

Positive Behavioural Support;

Panacea or the new problem?

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Context

- Overwhelming call for an approach which is PBS based (see Government response to Winterbourne View)
- Substantive body of research suggests approaches underpinned by PBS can work
- Growing evidence however of attempts at implementing PBS failing across sectors

Learning objectives

- Understand the reasons why approaches based on the principles of PBS can and do fail.
- Understand why positive behavioural support must be understood and applied in the context of a whole organisation based approach.
- Identify key strategies to improve the implementation of PBS informed approaches.

Problems in 4 key areas

- PBS – ‘The Product’!
- Reductionist approach to the problem of challenging behaviour
- Insufficient attention to attitudes and attributions of staff
- Insufficient attention to systems change

PBS the product

- Frames problem as being solvable via short duration training courses
- Training delivered as a script by trainers who themselves attended scripted training
- Not informed by detailed organisational TNA
- Lack of post training support /mentorship –what do they do when the scatter plot does not show an identifiable pattern?

(McKenna, Paterson 2006)



Examples 1

- PBS Basic course – 1 day
- PBS advanced course – 3 days
- PBS Train the trainer – 9 days (3 days as per advanced plus two 3 day practice delivery sessions)

Examples 2 - 'The Train and Hope Approach!'

- React to identified problem
- Select and add practice
- Hire expert to train practice
- Expect and hope for implementation
- Wait for new problem



Examples 3

- Content of workshop (suggested as 3 hours for professionals)
- What is challenging behaviour?
- The impact of challenging behaviour
- Purpose/function of behaviour
- Context and environment
- Why do people challenge
- Setting events and triggers
- ABC recording chart
- Sensory issues
- Reinforcement
- How to look after yourself
- A story of success

Examples 4

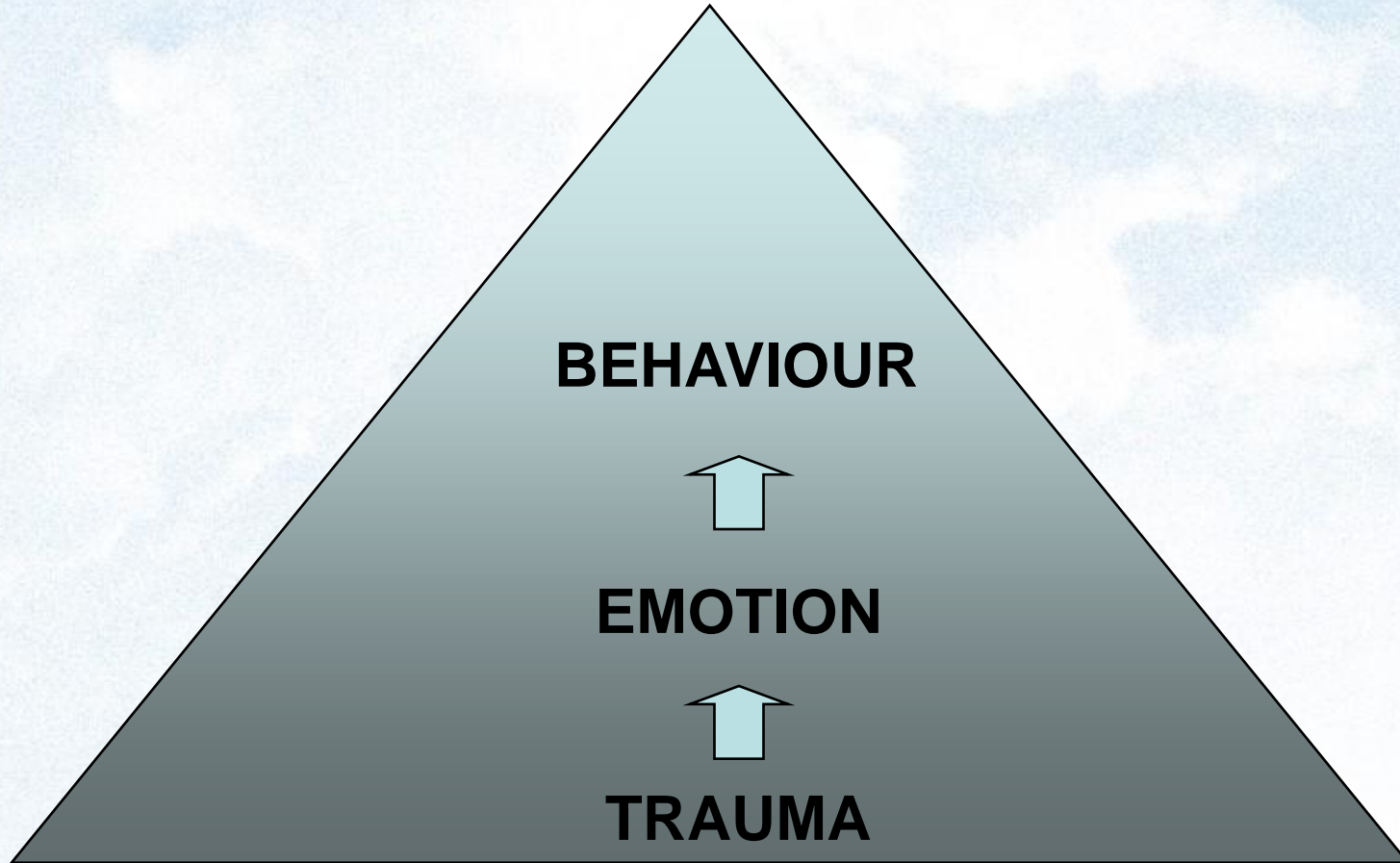
'Positive Behaviour Support' is essential foundation learning for anyone who wishes to learn to use 'Breakaway' techniques.



