Challenging Behaviour and Positive Behaviour Support

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Plan for the morning

- What is challenging behaviour?
- Why do people display challenging behaviour?
- Punishment? What's wrong with it?
- Positive Behaviour Support - What is it?

Definition

….described as challenging when it is of such frequency, intensity or duration as to threaten the quality of life and /or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion

Royal College of Physicians 2007

What is Challenging Behaviour?

Group Exercise

What is Challenging Behaviour?

- physical aggression
- verbal aggression
- passive/unmotivated
- spitting
- repetitive speech/questions
- absconding
- self injurious behaviour
- screaming
- etc

Why do people display Challenging Behaviour ?

Group exercise

Why do people display Challenging Behaviour?

- means of communication
- expression of anger
- expression of anxiety
- to increase/decrease sensory stimulation
- physical environment
- as a reaction to pain/general health
- expression of unhappiness
- boredom
- mental health issues

Occurrence of Challenging Behaviour

- Between 12 and 17% of individuals with learning disabilities have some form of challenging behaviour (Emerson E. 1998) which can increase to 30-40% of those in a hospital setting (NICE 2015)
- Specific syndromes i.e. autistic spectrum disorder, PWS
- More severe learning disabilities
- Additional disabilities i.e. hearing, visual, sensory, mental health conditions and communication disorders

The costs of Challenging Behaviour

- safety of individual or others
- social integration
- community access
- opportunities
- stigmatisation
- negative attitudes from others
- staff implications

Summary

Challenging behaviour is:

- subjective
- serves a function
- has associated costs -for the staff and the individual

How Do We manage people ?

Aversive v’s Non Aversive methods

Punishment

why not?

what is wrong with it?

Group activity –What ?

What is Punishment?

Punishment is a term from Psychological Learning Theory that has a precise meaning; it refers to something that causes a behaviour to lessen in intensity. There is nothing that is intrinsically punishing. A thing is called punishing if, when it is applied, it results in the reduction of behaviour that you want to reduce.

Punishment may be:

- the presentation of an aversive event

or

- the removal of a positive event

Examples of Punishment

- Ignoring the individual
- Withdrawing people or belongings
- Physical punishments
- Not allowing to go on outings/ do activities
- Not getting food/drink
- ‘Must say “sorry”!!!before getting to join in

etc

Group activity- Why ?

Why People Might Punish

- Control/power
- To get back at someone
- To make them feel better
- To make person feel bad
- No other management in place
- A belief that the person will learn and not do the behaviour in the future

Punitive procedures

- may produce apparently rapid control of problem behaviours (suppression)

BUT

- poor durability of effect
- poor generalisation of treatment effect
- possible side effects
- equivocal social validity

Positive (Non-Aversive) Approach

Advantages:

- **positive & constructive**
- **efficient - geared to reducing problem and enhancing skills, development, integration**
- **clinical validity - lasting long-term effects**
- **possible prevention of future problems**
- **social validity**
- **respectful to individual**

Positive Behaviour Support

PBS

"...a muliticomponent framework for developing an understanding of behaviour that challenges.....It is based on the assessment of the broad social and physical context in which the behaviour occurs and used to construct socially valid interventions which enhance ***quality of life*** outcomes for both the person themselves and their carers." *Gore et al 2013*

What is PBS ?

- Values led – increase community presence, choice, personal competence , respect and community participation
- Stepped –values/attitudes- some focused assessments (CLDT)-more in-depth assessment (SPBT) (inpatient)
- Based on an understanding of why, when and how behaviour occurs and the purpose of it – tangible, attention, avoidance, sensory, escape
- Proactive (positive) and reactive strategies

Value based

- Focus on altering triggers
- Focus on skill teaching
- Long term focus
- Focus of improving quality of life

Lots of evidence to show that as a result of this a side effect is a reduction in challenging behaviour

Ref: Allen *et al.* 2011, Baker and Allen 2012, Carr *et al.* 2002, Gore *et al.* 2013, Horner *et al.* 1990, LaVigna and Willis 2005

How Do we Do This ?

- Knowing the person-likes/dislikes, personality
- Knowing the persons skills, abilities, comprehension
- Being able to recognise triggers/antecedents/settings
- Being able to recognise when someone is becoming distressed, anxious, angry etc

Care Planning-positive

- Person centred – involve all stakeholders
- Environmental management
- Interaction/communication guidelines
- Augmented Communication – objects, symbols, Pecs
- Choice
- Activities
- Daily schedule
- Consistency !!!!!!!

