

INVOLVING SERVICE USERS IN THE FORMULATION AND IMPLEMENTATION OF POSITIVE BEHAVIOURAL SUPPORT PLANNING

Ethical, legal
and practical
considerations

AIM AND OBJECTIVES OF SESSION

Aim: -

Explore why the involvement of services users (SU) in Positive Behavioural Support Planning (PBS) is essential and how it can be improved

Objectives:

- Discuss the imperatives for SU involvement and why it is necessary as well as good practice
- Explain what is meant by SU involvement
- Examine the barriers to SU involvement
- Explore ways that Sus can become more involved in PBS planning.

WHY THIS SESSION ON THIS DAY?

- Well, we didn't have anything else lined up
- PBS as potentially yet another elitist professional process (BILD, PBS network)
- PBS strategy document and the need for personal reflection
- Consciousness of my own failings in this area exacerbated by sitting opposite to Amy

WHAT IS MEANT BY PBS?

Fundamental principles:

- Behaviour as a form of communication- what are the functions of specific behaviours?
- Evidence based- data collection to establish functions
- Significance of impact of the environment/antecedents
- Skills development
- Involvement of SU him/herself and significant people ('stakeholders') in SU's life in PBS planning
- Focus on Quality of Life
- Multi-component approach
- Long term approach
- No aversive strategies/punishment

ORIGINS OF PBS

- Applied Behavioural Analysis
- Normalisation/Social Role Valorisation/ Inclusion
- Person Centred Planning

WHAT IS PERSON CENTRED PLANNING?

- PCP is for everyone
- Focus on the individual- at the heart of all care and support planning
- Importance of Positive Reputations being captured
- What is essential or important for an individual
- Likes and dislikes
- Preferred routines
- Dreams and aspirations
- Dynamic process
- Adapting communication

LEGAL AND ETHICAL IMPERATIVES

- **Mental Capacity Act – assumptions of capacity and obligation to modify communication.**
- **Link to Human Rights- empowerment, participation, non discrimination, accountability, rights not able to exercise (Doody 2009)**
- **Mental Health Act (1983/2007)- as part of the obligation to treat mental disorders**
- **‘Involvement and participation of service users, their families carers and advocates, is essential’ RCN(2013)**
- **Panel Principle -Participation: enabling participation of all key people and stakeholders (Positive and Proactive Care, DoH 2014)**

BARRIERS TO SU INVOLVEMENT IN PBS PLANNING

- Cognitive and communicative impairments – severe and profound learning disabilities; dementia
- Autism- difficulties in engagement; understanding
- Poor mental health- chaos, concentration levels, preoccupations, energy levels, ability to engage
- General concentration levels; ability to sit and listen for long
- Sensitivities relating to behaviour (RS; RG; RT)

BARRIERS TO INVOLVEMENT

- Staff lack of knowledge, unwillingness to use other forms of communication
- Resources, time to create accessible documents
- Unwillingness to acknowledge abilities, purpose of involvement
- Staff level of understanding and skill in debriefing
- Potential elitism of PBS- specialists
- Technical, inaccessible language- 'variables', 'antecedents', 'positive reinforcement', 'differential reinforcement', 'ecology', 'negative reinforcement'
- Cultures which define identity through reactive approaches to challenging behaviour

WHAT HELPS TO PROMOTE SU INVOLVEMENT WITH PBS PLANNING?

- Adapting approach (SW;RG)
- Modifying language
- Use of alternative forms of communication
- Stakeholder's perspectives
- Observations/shadowing
- Involvement in reviews
- Communication passports- how an individual shows pain, distress
- Good day/ bad day documents
- Establishing communicative intent of observations by data collection- ABC charts, scatterplots

SU INVOLVEMENT IN PBS CONTINUED

- Monitoring plans and response to strategies
- Debriefing/proactive education
- Skills teaching- anger management
- Positive role modelling and reinforcing for non challenging behaviours
- Monitoring illness and discomfort, eliminating confounding factors in order to maximise capabilities and enagement
- Monitoring response to restraint