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Centre for the Advancement of Positive Behaviour Support

The science of happiness

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The recent NICE guidelines 'Challenging behaviour and learning disabilities: Prevention and interventions for people with learning disabilities whose behaviour challenges', suggests that people with an Intellectual Disability (ID) who also have other complex support needs such as communication difficulties, autism and mental health problems, will be more likely to develop behaviours that challenge (2015:4). The Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and language Therapists (2007) suggest that such behaviours are more likely to occur in environments that cannot meet such support needs and, as a result, these behaviours may be how the individual is expressing how unhappy they are.

Positive Behaviour Support (PBS) has increasingly become the model of choice in supporting people whose behaviour poses challenges to services (PBS Coalition UK, 2015) and The Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and language Therapists (2007: 9) state, 'The fundamental unifying principle is to improve the quality of life for people whose behaviour challenges others'.

According to Gore et al (2013) there are 10 key components that need to combine to ensure that the correct application of the Model is being utilised, with one crucial factor being the primary use of Applied Behavioural Analysis to assess and support behaviour change.

But what is Applied Behavioural Analysis? According to Cooper, Heron and Heward (2007: 3) 'applied behaviour analysis is a science devoted to the understanding and improvement of human behaviour' with a basic principle being that behaviour is shaped by the environment and selected and maintained by the consequences that have followed it.

This is known as Operant Learning and occurs as a result of a relationship between a stimulus and an activity (Baum, 2006). So, I walk into my kitchen and spot the opened tube of salt and vinegar flavour Pringles. Previous encounters with one of my preferred snacks reminds me of how good they taste and I want some, despite just polishing off my evening meal, so I tuck into them!

I wanted something that the 'environment' suggested to me I was missing and I did something about it.

When my baby daughter cries, I pick her up and she stops crying! Therefore, I will pick her up when she cries again as I know it will stop a rather unpleasant noise but it is motivated from a sense of wanting to love and protect her and not see her suffer.

I was presented with a noise I didn't like and I did something about it.

Therefore, sometimes we will engage in specific behaviours to either get us something we are missing (positive reinforcement) or to remove something that is causing us distress (negative reinforcement). When positive reinforcement occurs, feelings of happiness are likely to be experienced and when negative reinforcement occurs, feelings associated with relief will occur (Baum, 2006). If the result of my behaviour means that I either feel good or I feel relief, either outcome is beneficial for my well-being within the context of the situation. So, according to Richard Layard, this is the function of happiness – 'by seeking to feel good and to avoid pain, we seek what is good for us and avoid what is bad for us' (2006:24)

However, there are behaviours that I engage in to increase my feelings of happiness at a particular time but then may have a more detrimental effect on my longer term well-being eg, drinking too much beer leading to a hangover; running for too long and too hard leading to aching legs. The initial purpose of engaging in both of these behaviours was to make me happy as I know they make me feel good (usually), it's just the after effect that led to discomfort!

Paul Dolan supports this with, 'Happiness is experiences of pleasure and purpose over time' (2014: 3) and suggests that we are all motivated to behave in ways that help us to seek out pleasure and purpose and avoid pain and pointlessness.'

Therefore is operant learning the science designed to make us happy? Gross (1993:128) certainly appears to think so, 'The basic principles of positive and negative reinforcement can be seen as corresponding to the seeking of pleasure and avoidance of pain.'

Happiness and quality of life

What constitutes quality of life has been well researched and explored with many definitions (Li et al, 2012). However, for people with an ID, quality of life consists of eight identified core domains that can promote happiness and general feelings of well-being (Schalock et al, 2002):

- Social Inclusion
- Self-determination
- Personal Development
- Rights
- Interpersonal relationships
- Emotional well-being
- Physical well-being
- Material well-being.

Once these domains have been explored, assessed and baseline measures documented, within the context of individual experiences, then systems of support can be designed to meet the relevant outcomes and any increases in the baseline measures will demonstrate an increase in quality of life (Schalock, 2004).

Therefore, by focusing systems of support to promote quality of life a necessary and crucial element of Positive Behaviour Support (PBS) is being addressed as PBS aims to enhance quality of life as both an intervention and outcome for people who display challenging behaviour (Gore et al ,2013).

It is therefore suggested that if a good quality of life is associated with happiness, and happiness is associated with feelings of well-being (Nunkoosing & Hayden-Laurelut, 2013), then support systems need to create capable environments for happiness to flourish, which will promote well-being.

