

POSITIVE BEHAVIOURAL SUPPORT (PBS) INTERVENTIONS

Delivering positive behavioural support (PBS) interventions requires specialist training. The competences outlined in this section are for those who have received specific training in delivering PBS interventions.

Knowledge

An ability to draw on knowledge that PBS interventions are a person-centred approach for providing long-term support to patients who have, or may be at risk of developing behaviours that challenge, and that:

it is often employed to help people with a learning disability and/or autism, including those with mental health conditions

it is based on an assessment of the social and physical context in which the behaviour occurs, and used to construct socially valid interventions that enhance quality of life for the person and their family and carers

An ability to draw on knowledge that PBS can be used to understand and manage behaviours that challenge in order to reduce the behaviour, increase the patient's safety, and facilitate a safe discharge

An ability to draw on knowledge that behaviours that challenge are a form of communication whose meaning and function need to be understood in order to reduce them

An ability to draw on knowledge that understanding behaviours that challenge requires identification of its antecedents, the behaviour itself, and its consequences (ABC model), and should be underpinned by a specialist assessment of the functions of the behaviour*

An ability to draw on knowledge that a PBS plan should incorporate three types of behavioural strategies which fall into one of three key areas:

primary strategies, which are strategies that aim to prevent the behaviour from escalating

secondary strategies, which manage the behaviour at the early stages of escalation

reactive strategies, which manage the behaviour when it reaches crisis and no other strategies have worked

PBS Intervention

An ability to undertake a detailed assessment and formulation of the behaviours that challenge* which draws upon:

collaborative stakeholder involvement for example, patients, their family and carers, multidisciplinary colleagues

information on the behaviour from multiple sources, for example, patient, family and carers, and staff feedback, clinical notes, and a clinical assessment

the patient's strengths and resources

appropriate adaptations for the inpatient environment

An ability to regularly review and revise the plan to ensure it reflects the current needs, interests, health, and well-being and risks of the patient by:

regularly seeking out further assessment information about the behaviour

updating the formulation/re-formulating the behaviours that challenge

An ability to develop a comprehensive PBS plan which clearly outlines the primary, secondary, and reactive strategies

An ability to review and adapt the plan if the environment changes or the patient is discharged from the ward

PBS Intervention

An ability to implement a PBS plan which draws upon, primary, secondary, and reactive strategies to manage behaviours that challenge:

an ability to implement primary strategies which aim to prevent the behaviours that challenge from escalating, including:	
	minimising the triggers of the behaviour (for example, minimising noises through noise cancelling headphones if the main trigger is poor sleep)
	modifying the environment (for example, changing rooms to a quiet room if noise is the main issue for the poor sleep)
	providing opportunities for skill acquisition (for example, sleep hygiene strategies)
an ability to implement secondary strategies to manage the behaviours that challenge when it starts to escalate, including:	
	calming approaches (for example, calming talk, active listening about the issue)
	environmental modifications (for example, finding a quieter spot away from loud noises or big groups)
	coping strategies (for example, supporting the patient to undertake a breathing exercise)
an ability to implement reactive strategies, which are only used as a last resort, when the behaviours that challenge has not reduced despite the implementation of primary and secondary strategies, including:	
	non-aversive reactive strategies (for example, diversion/distraction strategies)
	crisis management (for example, restrictive practices*)
An ability to systematically monitor the implementation and effectiveness of the support plan and to review and adapt it in the light of this evaluation	

*See relevant section (*Ability to undertake an assessment of the function of behaviours and Collaborative safety (risk) planning and intervention*)