



**Positive Behavioural Support:
person focused training**

Facilitators Pack



[Click Here](#)

Contents

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

Positive Behavioural Support: person focused training

Welcome!

Slide 1

Introductions

Find someone who you do not know and spend 5 minutes each introducing yourself, where you are from and what you hope to gain from the training

Introduce the other person to the whole group

Slide 2

Overview

Pilot training programme funded by NHS Education for Scotland
Develop, deliver and evaluate a training programme

The components

- workbook
- contact days
- portfolio

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Training Day 1

Learning Outcomes

1. Effectively demonstrate values led and person centred approaches to supporting people with a learning disability whose behaviours are perceived as challenging.
2. Apply knowledge, skills and confidence to deliver PBS in your practice, utilising the key theory and skills of applied behavioural analysis.
3. Demonstrate the knowledge, skills and confidence to provide support and education to others delivering PBS.

Aim

- Provide a training resource to support staff to implement positive behavioural support in everyday service settings where there is a need to demonstrate long term maintenance of behavioural change to improve the lives of people with a learning disability
 - Opportunity for reflection on own practice
 - Opportunity for networking with others interested in this area
 - Build on existing knowledge and skills
 - Opportunity to explore longer term educational and support needs

Learning Outcomes

4. 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.
5. Critically reflect on the individual and organisational barriers to implementing PBS and identify and utilise a problem solving approach to overcoming these.

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Training Day 1

Learning Outcomes

6. 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.
7. 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.

Learning Outcomes

8. Apply knowledge and skills in developing data driven hypotheses in relation to behaviours perceived as challenging and analysing and presenting data.

Pre-training self assessment

- If you have not already done this please complete this now and return to Hazel.

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Training Day 1

Outline for next 2 days

Today

- Introduction to training
- Principles of care
- Lunch
- Assessment & PBS & people with a learning disability who have offended (or are displaying offending behaviour)

Tomorrow

- An exercise in detective work; functional analysis & the design, implementation & evaluation of multi-element plans
- Lunch
- Communication

Housekeeping/practical

- Contact details
- Tea/coffee
- Lunch
- Travel expenses/accommodation

Any Questions?

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Training Day 1

Positive Behavioural Support: person focused training

Principles of Care

What is Behaviour?

- A person is behaving all of the time
- Activity is often though to be the same as behaviour
- A person is behaving even when they are doing nothing

Challenging Behaviour

Defined by reference to the relative intensity, frequency and duration of a problematic behaviour and by the likelihood of that behaviour leading to harm or exclusion of services

(Blunden and Allen, 1987)

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Training Day 1

Challenging Behaviour

- Culturally abnormal behaviour of such an intensity, frequency and duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to ordinary community facilities

(Emerson et al, 1987)

Challenging Behaviour

- Anything that someone else does that makes you feel uncomfortable

(A cook at a day centre, 2000)

Why use the term Challenging Behaviour?

- It is free from implicit assumptions regarding the psychological characteristics of the behaviour?

In effect it does not assume that the behaviour is related to a psychological failing on the individuals part e.g. personality disorder

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Training Day 1

Why use the term Challenging Behaviour?

- It has no negative connotations in relation to the organisation of the behaviour e.g. disordered
- It has no negative connotations in relation to the nature of the relationship between the behaviour and ongoing events e.g. dysfunctional or maladaptive

Why use the term Challenging Behaviour?

The term is specific to a socially significant sub group of abnormal, unusual or odd behaviours it must involve

- Significant risk to peoples physical risk to peoples well being
- Or act to markedly reduce access to community settings

Why use the term Challenging Behaviour?

- Excludes
 - Psychiatric disorders
 - Low intensity low frequency behaviours

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Training Day 1

Why use the term Challenging Behaviour?

- It emphasises that challenging behaviour is a challenge to services rather than problems which individuals with learning disabilities in some way carry around with them

(Blundell and Allen, 1987 p14)

Why use the term Challenging Behaviour?

- It broadens our scope of investigation and focuses on the process

The Social Context of Challenging Behaviour

- The impact of challenging behaviour on the individual, carers and society
- Social construction of challenging behaviour

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Training Day 1

Social Construction

- Challenging behaviour can only be fully understood when viewed as social construction

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Factors to Consider when Defining Challenging Behaviour

- Social rules are what constitute appropriate behaviour in that setting
 - Implied rule e.g. you generally would not smoke in peoples houses who do not smoke
 - Explicit rule e.g. you would not (now) smoke in a pub

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Factors to Consider when Defining Challenging Behaviour

- The ability of the person to give a plausible account – many behaviours are easier to understand when someone can give you a rationale
- The beliefs held by other people in the setting about the nature of intellectual disabilities and the causes of the person's challenging behaviour

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Training Day 1

Factors to Consider when Defining Challenging Behaviour

- The capacity of the setting to manage any disruption caused by the person's behaviour
- Cultural
- Religious
- Role expectations

Framework for Value Based Care

- Practice Skills
 - Awareness
 - Reasoning
 - Knowledge
 - Communication

Awareness

- Having awareness and taking account of the values in a given situation
- Informed by language used
 - perception of clients abilities,
 - professional/organisational needs versus individuals needs
 - attitudes towards applied behavioural analysis (normalisation misconstrued)

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Training Day 1

Awareness

Question your own values contribution

- Reflective practice
- Clinical supervision

Reasoning

- Case based reasoning
- Principle based reasoning

Care Based Reasoning

- Is taking a systematic approach to the problem
 - applied behaviour analysis
 - nursing care plans

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Training Day 1

Principles Based Reasoning

- Identify the values that have relevance to a greater or lesser extent
- Measure against
 - Beneficence (Benefit to the individual)
 - Non maleficence (least restrictive)
 - Autonomy(past and present views of the individual)
 - Justice (views of others)

Knowledge

- Gathering information and the process of gathering information of what values exist and the impact of those values in relation to the issue

Communication

- Listening skills
- Empathy
- Demonstrating understanding
- Negotiating skills
- Conflict resolution

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Training Day 1

Models of Service Delivery

- User Centred
- The priority is the values and perception of the service user - advocacy, SALT, relevant others if necessary to support this process

Multi-Disciplinary Team

- What/who constitutes the PBS team e.g. client, family, advocate
- Conflict resolution absent of pre-prescribed rules.
- Balance and evaluate different perspectives

Values Based Practice & Evidence Based Practice

- All decisions based on facts and values EVP and VBP working together
- We do not only address values when we have a problem
- We increase scientific knowledge, we increase choices and we increase the complexity and width of the value issues that we have to take into account

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Training Day 1

Partnership

- All decisions are taken by service users and the providers of care working in partnership

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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

Training Day 1

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.

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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

Power Point Slides

PBS FORENSIC MODULE

DR FERGUS DOUDS
CONSULTANT LEARNING
DISABILITY PSYCHIATRIST

PBS FORENSIC MODULE

- **STRUCTURE OF SESSION:**

- 1) **ATTITUDES AND VALUES IN A FORENSIC CONTEXT**
- 2) **PEOPLE WITH A LEARNING DISABILITY WHO HAVE OFFENDED**
- 3) **LEGISLATION RELEVANT TO FORENSIC PRACTICE**

LEARNING OBJECTIVES

PBS FORENSIC MODULE

- **FORMAT:**
- **IT'S NOT A LECTURE!**
- **INTERACTIVE**
- **INFORMAL**
- **PROMOTING GROUP DISCUSSION**
- **PROMOTING REFLECTION ON ISSUES**
- **LEARNING FROM EACH OTHER**

- **IF YOU DON'T KNOW, PLEASE ASK**

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Training Day 1

Power Point Slides

PBS FORENSIC MODULE

- ATTITUDES AND VALUES:

Staff working with forensic patients must be aware of their attitudes towards these individuals, especially when certain offences are being dealt with. It is essential to be able to assess, treat and care for all patients, and to have a good understanding of their offending behaviour, without any punitive stance being taken. Such a stance would interfere with any therapeutic relationship, reduce the chances of successful rehabilitation and potentially increase the risk of further offending by failing to engage the patient.

PBS FORENSIC MODULE

- ATTITUDES AND VALUES:

- GROUP EXERCISE

- CONSIDER WHAT YOU THINK ARE SOME OF THE KEY QUALITIES FOR STAFF WORKING WITH FORENSIC PATIENTS

PBS FORENSIC MODULE

- ATTITUDES AND VALUES

- In **psychology**, an attributional bias is a **cognitive bias** that affects the way we determine who or what was responsible for an event or action (**attribution**). An awareness of the potential for such bias helps team members to reflect on why we sometimes treat some patients differently from others → GROUP EXERCISE

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Training Day 1

Power Point Slides

PBS FORENSIC MODULE

- PEOPLE WITH A LEARNING DISABILITY WHO HAVE OFFENDED
- GROUP EXERCISE
 - 1) ARE PWLD MORE LIKELY TO OFFEND COMPARED TO GENERAL POPULATION?
 - 2) WHAT ARE THE CHARACTERISTICS OF PWLD WHO OFFEND?
 - 3) ARE PWLD MORE LIKELY TO COMMIT CERTAIN CRIMES?
 - 4) SHOULD PWLD GO TO PRISON?

PBS FORENSIC MODULE

- GROUP EXERCISE:
- CASE VIGNETTE— “GORDON”
- Consider what the major areas of risk might be in this case
- Consider how you would go about completing your risk assessment

PBS FORENSIC MODULE

- RISK ASSESSMENT:
- HCR-20
- 10 “H” ITEMS
 1. Previous violence
 2. Young age at first violence (under 20)
 3. Relationship instability
 4. Employment problems
 5. Substance use problems
 6. Major mental illness
 7. Psychopathy
 8. Early maladjustment
 9. Personality disorder
 10. Prior supervision failure

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Training Day 1

Power Point Slides

PBS FORENSIC MODULE

- RISK ASSESSMENT:
- HCR-20

5 "C" ITEMS

1. Lack of insight
2. Negative attitudes
3. Active symptoms of mental illness
4. Impulsivity
5. Unresponsiveness to treatment

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PBS FORENSIC MODULE

- RISK ASSESSMENT:
- HCR-20

5 "R" ITEMS

1. Plans lack feasibility
2. Exposure to destabilisers
3. Lack of personal support
4. Non-compliance with remediation attempts
5. Stress

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PBS FORENSIC MODULE

- RISK ASSESSMENT:
- GROUP EXERCISE
- Reconsider and reflect on your original answers for "Gordon's" risk assessment (Case vignette).

