# Editorial

Very often professional practice exists in silos, with practitioners rarely peering over the wall to see what their neighbours are up to and what they could learn from doing so. Even within professions, different individuals may favour X approach over Y, a decision often informed by what they feel most comfortable with and enjoy doing rather than by any evidence base or by what the users of their service actually require. Confronted with multiple disciplines (rather than multi-disciplinary approaches), it is often down to service users and front-line carers to integrate different therapeutic strands that practitioners seem unable to reconcile.

PBS has been built upon the concept that interventions for people with complex behavioural needs will be multi-component (Horner et al., 1990) and embrace multiple theoretical approaches (Carr et al. 2002). Gore et al. (2013) summarised the position thus:

> *Whilst grounded in ABA, PBS incorporates use of additional approaches to help achieve the full breadth of its aims… Additional approaches must, however, be evidence-based and consistent with the functional account of challenging behaviour… Their use reflects an addition rather than substitution of ABA. The may include psycho-educational work, self-management or therapeutic interventions with carers… and individuals who display challenging behaviour together with systems analysis to help formulate the wider context in which challenging behaviour operates and is maintained.*

In recent years, trauma-based approaches have found increasing favour amongst clinicians. The appeal of such approaches is self-evident given that most people whose behaviour challenges have in common appalling experiences of services that would induce trauma in most of us. The recent *Dispatches* programme shown on UK television (Channel 4) provided us with yet another reminder of this fact.

Sometimes, exposure to aversive behavioural or degrading and painful restrictive practices plays a central role in generating trauma reactions. Given that PBS rejects the use of such approaches, the question then arises as to how positive behavioural interventions can be combined with trauma-informed care to maximise the effect of clinical interventions. This is precisely the question that this special edition of IJPBS seeks to address.

The first paper, by Brodie Paterson, outlines the main principles underlying trauma based approaches and hints at how trauma can be considered within a behavioural framework. This theme is then developed by Gore and Baker who explore construing psychological states such as trauma as motivating operations within the behavioural model. Three case studies demonstrating integrated approaches to such psychological states then follow. Toogood describes the use of PBS interventions with two people described as having personality disorder, while Langdon and colleagues do likewise with a person known to have experienced trauma. Finally, reflecting the systemic element of PBS, Baker reports on an intervention for trauma amongst staff supporting individuals with severe behavioural challenges.

Arguably both PBS and trauma informed care are still building their evidence bases; hopefully this issue is a contribution to that process.

This is the third special edition of the Journal to focus on a specific theme. Both previous editions have been very well received, and we welcome suggestions from readers for future themed issues.

**David Allen**

## References

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