Reductionist approach to the problem of challenging behaviour

- Does not consider external influences on service user or staff behaviour e.g. trauma, attachment, service culture(s).
- Does not consider wider structural issues. E.g. low status of care sector, high staff turnover, casualisation of workforce.

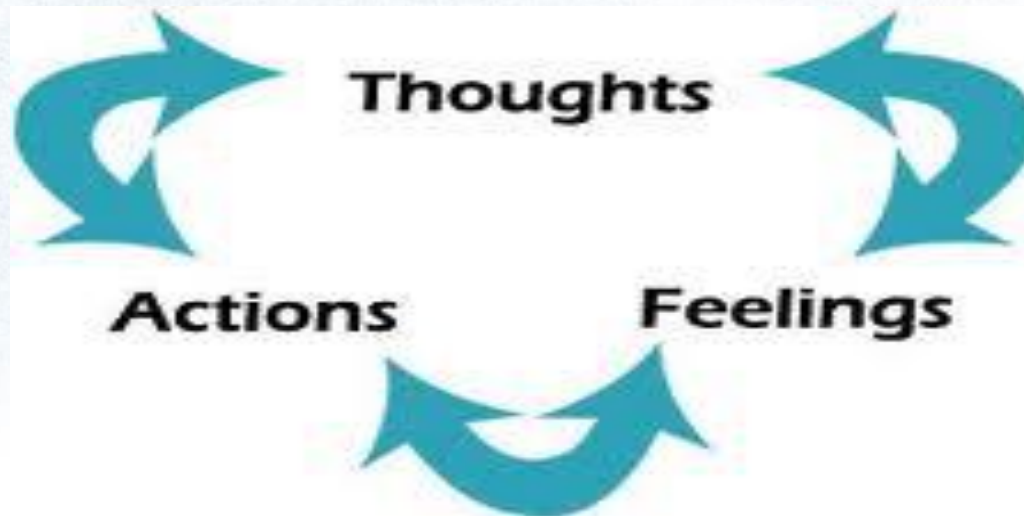
The Behavioural Pyramid



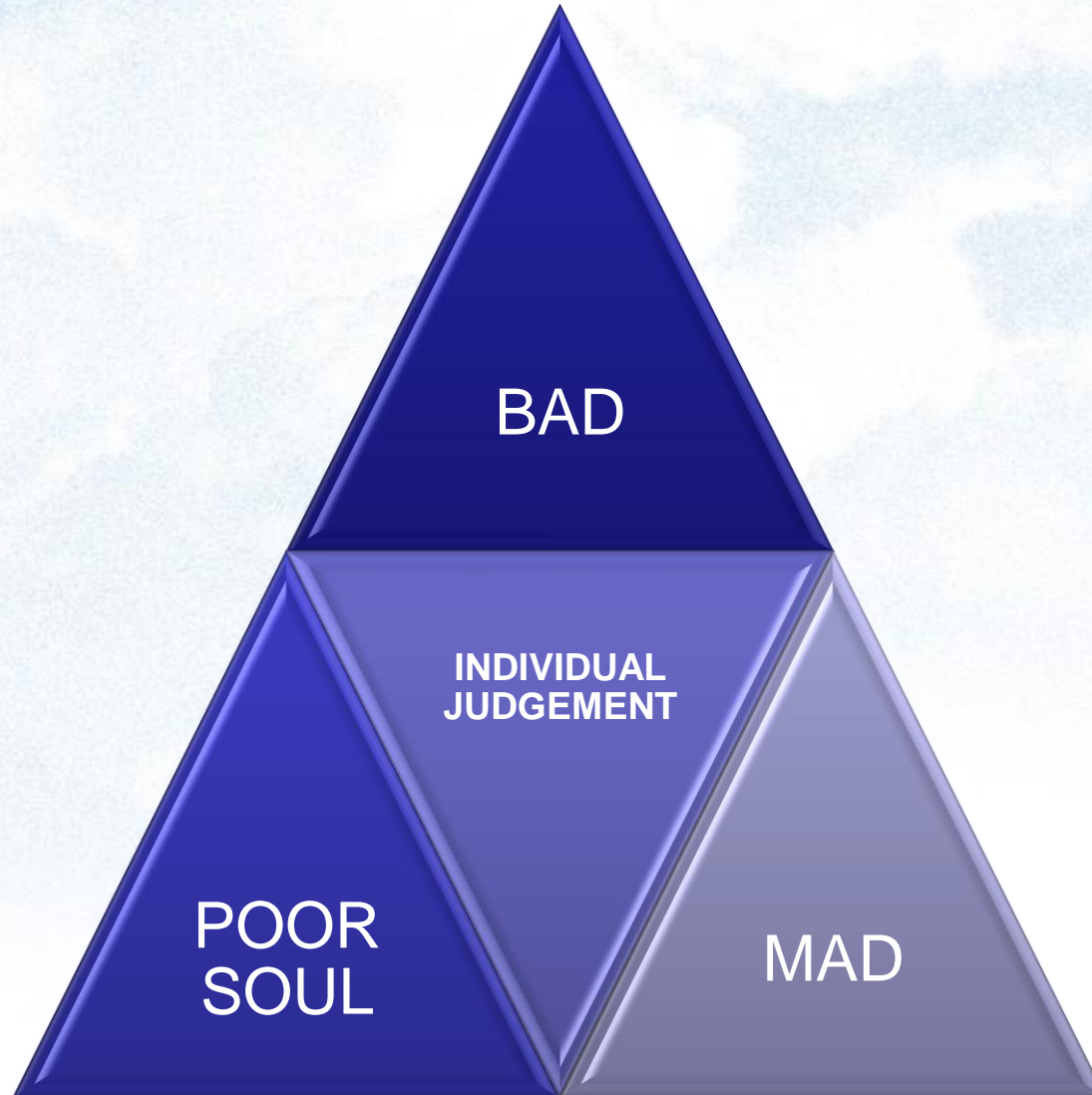
Harvey K (2012) Trauma Informed Behavioural Intervention, AAIDD,