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Power Point Slides

PBS FORENSIC MODULE

- RISK MANAGEMENT
- GROUP EXERCISE
- “GORDON” AGAIN
- USING BLANK TEMPLATE, ATTEMPT TO COMPILE CARE AND TREATMENT PLAN

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PBS FORENSIC MODULE

- LEGISLATION RELEVANT TO FORENSIC PRACTICE
- In relation to legislation such as the *Adults with Incapacity (Scotland) Act 2000*, the *Mental Health (Care & Treatment)(Scotland) Act 2003*, the *Criminal Procedure (Scotland) Act 1995* and the *Vulnerable Witnesses (Scotland) Act 2004*, people with a learning disability are categorised as meeting the criteria for “mental disorder”. As such they are subject to the safeguards and powers of these laws.

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PBS FORENSIC MODULE

- LEGISLATION RELEVANT TO FORENSIC PRACTICE
- GROUP EXERCISE
- “GORDON’S” BACK.... Discuss what powers might exist to facilitate Gordon’s care and treatment plan, keeping him and others safe

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Training Day 1

Power Point Slides

PBS FORENSIC MODULE

- LEGISLATION RELEVANT TO FORENSIC PRACTICE
- THE LAST YOU'LL HEAR OF "GORDON"--Discuss what powers might exist if Gordon was made subject to a Welfare Guardianship Order; how would these differ from those of a Compulsion Order?

PBS FORENSIC MODULE

THANKS FOR YOUR
ATTENTION AND
PARTICIPATION!!

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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	9.45-10.00	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) <ul style="list-style-type: none"> • 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

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Functional analysis (Pt.1)

An exercise in Detective Work

Slide 1

Plan for sessions

- Starting with ABC's
- Moving to Positive Behavioural Support
- Functional Understanding of Behaviour
- High level functional analysis interviewing
- Overview of elements to include in full functional assessment
- Detailed functional analysis
- What outcomes do we want from our functional analysis?

Slide 2

Intended Learning Outcome

- How do you develop working hypotheses about challenging behaviour?
 - Improved understanding the different levels of assessment which can be applied to functional analysis
 - Improved understanding of the benefits of going beyond a simplistic behavioural model of behaviour for the person and their carers

Slide 3

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Starting with ABC's

- Antecedents
 - What happens before the behaviour
 - Conditions under which the behaviour occurs
- Behaviour
 - What the person does
 - Target behaviour (observable, measurable & describable)
- Consequences
 - What happens next
 - Events that affect future occurrence

Slide 4

Starting with ABC's

- Antecedents
 - Setting conditions e.g.
 - Interpersonal – who is present when the behaviour occurs?
 - Environmental – e.g. noise, temperature etc.?
 - Structural – what should they be doing in this setting?
 - Emotional – how person observed to be feeling?
 - Distant – anything happen over past 24 hours?
 - When does the problem not happen?

Slide 5

Starting with ABC's

- Antecedents
 - Triggers e.g.
 - Someone or something makes a demand
 - Something unexpected happens
 - Something changes
 - Someone or something is withdrawn

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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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Starting with ABC's

- Benefits of using ABC analysis in practice
 - Familiar model to many staff
 - Can be simple to record
 - Will usually provide
 - Some setting information (e.g. location and time)
 - Description of what happened
 - Description of
 - Good ABC data can be very helpful in identifying
 - Pattern of behaviour
 - Possible antecedents to occurrence of behaviour
 - Range of consequences following occurrence of behaviour

Slide 10

Starting with ABC's

- Limitations of using ABC analysis in practice
 - Can often be the case that
 - Recording is of poor quality, e.g.
 - Lack of detail in information provided
 - Interpretation of behaviour rather than description
 - Inconsistency in how forms are completed
 - Difficulty in recording sequences of behaviour
 - Recording forms are completed but never analysed
 - Has to compete with other forms for recording incidents

Slide 11

Starting with ABC's

- Limitations of just using ABC analysis
 - Focuses primarily on a purely operant model of behaviour – loses the person, history and wider context
 - Focuses primarily on short behavioural sequences which may, or may not, be the main drivers for the behaviour
 - Can result in the emphasis of 'treatment' being placed on the consequences of the behaviour
 - There is a danger that it can promote the idea that the behaviour is the person's 'fault'

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Starting with ABC's

- Important not to throw the baby out with the bathwater
- If used properly ABC analysis will provide the foundation for a good functional analysis.

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Moving to Positive Behavioural Support

- Essential characteristics of Positive Behavioural Support (Allen et al. 2005)
 - It is values-led in that the goal of behavioural strategies is to achieve enhanced community presence, choice, personal competence, respect and community participation, rather than simply behaviour change in isolation.
 - It is based on an understanding of why, when and how behaviours happen and what purposes they serve (via the use of functional analysis).

Slide 14

Moving to Positive Behavioural Support

- Essential characteristics of Positive Behavioural Support (Allen et al. 2005)
 - It focuses on altering triggers for behaviour, in order to reduce the likelihood that behaviour will occur.
 - It uses skill teaching as a central intervention, as lack of critical skills is often a key contributing factor in the development of behavioural challenges.

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Moving to Positive Behavioural Support

- Essential characteristics of Positive Behavioural Support (Allen et al. 2005)
 - It uses changes in quality of life as both an intervention and an outcome measure.
 - It achieves reductions in behaviour as a side-effect of the above.
 - It has a long-term focus in that challenging behaviours are often of a long-term nature and successful interventions therefore need to be maintained over prolonged periods.

Moving to Positive Behavioural Support

- Essential characteristics of Positive Behavioural Support (Allen et al. 2005)
 - It has a multi-component focus, reflecting the facts that challenging behaviours are often multiply determined and that users typically display multiple forms.
 - It reduces or eliminates the use of punishment approaches.

Moving to Positive Behavioural Support

- Essential characteristics of Positive Behavioural Support (Allen et al. 2005)
 - It includes both proactive strategies for changing behaviour and reactive strategies for managing behaviour when it occurs, because even the most effective change strategies may not completely eliminate risk behaviours from behavioural repertoires.

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Moving to Positive Behavioural Support

- Focus for this session
 - It is based on an understanding of why, when and how behaviours happen and what purposes they serve (via the use of functional analysis).

Functional Understanding of Behaviour Definition (Doyle & Owens 2008)

- A functional understanding of behaviour involves
 - A systematic collection of information
 - Involves structured interviews, data collection and file reviews. This method of collecting information also includes interviewing the client where possible.
 - Includes direct observations of the client's behaviour in the natural environment and the interaction between the environment and the client
 - Possibly involves experimental manipulations, i.e. Altering the environmental conditions (e.g. task difficulty and amount of attention available) and then observing for the effects of the behaviour on the client.

Functional Understanding of Behaviour Definition (Doyle & Owens 2008)

- A functional understanding of behaviour involves
 - Analysis of the available information
 - The aim is to identify possible reasons (i.e. purpose, motivation, function or goal) to explain why the person engages in challenging behaviour. Understanding the challenging behaviour involves considering biological, social, cognitive, affective, and environmental factors.

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Functional Understanding of Behaviour Definition (Doyle & Owens 2008)

- Analysis of the available information
 - Includes carefully considering:
 - The behaviour (i.e. how it escalates, the intensity and how it de-escalates).
 - The antecedents (i.e. the conditions under which the behaviour occurs or antecedents that reliably precede it).
 - The setting events (i.e. the broad context that influences the likelihood that a particular cue will trigger problem behaviour).
 - Probable reinforcing events (i.e. the consequences or outcomes of the behaviour) for the client that may increase or decrease the likelihood of it occurring.

Functional Understanding of Behaviour Definition (Doyle & Owens 2008)

- A functional understanding of behaviour involves
 - Identifying function/s of the behaviour
 - This is done in order to:
 - Complete or develop a Multi-Element Support Plan or to improve the effectiveness and efficiency of an intervention.
 - Remove or modify environmental conditions that bring about the need for the behaviour
 - Teach new skills which render the challenging behaviour inefficient, ineffective, or obsolete.

Deciding where to start

- Is the referral appropriate?
- What level of intervention is ethical?
- Why has this referral been made now?
- What behaviours are involved?
- What behaviours are a priority for assessment/intervention?

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High level functional analysis interviewing

- Example of Emerson's "Structured Interview to Determine the Immediate Impact and Contextual Control of Challenging Behaviour"
- *Ask each question separately for each form of challenging behaviour shown by the person.*

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High level functional analysis interviewing

- What are the activities or settings in which the behaviour typically occurs?
- What typically happens when the behaviour occurs (i.e. what do you or others typically do)?
- Are there particular events or activities that usually or often occur just before an instance of challenging behaviour? Please describe.

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High level functional analysis interviewing

- Are there particular events or activities that you usually avoid because they typically result in challenging behaviour? Please describe
- Are there particular events or activities that you encourage because they DO NOT result in challenging behaviour? Please describe.
- What does appear to be communicating with their challenging behaviour? Please describe.

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High level functional analysis interviewing

- Does their challenging behaviour appear to be related to a specific medical condition, diet, sleep pattern, seizure activity, period of illness or pain? Please describe.
- Does their challenging behaviour appear to be related to their mood or emotional state? Does this change follow an episode of challenging behaviour? Please describe.

High level functional analysis interviewing

- Does the behaviour appear to be influenced by environmental factors (noise, number of people in the room, lighting, music, temperature)? Please describe.
- Does the behaviour appear to be influenced by events in other settings (e.g. relationships at home)? Please describe.

High level functional analysis interviewing

- Practical Exercise
 - 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

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Elements to include in full functional analysis

- Range of models in use in services
- Majority are probably based on model developed by Willis, La Vigna & Donellan adapted to fit local circumstances
- Work to local models if in use (in consultation with supervisor)
- If no formal local models may want to use relevant sections from Doyle & Owens "Understanding The Function of Behaviour: A Practice Guide" (2007).

