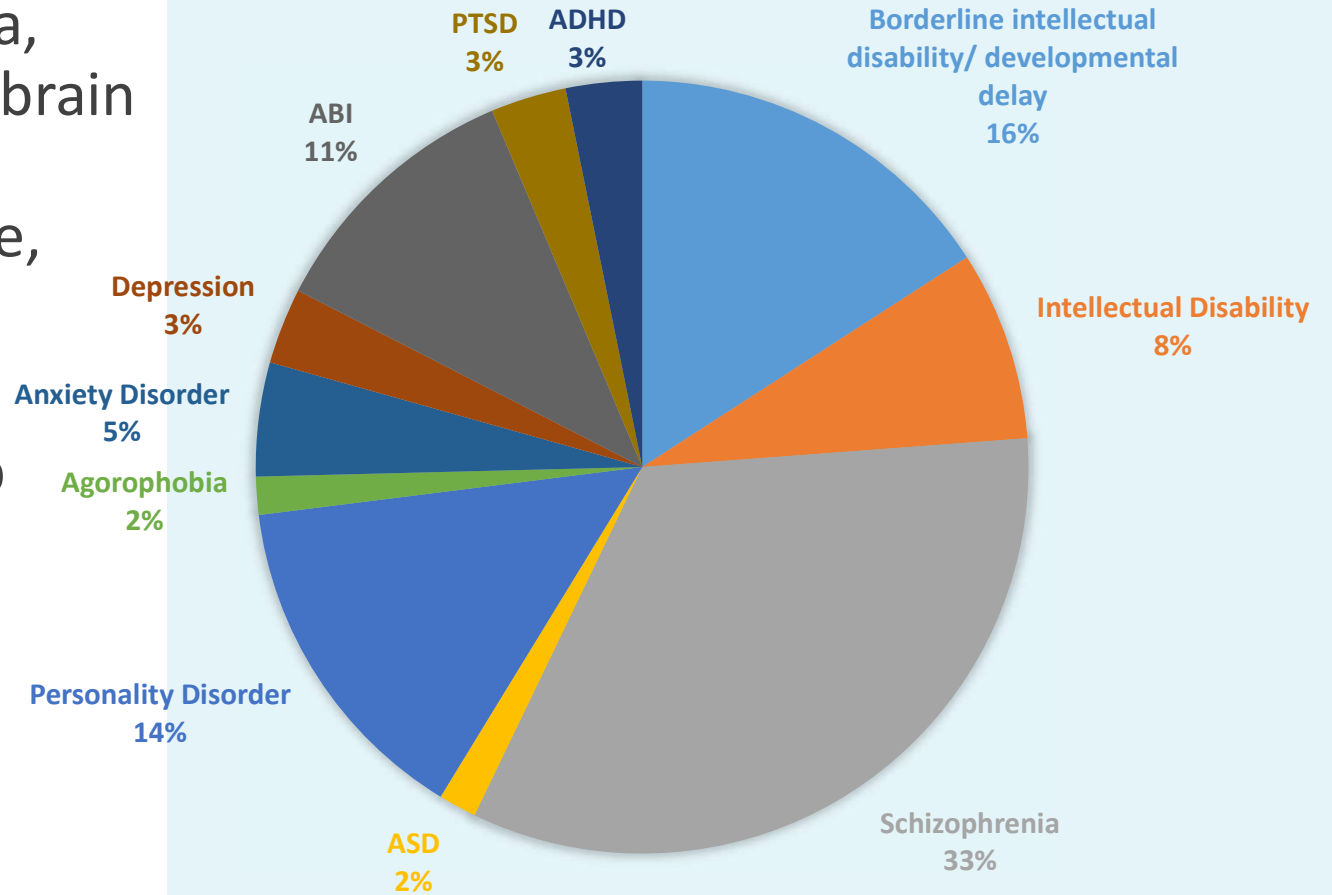
Guardianship - Mental Health Project



Target group of participants

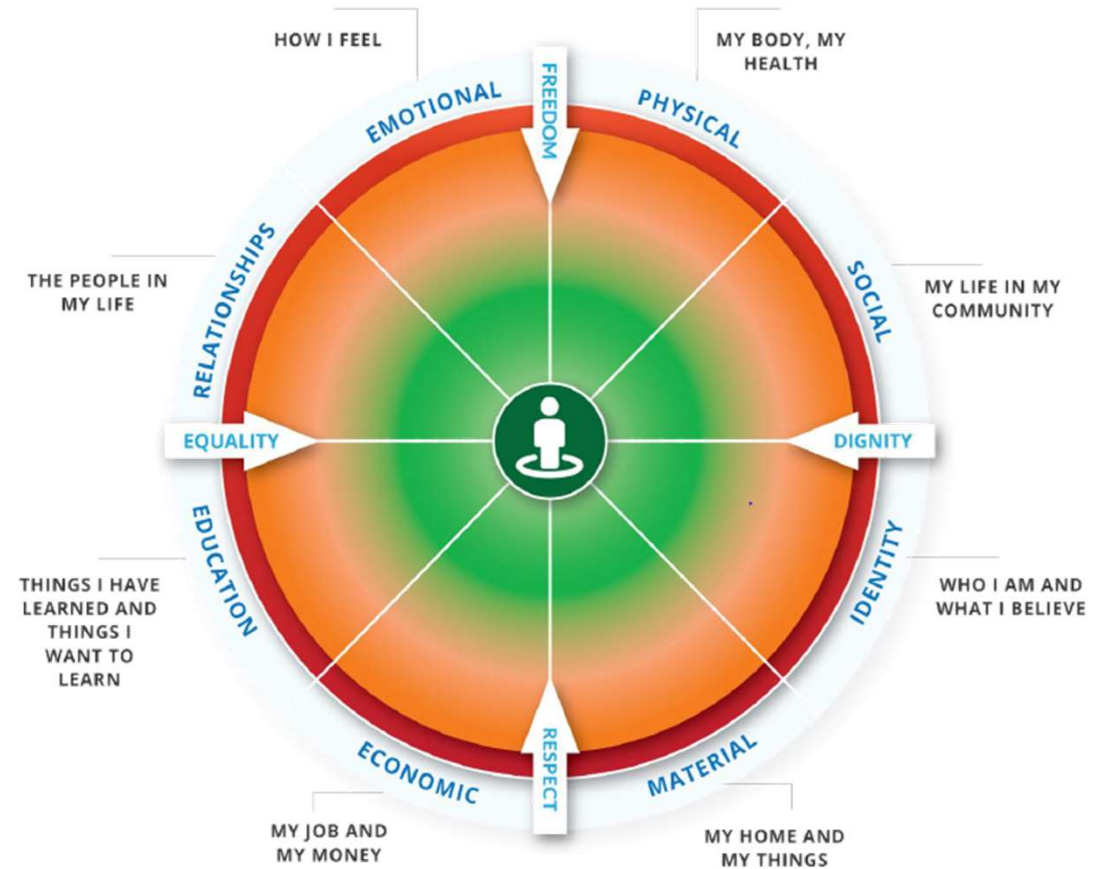
Diagnostic range: Schizophrenia, intellectual disability, acquired brain injury, schizoaffective disorder, personality disorder (Borderline, dependent, antisocial), anxiety disorder, autism, PTSD

Health: diabetes, obesity, sleep apnoea, asthma, congenital deafness, substance abuse, frontal lobe dysfunction.



The Human Rights Therapeutic Model

- Human rights is at the core of the model (CRPD): building a life worth living and being valued as a contributing member of society.
- Empowerment – zero tolerance.
- Person centred planning - setting goals.
- Recovery model principles.
- Starts with accommodation; a home in the community is pivotal.
- Capacity building: developmental programming and functional skills development.
- Restrictive practices: Guardianship Act section 32 a, b, c special powers.



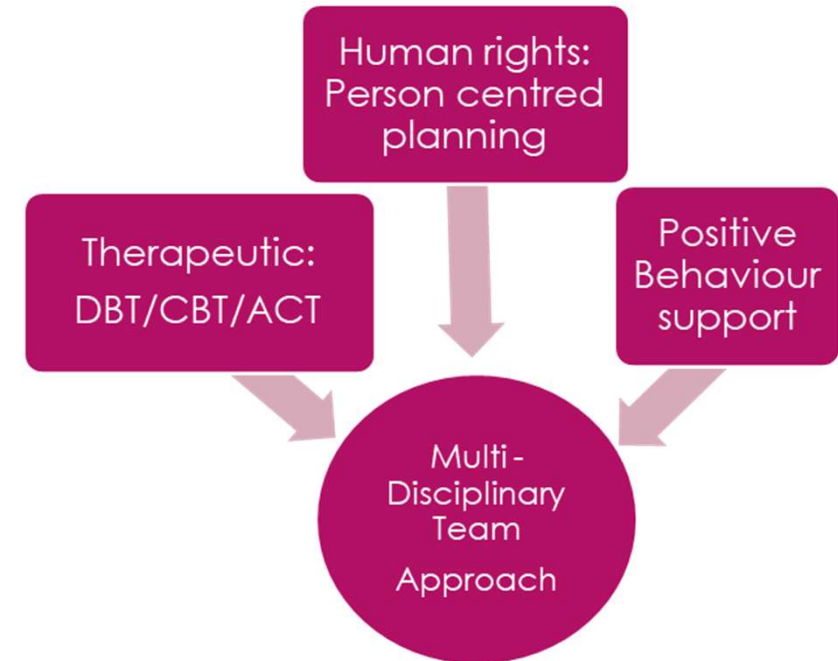
Merging Human Rights and Therapeutic approaches

Primarily we used principles of:

- Dialectical Behaviour Therapy (Linehan)
- The Good Lives Model (Ward & Stewart)

Underpinning this:

- Anger management: emotional regulation
- Anxiety management
- Stress management
- CBT: Think feel do (A –event, B beliefs, C consequence)



Positive Behaviour Support

- Positive behaviour support development (internal and external PBS Practitioners).
- Monitoring and implementation of PBS plans ('bottom up' approach with the person and stakeholders).
- Aligning PBS with evidence based best practice.
- Quality PBS increases quality of life, respects human rights and decreases harm.
- Evaluating effectiveness: BIP-QEII.
- Recording and monitoring use, reduction and elimination of restrictive practices.

Focus on:

- Functionally equivalent skill development.
- Functional skills development (capacity building)
 1. Ecological
 2. Independent Living Skills
 3. Social, emotional and behavioural skills
 4. Community skills
 5. Reward programme(s) – Reinforcement schedule (Applied Behaviour Analysis)
 6. Reactive strategies – Stress Assault cycle and Crisis Plan
 7. Direct treatment – Therapeutic model + referral to external



Assessing outcomes: Evidence based assessment

Data (Incident) – Functional Behaviour Analysis

- CLO CMS – Behaviour Incident data. CLO innovation for FBA.
- Daily Recording Charts analysis of active support model.

Assessments (Pre and Post)

1. Positive Behaviour Support Plan including stress assault cycle and functional behaviour analysis and ongoing.
2. Risk management: Assessment of Risk and Manageability of Intellectually Disabled Individuals who Offend (ARMIDILO), Dynamic Risk Assessment and Management System (DRAMS), treatment focussed risk assessment for suicide and self harm, household safety questionnaire.
3. WHOQOL (Quality of life)
4. Life skills questionnaire/underpinned by WHODAS and/or ABAS functional assessments
5. Record of Goals and Outcomes/CANSAS – Goal attainment Scale (GAS) within the outcomes framework.



Staff training and Support – PIVOTAL to success

Implementation is the key to success. Staff training and support is critical:

- Starts with values based, person centred recruitment.

Training provided:

- 4 day Induction includes:
 - Positive Behaviour Support and Restrictive Practices.
 - Person centred/human rights approaches.
 - Incident (ABC) documentation and reportable incidents.
- Regular training on PD and specifically BPD.
- Suicide risk assessment/self injury and crisis responding.
- Mental health.
- De-briefing processes.
- MAPA.
- Team building: monthly staff meetings.
- Dedicated Coordinator for the team.
- Staff must have the NDIS orientation module and the Zero Tolerance training.



At the Support Level – APPROACH for front line workers

- Creating a safe and validating home environment (focus on personal safety).
- Community and social inclusion – work and meaningful connection.
- Therapeutic worksheets from the four core DBT skills teaching groups. Combining therapy and PBS in a day to day approach.
- Routine and structure.
- Reward programs.
- Clear role boundaries.
- Human rights committee and consumer forums (assertiveness, communication and self advocacy).

The Tools – other evidence based tools chosen for this project:

- The “Reimagine My Life” Planning book.
- The CLO “My Life, My Way” goal setting document/CANSAS – Goal setting.
- Capacity building: Developmental programming – task analysis
- Mental Health:
 - Mental State Examination (MSE)
 - Psychiatric Assessment Schedule for Adults with Developmental Disabilities Checklist (PAS-ADD)
- Clear and Robust Plans:
 - Interagency risk plan
 - Support and Crisis plans
 - My Safety Plan

Camberwell Assessment of Need for Adults with Developmental and Intellectual Disabilities - Actions/Goals

User/Client Name:

Who present: Date: [Click here to enter a date.](#)

1. Domain: Accommodation		
Goal:	Action:	By when/By who:
2. Domain: Food		
Goal:	Action:	By when/By who:
3. Domain: Looking after the home		
Goal:	Action:	By when/By who:
4. Domain: Self-care		
Goal:	Action:	By when/By who:
5. Domain: Daytime activities		
Goal:	Action:	By when/By who:
6. Domain: General physical health		
Goal:	Action:	By when/By who:
7. Domain: Eyesight/hearing		
Goal:	Action:	By when/By who:
8. Domain: Mobility		
Goal:	Action:	By when/By who:
9. Domain: Seizures		
Goal:	Action:	By when/By who:
10. Domain: Major mental health problems		
Goal:	Action:	By when/By who:

https://clovh.banpoint.com/forms/lgi/cansas_forms/bank_cansas_2017.docx

The “Other” Tools

Capacity Building:

- Specific skill instruction
- Modelling

Measuring Outcomes:

- Frequency Charts
- Daily Recording Sheets
- ABC reporting
- Monthly behaviour summaries

Medical/Health:

- Bowel Charts
- Fluid and Food intake recording

The ARMIDILO-G and ARMIDILO-S:

- The Assessment of Risk and Manageability of Individuals with Developmental and Intellectual Limitations who Offend
 - General (ARMIDILO-G).
 - Sexually (ARMIDILO-S).
- The ARMIDILO-S was designed to assess and manage risk of sexual recidivism of offenders with an intellectual disability. This includes:
 - a) the examination of both individual and environmental variables;
 - b) the examination of both risk and protective variables;
 - c) Exclusive emphasis on dynamic factors; and
 - d) Distinction between acute and stable factors.

The Australian WHOQOL-BREF:

- The Australian WHOQOL-BREF contains 26 items.
- It is a shorter version than the WHOQOL-100 that allows for repeated measures designs and in larger surveys or clinical trials, and where respondents have difficulty completing the longer version.
- Domain scores are scaled in a positive direction; with a score range of 0-100, and with higher scores denoting higher QOL.
- Was designed for self-administration, but can be interviewer-administered if necessary (i.e. lack of client engagement or cognitive capacity to complete the assessment correctly).