Insufficient attention to attitudes and attributions of staff

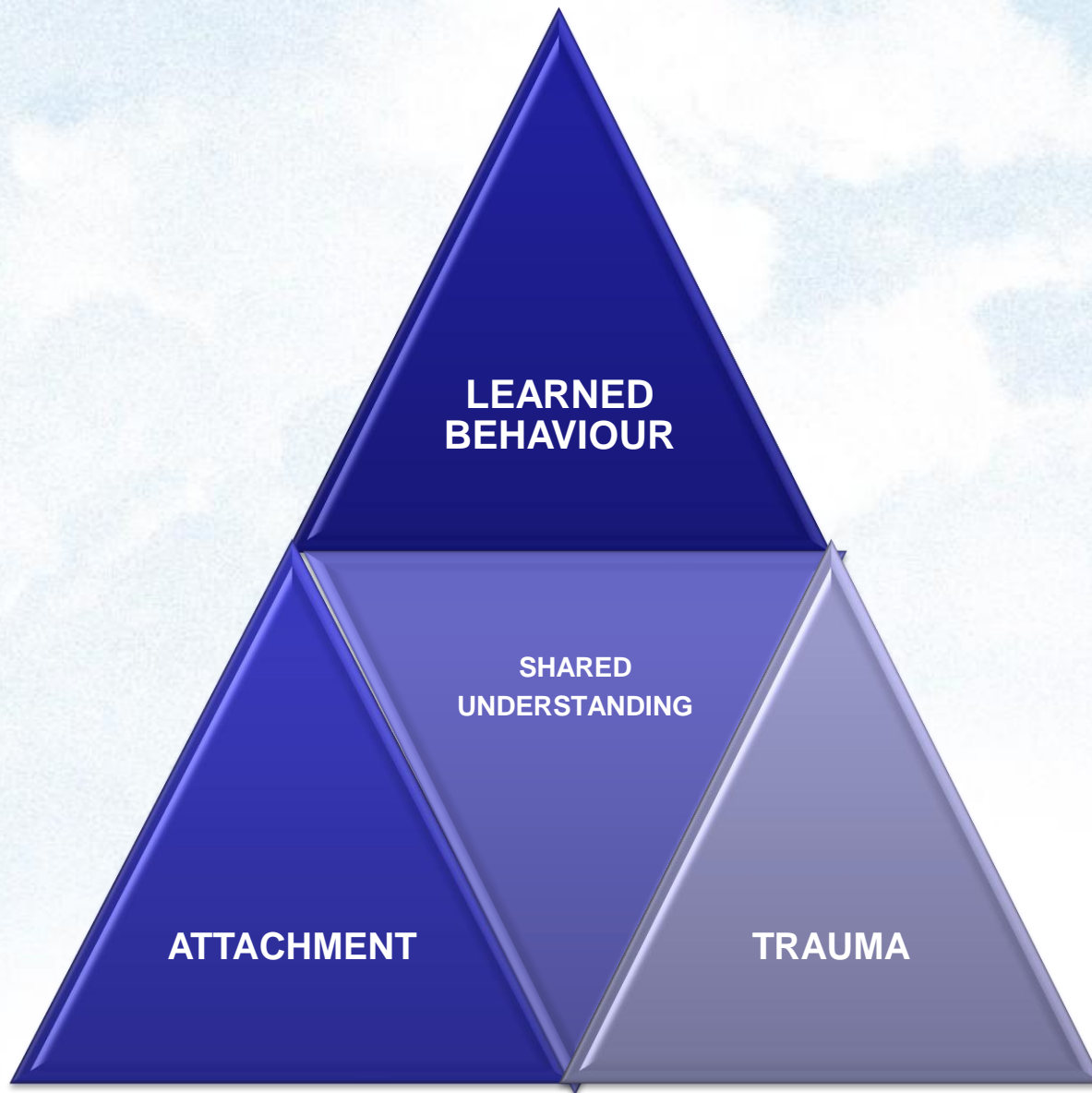
“The primary determinants of staff behaviour towards service users may be the feelings resulting from exposure of staff to those behaviour(s).” Weigel et al (2006)



