

Positive Behaviour Support

BASIC

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What do we mean by 'behaviour'?

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Many people assume PBS is the focus on 'challenging behaviours', this is not the case. Firstly, the term 'challenging behaviours' is an old saying, at MMBM we use the term 'behaviours that challenges others'.

Secondly, PBS does not target behaviours because they challenge others. Thirdly, behaviour means **everything** a person exhibits!

PBS targets all behaviours, here are some examples:

- Self help skills – which is broken down to a behaviour such as combing hair.
- Social skills – ability to stay calm around others.
- Self regulation skills - which is broken down to behaviour such as listening to calming music.
- And every other behaviour that we do in life; even walking, cycling and sitting!

Unless a behaviour causes restrictions to the individual, it does not **need** to be targeted. PBS is an ethical and person-centered practice. All support must be for the best interest of the **individual** and **not anyone else**.

What is Positive Behaviour Support (PBS)?



- An understanding of a person's behaviour is developed based on functional analysis, considering environmental triggers and reinforcing consequences. This is the basis for formulation and intervention.
- It is values led and promotes service user involvement.
- It focuses on prevention of challenging behaviour through feedback, skills training, altering or reducing triggers or reinforcements, and improving service user quality of life.
- It eliminates the use of punitive approaches.
- It has a long-term focus, is developmental and can be service user directed.

(NHS 2021)

What is Positive Behaviour Support (PBS)?



- Reduction of challenging behaviour as a side effect of the intervention.
- The PBS model identifies early warning signs that challenging behaviour may occur and suggests de-escalation and distraction techniques prior to crisis management.
- Post incident support is outlined within the plan.
- The PBS plan is a live document and should change with a persons needs and wishes.
- Collaboration, empowerment and choice are central.

(NHS 2021)

What is Positive Behaviour Support (PBS)?



On a whole PBS looks like many other person-centered frameworks. The difference of PBS is its professional standards, ethical approaches, research led and individualised, evidence-based approach of intervention. PBS is an enhanced and all-inclusive person-centred framework for providing support in all aspects of an individual's life, especially in situations where there is, or there is a risk of, behaviour that challenges others. PBS understands that behaviours that challenge others occurs for a reason and communicates important information about a person's stress, distress and skill development.

PBS focuses on these reasons, which are antecedents. Antecedents are the events in the environment that causes behaviour. Any behaviour that affects the persons quality of life would be investigated using data collection, before a behaviour function analysis takes place to understand the antecedent. Only a behaviour analyst can conduct these assessments and provide interventions. Understanding the antecedent is essential to ensuring the correct intervention is placed, if this isn't done, there is huge risk of causing the individual increased stress, anxiety and harm. Due to the complexity of antecedents and behaviour, PBS should be used with only qualified professionals.

PRIMARY PREVENTION (FIRST STAGE)

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- Changing the environment
- Eliminating or modifying triggers
- Improving communication styles and opportunities
- Offering programmes of activities
- Addressing mental and physical health
- Improving carer confidence and competence
- Teaching skills e.g., Coping skills, social skills, general skills, functionally equivalent skills
- Positive role-modelling by carers
- Reinforcing pro-social behaviour
- Empowerment and choice
- Increasing rates of access to preferred reinforcers
- Increasing rates of engagement
- Modifying demands
- Providing additional help
- Embedding disliked tasks between more preferred tasks

SECONDARY PREVENTION (SECOND STAGE)



- Active listening
- Stimulus change/ removal
- Prompting to use coping skills
- De-escalation
- Not ignoring as this may increase distress/ behaviour
- Strategic capitulation
- Diversion to reinforcing or compelling activities

