NHS Education for Scotland

Positive Behavioural Support: person focused training

Facilitators Pack

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Contents

NHS Education for Scotland

Introduction

This facilitator's pack provides guidance for the delivery of the learning resource and includes:

- Session outlines
- Learning activities
- Power Point slides

In addition suggestions are made of how facilitators can support participants undertaken this learning resource.

Before you start

You need to consider how to make the best use of the learning resource within your service. We would suggest this learning resource should be used where:

- You support people with a learning disability whose behaviour is perceived as challenging
- You have a group of facilitators who are skilled and experienced in delivering training and working with the positive behaviour support model
- You have a group of staff who are motivated to develop their skills and knowledge in positive behaviour support
- This group of staff can be supported to attend all the training days and have time to work through the learning activities
- You have access to clinical psychologists/ specialist nurses who are available and willing to provide supervision throughout the duration of the learning resource

Application to Practice

In preparation for undertaking the learning resource participants are expected to identify a person they are supporting with a learning disability whose behaviour is perceived as challenging. Participants will go on to complete a number of constituents of a functional assessment and propose a multi element behavioural support plan designed to be implemented under supervision of an identified clinical psychologist. Participants will need to demonstrate that any treatment being taken forward with an individual is in keeping with their care plan, agreed by the clinical team, discussed with relevant stakeholders (where appropriate) and compliant with applicable legislative frameworks.

Supervision in Practice

Participants are also expected to have identified a supervisor who will be a clinical psychologist, experienced in working with a positive behavioural support model. Participants are provided with a supervisor pack (appendix 1) to give to their supervisor. The 'supervisor pack' outlines the training and expectations of participants and supervisors. It is suggested that participants set aside one hour each week for the duration of the programme, to meet with supervisors.

Introduction

The supervisor will provide participants with support and direction in practice to help participants to develop knowledge, skills and confidence, and provide formative feedback to support participant's self-assessment of knowledge and skills development.

Assessment
Before you commence the learning resource you are asked to complete a self-assessment form (appendix 2). This form can be completed again on completion of the learning resource to demonstrate development in your skills and knowledge.

In addition the supervisor will complete an assessment in the final week, outlining participant's progress, how participants have met the learning outcomes and identifying any further development needs.

On completion of the learning resource your portfolio should consist of:

- Workbooks with activities completed
- Evidence of the some of the activities from the workbooks being applied to an identified person in practice
- A reflective statement identifying participants learning and skills development and areas for further learning

Proposed Timetable
It is suggested that participants should undertake the learning resource over no less than 6 months (24 weeks). This is to allow opportunity to develop skills and knowledge in practice, to be able to undertake assessment and intervention activities in practice and to allow for appropriate supervision and support in practice. The timescale also recognises that a positive behaviour support model is not a 'quick fix', rather PBS is a long term commitment for individuals and services.

A suggested timetable is outlined on the next page.

Introduction

Suggested Timescales	Suggested Activities
Week 1- 2	Introductory meeting with participants, facilitators and supervisors outlining requirements of the learning resource Complete self –assessment Organise supervision dates Identify person in practice
Week 2-4	Participants undertake module one & module two
Week 4	Meet with supervisor discuss activities undertaken in module one
Week 5	Training day 1 & 2 delivered
Week 6-9	Work based learning activities/building portfolio
Week 6-9	Participants undertake module three and four
Week 8	Meet with supervisor discuss training days and activities undertaken in modules two and three
Week 9	Training days 3 & 4
Week 10-12	Work based learning activities/building portfolio
Week 12	Meet with supervisor discuss functional analysis activities undertaken so far
Week 12-14	Participants undertake module five
Week 16	Meet with supervisor discuss impression of meaning, outline of proposed multi element support plan and outcome measurement
Week 17	Training day 5
Week 17-18	Work based learning activities/building portfolio
Week 20	Meet with supervisor
Week 17-24	Implementation of multi element support plan
Week 24	Meet with supervisor complete self-assessment and supervisor assessment plan continued monitoring of multi element support plan
Week 25	Meeting with participants, supervisors and facilitators to evaluate training programme and plan next steps.

Introduction

Learning Outcomes

The learning outcomes below are a checklist of the things participants will know, understand and be able to do having completed the learning resource.

LO1	Effectively demonstrate values led and person centred approaches to supporting people with a learning disability whose behaviours are perceived as challenging.
LO2	Apply knowledge, skills and confidence to deliver positive behavioural support in your practice, utilising the key theory and skills of applied behavioural analysis.
LO3	Demonstrate the knowledge, skills and confidence to provide support and education to others delivering positive behavioural support.
LO4	Critically analyse the evidence base of a range of value based positive approaches to the assessment, treatment, support and evaluation of behaviours that challenge services and carers.
LO5	Critically reflect on the individual and organisational barriers to implementing positive behavioural support and identify and utilise a problem solving approach to overcoming these.
LO6	Demonstrate a conceptual understanding of the use of preventative measures and skill development procedures in reducing or altering behaviours perceived as challenging and a framework for collating empirical data to use in the development and evaluation of an intervention plan.
LO7	Effectively demonstrate a conceptual basis regarding the selection of reinforcers using formal assessment procedures and rationale for the contingent use of reinforcement to reduce behaviours perceived as challenging.
LO8	Apply knowledge and skills in developing data driven hypotheses in relation to behaviours perceived as challenging and analysing and presenting data.

Training Day 1

Training Day 1

The morning session builds on Module one and allows discussion around Principles of Care. The afternoon session build on Module two and explores PBS with people with a learning disability who have offended or are displaying offending behaviour.

Session 1: Introduction and Principles of Care Learning outcomes

1. Explore definitions for challenging behaviour and demonstrate an understanding of the necessity of a non-judgemental approach
2. Explore behaviour classification within the social context that it presents
3. Analyse and evaluate the values and principles inherent in the positive behavioural support process

A Session Plan is detailed on the following page.

Training Day 1

Session Plan

Activity	Time	Materials
Introduction to the training days: PowerPoint Slides 1-12 & Discussion	9.30am	PowerPoint
PowerPoint presentation overview slides 1-11 – Definitions/ social context	10am (20 minutes)	PowerPoint
Activity 1 Read case study and extracts from meeting brief discussion	10.20 (15 minutes)	Case study and extract from meeting hand outs
Activity 2 Within your group identify clear value statements from the extracts Feedback	10.35 (15 minutes & 5 minutes for feedback) 15minutes	Case study and extract from meeting hand outs
Coffee break	10.55am (15 minutes)	
Activity 3 Within your groups identify 4 value statements (2 positive and 2 negative) that could assist or deter progress in any PBS programme and discuss why Feedback	11.10 (15 minutes & 5 minutes for feedback)	Flipchart and pens
Activity 4 Within your groups discuss and make notes how these issues could be managed in setting up a PBS team. Feedback	11.30 (15 minutes & 5 minutes for feedback)	Flipchart & pens
PowerPoint presentation- Value based principles framework	11.55 (20 minutes)	PowerPoint
Lunch	12.15 ish!	

Training Day 1

Power Point Slides

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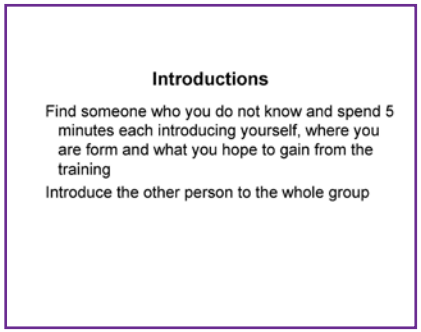

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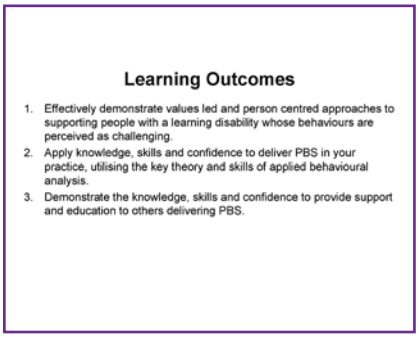

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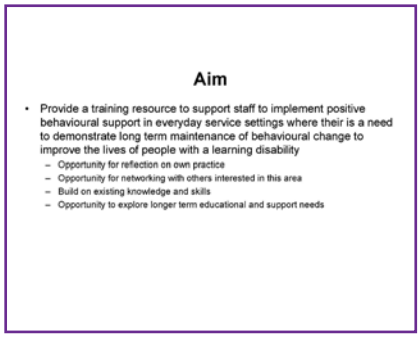

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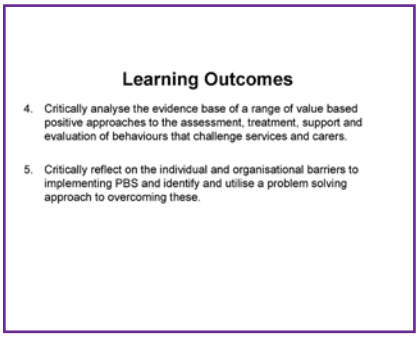

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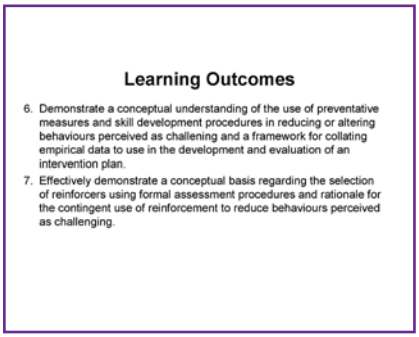

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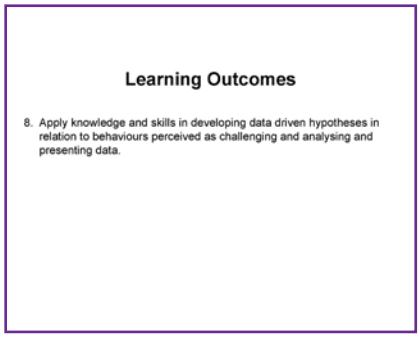

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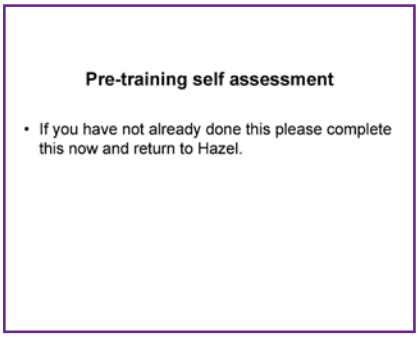

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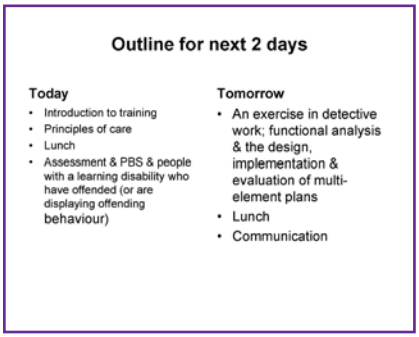

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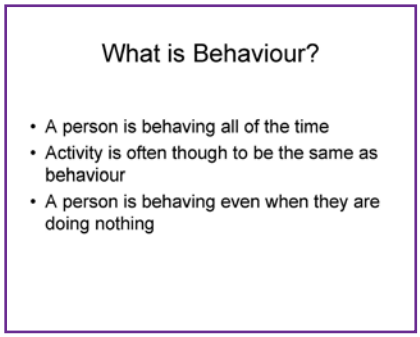

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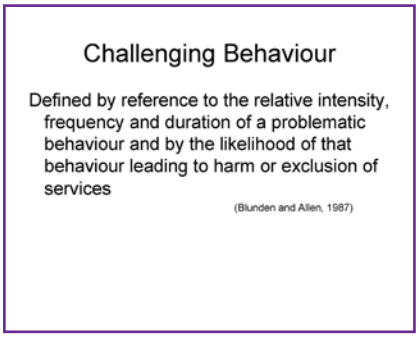

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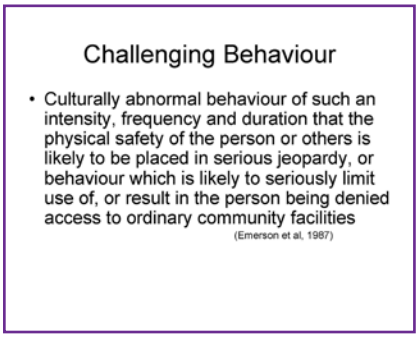

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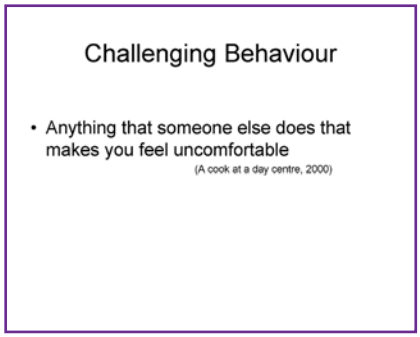

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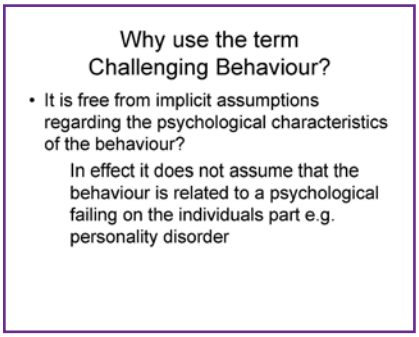

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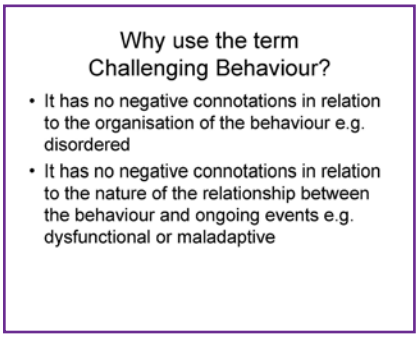

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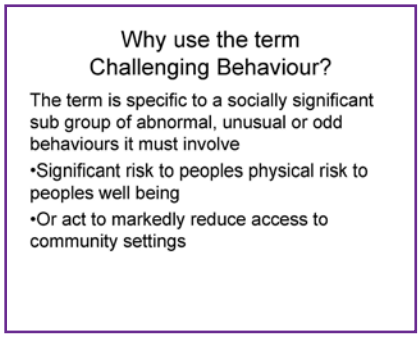

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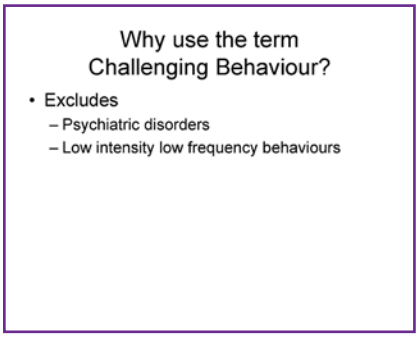

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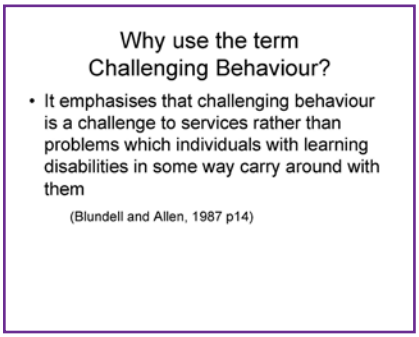

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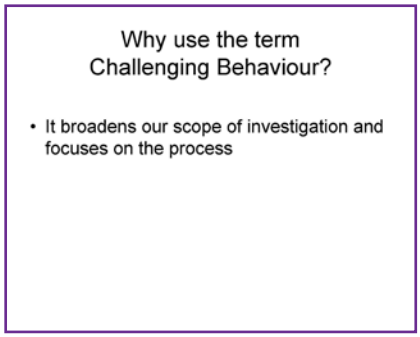

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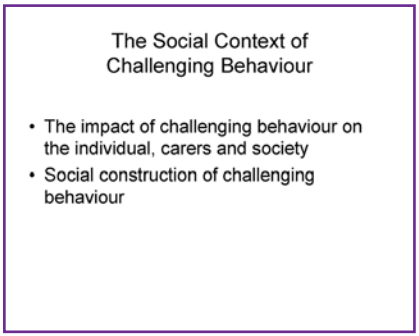

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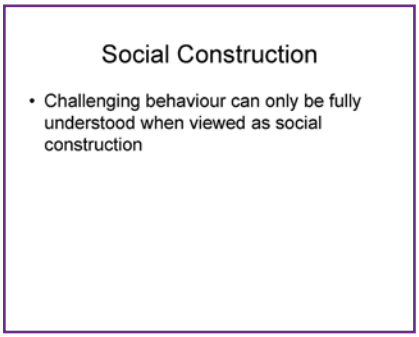

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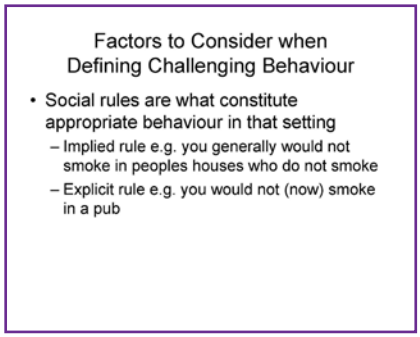

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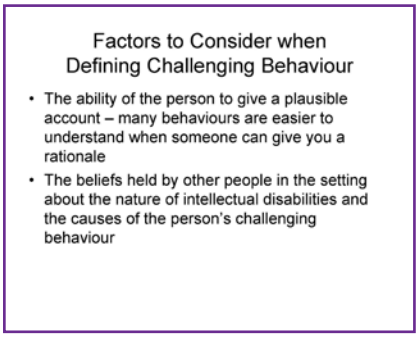

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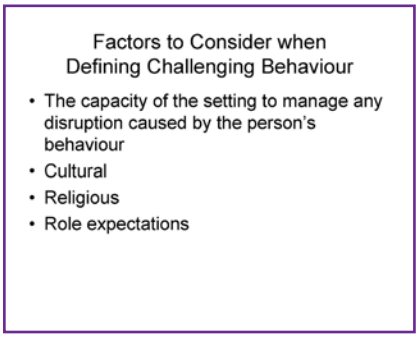

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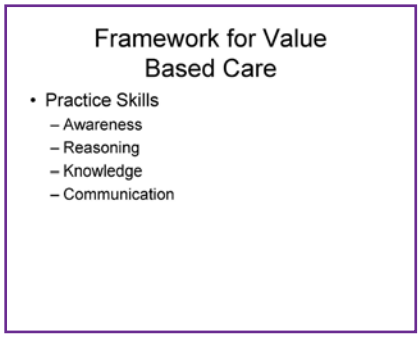

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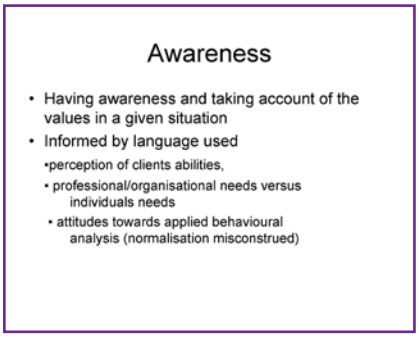

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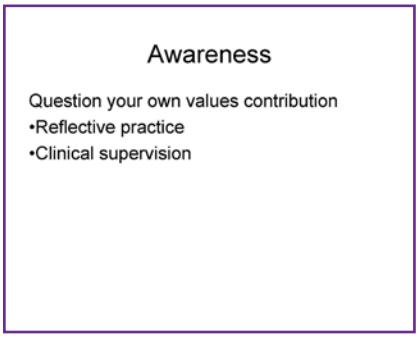

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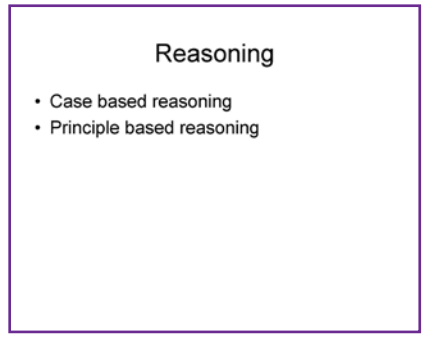

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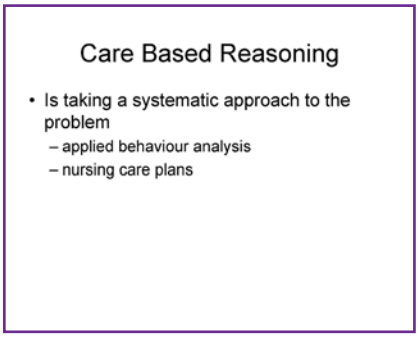

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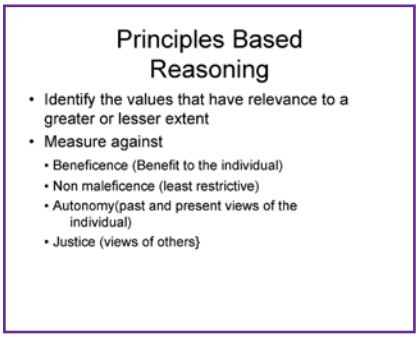

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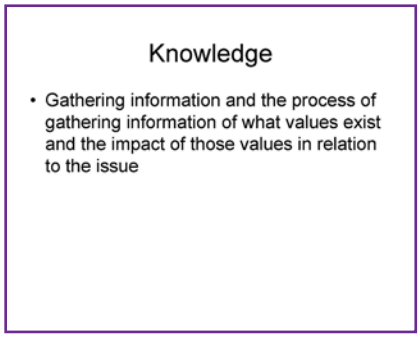

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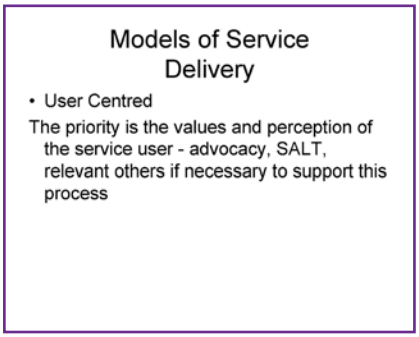

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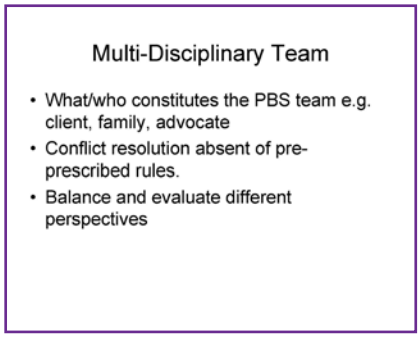

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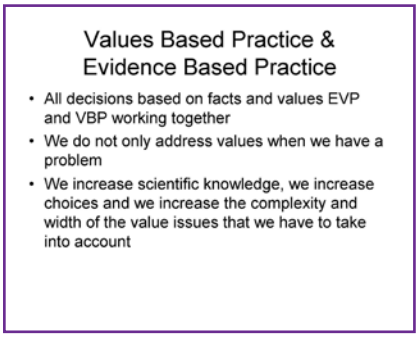

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Training Day 1

Training Day One - Session 1
Handout: Case Study: David

David is a 38 year old man with autism who has a moderate learning disability. He lives at home with his father and mother. For many years he has attended a voluntary organisation day centre where he gets 1:1 support. David's day centre has generally met his needs throughout this time. David has had respite opportunities and the social work department has put in place direct 1:1 support in his community but neither has been deemed successful.

David is generally an affable character who will actively seek your attention. He can be keen to help and it has been reported that at his day centre he is sorely missed by both clients and staff when he is absent. David also presents with significant challenging behaviour. This has resulted in him being admitted to hospital or removed from the family home and removed from respite. On one occasion he was transferred from an inpatient ward in the local psychiatric hospital to the intensive psychiatric care unit. The health professional's opinion is that David's difficulties arise from social factors and that hospital is an inappropriate placement to manage any crisis.