Please read the question, assess your feelings, for the last two weeks, and circle the number on the scale for each question that gives the best answer for you.

		Very poor	Poor	Neither poor nor good	Good
1	How would you rate your quality of life?	1	2	3	4

		Very dissatisfied	Fairly Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	
2	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about how much you have experienced certain things in the last two weeks.

		Not at all	A Small amount	A Moderate amount
3	To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3
4	How much do you need any medical treatment to function in your daily life?	1	2	3
5	How much do you enjoy your work?	1	2	3
6	To what extent do you be meaningful?	1	2	3

WORLD HEALTH ORGANISATION QUALITY OF LIFE

WHOQOL- BREF Australian Version (May 2000)

		Not at all	Slightly	Somewhat	To a great extent	Completely
10	Do you have enough energy for everyday life?	1	2	3	4	5
11	Are you able to accept your bodily appearance?	1	2	3	4	5
12	Have you enough money to meet your needs?	1	2	3	4	5
13	How available to you is the information you need in your daily life?	1	2	3	4	5
14	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

		Not at all	Slightly	Moderately	Very	Extremely
7	How worried are you about your cancer?	1	2	3	4	5
8	How worried are you about your health?	1	2	3	4	5
9	How worried are you about your family?	1	2	3	4	5

		Not at all	Slightly	Moderately	Very	Extremely
15	How well are you able to get around physically?	1	2	3	4	5

The following questions ask you to say how good or satisfied you have felt about various aspects of your life.

		Very Dissatisfied	Fairly Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very satisfied
16	How satisfied are you with your work?	1	2	3	4	5
17	How satisfied are you with your ability to do your daily living activities?	1	2	3	4	5
18	How satisfied are you with your capacity for work?	1	2	3	4	5
19	How satisfied are you with yourself?	1	2	3	4	5
20	How satisfied are you with your personal relationships?	1	2	3	4	5

The following question refers to how often you have felt or experienced certain things in the last two weeks.

		Never	Infrequently	Sometimes	Frequently	Always
21	How satisfied are you with your sex life?	1	2	3	4	5
22	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24	How satisfied are you with your access to health services?	1	2	3	4	5
25	How satisfied are you with your transport?	1	2	3	4	5

26 How often do you have negative feelings such as blue mood, despair, anxiety or depression?

		Never	Infrequently	Sometimes	Frequently	Always
26	How often do you have negative feelings such as blue mood, despair, anxiety or depression?	1	2	3	4	5

THE END

The Abbreviated Life Skills Profile (LSP-16):

- Assesses the person’s general functioning over the past three months.
- Does not assess functioning when experiencing crisis or when they were or were becoming ill.
- All items are answered on a four-point scale; with higher scores indicating a “greater degree of disability”.
- Sub-scales include:
 - Withdrawal
 - Self-care
 - Compliance
 - Anti-social
- The higher the score the “greater the degree of disability”.

LSP-16 item elaboration and clarification

The following item clarifications were developed as part of the training materials for the Victorian Mental Health Outcomes Strategy and are offered as a useful adjunct to the basic LSP-16:

- 1 Does the person generally have difficulty with initiating and responding to conversation? Measures the ability to begin and maintain social interaction, ensuring the flow of conversation; taking turns in conversation; silence as appropriate.
- 2 Does the person generally withdraw from social contact? Does the person isolate themselves when part of a group? Does the person participate in leisure activities with others? Spend long hours alone watching TV or videos?
- 3 Does the person generally show warmth to others? Does the individual demonstrate affection, concern or understanding of situation of others?
- 4 Is this person generally well groomed (eg, neatly dressed, hair combed)? Does the person use soap when washing; shave as appropriate; use make-up appropriately; use shampoo?
- 5 Does this person wear clean clothes generally, or ensure that they are cleaned if dirty? Does the person recognise the need to change clothes on a regular basis? Are clothes grimy, are collars and cuffs marked, are there food stains?
- 6 Does this person generally neglect her or his physical health? Does the person have a medical condition for which they are not receiving appropriate treatment? Does the person lead a generally healthy lifestyle? Does the person neglect their dental health?
- 7 Is this person violent to others? Does the person display verbal and physical aggression to others?
- 8 Does this person generally make or keep friendships? Does the person identify individuals as friends? Do others identify the person as a friend? Does the person express a desire to continue to interact with others?
- 9 Does this person generally maintain an adequate diet? Does the person eat a variety of nutritious foods regularly? Do they watch their fat and fibre intake?
- 10 Does this person generally look after and take her or his own prescribed medication (or attend for prescribed injections on time) without reminding? Does the person adhere to their medication regimen as prescribed? The right amount at the right time on a regular basis? Does the person need prompting or reinforcement to adhere to their medication regimen?
- 11 Is this person willing to take prescribed medication when prescribed by a doctor? Does the person express an unwillingness to take medication as prescribed, bargain or inappropriately question the need for continuing medication?
- 12 Does this person cooperate with health services (eg, doctors and/or other health workers)? Is the person deliberately obstructive in relation to treatment plans? Do they attend appointments, undertake therapeutic homework activities?
- 13 Does this person generally have problems (eg friction, avoidance) living with others in the household? Is the person identified as difficult to live with? Do they have difficulty establishing or keeping to "house rules" or are they always having arguments about domestic duties?
- 14 Does this person behave offensively (includes sexual behaviour)? Does the person behave in a socially inapt or unacceptable way demonstrating inappropriate social or sexual behaviours or communication?
- 15 Does this person behave irresponsibly? Does the person act deliberately in ways that are likely to inconvenience, irritate or hurt others? Does the person neglect basic social obligations?
- 16 What sort of work is this person generally capable of (even if unemployed, retired or doing unpaid domestic duties)? What level of assistance/guidance does the individual require to undertake occupational activities?

Abbreviated Life Skills Profile (LSP-16)

Assess the patient's general functioning over the past three months, taking into account their age, social and cultural context. Do not assess functioning during crises when the patient was ill or becoming ill. Answer all 16 items by circling the appropriate response.

		0	1	2	3
1	Does this person generally have any difficulty with initiating and responding to conversation?	No difficulty	Slight difficulty	Moderate difficulty	Extreme difficulty
2	Does this person generally withdraw from social contact?	Does not withdraw at all	Withdraws slightly	Withdraws moderately	Withdraws totally or near totally
3	Does this person generally show warmth to others?	Considerable warmth	Moderate warmth	Slight warmth	No warmth at all
4	Is this person generally well groomed (eg, neatly dressed, hair combed)?	Well groomed	Moderately well groomed	Poorly groomed	Extremely poorly groomed
5	Does this person wear clean clothes generally, or ensure that they are cleaned if dirty?	Maintains cleanliness of clothes	Moderate cleanliness of clothes	Poor cleanliness of clothes	Very poor cleanliness of clothes
6	Does this person generally neglect her or his physical health?	No neglect	Slight neglect of physical problems	Moderate neglect of physical problems	Extreme neglect of physical problems
7	Is this person violent to others?	Not at all	Rarely	Occasionally	Often
8	Does this person generally make and/or keep up friendships?	Friendships made or kept up well	Friendships made or kept up with slight difficulty	Friendships made or kept up with considerable difficulty	No friendships made or none kept
9	Does this person generally maintain an adequate diet?	No problem	Slight problem	Moderate problem	Extreme problem
10	Does this person generally look after and take her or his own prescribed medication (or attend for prescribed injections on time) without reminding?	Reliable with medication	Slightly unreliable	Moderately unreliable	Extremely unreliable
11	Is this person willing to take psychiatric medication when prescribed by a doctor?	Always	Usually	Rarely	Never
12	Does this person co-operate with health services (eg, doctors and/or other health workers)?	Always	Usually	Rarely	Never
13	Does this person generally have problems (eg, friction, avoidance) living with others in the household?	No obvious problem	Slight problems	Moderate problems	Extreme problems
14	Does this person behave offensively (includes sexual behaviour)?	Not at all	Rarely	Occasionally	Often
15	Does this person behave irresponsibly?	Not at all	Rarely	Occasionally	Often
16	What sort of work is this person generally capable of (even if unemployed, retired or doing unpaid domestic duties)?	Capable of full time work	Capable of part time work	Capable only of sheltered work	Totally incapable of work

Reimagine My Life: A Workbook to Support You:

- It was designed to support people living with mental health conditions to plan for their lives and to share with others what goals they have and how they would like to be supported.

Source: www.reimagine.today




Exploring my hopes, dreams and aspirations
Check out your hopes and dreams you put down in the previous activity. Choose up to three that you would like to explore in more detail.
Write your hope and dream in the centre of the page and complete the questions around it.

This worksheet is designed for exploring hopes, dreams, and aspirations. It features a central box labeled "aspiration" with the words "HOPE" and "DREAM" written vertically on either side. Surrounding this central box are several smaller boxes with questions: "Why do I want to do this?", "What supports do I have now that would be useful?", "What skills do I have now that would be useful?", and "What skills do I need to do this?". There is also a box at the bottom left with the question "What supports would help me as...". The page is numbered "25" in the bottom right corner.This worksheet is titled "Things I need support with..." and is designed to help users identify their support needs. It contains three main sections: "Words or pictures that describe things you need help with when you are not doing so well.", "When I am doing well", and "When I am not doing so well". There is also a large box at the bottom titled "Who can support me to get these things?". The page is numbered "10" in the bottom right corner and has the text "reimagine.today workbook" in the bottom left corner.

The Interagency Risk Management Plan:

- Was designed by CLO to effectively identify client risk, prevention and response strategies required from each agency involved.
- It is a formalised agreement that lists the responsibilities of all the agencies involved; including:
 - SAPOL
 - SAAS
 - Hospitals
 - Forensic/mental health services
 - Criminal justice
 - OPA/Public Trustees
 - CLO



INTERAGENCY RISK MANAGEMENT PLAN

Name: _____
Date of Plan: _____

Participating Agencies:
 OPA: _____
 Service Provider: _____
 Psychology: _____
 Mental health: _____
 Psychiatrist: _____
 NDIA Support Coordination: _____
 Others: _____

Diagnoses:
 • _____
 • _____
 • _____

USE IN CONJUNCTION WITH STRESS ASSAULT CYCLE & INTERVENTIONS AND CRISIS RESPONSE PROCEDURE				
Behaviour	CONSEQUENCES/War ning signs	Risk	Agreed Risk Prevention	Agreed Crisis Response

KEY STAKEHOLDERS MEETINGS HELD MONTHLY FOR ALL STAKEHOLDERS

Key Contacts:

CLO Person..... Telephone..... Email.....
 DCSI Person..... Telephone..... Email.....
 Disability SA Person..... Telephone..... Email.....
 GP Person..... Telephone..... Email.....
 Consultant Person..... Telephone..... Email.....
 Therapist Person..... Telephone..... Email.....
 Corrections Person..... Telephone..... Email.....
 Mental Health Person..... Telephone..... Email.....

OPA Person..... Telephone..... Email.....
 Other Person..... Telephone..... Email.....

Signing off indicates a) risk mitigated or accepted and b) crisis response agreed by all parties :

CLO	Name	Designation.....	Date
Guardian	Name	Designation.....	Date
Mental Health	Name	Designation.....	Date
DCSI	Name	Designation.....	Date
ENLU/MAS	Name	Designation.....	Date
Other	Name	Designation.....	Date

Review Date and Comments 12 monthly from sign off. Review:

The Reinforcer Inventory:

- There are numerous reinforcer inventory checklists; regardless they all aim to identify the things and experiences that the person finds satisfaction, enjoyment and pleasure in.
- These can then be used in reward programs, to identify goals and provide increased choice and control and quality of life outcomes.

Inventory of Potentially Reinforcing Activities and Events

Name of person completing the inventory: _____ Date of completion: _____

Name of person being considered: _____ Age: _____

Please go through the activities and events listed below and consider each one in terms of the person on whose behalf you are completing this inventory. Try and put yourself in their shoes and see the world through their eyes. How much does this person enjoy having access to or participating in the following activities and events? Score each item by placing a tick in the relevant box according to your perception of their enjoyment as indicated below.


	Actively dislikes	Unknown interest	Not at all interested	Likes a little bit	Likes a lot	Likes very much
HOBBIES, GAMES AND SPORTING ACTIVITIES						
Reading comic						
Electric Train						
Dolls						
Mucking around with a ball						
Throwing a ball						
Dressing up						
Using skin cream						
Using make-up						
Painting finger nails						
Mucking around with a ball around						
Going to exercise class						
Going to athletics track and field						
Playing football						
Playing rugby						
Playing cricket						
Playing soccer						
Playing basketball						
Playing basketball/waterball						
Playing volleyball						
Playing card games eg. snap, bridge etc.						
Swimming						
Sailing						
Canoeing						
Having a massage						
Getting a massage						
Running/jogging						
Bike riding						
Skating boarding						
Skiing						
Horse riding						
Caring for animals						
Tennis						
Hiking/hush/walking						
Tea/jas bowling						
Lawn bowling						
Golf						
Mini-golf						
Football/soccer						
Checkers						
Weight lifting						
Exercise bike riding						
Chess/backgammon						
Fishing						
Table tennis						

Description of Potentially Reinforcing Events	Not at All	A little	A Fair Amount	Much	Very Much
ENTERTAINMENT					
Watching Television Programs					
Favorite Programs?					
a.					
b.					
c.					
Playing Home Video Games (Which Ones?)					
a.					
b.					
c.					
Playing Community Video Games					
Computers					
Movies					
Dancing					
Listening to Music					
Compact Discs					
Mp3					
Other					
Singing					
Playing Musical Instruments					
Drawing					
Painting					
Sculpting/Pottery					
Latch Hook					
Sewing					
Working with Tools					
Other					
HOBBIES					
Photography					
Typing					
Collecting Items (Specify)					
a.					
b.					
c.					
Building Models					
Plants/Gardening					
Other					
a.					
b.					
c.					

Modified from Behavior Assessment Guide © 1993, IABA, Los Angeles, CA 90045

The Record of Goals and Outcomes:

- Is used during initial goal setting meetings with the client and their representatives and identifies goals in 8 domains.
- Each month the team assess whether the goal has been achieved; using a Goal Attainment Scale (GAS).
- These results are reported to management/stakeholders monthly and annually in a progress report.


Community Living Options
GREAT OPPORTUNITIES - GREAT LIFE

Record of Goals and Outcomes

Individual lifestyle planning and Capacity building

Name:		Date of birth:	
Address:		Key Person:	
Date of Goal Setting Meeting:			
Present at meeting: (Name and designation)			
Client /consumer comments on overall ILP /goal setting process:			
Review date:			
Completed by: <small>(Name and designation)</small>		Authorised by Management	

A copy of this completed form is to be sent to family members (when applicable), the Business / day placement, ILP file, Main File and other members of the meeting as requested.

