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# **Making the plan work: Advice from behaviour support peer Doug Payne**

Audio transcription



**The  
Right  
Direction**

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Working together on positive  
behaviour support (PBS)

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So, this idea of having one plan that'll be everything, I think is naive.

We, as behaviour support practitioners, need information. Either directly from the person – or from talking to a psychiatrist or file notes or whatever it might be – to try and get an understanding, to try and put ourselves into that person's shoes.

Our job is a little bit different because, well – my view – as a behaviour support practitioner, my view is that if you're a psychologist and you're doing counselling with someone, you're working one-on-one with that person, you're an individual therapist, you're doing individual therapy.

A behaviour support practitioner is very different because what we do is we work with the system; the person and all the things that envelope around that person: the family, the day program, the group home – whatever it might be.

People who know me, you know, I say we are systems therapists. We work with the system.

So, we need not only understand the client, but the group home, the system that is the group home, the staff that are in the group home. What are the things that hold them to the behaviours that they have in order to support the person?

And so if you only work with the client and have a behaviour support plan that is written for the client alone... my view is you would make no difference.

It has to be a systems approach.

A behaviour support plan is the long game. Behaviour has taken a long time to develop in a person and it's become behaviour, which is just habituated ways of responding to a situation.

Our job is to somehow change that habituation and some of it is working with the client and giving them skills. Some of it is working with the group-home staff or the parents or with the day program or whoever or the community.

Because they need to change the way they respond to the client, because it may well be how the family responds is maintaining the challenging behaviour.

So, working with the client and not working with the family is going to make little or no difference – and, in fact – probably will make things worse, more frustrating for the client. Because they have worked out new ways of thinking and responding. However, the people around them in their support system are still stuck.

A behaviour support plan is ever evolving. And so, what you write is the best guess you can, now.

There are things you don't put in the behaviour support plan because some people aren't ready to hear stuff, so you have to be strategic. So, behaviour supports, practitioners are strategists. And they have to think, 'When is the right time?'

And it sounds like... power hungry. However, you need to make a clinical decision about, 'When do I raise certain things?' because not all people are ready to his stuff.

So, when you're talking with a family who's just been informed that their son or daughter has a significant disability, you don't give them everything.

And that sounds a bit harsh, but at the time they've been told they're going through grief and loss. And to overload them with information is not an appropriate thing to do.

So, in terms of behaviour support, it's a strategy, It's a long game. Because what you're trying to do is undo years and years of habituated behaviour.

So, it will take years and years and years to turn that ship around. And if you take a quality-of-life approach, then if the person's having a good life and they can see the benefits of going out now, I think, 'Well, I either go out now or I stay at home. I'd rather go out.'

It seems fairly simple.

### **Closing thought for listeners:**

How will you use these ideas to improve engagement in your behaviour support practice?



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