PAUSE FOR THOUGHT 1- REFLECTION

Now please spend some time thinking about what makes you happy? Just consider everyday life and what you do; people you spend time with etc. For an extra ‘thought’ , consider the 8 Domains. Make a list and keep it close by.

But can 'happiness' be created?

According to Townsend-White, Pham and Vassos (2012), people with an ID, whose behaviour challenges services, have been consistently denied the opportunities to engage in, or be supported to experience, a quality of life equal to that of the non-disabled population.

Unfortunately, for many people with an ID a crucial element to understanding what an individual needs to improve their quality of life must be determined by the individual themselves, which requires the ability to reflect and then communicate any deficits effectively (McGillivray et al, 2009), and the more cognitively impaired an individual is, the more difficult this becomes (Li et al, 2012).

This imbalance becomes even more apparent when you consider that those individuals, who need the most direct support from others to engage in activities, usually receive the least amount as staff typically give more assistance to those who are more able (Duker et al, 1989). To compound this, when an individual perceives that there is imbalance between the support they require and what they are actually receiving, this will be to the detriment of their well-being (Vermeulen, 2014).

Are those individuals who have difficulties in being able to self-reflect, identify and meet their own quality of life needs being denied opportunities to be happy? If systems strive to develop quality of life regardless of an individual's ability in being able to express and meet their needs or not, then opportunities to experience more happiness and the associated increase in well-being will happen!

The literature reveals four 'models' of support ,which I have also experienced from my working practice, that, when utilised, may be used to help people with an ID and challenging behaviour to experience happiness and experience an increase in their quality of life.

1. ACTIVE SUPPORT

There is an extensive amount of literature and research indicating how Active Support can improve the quality of life of people with an ID, increasing participation in preferred activities and increasing skills that are conducive to everyday living (Beadle-Brown, Hutchinson and Whelton, 2012).

In comparison to the other models discussed here, Active Support does have practical guidelines for how it can be implemented into services and one such guide is; 'Active support - a handbook for supporting people with Learning Disabilities to lead full lives', produced by Arc Cymru and Edwin Jones, Jonathan Perry, Kathy Lowe, David Allen, Sandy Toogood, and David Felce.

The following text is taken from this handbook to introduce the principles of Active Support:

People with an ID are entitled to lives which are as full as anyone else's and although every one of us differs, there are some core things we all have in common. It is important for most people to:

- *Be part of a community*

- *Have good relationships with friends and family*
- *Have relationships that last*
- *Have opportunities to develop experience and learn new skills*
- *Have choices and control over life*
- *Be afforded status and respect*
- *Be treated as an individual.*

When a person is not able enough to do typical activities independently, he or she will need support to do them.

Active Support is designed to make sure that people with an ID who need support have the chance to be fully involved in their lives and receive the right range and level of support for this to be successful'

Toogood et al (2009) published a clinical case example demonstrating that when procedures from Active Support were applied in practice there was an increase in the quality of life measures for an individual with an ID, and the individual expressed verbally how acceptable the procedures were to them.

2. PERMA

McDonnell and Gayson (2014) discuss the concept of PERMA developed by Seligman (2002 & 2011)

PERMA is a model that can promote happiness and create well-being and constitutes of five categories;

- *Positive Emotions* - Positive Emotions, like happiness, are essential for our well- being. Candace Pert (1999) suggests that emotional states and moods are produced within the brain and are experienced throughout the whole body and that this has been necessary within the evolutionary process to ensure survival and development
- *Engagement* - Being engaged in an activity where there is a sense of feeling in control of and involved in, can help a person cope with the stressors of everyday living, it's a way of 'switching off'
- *Relationships* - Close, supportive relationships with others are associated with feelings of greater well-being
- *Meaning* - We all need purpose and a sense of feeling that we are included in life, that we are part of something
- *Accomplishment/achievement* - It feels good to achieve and we need to reflect on and celebrate our successes. If we cannot do this for ourselves or we may not be able to recognise these, then we need others to remind us and praise us for our achievements

If services were to utilise the principles of PERMA when designing and creating individualised 'everyday' support plans for people with an ID and behaviours that challenge, then there would be an increase in happiness and quality of life. People with an ID are subject to some severe constraints and restrictions and 'when there is very little of a good thing even the smallest

addition can be precious' (Seedhouse, 1989:185).