When is full functional analysis appropriate?

Willis & La Vigna (1996) suggest

"...if any of the following three criteria are satisfied, then a comprehensive approach to assessment...should be considered and may be justified:

When is full functional analysis appropriate?

- when the person's challenging behavior persists despite consistently implemented support plans that have been based on less comprehensive and less formal methods of assessment...
- when the person's behavior places the person or others at risk...
- when you are considering an aversive, intrusive or restrictive procedure."

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Structure of Willis et al.'s Behavior Assessment Guide

- A. Referral information
- B. Description Of The Person
- C. Other Background Information
- D. Mediator Analysis
- E. Motivational Analysis
- E. Ecological Analysis
- F. Functional Analysis of Behaviour

Detailed functional analysis – Referral information can include...

- Who made the referral and why
- Who are the significant people involved with this individual who may be able to assist in the analysis of function
- Range of behaviours of concern
- Information currently available (e.g. Case notes, existing ABC charts etc.)
- Degree of risk and level of prioritisation

Detailed functional analysis – Description of the person can include...

- | | |
|---|--|
| <ul style="list-style-type: none">• Physical Characteristics<ul style="list-style-type: none">– Age, height, weight– Sensory impairments– Physical disabilities– Physical appearance | <ul style="list-style-type: none">• Cognitive Abilities<ul style="list-style-type: none">– General level of cognitive functioning (including strengths & weaknesses)– Memory– Understanding how the person learns– Ability to utilise impulse control– Ability to recognise emotion in others– Understanding of time and sequence |
|---|--|

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**Detailed functional analysis –
Description of the person can include...**

- Communication Abilities
 - How does the person communicate their needs
 - Level of expressive language
 - Level of comprehension
 - Social communication skills
 - Methods of supporting communication and effectiveness of these
 - Reading and writing
- Motor/Perceptual Abilities
 - Fine & gross motor skills
 - Attention span
- Self-Care Skills
 - Eating
 - Dressing
 - Toileting
 - Bathing etc.

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**Detailed functional analysis –
Description of the person can include...**

- Community Skills
 - Telephone skills
 - Personal identification
 - Community mobility
 - Shopping skills
 - Money management
- Domestic Skills
 - Kitchen skills
 - Room maintenance
 - Laundry skills etc.
- Leisure/Recreation Skills
 - Indoor activities
 - Outdoor activities
- Emotion skills
 - Anger/frustration
 - Unhappiness
 - Fear/anxiety
 - Affection
 - Happiness

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**Detailed functional analysis –
Description of the person can include...**

- Social skills
 - Interactions
 - Relationships
 - Friends
 - Initiating/Maintaining Relationships
 - Assets/talents
 - Undesirable Social Traits
 - Interest in sex
 - Understanding of sex
- Consideration of
 - Goodness of fit of client's abilities with level of support provided?
 - Expectations too high?
 - Expectations too low?
 - Opportunities for skills development?
 - Opportunities for skills utilisation?
 - Possibilities for measuring changes in quality of life?

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**Detailed functional analysis –
Other background information can include...**

- Family history and Background
 - Family life
 - Cultural and religious context
 - Development
 - Opportunities
 - Parental styles
 - Attitudes
 - Significant events
- Living Arrangement
 - Placement history
 - Positive and negative experiences
 - Potential contribution to behaviour
 - Relationships
 - Significant events
- Day Placements etc.
 - As above

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**Detailed functional analysis –
Other background information can include...**

- Health and Medical Issues
 - Diagnosis/behavioural phenotype
 - Psychiatric diagnosis
 - Prescribed medication
 - General health problems
 - Vision/hearing
 - Gastrointestinal
 - Respiratory
 - Epilepsy
 - Cardiovascular
 - Allergies
- Weight
- Sleep
- Urinary/genital
- Service History
 - Focus on response of services to challenging behaviour
 - Other influential factors

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**Detailed functional analysis –
Mediator Analysis - Activity**

You receive a referral for a positive behaviour support approach with a client in a service you are unfamiliar with.

- What aspects of that service would you be looking for to give you confidence that they will be able to utilise a PBS approach?
- What aspects of the service, if present, would cause you to have concern that a PBS approach might not be feasible at this time?
- Work in a group of 4/5 to generate your key points.

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Detailed functional analysis – Mediator Analysis

- Factors include (Doyle & Owens,2007)
 - Capacity/resources/training/knowledge
 - Willingness/attitude/values
 - Stress or distress

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Detailed functional analysis – Mediator Analysis

- Factors that can facilitate change
 - Enthusiasm/motivation for change on the part of the client and his/her support network
 - Understanding by the client and support network about how the recommendations will effect change
 - Time
 - Availability of other people to assist with implementation (e.g. family members, staff)
 - Access to other relevant services (e.g. respite, advocacy, mental health)
 - Access and positive attitude to training and implementation

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Detailed functional analysis – Mediator Analysis

- Barriers to future successful acceptance and implementation of the recommendations can include
 - Emotional/mental health factors (e.g. a client in an active phase of mental illness, parent with mental illness (e.g. Depression), parental/Staff stress
 - Lack of people resources to assist with implementation (e.g. not enough staff, father spending long hours away from home working)
 - Cultural and religious contexts (e.g. recommendations may be inconsistent with or not have taken account of the cultural background of the family or staff
 - Socio-economic factors (e.g. a client or family may not have the financial capacity to purchase recommended sensory equipment)

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Detailed functional analysis – Mediator Analysis

- Barriers (continued)
 - Lack of motivation by the client or support network to change
 - Lack of knowledge, skills and experience to implement recommended support strategies
 - Lack of resources to promote change (e.g. training)
 - The client does not or cannot understand how the recommendations will cause change
 - Poor communication, liaison and coordination between the client, multiple service providers and others in the support network

Detailed functional analysis – Motivational analysis

- Identification of 'things' that are potentially reinforcing for the person
- McLean & Grey (2007) include
 - Food
 - Possessions
 - Entertainment
 - Sport
 - Music
 - Excursions
 - Social Interaction
 - Academic
 - Domestic Activities
 - Personal Appearance
 - Other Events
 - Tokens

Detailed functional analysis – Motivational analysis

- “Contingent reinforcers, if used at all, should represent extra incentives that go beyond the noncontingent quality of life that we would want everybody to enjoy”
(Willis & La Vigna 1996)

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Detailed functional analysis – Ecological Analysis

“Goodness of fit of the environment with the needs and characteristics of the individual”
(McLean & Grey 2007)

Detailed functional analysis – Ecological Analysis

- Access to Activity
- Community access
- Access to food and drink
- Access to relaxation
- Use of communication supports
- Interactional style of carers
- Availability of choice
- Dealing with transitions
- Freedom of movement
- Opportunities for positive social interaction
- Relationships with peers
- Service design & staffing arrangements
- Temperature, noise, light etc.
- Frightening behaviour of others
- Expectations of carers
- Predictability of events
- Philosophical beliefs and culture of service
 - “He can’t get away with it”
 - “It’s her choice”

And finally...

- The functional analysis workbook – Part 1
 - How ABC charts are used in your service
 - Essential characteristics of positive behavioural support in your service
 - Thinking about high level interview structure
 - Mediator analysis – self-reflection
 - Motivational analysis – “Raindrops on roses...”
 - Ecological analysis – from a service user view

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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

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Positive Approaches to Challenging Behaviour
Supporting Communication

Learning Outcomes

- Have an understanding of the benefits of communication supports for individuals whose behaviour challenges
- Have an understanding of how to use:
 - Communication passports
 - Chat Books and Boxes
 - Personalised Schedules
 - Intensive interaction
 - Picture Exchange System
 - Talking Mats
 - Social Stories

Communication

Communication impairment is a core risk factor for challenging behaviour

Challenging behaviour is often a form of non-verbal communication; a **functionally equivalent behaviour**.

Slide 1

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The Behaviour Iceberg

- Whitaker (2001) says that the behaviour is the tip of the iceberg.
- The cause or contributory factors are the bit below the surface i.e. The largest part
- It's the bit under the water which we want to address.

Slide 4

The Role of the SLT

The role of the speech and language therapist is to focus on the presenting behaviours in an attempt to identify whether they serve a communicative function for that individual, in order to contribute to the hypothesis regarding the communication reasons for the presenting challenging behaviour.

The communication assessment aims to identify an individual's communication support needs

Slide 5

Communication – what do we assess?

- Hearing or Visual Impairment
- Comprehension of language
- Expressive Language/Mean of Communication
- Interaction/Social Communication Skills

Slide 6

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How we go about it

- Previous communication assessments
- Observation
- Carer interview
- Formal assessment

Slide 7

Understanding

In order to understand what has happened and what will happen, we rely on:

- **Situational understanding** based on:
 - Previous experience what usually happens (routines)
 - non-verbal clues (tone of voice, body posture/movement, gestures)
 - visual and sensory clues (smells and sounds)
- **Linguistic** understanding based on:
 - words and grammar

Slide 8

Activity 3 Situational Understanding

What happens next?

Description

- You will be each be given a picture
- What do you think will happen next to the individuals in your picture?

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Key Words

- Key words are the main words in a sentence.
- They are the words that are essential to the meaning of the sentence; i.e. They are the words a person must understand to be able to respond correctly.
- They are the words which cannot be understood through situational clues.
- Words like “a” and “the” are not normally counted.

Slide 10

Communication Partners

- Communication is a two way process
- Support staff regularly overestimate the service user's comprehension level
- The communication style of the other person has a major impact on the service user's communication
- There a number of strategies which can help the service user:
 - oMinimal speech, closed questions, correcting facts, tone of voice, time for processing, listening

Slide 11

Activity 4 Give us a clue

A simple demonstration of situational understanding.

How many key words would you have to understand to answer the question?