CRISIS INTERVENTION



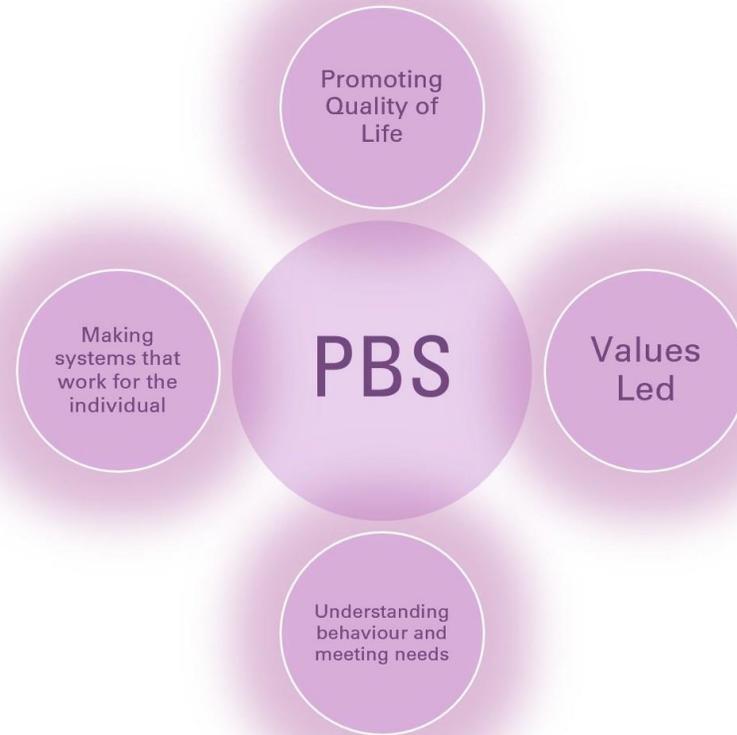
- Proxemics
- Breakaway
- Minimal physical intervention
- As required medications if any
- Post incident support
- Post incident analysis
- Employ advanced directives as promoted within policy

BEHAVIOUR SUPPORT PLAN



Positive Behaviour Support		
Uniquely designed to every need of the individual	Heavily focussed on removing barriers through skill teaching	Focus's on: <ul style="list-style-type: none"> • Positive support • Proactiveness • Focus' on all behaviour
Traditional Model		
Tailored design but to generic needs	Little focus/knowledge of teaching skills effectively	Focus's on: <ul style="list-style-type: none"> • Social validity • Reactiveness • Challenging behaviour

PBS targets each area of the individual



WHY PBS?



- High levels of behaviours that challenge others.
- High levels of behaviours that cause barriers for the individuals.
- Value base - attractive to clinical teams and MDT's.
- Recognition that more restrictive approaches do not work or were having a detrimental impact on therapeutic relationships.
- Approaches reactive to crisis result in longer term crisis management- not proactive or preventative.
- Little or no understanding of the causes and functions of challenging behaviour without PBS.

WHY PBS?



From our experience across settings, the effectiveness of PBS is based on several factors:

- Service user collaboration from the start.
- Multi-disciplinary involvement and commitment to PBS.
- A service wide commitment to embedding the value base of PBS within its practice, reducing the need for reactive strategies.
- Training of staff across the clinic in the principles of PBS
- On-going evaluation of effectiveness being fed back to clinical teams and service user feedback being used to improve processes.

Values of PBS

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The most important outcome in PBS is an improvement in a person's quality of life. PBS understands that quality of life outcomes can only be defined by those people who are receiving support.

PBS is a blend of values & science.

- Understands behaviour and meeting needs
- Value led
- Making systems that work for the individual
- Promotes quality of life
- Shows respect for diversity
- Promotes inclusion
- Increases choice
- Promotes equality of opportunity and human rights

Language of PBS

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PBS support workers are trained to use the supportive and conclusive language in all aspects to the job.

This includes:

- Supportive language always.
- Prevention of using language that interprets limitations for the individual.
- Barring using assumptions.
- Using language that is specific to the individuals needs.