Goal Domains	Number of Goals	When Goals Achieved						Goal Attainment Score
		1 month	2 month	3 month	4 month	5 month	6 month	
+2 = Much more than expected; +1 = More than expected; 0 = Expected outcome; -1 = Less than expected; -2 = Much less than expected								
Daily Living								+2 <input type="checkbox"/> +1 <input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/>
Home								+2 <input type="checkbox"/> +1 <input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/>
Lifelong learning								+2 <input type="checkbox"/> +1 <input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/>
Work								+2 <input type="checkbox"/> +1 <input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/>
Health and well being								+2 <input type="checkbox"/> +1 <input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/>
Relationships								+2 <input type="checkbox"/> +1 <input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/>
Social and community participation								+2 <input type="checkbox"/> +1 <input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/>
Choice and control								+2 <input type="checkbox"/> +1 <input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/>
Total:								

Goal Domains	Number of Goals	When Goals Achieved					Goal Attainment Score	
		7 month	8 month	9 month	10 month	11 month		12 month
+2 = Much more than expected; +1 = More than expected; 0 = Expected outcome; -1 = Less than expected; -2 = Much less than expected								
Daily Living								+2 <input type="checkbox"/> +1 <input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/>
Home								+2 <input type="checkbox"/> +1 <input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/>
Lifelong learning								+2 <input type="checkbox"/> +1 <input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/>
Work								+2 <input type="checkbox"/> +1 <input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/>

Health and well being								+2 <input type="checkbox"/> +1 <input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/>
Relationships								+2 <input type="checkbox"/> +1 <input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/>
Social and community participation								+2 <input type="checkbox"/> +1 <input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/>
Choice and control								+2 <input type="checkbox"/> +1 <input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/>
Total:								

Record of Goals	
Name:	Key Person:
Goal Domain: <input type="checkbox"/> Daily living <input type="checkbox"/> Home <input type="checkbox"/> Lifelong learning <input type="checkbox"/> Work <input type="checkbox"/> Health and well being <input type="checkbox"/> Relationships <input type="checkbox"/> Social and community participation <input type="checkbox"/> Choice and control	Goal: (State goal in objective terms, measurable outcomes recorded below.)
Client / General Comments: (Record verbal or non-verbal comment. Why goal is important and benefits.)	

Outcome	How this will be measured	What does success look like

The Rewards Program:

- Used to provide maintaining consequences for appropriate behaviours and to build or strengthen appropriate behavioural responses so the person can live their life happily and safely.
- Delivering a reinforcer after an alternative behaviour, or the absence of the behaviours of concern.
- It is then expected that the desired behaviour should increase and replace the behaviours of concern.
- Note: for many of the clients in the 31 homes project what they find rewarding is centred around earning money or purchasing preferred items (i.e. junk food, alcohol, cigarettes).

██████████ Reward Programme

Reward Program/taken economy:

██████████ will receive the following amounts on the days below if he has achieved the following by 7pm across the few days period.

- Showered and dressed in clean clothes, including wearing of incontinence aids (pants)
- Bathroom and bedroom clean - clothes / sheets placed washing basket
- Organise to wash own clothes

If ██████████ has not achieved the tasks by this time then he will forfeit the allocated amount of money for that period.

██████████ has the potential to earn \$35 on Monday's, Wednesday's and Friday's

Staff are to tick each day of achievement or outline non-achievement for this to be successfully tracked.

██████████ Reward Programme Tracking Chart (tick chart)

MONDAY (Can earn \$35 by 7pm if completed required outcomes from Sunday to Monday 7pm)	TUESDAY	WEDNESDAY (Can earn \$35 by 7pm if completed required outcomes from Tuesday to Thursday 7pm)	THURSDAY	FRIDAY (Can earn \$35 by 7pm if completed required outcomes from Friday to Saturday 7pm)	SATURDAY	SUNDAY
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Comment:	Comment:	Comment:	Comment:	Comment:	Comment:	Comment:



██████████ Reward Programme

My Reward Programme I can earn \$2 dollars a day at 8pm.
BONUS Reward – managing my anger / frustration in a safe way - (max twice per week)

No property damage. Such as

- o Fire lighting
- o Smashing windows
- o Punching walls
- o Throwing chairs
- o Punching doors
- o Smash / break items of furniture
- o Damage motor vehicles

Keeping others safe: No hitting, kicking, punching, threatening others verbally or physically

Self-Safety: keeping myself safe – taking my medication, not hurting myself

██████████ Reward Programme Tracking Chart (tick chart)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Comment:	Comment:	Comment:	Comment:	Comment:	Comment:	Comment:
Bonus Achieved: <input checked="" type="checkbox"/>	\$5 <input type="checkbox"/>	\$5 <input type="checkbox"/>				



Introducing Participant 1



Participant 1 = living in own home for 9 months

Diagnosis:

- Intellectual Disability
- Schizophrenia
- Acquired Brain Injury (ABI) – motor vehicle accident
- Epilepsy; known triggers - cannabis

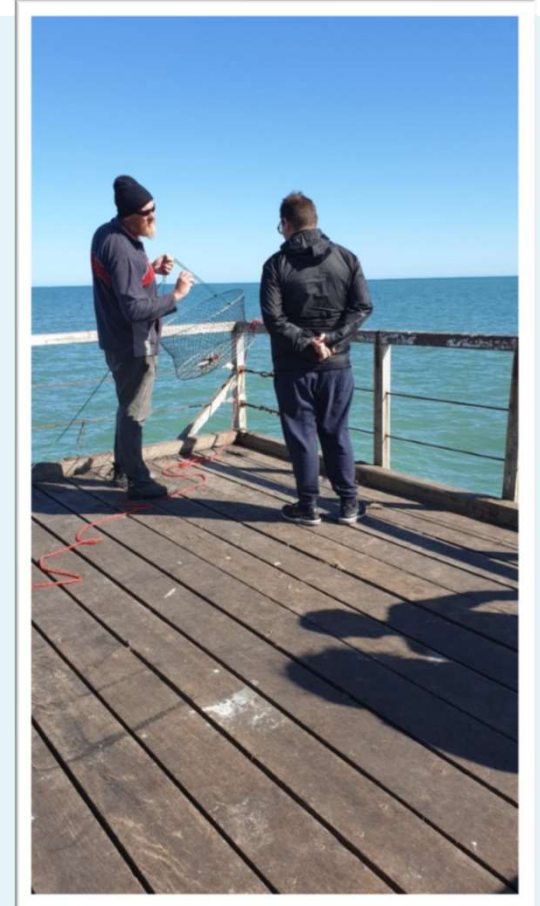
Age: 41 years

CLO Supports:

- 2:1 staffing 24:7; active overnight

Behaviours of concern:

- Reported since 7 years of age.
- Multiple offences including aggravated assault and property damage.
- Drug use.
- Fire lighting.



“I hear voices” and “I can’t concentrate on things”

Participant 1 -

What is important to me?

- My Christian beliefs
- Maintaining a good diet
- Family

How I want to be treated:

- With respect
- Have good manners
- Be responsible
- Honesty
- Acceptance
- Caring
- Listen to me

How I want to be supported:

- Reminders
- Prompt me
- Good choices
- Give options
- Talking things through
- Medication

What I don't like:

- Drinking too much alcohol
- Getting angry
- Wasting money
- Don't like feeling ill
- Don't like talking about drugs

“I don't like feeling ill”

Participant 1-Risk Factors

Mental Health

- Regular mental health service input over many years
- Thought disorder and self-harming behaviours.
- Emotionally reactive to difficult situations
- History of psychotic and reckless behaviours
- Low levels of motivation, concentration and restlessness
- Medications

Guardianship

- Administration orders
- SACAT Special Powers, Section 32

“**’s thought disorders and very limited self-awareness of the offending-related behaviour do not allow the kind of self-management required to deliberately avoid repeats of past offending.”**

Participant 1 - Risk Factors

Forensic history

- Extensive offence history

Accommodation

- Numerous supported residential facilities (SRF's) and cluster accommodation.
- CLO previously provided support up until early 2018.
- Presented with a significant behavioural episode; threatening to kill staff with a knife - leading to arrest.
- Placed in **James Nash House**, until he moved into his own home through the 31 Homes Project.

Supervision/treatment compliance issues

- History of breaching bail conditions.
- Poor impulse control, limited frustration tolerance, disorganised thinking, difficulty problem solving and understanding safe choices is compromised.
- Capacity building and developing of skills challenging given the combination of Intellectual Disability, Schizophrenia and ABI.
- Drug and Alcohol misuse; primarily Marijuana use.

Participant 1 - Risk Factors

Relationships:

- Brother is a known risk factor due to drug and alcohol use that can lead to BoC
- Lack of positive peer group and friendship circle; vulnerable to “falling in with the wrong crowd”.
- Due to BoC and impulsivity etc. is vulnerable to be taken advantage of in the community or to present with verbally or physically aggressive behaviours that could lead to interactions with law enforcement, or injury to himself or others.

“Smoking dope effects my learning capacity”

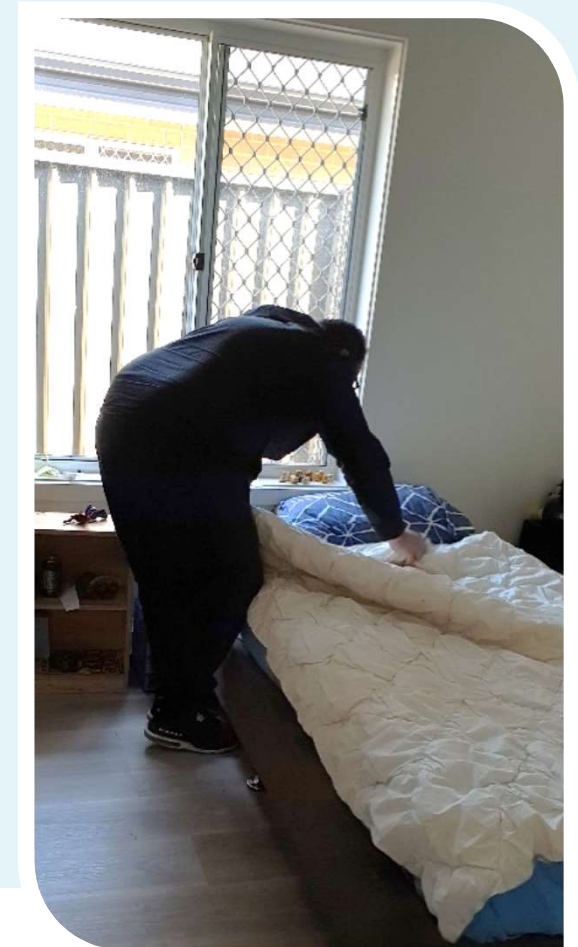
Participant 1 - Goals

Goal 1 – Enrol in a short course	Who or what can help me?
3 months – Choose a course I like To enrol in the course	My support workers can help me
6 months – To become an actor in Hollywood after studying to become a martial artist	Do an acting course Improve computer skills Go to gym and exercise regularly
12 months – Become a movie director and go for a holiday in Colorado. Ride horses on a horse farm.	Save money to pay for holiday in Colorado
Goal 2 – Be healthier and fitter	Who or what can help me?
Within 3 months my goal is to “get fitter and healthier”	Going to the gym regularly
Within 6 months I will “ride horses on a big farm”	Do a horse riding course
Within 1 year I will “Get an autograph signed on t-shirt from Arnold Schwarzenegger”	Visit America for a holiday

Participant 1- Reimagine My Life Workbook

MY BIG LIFE GOALS:

- “Have a girlfriend and get married”
- “Want to live independently”



Participant 1 - Restrictive Practices in Place

24/7 Removal of sharp knives/kitchen knives

- Lacked the skills to self-monitor and self-regulate when becoming agitated or excited.
- Extreme difficulty in making safe choices and highly likely to self-harm at such times.
- The removal of knives was preventative in nature; designed to reduce the likelihood of harm to Participant or others.
- A fade out plan was developed; the goal being.....

“** can store his sharp knives in the kitchen and have free access to them whenever he needs to use them”.**

Participant 1 - Strategies:

1. Reward program; monetary system.

- target behaviours = fire lighting, smashing windows, punching walls, throwing chairs, punching doors, smash/break items of furniture, damage to motor vehicles.
- Behaviour being rewarded: no hitting/kicking/punching or threatening others verbally or physically

2. Drug and Alcohol Programme

3. 10 point scale

Reward Programme

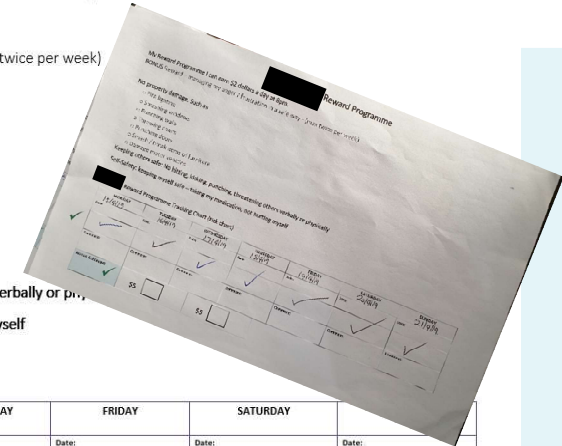
My Reward Programme I can earn \$2 dollars a day at 8pm.
 BONUS Reward – managing my anger / frustration in a safe way - (max twice per week)

No property damage. Such as

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- o Throwing chairs
- o Punching doors
- o Smash / break items of furniture
- o Damage motor vehicles

Keeping others safe: No hitting, kicking, punching, threatening others verbally or physically

Self-Safety: keeping myself safe – taking my medication, not hurting myself



Reward Programme Tracking Chart (tick chart)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Date:	Date:	Date:	Date:	Date:	Date:
Comment:	Comment:	Comment:	Comment:	Comment:	Comment:
Bonus Achieved: <input checked="" type="checkbox"/>	\$5 <input type="checkbox"/>	\$5 <input type="checkbox"/>			

State	What They Look Like	What Others Should Do	What Others Should Not Do
Agitated	<ul style="list-style-type: none"> - Altering to his staff and/or community members. - Damaging motor vehicles - Making verbal physical threats towards staff and/or members of the community. - Threaten to commit suicide. - Any threat with knives or weapons (GPHS) to be contained immediately). <p>NOTE: Shouting and not have can be a sign of emotional distress and will need to be intervention with the best's voice.</p>	<ul style="list-style-type: none"> - Retreat to a safe space. - Allow **** to speak. - If someone present *****, verbal or community members address the crisis. - Request immediate help *****, argue. - A car, quiet voice when he is screaming, recommended as essential to recording. - **** have not the assistance, loud or sudden noises. - Ensure environment is managed to avoid any where possible. - The use of verbal should be considered as an absolute last resort. **** should be encouraged to stay, remaining to staff. 	<ul style="list-style-type: none"> - Do not approach **** - Attempt to engage **** - Use an authoritative voice to bring **** down. - Use an authoritative voice to bring **** down.
Agitated	<ul style="list-style-type: none"> - Rapid voice (increased heart beat) - Threaten - Intimidation - Property damage - Fluctuating level of aggression - Head banging (biting against back wall) - Repeatedly, bringing head against back wall (under support) - Talking staff that he "can't see" or "can't hear" - "I'm fine" - Other non-verbal communication 	<ul style="list-style-type: none"> - **** does not like excessive touch - Threaten - Intimidation - Ensure environment is managed to avoid any where possible - Increase distance - **** - When **** eyes are going into the office or go home time to "take down" 	<ul style="list-style-type: none"> - Do not touch - Threat **** - Do not continue conversation with the waiting station.

