11.4. Positive behavioural support interventions

Knowledge

- An ability to draw on knowledge that positive behavioural support (PBS) is a framework for providing long-term support to individuals 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 carers
- An ability to draw on knowledge that behaviour support plans can be used to understand and manage behaviour that challenges in order to reduce the behaviour, increase the service user'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 to help reduce them

- An ability to draw on knowledge that understanding behaviours that challenge requires identification of its antecedents, the behaviour itself, and its consequences (Antecedents, Behaviours and Consequences [ABC] model)
- An ability to draw on knowledge that a PBS plan should incorporate behavioural strategies that fall into one of three key areas:
  - primary proactive strategies, which aim to reduce the likelihood of the behaviour occurring
  - 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
- An ability to draw on knowledge that a PBS intervention plan should support the development of new skills that serve the same function as the behaviour or enable the person to cope more effectively with situations they find hard to manage

- An ability to draw on knowledge that all practitioners in regular contact with a person need to understand and accurately implement the PBS plan for every person being supported

Assessment

- An ability to develop an assessment that includes a clear description of the behaviours of concern (including classes or sequences of behaviour that occur together), based on:
  - collaborative stakeholder involvement (e.g. children/young people [where appropriate], family/carers, multidisciplinary colleagues)

- multiple sources of information (e.g. the service user, feedback from family/carers/staff, clinical notes, clinical assessment)
- multiple methods pf data collection (e.g. structured interviews, using rating scales, direct structured observation)

- An ability to identify events, times, and situations that predict when the behaviour will and will not occur across the person's full range of typical daily routines
- An ability to identify the consequences that maintain the behaviour (i.e. the purposes or functions that the behaviour appears to serve for the person)
- An ability to develop summary statements that describe specific behaviours, the situations in which they occur and the consequences that may maintain them, and:
  - an ability to collect observational data that support the summary statements that have been developed

- An ability to develop a behaviour support plan based on the assessment and formulation
- An ability to specify the primary, secondary, and reactive strategies
- An ability to regularly review and revise the plan to ensure it reflects the service user's current needs, interests, health, and well-being, as well as risks, by:
  - regularly seeking out further assessment information about the behaviour
  - updating and/or reformulating the formulation the behaviour
- An ability to identify any barriers to implementation and ways that these can be managed

Intervention

- An ability to implement primary strategies that aim to help the person predict, understand and control their environment, and prevent the behaviour that challenges from escalating, e.g.:
  - minimising triggers for the behaviour (e.g. scheduling meaningful occupation for much of the time)
  - modifying the environment (e.g. changing rooms to a quiet room)
  - proving opportunities to acquire skills that are functionally equivalent to the behaviour that challenges, or which or help to manage potential triggers
  - helping the person communicate their needs in a more functional way

- An ability to implement secondary strategies to manage the behaviour when it starts to escalate, e.g.:
  - calming approaches aimed at de-escalation (e.g. calming talk, actively listening to the issue)
  - environmental modifications (e.g. reducing sensory load by moving the person away from big groups)
  - coping strategies (e.g. shifting the focus by helping the person engage in meaningful activities)

- An ability to implement reactive strategies as a last resort when the behaviour which challenges has not reduced despite the implementation of primary and secondary strategies, e.g.:
  - non-aversive reactive strategies (e.g. diversion/distraction)
  - crisis management (e.g. implementing restrictive practices such as seclusion or physical restraint)

- 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