Move away from traditional Staff Causal Assumptions



Towards



Staff attitudes

This change requires the explicit promotion of mindfulness in staff such that they are better placed not to react to events or act on the emotions generated and can instead consciously choose their response



Staff attitudes

“it is absolutely crucial to develop a widespread feeling among staff that change is desirable.... Hence selling the idea of change is an intellectual, emotional and diplomatic operation to which immense effort has to be devoted”

(Hospitals in Trouble, Martin 1984)

The feelings of staff are therefore both a key barrier to change (including implementing PBS) and a key target for change.



Insufficient attention to systems change

How staff feel and subsequently respond to challenging behaviour is influenced by the culture and the practices of the service they work in.

*‘a real management failure at the hospital’ ...
‘allowed a closed and punitive culture to develop on the top floor of the hospital.’ (DH 2012)*

Organisations are not machines they are living organisms whose influence may be benign or therapeutic but must be recognised, understood and consciously managed as otherwise it can undermine any change initiative including PBS



Water Bear (Earth Origin) Frontal View

Systems change

Large orgs should consider a regular 'health check' on the culture of the services it provides to avoid corruption.



What does a safe service look like?

Activity

In small groups identify what organisations need to do or put in place to provide a safe service for its users and its staff

Leadership
User Learning
Care Planning
Staff Training
Accountability
Systematic Risk Assessment
Policy Development
Victim Support
Service
Unit Protocols
Effective Management
System Evaluation
Staff Skill
Functional Analysis
Cultural Healthcheck
Staff/Team Debriefing
Teamwork

Safe Service Audit – Activity 2

- What is in place and works well?
- What is in place but needs some attention?
- What is in place (or missing) and in need of urgent attention?

If we do all this, what
would be the outcome?



What does a Safe Service Look Like?

For Service Users

- **I am safe;**
- **I am treated with compassion, dignity and respect;**
- **I am involved in decisions about my care;**
- **I am protected from avoidable harm, but also have my own freedom to take risks;**
- **I am helped to keep in touch with my family and friends;**
- **Those around me and looking after me are well supported;**
- **I am supported to make choices in my daily life;**
- **I get the right treatment and medication for my condition;**
- **I get good quality general healthcare;**
- **I am supported to live safely in the community;**
- **Where I have additional care needs, I get the support I need in the most appropriate setting;**
- **My care is regularly reviewed to see if I should be moving on.**

(DH 2012)