Happy/Content	5-6	3-4	1-2
<ul style="list-style-type: none"> - Willing to engage in activities - Seeks interaction - Chatty, smiling - Cooperative - Exploring environment - Able to have humorous conversations with staff. 	<ul style="list-style-type: none"> - Support **** to participate in the activity, offering praise and encouragement. - Continue to engage with **** as per Positive Behaviour Plan and in areas of interest for ****. - Explore goals for the day and for the week. - Explore the positive things which are currently happening in ****'s life. 	<ul style="list-style-type: none"> - Sitting or lying - Minimal verbal/non-verbal responses. Often one word responses. - Not initiating activities - Taking an interest in environment - Able to eat/drink - Lacks energy 	<ul style="list-style-type: none"> - Do not push **** to engage in an activity if he has said no or changes his mind. - Do not persist with activity modelling if **** is clearly not interested in it. - Avoid too many questions or persistent requests. - Do not push **** to interact or do an activity. - Avoid too many questions or persistent requests. - Don't make **** feel bad for not wanting to participate.
<ul style="list-style-type: none"> - Lying in bed - Turning away - Crying (can be prevalent throughout all levels) - Not responding - Eyes closed - Minimal movement - Lacks energy 	<ul style="list-style-type: none"> - Acknowledge **** with to be able alone. - Attempt interaction again in 15 minutes. - Not responding - Stay nearby if possible to allow **** to be interested and feel secure. - Use a friendly manner 		

Participant 1 - Strategies:

3. Menu planners/cooking program
4. Task Analysis; “How to do”
5. Mental health program; understanding schizophrenia
6. Transport and Pedestrian programme
7. Weekly planner
8. Weekly shopping list
9. ADL’s schedule
10. Therapeutic worksheets







Can you tell me about a time Schizophrenia has made your daily life difficult?



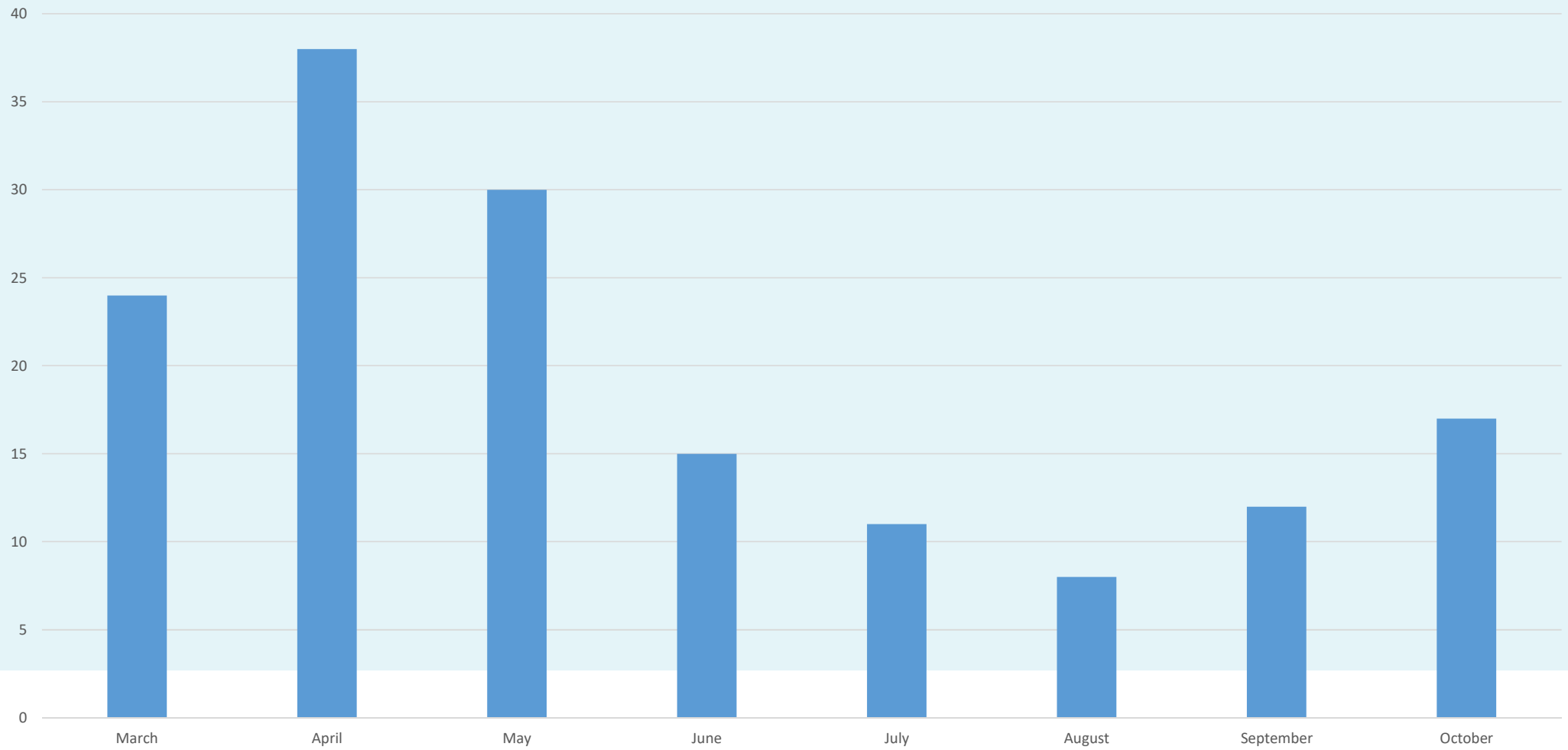
“Tell me about your day”

Name: _____ Date: _____

	HAPPY / EXCITED	SAD / UNHAPPY	ANGRY / FRUSTRATED	SCARED / NERVOUS
How do you feel?				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

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Participant 1-Total Behaviours of Concern March - October 2019



