Beyond Removing to Adding:

Case Examples of Meaningful Outcomes with Removal of Restrictive Practices

Paper presented at the
ASID 2025 Conference

13 November 2025

THE CENTRE FOR POSITIVE BEHAVIOUR SUPPORT

www.cpbs.com.au

THE CENTRE FOR POSITIVE BEHAVIOUR SUPPORT

Welcome!

Matthew Spicer
Director of Clinical Training

Rebecca Beights
Director of Research

Alisha Banks
Clinical Training Specialist

Geoff Potter
Co-Founder and Chief Clinical Officer

With thanks and gratitude to our participants and practitioners

THE CENTRE FOR POSITIVE BEHAVIOUR SUPPORT

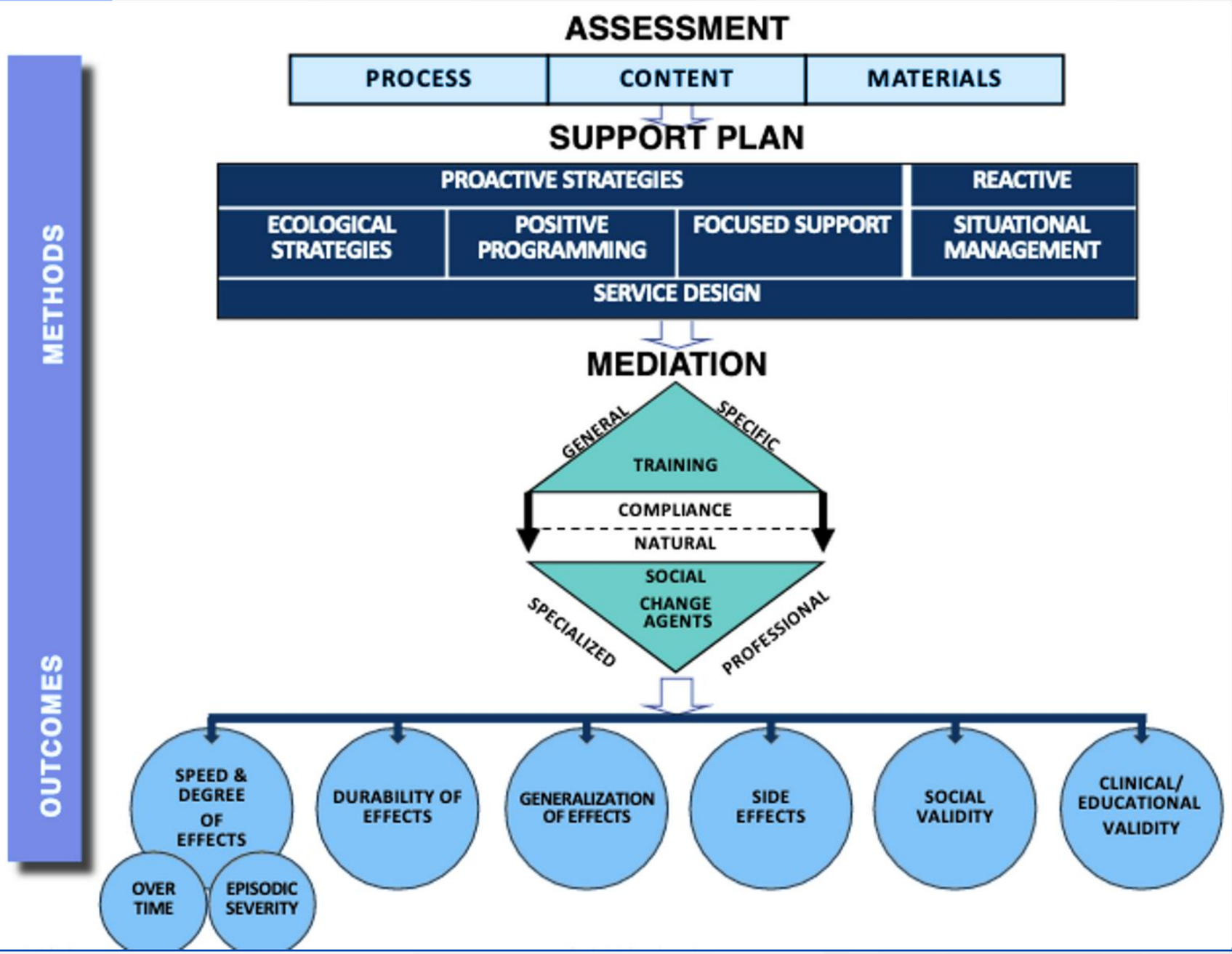
Overview

- MEBS
- Case Examples
- Social Validity

THE CENTRE FOR POSITIVE BEHAVIOUR SUPPORT