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

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Expression/Means of Communication

- Articulation problem (speech)
 - Dysarthria
 - Dyspraxia
 - Phonological problem (sound system)
- Language problem
 - Developmental
 - Specific language disorder

Slide 16

Expressive communication

- Main means of communication
 - speech, sign, symbols
- Non verbal communication
 - Intelligibility, echolalia, repetitive utterances
- Communication functions
 - Gaining attention, making choices, saying no
- Interaction/Social skills
 - Eye contact, facial expression, distance, initiation, maintaining interaction

Slide 17

Assessment of Means of Communication

- Observation
- Carer interview
- Preverbal Communication Scale (PVCS)
- Naming Tests
- Renfrew Action Picture Test
- Bus Story
- Elicited language assessments

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Sample pictures of assessment



Slide 19

Activity

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

Slide 20

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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Contributory factors

- 8-20% of those with challenging behaviour have a hearing impairment.
- 12-15% have significant visual impairment
Mansell, 2007

And there's more....

- Gender – males more likely to display aggressive behaviour
- Severe learning disability
- Autistic spectrum disorder
McLintock et al (2003)

Autism Spectrum Disorder (ASD)

Those with ASD are far more likely to display challenging behaviour. Emerson et al (2001) estimate that 64% will display some form of challenging behaviour.

This is for a number of reasons:

- 30% of those with ASD have Obsessive Compulsive Disorder (Williams, 2009)
- Anxiety is common in those with ASD
- Attention difficulties
- Phobias
- Impulsivity
- Sensory issues

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How do we help the individual

- Ecological strategies
- Positive Programming

Slide 25

Ecological Strategies

Are strategies which look at the impact the environment has on the individual's communication and seeks to address these through the following:

Supporting comprehension and expression:

- Total/Inclusive communication environment using signing, objects, pictures and symbols
- Communication profiles/guidelines
- Communication passports
- Staff training in communication (staff regularly over-estimate the understanding of the individuals that they support)

Slide 26

Positive Programming

These are best described as interventions designed to change the person's skills to better enable the person to deal with the environment.

- Developing interaction skills (Intensive Interaction, social skills training, conversation skills training)
- Changing behaviour-social stories
- Developing language comprehension and expression through language intervention techniques

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Positive Programming Cont

- Teaching alternative and/or augmentative communication systems
 - Objects of reference
 - Chat books/boxes
 - Signing
 - PECS
 - Talking Mats
 - Voice Output Communication Aids

Communication Supports

The Speech and Language Therapist, following an assessment, can make recommendations about what communication supports to put in place and can support the implementation of these.

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Objects, pictures and symbols

- Give information about what will happen next and thus reduce anxiety e.g. staff rota boards, activity boards
- Help understanding of time e.g. symbolised time-tables & diaries
- Enable communication of choice

Activity

- In pairs discuss a service user and their interests.
- Together make up a sample day of activities for them.
- Think about how much the service user can cope with.
- How long each activity should be
- How many breaks the service user may need in the day.

What will happen next?

- Scripts
- Daily schedules
- Timetables

Slide 1

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Script :At The Hospital

 You will lie down on a bed

 The doctor will put some special medicine in your arm

 You will go to sleep

 When you wake up the staff will be there

 Your mouth will be all better

 Then you'll go home and you'll get a Top Gear dvd and magazine

Slide 4

DAILY SCHEDULE
Morning Routine

 Get dressed	 Breakfast	 Walk	 Work
--	--	---	---

Slide 5

Timetable

 Walk
 Snack
 Shop
 Play a game

Slide 6

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Planning for an Appointment

Mon	Tues	Wed	Thurs	Fri
				

Slide 7

Information/Education

- Instructions
- Leaflets
- Signage

Slide 8

How to Have a Wet Shave



1. Wash your face with soap and water.
2. Apply shaving foam.
3. Fill the bowl with hot water.
4. Dip the razor in the water.
5. Shave against the grain.
6. Rinse the razor.
7. Pat the face dry.
8. Apply aftershave.

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Side-effects of your medicine

Your doctor might give you medicine to help you feel better
But sometimes this medicine might cause side-effects
Side-effects are effects medicine can have on the body that are not wanted
These are some side-effects of medicine...

-  Headache
-  Feeling dizzy when you stand up
-  Constipation
-  Putting on weight
-  Problems with sleeping at night
-  Feeling tired during the day

Slide 10

Signage



Slide 11

Signing Systems

- British Sign Language
- Signed English
- Makaton
- Signalong

Slide 12

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Why use Sign?

- It's a natural form of communication
- It enables expression
- It reduces frustration and anxiety
- It facilitates language development
- It helps comprehension because key words are signed and signs are more "permanent" than speech
- It encourages service users to look at the signer.

Slide 13

Communication Profile

- These are simple one page guides to the service user's communicative abilities.
- They can be altered easily as the client changes.
- They are easy to read.

Slide 14

COMMUNICATION PROFILE AND GUIDELINES

To get your message across help the person understand:	The person gets their message across by:
<ul style="list-style-type: none"> • Have set routines for daily living and other activities. • Show or point to relevant objects. • Use a lot of gestures, short facial expressions and body language. • Demonstrate what you want them to do. • Use repeating/imitation. • Use short sentences. • Use no more than 3 instructions at a time. • Use photographs. • Use flashcards (simple pictures). • Write things down. 	<ul style="list-style-type: none"> • Cling to or cling to hold you in particular places. • Study movement (body language) • Showing you things (objects) • Making faces (facial expressions) • Making sounds. • Looking at things or places (objects). • Using gestures or hand signs. • Standing nearby. • Showing you photographs. • Showing you cards (simple pictures). • Writing things down.
<p>The person can communicate these messages:</p> <ul style="list-style-type: none"> • Hello/ goodbye • Please • Yes/ no • Come here/ go away • I like this/ I don't like this • Ask for things, i.e. needs • Feelings - sad, happy, mad, angry, confused • Past and future events 	<p>Comments: E.g. How the person likes to communicate about a particular sign? E.g. Does the person send a lot of groups or signs or a particular method of communication?</p>

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Power Point Slides

Messages the person communicates	Taking you or going to a place	Body language	Current Facial expression	Using sounds	Using signs	Using objects	Using pictures	Using symbols	Words/ Phrases
Wants attention / comes here									
Hello/Goodbye									
Go away/leave me alone									
I like this / you don't like / no									
I'm happy									
I'm sad									
Thank you									
Asking for things									
Past and future events									
The weekend, activities, sport or leisure									
Other									

Slide 16

Communication Passports

- Provide information in an easy to read format, with photos and pictures, about how the individual communicates, what they like and do not like, behavioural responses and how to manage these

www.callcentrescotland.org.uk

Slide 17

Chat Books or Boxes

A box or folder that contains a collection of pictures or objects of interest to the individual that can be used to engage their attention and to develop interaction

Slide 18

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Power Point Slides

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.....



Slide 19

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.

Slide 20

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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Fundamentals of Communication

Developing

- brief attention to another person.
- shared attention with another person or an activity
- extend interactions
- turn-taking
- eye contacts
- facial expressions
- understanding of non-verbal communication such as gesture and body language and physical contacts
- use and understanding of vocalisations

Slide 22

Key Principles

The key principles of the interaction style are

- being available, being responsive
- being observant and 'tuned in '
- going at person's pace
- being warm and 'playful'
- allowing pauses , letting the person lead
- repeat familiar, mutually enjoyable interactive 'games'

Slide 23

To What and How do we respond?

- Vocalisations
- Other noises or movements made with the mouth
- Movements and gestures
- Facial expressions
- Physical contact
- Actions / stereotypical behaviour

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Outcomes

Things that may happen as a consequence of doing Intensive Interaction

- Challenging Behaviour decreases
- Lowered anxiety
- Person becomes happier, enjoying life more
- Easier to get person's attention
- Person becomes less isolated and seeks out others more frequently

For more information

- Efficacy of Intensive Interaction; Developing sociability and communication in people with severe and complex learning difficulties using an approach based on caregiver-infant interaction', Nind, M. (1996) European Journal of Special Educational Needs, 11 (1), 48-66
- The Effect of Intensive Interaction on the Sociability of a Man with Severe Intellectual Disabilities,' Lovell, D., Jones, S. & Ephraim, G. (1998) International Journal of Practical Approaches to Disability, 22 (2/3), 3-8
- Intensive Interaction with a Woman with Multiple and Profound Disabilities; a case study,' Egle, S. & Maguire, N. (2001) Tizard Learning Disability Review, (6) 3, p.18-24
- 'An evaluation of Intensive Interaction in community living settings for adults with profound intellectual disabilities', Samuel, J., Nind, M., Volans, A. and Scriven, I. (2008) Journal of Intellectual Disabilities, 12 (2), 111-126. <http://www.intensiveinteraction.co.uk/>



Picture Exchange Communication System



(PECS)

Slide 25

Slide 26

Slide 27

Training Day 2

Power Point Slides

What is PECS

- PECS (Bondy and Frost 2002) an approach which was originally devised for use with autistic children.
- It teaches individuals with little or no speech to use pictures in order to communicate needs with individuals receiving an immediate reward for choosing a picture.

How Does it Work?

- PECS begins with teaching individuals to exchange a picture of a desired item for the desired item.
- Verbal prompts are not used, in order to encourage spontaneity and avoiding prompt dependency.
- The system goes on to teach discrimination of symbols and how to construct simple "sentences."

How it Develops

- Phase I
Teaches individuals to initiate communication right from the start by exchanging a single picture for a highly desired item.
- Phase II
Teaches individuals to be persistent communicators- to actively seek out their pictures and to travel to someone to make a request.
- Phase III
Teaches individuals to discriminate pictures and to select the picture that represents the item they want.

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Training Day 2

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What is necessary for it to work

- Consistency+++
- Commitment by everyone who supports the individual

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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

Power Point Slides

Functional analysis (Pt.2)

An exercise in Detective Work

Slide 1

Plan for session

- Starting with ABC's
- Moving to Positive Behavioural Support
- Functional Understanding of Behaviour
- High level functional analysis interviewing
- Overview of elements to include in full functional assessment
- Detailed functional analysis
- What outcomes do we want from our functional analysis?

