

BILD PBS conference, Brighton, May 2013

## Extending a functional understanding to carer behaviour: Implications for intervention



Richard Hastings  
Bangor University

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### Today's presentation

1. A systems understanding of challenging behaviour - a 20 year story
2. Mindfulness and acceptance intervention for support staff emotions and thoughts
3. Changing support staff attitudes

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### 20 years later - Anyone listening?



Pergamon

Research in Developmental Disabilities, Vol. 15, No. 4, pp. 279-296, 1994  
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Rules of Engagement: Toward an Analysis of Staff Responses to Challenging Behavior

Richard P. Hastings and Bob Remington  
University of Southampton

93 citations  
(Google Scholar, April 2013)

*Through observational analysis, the actions of care staff have frequently been identified as sources of socially mediated reinforcement capable of developing and maintaining challenging behavior. Accordingly, behavioral interventions*

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## Challenging behaviour - Socially defined

“culturally abnormal behaviours of such an intensity, frequency, or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities”  
(Emerson, 1995)

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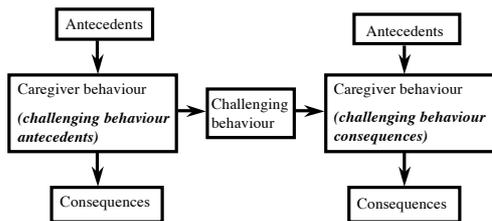
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## Extended A-B-C Model



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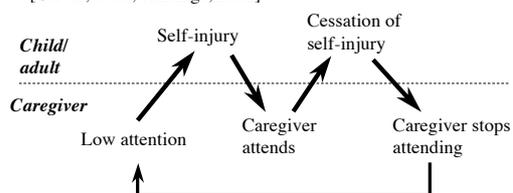
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## Extending the behavioural model: A systems analysis

[Oliver, 1995; Hastings, 2002]



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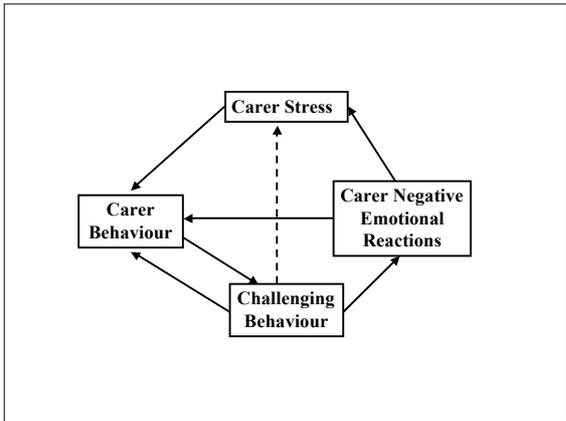
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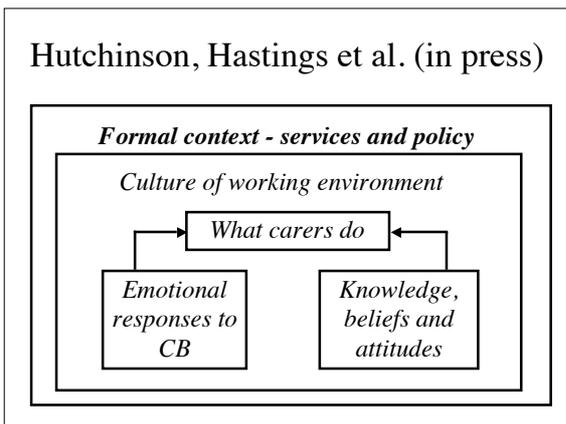
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**Changing hearts and minds:  
Supporting carers using mindfulness  
and acceptance interventions**

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### 3rd Wave of behaviour therapies

- 1st wave = traditional behaviour therapies
- 2nd wave = Cognitive Behaviour Therapy
- 3rd wave = inclusion of mindfulness and acceptance
  - Acceptance and Commitment Therapy (ACT)
  - Mindfulness Based Cognitive Therapy (MBCT)
  - Dialectical Behaviour Therapy (DBT)
- Growing international recognition as evidence-based approaches (UK *NICE* recommends DBT for BPD/self-harm, MBCT for depression relapse prevention)