MEBS Framework

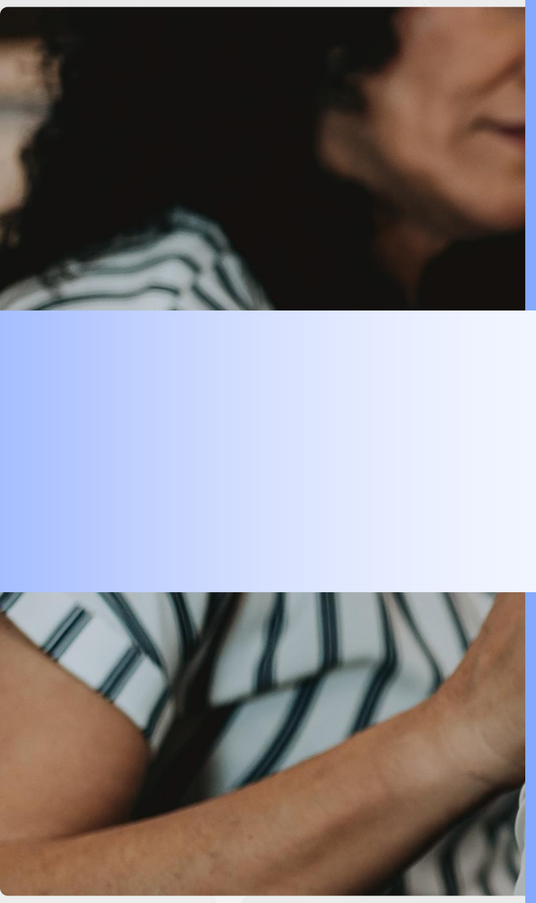
LaVigna & Willis (2005)



Multielement Behaviour Support Plan

Proactive Strategies - *Future* Effects		Reactive Strategies - *Situational* Effects	Proactive Strategies - *Future* Effects
Ecological Strategies	**Focused Support**		**Positive Programming**
Physical **Interpersonal** **Programmatic**	**Antecedent Control** **Differential Schedules**	**Functionally Based** **Non-Functionally Based** **Other**	**Quality of Life – Fun** **Functional Equivalent Skills – Replacement** **Functionally Related Skills** **Coping and Tolerance**
Mediators			
Skills Knowledge Supervision Attitudes Experience Well-being Monitoring Self-Control Training			