Most of the incidents in respite or at home have involved the police but fortunately the consequences of the behaviour have been managed without anyone suffering any serious physical injury. The vast majority of incidents have been managed with no need for restraint but at home and in his respite settings parents and staff have received a punch or a kick resulting in minor injuries. The presence of a secondary party and/or removal from the immediate settings has deescalated the behaviour at least for the interim period.

Historically there was a concern that David suffered from a bipolar disorder and he was prescribed haloperidol and carbamazepine retard but the parents and David's day centre reported no significant improvement in his mood. Equally the parents reported that the use of as required medication seemed to exacerbate David's anxiety as he actively fought off its effect.

David's behaviour does appear to be anxiety driven and can last for weeks at a time. His requests will be incessant and he will demand an immediate response. When David's request cannot be met e.g. wanting to live in a house on his own, wanting to attend respite, go to a perceived girlfriends for tea or demanding that a member of staff or other client is sacked, his behaviour will gradually escalate from incessant

repeated requests, to verbal abuse and ultimately to screaming, shouting and damaging furnishings. Should he try to leave the vicinity and parents or staff attempt to intervene then it would appear that this is a clear antecedent for physical aggression.

David can also be possessive about his parents and who he deems to be his identified member of staff. This can result in “jealousy” and an altercation with either other clients or staff members. David complains that his parents are too restrictive and repeatedly states he wants to live on his own. His idea of living on his own means without any support and that this would give him the opportunity to not “go to his work” and watch TV all day. His social worker and respite workers agree that David could not possibly live on his own but do share his belief that he could have more choice and responsibility in his life.

David’s parents are concerned that the philosophies of care e.g. empowerment, advocacy, inclusion, etc are destabilising David’s mood and undermining his structured programme. They feel David needs to make sense of the world. They feel he is getting unrealistic expectations and this in turn increases his arousal level.

He has recently been admitted to a social work residential unit.

Training Day one - Session 1 Handout: Extracts from an adult protection review meeting

- FSW = Field Social Work
- RU = Residential worker
- H = Health Professional
- VO = voluntary organisation (day care)

Setting the scene
A pre-meeting was held prior to the parents’ attendance. This was to give all professionals an opportunity to share third party information. Despite an explanation being given to the parents the parents resent the approach of having a pre-meeting, viewing it as professional’s conspiring.

Pre meeting
Professional FSW1- advised the meeting that David’s visits had been sporadic and informed the meeting that although the current agreement was that David could use the residence as respite and for crisis management this was causing significant managerial problems and the inconsistency was detrimental to David. David has stayed in the unit 65 days out of a possible 92 days.

Training Day 1

Professional RU1 -stated that his manager could no longer sustain the 1:1 support in this situation. If a decision was not made today to make the placement permanent then either the 1:1 was withdrawn or an alternative resource would have to be found.

Professional FSW1 -stated that he doubted if anyone had the power to make such an arbitrary decision.

Professional H1 -stated that this was scandalous and tantamount to blackmail. She questioned how this was supposed to fit into the consultation process or assist in healing the working relationships.

Professional RU1 -advised that although he disagreed with the ultimatum he believed that the inconsistency and excessive family contact was adding to David's anxiety. This made it impossible to achieve an accurate assessment and develop the intensive support plan that was necessary for David's well being.

Professional H1- said she was pleased that after 56 days the department thought it appropriate to undertake an assessment. She thought that the previous 56 days was an ideal opportunity to assess David's anxiety. She was concerned that up to this point all of David's behaviours appear to be contributed to contact with the family. This is in contradiction to the history where David has presented with challenging behaviour in every setting he has lived in.

Professional FSW 2 -stated that David's parents were still not happy with an array of issues. This included David going to bed early, refusing to shave and his eating habits, the latter resulting in a slight increase in weight. The parents also expressed concern that staff were limiting when they could call and when David could come home.

Professional FSW3- said that she had spoken to the family's advocate and informed him that the department would not support the family's application for welfare guardianship. The family's advocate would advise that it was his belief that without this support the family would be unlikely to succeed. He would therefore advise the family to work with the department to achieve the best outcome for David.

Professional FSW1- stated that given the past history with the family. The inconsistency of their responses and now a complete a breakdown in trust it was likely that the situation was likely to get worse rather than improve. Even if they agreed to David's permanent residence it was unlikely that they would cooperate and it was

Training Day 1

essential that the department pursued welfare guardianship.

Professional H2 -stated that as things currently stand David's parents can take him home at any time and advised that the department should expedite their application for welfare guardianship.

Professional VO -Regardless of who has the final say over David's care he feels that unless David's parents have a central role in his life then David will not be happy. Despite all the issues he clearly loves them and it has shown he misses regular contact with them.

The meeting

David's Mum -David is allowed to have anything he likes in the unit. The staff are filling his head with nonsense. He is allowed to stay in bed all day; he smokes (he does not smoke at home), he does not go to work, and he wets all day. The only reason you want to keep him in the unit is because of the guardianship order.

Professional RU1- the only reason we wanted to keep David in the unit for longer was to minimise any escalation in his behaviour over the holiday period. A shorter period at home would be easier to manage in regards to David's re-admission. It will be difficult for us to find staff at short notice over the holiday period.

David's Dad- All we need is medication for David. For 8 years I have been asking for something to take the edge of him. It has got markedly worse in the last 2 years since staff started filling his head with rubbish.

Professional SW1- I think to be honest the department have been too family focussed rather than David focused. I think it is time we put David's needs first.

Professional H2- It is important that we view David as an adult. We need to let him make choices despite his disability. It is not unusual for people with a learning disability to mature at a later age and we witness a personality change.
Profession H1- How do we decide when and what David can make decisions on. For example if he keeps changing his mind about where he lives. We cannot be selective in what choices David makes to fit whatever argument we wish to support.

Professional RU1- I still think it is imperative that we all work together. The family have to support us and us them.

Professional FSW3- If we had done that there would be no need for a guardianship order.

Training Day 1

Activity
Identify the clear value statements in the extracts

Identify 4 value statements (2 positive and 2 negative) that could assist or deter progress in any PBS programme and why

Discuss and make notes how these issues could be managed in setting up a PBS team, within this group of professional's and carers

Feedback to larger group

Training Day 1

Session Two: PBS and people with a learning disability who have offended (or are displaying offending behaviour)

Learning Outcomes

- Critically reflect on the particular challenges (often personal) associated with working with forensic patients within a positive behavioural support model
- Demonstrate understanding of the importance of positive engagement in risk management
- Explore the importance of values based practice when working with people with a learning disability who have offended

A Session Outline is detailed on the following page.

Training Day 1

Session Outline

Activity	Time	Materials
Introduction	1.30-1.40	
PowerPoint presentation	1.40 (20 mins)	PowerPoint
Small group activities from the workbook Activity 4.2: Gerry	2.00 (25 mins and 5 mins feedback)	Workbook, flipchart & pens
Coffee break	2.30 (15 mins)	
Activity 4.3: Assessing Risk	2.45 (25 mins and 5 mins feedback)	Workbook, flipchart & pens
Activity 4.5: Care Planning	3.15 (25 mins and 5 mins feedback)	Workbook, flipchart & pens
Any questions, remind participants to complete the workbook activities	3.45 (15 - 20 mins)	

Training Day 1

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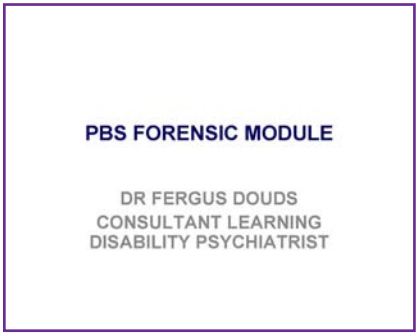

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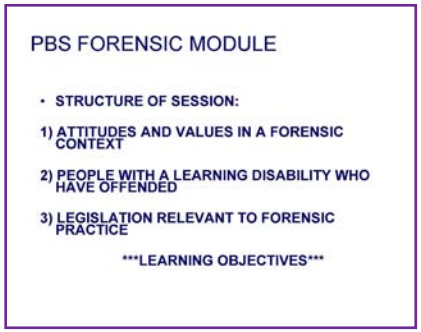

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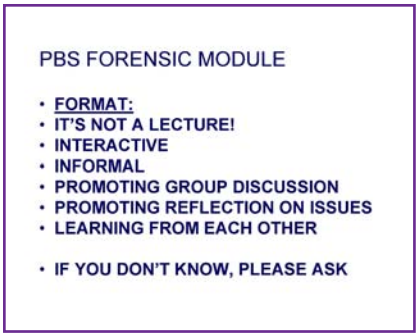

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Training Day 1

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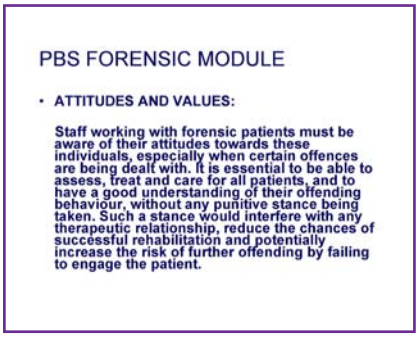

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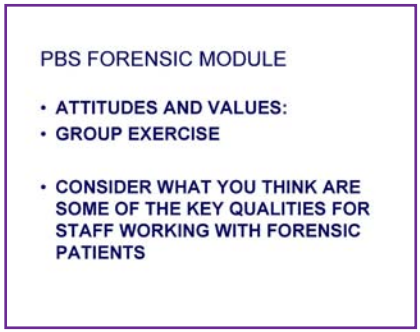

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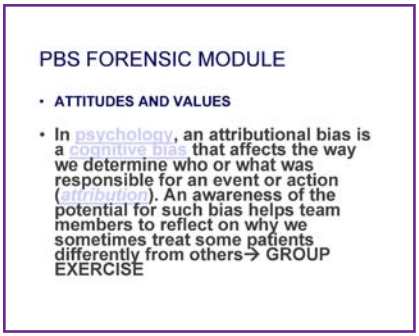

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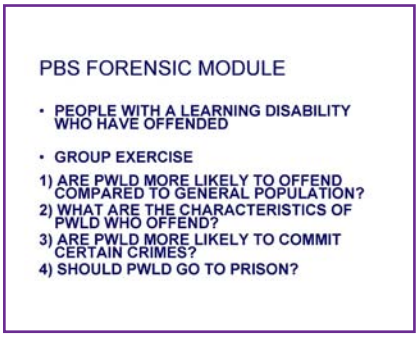

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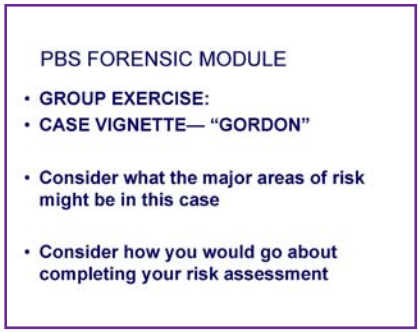

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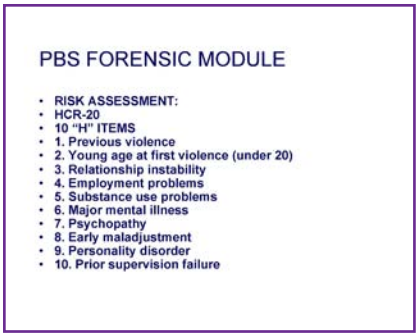

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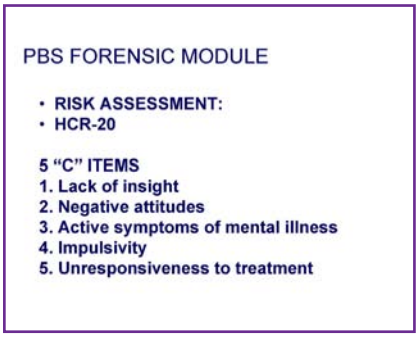

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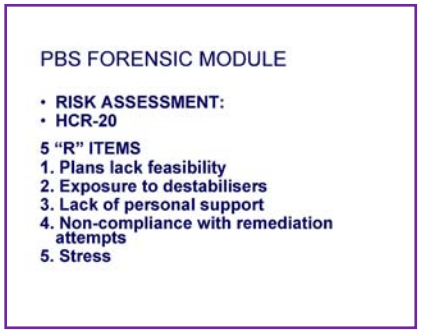

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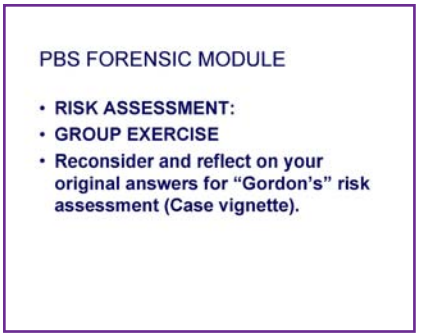

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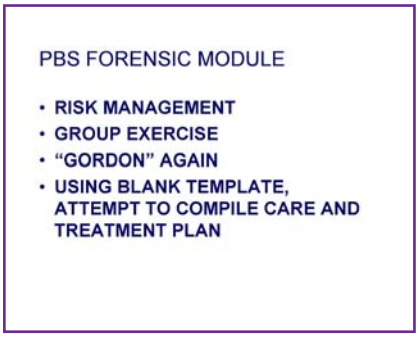

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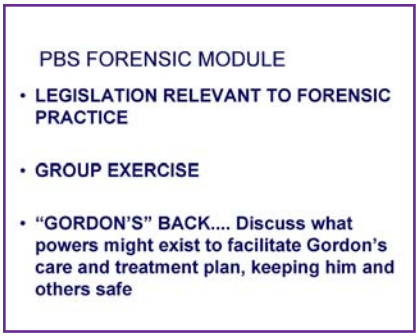

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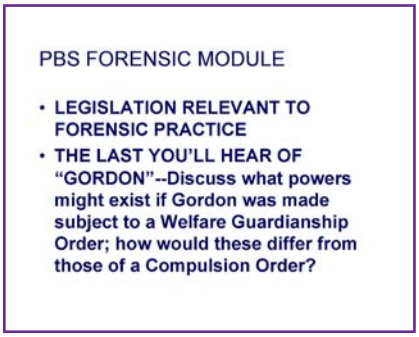

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Training Day 2

Training Day 2

Training day two builds on the previous session – The Design, Implementation and Evaluation of Multi Element Support Plans.

Session One: The Design, Implementation and Evaluation of Multi Element Support Plans

By the end of this session you will be able to:

- Demonstrate knowledge of the benefits and limitations of utilising PBS plans.
- Define the components of a PBS plan.
- Generate ideas that could inform the design of a PBS plan.
- Evaluate the elements of a PBS plan.

A session outline is detailed on the following page.

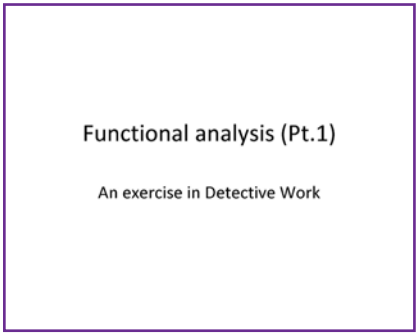
Training Day 2

Session Plan

Activity	Time	Materials
Invite reflections or questions on the preparatory workbook.	9.15-9.30	
Introduce learning outcomes & outline of session	9.30-9.45	Projector, laptop, PP, Flipchart, pens
Powerpoint: Let's start with ABC	9.45-0.00	Projector, laptop, PP
PowerPoint: Moving to Positive Behavioural Support & Functional understanding of behaviour.	10.00-10.15	Projector, laptop, PP
Powerpoint: Introduction to Activity – High level interviewing for functional analysis	10.15-10.30	30 copies Handout 1
Activity: Structured interview (1) • Work in pairs • Choose a service user you know well • Choose one form of challenging behaviour they display • One person act as informant, the other as interviewer • Informant should act as a "non-expert" informant	10.30-10.45	Handout 1
Coffee	10.45-11.00	
Feedback from Activity	11.00-11.10	Flipchart, pens
Powerpoint: Outline of components of a full functional analysis, Detail of Referral Information, Description of the Person & Background Information	11.10-11.35	Projector, laptop, PP
Activity: Group exercise – In groups of 4 or 5 Identify what factors about a service would you would have to take into account in assessing the service's capacity to carry out a positive behavioural support intervention – Identify positive indicators and potential barriers	11.35-11.45	Flipchart, pens
Feedback from Activity – Groups view other group flipcharts (can continue to look at these over coffee)	11.45-11.50	Space for flipchart to be shown
Power point: Mediator analysis, Motivational analysis & Ecological analysis	11.50-12.10	Projector, laptop, PP
Reflections on morning and introduction to Workbook	12.10-12.15	Part 1 of Functional Analysis Workbook

Training Day 2

Power Point Slides



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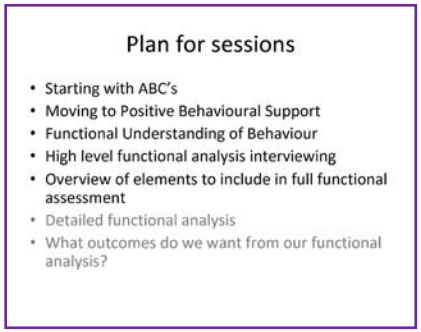

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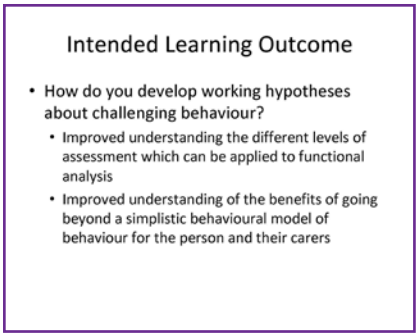

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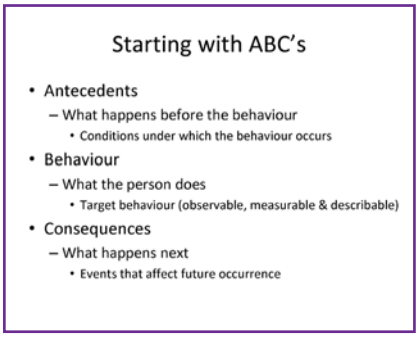

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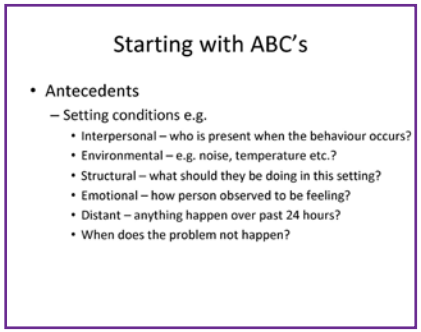

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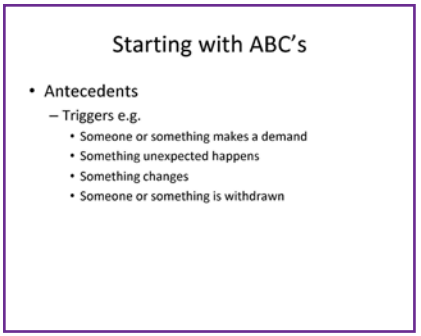

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Training Day 2

Power Point Slides

Starting with ABC's

- Behaviour
  - Should be observable, describable and measurable
  - Use "doing" words rather than attributions, e.g.
    - Punching, spitting, eating etc
    - Not – aggressive, naughty, hungry
  - Should be able to specify the beginning and end of the behaviour

Slide 7

Starting with ABC's

- Consequences
  - What happens next
    - Attention/expressions of needs (I want you to...)
    - Escape/avoidance (I don't want to do...)
    - Tangible reward (I want that)
    - Automatic/sensory (This feels good)
    - Change in feelings (I feel less anxious)

Slide 8

Starting with ABC's – Consequence Matrix

	Applied	Removed
Something Positive for the person	Positive Reinforcement. Likelihood of behaviour reoccurring increased.	Punishment by removal. Likelihood of behaviour reoccurring reduced
Something Negative for the person	Punishment by presentation. Likelihood of behaviour reoccurring reduced.	Negative Reinforcement. Likelihood of behaviour reoccurring increased.

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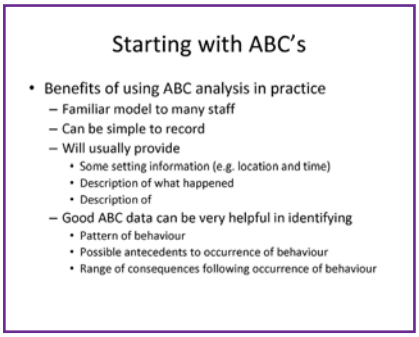

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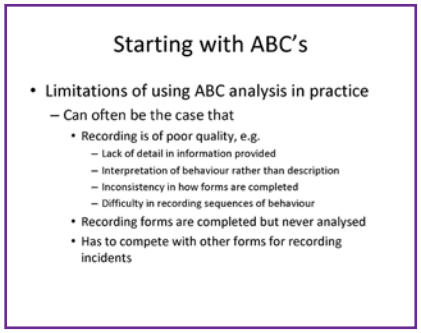

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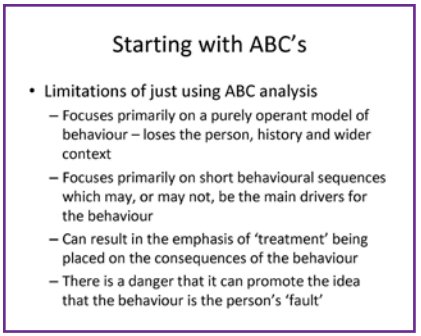

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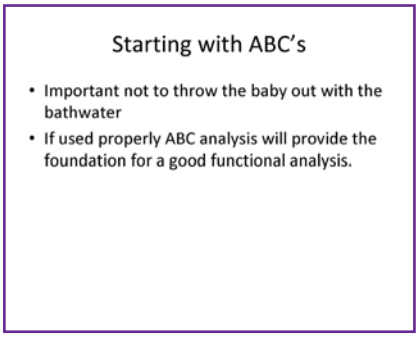

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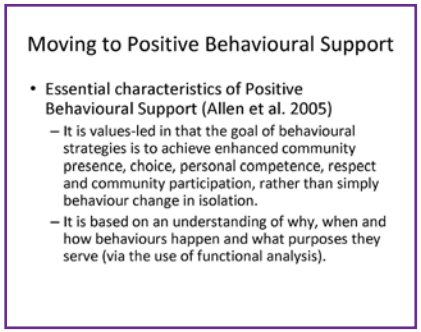

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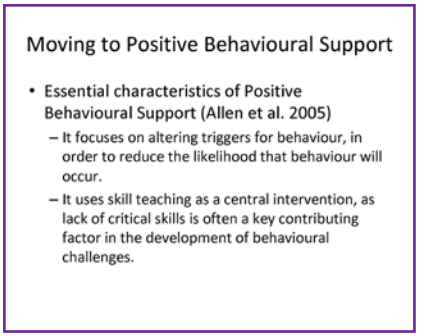

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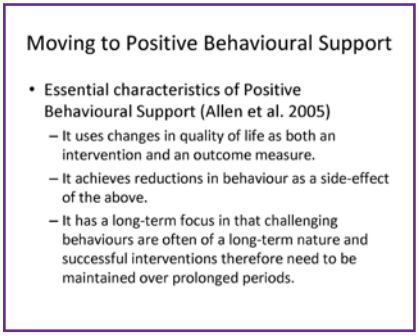

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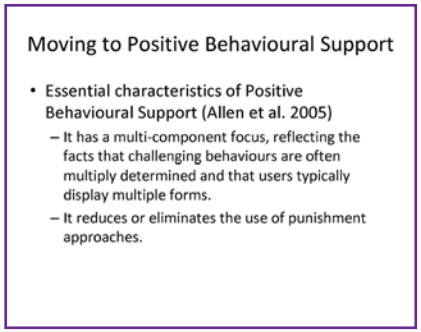