Participant 1-Total Behaviours of Concern March - October 2019

18

16

14

12

10

8

6

4

2

0

March

April

May

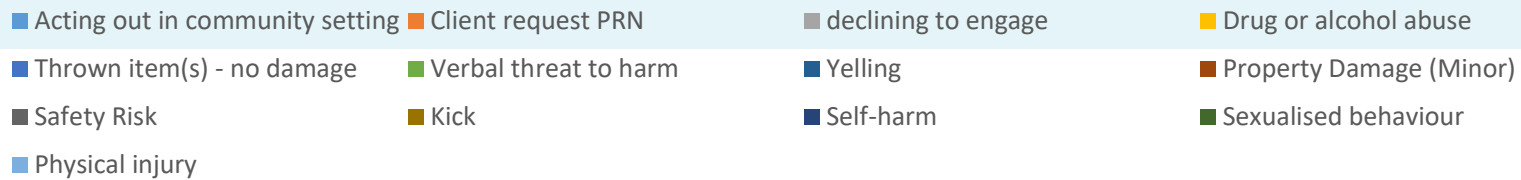
June

July

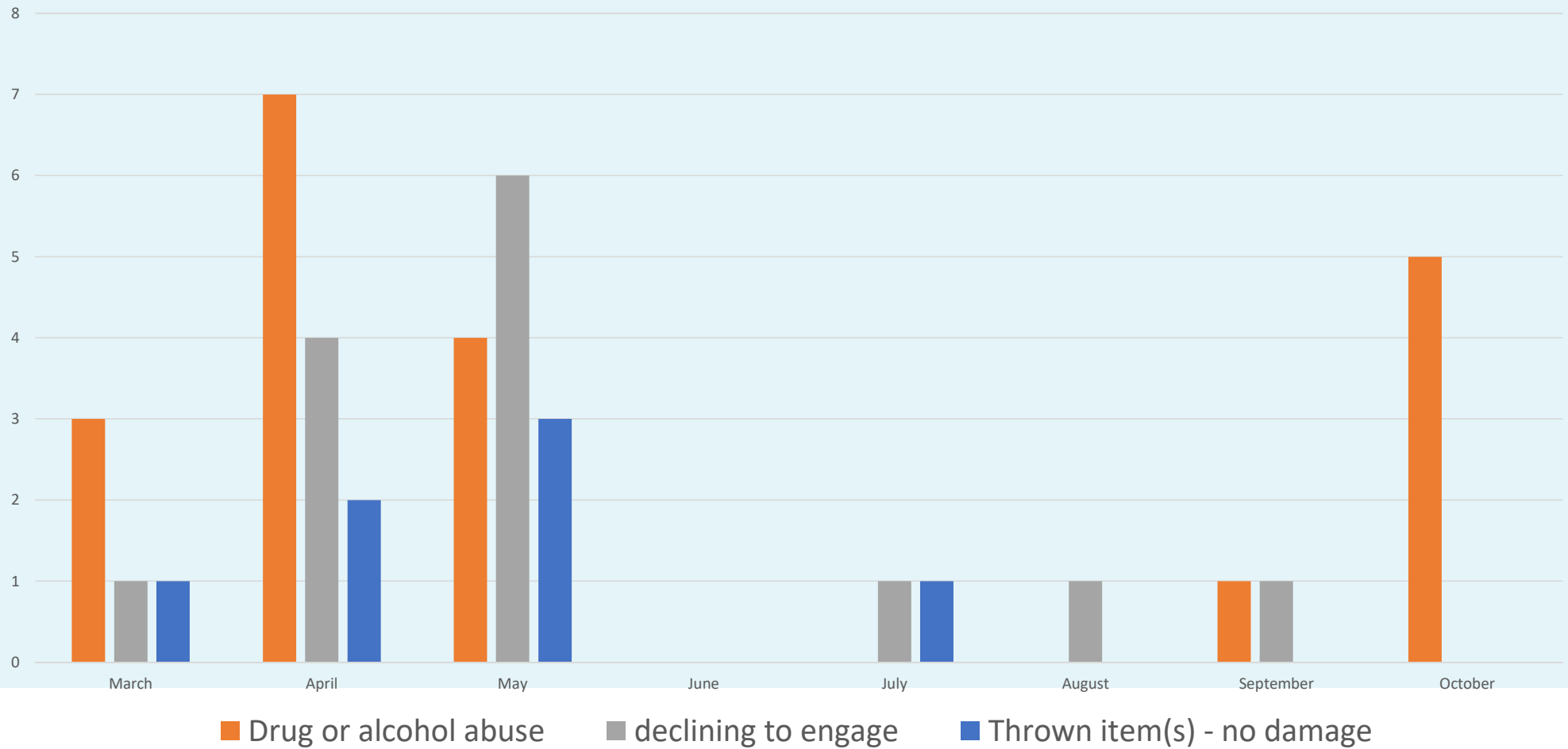
August

September

October

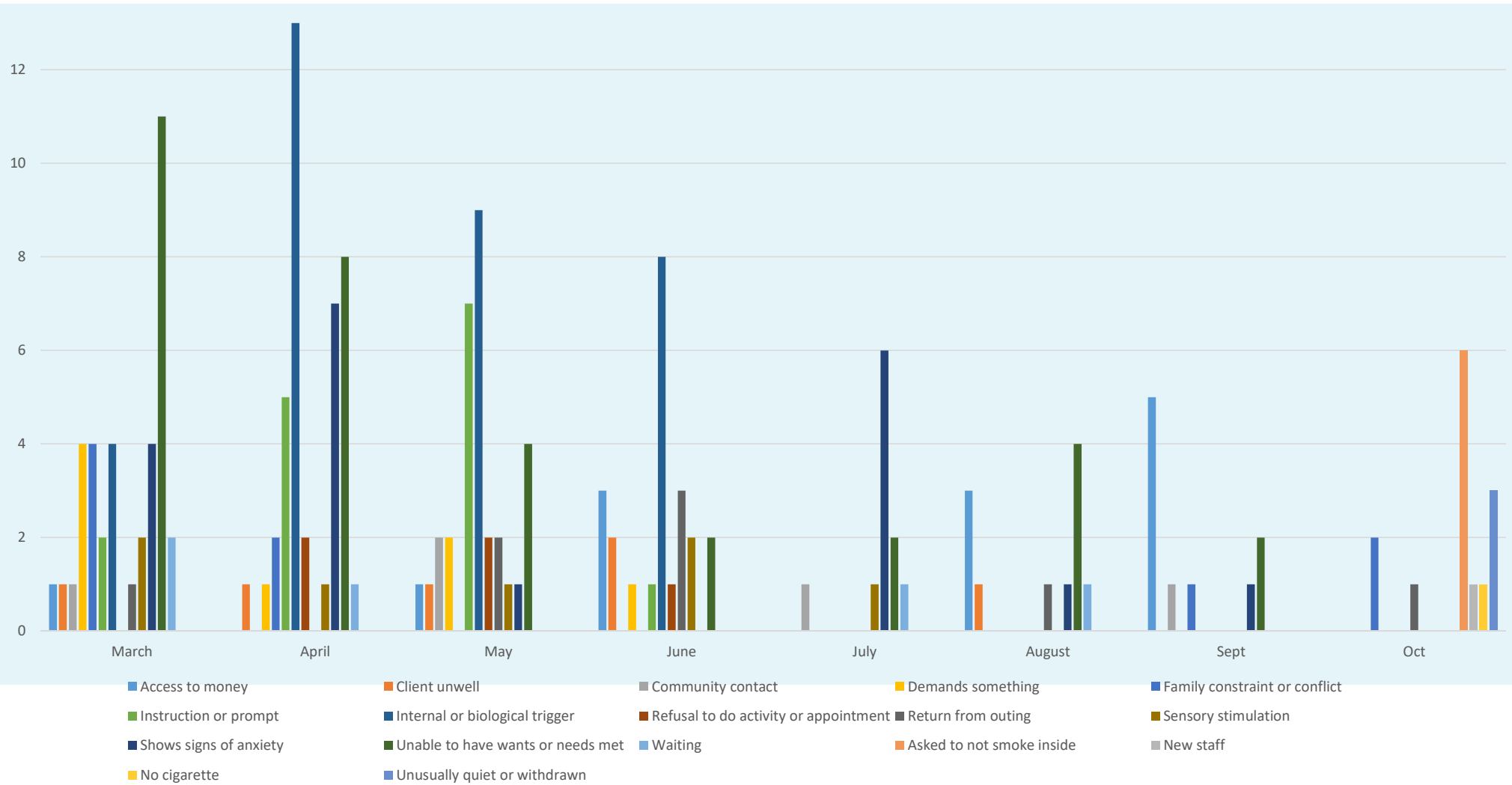


Participant 1- High Frequency Behaviours March- October 2019

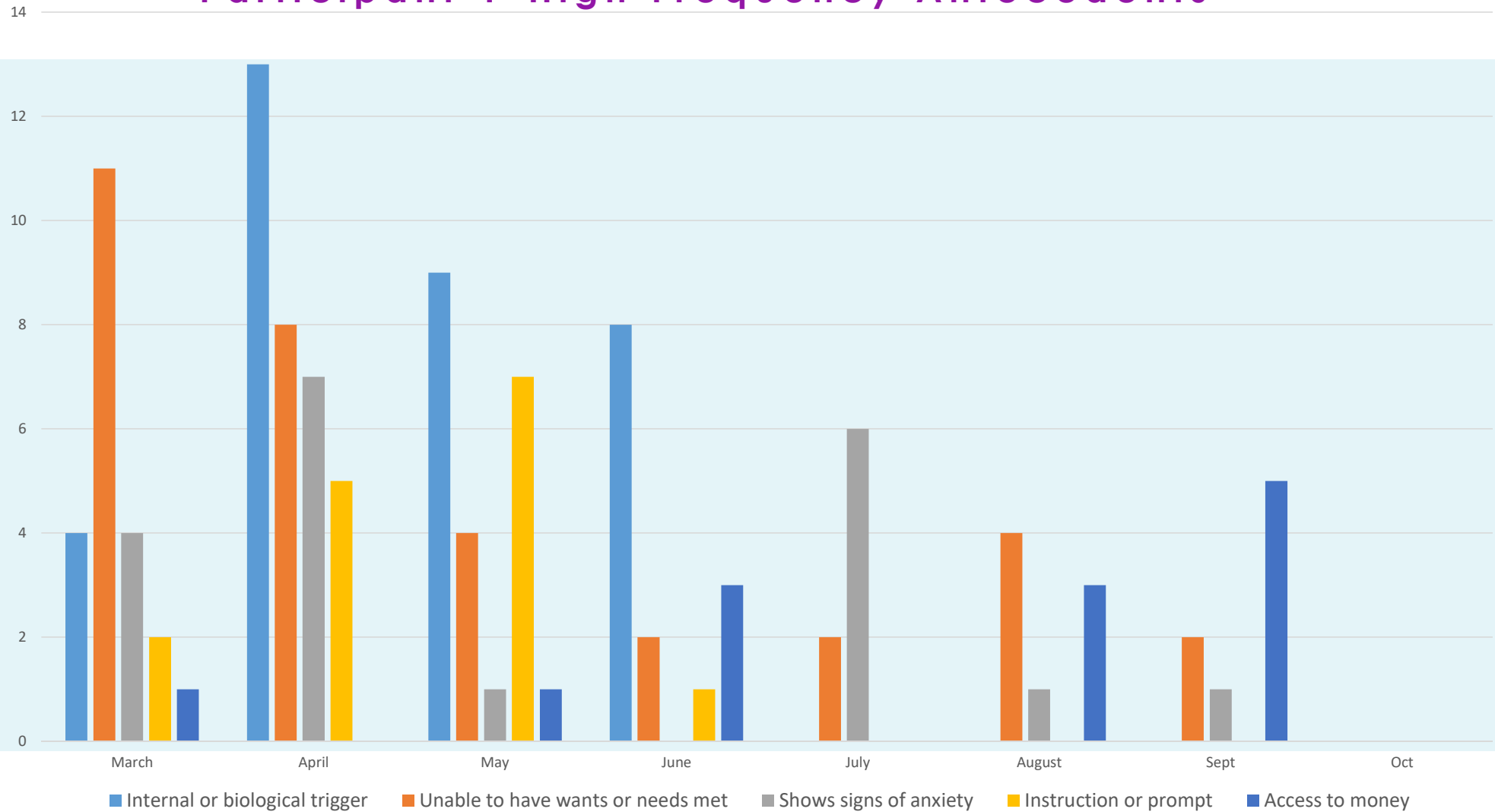


Participant 1 - Antecedents

14

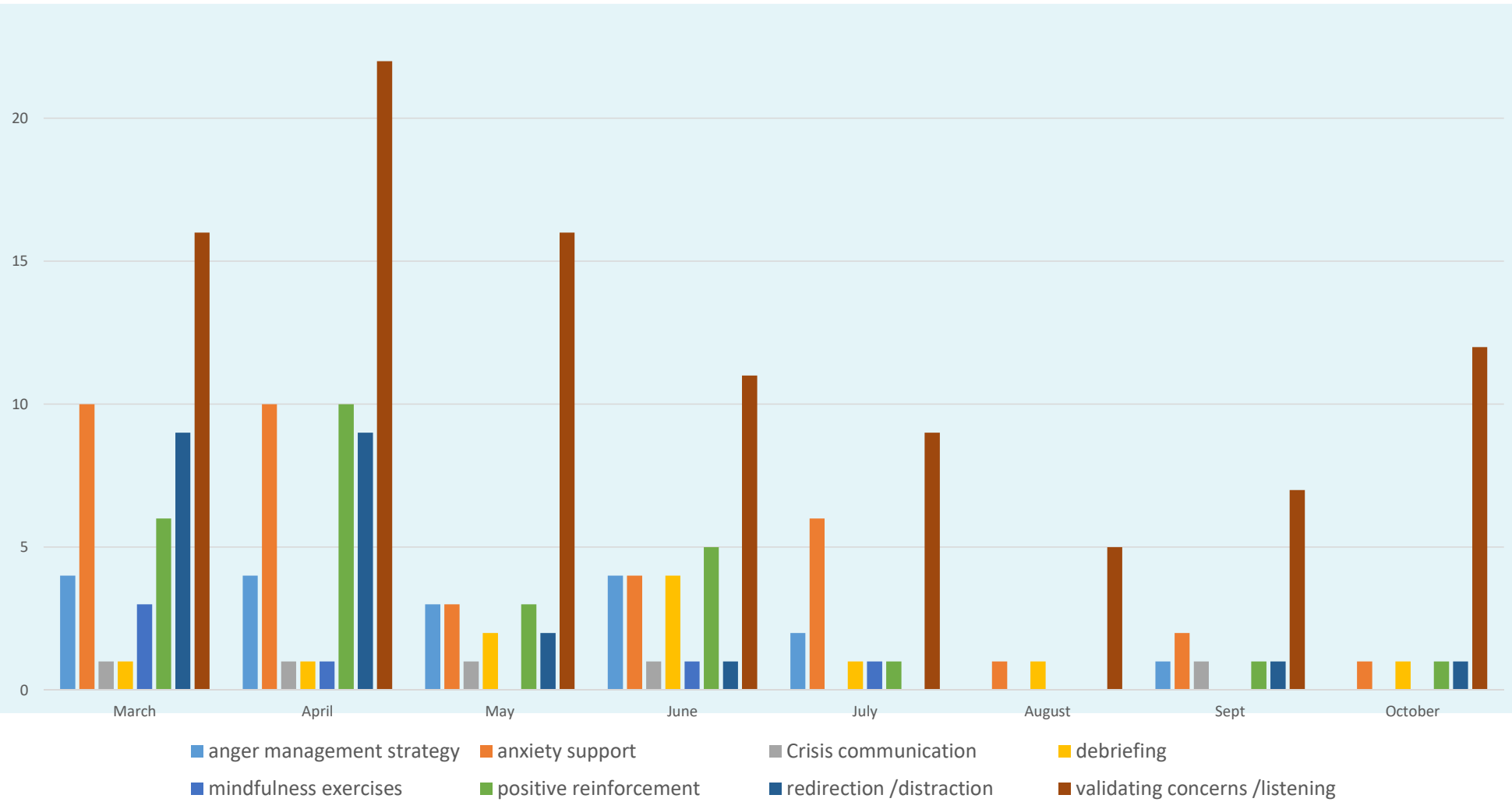


Participant 1 - High Frequency Antecedents

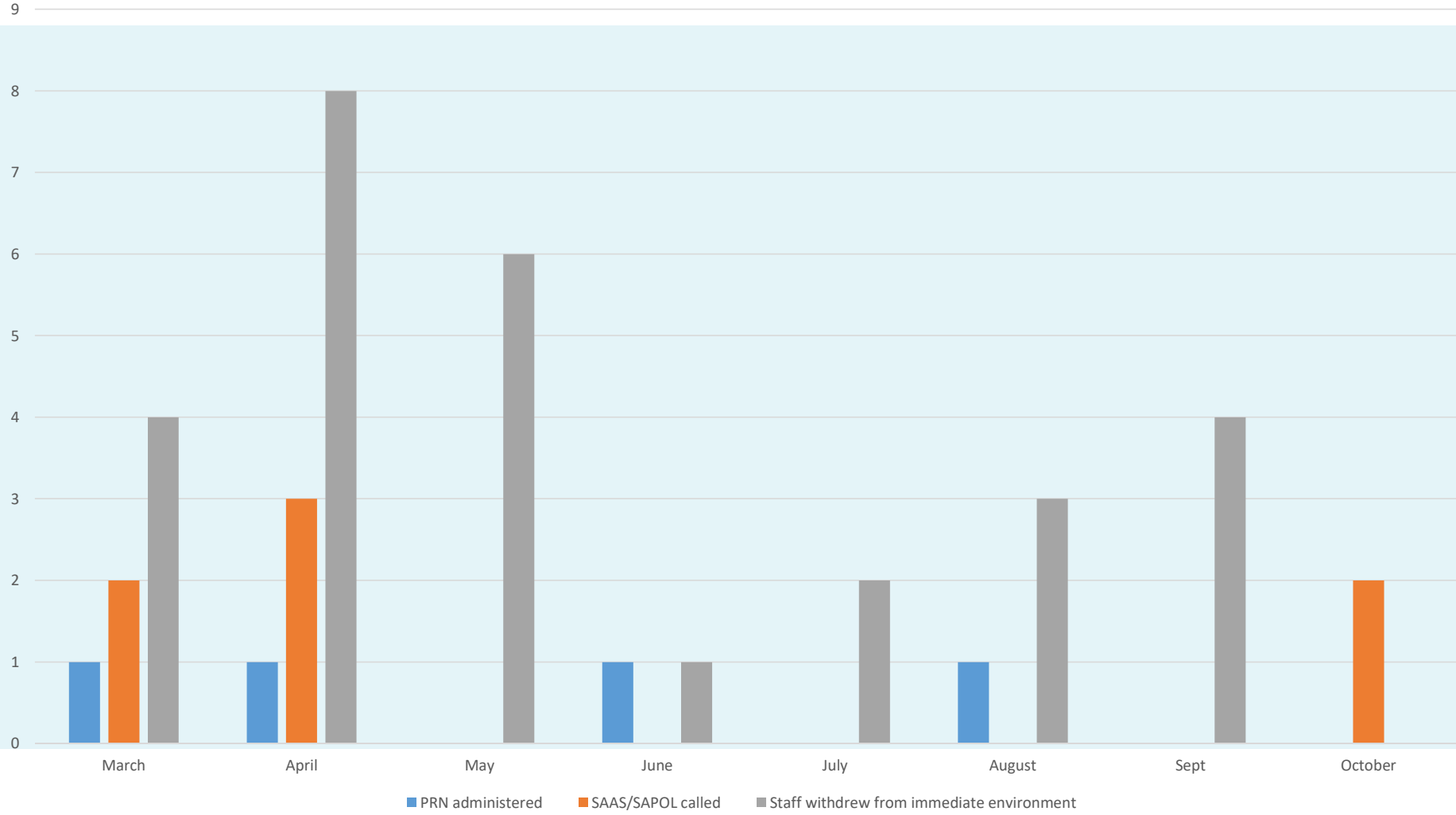


Participant 1 - Consequences (Positive Programming)

25



Participant 1-Consequences (Reactive Strategies)



Participant 1- Increased Quality of Life Outcomes/Choice and Control:

- Significant reduction in signs of anxiety.
- Increasing engagement with routines, supports and therapeutic strategies.
- Independently shopping and attending community activities.
- **Increased time on his own in the community; self-reporting positive experiences.**
- Recognising that drug use impacts on his behaviour and stating this to staff.
- Requesting PRN medication has ceased; last request in August.
- Offering anxiety support, listening to worries and supporting participant to talk about what he could do has impacted significantly on behaviour reduction.
- Validating concerns has been the biggest predictor of success, and giving him space to voice what is going on, to feel safe and to be supported.
- Participating in cooking healthy meals.

“He is extremely house proud and wanted to show me around when I arrived”
(staff member)

Participant 1- Increased Quality of Life Outcomes/Choice and Control:

What do you like about living in your new home?

- “Living in the community”
- “Like the way staff help with weekly budgeting”
- “Meeting new staff and getting along with staff”
- “Getting help with making meals and my health”
- “Spending time with support workers”

Q: How is your new home going?

A: “It is spacious, new and it’s awesome”

Participant 1 - Behavioural Outcomes:

- He has retired to his bedroom for quiet time and self-reflection, and then apologised to staff for his behaviour.
- Seeking to repair relationships after rupture.
- Only ONE incident of minor property damage in the whole 9 months.
- Increased independent access in the community has directly correlated to increase in marijuana use at home.

Was 2:1, active over night = stepped down on 27/5/2019 to 1:1, AON.

Further step down on 15/7/2019 to 1:1 passive over night

Participant 1 - Elimination or Reduction of Restrictive Practices:

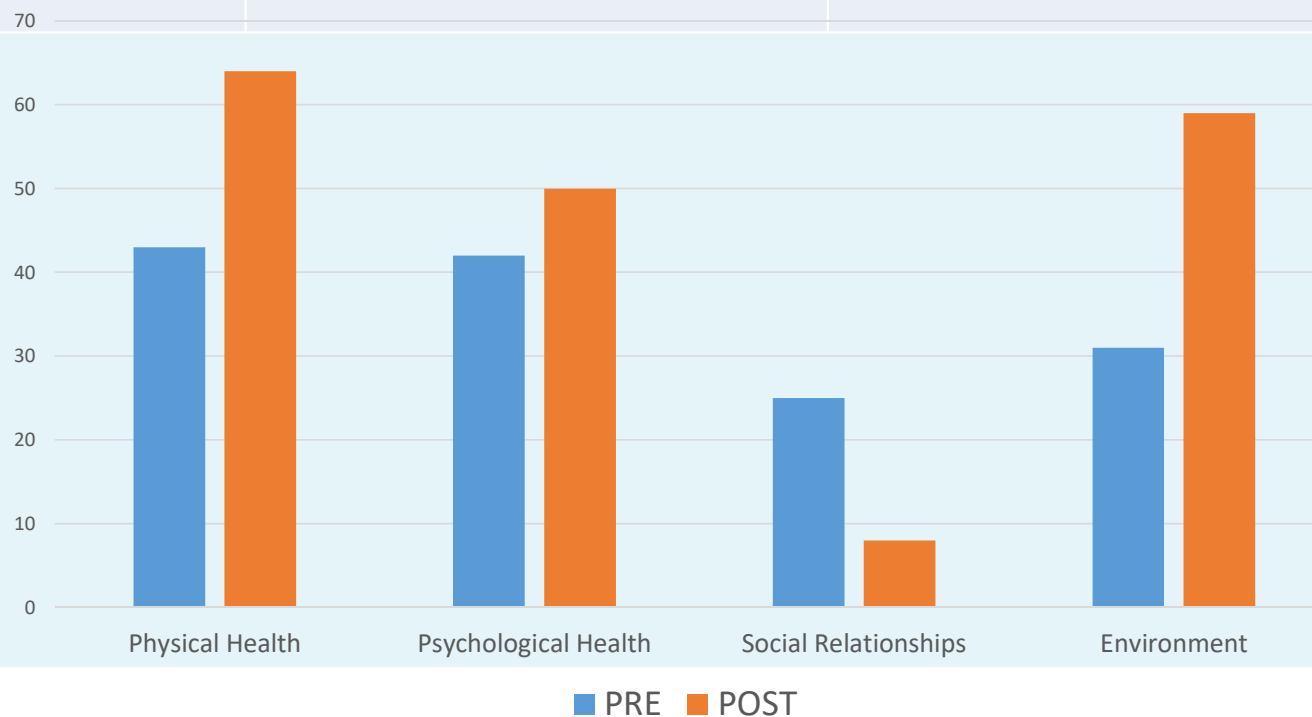
Steps	Strategy	Measure (tools)
Step 1 - 4 weeks	All knives to be locked away. Activity requiring a knife to be completed by staff	NIL incidents move to step 2. Or continue step for another 4 weeks
Step 2 - 8 weeks	Normal bread and butter knives to be used under supervision and locked away when not in use. *note only undertake the activity if **** is at baseline	NIL incidents move to step 3 Or continue step for another 4 weeks
Step 3 - 8 weeks	All knives to be used under supervision and locked away when not in use *note only undertake the activity if ***** is at baseline	NIL incidents move to step 4 Or continue step for another 4 weeks
Step 4 - 8 weeks	Bread and butter knives to be left out if nil incidents from step 1 -3	Use emergency use of restrictive practices form if incident and lock all knives away
Step 5	Access to all knives in the kitchen environment	Monitor via incident reporting framework.