THE CENTRE FOR POSITIVE BEHAVIOUR SUPPORT



Case Example

George

THE CENTRE FOR POSITIVE BEHAVIOUR SUPPORT

George - Assessment Findings

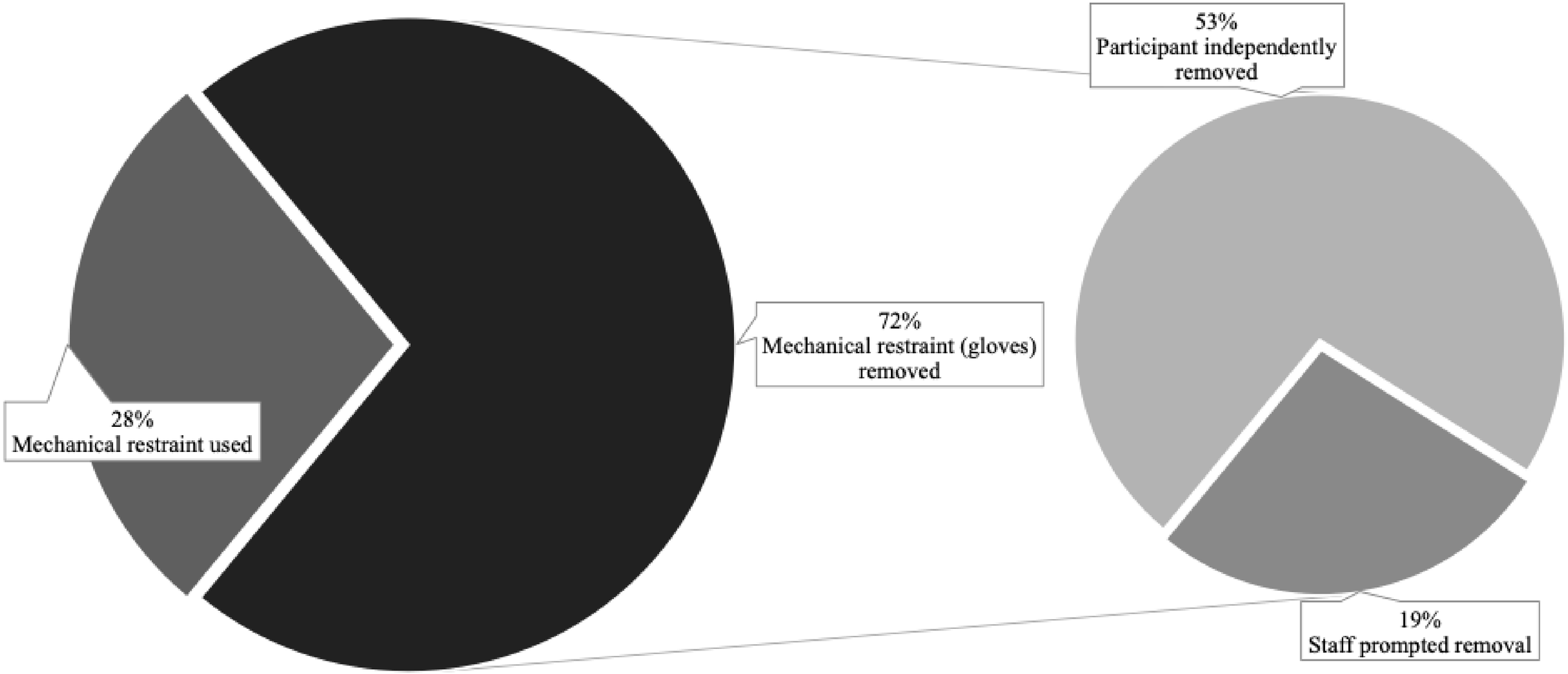
	Matches	*Mismatches*
Physical Environment	• Quiet lounge area • Staggered mealtimes • Mediated proximity to other residents • Physical activity • New bedroom location in the home setting	• Large communal group settings • Noisy/busy/crowded environments
Social Environment (Interactions)	• Interpersonal style • One staff member, one interaction at a time	• Other housemates • Demands from peers
Learning and Program Environment	• 1:1 supports • Task analysis • Visual cues • Short, concrete instructions • Visual schedule	• Repeated verbal demands