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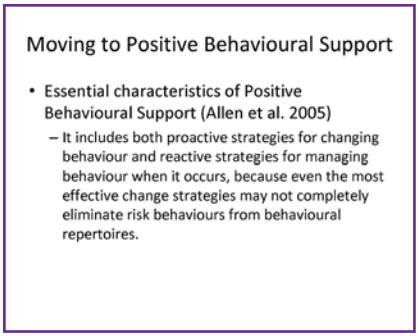

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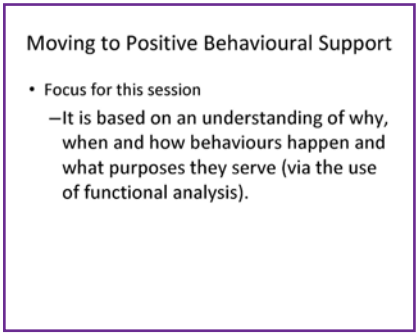

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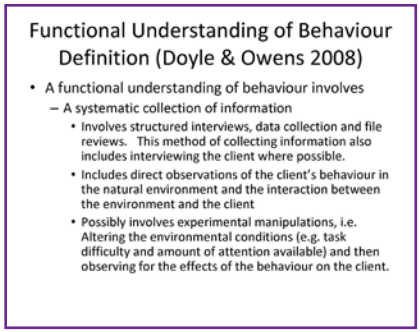

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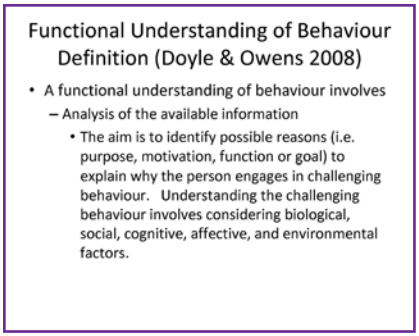

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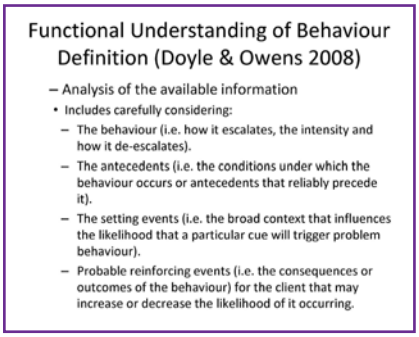

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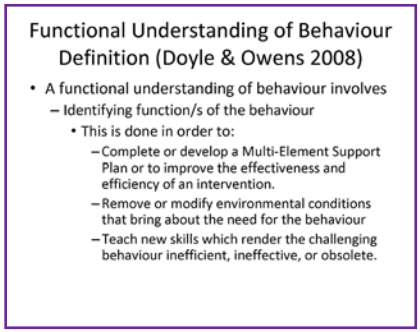

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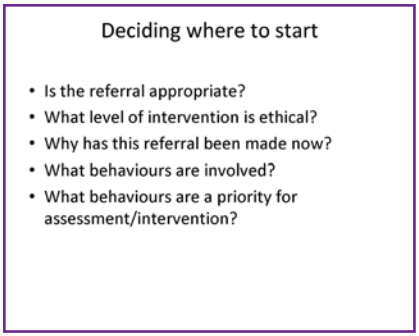

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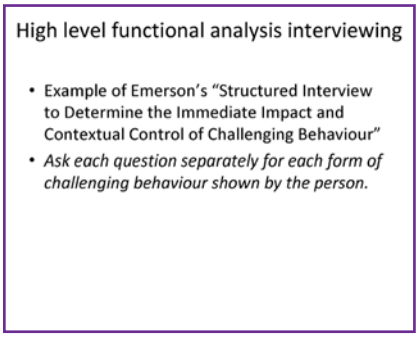

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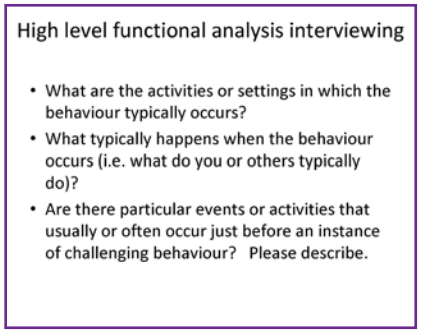

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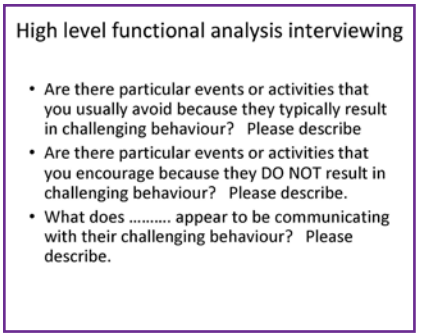

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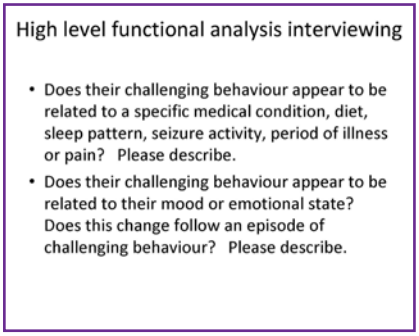

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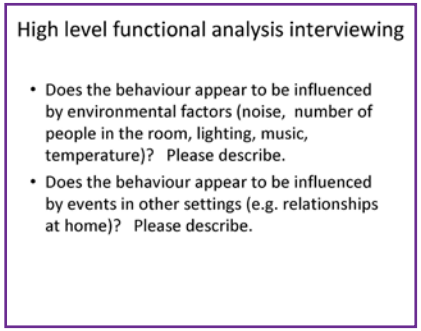

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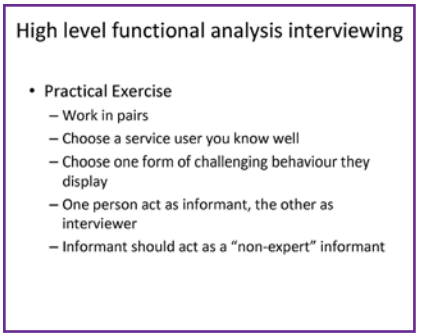

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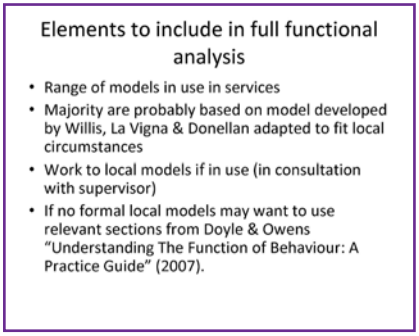

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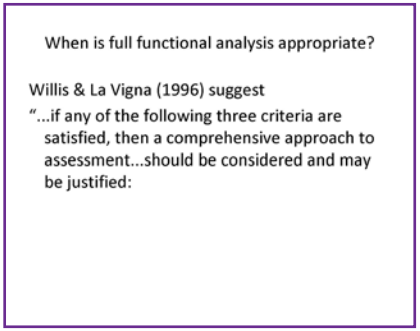

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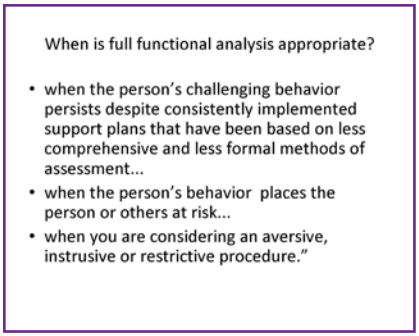

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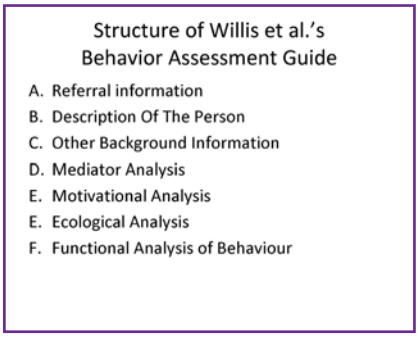

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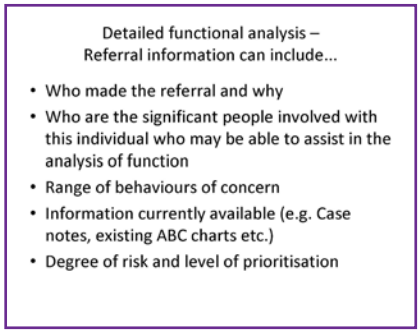

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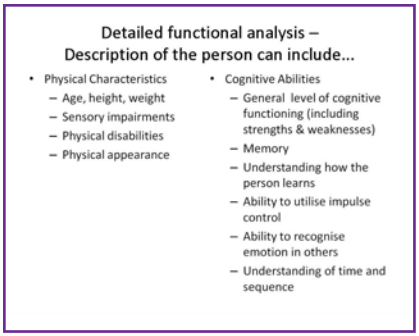

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Training Day 2

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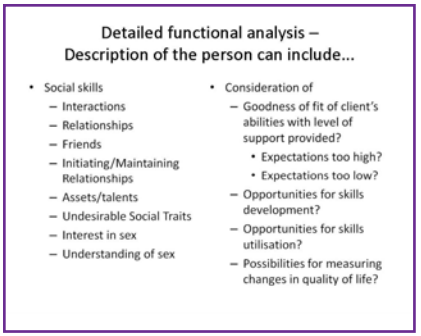

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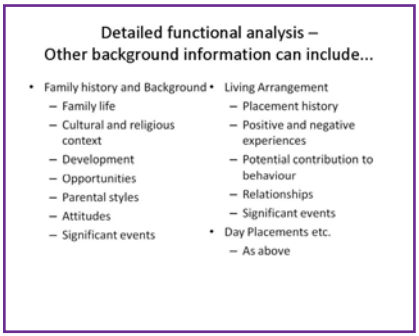

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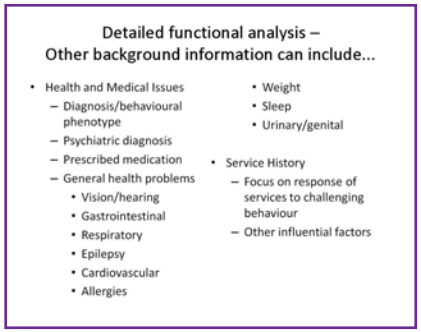

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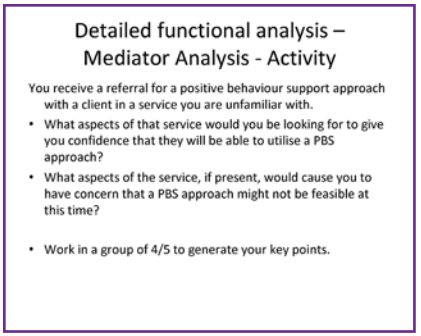

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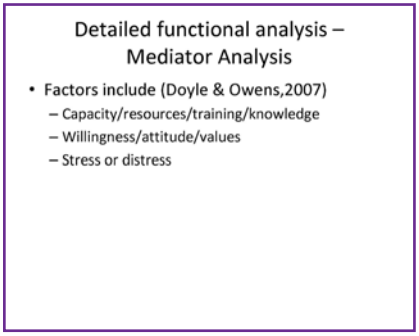

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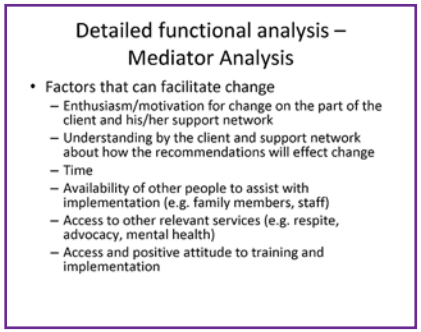

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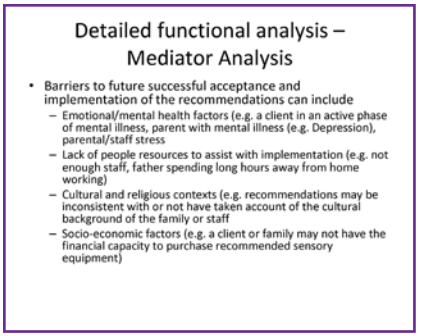

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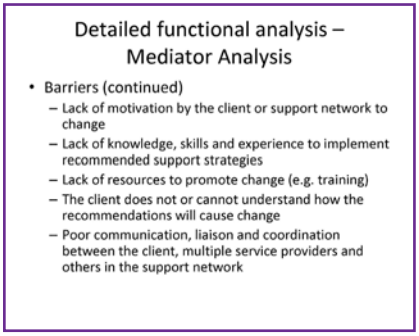

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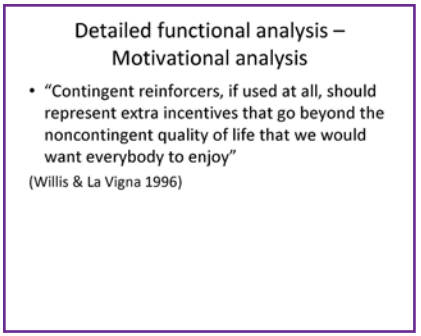

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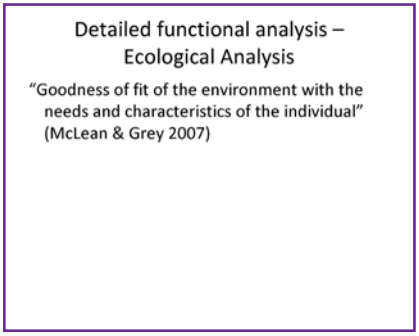

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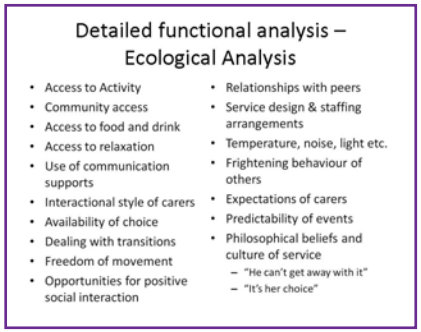

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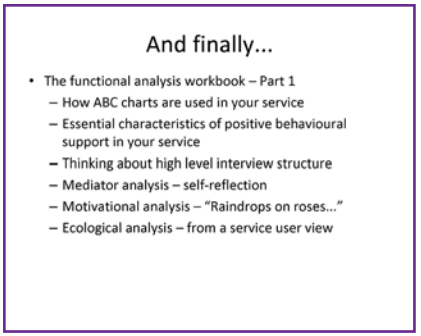

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Training Day 2

Session 2: Supporting Communication

By the end of the sessions you will be able to:

- Demonstrate understanding of communication assessment in relation to functional analysis
- Critically examine how communication supports contribute to the positive behavioural support model

Training Day 2

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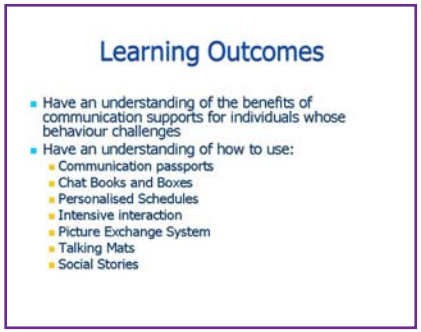

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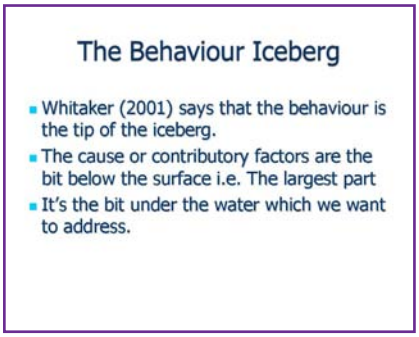

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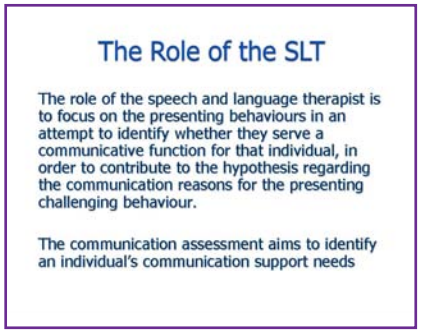

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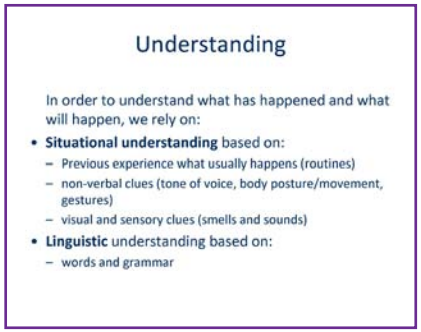

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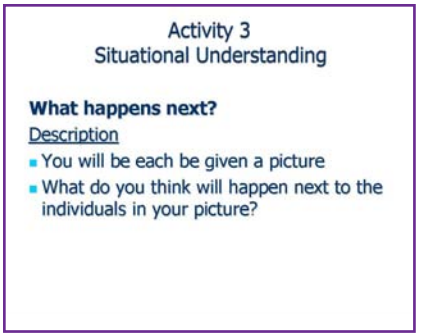

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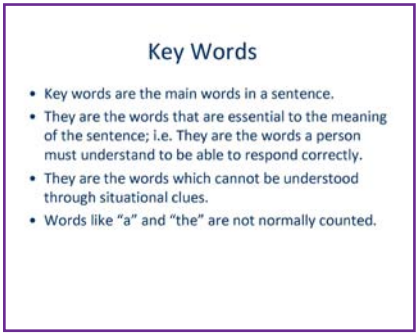

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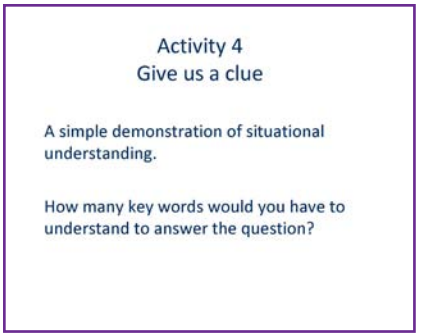

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Training Day 2

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Formal Assessment Tools

- Test for Reception of Grammar TROG)
- British Picture Vocabulary Scale (BPVS)
- Clinical Evaluation of Language Fundamentals (CELF)
- Communication Assessment Profile for Adults with learning Disabilities

Slide 13

Formal Assessment Tools

- Test for Reception of Grammar TROG)
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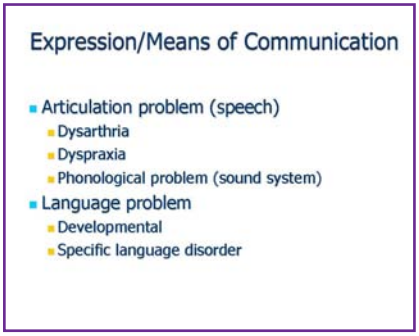

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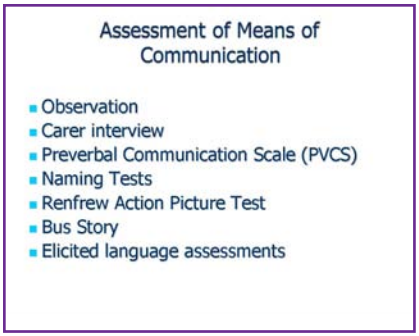

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Sample pictures of assessment

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Activity

- In pairs each person describe a service user in terms of their:
  - Language understanding
  - Expression/means of communication
  - Interaction/social skills

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Prevalence of communication impairment in challenging behaviour

- Mansell (2007) reports that at least 45% of individuals whose behaviours challenge present with significant impairments of communication

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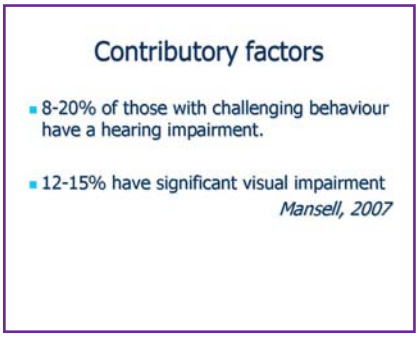

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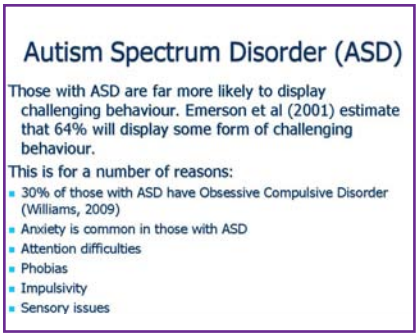

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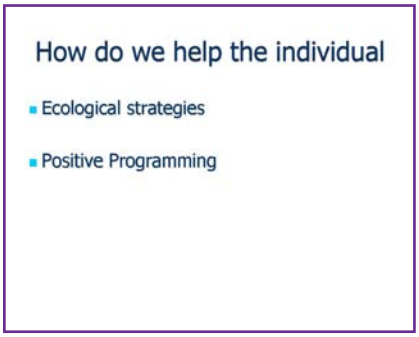

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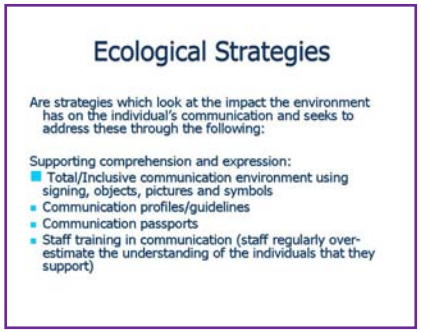

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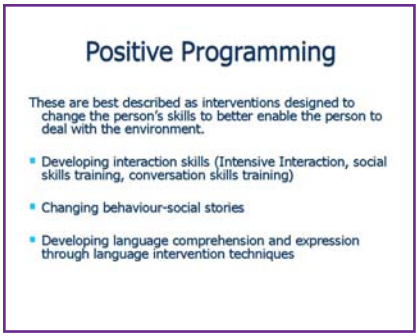

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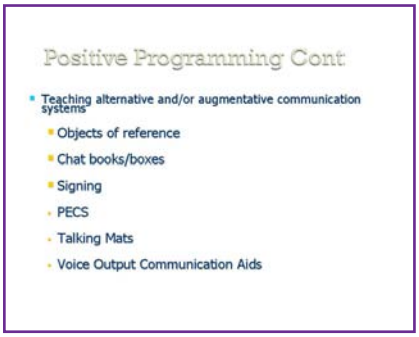

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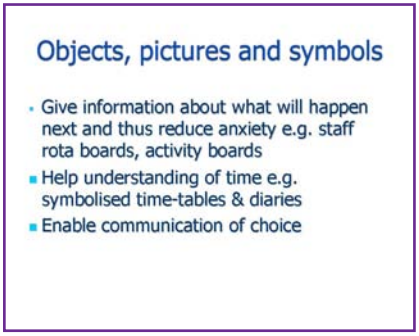

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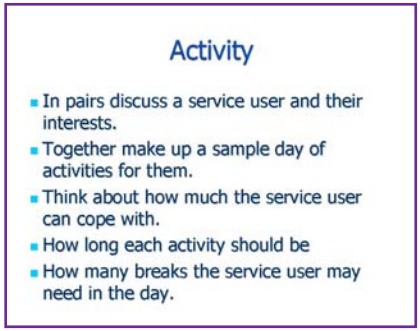

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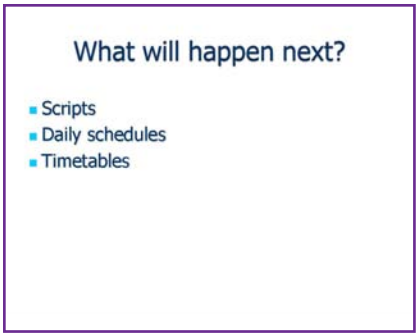

