



10 Tips For Getting The Most From Behaviour Support Services

The following 'tips' for getting the most from behaviour support services (BSS) are written for use by Needs Assessment and Service Coordination agencies working with people with autism spectrum disorder.

1. **Take steps to identify and/or eliminate physical or medical causes of problem behaviour**, by arranging for assessment by medical, dental and other relevant health professionals.

2. **Achieve support** for the BSS referral from the person with ASD, their family/whanau and key support person, before initiating a referral. This includes explaining that intervention strategies often involve making changes in routines, environments, and the behaviour of families and support people.

3. **Be descriptive and detailed** in the referral, so that the BSS has a clear idea of what the issues are at the point of referral. This is important because it allows the BSS to identify which team members might be most appropriate to take on the referral.

4. **Provide names and contact details** of all key people, including family, school, and health and educational professionals.

5. **Be realistic** in your expectations. Even the best BSS is unlikely to be successful in situations where people are wrongly placed, being abused, or when families and support people are unwilling or unable to make changes themselves.

6. **Prepare for behaviour support** by encouraging people to:

a. Record developmental milestones (e.g. birth details, information on when the person crawled, walked, said 1st words, said sentences, any diagnoses).

b. Record key events in the person's life across time (e.g. illnesses, residential moves, starting or moving schools, bereavements or losses, etc).

c. Write descriptions of the problem behaviours that they want help with, in enough detail that anyone reading the description would be able to picture it happening, and/or video the problem behaviour when it occurs.

d. Note down strategies that were used to try to manage the behaviour, and the effectiveness (or not) of the strategies.

e. Record how often the problem behaviours occur (e.g. mark occurrences on the calendar).

f. Gather historical reports and letters from the pre-school, school, GP, other doctors, psychologists, and other allied health or educational staff.

7. **Encourage and accept feedback** on suitability of residential or vocational placements, support needed, training, and other relevant system factors.

8. **Expect thorough assessment**, involving interviews with the client and key significant others, data collection, behavioural observation, and review of relevant historical information.

9. **Request copies** of assessment reports, interventions, and progress reports.

10. **Question the rationale and supporting data** for interventions, and be particularly inquisitive if interventions do not appear to be making positive progress.

“prepare for behaviour support”