Skills

- General Skill training i.e. domestic, leisure, any other skills that is important to the person
- Coping Skills- waiting, how to communicate differently(Yellow card), relaxation etc
- Active Support-how engaged are the clients ?
  (Beadle-Brown, Hutchinson and Whelton 2008, 2012)

Group Activities

Example activity- Person-centred care

Jane lives in a specialist residential home and she shares with three others. She has a ‘bad reputation’: people coming into the house are warned, “Watch her, she might hit you”. Her bedroom door is kept locked and she has little access to her personal belongings. Jane loves clothes, but workers describe how, in their opinion, she has learned to urinate to get a change of clothes. When she does this workers put her in her dressing gown, she can spend most of the day in her dressing gown. Staff say things like “ She wont win, don't worry we’re covered, its in her care plan, she has to learn”. Recent changes mean the service has adopted person-centered planning and a new format for records. Each individual now has a person centered care plan, but the content remains largely unchanged. You are new to the service but have lots of experience in using person-centered planning and have seen the benefits it can bring.

What would you do to implement person centred planning in a more meaningful way for Jane and the people she lives with ?

Person centred care - outcomes

- Increase staff knowledge re PCP - source additional training for the team
- Involve all stakeholders; family, people you support and staff to ensure all are involved in the PCP process
- Support the implementation of regular staff supervision to support staff engagement and reflection on their practice
- Engage advocacy services for Jane and others you support

Example Activity-Making choices

Laura is a 19year old woman who lives in supported accommodation. She attends a day service, has a wide circle of friends, a great sense of humour, loves a joke, and has Prader-Willi Syndrome. Laura travels independently by bus to her day service. She has been getting off early and going to the bakers. Due to her condition she never feels full so is always hungry. Consequently she is significantly overweight and is beginning to have health issues related to this. The staff team are unable to agree on the best approaches to supporting Laura. Some team members believe it is her choice and let her eat whenever she wants; some for instance buy her fish and chips regularly as this makes her happy. Others however try to stop her from overeating usually resulting in Laura becoming angry: she will shout, bang doors, and sometimes throw objects at workers.

What would you do in this situation ? Discuss and make notes with your group

Choices - outcomes

- Referral to CLDT – Assessment
- MDT meeting arranged including Laura/staff team
- Healthy diet plan developed
- Food shopping routine changed – daily instead of weekly to reduce access to food at home
- Smaller packs purchased to maintain independence but reduce access to large amounts of food
- Additional support given to walk to day centre
- Alternative route developed avoiding temptation
- Exercise introduced gradually
- Daily treat
- Positive responses developed for any incidence of eating additional food
- Daily treat incorporated

Example Activity- Impact of beliefs

Paul, an experienced support worker, is finding it increasingly difficult to work with Masood,a 24 year old man with ASD and severe learning disability. Masood can become distressed and agitated if his programme of activity and routines are disrupted. He will run across to usually smaller female workers or other tenants who do not usually respond aggressively and slap and hit them, sometimes causing injury. Recently he hurt Marion, a worker who is a close friend of Paul. Paul believes that Masood is targeting vulnerable people and therefore “knows what he is doing”. As a result Paul is avoiding spending time with him. And is being less pleasant to him. The last time Masood was aggressive towards Marion, you noticed Paul being a little bit rough with him when he intervened.

Can you see how the assumptions Paul is making about Masoods behaviour are affecting his response towards him ?

Can you think of a time when your assumptions, beliefs and /or values have influenced your response to someone with a learning disability?

Example activity- Proactive strategies

Bobby has a severe learning disability. He lives in supported accommodation with two other men. He has recently lost his day placement as his behaviour was too challenging for the staff team, so he is now spending most of his time in his home. This has meant the staff have had to work extra shifts to support him and are struggling to manage his behaviour, which includes SIB, aggression and destruction of property. Bobby does not like noise or lots of people around him. He cannot communicate verbally and no augmented communication system is in place. The team have appeared to lose confidence in their ability to support him and at times avoid doing anything other than helping him meet his basic care needs. Following an urgent referral to clinical psychologist and CLDT nurse have been learning an assessment. This has concluded that the primary function of his behaviour is to escape from situations that he finds confusing and which cause him anxiety.

What are your initial thoughts about what could be put in place to improve things for Bobby ?

Outcomes

- Daily routine – Bobby doesn't need to be up early. He is now encouraged to have a long lie and listen to his music whilst the other men are getting ready for their day service
- Management of staff handover – goes for a walk to get a newspaper
- Daily structure developed incorporating functional and fun tasks
- Skills assessment completed to see what additional support is required
- Referred to SLT for communication assessment – symbols/signing training provided to staff
- Talking mats completed to determine preferred activities – incorporated into daily structure
- PECS folder introduced and encouraged to use to make choices and to end activities
- Relaxation sessions built in to weekly structure
- Social work involvement to look at alternative day placement
- Training provided to staff on PBS, learning disability, Active support
- Regular staff meetings/supervision

Mediators -The main people who would be implementing any support/treatment plan

Identify someone you have worked with who lives/d with, or has/d regular contact with a carer. Briefly describe the situation.