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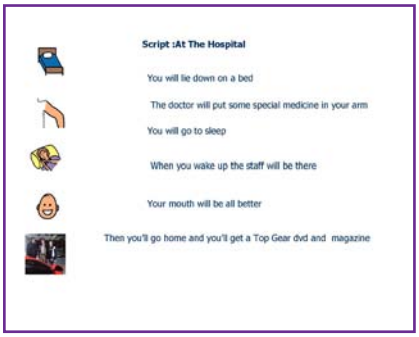

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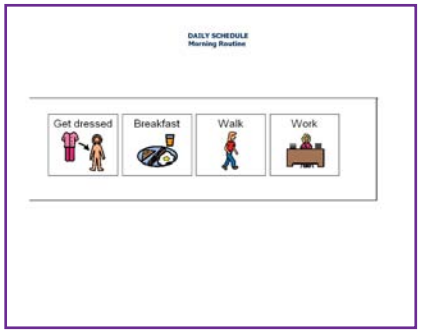

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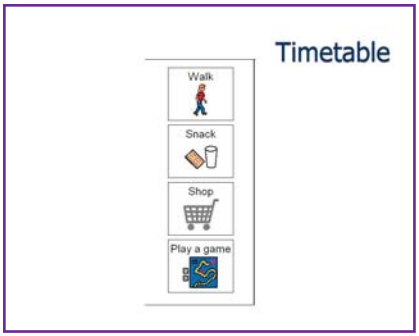

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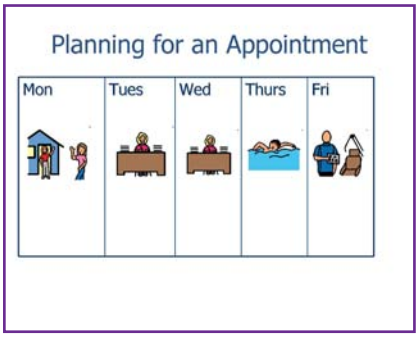

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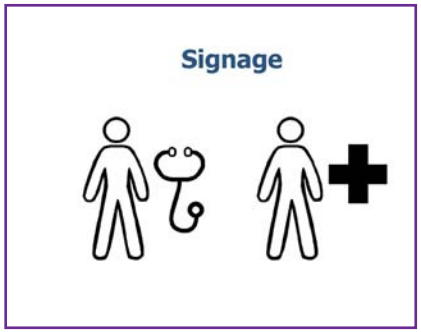

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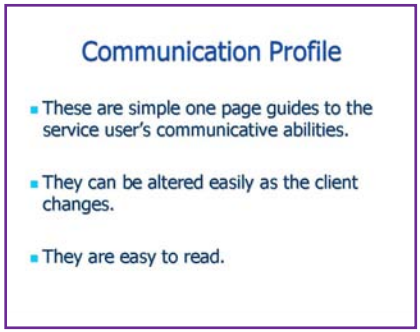

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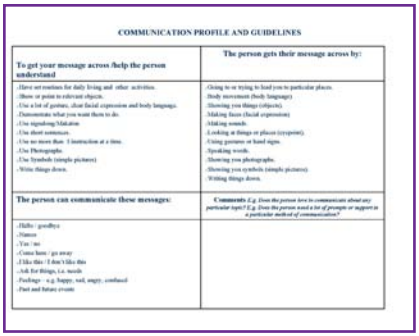
COMMUNICATION PROFILE AND GUIDELINES

To get your message across /help the person understand	The person gets their message across by:
-Have set routines for daily living and other activities. -Show or point to relevant objects. -Use a lot of gesture, clear facial expression and body language. -Demonstrate what you want them to do. -Use signalong/Makaton -Use short sentences. -Use no more than 1 instruction at a time. -Use Photographs. -Use Symbols (simple pictures) -Write things down.	-Going to or trying to lead you to particular places. Body movement (body language) -Showing you things (objects). -Making faces (facial expression) -Making sounds -Looking at things or places (eyepoint). -Using gestures or hand signs. -Speaking words. -Showing you photographs. -Showing you symbols (simple pictures). -Writing things down.
The person can communicate these messages:	**Comments** *E.g. Does the person love to communicate about any particular topic? E.g. Does the person need a lot of prompts or support in a particular method of communication?*
-Hello / goodbye -Names -Yes / no -Come here / go away -I like this / I don't like this -Ask for things, i.e. words -Feelings – e.g. happy, sad, angry, confused -Past and future events	

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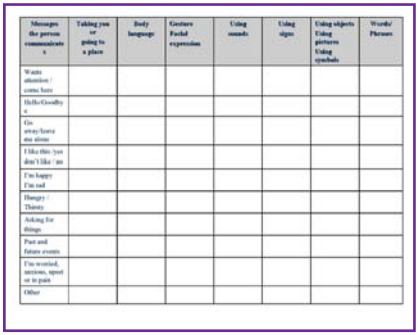

Messages the person communicates	Taking you or going to a place	Body language	Gesture Facial expression	Using sounds	Using signs	Using objects Using pictures Using symbols	Words/ Phrases
Wants attention / come here							
Hello/Goodby e							
Go away/leave me alone							
I like this /you don't like / no							
I'm happy/ I'm sad							
Hungry / Thirsty							
Asking for things							
Past and future events							
I'm worried, anxious, upset or in pain							
Other							

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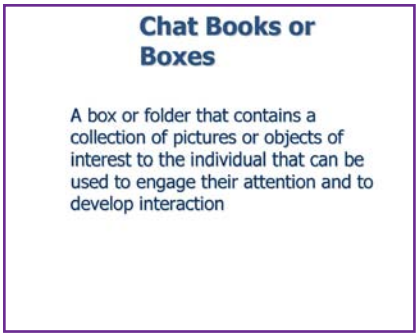

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Objects of reference

- Objects of reference is the term that describes the use of objects as a means of communication.
- Objects , just like words can be made to represent those things about which we all communicate: activities, events, people, ideas.....

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What is Intensive Interaction ?

- An approach to teaching the pre-speech fundamentals of communication to children and adults who have severe learning difficulties and/or autism and who are still at an early stage of communication development
- It is based on early mother child interaction
- It allows the individual to experience the meaningfulness of their own communication.
- Removes the pressure of language from an interaction.

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How does it work ?

- Intensive Interaction is highly practical. The only equipment needed is a sensitive person to be the interaction partner.
- Develop enjoyable and relaxed interaction sequences between the interaction partner and the person doing the learning.
- Interaction sequences are repeated frequently and gradually grow in duration, complexity and sophistication.

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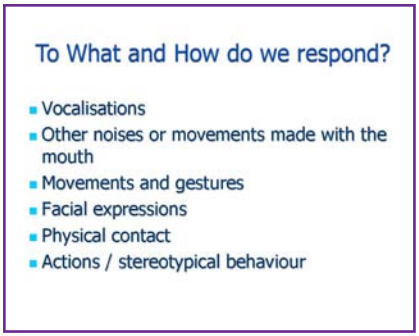

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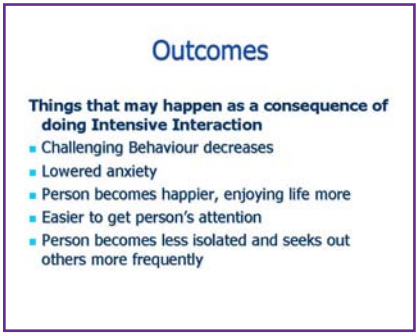

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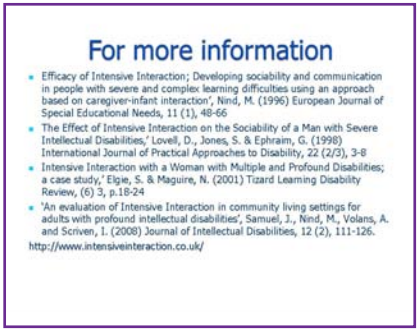

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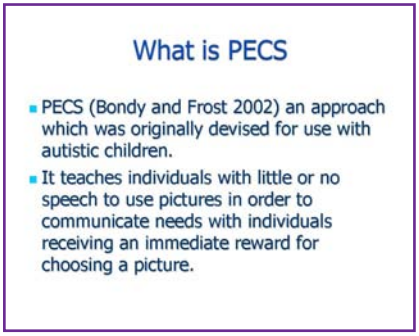

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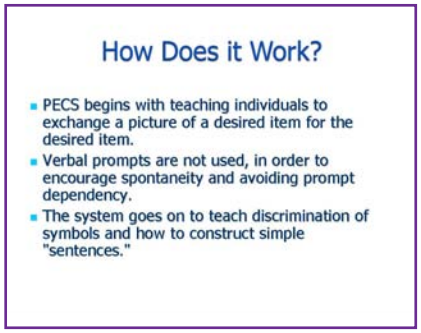

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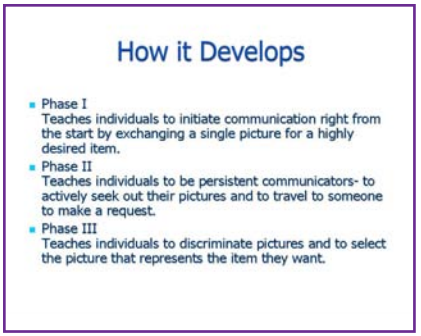

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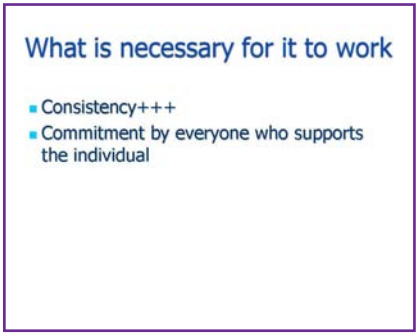

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Training Day 3

Training Day 3

The morning session on training day three continues to explore functional analysis further building on the work from day two and module four. The afternoon session begins to look at the design, implementation and evaluation of multi element support plans.

Session 1: The Functional Analysis of Behaviour in Positive Behavioural Support (Pt.2)

By the end of the sessions you will be able to:

- Identify how to develop working hypotheses about challenging behaviour
- Understand different levels of assessment which can be applied to functional analysis
- Understand the benefits of going beyond a simplistic behavioural model of behaviour for the person and their carers

A session outline is detailed on the next page.

Training Day 3

Session Plan

Activity	Time	Materials
Reflections on Workbook, Reminder of learning outcomes and structure of session	9.15-9.30	
Powerpoint: Detailed Functional Analysis of Behaviour – Description of Problems	9.30-9.50	Projector, laptop, PP
Activity: Individual exercise – Complete a description of the Topography, Cycle and Course of one behaviour for an individual you know well. Share this with your partner and identify any areas requiring clarification.	9.50-10.10	Paper, pens
Powerpoint: Measuring behaviour, history of problems & history of previous interventions.	10.10-10.30	Projector, laptop, PP
Activity: In groups – think about all of the people that you work with. In your group try to generate as many different types of examples of antecedents as you can. Group them into different categories on the flipchart.	10.30-10.45	Sheet of Flipchart paper
Coffee break	10.55am (15 minutes)	
Powerpoint: Antecedent Analysis	11.00-11.20	Projector, laptop, PP
Activity: In groups – think about all of the people that you work with. In your group try to generate as many different types of examples of consequences as you can. Group them into different categories on the flipchart.	11.20-11.35	Sheet of Flipchart paper
Powerpoint: Consequence Analysis	11.35-11.45	Projector, laptop, PP
Powerpoint: Analysis of meaning & Outcomes	11.45-12.00	Projector, laptop, PP
Review of key issues/questions for Functional analysis sessions and introduction to Part 2 of the Functional Analysis workbook	12.00-12.15	Part 2 of Functional Analysis Workbook

Training Day 3

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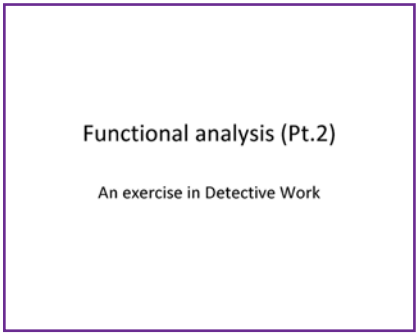

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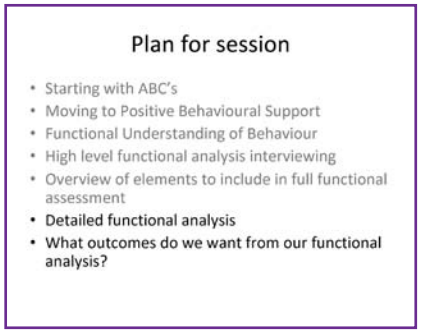

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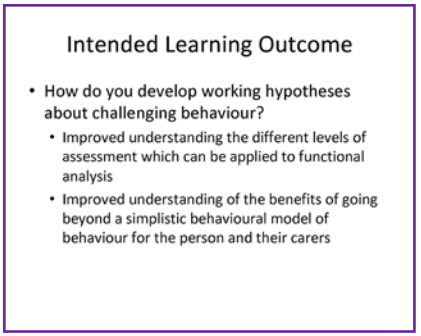

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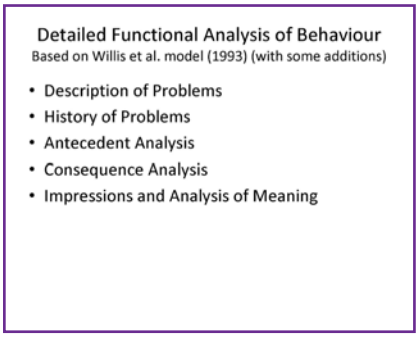

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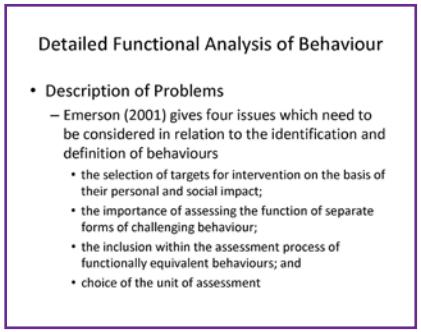

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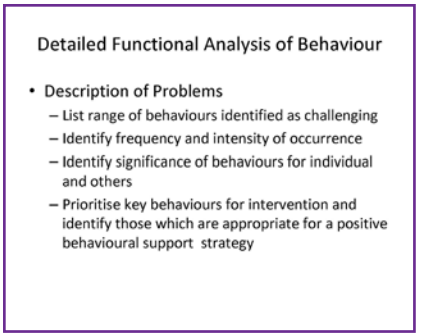

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Training Day 3

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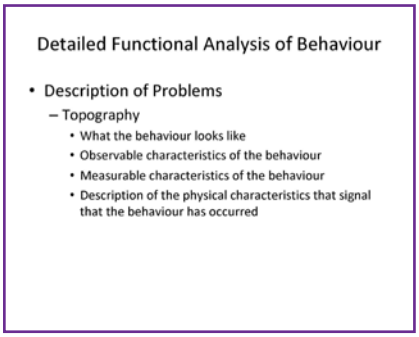

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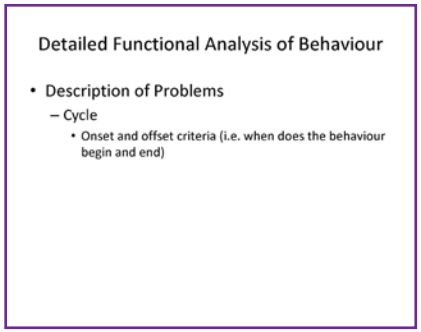

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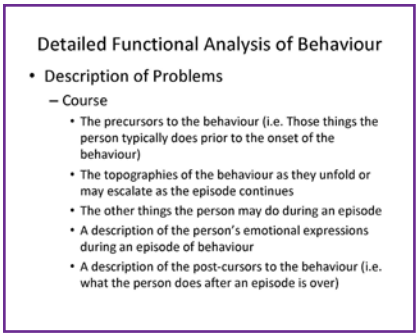

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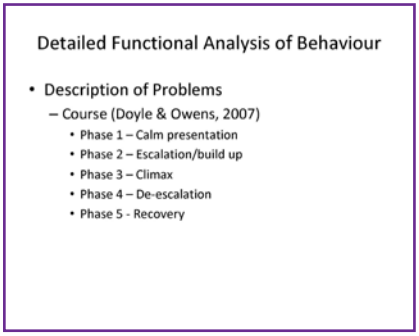

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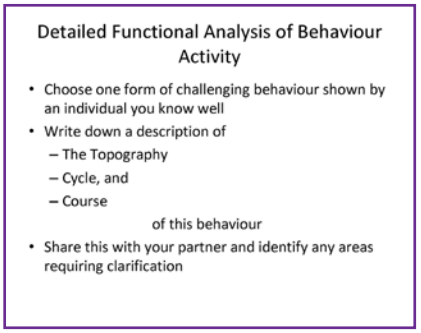

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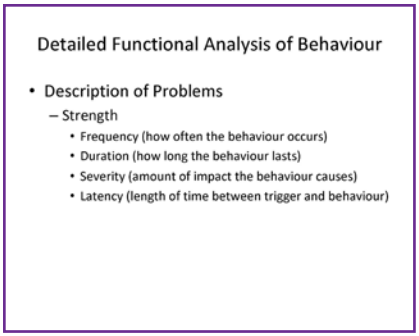

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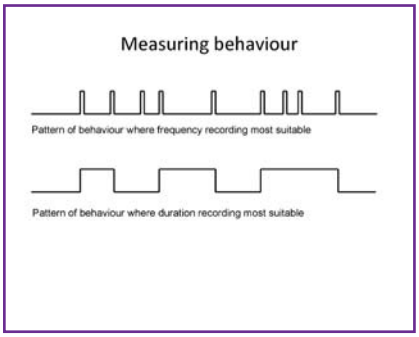

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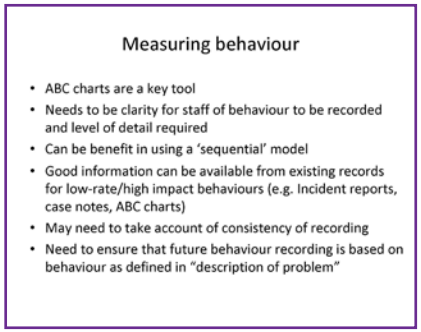

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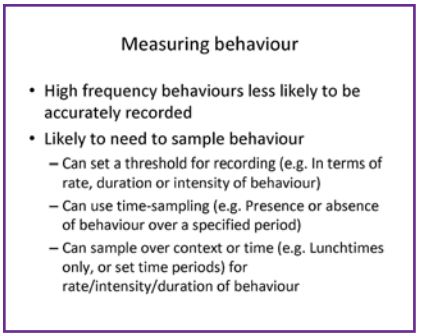

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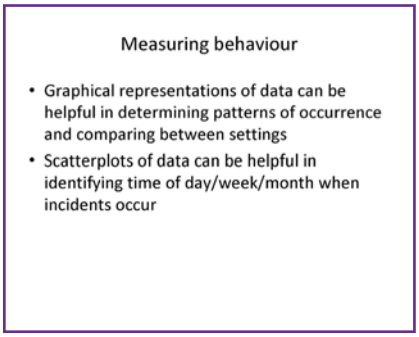

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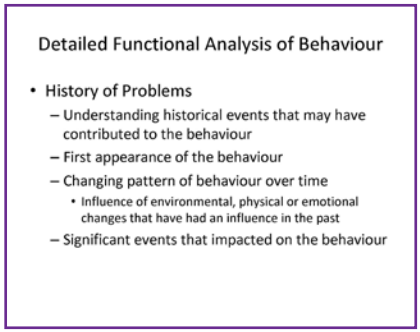

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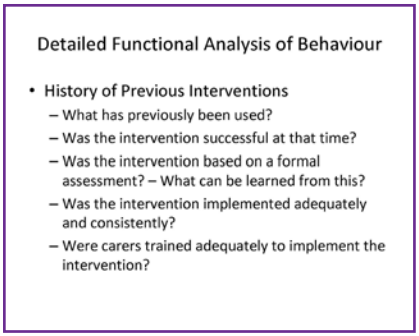

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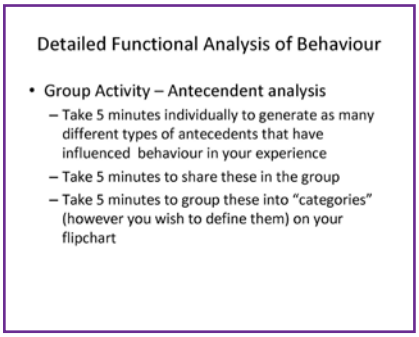

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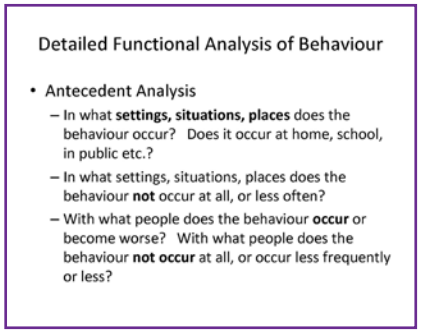

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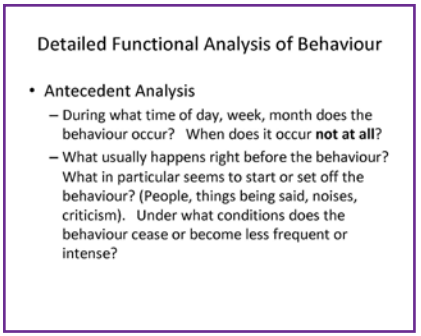

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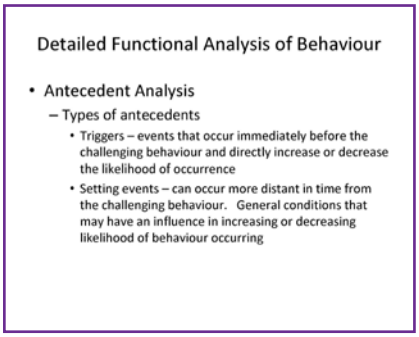

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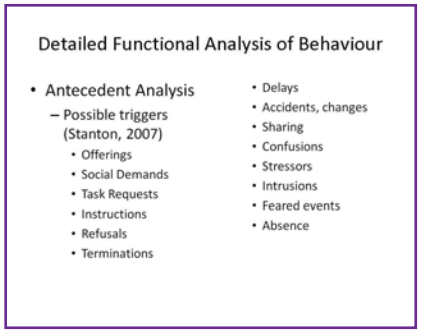

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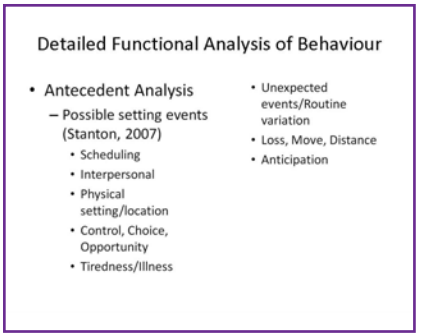

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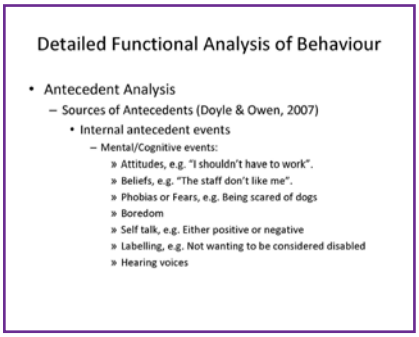

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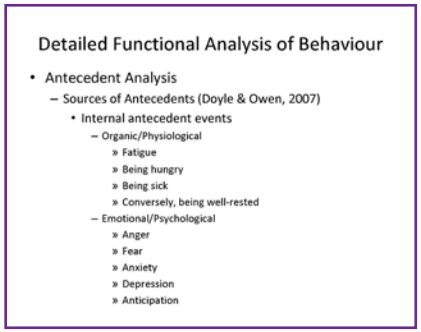

