**Supplementary Material**

Semi-Structured Interview Schedule

1. Can you describe to me, briefly, your clinical work with the ABI population?
2. **Current behaviour management**
3. Can you tell me about the challenging behaviours your adult clients with ABI present with and what approaches you use to try manage these behaviours?
4. Are there any situations where you find it difficult to use behaviour management interventions for your clients?
5. **Behaviour management training**
6. Can you tell me about any training you’ve received in behaviour management interventions?

* What was helpful and unhelpful about these training opportunities?
* On a scale of 0, meaning very low expertise in behaviour management, to 10, meaning expert in behaviour management, where do you feel you sit? How confident do you feel at behaviour management?
* ‘Inexperienced’ therapist: Looking forward, what are your thoughts on receiving (further) training in behaviour management interventions?
* ‘Experienced’ therapist: As someone who identifies as having a fairly high level of expertise/being fairly confident in behaviour management, how would you like to engage with new training opportunities in behaviour management?
* ‘Experienced’ therapist: Do you currently train or supervise others in behaviour management? If not, could you see yourself doing this? Why/why not?

1. How do you think behaviour management training for ABI therapists should be delivered?
   * What formats do you think behaviour management training for ABI therapists should take?
2. What post-training support do you think would be most helpful? (E.g., peer supervision or networking, formal supervision, additional advanced training/workshops, readings)
3. Do you have any (more) suggestions about how to improve the quality or extent of training in behaviour management interventions available to ABI therapists?
4. **Implementation of new behaviour management practices**
5. ‘Inexperienced’ therapist: *We’ve been talking about your past training but now I’d like to switch gears and ask you about the hypothetical future.*
   * Thinking forward, if you were to make a change in your practice, what factors do you think would help facilitate this?
   * On the flip-side, what factors do you think would impede your ability to make a change in your practice?
   * I was wondering if there has been a specific instance in your time as a clinician when you made a change in how you do behaviour management, or made another change in your practice? Can you describe this to me?
6. ‘Experienced’ therapist:
   * Can you think back to a time when you made a change in how you do behaviour management, or made another change in your practice?
   * Why did you make this change?
   * What factors do you think helped you implement this change?
   * What factors do you think impeded your ability to implement the change?
   * I remember you were telling me before about when you had training in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Can you tell me about what you did or didn’t implement after this training into your practice?
7. **Positive Behaviour Support**

*I’d like to finish off our interview by talking (some more) about Positive Behaviour Support (PBS), a particular behaviour management intervention that can be used for individuals with ABI.*

1. Can you tell me your understanding of PBS?

*To clarify what I mean by PBS, I’d like to read you a brief description of PBS. This is the same description that was provided in the survey you completed.*

*PBS is a behaviour management intervention that is individualised to each person’s social context. The therapist, in collaboration with the client’s natural supports (e.g., family members, friends, carers and work/school staff), tries to identify what is not working in the client’s everyday routines and why the client engages in challenging behaviours.*

*With a focus on the antecedents/triggers of the behaviours, changes are made in the client’s day-to-day life and the client is taught relevant skills to help them achieve personally meaningful goals. Such changes may include eliminating or avoiding triggers for challenging behaviours, providing the client with increased control over their daily routines, engagement in personally meaningful activities and social relationships, and teaching the client positive communication alternatives to their challenging behaviours.*

*The aim is to render the challenging behaviours unnecessary to the client and improve quality of life.*

1. What, if any, PBS principles or approaches do you use with your adult clients with ABI?

* Why/why not these approaches?
* Can you provide any specific examples of how you have used PBS with your clients?

1. Can you describe any training you’ve received in PBS?
2. Would you be open to more training in this intervention? Why/why not?
3. Is there anything else you’d like to say about your experiences with behaviour management interventions for adults with ABI?