Now reflect on the questions below – Explore your answers in detail rather than answering ‘yes’ or ‘no’

- Are the main people involved with the person motivated to implement the support /treatment plan ?
- Are they likely to cooperate?
- Do they have the resources to carry out the plan ? (knowledge & understanding, skills, abilities)

Now think of your role as a mediator and the team you work in. What do you and your team need to ensure you are **motivated**, likely to **cooperate** and have the **resources** to carry out a plan ?

Discuss in twos and feedback to the group

Example activity- Building on peoples strengths

Katie likes to flick through shopping catalogues and watch birds in the garden. She has two sisters who visit occasionally and she enjoys a cup of tea, particularly with cake.

How could you us these strengths to help Katie develop some activities within her week ?

You may have thought of .....

- Make sure she can see the bird table from her window
- Encourage her to go out and feed the birds, initially with support
- Katie may be able to go and bu
- Buy some magazines and see if Katie likes to look at them – maybe a bird magazine
- Spend time with Katie looking through a clothing catalogue – she may want to choose some clothing and purchase it
- Encourage her to have contact with her sisters – phone calls, send a card, invite them for tea
- Support her to bake a cake for the visit

Reactive management

- Clear/Concise
- Always stepped - beginning with least restrictive intervention
- Consistently implemented
- Needs reviewed and changed

Exercise- using clear language

- ***Billy is always attention seeking.***
- ***James slaps people with an open palm using his right hand.***
- ***Paul screams at full volume for 5 minutes and then throws something at you.***
- ***Scott never does what he is told.***
- ***Claire is kicking off***
- ***If you say 'no' to Sandra she jumps up and down on the spot and then punches you with a closed fist around the head area.***

Exercise- Build up Behaviours

- Simon was shopping with his carers. At the checkout there was a queue of people and he had to wait. He began to whisper under his breath and flick his fingers. He then begins to swear under his breath, quietly at first and then gets louder and louder. The carer tries to reassure him that everything is ok but he continues to swear, becomes red in the face and then pushes the carer quite firmly and slaps her.

- What are all the build up behaviours that occurred before he slaps the carer?
- Is there anything else that could have been done to avoid this?

Exercise- Antecedents

- Mary is in the sitting room watching the TV. She is expecting a visit from her sister later, which she enjoys as she does not see her very often. There is clock in the room but she cannot tell the time. A member of staff comes in and Mary asks her what time is it, and if her sister is coming soon. The member of staff tells her it is 1.30 pm and her sister is coming at 3 pm, staff then leave. Mary is getting quite anxious in the sitting room, she starts to slowly rock back and forth in her chair and her facial expression changes. Her colour drains and she becomes clammy. The same member of staff walks back into the sitting room and asks Mary to go to her art class. Mary gets up and slaps the member of staff and begins shouting and swearing at her. The member of staff later wrote no obvious trigger in the ABC chart.

- Are there any antecedents (things that happened leading up to her slapping the member of staff) that you can identify in this scenario?

Exercise- Consequences

- Lillian lives in a shared house with two others. It can be a busy house. On a Friday there is a local disco and the others enjoy attending this. Lillian however always becomes agitated prior to going, pacing the floor and shouting and will usually not be allowed to go. Whilst everyone else is at the disco Lillian sits and engages with a member of staff in the sitting room having a cup of tea and watches some TV. Sometimes she bakes a cake.

- What are the consequences of Lillian's behaviour and what do you think is maintaining the behaviour?

Least restrictive – amber strategies - example

Behaviours of concern

- Disrupted sleep pattern
- Throaty/anxiety type cough
- Taking longer to complete normal routines/tasks
- Rearranging belongings and sorting cupboards
- Flicking switches off and on
- Facial expression changes – brows furrow, appears tense and anxious looking
- Body posture changes, movements appear more jerky
- Smile appears unnatural and forced
- Speech become more repetitive with a sharp and unfriendly tone
-

What can you do

If any or a combination of the above low level behaviours are evident staff should try to de-escalate anxiety by using the following techniques

- Try to keep the environment calm and relaxed
- Stay calm and appear confident in your approach. A slightly humorous , light-hearted approach can be effective i.e. singing a funny song or perhaps a nursery rhyme.
- Consider the potential causes of the anxiety and alleviate where possible e.g. urine infection, constipation, toothache, cold/flu/virus, staffing changes
- Be aware of environmental issues which may heighten her anxiety e.g. Changes to routine, make sure her pens are all in the box, make sure your belongings are in the sitting room
- Keep communication short and simple – don't use excess or gap filler language
- Make sure her visual board is current and use it to reassure her " check the board, its time for a cup of tea"
- Try to engage her in activities that she finds relaxing i.e. tidying, drawing

Your Role

- Assist with fostering good values/attitudes in your areas
- Knowing your client group
- Clear /concise information sharing
- Completion of ABC's etc
- Following care plans that have been developed
- Part of review process
- Additional training/information- Improving Practice

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