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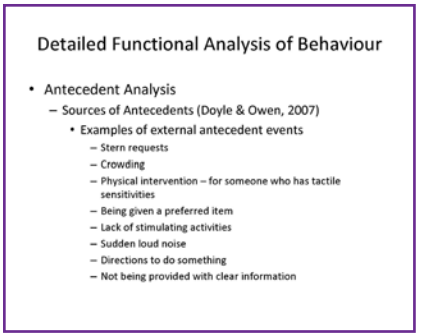

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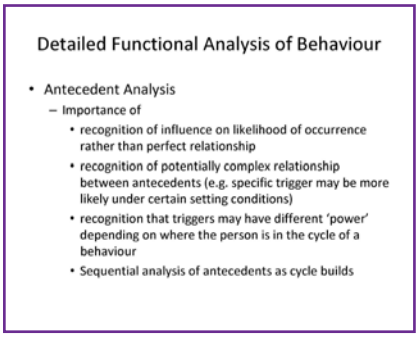

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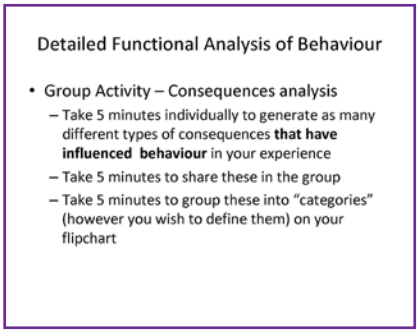

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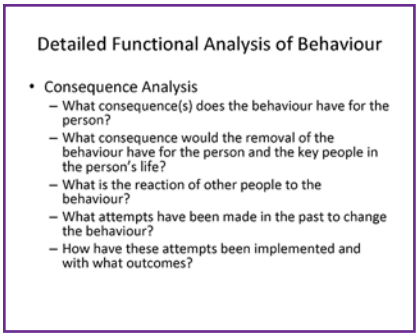

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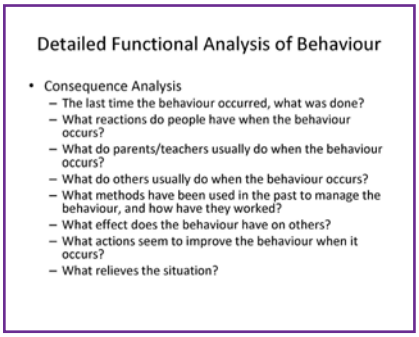

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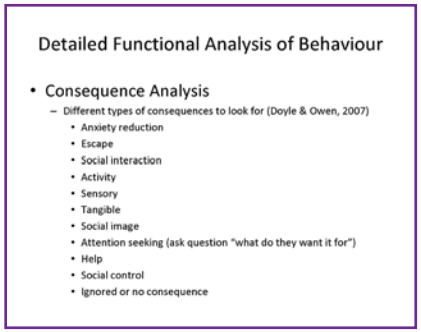

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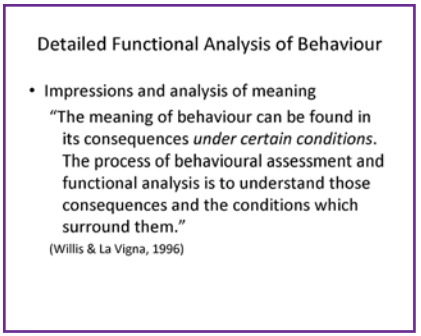

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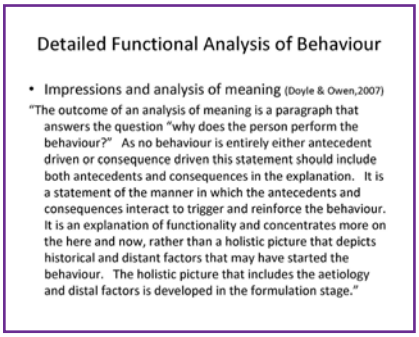

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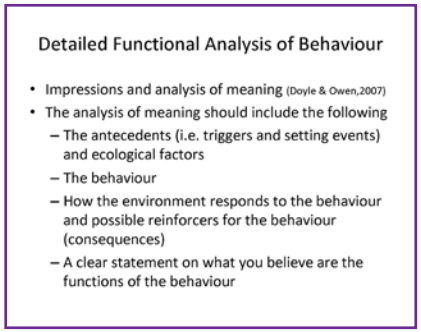

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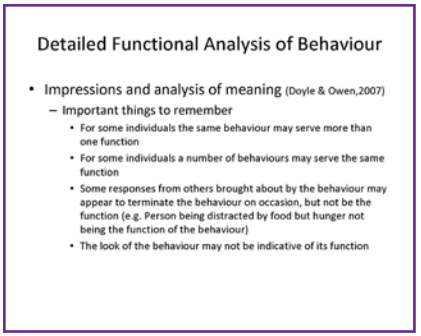

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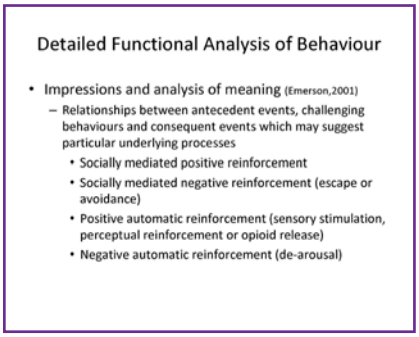

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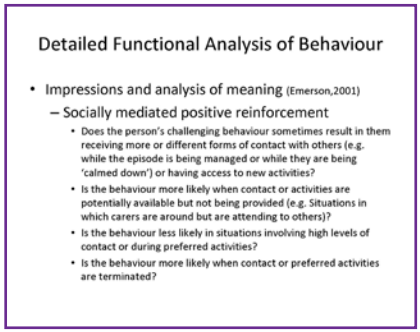

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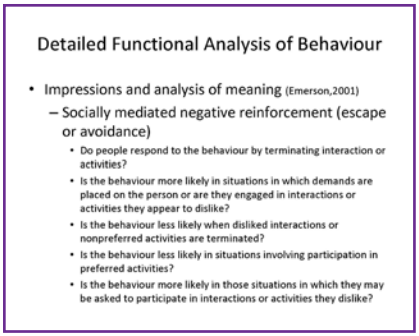

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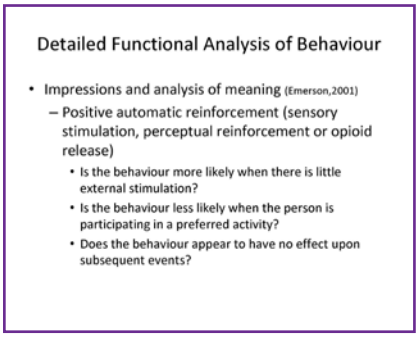

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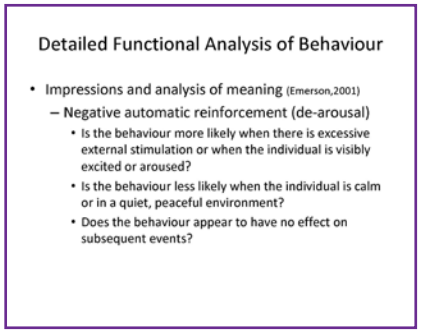

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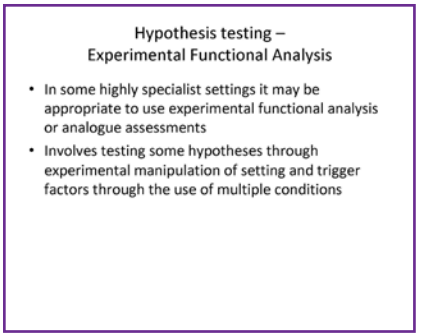

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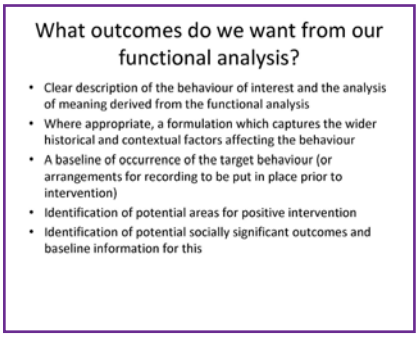

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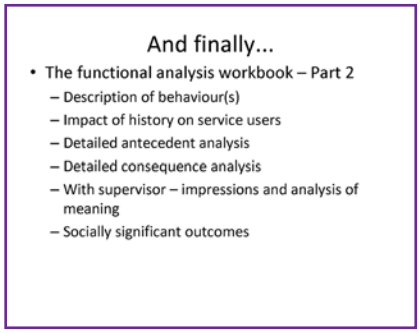

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Training Day 3

Session 2: The Design, Implementation and Evaluation of Multi Element Support Plans

By the end of session 2 and Day three you will be able to:

- Analyse data in order to offer an opinion about the meaning of behaviour (Impression/ analysis of meaning)
- Critically reflect upon the merit of utilising different information sources for analysis
- Detail how an Impression of meaning relates to a formulation

A session outline is detailed on the following page

Training Day 3

Session Plan

Activity	Time	Materials
Introduction: Hopes & Expectations	13.30-13.40	Slide 1 and flipchart
Agenda & Review	13.40-13.50	Slides 2-4 Assessment Checklist handout
Analysis of Meaning	13.50-14.10	Slides 5-9 ABC tips handout Scatter plot (physical copy) Looking for Antecedents handout Determining Consequences handout Reinforcement Matrix handout
Group Exercise 1 Group a – Clinical Note Group b – Tally charts Group c – Challenging behaviour Interview (CBI) Group d - ABC charts Group e – Standardised Assessment	14.10-15.00	Slides 10 Web link on Slide 11 Case Study handout Group a – Functional Assessment handout Group b - Physical copies of tally charts Group c – Physical copy of completed CBI Group d – physical copy of ABC charts Group e -Standardised Assessment handout
Coffee break	15.00-15.15	

Training Day 3

Session Plan

Activity	Time	Materials
Feedback from Group Exercise & Reflections/Notes of Caution	15.15-16.00	Slide 12 & Flip chart
Functional Analysis Vs Formulation	16.00-16.45	Slides 13-21
Summary		Slide 22 example of formulation

Training Day 3

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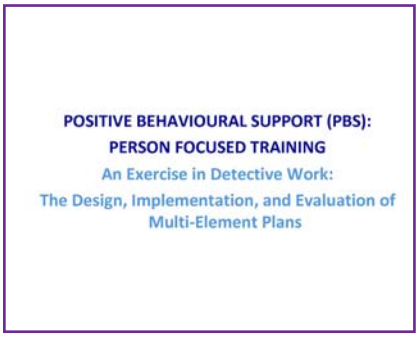

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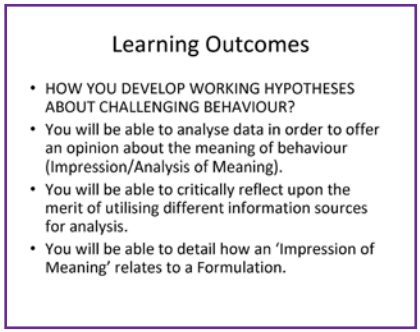

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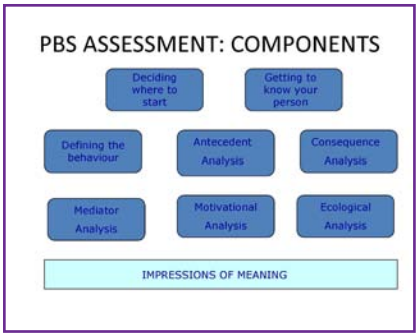

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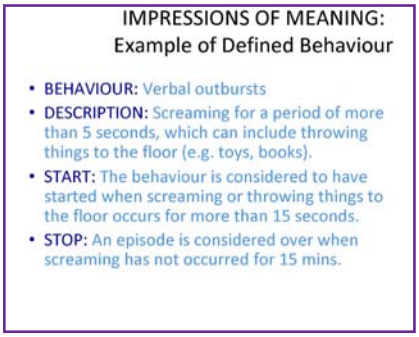

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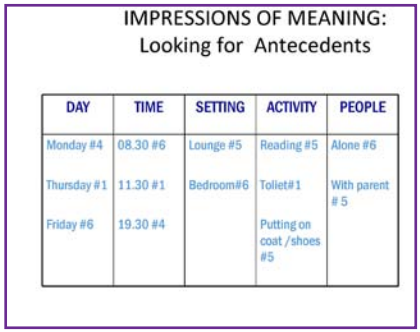

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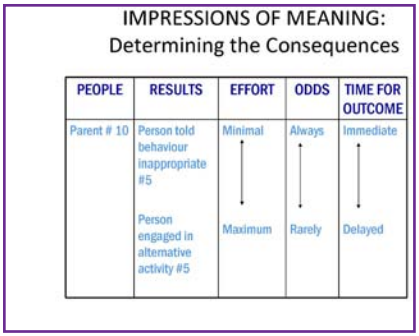

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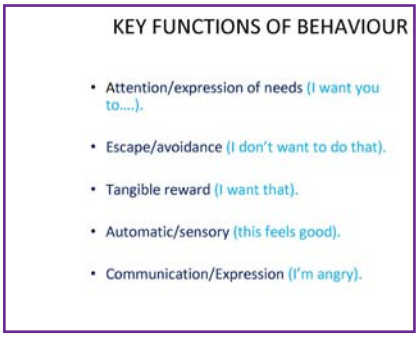

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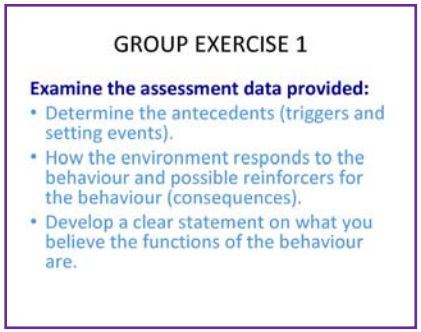

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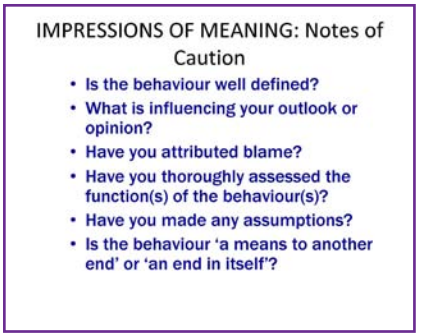


Slide 9

Training Day 3

Power Point Slides

FUNCTIONAL ANALYSIS Vs FORMULATION

- Formulation describes the process that has led to the challenging behaviour.
- Relies on the clinician to carefully weigh up various kinds of evidence, e.g., here and now as opposed to historical events.
- Makes a comprehensive interpretation of information, e.g., cognitive, emotional and interpersonal aspects, i.e., the client's life experiences, hopes and his / her perceived shortcomings.
- Draws on the clinical experience and creativity of the clinician to make this interpretation.
- Provides clarity and a basis for decisions.
- Should occur before the intervention takes place.

Slide 10

FORMULATION

- *"The process of formulation remains the lynchpin that holds theory and practice together".*

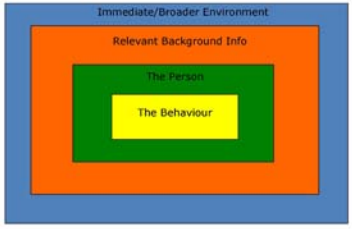
(Butler, 1998)

- *If the working alliance (with the patient) is the engine that drives the therapeutic process, formulation is the map that provides guidance on what direction to take" .*

(Carr, 2006)

Slide 11

FUNCTIONAL ANALYSIS Vs FORMULATION



Slide 12

Training Day 3

Power Point Slides

Slide 13

Formulation

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(Butler, 1998)

- *If the working alliance (with the patient) is the engine that drives the therapeutic process, formulation is the map that provides guidance on what direction to take" .*

(Carr, 2006)

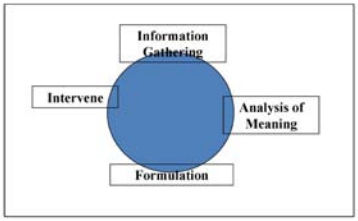
Slide 14

PBS: Formulations

- Comprehensive.
- Demonstrate relationships.
- Theory based.
- Provisional.
- Testable.
- Useful.

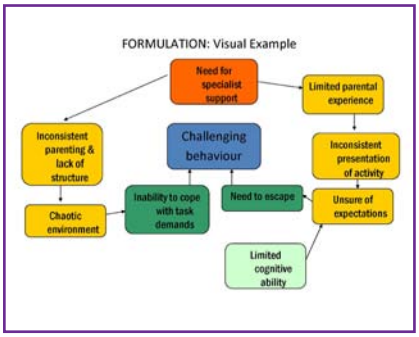
Slide 15

FORMULATION



Training Day 3

Power Point Slides



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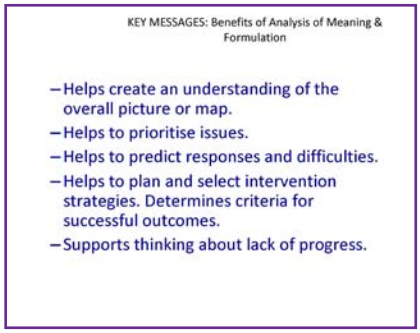


Slide 17

Training Day 3

S. B. I. S. Assessment Elements Checklist

The assessment considers/addresses these elements:

	Y	N	NA	Comments
Referring agent				
Reason for referral				
Purpose of assessment				
Data Source				
Consumer's Physical characteristics				
Consumer's Cognitive abilities				
Consumer's Communicative abilities				
Consumer's Motor/Perceptual abilities				
Consumer's Skills				
Family:				
Background				
Dynamics				
Present Family Situation				
Health/Medical status				
Consumer's identified disabilities/condition and impacts				
History of challenging behaviour				
Living arrangements				
School/Day Program arrangements and activities				
Previous intervention (evaluation of)				
Current intervention (evaluation of)				
Current individual plan goals				

Training Day 3

	Y	N	NA	Comments
Challenging Behaviour:				
Topography				
Cycle				
Course				
Strength				
Ecological Analysis:				
Consumer's expectations				
Other's expectations				
Reinforcement and access to reinforcement				
Environmental layouts / factors				
Activites				
Materials / equipment				
People / social				
Behaviours of others				
Changes in the consumer's life:				
recent				
distant				
Level of programme difficulty				
Interaction with others				
Productivity				
Choice				
Control				
Predictability				
Routine / scheduling				

Training Day 3

	Y	N	NA	Comments
Transitions				
Sensory factors				
Consumer's ecological 'non-negotiables				
Other				
Motivational analysis (what the client likes)				
Antecedent Analysis:				
Predictors of challenging behaviour				
Environmental data				
Ecological factors				
Discriminative issues:				
setting events / contexts				
triggers				
Cognitive				
Organic				
Consequence Analysis:				
Potential reinforcing elements				
Potential inhibiting issues				
Other's responses				
Previous responses by others				
Potential 'payoffs'				
Potential escape / avoidance				
Previous programs and their outcomes and side effects				
Consumers conformity to contingency rules				

Training Day 3

	Y	N	NA	Comments
events / outcomes contingent on / associated with consumer's use of behaviour				
Proposed functions of challenging behaviour (analysis of meaning)				
Mediation Issues:				
Carer's general skills and competencies				
Carer's intervention-specific skills and competencies				
agency coordination / management				
agency strategy for ensuring implementation				
agency consumer-service monitoring				
consumer-agency relationship				
resource availability				
rostering				
debriefing / defusing support				
OH&S considerations				
recommended resources necessary for behaviour support plan intervention				
Inferences re: directions for intervention				
Recommendations				

Training Day 3

Tips on implementing & analysing ABC data

1. Make sure each person taking data is clear on the defined behaviour in order to record the antecedents and consequences.
2. Ensure people taking data are aware they should record as accurately as possible the events that happened immediately prior to the challenging behaviour (i.e., the antecedents) and the events that occurred just after (i.e., consequences). You want what they saw, heard, felt, smelled and where all this occurred. You don't want only their interpretations on the data sheet. You want observables (i.e., what was seen, heard, felt etc before (A) and after (C) the defined challenging behaviour).
3. Set up ABC data collection for a defined period of time. In general, ABC data should not be taken indefinitely. ABC data is used to develop hypotheses, so extended ABC collection periods are inconsistent with this idea.
4. Ask that ABC data is made available to you in a timely manner, e.g., faxed / posted to you at least once per week. It can be very difficult to analyse a large amount of data at the end of a month.
5. Begin analysing the data as soon as possible. This avoids the problem of analysing a large amount of data in one sitting.

Looking for Antecedents:

In terms of antecedents, you are looking for trends in the ABCs in terms of time, day, settings, activities, people present, etc. One way to do this is to assign a number to each ABC and then place the number into a table with sections for each category listed above. Place the assigned number into each of the categories with a brief descriptor, e.g., $\#1^{11.30am}$, $\#1^{classroom}$, $\#1^{teacher}$, $\#1^{maths}$. In this example, the challenging behaviour occurred at 11.30am, in the classroom, with the teacher and occurred during a mathematics lesson. A profile of each ABC can be constructed within a single table. Visually this will provide an idea of trends. The data could be further analysed quantitatively by working out percentages for each category. Data can also be graphically represented.

Training Day 3

Day	Time	Setting	Activites	People
Monday #3	10.00am #6	Classroom #6	Puzzles involving manual dexterity #6	Teacher #7
Tuesday #4	10.30am #1	Playground #1	Physical education (handball) #1	Other students #7
Wednesday #2	4.00pm #2	Home #2	Cleaning bedroom (after request) #2	Alone #1
				Mother #1

Consequences:

1. In terms of consequence analysis, trends in the data are again important to ascertain. Identify:
   - The most frequent person present and engaged with the person post the challenging behaviour.
   - The event that most often happens as a result of the challenging behaviour (e.g., the person given a stern talking to, ignored, withdrawn from the situation).
   - Differences and similarities between settings, people and events.
2. Similar approaches can be used for analysing 'positive' ABC sheets. This will give you valuable information about the conditions under which the challenging behaviour is less likely to occur. One solution to the problem of the challenging behaviour, then, is to replicate these 'positive conditions' as much as possible throughout the person's life.

At the end of this analysis:
You should be able to say that on the basis of ABC data the challenging behaviour is most often preceded by …. and followed by….. The hypothesis would be that the challenging behaviour occurs when under these antecedent conditions and result in the following consequences for the person.

Doyle & Owens (2008).
http://www.dadhc.nsw.gov.au/

Training Day 3

Analysis of Meaning: Looking for Antecedents

Different types of Antecedents to look for

Time of Day:
- When were the behaviours most likely? Least likely?
- When (at what times) did the behaviour occur?
- During what time in the client's daily routine did the behaviour seldom/never occur?
- At what time in the client's daily routine did the behaviour usually occur?

Setting / location:
- Where were the behaviours most likely? Least likely?
- Where did the behaviour usually occur?
- Where did the behaviour seldom/never occur?

Social Influences / Social Control:
- With whom were the behaviours most likely? Least likely?
- With whom did the behaviour usually occur? (e.g., staff, clients, community member)
- With whom did the behaviour seldom/never occur?

Activity:
- What activity was most likely to produce the behaviour? Least likely?
- What things usually happened before the behaviour?
- During which parts (activity) of the client's daily routine did the behaviour seldom/never occur?
- At what parts (activity) of the client's daily routine did the behaviour usually occur?