3 – RECOVERY - Chime Factors

The Recovery Model and CHIME factors have their origins within Mental Health services and have not been extensively explored in services supporting people with an ID and behaviours of concern (Dagnan,2008). However, if we explore the bio-psycho-social interactions that influence the holistic needs of a person, and the suggestion from McGill (2005) that emotional states are a significant setting event for behaviours of concern, then it may be that systems need to pay more attention to the emotional well-being of those who they support.

Within the Recovery Model are the CHIME factors, devised by Leamy et al (2011), which may help to nurture emotional well-being. They are summarised as:

- *Connectedness* - Feeling a connection with family, friends and others is important to achieve a sense of belonging. Humans are essentially social creatures and feeling alone can have a negative effect on our well-being.
- *Hope* - We all need something to look forward to and to engage in enjoyable activities.
- *Identity* - Simply, it's who we are! People should not be defined and determined by the limits of their diagnosis and the plethora of risk assessments and clinical reports that follow them around. We need to help people, who are unable to, to tell their story so staff don't just know them by their system-given 'labels'!
- *Meaning* - Why you get up in the morning and what gives you a sense of purpose. What do you enjoy - activities and hobbies with others or on your own. If someone needs support to achieve a sense of meaning or purpose in their day, the system ensures that they have the resources and organisational skills to do so on their behalf.
- *Empowerment* - Taking control of your life by making informed, positive choices. Having a voice and others accepting what you want and what is important to you and what find difficult This makes working in partnership with those who love and know the person who is unable to speak up for themselves necessary and crucial.

4 - SPIRITUALITY

Swinton and Powrie (2004) have produced a booklet titled 'No box to tick' which explores the concept of 'spirituality' for people with an ID and the word that seemed to sum up the essence of their understanding of spirituality was *connections*. The most important way that people felt connected was through their friendships and these gave people a sense of meaning for their lives and offered them purpose and hope for a positive future.

There is an extensive base suggesting that spirituality is a necessary component for the holistic well-being for people with an ID (Ferguson and Scott, 2008), and is being promoted by the Tees, Esk, and Wear Valleys NHS Trust (2011) with their development of a conceptual model; *A Spirituality Flower*, with each petal containing the following components, overlapping with the person in the centre:

- *Being in the present moment*
- *Meaning and purpose in the things we value*
- *The search for well-being and peace of mind*
- *Loving relationships with others*
- *An experience of living, flourishing and finding hope*

If services supporting people with an ID and behaviours that challenge, created environments adapting the principles from the Spirituality Flower to guide support plans and interventions, then many of the factors identified in the Eight Quality of Life domains will be addressed and therefore happiness and well-being may flourish.

PAUSE FOR THOUGHT 2

Please now refer back to your list of what you need in your life to make you happy and compare it with the 4 proposed Models and see if there are any comparisons?

Conclusion

The science necessary for Positive Behaviour Support to be effective, suggests that we all engage in specific behaviours to either get something that we are missing (that brings us pleasure, makes us feel good) or to remove something that we having difficulty coping with (we reject something that was upsetting us and we feel relieved); the end result being that we are happier and from our perspective our quality of life increases.

When comparing the four models highlighted within this paper common themes appear;

- To be valued and respected for our individuality
- The need to have good relationships with others
- To have access to and participation in a variety of activities that give us a sense of achievement and purpose
- To know and feel that we have a sense of control in our lives and that others are respecting this
- To have a sense of meaning and purpose to our day.

When you compare your lists with the above commonalities, do you notice any similarities?

It appears that there are shared common factors that all of us, regardless of ability, need to have, or we strive to achieve to experience a good, or increase our, quality of life.

The common factors indicated in this paper, and the reflective exercises appear to be necessary for a good quality of life and happiness to be achieved and many of our behaviours that are shaped by the environments we live in are designed to obtain these. If I am feeling lonely and need to feel connected to another, I will develop ways of obtaining this or let others know I am missing their company; If I am bored without any sense of achievement, I will develop ways of achieving this or let others know I need this; If I am feeling out of control with too many demands being placed upon me, I will develop ways of removing these or let others know that I cannot cope.

Supportive environments need to be imaginative, flexible and person centred so individuals with an ID are provided with the right support and opportunities to experience the same common factors we all share to improve their quality of life, develop their holistic well-being and increase feelings of happiness.

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