For Support Staff

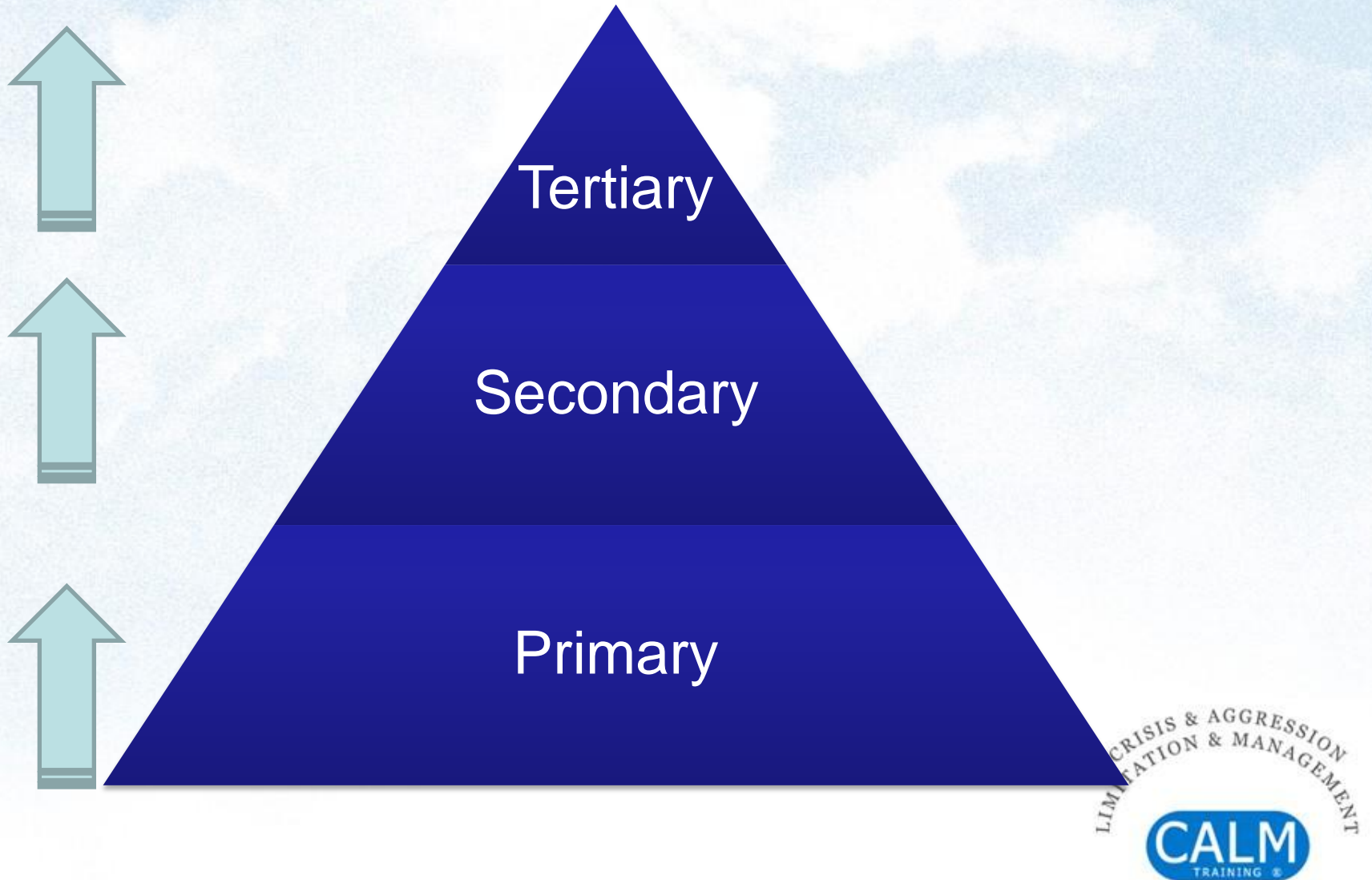
- I feel safe
- I am treated with compassion, dignity and respect;
- I trust the organisation I work for
- I am involved in making decisions about my work
- There is adequate time for handovers between carers
- I am protected from avoidable harm
- I work for an organisation that is family friendly and recognises I may have carer responsibilities
- Those working with me and managing me are also well supported;
- I am supported to develop personally and professionally
- I get regular structured clinical supervision
- I have access to regular training updated as necessary
- There are post incident reviews for staff
- I have access to independent counselling
- I feel adequately rewarded for the work that I do

(CALM 2013)

**So how do we put it all
together?**



Public Health Model



Primary Intervention

- Policy Development
- Systematic Risk Assessment
- Staff Recruitment/Training/ Retention
- Unit Protocols
- Functional Assessment of Behaviour
- Individualised Care Planning
- Effective Management
- Robust Quality Assurance
- Cultural Health Check

Secondary Intervention

- Effective de-escalation
- Leadership
- Teamwork
- Staff Skills

Tertiary Intervention

- Staff/Team Debriefing
- Service User Learning
- Victim Support
- Accountability
- System Evaluation
- Root cause analysis - organisational and not just individual patterns of behaviour

Conclusions

- PBS forms therefore only one element of the multidimensional strategies invariably needed.
- A whole organisation, public health based approach currently represent best practice in the support of vulnerable adults and children whose behaviour may challenge services.

References/Further Reading

See HANDOUT



Contact/Further Discussion

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