20 Years of Positive Behaviour Support – Implementing PBS in a large scale service setting, and the role of the Clinical Nurse Specialist

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Where did Positive Behaviour Support come from?

Applied Behaviour Analysis

Person Centred Values

Normalisation / Inclusion Movement

Carr et al, 2002

What is Positive Behaviour Support?
(Gore et al, 2013)

1. Non-aversive: No punishment is used

2. Life: PBS looks at what life is like day-to-day life like for the person – are they happy?

3. Information: PBS uses multiple sources of information like files, observations and interviews

4. Person Centred: The person is always involved at the heart of the process

5. Message: Behaviour always has a message hidden in it

6. Assessment: PBS uses assessment tools to find that hidden message

7. Plan: Proactive and reactive ways to support the person are developed based on the assessment.

8. Scientific: PBS is based in the science of Applied Behaviour Analysis, using proven behavioural techniques

9. Other treatments: Other treatment options can be incorporated as required (for example counselling)

10. Evaluate: PBS relies on data analysis and review and evaluate progress.

Why is it important?

- Positive Behaviour Support is now mandated under the Health Act 2007 in residential services.

- Behaviours of Concern have often been pathologised and so addressed with 'specialised' services, but supports should be weaved into every day life.

- The CNS is ideally placed to have the specialist PBS knowledge required and to integrate this ethically & effectively into the persons daily life.

Outline

1. Starting Point

2. The Role of the CNS in Challenging Behaviour

3. Maintaining Positive Behaviour Support

4. Effectiveness of Positive Behaviour Support

Background

- Qualified as RNID in 1986.

- Daughter of Charity Lisnagry, Co. Limerick.

- Staff Nurse with the John of God Brothers since 1988

- C.N.S Role in 2002

Culture Before Positive Behaviour Support

- Reactive
- Health and safety
- Fire fighting
- Punitive approaches
- Culture of control
- Little support
- 2,000 Service Users with ID
- 10-15% with behaviours of concern (Emerson et al, 2001)

Training in PBS

- Trained with Callan Institute in 1999

- Change in understanding and attitude

- Felt empowered

- Got results

Implementation of PBS

- Continued to work as a S.N. developing plans for others in the direct working environment

- Colleagues and culture change

- Good results

'Clinical Nurse Specialist In Challenging Behaviour' Position

- 2003 Work as C.N.S in a Day Service
- Role of the CNS
- Clinical Case Load
- Education and Training
- Advocacy
- Audit and Research
- Consultancy

Case Work

- Referrals from Supervisors, Staff and MDT
- Developing behaviour support plans following assessment and functional analyses, in consultation with staff and families
- Complex cases need on going monitoring support
- Some cases can be completed in 6 months but need quarterly or bi-annual review
- Many cases are discontinued due to good person centred planning and improved quality of life

Training

- Facilitation workshops in PBS
- Co-facilitation the (PEP) Parent Empowerment Programme with parents of young children with other members of the MDT team.
- Co-facilitation the Management of Actual or Potential Aggression (MAPA$^®$) Programme
- Facilitation of lectures on a request basis for local in the community groups, such as Down Syndrome Dublin & Community Playgroups
- Guest Lecturer with Callan Institute

Advocacy

- Active member of the local Positive Behaviour Support Committee

- Working on the Human Rights Committee

- Individual advocacy for individuals keeping true to the values of PBS

Consultant

- Inter and intra-disciplinary consultant when required

- Mentoring staff doing PBS training

Audit and Research

- Involved in supporting and working on various research projects

Concerns & Advantages

Initial Concerns

- How to keep plans active

- Attitude to Positive Behaviour Support

- Reliance on the specialist

- Working with colleagues/families

Advantages

- Working with colleagues/families

- Practice theory gap

- Could model what to do as well as explain what to do

Making Positive Behaviour Support Simple

- Positive Behaviour support group
- Listen
- Ideas, implement & report back
- Proactive only please
- Focus on PCP. No rocket science
- Proactive V Reactive scale
- Peer supervision
- Training
- Effective and sustained results

Working at Strategic Service level

- Difficulty to sustain workshops in PBS

- Deliver Crisis Management and use the background of PBS to point out cultural gap. Opportunity to get people thinking proactively

- Encourage staff to attend the ABA training.

- Only one CNS for whole Service.