Slide 2

Intended Learning Outcome

- How do you develop working hypotheses about challenging behaviour?
 - Improved understanding the different levels of assessment which can be applied to functional analysis
 - Improved understanding of the benefits of going beyond a simplistic behavioural model of behaviour for the person and their carers

Slide 3

Training Day 3

Power Point Slides

Detailed Functional Analysis of Behaviour Based on Willis et al. model (1993) (with some additions)

- Description of Problems
- History of Problems
- Antecedent Analysis
- Consequence Analysis
- Impressions and Analysis of Meaning

Detailed Functional Analysis of Behaviour

- Description of Problems
 - Emerson (2001) gives four issues which need to be considered in relation to the identification and definition of behaviours
 - the selection of targets for intervention on the basis of their personal and social impact;
 - the importance of assessing the function of separate forms of challenging behaviour;
 - the inclusion within the assessment process of functionally equivalent behaviours; and
 - choice of the unit of assessment

Detailed Functional Analysis of Behaviour

- Description of Problems
 - List range of behaviours identified as challenging
 - Identify frequency and intensity of occurrence
 - Identify significance of behaviours for individual and others
 - Prioritise key behaviours for intervention and identify those which are appropriate for a positive behavioural support strategy

Slide 4

Slide 5

Slide 6

Training Day 3

Power Point Slides

Detailed Functional Analysis of Behaviour

- Description of Problems
 - Topography
 - What the behaviour looks like
 - Observable characteristics of the behaviour
 - Measurable characteristics of the behaviour
 - Description of the physical characteristics that signal that the behaviour has occurred

Detailed Functional Analysis of Behaviour

- Description of Problems
 - Cycle
 - Onset and offset criteria (i.e. when does the behaviour begin and end)

Detailed Functional Analysis of Behaviour

- Description of Problems
 - Course
 - The precursors to the behaviour (i.e. Those things the person typically does prior to the onset of the behaviour)
 - The topographies of the behaviour as they unfold or may escalate as the episode continues
 - The other things the person may do during an episode
 - A description of the person's emotional expressions during an episode of behaviour
 - A description of the post-cursors to the behaviour (i.e. what the person does after an episode is over)

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Slide 9

Training Day 3

Power Point Slides

Detailed Functional Analysis of Behaviour

- Description of Problems
 - Course (Doyle & Owens, 2007)
 - Phase 1 – Calm presentation
 - Phase 2 – Escalation/build up
 - Phase 3 – Climax
 - Phase 4 – De-escalation
 - Phase 5 - Recovery

Detailed Functional Analysis of Behaviour Activity

- Choose one form of challenging behaviour shown by an individual you know well
- Write down a description of
 - The Topography
 - Cycle, and
 - Courseof this behaviour
- Share this with your partner and identify any areas requiring clarification

Detailed Functional Analysis of Behaviour

- Description of Problems
 - Strength
 - Frequency (how often the behaviour occurs)
 - Duration (how long the behaviour lasts)
 - Severity (amount of impact the behaviour causes)
 - Latency (length of time between trigger and behaviour)

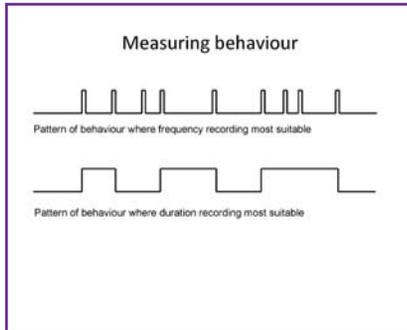
Slide 10

Slide 11

Slide 12

Training Day 3

Power Point Slides



Slide 13

- Measuring behaviour
- ABC charts are a key tool
 - Needs to be clarity for staff of behaviour to be recorded and level of detail required
 - Can be benefit in using a 'sequential' model
 - Good information can be available from existing records for low-rate/high impact behaviours (e.g. Incident reports, case notes, ABC charts)
 - May need to take account of consistency of recording
 - Need to ensure that future behaviour recording is based on behaviour as defined in "description of problem"

Slide 14

- Measuring behaviour
- High frequency behaviours less likely to be accurately recorded
 - Likely to need to sample behaviour
 - Can set a threshold for recording (e.g. In terms of rate, duration or intensity of behaviour)
 - Can use time-sampling (e.g. Presence or absence of behaviour over a specified period)
 - Can sample over context or time (e.g. Lunchtimes only, or set time periods) for rate/intensity/duration of behaviour

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Training Day 3

Power Point Slides

Measuring behaviour

- Graphical representations of data can be helpful in determining patterns of occurrence and comparing between settings
- Scatterplots of data can be helpful in identifying time of day/week/month when incidents occur

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Detailed Functional Analysis of Behaviour

- History of Problems
 - Understanding historical events that may have contributed to the behaviour
 - First appearance of the behaviour
 - Changing pattern of behaviour over time
 - Influence of environmental, physical or emotional changes that have had an influence in the past
 - Significant events that impacted on the behaviour

Slide 17

Detailed Functional Analysis of Behaviour

- History of Previous Interventions
 - What has previously been used?
 - Was the intervention successful at that time?
 - Was the intervention based on a formal assessment? – What can be learned from this?
 - Was the intervention implemented adequately and consistently?
 - Were carers trained adequately to implement the intervention?

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Training Day 3

Power Point Slides

Detailed Functional Analysis of Behaviour

- Group Activity – Antecedent analysis
 - Take 5 minutes individually to generate as many different types of antecedents that have influenced behaviour in your experience
 - Take 5 minutes to share these in the group
 - Take 5 minutes to group these into “categories” (however you wish to define them) on your flipchart

Detailed Functional Analysis of Behaviour

- Antecedent Analysis
 - In what **settings, situations, places** does the behaviour occur? Does it occur at home, school, in public etc.?
 - In what settings, situations, places does the behaviour **not** occur at all, or less often?
 - With what people does the behaviour **occur** or become worse? With what people does the behaviour **not occur** at all, or occur less frequently or less?

Detailed Functional Analysis of Behaviour

- Antecedent Analysis
 - During what time of day, week, month does the behaviour occur? When does it occur **not at all**?
 - What usually happens **right before** the behaviour? What in particular seems to start or set off the behaviour? (People, things being said, noises, criticism). Under what conditions does the behaviour cease or become less frequent or intense?

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Power Point Slides

Detailed Functional Analysis of Behaviour

- Antecedent Analysis
 - Types of antecedents
 - Triggers – events that occur immediately before the challenging behaviour and directly increase or decrease the likelihood of occurrence
 - Setting events – can occur more distant in time from the challenging behaviour. General conditions that may have an influence in increasing or decreasing likelihood of behaviour occurring

Slide 22

Detailed Functional Analysis of Behaviour

- Antecedent Analysis
 - Possible triggers (Stanton, 2007)
 - Offerings
 - Social Demands
 - Task Requests
 - Instructions
 - Refusals
 - Terminations
 - Delays
 - Accidents, changes
 - Sharing
 - Confusions
 - Stressors
 - Intrusions
 - Feared events
 - Absence

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Detailed Functional Analysis of Behaviour

- Antecedent Analysis
 - Possible setting events (Stanton, 2007)
 - Scheduling
 - Interpersonal
 - Physical setting/location
 - Control, Choice, Opportunity
 - Tiredness/illness
 - Unexpected events/Routine variation
 - Loss, Move, Distance
 - Anticipation

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Training Day 3

Power Point Slides

Detailed Functional Analysis of Behaviour

- Antecedent Analysis
 - Sources of Antecedents (Doyle & Owen, 2007)
 - Internal antecedent events
 - Mental/Cognitive events:
 - » Attitudes, e.g. "I shouldn't have to work".
 - » Beliefs, e.g. "The staff don't like me".
 - » Phobias or Fears, e.g. Being scared of dogs
 - » Boredom
 - » Self talk, e.g. Either positive or negative
 - » Labelling, e.g. Not wanting to be considered disabled
 - » Hearing voices

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Detailed Functional Analysis of Behaviour

- Antecedent Analysis
 - Sources of Antecedents (Doyle & Owen, 2007)
 - Internal antecedent events
 - Organic/Physiological
 - » Fatigue
 - » Being hungry
 - » Being sick
 - » Conversely, being well-rested
 - Emotional/Psychological
 - » Anger
 - » Fear
 - » Anxiety
 - » Depression
 - » Anticipation

Slide 26

Detailed Functional Analysis of Behaviour

- Antecedent Analysis
 - Sources of Antecedents (Doyle & Owen, 2007)
 - Examples of external antecedent events
 - Stern requests
 - Crowding
 - Physical intervention – for someone who has tactile sensitivities
 - Being given a preferred item
 - Lack of stimulating activities
 - Sudden loud noise
 - Directions to do something
 - Not being provided with clear information

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Training Day 3

Power Point Slides

Detailed Functional Analysis of Behaviour

- Antecedent Analysis
 - Importance of
 - recognition of influence on likelihood of occurrence rather than perfect relationship
 - recognition of potentially complex relationship between antecedents (e.g. specific trigger may be more likely under certain setting conditions)
 - recognition that triggers may have different 'power' depending on where the person is in the cycle of a behaviour
 - Sequential analysis of antecedents as cycle builds

Detailed Functional Analysis of Behaviour

- Group Activity – Consequences analysis
 - Take 5 minutes individually to generate as many different types of consequences **that have influenced behaviour** in your experience
 - Take 5 minutes to share these in the group
 - Take 5 minutes to group these into "categories" (however you wish to define them) on your flipchart

Detailed Functional Analysis of Behaviour

- Consequence Analysis
 - What consequence(s) does the behaviour have for the person?
 - What consequence would the removal of the behaviour have for the person and the key people in the person's life?
 - What is the reaction of other people to the behaviour?
 - What attempts have been made in the past to change the behaviour?
 - How have these attempts been implemented and with what outcomes?

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Power Point Slides

Detailed Functional Analysis of Behaviour

- Consequence Analysis
 - The last time the behaviour occurred, what was done?
 - What reactions do people have when the behaviour occurs?
 - What do parents/teachers usually do when the behaviour occurs?
 - What do others usually do when the behaviour occurs?
 - What methods have been used in the past to manage the behaviour, and how have they worked?
 - What effect does the behaviour have on others?
 - What actions seem to improve the behaviour when it occurs?
 - What relieves the situation?