Outcome: Steps 1-4 have been successful! Step 5 is currently being implemented and all data suggests successful so far.

It is expected that by mid November the restrictive practice will have been eliminated and a replacement and functionally equivalent skill successfully implemented.

The Australian WHOQOL-BREF: Participant 1

Domain	PRE	Post
Overall perception of QOL	Poor	Neither poor nor good
Overall perception of health	Fairly Dissatisfied	Fairly Dissatisfied

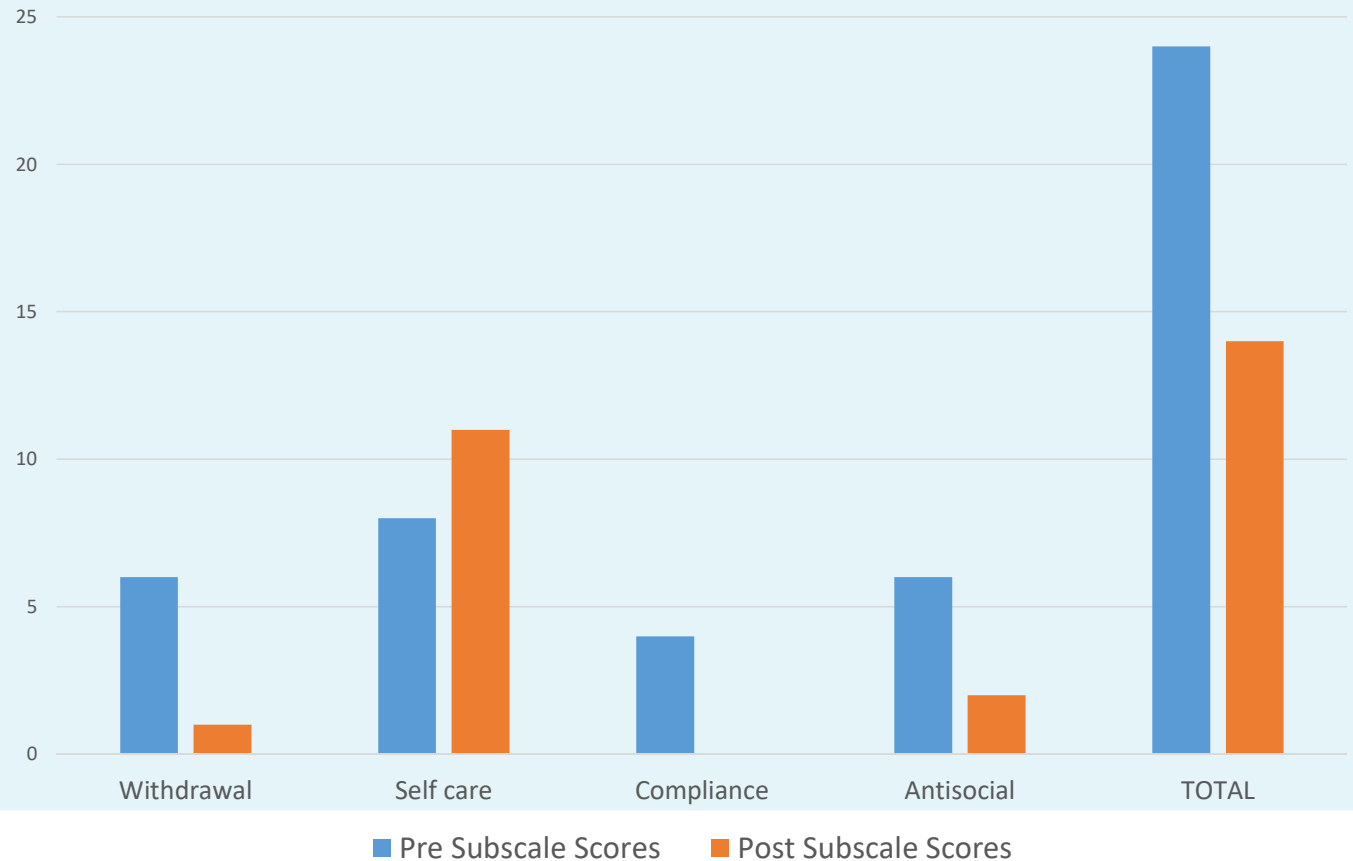


Note: there is a score range of 0-100; with higher scores denoting higher QOL

The Life Skills Assessment: Participant 1

30

Subscale	Subscale Scores	PRE	Post
Withdrawal	0-12	6	1
Self-care	0-15	8	11
Compliance	0-9	4	0
Antisocial	0-12	6	2
TOTAL	0-48	24	14



Note: the higher the scores, indicates the “greater degree of disability”.

Participant 1- Ongoing focus:

- Reward program has been a success; however, there has been an increase in drug consumption, therefore reward program will be reworked to address this risk factor.
- Continue the drug and alcohol program.
- Female staff to be considered as this is a request from the participant.
- Continued support re budgeting/ liaising with PT.

Introducing Participant 2



Participant 2 = 6 months living in own home

Diagnosis:

- Schizophrenia / Schizoaffective Disorder
- Antisocial Personality Disorder
- Borderline Intellectual Disability
- Temporal Lobe Dysfunction
- Post-Traumatic Stress Disorder
- King Denborough Syndrome - an extremely rare condition characterised by musculoskeletal abnormalities and nerve muscle problems

Age: 39 years 11 months

CLO Supports: 24/7, 2:1

Participant 2-

Behaviours of concern:

- From a young age (4 years) presented with “antisocial” behaviour at kindergarten; hitting and urinating on other children.
- Enuresis until 10 years of age; faecal and urinary incontinence emerged again at approximately 17 years due to suspected abuse history.
- Foster care system and juvenile detention; during foster care began petty crime and larceny.
- Alcohol and illicit drug use.

Behaviours at transition:

- Denial of incontinence.
- Refusals to engage in personal care management.
- Oppositional behaviours.
- Verbal and threatening behaviours.
- Intimidation towards and exploitation of other patients i.e. demanding cigarettes/ money.
- Disorganised behaviour.
- Lack of impulse control.

Participant 2-

What is important to me?

- I'm a happy and social person who likes to chat over a cup of tea/coffee
- I enjoy Sci-Fi, comedy tv shows
- As much as I like quality time chatting with people, I like my alone time also

How I want to be treated:

- To respect one another
- I like people to respect my boundaries and don't push me
- For people to ask/request the question and give me time to process the information, before expecting an action. I don't like to be pushed or pressured, that makes me angry

How I want to be supported:

- I want people to be there for me, to treat me with dignity especially in the morning time
- In the morning I don't want people to just walk into my room. I want them to respectfully knock on my door, to wait for my response before they enter my room
- I learn by doing, in a calm environment

What I don't like:

- When people don't treat me right
- When people force their will on me
- Violence
- Aggression/conflict

Participant 2-Risk Factors

Mental Health:

- Multiple admissions to CAMHS-WCH and mental health services with “psychotic presentations”.
- April 2014 admitted to Glenside Hospital and received a diagnosis of schizophreniform psychosis and medication was introduced.
- History of persecutory delusions and aggression when unwell.
- Known to *“carry weapons, assault towards others, which has been in the context of being unwell and frontal lobe damage”*
- Inpatient treatment orders level 1 (ITO L1) 2018 – led to being transferred to Glenside Hospital
- Frequent hospital emergency department presenter/ SAAS contacted.
- Mental state stable since admitted to Glenside, Eastern Acute ward.

Guardianship

GOM from 17-21 years of age.

Participant 2 - Risk Factors

Forensic History:

- Theft/car theft
- Drug use
- Domestic violence
- Assault to police, mental health workers and a Families SA worker; aggression in Emergency Departments
- Armed robbery
- History of incarceration, bail conditions, community detention and court diversion programs.
- Was incarcerated in James Nash House, and had involvement with Community Mental Health and correctional community management.

Accommodation:

- Supported Residential Facilities and cluster accommodation.
- Tenancies broke down due to incontinence and behavioural difficulties and squalor; eviction led to homelessness.

Participant 2-Risk Factors

Health:

- Obesity.
- Depressive symptoms
- Urinary/faecal incontinence
- Polydipsia (excessive [thirst](#) or excess drinking)
- Smoker/extremely high caffeine intake.

Substance abuse

- History of alcohol and illicit drug use, no evidence of any current use.

Finances:

- Administration order in place. Managed by the PT. receiving DSP.
- Lack of access to money is primary trigger to BoC.

Participant 2-Risk Factors

Supervision/treatment compliance issues

- Temporal lobe dysfunction: disturbance of auditory sensation and perception, impaired organisation and categorisation of verbal material, disturbance of language comprehension, impaired long-term memory, altered personality and affective disorder and altered sexual behaviour.
- Has been in Glenside Eastern Acute since February 2018 following crisis situation of eviction from SRF and refusal of his return.
- Refused to engage in practical (cooking and laundry) assessments on multiple occasions.
- Amotivated and disinterested in ADL's.
- Noncompliance and CTO and depo treatment resulting in multiple acute psychiatric admissions, extended rehabilitation and self-discharge.
- Highly compliant with medication at Glenside – administered by staff with security present.
- Morbid Obesity.
- Sleep Apnoea (refuses treatment).
- Non complaint with treatment for enuresis.

Participant 2 - Restrictive Practices in Place

- **Chemical restraint;** Duloxetine and Zuclopenthixol decanoate (Clopixol)

Participant 2-

My Goals (prior to moving into home):

To get out of this place so that I can live independently

To be included

Current goals:

- Keep my home clean and tidy
- Learn how to cook healthy foods
- Manage my health
- Be involved in my community
- Get a job
- Get my drivers license
- To take my medications
- To keep myself and everyone else safe; to learn ways to communicate my needs without using aggression, raising my voice or making threats
- To have regular contact with my Mother
- To learn to catch public transport



Participant 2- Strategies:

1. Reward program
2. Cooking/Healthy Eating program

Three meals a day to stay healthy


BREAKFAST
LUNCH
DINNER

List healthy food for each meal

BREAKFAST	LUNCH	DINNER
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.
8.	8.	8.
9.	9.	9.
10.	10.	10.



Cooking Program
Let's get started learning how to cook can be fun



Recipe
Ingredients
A little bit of fun
A little bit of mischief
Creative idea
Patience
A little bit of help



Reward Programme *Can only achieve between 6pm to 7pm*

Reward Program/token economy:
 [redacted] will receive the following amounts on the days below if he has achieved the following by 7pm across the few days period.

- Showered and dressed in clean clothes, including wearing of incontinence aids (pants)
- Bathroom and bedroom clean - clothes / sheets placed washing basket
- Organise to wash own clothes

If [redacted] as not achieved the tasks by this time then he will forfeit the allocated amount of money for that period.
 [redacted] has the potential to earn \$35 on Monday's, Thursday's and Saturday's.
 Staff are to tick each day of achievement or outline non-achievement for this to be successfully tracked.

Reward Programme Tracking Chart (tick chart)

MONDAY (Can earn \$35 by 7pm if completed required outcomes from Sunday to Monday 7pm)	TUESDAY	WEDNESDAY	THURSDAY (Can earn \$35 by 7pm if completed required outcomes from Tuesday to Thursday 7pm)	FRIDAY	SATURDAY (Can earn \$35 by 7pm if completed required outcomes from Friday to Saturday 7pm)	SUNDAY
Date: 2/9/19	Date: 3/9/19	Date: 4/9/19	Date: 5/9/19	Date: 6/9/19	Date: 7/9/19	Date: 8/9/19
✓	✓	✗	✓	✓	✓	✓
Comment: achieved	Comment: Achieved	Comment: NOT Achieved	Comment: Achieved	Comment: Achieved	Comment: Achieved	Comment: Achieved

Participant 2- Strategies:

3. Weekly budget
4. Task Analysis; "How to do"
5. Visual schedules and routines
6. Therapeutic worksheets
7. Monitoring caffeine intake

████████ Beverage Chart September 2019

Date	Time	Amount (mls)	What	Sign
01/09/19	0457	375ml	Coke	JK
01/09/19	0550	250ml	White coffee	JK
01/09/19	0855	375ml	Coke	JK
	Total	1000ml		JK
02/09/19	19:35	1500ml	Coke	AI
02/09/19	20:15	250ml	Glass of water	DA
	Total	1750ml		AI
03/09/19	09:48	375ml	Cola	PH
03/09/19	10:30	250ml	Tea	PH
03/09/19	12:00	500ml	Energy drink	AT
03/09/19	13:00	500ml	Energy drink	AT
03/09/19	14:20	500ml	Energy drink	JK
03/09/19	15:30	500ml	Energy drink	PH
03/09/19	20:10	250ml	Glass of Water	DA
03/09/19	21:49	375ml	coke	DA
03/09/19	23:00	375ml	coke	BBB
	Total	3625ml		BBB
04/09/19	Total	0ml		AT
05/09/19	02:20	375ml	coke	DS
05/09/19	0340	375ml	coke	CN
05/09/19	10:00	375ml	coke	PH
05/09/19	10:30	250ml	Water	PH
05/09/19	10:40	250ml	coffee	PH
05/09/19	11:30	375ml	coke	PH
05/09/19	14:25	375ml	coke	PH
05/09/19	17:30	375ml	coke	AT
05/09/19	17:30	375ml	coke	AT
	Total	3125ml		AT
05/09/19	23:05	375ml	coke	ib
05/09/19	23:45	375ml	coke	ib
	Total	3850ml		ib
07/09/19	06:15	250ml	Coffee	BG
07/09/19	8:20	500ml	Energy drink	DA
07/09/19	09:17	500ml	Energy drink	DA
07/09/19	11:00	500ml	Energy drink	DA
07/09/19	14:00	500ml	Energy drink	DA
07/09/19	1540	375ml	Coke	SH
07/09/19	1715	250ml	coke	SH
07/09/19	2000	350ml	Coke	SH

████████'s Morning Routine




8:00am- Medication time

At 8:15am come to me and prompt me to wake up and say that you will be coming back in 15mins to prompt me to wake up to take my medications.