Doyle & Owens (2008).
http://www.dadhc.nsw.gov.au/

Training Day 3

Analysis of Meaning: Looking for Antecedents

Different types of consequences to look for:

- Anxiety reduction - e.g., via rituals, control, PRN, orderliness, predictability and routine.
- Escape - e.g., end or break from a task, situation, or demand; avoid a crowd or disliked people.
- Social interaction - e.g., via positive or negative interaction, this includes encouragement, comfort, punishment and to reduce future expectations.
- Activity - e.g., either requesting a desired or a time filling activity. Some activities are intrinsically desirable or desirable because they are either predictable or relieve boredom.
- Sensory - e.g., the behaviour feels good or painful, it may be pain reducing or distracting. It may also act to dissipate excess energy.
- Tangible - e.g., food, toy, or any desired item.
- Social image - e.g., some clients may prefer to be seen as “bad” or “criminal” rather than “disabled”, for others peer pressure may be a factor.
- Attention - e.g., many of our clients rely on others to obtain what they want. Attention seeking is a legitimate goal for behaviour but it also can be a means to an end. The question always needs to be asked when a person has someone’s attention, what do they want / need it for. Sometimes you need to look past the attention to see the message.
- Help - e.g., elicit or reject assistance.
- Social control - e.g., given access to favourite people / reject unfavoured people.
- Ignored or no consequence - e.g., this is where the environment apparently continues regardless of the behaviour. Where this occurs the clinician should consider if the behaviour stops, remains the same, or escalates. Also consider if there is a delay before a consequence occurs.

Doyle & Owens (2008).
http://www.dadhc.nsw.gov.au/

Training Day 3

Looking for Antecedents - What Happens Before the Behaviour?

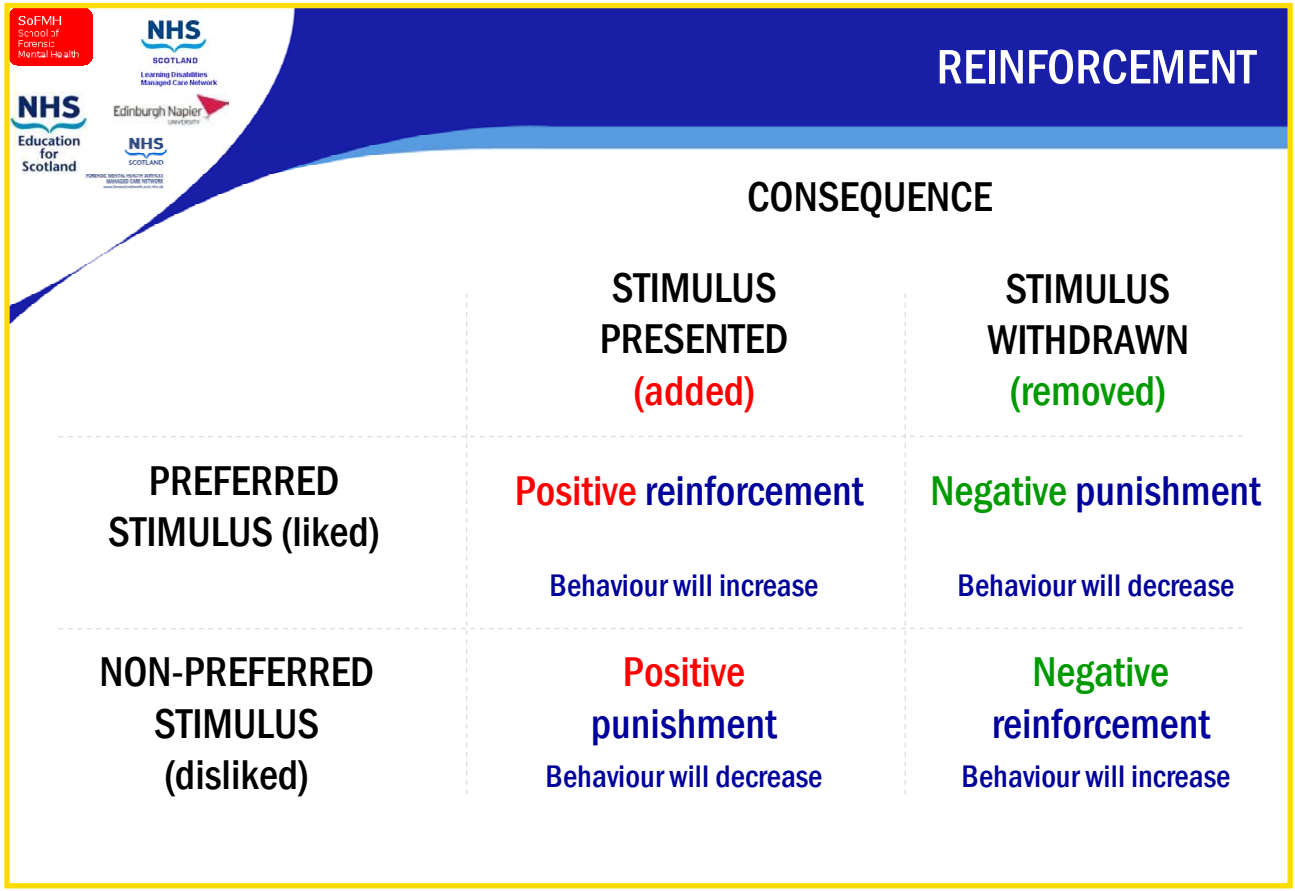
Day	Time	Setting	Activity	People

Training Day 3

Determining Consequences - What Happens Next?

People	Results	Effort	Odds	Time for Outcome

Training Day 3



Training Day 3

Case Study: Developing a Working Hypothesis (Analysis of Meaning) – Gerald

Gerald is a 36 year old man with a moderate learning disability. He recently moved into shared accommodation following the death of his father. His father was described as over-protective and loving.

Gerald is now supported 24 hours a day (including waking night cover). When at home, his support was provided by one social care organisation, with a different organisation providing day opportunities. Concerns were reported surrounding Gerald's behaviour almost immediately following his move to his new accommodation. He has been resident in his new accommodation for approximately 5 months now. In that time, episodes of self-injury and verbal outbursts have increased. The severity of Gerald's self-injurious behaviour had resulted in bruising or red marks upon his forehead, but to date, has not required medical attention. The behaviour is also disturbing for the other residents that he shares a house with, and staff report difficulties supporting him. As a consequence, Gerald is no longer leaving the house and spends much of his time in his bedroom. There is risk of placement breakdown.

Input has been requested in relation to addressing Gerald's behaviour and support to improve his quality of life.

Examine the assessment data provided. Develop a clear statement of 'Impression of Meaning'. Specifically:

- Identify the behaviour(s).
- Determine the antecedents (i.e. trigger(s) and setting event(s)).
- Determine how the environment responds to the behaviour(s) and possible function(s) of the behaviour(s).

BEHAVIOUR: Self-injurious behaviour.

DESCRIPTION: Contact made with the head (e.g. slapping with the palm of the hand, hitting with the forearm), for a period of more than 15 seconds, which can include screaming. This behaviour is not accidental, and is significant enough to cause visible marking or bruising.

START: The behaviour is considered to have started when contact has been made with the head (e.g. slapping with the palm of the hand, hitting with the forearm) for more than 15 seconds.

STOP: An episode is considered over when contact with the head (e.g. slapping with the palm of the hand, hitting with the forearm) has not occurred for 5 minutes.

Training Day 3

Functional Assessment Interview – Clinical Note Entry
02.02.11

Initial Assessment Interview with Sally Smith, Service Manager, Freud Cottage.

Reported increasing concerns regarding Gerald's behaviour – repetitive questioning, self-injurious behaviour, and verbal outbursts.

Normally begins with repetitive questions, which leads to screaming, and then SIB.

Verbal outburst = Screaming occurs almost on a daily basis and lasts approx 15 mins.

SIB = Contact made with the head (e.g. slapping with the palm of the hand, hitting with the forearm). Can occur with screaming. This behaviour is not accidental, and is significant enough to cause visible marking or bruising. Happens every other day and lasts approx 5mins.

Repetitive questioning on a daily basis and is constantly present, every hour. Engages in repetitive questioning when both calm and agitated. Frequency of this behaviour increases prior to screaming and SIB.

Having a significant impact on other residents of shared accommodation. Complaints made by fellow tenants regarding the noise. Staff not sure how to best support Gerald and are frustrated he does not follow the 'house' rules. Staff remind Gerald of these when appropriate, but it does not seem to have am impact on his behaviour. Staff have limited training in the management of behaviour that is perceived as challenging. The previous tenants of this accommodation have been more independent than Gerald. The staff team have lost confidence and have begun to feel afraid that he will seriously hurt himself. This has resulted in staff spending less time with Gerald. SIB has resulted in reddening of skin or bruising on the forehead.

Staff have described these behaviours as more likely when Gerald "does not get things right away". For example, he often asks for the TV and music system to be turned off. Also, Gerald's questioning appears to worsen at shift change time. This is despite Gerald being very sociable and more staff being around.

Never displays the behaviour when watching his favourite DVDs or when looking at photographs.

Dr House, Consultant Clinical Psychologist

Training Day 3

Standardised Data Gathered As Part of Assessment

Adaptive Behaviour Scale: Residential & Community Version 2 - ABS: RC-2
The ABS: RC-2 is an assessment of everyday functioning. It focuses on personal independence and is designed to evaluate skills considered important to independence and responsibility in daily living. The ABS: RC-2 compares people with learning disabilities to their peers. Assessment completed by Trainee Clinical Psychologist and Occupational Therapist via structured observations.

Domain Score	Rating
• Independent Functioning	Below Average (Standard score 6)
Independent Functioning (e.g. eating, drinking, toileting, dressing, and self care skills)	
• Physical Development	Average (Standard score 12)
(e.g. vision, hearing, balance and limb functioning)	
• Economic Activity	Poor (Standard score 4)
(e.g. money handling, budgeting, banking, and shopping skills)	
• Language Development	Below Average (Standard score 6)
(e.g. writing, reading, and communication skills)	
• Numbers & Time	Superior (Standard score 16)
(i.e. understanding the concept of time and use of numbers)	
• Domestic Activity	Below Average (Standard score 4)
(e.g. Laundry, food preparation, and general domestic skills)	

Training Day 3

Domain Score	Rating
• Prevocational / Vocational Activity	Above Average (Standard score 13)
(e.g. ability to perform and engage in tasks)	
• Self-Direction	Average (Standard score 12)
(i.e. Lack of initiative, passivity, and persistence)	
• Responsibility	Above Average (Standard score 14)
(i.e. Level of personal and general responsibility)	
Socialisation	Above Average (Standard score 13)
(e.g. consideration of others, interaction with others, participation in groups and social maturity)	

Hospital Anxiety & Depression Scale - HADS

The HADS is a measure of general psychological distress. Although originally developed to detect anxiety and depression in mainstream clinical populations, this measure is increasingly used for people with a intellectual disability.

The HAD scale consists of 14 items, with 7 items assessing depression (e.g., “I feel as if I am slowed down”) and 7 items assessing anxiety (e.g., “I get sudden feelings of panic”). All items on the HAD scale are rated on a four-point scale, ranging from absence of a symptom or the presence of positive features (scoring 0), to maximal symptomatology or the absence of positive features (scoring 3). Therefore, it is assumed that the higher the participant’s score, the more severe the level of anxiety or depression they are experiencing.

	Anxiety sub-scale	Depression sub-scale
Score	18/21	8/21

Training Day 3

Intelligence Wechsler Adult Intelligence Scale, 3rd Edition- WAIS-III

The WAIS-III is a valid and reliable measure of intelligence administered to adults. It is nationally standardised, and yields 3 traditional scores of intelligence (verbal, performance, and full scale). These sub-tests have been demonstrated to be strongly associated with general cognitive abilities, and tap various facets of intelligence such as verbal knowledge, visual information processing, spatial and non-verbal reasoning.

	Scaled score	IQ	Percentile	95% confidence interval
Verbal IQ	26	66	1	62-72
Performance IQ	18	60	0.4	56-69
Full scale IQ	43	61	0.5	58-66

Carla's working memory (i.e. the capacity to hold chunks of information in different forms in mind and manipulate this information) and her speed of processing was comparable to her global intelligence.

Training Day 4

Training Day 4

The morning session on day two begins to look at functional analysis, introducing a number of key concepts to underpin the learning and activities in Module 4: An Exercise in Detective Work. The afternoon session on day two explores communication within a positive behaviour support model.

Session 1: An Exercise in Detective Work

By the end of the sessions you will be able to:

- Identify how to develop working hypotheses about challenging behaviour
- Understand different levels of assessment which can be applied to functional analysis
- Understand the benefits of going beyond a simplistic behavioural model of behaviour for the person and their carers

A session outline is detailed on the next page.

Training Day 4

Session Plan

Activity	Time	Materials
Introduction & Session Plan	9.30-9.40	Slides 1-2 and flipchart
Benefits & Limitations of PBS	9.40-10.00	Slides 3-8
Aims of PBS plan & getting started	10.00-10.15	Slides 9-12 Blank PBS Plan handout
Ecological Strategies	10.15-10.55	Slides 13-14 Slides 15-16 – example of ecological manipulation Exercise 1, slide 17 & Flip Chart Case study Arousal Cycle formulation – physical copy Lifestyle Environment Review handout Flip chart and pens
Coffee break	10.55-11.25	

Training Day 4

Activity	Time	Materials
Skill Development	11.25-12.15	Slides 18-20 Web link Exercise 2 slide 21 & Flip Chart Positive Programming handout Flip chart and pens
Questions	12.15-12.30	
Lunch		

Training Day 4

Power Point Slides

POSITIVE BEHAVIOURAL SUPPORT (PBS):
PERSON FOCUSED TRAINING
An Exercise in Detective Work:
The Design, Implementation, and Evaluation of Multi-Element Plans

Slide 1

SESSION ILO'S

- HOW TO DESIGN A POSITIVE BEHAVIOUR SUPPORT PLAN?
- You will be able to demonstrate a knowledge of the benefits and limitations of utilising PBS plans.
- You will be able to define the components of a PBS plan.
- You will be able to generate ideas that could inform the design of a PBS plan.
- You will be able to evaluate the elements of a PBS plan.

Slide 2

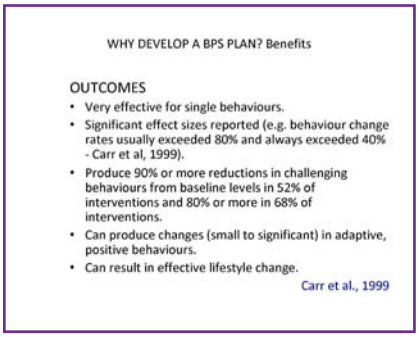
'....interventions which are based on psychological principles derived from learning theory, are currently the most effective interventions for reducing the incidence of challenging behaviour in people with learning disabilities'

BPS Guidelines (2004) 2.1.2

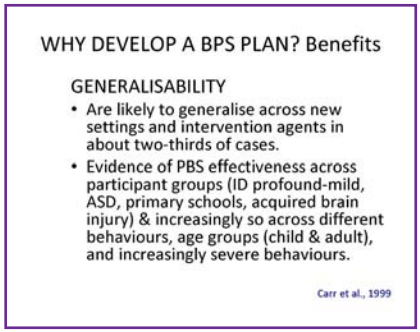
Slide 3

Training Day 4

Power Point Slides



Slide 4



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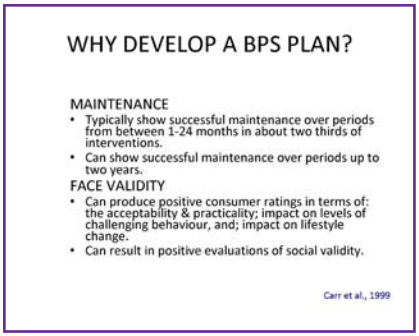


Slide 6

Training Day 4

Power Point Slides

PBS PLANS: Current Limitations

- Less effective for combinations of behaviours as opposed to single behaviours.
- Do not vary significantly in outcome according to whether stimulus-based or reinforcement based interventions are used alone or in combination.
- Evidence of generalisation across different forms of challenging behaviour is weak, however.
- Do not vary significantly in outcome if non-PBS interventions are included.
- Increasing evidence of 'real world' implementation.

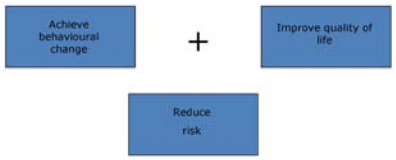
Slide 7

PBS PLANS: Current Limitations

- Are also likely to be more effective if implemented by a person's normal carers (instead of external specialists).
- Are likely to be more effective if interventions include changes in the structure and quality of service systems supporting the individual with behavioural challenges.
- Limited evidence that can impact on mental health and use of medication (e.g. psychotropic).

Slide 8

AIMS OF POSITIVE BEHAVIOUR SUPPORT

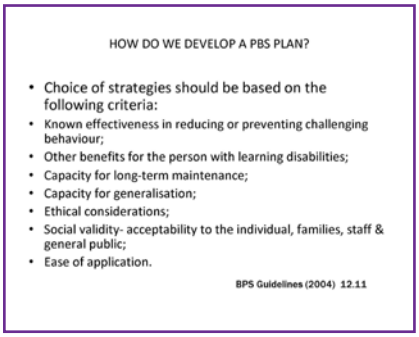


Allen, 2009

Slide 9

Training Day 4

Power Point Slides



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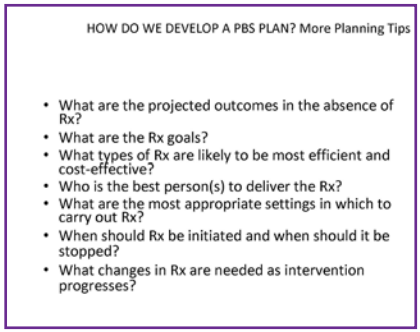

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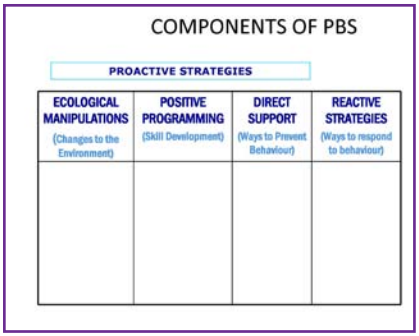


Slide 12

Training Day 4

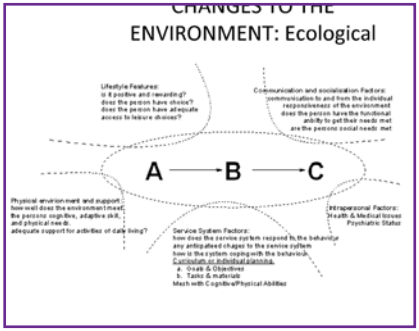
Power Point Slides

CHANGING THE EVIRONMENT
(Ecological Manipulations)

- **Main purpose:**
  Planning for the support of behavioural change.

BUT, can also be used as
A basis for individual planning for service provision.

Slide 13



Slide 14

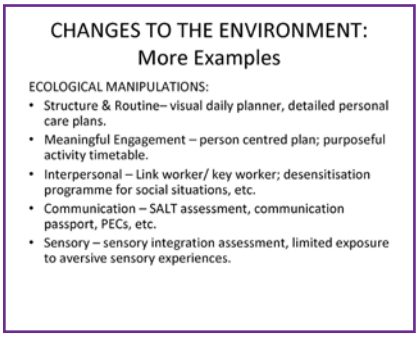
CHANGES TO THE ENVIRONMENT: Example

ISSUE IDENTIFIED	ECOLOGICAL MANIPULATION
John normally sees his family fortnightly, but has not seen them for 5 weeks.	Identify barriers to regular contact.
John has not had a health check for over a year.	Health to be reviewed in relation to behaviour change.
John becomes anxious when communicating with new staff. Turnover of staff is high in this service.	New staff to work with John's key worker to model communication support. Guidelines to be developed for supporting John's communication. Staff induction procedures to be reviewed.

Slide 15

Training Day 4

Power Point Slides



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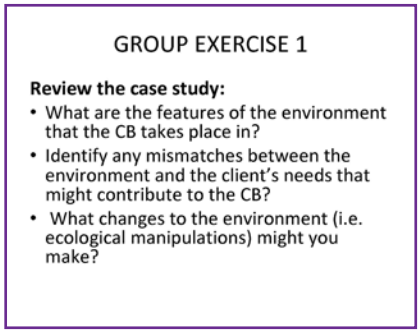

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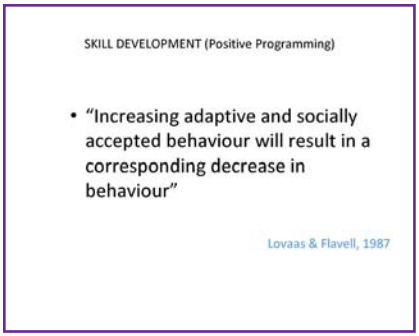
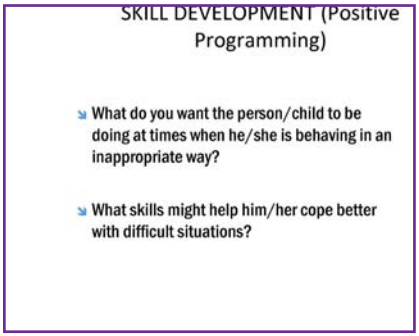


Slide 18

Training Day 4

Power Point Slides



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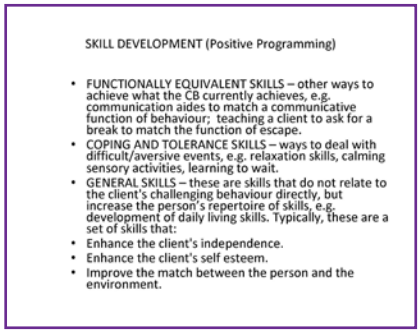

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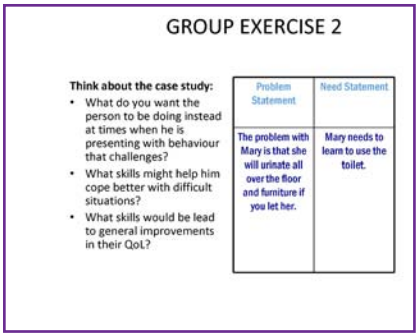

Slide 21

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Session Two: The Design, Implementation and Evaluation of Multi Element Support Plans cont.

Activity	Time	Materials
Direct Support	13.30-14.00	Slides 22-30 Differential Reinforcement handout Removed slide 24 (control procedures) and 29 (changing the results example) Would probably remove some of these slides. This was the technical bit and was the most difficult section to get over in the time we had. I think the important thing is that participants think about what they might do – they do not need to in this course know the posh names for things.
Exercise 3	14.00-14.30	Slide 31 & Flip Chart Slide altered to accommodate previous slide changes. Flip chart and pens
Reactive Strategies	14.30-14.45	Slides 32-34
Group Presentations of PBS plans	14.45 – 15.00	Flip chart posters Intervention Framework Checklist handout
Coffee break	15.00-15.30	

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Session Two: The Design, Implementation and Evaluation of Multi Element Support Plans cont.