Detailed Functional Analysis of Behaviour

- Consequence Analysis
 - Different types of consequences to look for (Doyle & Owen, 2007)
 - Anxiety reduction
 - Escape
 - Social interaction
 - Activity
 - Sensory
 - Tangible
 - Social image
 - Attention seeking (ask question "what do they want it for")
 - Help
 - Social control
 - Ignored or no consequence

Detailed Functional Analysis of Behaviour

- Impressions and analysis of meaning
 - “The meaning of behaviour can be found in its consequences *under certain conditions*. The process of behavioural assessment and functional analysis is to understand those consequences and the conditions which surround them.”
- (Willis & La Vigna, 1996)

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Detailed Functional Analysis of Behaviour

- Impressions and analysis of meaning (Doyle & Owen, 2007)
"The outcome of an analysis of meaning is a paragraph that answers the question "why does the person perform the behaviour?" As no behaviour is entirely either antecedent driven or consequence driven this statement should include both antecedents and consequences in the explanation. It is a statement of the manner in which the antecedents and consequences interact to trigger and reinforce the behaviour. It is an explanation of functionality and concentrates more on the here and now, rather than a holistic picture that depicts historical and distant factors that may have started the behaviour. The holistic picture that includes the aetiology and distal factors is developed in the formulation stage."

Detailed Functional Analysis of Behaviour

- Impressions and analysis of meaning (Doyle & Owen, 2007)
- The analysis of meaning should include the following
 - The antecedents (i.e. triggers and setting events) and ecological factors
 - The behaviour
 - How the environment responds to the behaviour and possible reinforcers for the behaviour (consequences)
 - A clear statement on what you believe are the functions of the behaviour

Detailed Functional Analysis of Behaviour

- Impressions and analysis of meaning (Doyle & Owen, 2007)
 - Important things to remember
 - For some individuals the same behaviour may serve more than one function
 - For some individuals a number of behaviours may serve the same function
 - Some responses from others brought about by the behaviour may appear to terminate the behaviour on occasion, but not be the function (e.g. Person being distracted by food but hunger not being the function of the behaviour)
 - The look of the behaviour may not be indicative of its function

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Power Point Slides

Detailed Functional Analysis of Behaviour

- Impressions and analysis of meaning (Emerson,2001)
 - Relationships between antecedent events, challenging behaviours and consequent events which may suggest particular underlying processes
 - Socially mediated positive reinforcement
 - Socially mediated negative reinforcement (escape or avoidance)
 - Positive automatic reinforcement (sensory stimulation, perceptual reinforcement or opioid release)
 - Negative automatic reinforcement (de-arousal)

Slide 37

Detailed Functional Analysis of Behaviour

- Impressions and analysis of meaning (Emerson,2001)
 - Socially mediated positive reinforcement
 - Does the person's challenging behaviour sometimes result in them receiving more or different forms of contact with others (e.g. while the episode is being managed or while they are being 'calmed down') or having access to new activities?
 - Is the behaviour more likely when contact or activities are potentially available but not being provided (e.g. Situations in which carers are around but are attending to others)?
 - Is the behaviour less likely in situations involving high levels of contact or during preferred activities?
 - Is the behaviour more likely when contact or preferred activities are terminated?

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Detailed Functional Analysis of Behaviour

- Impressions and analysis of meaning (Emerson,2001)
 - Socially mediated negative reinforcement (escape or avoidance)
 - Do people respond to the behaviour by terminating interaction or activities?
 - Is the behaviour more likely in situations in which demands are placed on the person or are they engaged in interactions or activities they appear to dislike?
 - Is the behaviour less likely when disliked interactions or nonpreferred activities are terminated?
 - Is the behaviour less likely in situations involving participation in preferred activities?
 - Is the behaviour more likely in those situations in which they may be asked to participate in interactions or activities they dislike?

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Training Day 3

Power Point Slides

Detailed Functional Analysis of Behaviour

- Impressions and analysis of meaning (Emerson,2001)
 - Positive automatic reinforcement (sensory stimulation, perceptual reinforcement or opioid release)
 - Is the behaviour more likely when there is little external stimulation?
 - Is the behaviour less likely when the person is participating in a preferred activity?
 - Does the behaviour appear to have no effect upon subsequent events?

Detailed Functional Analysis of Behaviour

- Impressions and analysis of meaning (Emerson,2001)
 - Negative automatic reinforcement (de-arousal)
 - Is the behaviour more likely when there is excessive external stimulation or when the individual is visibly excited or aroused?
 - Is the behaviour less likely when the individual is calm or in a quiet, peaceful environment?
 - Does the behaviour appear to have no effect on subsequent events?

Hypothesis testing – Experimental Functional Analysis

- In some highly specialist settings it may be appropriate to use experimental functional analysis or analogue assessments
- Involves testing some hypotheses through experimental manipulation of setting and trigger factors through the use of multiple conditions

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Training Day 3

Power Point Slides

What outcomes do we want from our functional analysis?

- Clear description of the behaviour of interest and the analysis of meaning derived from the functional analysis
- Where appropriate, a formulation which captures the wider historical and contextual factors affecting the behaviour
- A baseline of occurrence of the target behaviour (or arrangements for recording to be put in place prior to intervention)
- Identification of potential areas for positive intervention
- Identification of potential socially significant outcomes and baseline information for this

And finally...

- The functional analysis workbook – Part 2
 - Description of behaviour(s)
 - Impact of history on service users
 - Detailed antecedent analysis
 - Detailed consequence analysis
 - With supervisor – impressions and analysis of meaning
 - Socially significant outcomes

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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	14.10-15.00	Slides 10 Web link on Slide 11 Case Study handout
Group a – Clinical Note		Group a – Functional Assessment handout
Group b – Tally charts		Group b - Physical copies of tally charts
Group c – Challenging behaviour Interview (CBI)		Group c – Physical copy of completed CBI
Group d - ABC charts		Group d – physical copy of ABC charts
Group e – Standardised Assessment		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

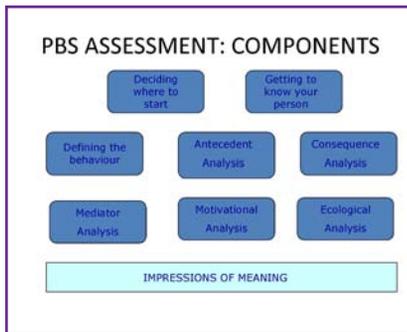
Training Day 3

Power Point Slides

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

Learning Outcomes

- HOW YOU DEVELOP WORKING HYPOTHESES ABOUT CHALLENGING BEHAVIOUR?
- You will be able to analyse data in order to offer an opinion about the meaning of behaviour (Impression/Analysis of Meaning).
- You will be able to critically reflect upon the merit of utilising different information sources for analysis.
- You will be able to detail how an 'Impression of Meaning' relates to a Formulation.



Slide 1

Slide 2

Slide 3

Training Day 3

Power Point Slides

IMPRESSIONS OF MEANING: Example of Defined Behaviour

- **BEHAVIOUR:** Verbal outbursts
- **DESCRIPTION:** Screaming for a period of more than 5 seconds, which can include throwing things to the floor (e.g. toys, books).
- **START:** The behaviour is considered to have started when screaming or throwing things to the floor occurs for more than 15 seconds.
- **STOP:** An episode is considered over when screaming has not occurred for 15 mins.

Slide 4

IMPRESSIONS OF MEANING: Looking for Antecedents

DAY	TIME	SETTING	ACTIVITY	PEOPLE
Monday #4	08.30 #6	Lounge #5	Reading #5	Alone #6
Thursday #1	11.30 #1	Bedroom#6	Toilet#1	With parent #5
Friday #6	19.30 #4		Putting on coat /shoes #5	

Slide 5

IMPRESSIONS OF MEANING: Determining the Consequences

PEOPLE	RESULTS	EFFORT	ODDS	TIME FOR OUTCOME
Parent #10	Person told behaviour inappropriate #5	Minimal	Always	Immediate
	Person engaged in alternative activity #5	Maximum	Rarely	Delayed

Slide 6

Training Day 3

Power Point Slides

KEY FUNCTIONS OF BEHAVIOUR

- Attention/expression of needs (I want you to....).
- Escape/avoidance (I don't want to do that).
- Tangible reward (I want that).
- Automatic/sensory (this feels good).
- Communication/Expression (I'm angry).

Slide 7

GROUP EXERCISE 1

Examine the assessment data provided:

- Determine the antecedents (triggers and setting events).
- How the environment responds to the behaviour and possible reinforcers for the behaviour (consequences).
- Develop a clear statement on what you believe the functions of the behaviour are.

Slide 8

IMPRESSIONS OF MEANING: Notes of Caution

- Is the behaviour well defined?
- What is influencing your outlook or opinion?
- Have you attributed blame?
- Have you thoroughly assessed the function(s) of the behaviour(s)?
- Have you made any assumptions?
- Is the behaviour 'a means to another end' or 'an end in itself'?

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Training Day 3

Power Point Slides

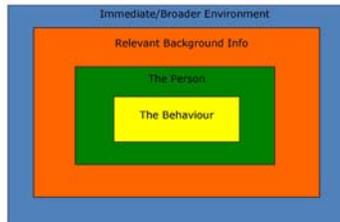
FUNCTIONAL ANALYSIS Vs FORMULATION

- 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.

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)

FUNCTIONAL ANALYSIS Vs FORMULATION



Slide 10

Slide 11

Slide 12

Training Day 3

Power Point Slides

Formulation

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(Butler, 1998)
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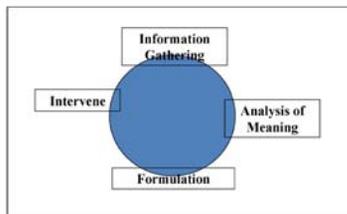
Slide 13

PBS: Formulations

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

Slide 14

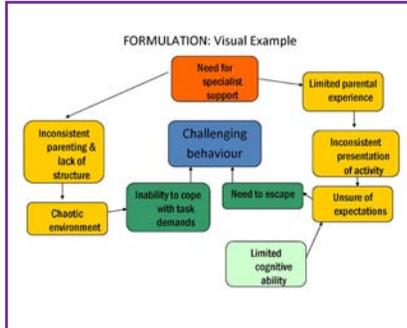
FORMULATION



Slide 15

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Power Point Slides



Slide 16

- KEY MESSAGES: Benefits of Analysis of Meaning & Formulation
- Helps create an understanding of the overall picture or map.
 - Helps to prioritise issues.
 - Helps to predict responses and difficulties.
 - Helps to plan and select intervention strategies. Determines criteria for successful outcomes.
 - Supports thinking about lack of progress.