Ideas of what to say to wake me up – if you ask me questions it will help me to wake up.

- "It's time to get up, I'll be back in 15 minutes with your tablets"
- "Are you awake?"
- "how did you sleep, let's chat?"
- "What are you doing today?"
- What are you cooking today?"




WEEKLY BUDGET FOR ██████████ from 05/09/19 to 11/09/19 DATE: 03/08/19

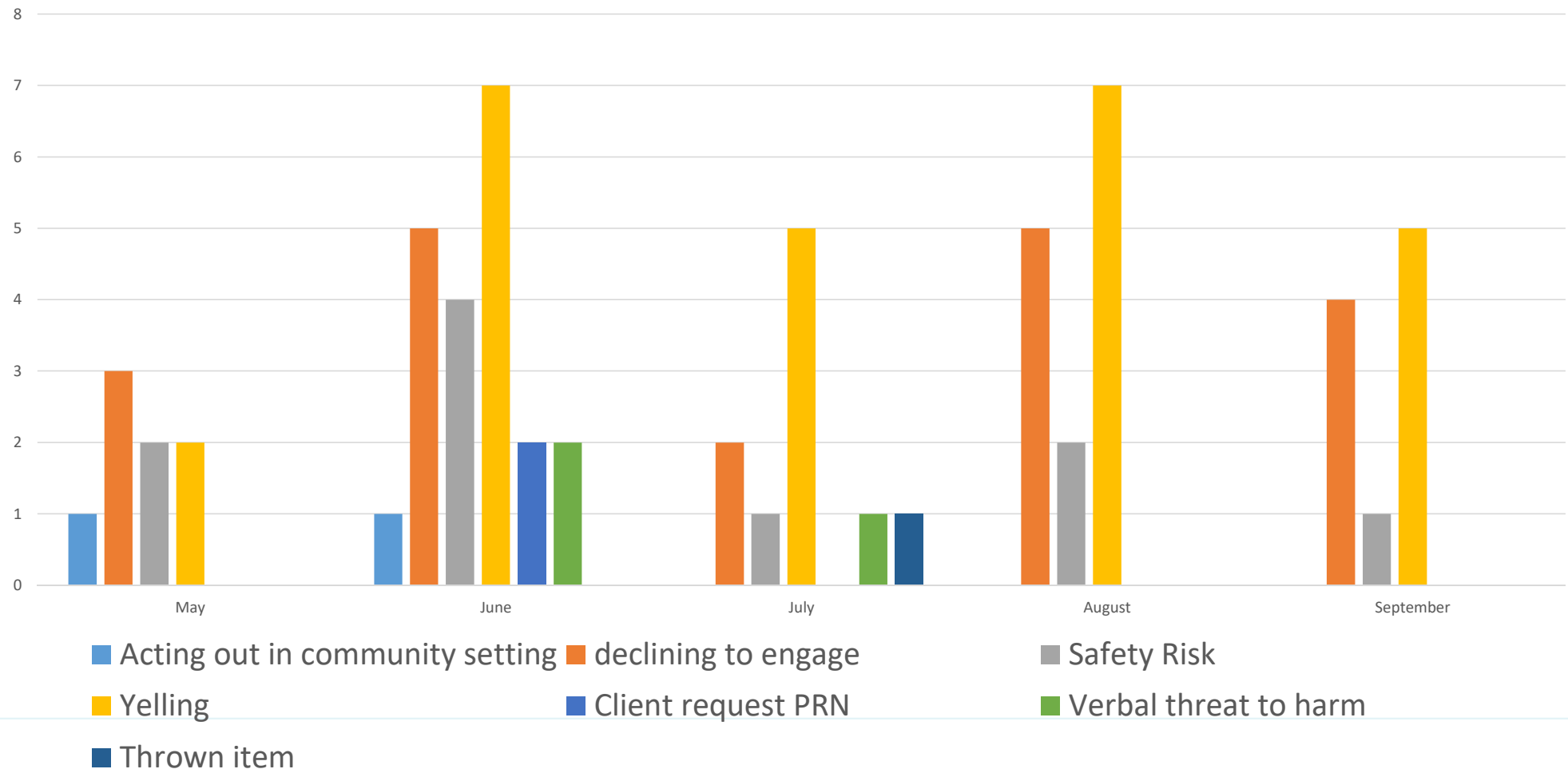
DAY	BUDGET ITEM	COST
MONDAY \$10 5/09/19	Small Cigars and soft drinks	
TUESDAY \$30 6/09/19	Packet of cigarettes and soft drinks Food shopping	
WEDNESDAY \$10 07/09/19	Small cigars	
THURSDAY \$10 08/09/19	Small cigars	
FRIDAY \$20 09/09/19	Packets of Cigarettes	
SATURDAY \$10 10/09/19	Small cigarettes and soft drinks	
SUNDAY \$15 11/09/19	Small cigars and soft drinks	
OTHERS		
EXTRAS		
	Total Funds in purse	
	Amount to be withdrawn	

Withdrawal of \$ Date:

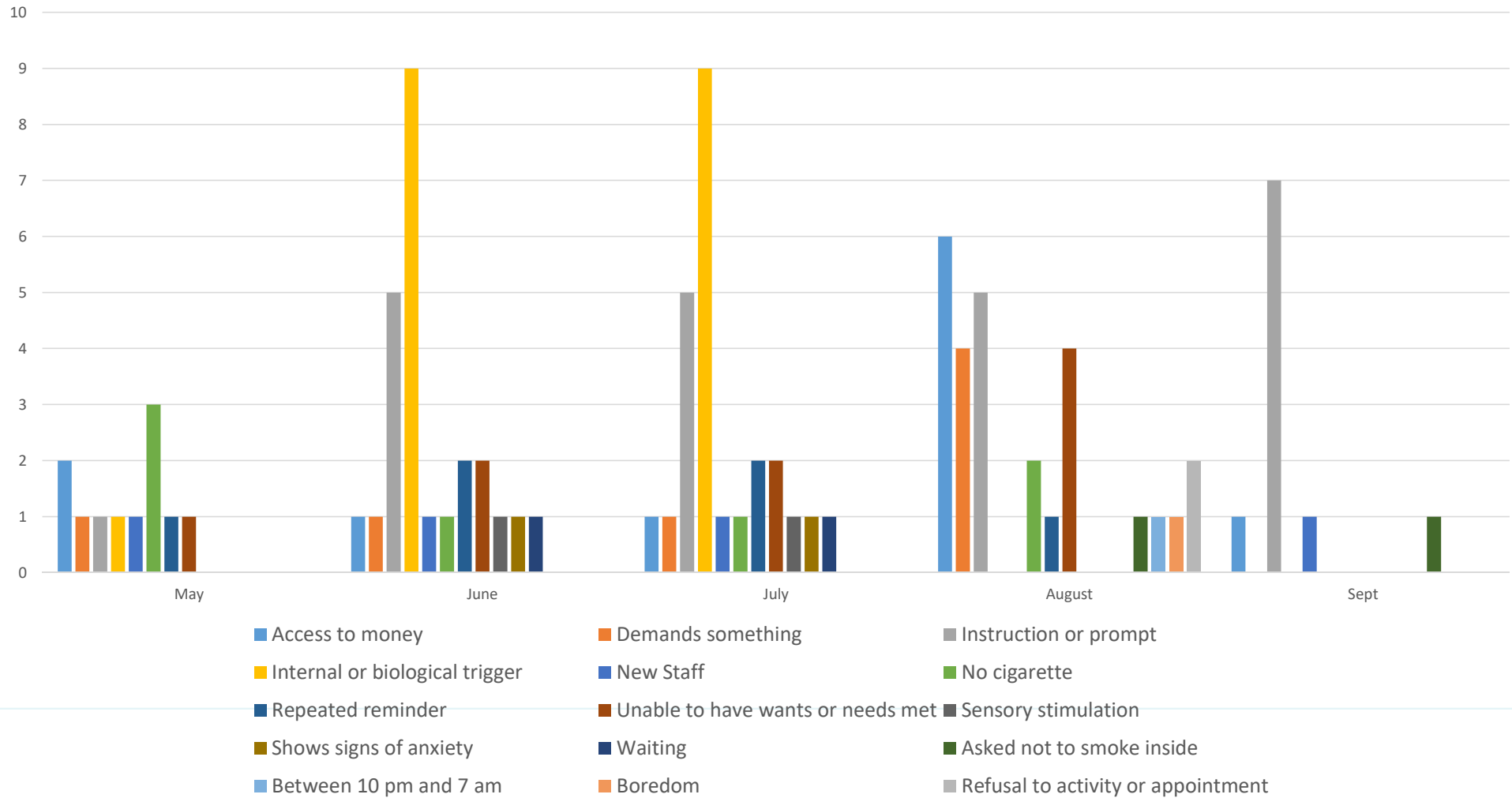
Denomination	Number	Total
\$50		
\$20		
\$10		
\$5		
\$2		
\$1		

<https://clovh.sharepoint.com/Forms/FormsClient/Budget/BudgetSheet/BudgetWeeklyBlank.docx>

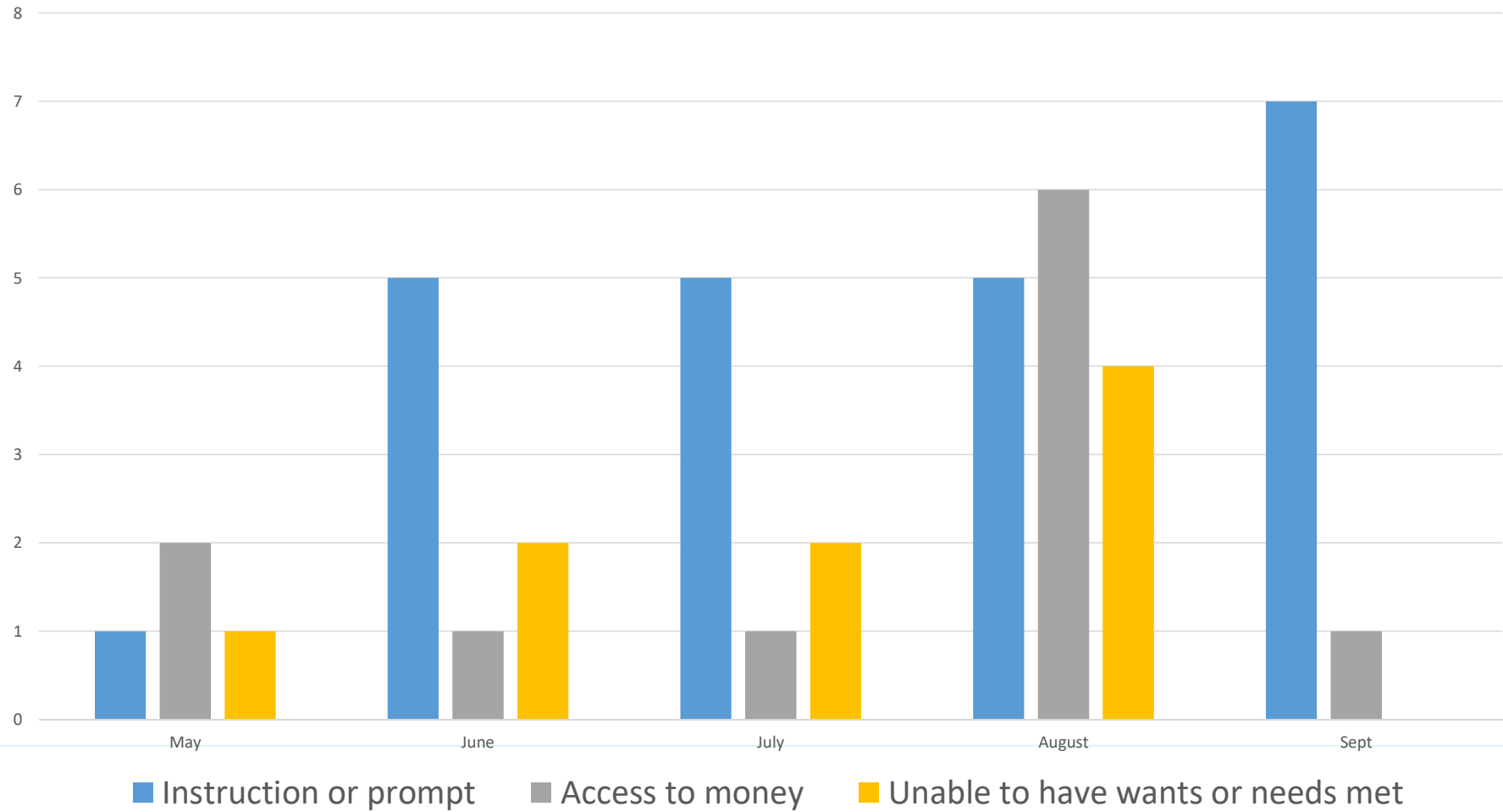
Participant 2-Total Behaviours of Concern 27/5/19 – September 2019



