

Editorial

In many parts of the world, positive behavioural support (PBS) is increasingly being seen as the intervention model of choice for people with intellectual disabilities who present challenging behaviour. Its focus is also expanding to incorporate other service user groups who challenge services. Yet PBS is still relatively new and in previous editorials for this journal we have highlighted the particular vulnerability it has for corruption. We have also expressed fears that, in the United Kingdom, there was evidence of this corruption already having taken place. Of note is that related concerns were raised by Dunlap, Carr, Horner, Zarcone and Schwartz (2008) in the USA, where they observed that the rapid growth of PBS had been associated with misunderstandings and confusion. In particular, they were concerned about unnecessary and counterproductive polarisation between applied behavioural analysis (ABA) and PBS.

Dunlap and colleagues also noted the large number of individuals and organisations claiming to practise PBS, but in reality their practice and principles bore little resemblance to the defining characteristics of the approach. Whilst in the UK there may have been some tensions between the proponents of PBS and ABA, these are generally outweighed by commonalities; our main concern has been inertia and the tendency for the status quo to be maintained. Imperatives for change in our field are often responded to solely by the re-labelling of existing (and often incongruent) practices; in this instance, there is the risk that PBS simply becomes the new label. Such euphemistic changes are unfortunately already evident in the behaviour of policy makers, commissioners, training organisations and service providers.

In our last editorial, we commented extensively on the current focus on PBS in the UK subsequent to the broadcast by the BBC of a television undercover documentary exposing cruel and criminal acts in a care home (Winterbourne View) for people with intellectual disabilities who present challenging behaviour. As we reported at that time, the response from the UK government did not restrict itself to procedural and structural changes in how services should be commissioned, provided and inspected. It went much further and commented specifically on how services should operate and gave repeated references to PBS. In spite of this response, many people consider that any changes to the care system meant to provide support for people with intellectual disabilities and challenging behaviour are too slow in coming and lack coordination.

The specific reference to PBS in the response to Winterbourne View has highlighted the urgent need for a clearer understanding of what PBS is and what its underpinning theory of the nature and causation of challenging behaviour says. With these clearly agreed and defined, the competencies required in those responsible for delivering services for people with intellectual disabilities and challenging behaviour can be delineated. The system-wide competencies and structures to ensure these optimal services are delivered can similarly be defined. This in turn will enable those charged with commissioning and monitoring services to purchase the right services in the first instance and then to evaluate whether services are providing what they claim to be doing.

To this end, in the late summer of 2013, a meeting of leading UK clinicians and academics in this field took place in order to explore how this process could be supported and encouraged. One of the resulting agreements was to use this special edition of the Journal to begin this process of definition and clarification. It was considered that this was needed urgently as many of the strands of work emanating from the Winterbourne View were gathering pace. This edition is therefore UK-focused and we need to beg indulgence from the rest of the international PBS community for this. We hope they recognise and understand the need and urgency for this, but also feel confident that the content will have a usefulness and applicability in other countries.

Four papers are presented in this issue. The first provides an up-to-date conceptual framework for understanding the occurrence of challenging behaviour in people with intellectual disabilities. It is argued that a clearly articulated theory underpinning any intervention approach is critically important in order for that approach to develop a coherent evidence base. Challenging behaviour in people with intellectual disabilities is best understood as being primarily related to context. This shapes and defines the practice of PBS, with the predominant focus attending to and altering the context in which behaviours occur. The second paper provides a contemporary definition of the approach and describes ten overlapping core components, all of which are necessary and none sufficient for this model to be in place. The paper therefore provides an essential yardstick for defining what should and should not be considered to be PBS. In order to translate theory and evidence into practice, the third paper describes the development of a core competencies framework for those providing services to people with intellectual disabilities

who present behavioural challenges. PBS is not considered a traditional psychological therapy, hence these competencies are not confined to specialist clinicians but also include those people responsible for the day-to-day direct care of the individual and those in the senior strata of organisations. Finally, the last paper addresses the challenge that PBS needs to meet in promoting quality of life and behaviour change in complex family and service settings. Implications for building capacity at individual, organisational and cultural level are highlighted.

Our aim in this special edition has not been to say anything radically new, but to put a marker in the sand that makes sure that people are describing and implementing the same approach when nailing their colours to the PBS mast. In doing so, the intention is not to inhibit

the creativity and development that has characterised its early years. Rather, it is to provide a common baseline from which further development can take place. Future editions of the Journal will therefore welcome review papers of this type that contribute to this process of evolution. Responses to the current papers will also be welcomed.

Reference

Dunlap, G, Carr, EG, Horner, RH, Zarcone, J and Schwartz, I (2008), 'Positive behavior support and applied behavior analysis: A familial alliance', *Behavior Modification*, vol. 32, pp. 682–698.