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				

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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				

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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				
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

Determining Consequences - What Happens Next?

People	Results	Effort	Odds	Time for Outcome

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			REINFORCEMENT	
			CONSEQUENCE	
			STIMULUS PRESENTED (added)	STIMULUS WITHDRAWN (removed)
PREFERRED STIMULUS (liked)	Positive reinforcement Behaviour will increase	Negative punishment Behaviour will decrease		
NON-PREFERRED STIMULUS (disliked)	Positive punishment Behaviour will decrease	Negative reinforcement Behaviour will increase		

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 an 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
<ul style="list-style-type: none"> Prevocational / Vocational Activity 	Above Average (Standard score 13)
(e.g. ability to perform and engage in tasks)	
<ul style="list-style-type: none"> Self-Direction 	Average (Standard score 12)
(i.e. Lack of initiative, passivity, and persistence)	
<ul style="list-style-type: none"> 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 an 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

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.

'...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 1

Slide 2

Slide 3

Training Day 4

Power Point Slides

WHY DEVELOP A BPS PLAN? Benefits

OUTCOMES

- Very effective for single behaviours.
- Significant effect sizes reported (e.g. behaviour change rates usually exceeded 80% and always exceeded 40% - Carr et al, 1999).
- Produce 90% or more reductions in challenging behaviours from baseline levels in 52% of interventions and 80% or more in 68% of interventions.
- Can produce changes (small to significant) in adaptive, positive behaviours.
- Can result in effective lifestyle change.

Carr et al., 1999

Slide 4

WHY DEVELOP A BPS PLAN? Benefits

GENERALISABILITY

- Are likely to generalise across new settings and intervention agents in about two-thirds of cases.
- Evidence of PBS effectiveness across participant groups (ID profound-mild, ASD, primary schools, acquired brain injury) & increasingly so across different behaviours, age groups (child & adult), and increasingly severe behaviours.

Carr et al., 1999

Slide 5

WHY DEVELOP A BPS PLAN?

MAINTENANCE

- Typically show successful maintenance over periods from between 1-24 months in about two thirds of interventions.
- Can show successful maintenance over periods up to two years.

FACE VALIDITY

- Can produce positive consumer ratings in terms of: the acceptability & practicality; impact on levels of challenging behaviour, and; impact on lifestyle change.
- Can result in positive evaluations of social validity.

Carr et al., 1999

Slide 6

Training Day 4

Power Point Slides

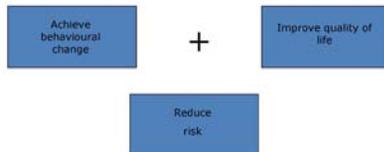
PBS PLANS: Current Limitations

- 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.

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).

AIMS OF POSITIVE BEHAVIOUR SUPPORT



Allen, 2009

Slide 7

Slide 8

Slide 9

Training Day 4

Power Point Slides

HOW DO WE DEVELOP A PBS PLAN?

- Choice of strategies should be based on the following criteria:
- Known effectiveness in reducing or preventing challenging behaviour;
- Other benefits for the person with learning disabilities;
- Capacity for long-term maintenance;
- Capacity for generalisation;
- Ethical considerations;
- Social validity- acceptability to the individual, families, staff & general public;
- Ease of application.

BPS Guidelines (2004) 12.11

Slide 10

HOW DO WE DEVELOP A PBS PLAN? More Planning Tips

- What are the projected outcomes in the absence of Rx?
- What are the Rx goals?
- What types of Rx are likely to be most efficient and cost-effective?
- Who is the best person(s) to deliver the Rx?
- What are the most appropriate settings in which to carry out Rx?
- When should Rx be initiated and when should it be stopped?
- What changes in Rx are needed as intervention progresses?

Slide 11

COMPONENTS OF PBS

PROACTIVE STRATEGIES

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

Slide 12

Training Day 4

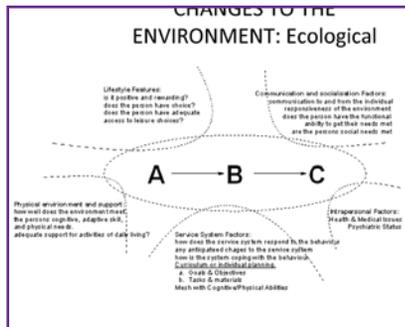
Power Point Slides

CHANGING THE ENVIRONMENT
(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

CHANGES TO THE ENVIRONMENT: More Examples

ECOLOGICAL MANIPULATIONS:

- Structure & Routine – visual daily planner, detailed personal care plans.
- Meaningful Engagement – person centred plan; purposeful activity timetable.
- Interpersonal – Link worker/ key worker; desensitisation programme for social situations, etc.
- Communication – SALT assessment, communication passport, PECs, etc.
- Sensory – sensory integration assessment, limited exposure to aversive sensory experiences.

GROUP EXERCISE 1

Review the case study:

- What are the features of the environment that the CB takes place in?
- Identify any mismatches between the environment and the client's needs that might contribute to the CB?
- What changes to the environment (i.e. ecological manipulations) might you make?

SKILL DEVELOPMENT (Positive Programming)

- “Increasing adaptive and socially accepted behaviour will result in a corresponding decrease in behaviour”

Lovaas & Flavell, 1987

Slide 16

Slide 17

Slide 18

Training Day 4

Power Point Slides

SKILL DEVELOPMENT (Positive Programming)

- What do you want the person/child to be doing at times when he/she is behaving in an inappropriate way?
- What skills might help him/her cope better with difficult situations?

SKILL DEVELOPMENT (Positive Programming)

- FUNCTIONALLY EQUIVALENT SKILLS – other ways to achieve what the CB currently achieves, e.g. communication aides to match a communicative function of behaviour; teaching a client to ask for a break to match the function of escape.
- COPING AND TOLERANCE SKILLS – ways to deal with difficult/aversive events, e.g. relaxation skills, calming sensory activities, learning to wait.
- GENERAL SKILLS – these are skills that do not relate to the client's challenging behaviour directly, but increase the person's repertoire of skills, e.g. development of daily living skills. Typically, these are a set of skills that:
 - Enhance the client's independence.
 - Enhance the client's self esteem.
 - Improve the match between the person and the environment.

GROUP EXERCISE 2

Think about the case study:

- What do you want the person to be doing instead at times when he is presenting with behaviour that challenges?
- What skills might help him cope better with difficult situations?
- What skills would be lead to general improvements in their QoL?

Problem Statement	Need Statement
The problem with Mary is that she will urinate all over the floor and furniture if you let her.	Mary needs to learn to use the toilet.

Slide 19

Slide 20

Slide 21

Training Day 4

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	

Training Day 4

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

Activity	Time	Materials
Implementing PBS	14.45-15.00	<p>Slides 22-30</p> <p>Differential Reinforcement handout</p> <p>Removed slide 24 (control procedures) and 29 (changing the results example)</p> <p>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.</p>
Evaluating PBS Feedback	15.30-16.15	<p>Slide 31 & Flip Chart</p> <p>Slide altered to accommodate previous slide changes.</p> <p>Flip chart and pens</p>
Key Messages	16.15-16.30	Slides 32-34

Training Day 4

Power Point Slides

DIRECT SUPPORT (Ways to Prevent CB)

- Designed to produce a quick reduction in behaviour.
- Do not teach new skills (non-constructive).
- Aim to avoid the presentation of behaviour or change the things that increase the likelihood of the behaviour.
- Try to stop the behaviour achieving its usual results.

DIRECT SUPPORT (Ways to Prevent CB): Control Procedures

- STIMULUS CONTROL
 - Tangible stimulus used to signal desired behaviour (Catania, 1968).
 - e.g. person ASD with eating problem, eating signaled by purple mat; red card signals no shouting; balloon used to signal 'relaxing'.
- INSTRUCTIONAL CONTROL
 - Command used to signal desired behaviour (Striefel et al., 1974).
 - e.g. sit down, let's go, ready to talk?

DIRECT SUPPORT (Ways to Prevent CB): Stimulus Change

STIMULUS CHANGE

Unpredictability - verbal commentaries, structured timetable/routine.

Transitions - Start & stop signals.

Coping negative messages (no, later, finished) - communication scripts, timer.

Introduction of novel stimulus - e.g. rearranging furniture, change in staff attire, new activity, humour, tickling.

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Training Day 4

Power Point Slides

DIRECT SUPPORT (Ways to Prevent CB): Example

STIMULUS CHANGE

Unpredictability - verbal commentaries, structured timetable/routine.

Transitions - Start & stop signals.

Coping negative messages (no, later, finished) - communication scripts, timer.

Introduction of novel stimulus - e.g. rearranging furniture, change in staff attire, new activity, humour, tickling.

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DIRECT SUPPORT: Changing the Results

- The pay-offs of the new behaviour must be as good as those earned by the old behaviour.
- Help the person see the connection between their behaviour & the pay-off.
- Take account of the person's needs.
- Take account of individual needs.

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DIRECT SUPPORT (Ways to Prevent CB): Other Strategies

- Neutralising routines (Horner et al., 1997).
- Active Support
<http://www.personcentredactivesupport.com/>
- Diversion/distraction.
- Medication adjustments (non-prn).
- Health changes (e.g. diet, sleep, etc).

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GROUP EXERCISE 3

Think about the case study:

- What typically precedes the CB? Can this be avoided?
- Can the things that increase the likelihood of the CB be altered in order to make them less aversive?
- Can attempts be made to try and stop the behaviour achieving its usual results?
- What general approaches might be helpful to prevent behaviour?