Audit of plans 2007

- Some good work not recognised in systematic way
- We have collect and keep all information
- Some long plans, assessment, functional analyses
- Importance of maintaining ongoing data
- Some mini plans on PBS model.

More Maintenance!

- Pushing the Periodic Service Review (PSR). Summary of and implementation rate of plan

- Personal Outcome Measures

- Where is the evidence?

What do people think ?

- PBS is Accessible

- PBS is Practical & has practical application

- Documented

- Demonstrate /advise/explain

- Values our opinion and encourages our ideas

- Gets results

Current Concerns

- Resources
- Accessible training for all
- Maintaining a culture of PBS in large scale Service
- Misconceptions in PBS
- Challenging our ideas of a PCP
- No positions for CNS

PBS Training

- 'End User' Training
- On-the job training using referrals
- Speed of Response
- Generalisation of Skills
- Solutions in situ
- Contextually based solutions
- Driven by local teams

Training Evaluation (2007)

Professional Background of Participants (n=100)

No Data, 1%

Other, 11%

Social Care, 26%

Psychology, 15%

Education, 10%

Nursing , 35%
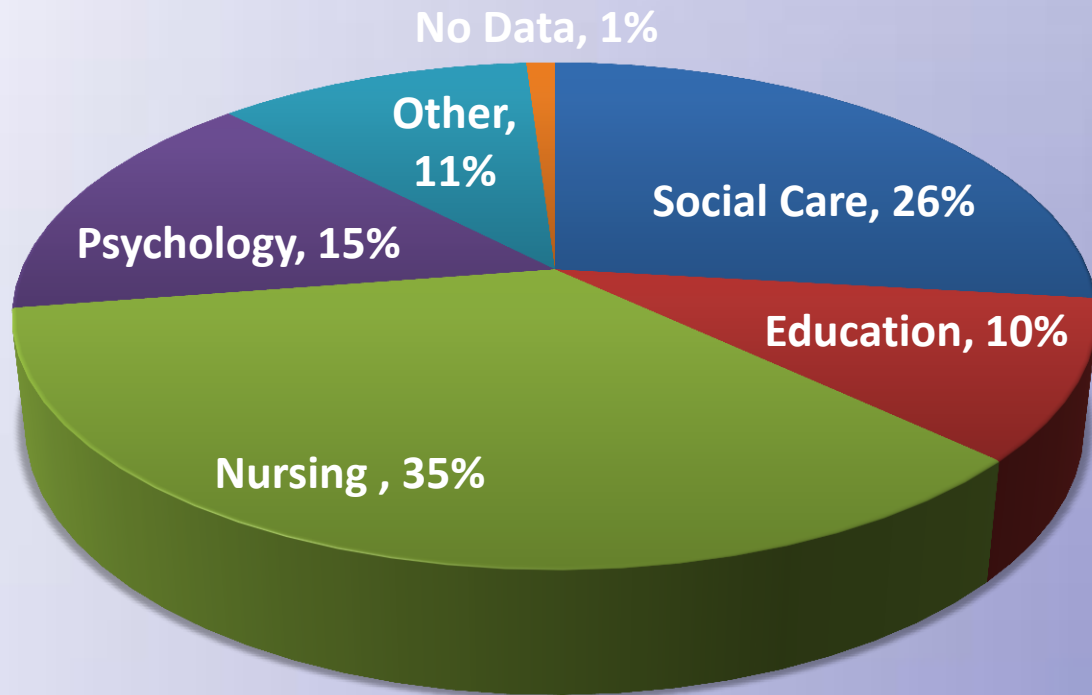
McClean et al (2005)

- "Significant improvement in 77% of cases at an average follow-up of 22 months after implementation of support plans"