Activity	Time	Materials
Implementing PBS	14.45-15.00	Slides 22-30 Differential Reinforcement handout Removed slide 24 (control procedures) and 29 (changing the results example) Would probably remove some of these slides. This was the technical bit and was the most difficult section to get over in the time we had. I think the important thing is that participants think about what they might do – they do not need to in this course know the posh names for things.
Evaluating PBS Feedback	15.30-16.15	Slide 31 & Flip Chart Slide altered to accommodate previous slide changes. Flip chart and pens
Key Messages	16.15-16.30	Slides 32-34

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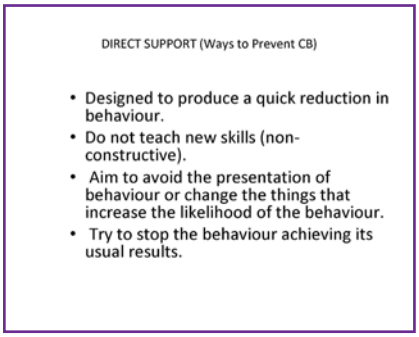

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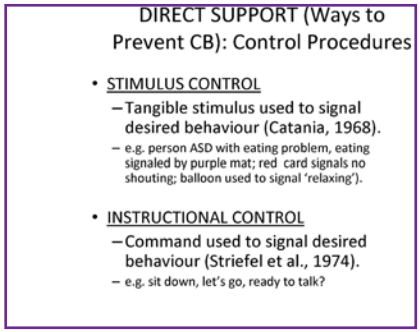

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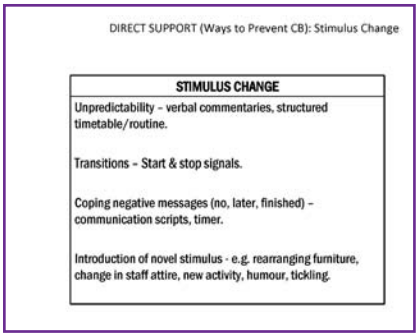

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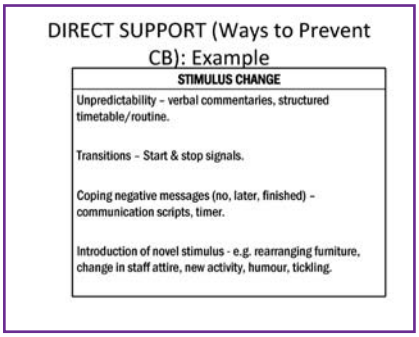

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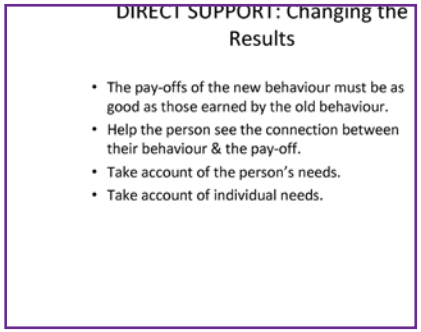

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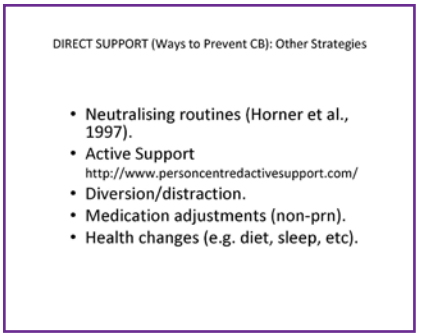

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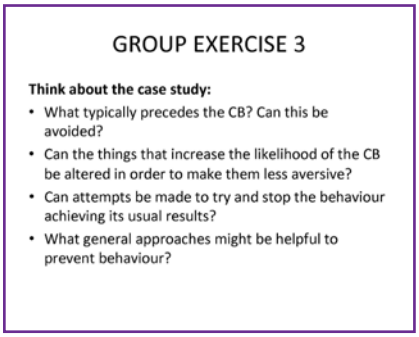

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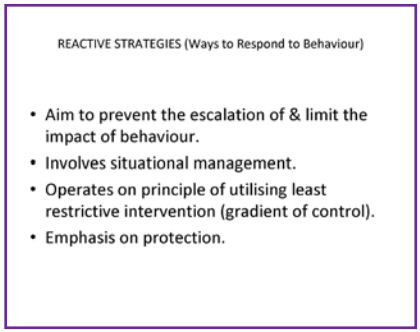

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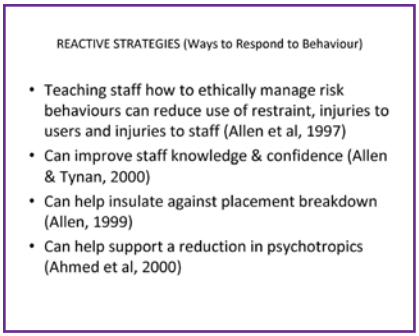

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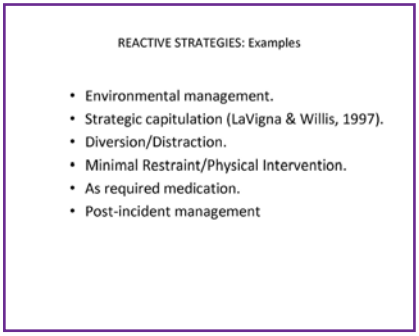

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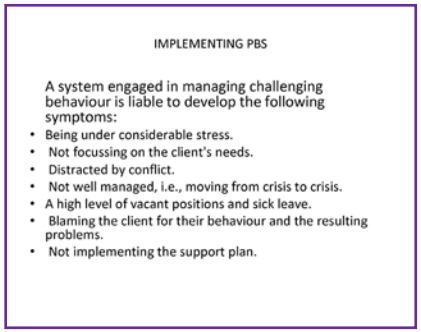

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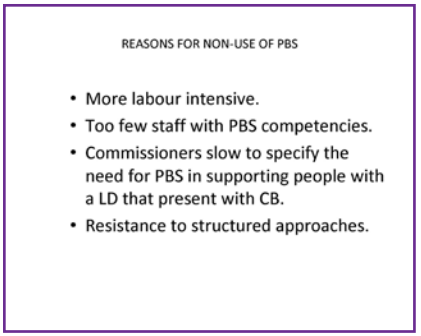

Slide 33

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EVALUATING PBS: METHODS

- Subjective outcomes – repeat of structured interview.
- Rating Scales – Challenging Behaviour Interview (CBI); Adaptive Behaviour Scale (ABS); Behavioural Knowledge Questionnaires; attribution questionnaires, carer/parent stress indexes; QoL questionnaires.
- Behavioural Recordings – ABC/frequency charts.
- Observations – Informal (Descriptive analysis; Emerson et al., 1995), structured observations.
- Monitoring – body charts, diaries, visual/Likert scales, use prn/restraint.

Slide 34

EXAMPLE: MOMENTARY TIME SAMPLING

5	10	15	20	25	30	35	40	45	50	55	60
✓	✓	✓	✓	x	x	✓	✓	x	✓	x	✓

- Momentary time sampling using 5-minute period intervals during a 60-minute period
- ✓ = cooperative play, x = uncooperative play
- Child played cooperatively at the end of 67% of the intervals during monitored activity period

Slide 35

GROUP EXERCISE 4

Think about the case study:

- Consider the PBS plan devised. What are the goals of each intervention?
- What outcome measures could you use to explore the efficacy of the PBS plan?
- If appropriate, devise a behavioural recording tool.

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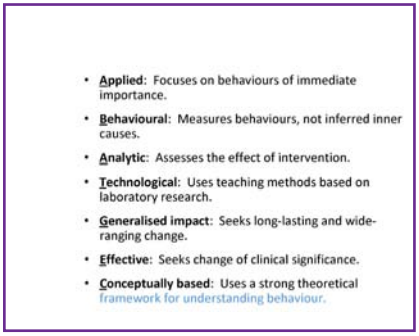

Slide 37

Slide 38

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Summary of differential reinforcement procedures

Procedure	Purpose	Formats	Management	Sample Objective
DRO	Reduces behaviour to zero consequences	Full session interval	Focus on increasing time of non-occurence	Claire will not hit anyone in a 15 minute period
DRI	Reduces behaviour by increasing incompatible behaviours	Full session	Focuses on reinforcing the opposite of the undesired behaviour	Dana will speak quietly in class
DRA	Increases behaviour by reinforcing appropriate behaviours	Concurrent reduction and strengthening program	Focuses on developing functional alternative behaviours	Dana will raise her hand to speak in class for 10 consecutive days
DRH	Increases behaviour by reinforcing lower rates of behaviour		Focuses on increasing number of occurrences	Dana will raise her hand to ask questions for three consecutive periods
DRL	Reduces behaviour to acceptable levels		Focuses on reducing the number of occurrences	Peter will sit in his chair within 3 minutes of coming into the classroom for two consecutive weeks

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S. B. I. S. Intervention Framework Checklist

	Y	N	NA	Comments
Service Agreement Established?				
Is intervention based on assessment recommendations?				
Are long term goals identified?				
Are short term objectives or a critical path identified?				
Is the intervention formally documented?				
Is the intervention documentation dated and designed identified?				
Have person factors been considered?				
Disability				
Within person				
Personal wishes / expectations				
Have interpersonal/lifestyle ecological factors been considered/included?				
Have the environmental factors been considered/included?				
Have ecological factors been considered/included?				
Have functional skills teaching opportunities been considered/ included?				
Have functionally related skills teaching opportunities been considered/included?				
Have coping and tolerance skills teaching opportunities been considered/included?				
Have other intervention options been considered/included?				

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	Y	N	NA	Comments
Have specific focussed support elements been considered/ included?				
Have functionally related skills teaching opportunities been considered/included?				
Have coping and tolerance skills teaching opportunities been considered/included?				
Have other intervention options been considered/included?				
Have specific focussed support elements been considered/ included?				
Have specific situational management (IPRP) elements been considered/included?				
Have specific instructional methods been identified?				
Have medication/implementation factors been considered/ addressed in the intervention?				
Are methods of information recording provided?				
Are schedules of information recording provided?				
Are schedules for reviewed evaluation provided?				
Are direct support providers trained/oriented to the intervention requirements?				
Are direct support providers specifically checked as to their reliability/competence in implementation?				
Are the speed, degree of effects and side effects of intervention considered and addressed?				
Are the generalisation and durability of effects of intervention considered and addressed?				

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	Y	N	NA	Comments
Are the clinical outcomes of intervention valid?				
Are the social outcomes of intervention valid?				

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Evaluating PBS Plans

Emerson (2001) provides the following suggestions of possible ways of assessing the socially

Outcomes	Potential Approaches
Reductions in severity of challenging behaviour	Observational methods Inspection of injuries Structured interview with person and/or informants Analysis of incident reports Inspection of injuries received
Family and/or care staff have a better understanding of why the behaviour occurs	Structured interview Visual analogue or Likert rating scale Modified versions of checklists designed for staff
Increased participation in community-based activities	Diaries Structured interview with person/informants Visual analogue or Likert rating scale Checklists or questionnaires
Increased engagement within the home	Direct observation Diaries Visual analogue or Likert rating scale Structured interview with person/informants Checklists or questionnaires

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Outcomes	Potential Approaches
Improved interpersonal environment within the home	Visual analogue or Likert rating scale Structured interview with person/informants Checklists or questionnaires
Person learns alternative way of getting needs met	Observational methods Structured interview with person/informants
Increased friendships and relationships	Diaries Visual analogue or Likert rating scale Structured interview with person/informants Checklists or questionnaires
Family members and/or care staff learn effective coping strategies	Visual analogue or Likert rating scale Structured interview with person/informants Checklists or questionnaires
Improved relationships between family member and/or care staff	Visual analogue or Likert rating scale Structured interview with person/informants Checklists or questionnaires
Person is able to stay living with their family or in local community	Visual analogue or Likert rating scale Structured interview with person/informants Checklists or questionnaires

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Outcomes	Potential Approaches
Person has greater control, more empowered	Visual analogue or Likert rating scale Structured interview with person/informants Checklists or questionnaires
Person has more frequent social contact	Direct observation Diaries Visual analogue or Likert rating scale Structured interview with person/informants Checklists or questionnaires
Effective supports are put in place	Diaries of service contacts Visual analogue or Likert rating scale Structured interview with person/informants Checklists or questionnaires
Person is more contented, more self-esteem	Direct observation Visual analogue or Likert rating scale Structured interview with person/informants Checklists or questionnaires
Others change their perception of the person	Visual analogue or Likert rating scale Structured interview with person/informants
Reduction in the use of aversive methods and restrictive procedures	Analysis of medication records Recording time spent in restraint/seclusion Analysis of records detailing restriction of liberty Analysis of risk-taking policies for the person

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Frequency refers to how often the behaviour occurs. If something occurs regularly it is more likely to be regarded as a problem and tends to be seen as a permanent characteristic of the person.

Intensity refers to how serious, or perhaps, dangerous the behaviour is the person themselves or for others. Someone who hits out at others or breaks objects might be regarded as challenging even if it does not occur very often.

Duration is how long the behaviour lasts. A person who slaps himself once would not be regarded in he same way as someone who self-injures for 5 minutes. Duration can also refer to how persistent the behaviour has been. That is, how long the person has presented with this behaviour.

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ECOLOGICAL MANIPULATIONS (Changes to the Environment)	POSITIVE PROGRAMMING (Skill Development)	DIRECT SUPPORT (Ways to Prevent Behaviour)	REACTIVE STRATEGIES (Ways to respond to behaviour

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Exercise 2: Positive Programming

Problem Statements	Need Statement
Lucy slaps her head and face when supported to wash.	Lucy needs to learn how to conduct her personal care.
Lucy is often unwilling to share or wait her turn.	Lucy needs to learn to work cooperatively. Or Lucy needs to learn social skills.
Lucy has no road sense.	Lucy needs to learn how to cross a road safely.
Lucy was unable to sustain her employment as a result of 'short-changing' customers.	Lucy needs to learn arithmetic and money skills.

Problem Statements	Need Statement

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Case Study Designing PBS plans – Gerald

Gerald is a 36 year old man with a moderate learning disability. He recently moved into shared accommodation following the death of his father. His father was described as over-protective and loving.

Gerald is now supported 24 hours a day (including waking night cover). When at home, his support was provided by one social care organisation, with a different organisation providing day opportunities. Concerns were reported surrounding Gerald's behaviour almost immediately following his move to his new accommodation. He has been resident in his new accommodation for approximately 5 months now. In that time, episodes of self-injury and verbal outbursts have increased. The severity of Gerald's self-injurious behaviour had resulted in bruising or red marks upon his forehead, but to date, has not required medical attention. The behaviour is also disturbing for the other residents that he shares a house with, and staff report difficulties supporting him. As a consequence, Gerald is no longer leaving the house and spends much of his time in his bedroom. There is risk of placement breakdown.

Input has been requested in relation to addressing Gerald's behaviour and support to improve his quality of life.

Assessment consisted of:

- A structured interview to 'Determine the Immediate Impact and Contextual Control of Challenging Behaviour' Emerson (1998).
- Analysis of ABC charts completed by Gerald's staff team, namely Mags, Paul, & Caroline)
- A review of monitoring systems held by Gerald's staff team (i.e. restraint and p.r.n. records, and frequency tally charts of behaviour – self-injurious behaviour, repetitive questioning, chewing/tearing clothing, screaming).
- Data from the Challenging Behaviour Interview (CBI; Dagnan et al., 2003).

Impression of Meaning

Based upon the information sources available at the time of assessment, and subsequent to further discussion with relevant stakeholders (i.e. Sally Smith, Service Manager; Paul Gilbert, key worker; and, John Brown, Social Worker), self-injurious behaviour was identified as the target behaviour. That is, contact made with the head (e.g. slapping with the palm of the hand or hitting

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with the forearm), for a period of more than 15 seconds, which can include screaming. This behaviour is not accidental, and is significant enough to cause visible marking or bruising. The behaviour is considered to have started when contact has been made with the head (e.g. slapping with the palm of the hand, hitting with the forearm), which can include screaming, for more than 15 seconds.

The behaviour is considered to have stopped when contact with the head (e.g. slapping with the palm of the hand, hitting with the forearm), which can include screaming, has not occurred for 5 minutes.

From the information available, this behaviour typically occurs on a daily basis and typically lasts for less than 5 minutes, with the longest episode lasting 5 minutes.

The behaviour has resulted in visible marking or bruising, and requires the physical intervention (i.e. holding Gerald's arm briefly) by 2 staff on a daily basis. Moreover, subsequent to the onset of this behaviour, Gerald has not participated in any community activities and there has been a negative impact upon the well-being of his fellow residents (i.e. disruption to planned activities and other service users report being frightened).

Pre-cursors or signals for the escalation of the behaviour can include:

- Pacing backwards and forwards.
- Asking repetitive questions (e.g. "Who's on?"; "Going out?").
- Hold head in his hands.
- Louder tone of voice and humming noises.
- Rocking forward on one foot and back on the other.

Post-cursors or signals for de-escalation of the behaviour can include:

- Pinches the skin on his fingers.
- Sits down.
- Chews clothing.

The target behaviour (i.e. self-injurious behaviour) is most often preceded by aversive events, such as:

- Unpredictability (i.e. not knowing what is happening next), e.g. others leaving, whilst waiting.

Moreover, Gerald typically has difficulties coping in communal areas (e.g. hall, lounge, dining room) that are crowded and noisy, and in the morning period (i.e. 07.30-09.30hrs).
Lastly, the target behaviour is most often followed by periods of social interaction (e.g. singing songs or watching TV with staff) or the receipt of a desired outcome (e.g. an outing, a cup of tea). Thus, in the current context, it would seem that the target behaviour serves the function of helping Gerald to signal for attention and gain preferred activities/foodstuffs (i.e. tangible reinforcement).

Training Day 5

Training Day 5

Training day five covers the challenges that may arise when trying to put what you have learned about PBS into practice. Day five also looks at your knowledge and skills in supporting and educating others to implement PBS in practice.

Session one: From Paper to Practice

By the end of session you will be able to:

- Critically evaluate individual and organisational barriers to implementing PBS
- Analysis of the characteristics of those responsible for implementing PBS
- Identify the factors of capable environments
- Measuring goodness of fit and defining outcomes
- Utilise a problem solving approach to overcoming barriers to implementing PBS

Training Day 5

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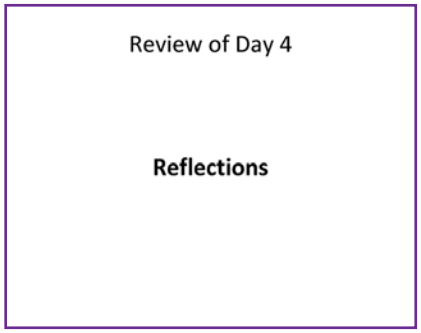

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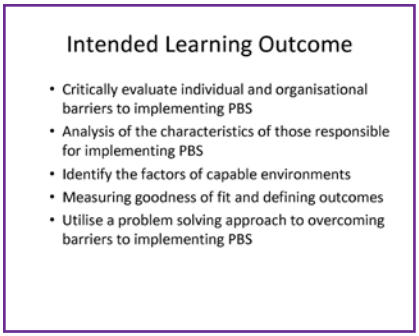

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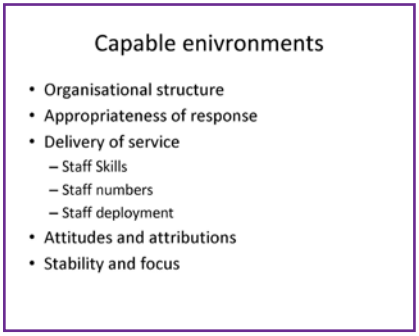

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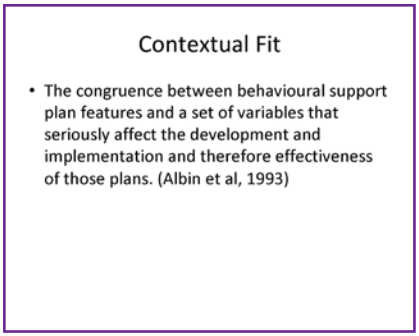

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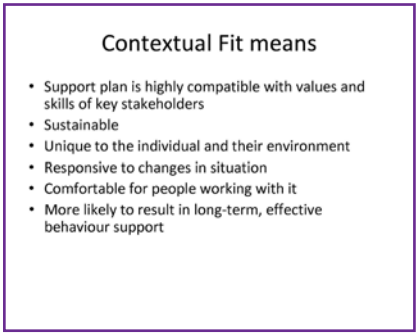

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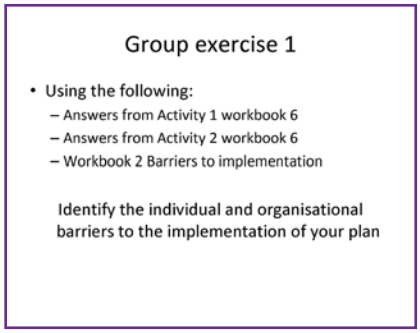

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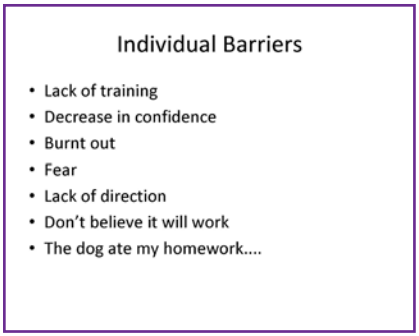

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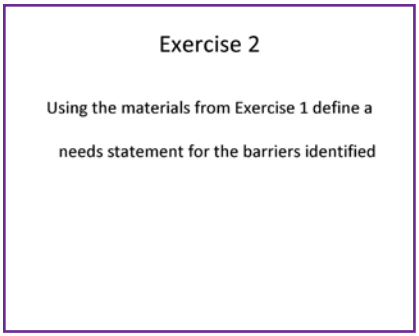

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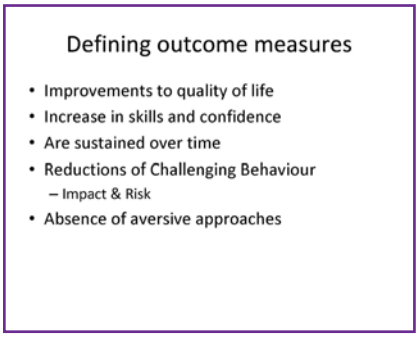

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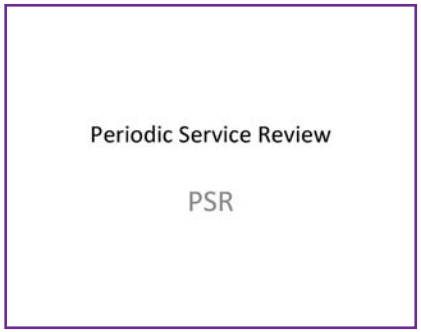

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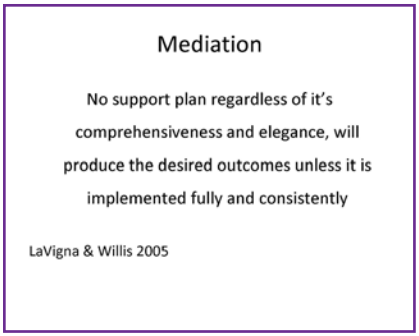

Slide 15

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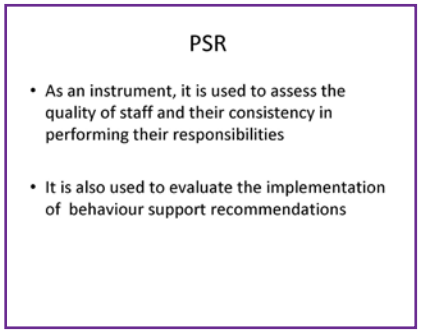
Slide 16



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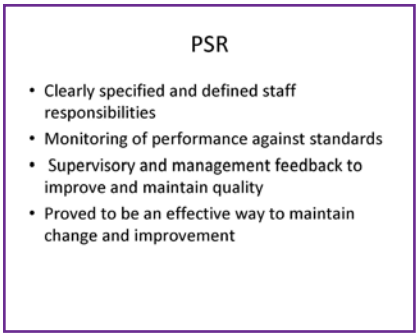

Slide 18

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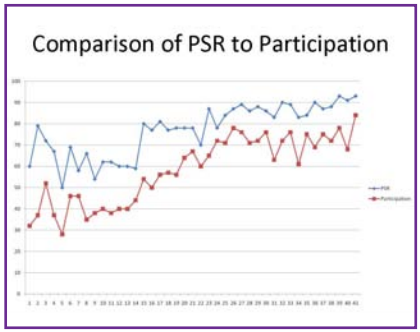
PSR

- Not a top down approach
- Agreed operational definitions
- Should always be visual
- Unmet standards are **Opportunities**
- No less than monthly
- Review team performance not individual