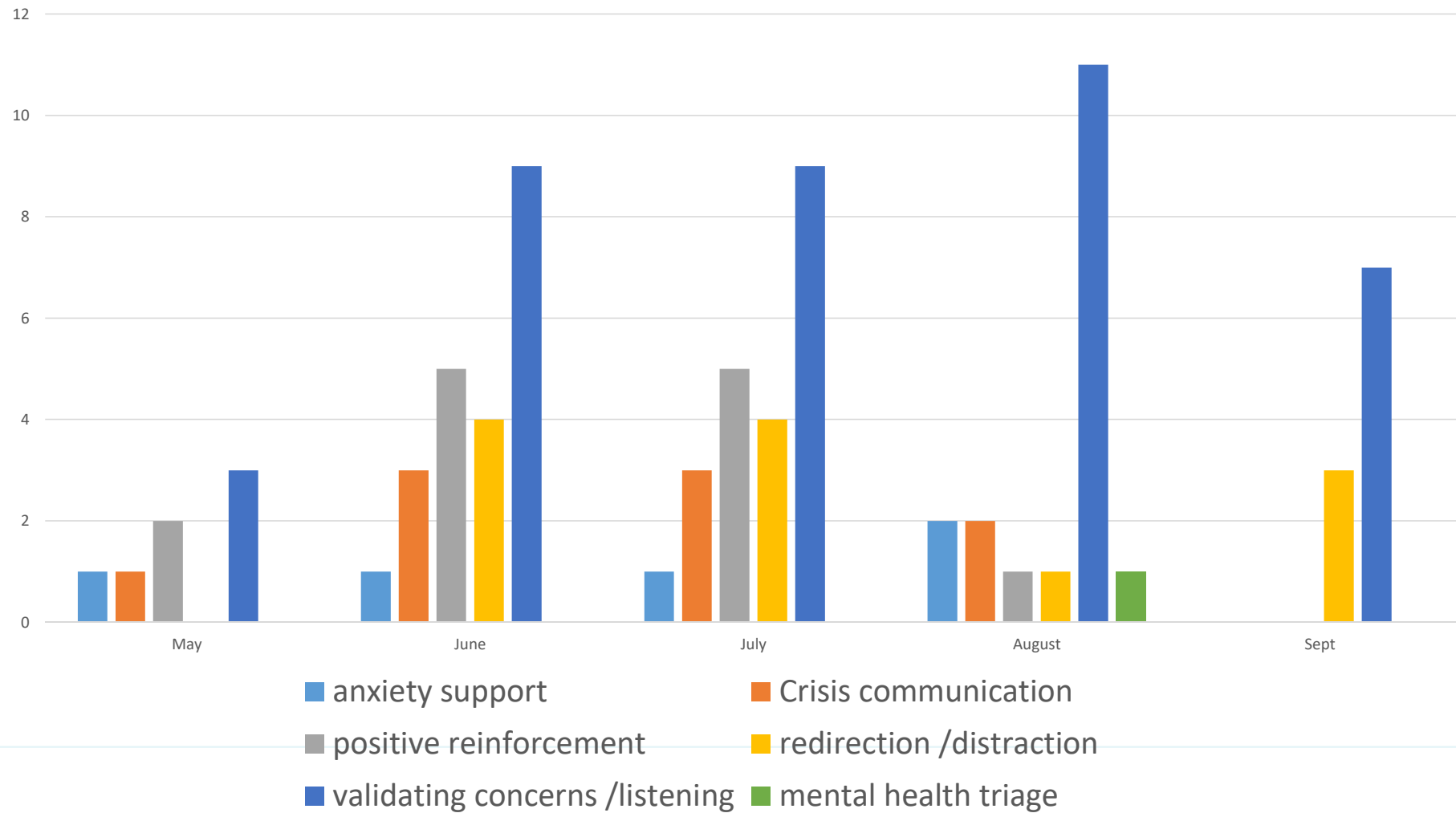
Participant 2-Total Antecedents 27/5/19 – September 2019



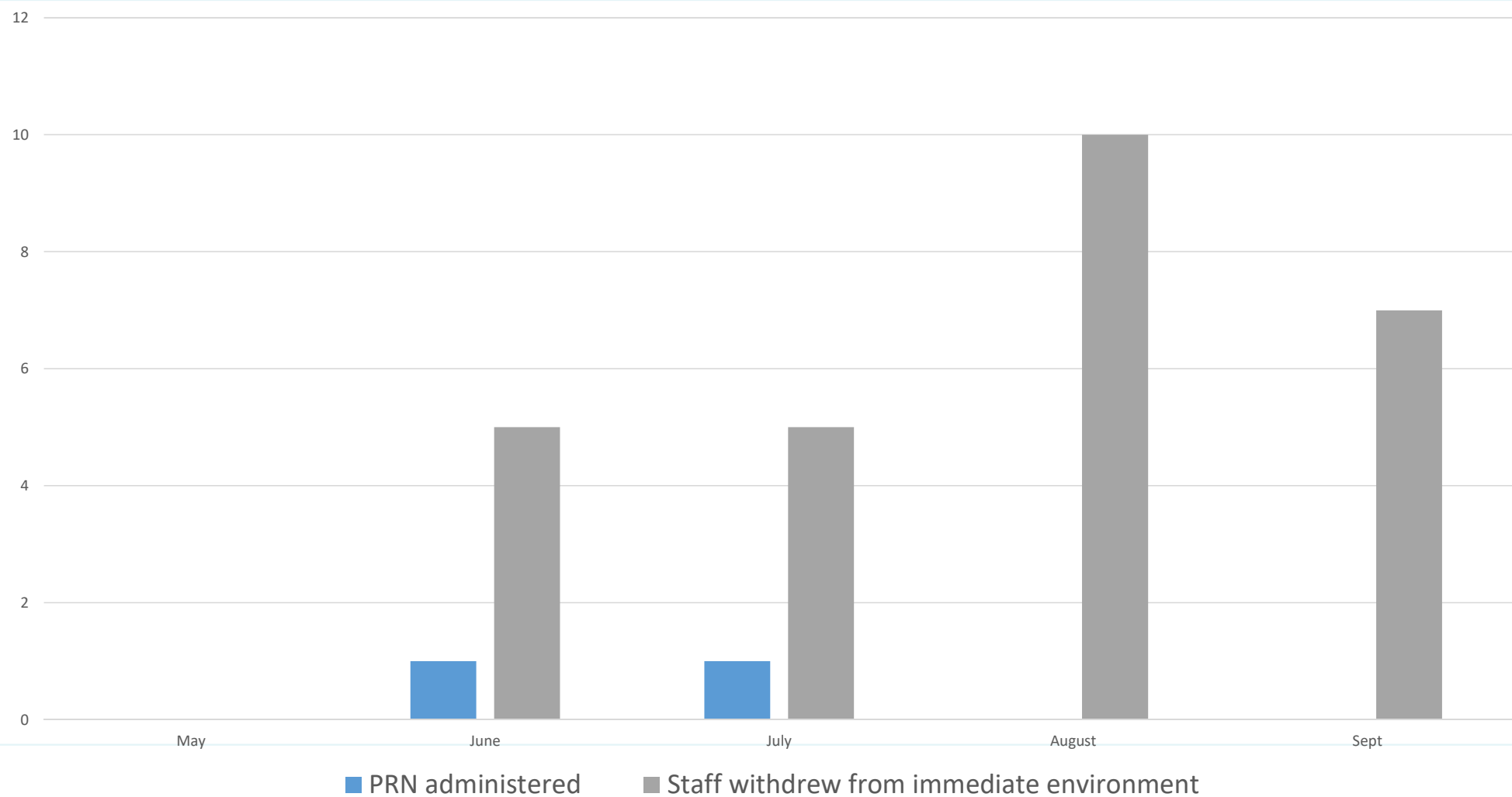
Participant 2-Highest Frequency Antecedents 27/5/19 – September 2019



Participant 2 – Consequences (Positive Programming) 27/5/19 – September 2019:



Participant 2 – Consequences (Reactive Strategies) 27/5/19 – September 2019



Participant 2- Increased Quality of Life Outcomes/Choice and Control:

What have been the positives in your life?

- Moving into my new home
- St Vinnies completed an assessment and I get new furniture in a few weeks
- I have been cooking all my meals
- Still happy about being in my new house
- I like the strategies staff are putting in place to assist with managing behaviours i.e. allowing time to cool down
- Freedom

Participant 2- Behavioural Outcomes:

- Continues to wear continence aids but there have been only 2 x occasions in the 6 months that has led to urine leaking from continence aids; 1 x first week after transition, 1 x leaking urine due to not wanting to get up to change.
- Independently showering and ensuring changing into clean clothes each day.
- House is clean and well maintained
- Engaging with ADL's such as washing clothes and hanging them out
- Increased positive communication with staff and responding to positive reinforcement and encouragement
- Cooking healthy meals and requiring little assistance.

Participant 2 – Behavioural Outcomes:

Step down in support levels:

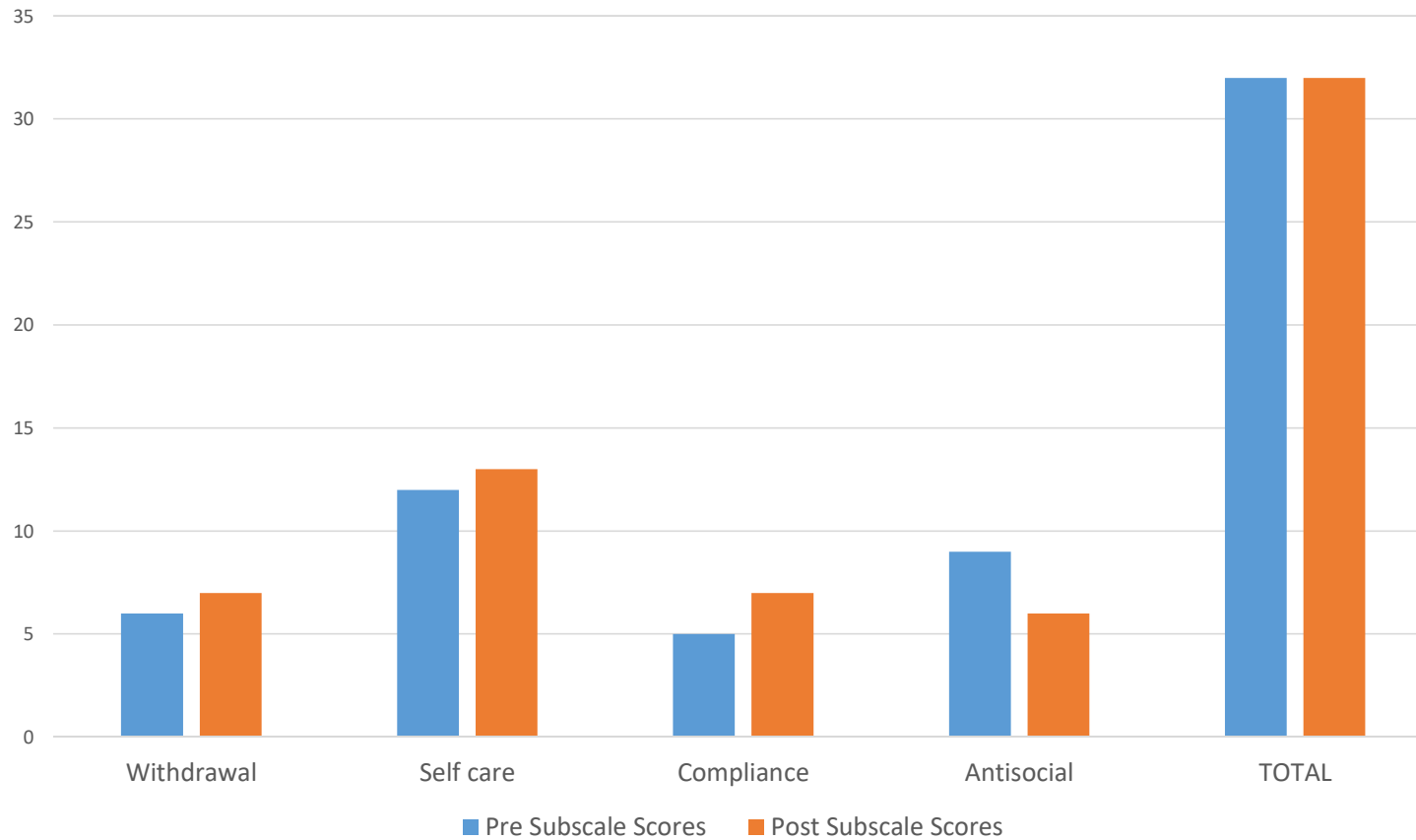
- Original service was set up as a 2:1 active over night.
- Stepped down to 1:1 AON (27/9/19), and
- Stepping down to 1:1 PON on 16/11/2019

The Australian WHOQOL-BREF: Participant 2

Domain	PRE
Overall perception of QOL	Good
Overall perception of health	Good
Physical Health	43
Psychological Health	63
Social Relationships	Did not complete
Environment	32

Note: there is a score range of 0-100; with higher scores denoting higher QOL

The Life Skills Assessment: Participant 2



Note: the higher the scores, indicates the “greater degree of disability”.

Participant 2- Ongoing focus:

- Supporting discussions related to continence management i.e. medication and/or positive hygiene and toileting strategies (i.e. regular prompts to use the toilet, training to identify body signals that indicate bladder and/or bowel requires emptying).
- Sleep program; a referral has been made to a sleep clinic to address sleep apnoea and improved sleep hygiene.
- Continued encouragement to participate in community activities that involve other people; prefers activities where there are little to no people present.
- Assess job readiness skills.
- Support to learn to independently use public transport.
- Work towards getting drivers licence.
- To reduce caffeine intake.

Project Findings - Complexities



The complexities

- Undertaking complex psychosocial pathways without the psychosocial pathway!
- Navigating all timelines converging: court dates and bail/licence changes, house readiness, recruitment and training of staff, SIL approvals and the Specialist Support Coordination assessments and timing.
- The implementation of interim plans. Transition supports (funding levels) and PBS through interim so the plan is ready and staff trained.
- The complex steps involved in SDA assessment for individuals with the additional EHO steps and assessments to align the NDIS plan with the house allocated through the 100 homes project.
- The new pricing guide: Workforce!
 - Level 2.1 – 2.3 workers (level 1), level 2.4 workers (level 2) and level 3.2 (level 3)- This model is level 2 and level 3 pricing.
 - Training for workers remains consistently aligned with the CLO model.
 - We invested in:
 - a Regional Manager position dedicated to the project.
 - Staff Coordinator (trial of a new position to assist with on boarding, assessment, training and support of a large workforce).

The complexities

- Interagency planning/ complexities of navigating different services and reporting requirements.
- Funding; particularly for the transition periods; i.e. SA Health and NDIA agreed on funding for the period of moving from health services to home.
- Court systems; overnight leave, conditions, dates – timeframes.
- Resourcing issues; i.e. needing longer transition periods due to length of detainment; often related to period of being institutionalised therefore some requiring up to 5 months of transition.
- Staffing; difficulty finding appropriately qualified staff, employing workers and then delays in services, people move on or get moved to other clients and then we cannot move them as they have developed a relationship.

The complexities

- Exploring housing options reports needing to be completed before can move; delay in these occurring due to capacity = resulted in a bottleneck.
- PBSP's being written; funding insufficient or wanting them written before participant has moved into home, limited data or information, often based on historical information and not current behaviour statistics = best practice?
- Changing RP's and gaining authorisations. Writing of PBS plans, only to require amending a few months later to include new RP's.
- How to ensure the participant is involved in ALL aspects of their supports, including PBSP, RP's, staffing, daily activities and so on.

What have we learnt?

- It CAN be done.
- Our staff are our greatest assets; working together has resulted in outcomes beyond what was expected.
- We can reduce and eliminate restrictive practices. It CAN be done!
- Recidivism can be reduced; we can support positive community engagement, social relationships and participation in ADL's.
- Slow and steady wins the race; clear and realistic goal setting and the ability to assess for areas of strength and areas requiring support = appropriate level of support being provided that builds on current capacity and focuses on building this further.
- Increased sense of agency and self-efficacy comes from feeling and being valued as a contributing community member – no matter past behaviours.



To wrap up:

A big thank you to all our clients, we continue to enjoy supporting you on your journey, to our staff, we couldn't do it without your dedication and to our stakeholders for supporting our programmes.





THANK YOU!





Questions?