George – Plan elements*

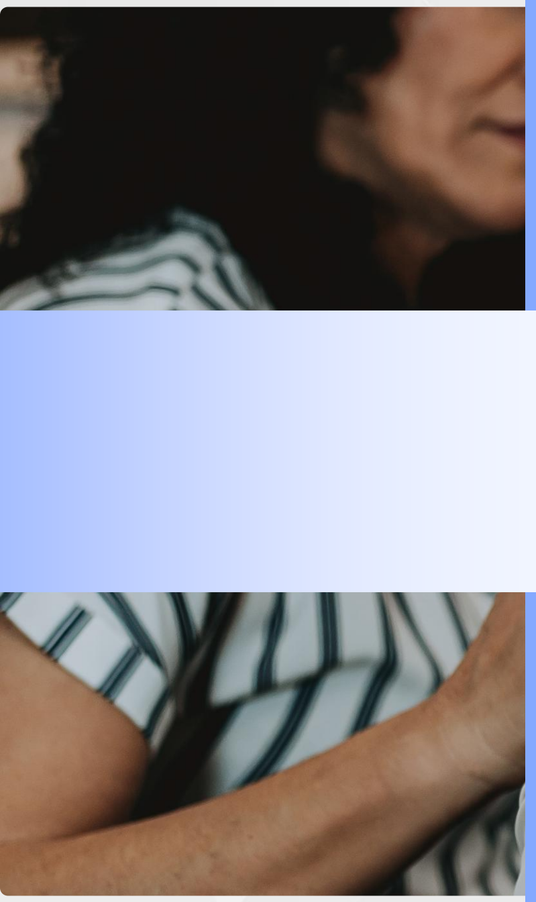
Function-Based Strategies	Non-Function Based Strategies
• Provide escape/break • Reduce demand • Address triggers	• Provide reassurance • Active listening • Change the environment • Geographical positioning • Stimulus change • Redirection

Debriefing and Restoration Strategies
• Remain calm • Do not dwell on the incident or threaten consequences • Assess for injury • Be available for relationship repair • Return to established routines • Staff wellbeing