- "The behaviour support plans designed by direct caregivers were at least as effective as those designed by psychologists"
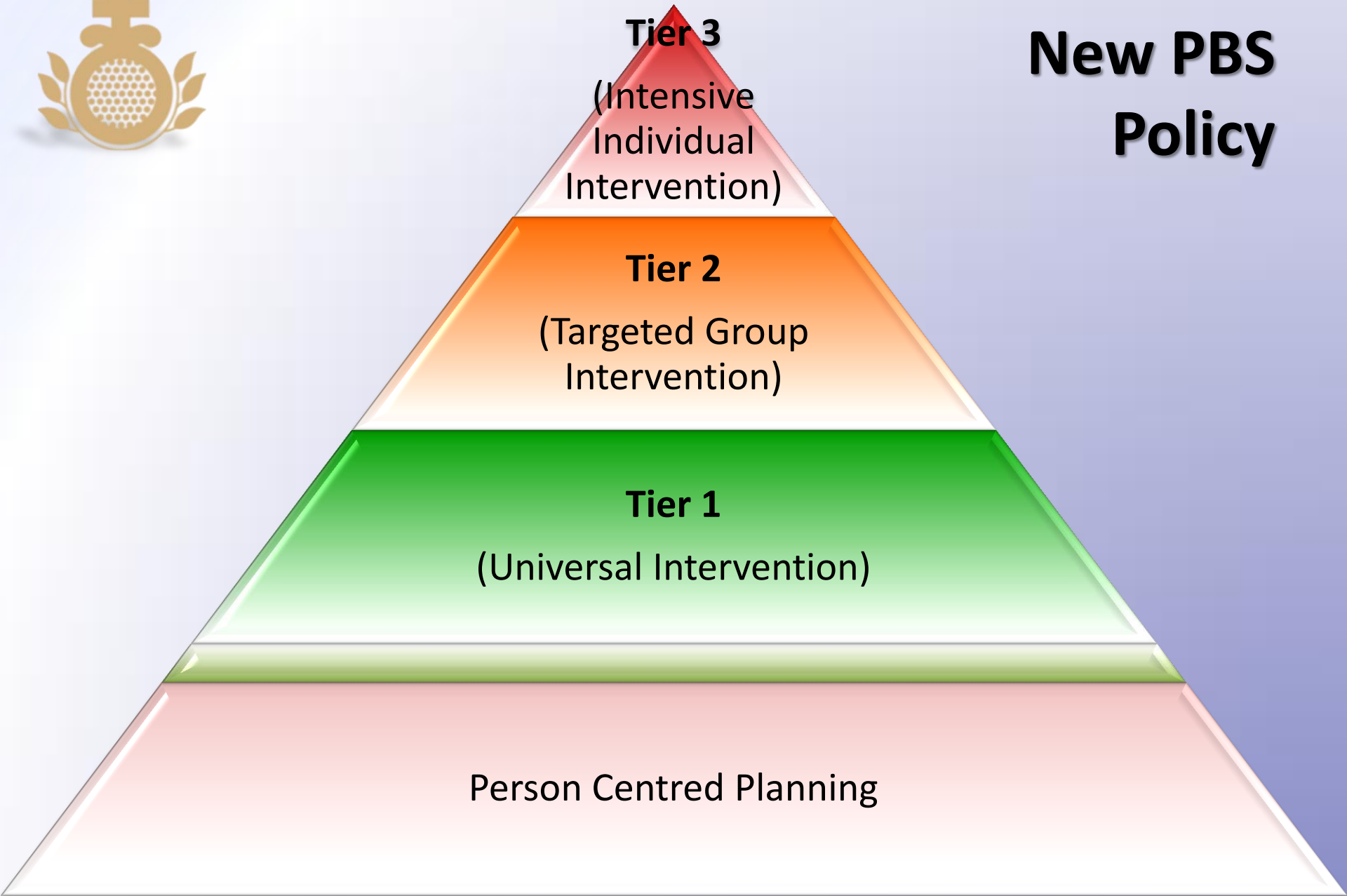
