Implementing Positive Behaviour Support... from theory to practice
Aims of Workshop

1. Describe Positive Behaviour Support Team
2. Outline the Positive Behaviour Support (PBS) model
3. Give a case study example of PBS
4. Discuss how to ensure PBS plans move from theory to practice
Background
The Richmond Fellowship Scotland

• Largest social care provider in Scotland
• Support around 2000 people across Scotland
• Support includes learning disability & autism
• Includes complex & challenging behaviours
• In-house team to lead implementation of PBS
TRFS – Highland Services

• Providing support services since 1999
• Currently supporting 148 people
• LD, ASD, mental health – any support need!
• HMOs, ISPs, shared care, outreach
Positive Behaviour Support Team

• Internal specialist behavioural resource
• Established 2000
• Unique within social care in Scotland
• Works throughout Scotland
• Recent winner of the BILD award for leadership in Positive Behaviour Support
Positive Behaviour Training

• Longitudinal training course in PBS
• Accredited by Napier University for 30 Credits at Level 9
• Accepted by SSSC for managers’ registration
• Available throughout the country
• Practice-based & practical
Implementing Positive Behaviour Support
Process of Positive Behaviour Support

1. Functional analysis & assessment
2. Proactive & reactive behaviour support plans
3. Implementation & direct support
5. Data collection & evidence-based evaluation
1. Functional Analysis

- Asks what purpose behaviour serves for the person
- Demonstrates how the person uses their behaviour to meet their needs
- Identifies relationships between behaviour & the environment
Assessment Tools

- **Structured interview**, e.g. Functional Assessment Interview (O’Neill et al, 1997)
- **Rating scales**, e.g. Motivation Assessment Scale (Durand & Crimmons, 1998) & Questions About Behavioural Function (Vollmer & Mason)
- **Observational methods**, e.g. Momentary Time Sampling (Mansell et al, 1994), informal observation
- **Behavioural recording**, e.g. ABC, frequency charts
## 2. Behaviour Support Planning

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<thead>
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<th>Proactive Strategies</th>
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3. Direct Support

- Role modelling & coaching
- Observing practice
- Using video if appropriate
- Giving staff direct feedback
- Not relying on the paperwork
- Improving quality
Rationale for Direct Support

- Training alone does little to change poor attitudes or improve staff performance (Campbell 2007)
- Staff training is not sufficiently powerful as a factor to change staff behaviour (Cullen 1998)
- On the job coaching essential to changing support provided (Jones et al 2001)
4. Monitoring – Periodic Service Review
(La Vigna et al)

- A quality measurement tool
- Used to ensure implementation of support plans
- Well-researched & evidence-based tool
- Systematically measures levels of implementation
- Review is carried out weekly
- Calculates percentage of plans being implemented
5. Data Collection

**Behaviour**
- rate
- severity
- duration
- outcomes
- impact

**Quality of Life**
- community presence
- community participation
- choice
- competence
- respect
Implementing PBS...Carol’s Story
Carol

- 19 year old woman with severe learning disability & autism
- No verbal communication & no use of signs or symbols
- Recently moved into her own home, with 2:1 support
- Challenged by banging head off sharp/hard objects
- 33 incidents per month at point of referral
- Staff feeling scared, stuck & pessimistic
Episodic Severity  (La Vigna & Willis)

- **Mild** – head taps, not full outburst, lasting up to 3 minutes; no injury
- **Moderate** – full outburst, lasting 3-5 minutes; resulting in bruising or red marks
- **Severe** – full outburst, lasting 5-8 minutes; resulting in swelling or bleeding
- **Very severe** – full outburst, more than 8 minutes; requiring medical treatment
Functional Assessment – Carol

- Carol found many situations confusing or overwhelming
- She was sensitive to auditory input (noisy places)
- She sought out certain types of sensory input (vestibular – movement)
- She found it difficult to wait for things she wanted
Functional Assessment – Staff

- Did not use alternative communication
- Often used confusing verbal communication
- Were not aware of the importance of sensory issues for Carol
- Were scared of working with Carol
- Had no clear reactive strategies
# Carol’s Positive Behaviour Plan

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- Environment specific –
  - Bath
  - Car
  - Community
  - House
- Physical intervention

The Richmond Fellowship Scotland
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- Food preparation
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- Coping & Tolerance
- Learning to wait

- Stimulus change
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Sensory Activities

- ‘Big movement’ activities
- Meeting vestibular needs

- Trampoline
- Walking
- Swimming
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The Richmond Fellowship Scotland
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<tr>
<th>Date:</th>
<th>What did I do today?</th>
<th>Who was with me?</th>
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<td>What did I do at home?</td>
<td><img src="image1.png" alt="Image" /></td>
<td><img src="image2.png" alt="Image" /></td>
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<td>What was fun?</td>
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- **Learning to wait**
- **Stimulus change**
- **Antecedent control**

**Environment specific plans**
- **Physical intervention**
Food Preparation

- Basic recipes
- Breakdown of activity
- Partial participation
- Consistent presentation of task
- Use of modelling
# Carol’s Positive Behaviour Plan

## Ecological Changes
- Structured daily routine
- Sensory activity
  - Trampoline
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  - Swimming
- House-based games
- Garden play
- Daily diary
- Staff training

## New Skills
- General
  - Food preparation
- Functionally Equivalent
  - Objects of reference
- Coping & Tolerance
  - Learning to wait

## Focused Support
- Stimulus change
- Antecedent control

## Reactive
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Objects of Reference

- Wind chimes = home
- Apron = cooking
- Seat belt = trip in car
- Teddy = bed
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Learning to Wait…Time Timer
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Periodic Service Review

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Carol’s Periodic Service Review

Handout
Outcomes

Rate & Severity of Challenges

Quality of Life
Reduction in Challenges

Monthly Frequency
Episodic Severity Comparison
Quality of Life

“People with learning disabilities will be much more part of the community; living in the community; working in the community; enjoying education, leisure, and recreation in the community”

The same as you? A review of services for people with learning disabilities
Scottish Government, 2000
Quality of Life Outcomes for Carol

- Person-specific communication system – able to express **choices**
- Better relationships – **respect**, positive support
- Increased **community presence**
- More varied activities – full & varied schedule
- Increased **participation** in variety of activity
- New skills & **competence** in many areas
“...our job is not to fix people, but to design effective environments”

Challenging Behaviour: a unified approach, Royal College of Psychiatrists, British Psychological Society & Royal College of Speech and Language Therapists, June 2007
References

- Royal College of Psychiatrists, British Psychological Society & Royal College of Speech and Language Therapists, Challenging *Behaviour: a unified approach*,
THANK YOU!

ANNE MACDONALD & MARIE THOMSON
POSITIVE BEHAVIOUR SUPPORT TEAM