Slide 19



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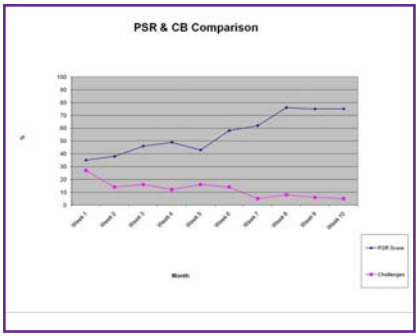

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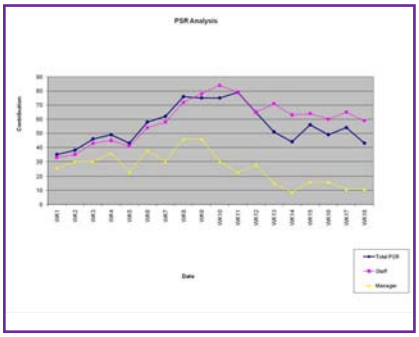

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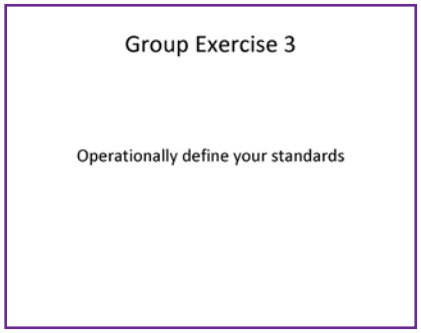

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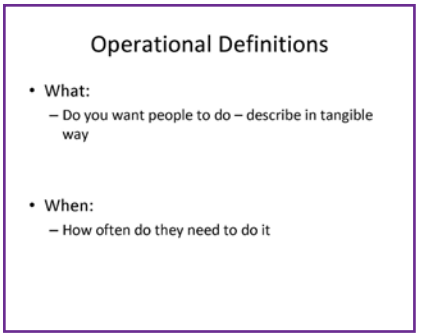

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Training Day 5

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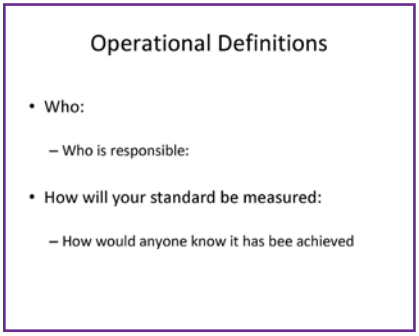

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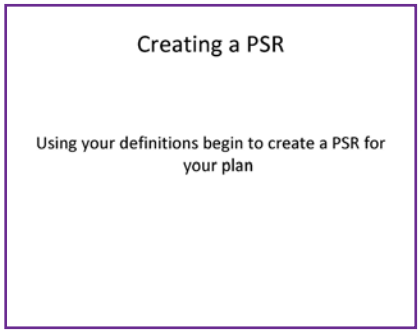

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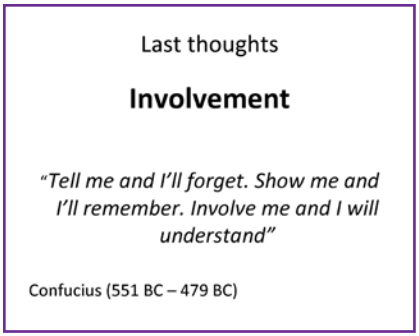

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Training Day 5

Session Two: Coaching and Mentoring

By the end of session you will be able to:

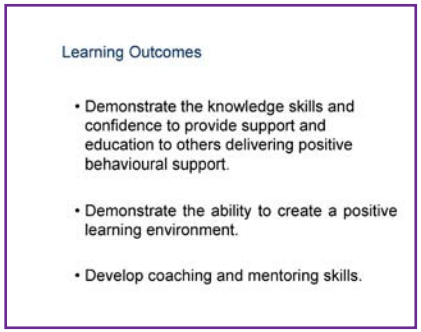
1. Demonstrate the knowledge skills and confidence to provide support and education to others delivering positive behavioural support.
2. Demonstrate the ability to create a positive learning environment.
3. Develop coaching and mentoring skills.

Activity	Time	Materials
Introduce learning outcomes & outline of session	1300	
In small groups reflect on your role as a leader. What do you think are the attributes of the leadership role	1310	Flipchart, pens
PowerPoint: The leadership Role in Creating a good Work / Learning Environment	1325	Projector, laptop, PP
Brainstorm in Groups Roles of the mentor and attributes of the mentor	1335	Flipchart, pens
Compare with the literature	1350	Projector, laptop, PP
Intro to learning Support	1400	Projector, laptop, PP
Activity 3 and 4 from the workbook: Using narratives	1410	Workbook
Coffee	1430	
Activity 5 and 6 from the workbook: Meaning	1445	Workbook
Visible and invisible skills Into Group work	1505	Workbook
Conclusion	1530	

Training Day 5

Power Point Slides

Slide 1



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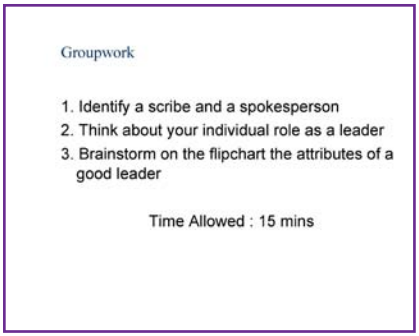

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Training Day 5

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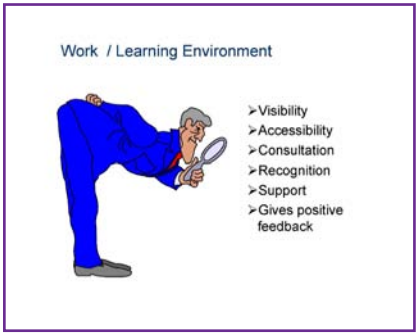

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Training Day 5

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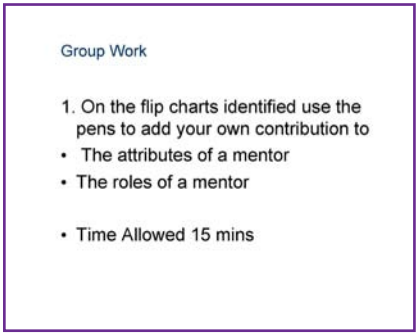

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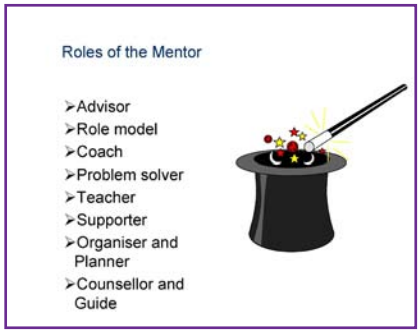

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Training Day 5

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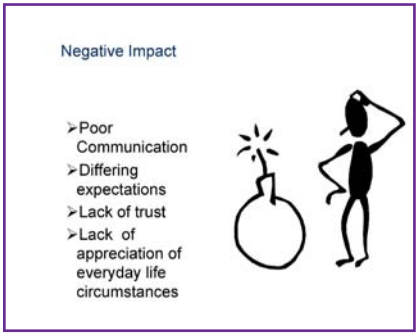

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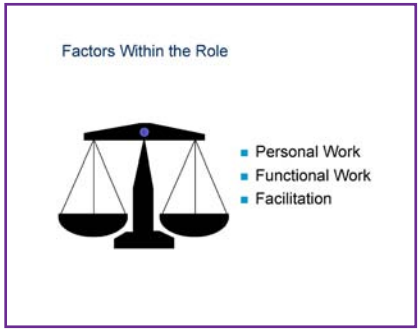

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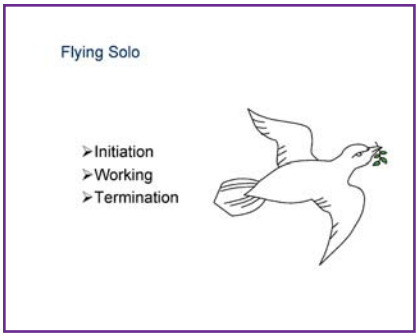

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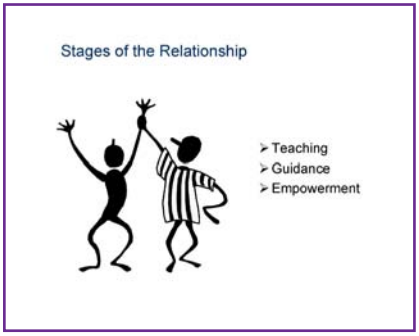

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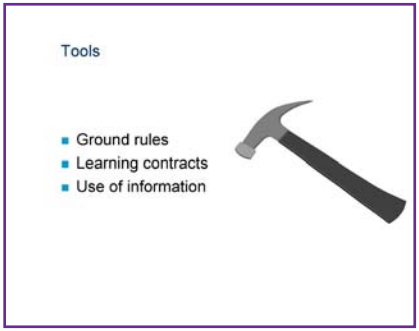

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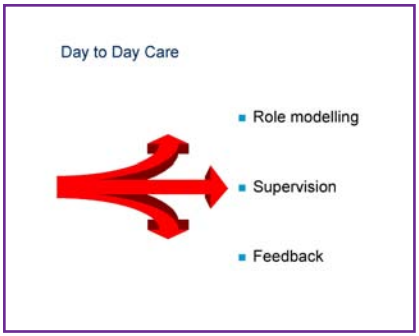


Slide 15

Training Day 5

Power Point Slides

A defence against feelings of disorientation, disillusionment and burn out

- Use of narratives
  - Constitutive or sustaining narratives
  - Learning narratives

Slide 16

Activity

1. Each table is one group for this activity.
2. Turn to page 7 and 8 of the workbook.
3. Now as a group complete Activities 3 and 4.

Time allowed : 20mins

Slide 17

A framework for clarifying human values

- Socialisation
  - Formal
  - Informal

Slide 18

Training Day 5

Power Point Slides

A way to recover meaning in social relationships

- Interpretation of Meaning
  - – Multiple
  - – Conflicting

Slide 19

Activity

1. Each table is one group for this activity.
2. Turn to page 10 and 11 of the workbook.
3. Now as a group complete Activities 5 and 6.

Time allowed : 20mins

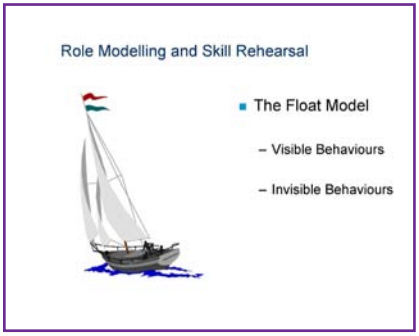
Slide 20

The Rhetoric of Positive Behavioural Support

Slide 21

Training Day 5

Power Point Slides



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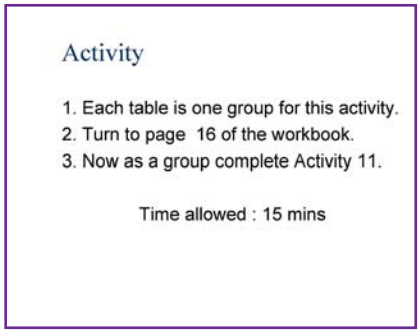

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Slide 24

Training Day 5

Power Point Slides

Slide 25

+ Supervisors Pack

Supervisors Pack

You are receiving this pack as you have been nominated to supervise one or two participants on The Positive Behavioural Support – Person Focussed Training. The training will begin early in the New Year. It is a pilot programme which has been funded by NHS Education for Scotland. It is being developed and run by Edinburgh Napier University in conjunction with The Learning Disability Managed Care Network and the Forensic Managed Care Network.

The overall learning outcomes of the training programme are:

Activity	Time
LO1	Effectively demonstrate values led and person centred approaches to supporting people with a learning disability whose behaviours are perceived as challenging.
LO2	Apply knowledge, skills and confidence to deliver positive behavioural support in your practice, utilising the key theory and skills of applied behavioural analysis.
LO3	Demonstrate the knowledge, skills and confidence to provide support and education to others delivering positive behavioural support.
LO4	Critically analyse the evidence base of a range of value based positive approaches to the assessment, treatment, support and evaluation of behaviours that challenge services and carers.
LO5	Critically reflect on the individual and organisational barriers to implementing positive behavioural support and identify and utilise a problem solving approach to overcoming these.
LO6	Demonstrate a conceptual understanding of the use of preventative measures and skill development procedures in reducing or altering behaviours perceived as challenging and a framework for collating empirical data to use in the development and evaluation of an intervention plan.
LO7	Effectively demonstrate a conceptual basis regarding the selection of reinforcers using formal assessment procedures and rationale for the contingent use of reinforcement to reduce behaviours perceived as challenging.
LO8	Apply knowledge and skills in developing data driven hypotheses in relation to behaviours perceived as challenging and analysing and presenting data.

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These learning outcomes will be explored in paper based materials that will support each study day. The timetable for these study days is outlined in Table 1.

Table 1: Positive Behavioural Support: Person Focused Training

	Day	Session	Lead
1	Monday 17th Jan	Principles of care Assessment	Colin Fergus
2	Tuesday 18th Jan	Functional Assessment Communication	Keith Jen
3	Wednesday 2nd Feb	Functional Assessment Designing Support Plans	Keith Sharon
4	Thursday 3rd Feb	Implementing Support Plans Evaluating Support Plans	Sharon Sharon
5	Wednesday 9th Feb	Paper into Practice Supporting & Educating Others Evaluation	Linda Elaine

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Following the first training day, subsequent days will begin with reflections on the previous day. This will take the format of asking participants in small groups to reflect on their learning from the previous day and identify on flipchart/post it's - what they have learned and any questions for further clarification (these will be kept to assist in the evaluation process).

The participants will gradually build up a workbook as they progress through the programme. They will be sent materials regarding days 1 and 2 mid December. At the end of day 2 on the 18th January participants will be given materials regarding days 3 and 4. At the end of day 4 on the 3rd February participants will be given materials regarding day 5 of the programme. The materials will contain factual information and also activities which will relate to the individuals development and their practice. It will be useful for you to look through these materials and activities with the person that you are supervising to ascertain progress and also to give support and direction. It will also give you the opportunity to clearly identify what the participant is being asked to do in relation to practice and to identify how they will participate in these learning experiences in practice. The participants will feedback in relation to any 'homework' they have been asked to do at the next study days.

It is suggested that you set aside 1 hour in each week of the programme to meet with the person that you are supervising and undertake the activities outlined above. This should commence with an introductory session in week commencing December 14th and then one meeting per week until week commencing February the 6th.

You will be asked at the end of the pilot to identify if the participant has met the learning outcomes by completing a small assessment of the participants progress and identifying any future learning that is required. This assessment is outlined in Appendix 1. Once completed one copy of this should be sent to Hazel Powell at the following address Edinburgh Napier University, Sighthill Campus, Sighthill Court, Edinburgh, EH11 4BN (by 18 February 2011 please) and one copy should be given to the participant to enclose in their portfolio. To aid you in this assessment the likely forms of evidence for each learning outcome have been identified. These are outlined in Appendix 2.

The participants are also going to be asked to self assess their skills across the learning outcomes before the pilot programme, on

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completion of the pilot and 4 weeks after they have finished. This will allow the project team to collate data in relation to changes in skill sets. This self assessment form is outlined in Appendix 3.

At the end of the pilot you will also be asked to fill in an evaluation form so that we can represent the views of the supervisors in our final report to NHS Education for Scotland.

The project team consists of:

- Hazel Powell, Lecturer and Teaching Fellow, Edinburgh Napier University
- Colin MacPherson, Lecturer/Practitioner, Edinburgh Napier University/NHS Lothian
- Elaine Kwiatek, Project Manager, Learning Disability Managed Care Network
- Dr Keith Bowden, Consultant Clinical Psychologist, NHS Forth Valley
- Dr Fergus Douds, Consultant Learning Disability Psychiatrist, The State Hospital/ NHS Highland.
- Vivienne Gration, Project Manager, The Forensic Network and School of Forensic Mental Health
- Lorraine Kirkcaldy, Charge Nurse, NHS Fife/ Fife Council
- Linda Hume, Challenging Behaviour Nurse Specialist, NHS Fife
- Dr Sharon Horne-Jenkins, Consultant Clinical Psychologist, NHS Fife
- Anne Edmonstone, Speech and Language Therapy Manager, NHS Lothian
- Jen McAlpine, Speech and Language Therapist, NHS Lothian

If you need any further information please do not hesitate to get in touch

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Sighthill Court
Edinburgh
EH11 4BN
h.powell@napier.ac.uk
0131 455 5355

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Supervisors Pack: Positive Behavioural Support- Person Focused Training

Assessment:
Participants Name: Supervisors Name:

Date:

LO 1: Effectively demonstrates values led and person centred approaches to supporting people with a learning disability whose behaviours are perceived as challenging
Participants Comments

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Supervisor Comments

LO 2: Applies knowledge, skills and confidence to deliver PBS in the participants practice, utilising the key theory and skills of applied behaviour analysis

Participants Comments

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Supervisor Comments

LO 3: Demonstrates the knowledge, skills and confidence to provide support and education to others delivering PBS

Participants Comments

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Supervisor Comments

LO 4: Critically analyses the evidence base of a range of value based positive approaches to the assessment, treatment, support and evaluation of behaviours that challenge services and carers

Participants Comments

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Supervisor Comments

LO 5: Critically reflects on the individual and organisational barriers to implementing PBS and identify and utilises a problem solving approach to overcoming these

Participants Comments

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Supervisor Comments

LO 6: Demonstrates a conceptual understanding of the use of preventative measures and skill development procedures in reducing or altering behaviours perceived as challenging and a framework for collating empirical data to use in the development and evaluation of an intervention plan

Participants Comments

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Supervisor Comments

LO 7: Effectively demonstrates a conceptual basis regarding the selection of reinforcers using formal assessment procedures and rationale for the contingent use of reinforcement to reduce behaviours perceived as challenging

Participants Comments

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Supervisor Comments

LO 8: Applies knowledge and skills in developing data driven hypotheses in relation to behaviours perceived as challenging and analysing and presenting this data

Participants Comments

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Supervisor Comments	
Participants Signature	Date
Supervisors Signature	Date

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Supervisors Pack: Positive Behavioural Support- Person Focused Training

Supervisors and Participants guide to evidence to meet the learning outcomes in the assessment

LO 1: Effectively demonstrates values led and person centred approaches to supporting people with a learning disability whose behaviours are perceived as challenging
Evidence could include: 1. Direct observation of participant in interactions with people 2. Reflective accounts of interactions with people 3. Anonymised copies of meeting notes that demonstrate involvement of person and family carers
LO 2: Applies knowledge, skills and confidence to deliver PBS in the participants practice, utilising the key theory and skills of applied behaviour analysis
Evidence could include: 1. Can outline the theory of applied behavioural analysis either verbally or in a written account 2. Reflective accounts of using the theory in practice 3. Direct observation of using the approach in practice 4. Copies of anonymised assessments & multi-element care plans

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LO 3: Demonstrates the knowledge, skills and confidence to provide support and education to others delivering PBS
Evidence could include: 1. Teaching plans 2. Teaching resources 3. Reflective accounts of providing support and education 4. Direct observation of support and education of others
LO 4: Critically analyses the evidence base of a range of value based positive approaches to the assessment, treatment, support and evaluation of behaviours that challenge services and carers
Evidence could include: 1. Can outline a range of value based positive approaches either verbally or in a written account 2. Can link assessment, treatment, support and evaluation to the literatures available either verbally or in a written account

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LO 5: Critically reflects on the individual and organisational barriers to implementing PBS and identify and utilises a problem solving approach to overcoming these
Evidence could include: 1. Can identify individual and organisational barriers either verbally or in a written account 2. A written plan to overcome the barriers 3. A reflective account of identification and the strategies used to overcome the barriers
LO 6: Demonstrates a conceptual understanding of the use of preventative measures and skill development procedures in reducing or altering behaviours perceived as challenging and a framework for collating empirical data to use in the development and evaluation of an intervention plan
Evidence could include: 1. Can identify preventative measures either verbally or in a written account 2. Can outline skill development procedures either verbally or in a written account 3. Can demonstrate skill development procedures 4. Has a recording framework for data 5. Can show evaluations

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LO 7: Effectively demonstrates a conceptual basis regarding the selection of reinforcers using formal assessment procedures and rationale for the contingent use of reinforcement to reduce behaviours perceived as challenging
Evidence could include: 1. Evidences how reinforcers were chosen 2. Can outline the rationale for contingent use of reinforcement either verbally or in a written account
LO 8: Applies knowledge and skills in developing data driven hypotheses in relation to behaviours perceived as challenging and analysing and presenting this data
Evidence could include: 1. Production of data 2. Reflective account of the process of developing the hypothesis

Supervisors Pack

Supervisors Pack: Positive Behavioural Support - Person Focused Training
Participants Pre and Post Self Assessment

Participants Name: Date:

Please score yourself on the likert scales under each leaning outcome.

1= Poor and 6 = Excellent

LO 1: Effectively demonstrates values led and person centred approaches to supporting people with a learning disability whose behaviours are perceived as challenging
1 2 3 4 5 6
LO 2: Applies knowledge, skills and confidence to deliver PBS in the participants practice, utilising the key theory and skills of applied behaviour analysis
1 2 3 4 5 6
LO 3: Demonstrates the knowledge, skills and confidence to provide support and education to others delivering PBS
1 2 3 4 5 6

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LO 4: Critically analyses the evidence base of a range of value based positive approaches to the assessment, treatment, support and evaluation of behaviours that challenge services and carers
1 2 3 4 5 6
LO 5: Critically reflects on the individual and organisational barriers to implementing PBS and identify and utilises a problem solving approach to overcoming these
1 2 3 4 5 6
LO 6: Demonstrates a conceptual understanding of the use of preventative measures and skill development procedures in reducing or altering behaviours perceived as challenging and a framework for collating empirical data to use in the development and evaluation of an intervention plan
1 2 3 4 5 6

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LO 7: Effectively demonstrates a conceptual basis regarding the selection of reinforcers using formal assessment procedures and rationale for the contingent use of reinforcement to reduce behaviours perceived as challenging					
1	2	3	4	5	6
LO 8: Applies knowledge and skills in developing data driven hypotheses in relation to behaviours perceived as challenging and analysing and presenting this data					
1	2	3	4	5	6

Supervisors Pack

Supervisors Pack: Positive Behavioural Support - Person Focused Training
Participants Pre/post Training Self Assessment

Participants Name: Date:

Please score yourself on the likert scales under each leaning outcome.

1= Poor and 6 = Excellent

LO 1: Effectively demonstrates values led and person centred approaches to supporting people with a learning disability whose behaviours are perceived as challenging
1 2 3 4 5 6
LO 2: Applies knowledge, skills and confidence to deliver PBS in the participants practice, utilising the key theory and skills of applied behaviour analysis
1 2 3 4 5 6
LO 3: Demonstrates the knowledge, skills and confidence to provide support and education to others delivering PBS
1 2 3 4 5 6

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LO 4: Critically analyses the evidence base of a range of value based positive approaches to the assessment, treatment, support and evaluation of behaviours that challenge services and carers
1 2 3 4 5 6
LO 5: Critically reflects on the individual and organisational barriers to implementing PBS and identify and utilises a problem solving approach to overcoming these
1 2 3 4 5 6
LO 6: Demonstrates a conceptual understanding of the use of preventative measures and skill development procedures in reducing or altering behaviours perceived as challenging and a framework for collating empirical data to use in the development and evaluation of an intervention plan
1 2 3 4 5 6

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LO 7: Effectively demonstrates a conceptual basis regarding the selection of reinforcers using formal assessment procedures and rationale for the contingent use of reinforcement to reduce behaviours perceived as challenging
1 2 3 4 5 6
LO 8: Applies knowledge and skills in developing data driven hypotheses in relation to behaviours perceived as challenging and analysing and presenting this data
1 2 3 4 5 6