PBS vs ADVERSIVE MODEL

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A	B	C
Positive Behaviour Support - Proactive		
Interventions to prevent problem behaviour	Explicitly teach alternate and desired behaviours	Reinforcement of alternate and desired behaviour
Traditional Adverse/Punitive Model – Reactive		
Limited focus on antecedent interventions	Little focus on teaching behaviour	Emphasis on restricted punitive response to problem behaviour

REINFORCEMENT



The reinforcement theory in PBS is that behaviour is driven by its consequences (the immediate after result).

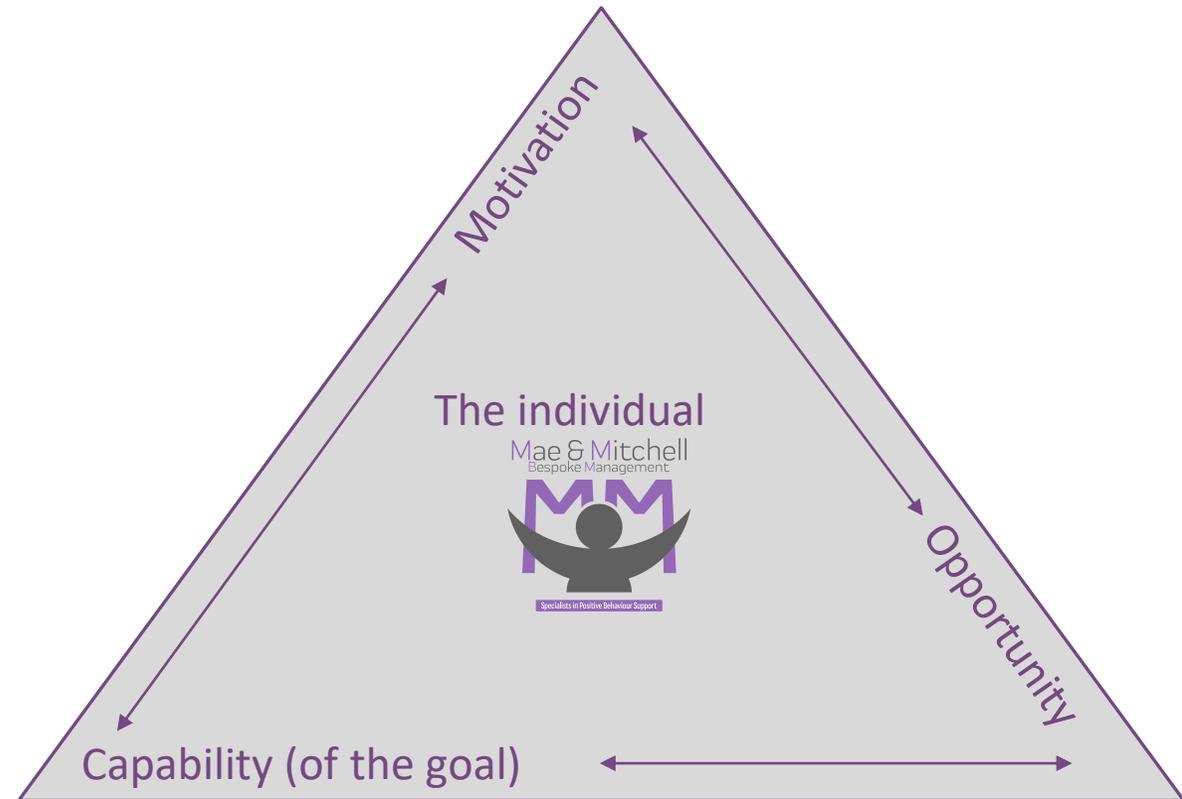
As such, positive behaviours should be rewarded positively. Negative behaviours should not be rewarded and should **not** be punished. They in-fact should be ignored (meeting behaviour plan specifics). What is unknown to some is that punishing behaviours could actually be serving as a reinforcement to the individual.

Reinforcement means; Increasing and/or strengthening behaviours/skills.