Mechanical Restraint Use



THE CENTRE FOR POSITIVE BEHAVIOUR SUPPORT



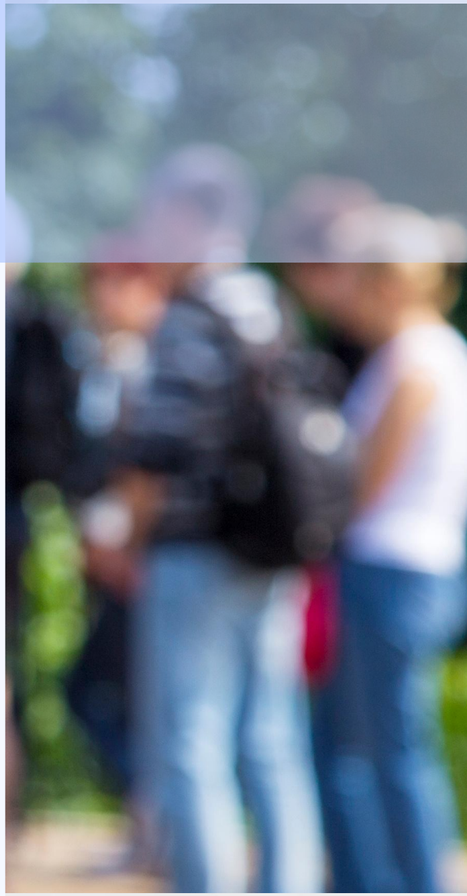
Ongoing

George

THE CENTRE FOR POSITIVE BEHAVIOUR SUPPORT

Case Example

Annie



THE CENTRE FOR POSITIVE BEHAVIOUR SUPPORT

Annie - Assessment Findings

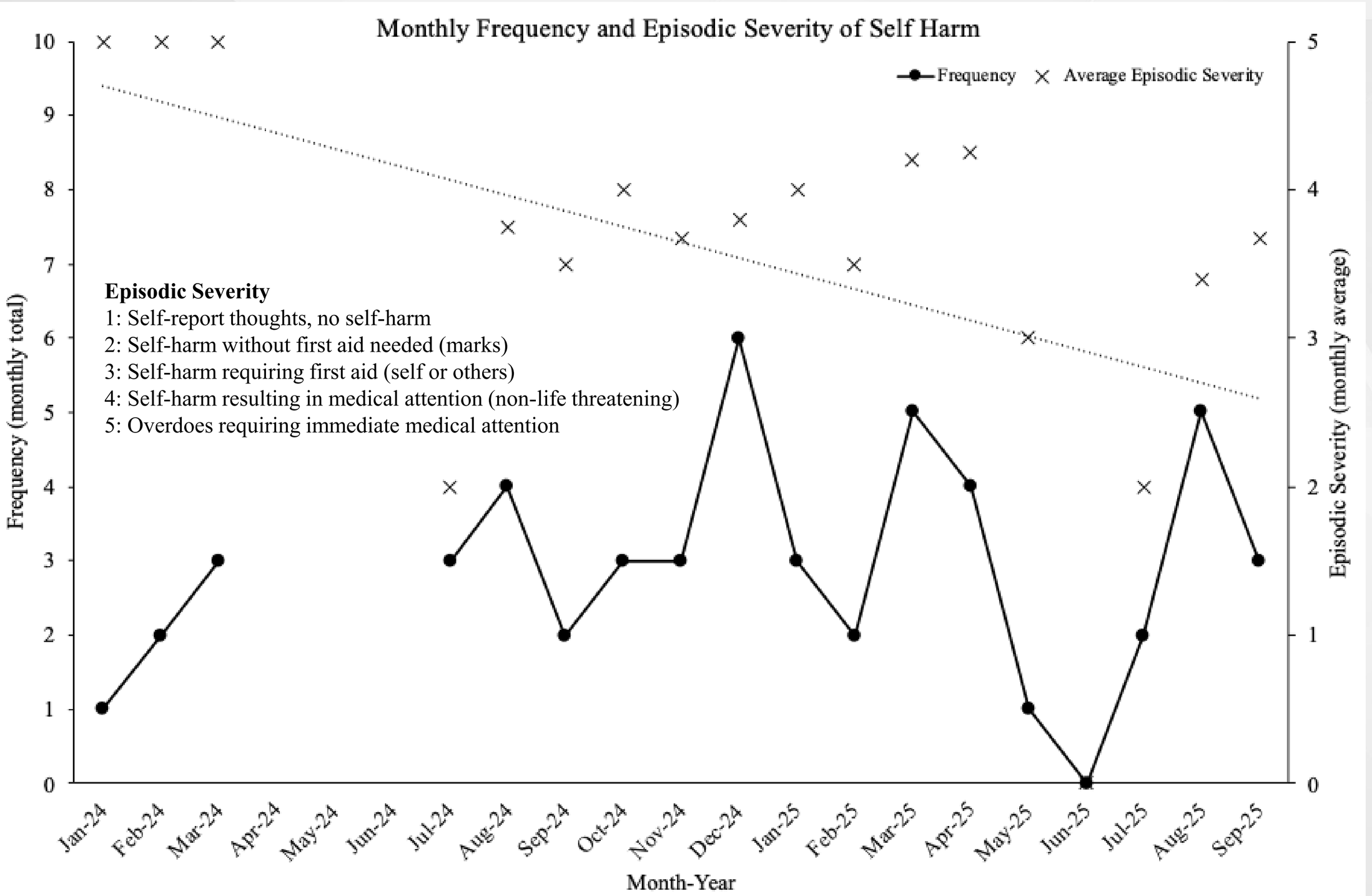
	Matches	*Mismatches*
Physical Environment	• Large bedroom in home with own arrangement • Living with someone else • Renovating own property which provides access to big lounge chairs, multiple bedrooms, and big block with large garden (a retreat)	• No garden in primary residence • Lack of calm retreat space
Social Environment (Interactions)	• Interpersonal style with support workers • Friends from activities, including mother figures • Care from psychiatric case manager	• Taking on others' concerns or problems • Overlap in social groups
Learning and Program Environment	• Nature-focused and creative activities • Predictable and independently chosen weekly routine with mastered and some more challenging tasks	• Lack of satisfying engagement at primary residence (boredom) • Crowded environments at preferred activities