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### Mindfulness

- Mindfulness is “the clear and single-minded awareness of what actually happens *to* us and *in* us, at successive moments of perception . . .” (Nyanaponika Thera, 1992)
- It is the awareness and nonjudgmental acceptance by a clear, calm mind of one’s moment-to-moment experience without either pursuing the experience or pushing it away (Singh)
- It is being fully present in the here and now
- It enables us to focus our attention to the present
- Mindfulness is about using the mind to train the mind to experience the present moment

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### Mindfulness and “therapy”

- Mindfulness offers an alternative or an adjunct to current therapies
- Instead of challenging an individual’s irrational or negative thinking, mindfulness-based approaches focus on the individual’s relationship to thinking itself
- Transformative - changes the way we relate to thoughts, feelings, emotions, and actions; changes the way we engage in life itself

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## ACT approach to psychological problems

- Many current approaches to psychological therapy assume that the norm is to be psychologically healthy
- ACT argues that the normal processes of the human mind actually pre-dispose humans towards suffering mediated by language - suffering is typical/normal
- Our psychological problems are caused by FEAR:
  - Fusion with our thoughts
  - Evaluation of our experience
  - Avoidance of our experience
  - Reason-giving for our behavior

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## ACT approach to intervention

- Rather than trying to teach people to better control their thoughts, feelings, sensations, and memories, ACT teaches them to ‘just notice’, accept, and embrace these experiences, especially previously unwanted ones.
- Acceptance and mindfulness-based strategies along with commitment and behavior change strategies to increase *psychological flexibility*
- The alternative to FEAR is ACT:
  - Accept your reactions and be present
  - Choose a valued direction
  - Take action

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## What is “acceptance”?

[Hayes et al., 1999, p. 77]

- Acceptance is “the alternative to avoidance”
- “Psychologically, it connotes an active taking in of an event or situation”
  - NB. It is not a passive process and is not the ‘acceptance’ of disability as in previous research
- “...involves an abandonment of dysfunctional change agendas and an active process of feeling feelings as feelings, thinking thoughts as thoughts, remembering memories as memories, and so on”

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## Relevance to challenging behaviour

- Theoretical importance of carer emotional responses to CB and related cognitions
- Theory and research suggesting that carer behaviour may function to avoid or escape from aversive experiences associated with exposure to CB
- Positive associations between acceptance and reduced support staff distress [Noone & Hastings, 2011]
- Staff positive values associated with reduced depersonalisation and increased personal accomplishment [Noone & Hastings, 2011]
- Negative associations between avoidant coping and stress for support staff [Devereux et al., 2009]

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## Combining mindfulness with behavioural skills training [Singh et al., 2006]

- Multiple baseline across group homes design with behavioural training implemented first followed by mindfulness training

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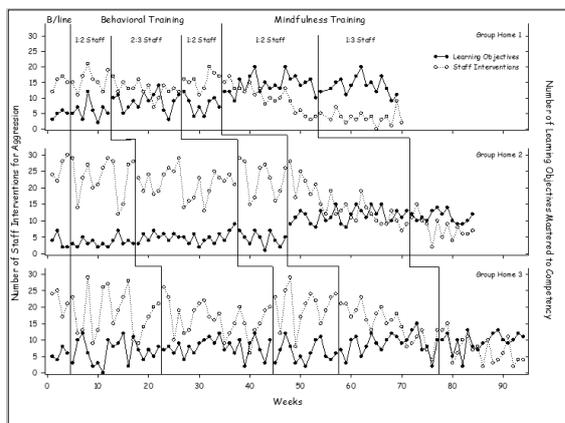
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## Combining mindfulness with behavioural skills training [Singh et al., 2006]

- Multiple baseline across group homes design with behavioural training implemented first followed by mindfulness training
  - Compared to baseline, behavioural training resulted in reduced interventions for aggressive behaviours and an increase in learning objectives mastered
  - Larger and more consistent effects on both these variables following mindfulness training
  - Most consistent gains following behavioural training were found in high staff ratio environments whereas improvements following mindfulness training were consistent across staffing levels

*Most positive impact by combining psychological interventions for staff with direct skills training?*

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## Singh support staff research

- Reductions in challenging behaviours in adults (by training support staff)
- Increased learning opportunities and improved social skills in adults with ID
- More observed signs of happiness in people with severe-profound ID when train staff
- Staff use less physical restraint
- Mindfulness training may enhance the effects of other training such as positive behaviour support
- Transfer effects - support staff interactions with their children at home improve