REACTIVE STRATEGIES (Ways to Respond to Behaviour)

- Aim to prevent the escalation of & limit the impact of behaviour.
- Involves situational management.
- Operates on principle of utilising least restrictive intervention (gradient of control).
- Emphasis on protection.

REACTIVE STRATEGIES (Ways to Respond to Behaviour)

- Teaching staff how to ethically manage risk behaviours can reduce use of restraint, injuries to users and injuries to staff (Allen et al, 1997)
- Can improve staff knowledge & confidence (Allen & Tynan, 2000)
- Can help insulate against placement breakdown (Allen, 1999)
- Can help support a reduction in psychotropics (Ahmed et al, 2000)

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REACTIVE STRATEGIES: Examples

- Environmental management.
- Strategic capitulation (LaVigna & Willis, 1997).
- Diversion/Distraction.
- Minimal Restraint/Physical Intervention.
- As required medication.
- Post-incident management

IMPLEMENTING PBS

A system engaged in managing challenging behaviour is liable to develop the following symptoms:

- Being under considerable stress.
- Not focussing on the client's needs.
- Distracted by conflict.
- Not well managed, i.e., moving from crisis to crisis.
- A high level of vacant positions and sick leave.
- Blaming the client for their behaviour and the resulting problems.
- Not implementing the support plan.

REASONS FOR NON-USE OF PBS

- More labour intensive.
- Too few staff with PBS competencies.
- Commissioners slow to specify the need for PBS in supporting people with a LD that present with CB.
- Resistance to structured approaches.

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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.

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

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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- **Applied:** Focuses on behaviours of immediate importance.
- **Behavioural:** Measures behaviours, not inferred inner causes.
- **Analytic:** Assesses the effect of intervention.
- **Technological:** Uses teaching methods based on laboratory research.
- **Generalised impact:** Seeks long-lasting and wide-ranging change.
- **Effective:** Seeks change of clinical significance.
- **Conceptually based:** Uses a strong theoretical *framework for understanding behaviour.*

- “Our job is not to fix people, but to design effective environments”

Rob Horner

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Training Day 4

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-occurrence	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

Training Day 4

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?				

Training Day 4

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?				

Training Day 4

Y N NA Comments

Are the clinical outcomes of intervention valid?				
Are the social outcomes of intervention valid?				

Training Day 4

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

Training Day 4

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

Training Day 4

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

Training Day 4

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 the 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.

Training Day 4

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

Training Day 4

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

Training Day 4

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

Training Day 4

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

Power Point Slides

Positive Behaviour Support

From paper to practice

Review of Day 4

Reflections

Intended Learning Outcome

- 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

Slide 1

Slide 2

Slide 3

Training Day 5

Power Point Slides

Capable environments

- Organisational structure
- Appropriateness of response
- Delivery of service
 - Staff Skills
 - Staff numbers
 - Staff deployment
- Attitudes and attributions
- Stability and focus

Goodness of Fit

- characteristics of the person for whom the plan is designed
- variables related to the people who will implement the plan
- features of environments and systems within which the plan will be implemented

Contextual Fit

- The congruence between behavioural support plan features and a set of variables that seriously affect the development and implementation and therefore effectiveness of those plans. (Albin et al, 1993)

Slide 4

Slide 5

Slide 6

Training Day 5

Power Point Slides

Contextual Fit means

- Support plan is highly compatible with values and skills of key stakeholders
- Sustainable
- Unique to the individual and their environment
- Responsive to changes in situation
- Comfortable for people working with it
- More likely to result in long-term, effective behaviour support

Slide 7

Group exercise 1

- Using the following:
 - Answers from Activity 1 workbook 6
 - Answers from Activity 2 workbook 6
 - Workbook 2 Barriers to implementation

Identify the individual and organisational barriers to the implementation of your plan

Slide 8

Individual Barriers

- Lack of training
- Decrease in confidence
- Burnt out
- Fear
- Lack of direction
- Don't believe it will work
- The dog ate my homework....

Slide 9

Training Day 5

Power Point Slides

Organisational Barriers

- Structure
- Lack of management training
- Conflicting ethos
- Resources
- Systems & Process's
- Cost
- Time
- Communication

SESQ

- Can Measure
- Staff satisfaction
 - Staff Experience
 - Skills
 - Attributes
 - Values

Exercise 2

Using the materials from Exercise 1 define a needs statement for the barriers identified

Slide 10

Slide 11

Slide 12

Training Day 5

Power Point Slides

Defining outcome measures

- Improvements to quality of life
- Increase in skills and confidence
- Are sustained over time
- Reductions of Challenging Behaviour
 - Impact & Risk
- Absence of aversive approaches

Periodic Service Review

PSR

Mediation

No support plan regardless of it's comprehensiveness and elegance, will produce the desired outcomes unless it is implemented fully and consistently

LaVigna & Willis 2005

Slide 13

Slide 14

Slide 15

Training Day 5

Power Point Slides

Service Performance

*“Those who don’t know how to
manage are managing those who
don’t know what to do”*

LaVigna et al 2003

Slide 16

PSR

- As an instrument, it is used to assess the quality of staff and their consistency in performing their responsibilities
- It is also used to evaluate the implementation of behaviour support recommendations

Slide 17

PSR

- Clearly specified and defined staff responsibilities
- Monitoring of performance against standards
- Supervisory and management feedback to improve and maintain quality
- Proved to be an effective way to maintain change and improvement

Slide 18

Training Day 5

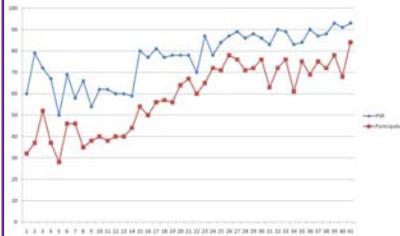
Power Point Slides

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

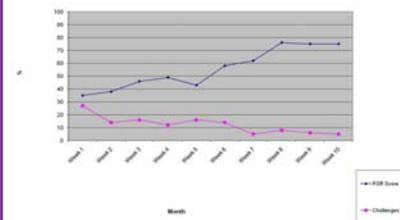
Slide 19

Comparison of PSR to Participation



Slide 20

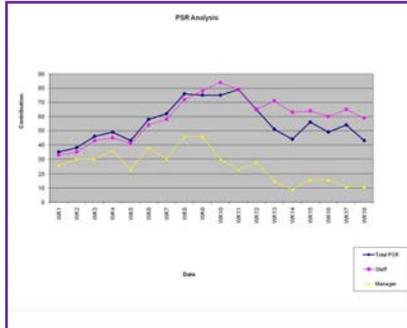
PSR & CB Comparison



Slide 21

Training Day 5

Power Point Slides



Slide 22

Group Exercise 3

Operationally define your standards

Slide 23

Operational Definitions

- What:
 - Do you want people to do – describe in tangible way
- When:
 - How often do they need to do it

Slide 24

Training Day 5

Power Point Slides

Operational Definitions

- Who:
 - Who is responsible:
- How will your standard be measured:
 - How would anyone know it has been achieved

Creating a PSR

Using your definitions begin to create a PSR for your plan

Last thoughts

Involvement

"Tell me and I'll forget. Show me and I'll remember. Involve me and I will understand"

Confucius (551 BC – 479 BC)

Slide 25

Slide 26

Slide 27

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

Coaching and Mentoring

Positive Behaviour Support

Slide 1

Learning Outcomes

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

Slide 2

Groupwork

1. Identify a scribe and a spokesperson
2. Think about your individual role as a leader
3. Brainstorm on the flipchart the attributes of a good leader

Time Allowed : 15 mins

Slide 3

Training Day 5

Power Point Slides

Work / Learning Environment



- Visibility
- Accessibility
- Consultation
- Recognition
- Support
- Gives positive feedback

Slide 4

Outcome Mapping

- The Vision
- The Mission
- Boundary Partners
- Outcome Challenges
- Progress markers
- Strategies



Slide 5

Good Mentorship



- Results in :
 - Improved care
 - High quality and improved patient outcomes

Slide 6

Training Day 5

Power Point Slides

Group Work

1. On the flip charts identified use the pens to add your own contribution to
 - The attributes of a mentor
 - The roles of a mentor
- Time Allowed 15 mins

Roles of the Mentor

- Advisor
- Role model
- Coach
- Problem solver
- Teacher
- Supporter
- Organiser and Planner
- Counsellor and Guide



Attributes of the Mentor



- Friendliness
- Good humour
- Patience
- Effective interpersonal skills
- Approachability
- Professional development abilities

Slide 7

Slide 8

Slide 9

Training Day 5

Power Point Slides

Negative Impact

- Poor Communication
- Differing expectations
- Lack of trust
- Lack of appreciation of everyday life circumstances

A stick figure stands next to a round bomb with a lit fuse. The figure has one hand on its head, suggesting a state of panic or stress.

Slide 10

Factors Within the Role

A black silhouette of a balance scale with two pans hanging from a central beam.

- Personal Work
- Functional Work
- Facilitation

Slide 11

Flying Solo

- Initiation
- Working
- Termination

A simple line drawing of a dove in flight, carrying an olive branch in its beak.

Slide 12

Training Day 5

Power Point Slides

Stages of the Relationship



- Teaching
- Guidance
- Empowerment

Slide 13

Tools

- Ground rules
- Learning contracts
- Use of information



Slide 14

Day to Day Care



- Role modelling
- Supervision
- Feedback

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

Role Modelling and Skill Rehearsal



- The Float Model
 - Visible Behaviours
 - Invisible Behaviours

Slide 22

Activity

1. Each table is one group for this activity.
2. Turn to page 16 of the workbook.
3. Now as a group complete Activity 11.

Time allowed : 15 mins

Slide 23

Evaluating and disseminating best practice in health care

- Learning Support
 - Trust
 - Openness
 - Discussion
 - Best practice



Slide 24

Training Day 5

Power Point Slides

Coaching and Mentoring

Positive Behaviour Support

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.

Supervisors Pack

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

Supervisors Pack

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
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0131 455 5355

Supervisors Pack

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

Supervisors Pack

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

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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

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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 learning 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