GOAL PYRAMID



Behaviour Change Principles



GOAL PYRAMID AND BEHAVIOUR CHANGE



The goal pyramid is a flexible and person-centered model for positive development. It tailors each step to the individuals needs at that very stage.

The steps are completely specific to the individual and takes into consideration all factors around that person.

The behaviour change principles work with the each step of the goal growth to promote success and sustainability. If there is a component missing, the skill will less likely be achieved sustainably. For example, if the individuals motivation and capability is there but the opportunity isn't, motivation would be the area of focus.

Data in PBS



PBS uses evidence informed practice and data-based decision making. The correct practice of PBS data analysis allows us to pinpoint the function(s) of behaviours, prepare and reduce risks from happening again.

Data collection includes:

- ABC data (antecedent-behaviour-consequence(result))
- Functional Assessments (by professional only)
- Skill and Progress Development Data
- Risk Assessments

Bespoke Deescalate Training in PBS



As a bespoke provider specialising in PBS, we understand that basic training is not sufficient nor person-centred. Therefore we use specialised training for de-escalation.

This is thorough training which is tailored to the individual yet also covers a number of other areas which is not available by other trainers. It is also one of the few de-escalation training in the UK that only promotes non-restrictive practice.

The training is conducted by a PBS specialist, ensuring an all round POSITIVE behaviour support plan is used.

PBS at MMBM

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At MMBM we run a complete PBS package covering all aspects of the individuals life.

This means PBS is also run throughout our workplace and across staff.

The staffs well-being at work is paramount for MMBM and same standards of practice are used with staff.

SUPPORT BEHAVIOUR POSITIVELY

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PBS ensures that all training and practice is always tailored to the individual as each service user is different- even beyond where eyes can see.

This is why correct PBS is important. PBS can track, predict and correct behaviours to the precise function- meaning only this exact behaviour would change when the intervention is placed. PBS would always choose to be proactive, unrestrictive and positive. This is why it heavily focuses on antecedents (the causes of both positive behaviour and behaviour that challenges others).

Behaviours are very complex, which is why data collecting is essential, this must be done under the supervision of a behaviour analyst to ensure understanding and to meet the practice standards.

PBS at MMBM



As a bespoke provider, we have high standards of care and practice. We believe the true meaning of person-centred is through in PBS (Positive Behaviour Support) as this supports all factors of well-being and progress, as well as staff support. Behaviours are often the only reason causing barriers for an individual to access development and inclusion, which is why we have such passion of using PBS. PBS is a highly effective framework that promotes access and well-being of the person, positively!

PBS professionals only work to the service users best interests and will not continue service otherwise. PBS specialists follow their code of conduct and ethics law. Which is why it is important to always use a qualified professional who understands the science of behaviour and the practice standards.

This can only be achieved by;

- The overseeing of Board Certified Behaviour Analyst. (PBS Specialist of qualification). PBS can only be practiced to a correct standard with a BCBA.
- Supervision by a BCBA.
- Interventions only be placed by a BCBA.
- Ethical practice that meets board standards.

Why is using a professional so important?

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There are two crucial points to this.

1/ Assessments and interventions can only be placed by a professional, simply because they are the professional who understands the science of behaviours and how to assess and manage them. A person's behaviour should not be assessed by someone who is not qualified to do so for health, safety and ethical reasons.

2/ The understanding of behaviours is essential when working with an individual. Here is an example of risks when not using a professional-

E.g. 1.1/ An individual with autism and limited language is self-harming, hitting his head against the wall. A non-professional provides an intervention for the individual to start wearing a head protector during the times this behaviour happens. The behaviours become worse and the individual starts head-butting the staff. This restricts the individual accessing the community.

E.g. 1.2/ A professional would have assessed intensely to understand the cause of this behaviour. They may have found the individual had an intolerance to a food that caused a headache. The food is removed from the diet and behaviour is extinct.

PBS- Short video

<https://www.youtube.com/watch?v=epjud2Of610>