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## Promotion of Acceptance in Carers and Teachers (PACT)

### Day 1: morning session

- Understanding the demands of caring
- Describing the challenges within your job and evaluating how successful is your present coping
- Coping is the problem not the solution: the promotion of willingness (Hayes et al., 1999, pp. 123-4)
- Clean versus dirty discomfort (p. 136)
- First mindfulness exercise – short body scan
- Diffusion exercise – leaves on a stream (pp. 158-62)
- **Afternoon session**
- Values clarification exercises – coat of arms about my values
- Values assessment (pp. 224-7)
- Writing own eulogy (p. 216)
- Homework exercise (mindfulness) – daily practice of ‘leaves on a stream’

### Day 2: follow-up morning session

- Review of homework exercises
- Soldiers in the parade (pp. 158-62)
- Bubble in the road metaphor (p. 230)
- Tin-can monster exercise (pp. 171-4)
- Personal statement of commitment

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## PACT Outcomes

[Noone & Hastings, 2010]

- Evaluation of PACT with 34 support staff working in services for adults with ID (31 had more than 3 years experience in services)
  - Perceived work demands did not reduce pre to post-intervention
  - Psychological distress (General Health Questionnaire) did reduce significantly (effect size  $d = .48$ )
  - GHQ scores reduced for 22 staff, no change for 2 staff, increase for 10 staff

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## Changing minds: Attitudes towards those whose behaviour challenges [Who's Challenging Who?]

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## WCW Programme Theory

- **Hypothesis 1** - staff attitudes are an important factor determining how staff behave towards those whose behaviour challenges
- **Hypothesis 2** - staff attitudes are several steps removed from policy and guidance and so must be tackled directly
- Values/attitudes-based training is a strong feature of induction, and also core to current best practice (e.g., Positive Behaviour Support)
- No existing research reporting outcomes from attitude change interventions for staff supporting individuals whose behaviour challenges - how do we change attitudes and does it work?

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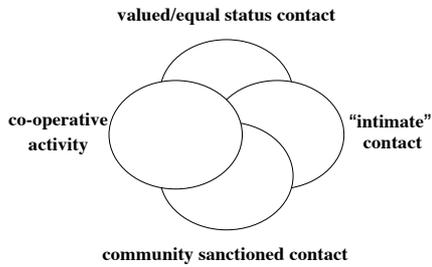
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## Contact hypothesis



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## WCW Mechanisms of change

- *Through multiple, positive, valued, opportunities for contact with an individual labelled as "challenging" and with a focus on "putting oneself in the shoes" of individuals whose behaviour challenges:*

Increase empathy

Change attitudes

Increase self-efficacy (confidence)

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## WCW training session

- ½ day training session (3 hours, 20 minutes)
- Designed to be delivered to 6-10 staff
- Delivered by a person with a disability and a person without a disability
- WCW is interactive
- Training activities are designed to increase empathy and improve attitudes
- Various multi-media are used to enhance learning

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### WCW evaluation

- 76 staff attended one of 10 WCW training sessions
- 36 male, 40 female, mean age 39 years (range 19-64)
- Working in health/social care for an average of just over 10 years
- 47 support workers; 29 in managerial, technical or specialist roles
- Regularly supporting on average of 13 individuals (6 of whose behaviour challenged)
- Outcome measures before training and immediately post-training

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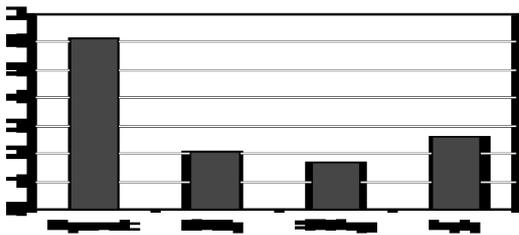
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### WCW outcomes



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### Conclusions

- CB is emotionally demanding - must be addressed directly within PBS or the effects remain unpredictable
- Methods of training are needed that tackle avoidance, support strong values, and provide transferable emotion coping skills
- Just talking about values is not enough in PBS - we need ways to change support staff attitudes directly
- Research and theory has highlighted these issues for over 20 years. Unless we act now, scandals will continue to plague CB services

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