Annie – Plan elements*

Function-Based Strategies	Non-Function Based Strategies
• Distress tolerance - ***T***emperature, ***I***ntense exercise, ***P***aced breathing, and ***P***rogressive muscle relaxation (TIPP) strategies • Redirection through conversations with trusted supports	• Redirection to Behaviour First Aid Kit

Debriefing and Restoration Strategies

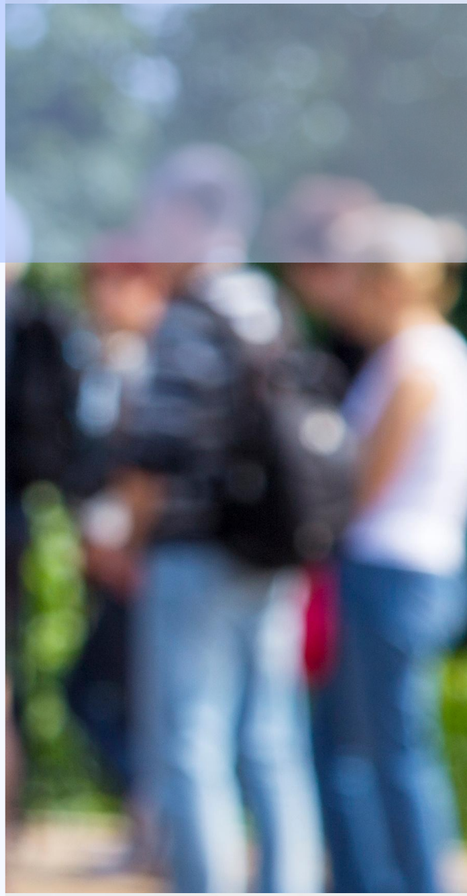
- Active listening (calm and soothe)
- Redirection to alternatives
- Options for “company” or “space”
- Assist with using her plan


Monthly Frequency and Episodic Severity of Self Harm
Frequency
Average Episodic Severity
Episodic Severity
1: Self-report thoughts, no self-harm
2: Self-harm without first aid needed (marks)
3: Self-harm requiring first aid (self or others)
4: Self-harm resulting in medical attention (non-life threatening)
5: Overdoes requiring immediate medical attention
Frequency (monthly total)
Episodic Severity (monthly average)
Month-Year
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Feb-25
Mar-25
Apr-25
May-25
Jun-25
Jul-25
Aug-25
Sep-25

THE CENTRE FOR POSITIVE BEHAVIOUR SUPPORT

Ongoing

Annie



THE CENTRE FOR POSITIVE BEHAVIOUR SUPPORT

Social Validity

- Sample *n* = 80
- “I like the strategies in the plan.”
  - **91%** agree (includes *strongly agree, agree*)
- “The plan should improve behaviour in a meaningful way ...”
  - At home **94%** agree
  - In the community **97%** agree
  - For school, work, activities **94%** agree
- “I think the plan supports my cultural values and beliefs.”
  - **95%** agree

THE CENTRE FOR POSITIVE BEHAVIOUR SUPPORT

Key Findings and Conclusions

- MEBS is a comprehensive PBS framework that focuses on building environments and skills to match needs and goals of the individual person, with the person.
- Outcomes emphasise improving quality of life, increasing meaningful engagement, and upholding safety.
- Social validity findings and continued evaluation reflect commitment to meaningful outcomes across settings.

THE CENTRE FOR POSITIVE BEHAVIOUR SUPPORT

Thank you!

www.cpbs.com.au

becca@cpbs.com.au

matthews@cpbs.com.au

geoff@cpbs.com.au