Audit of Plans (2007)
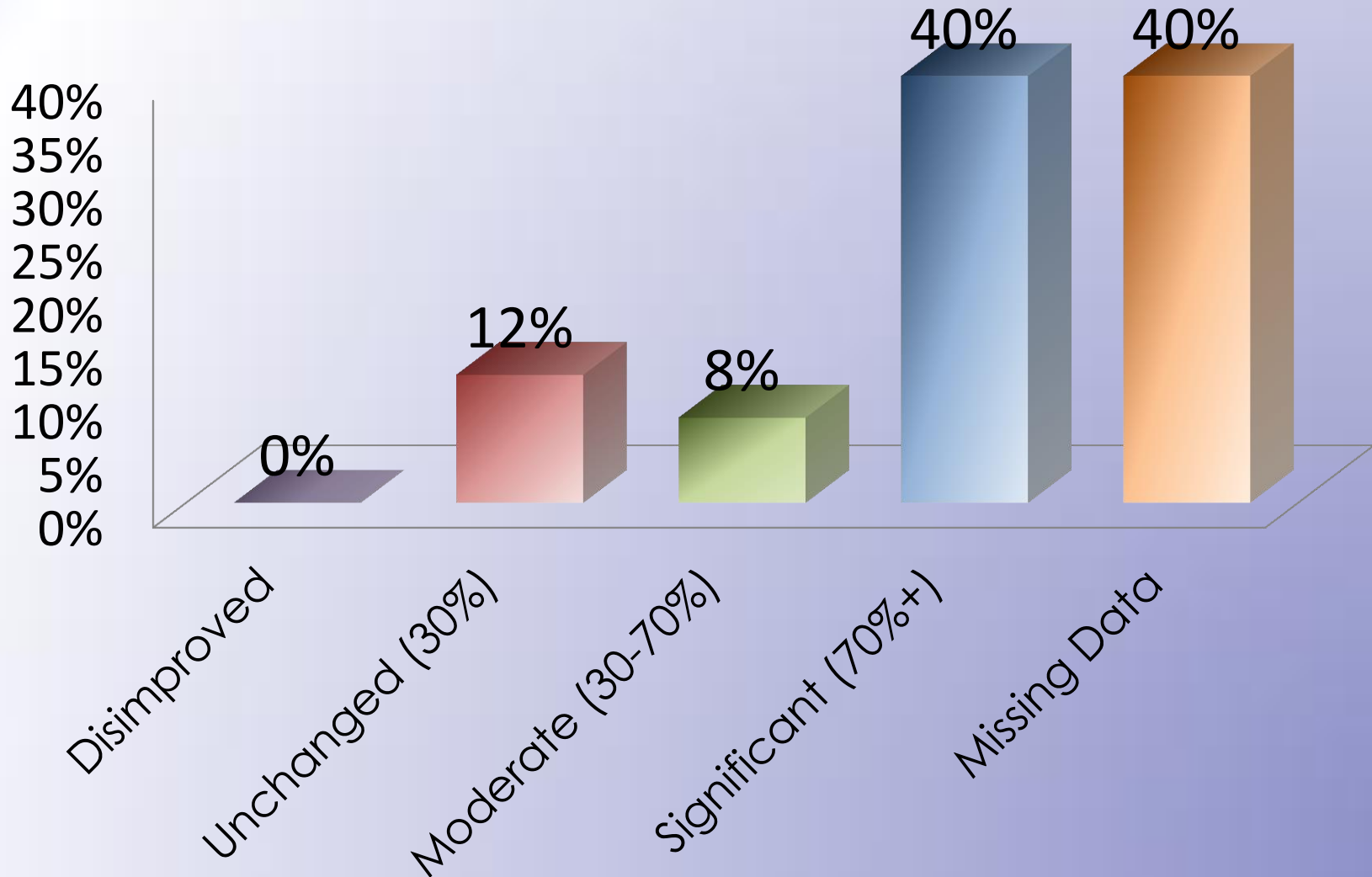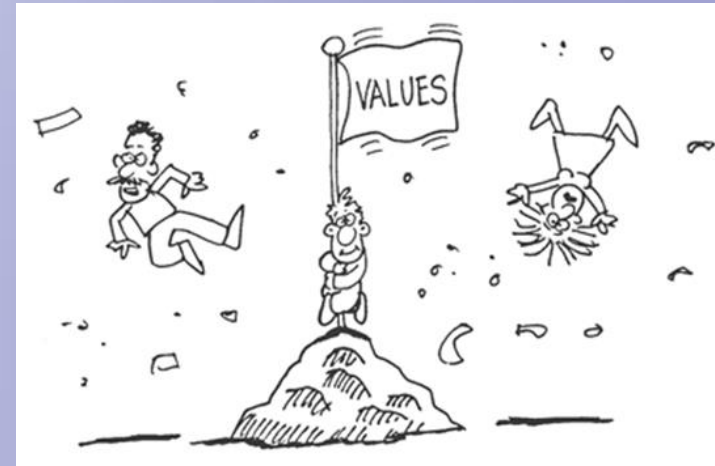
Lessons Leaned

1. **Start small** – pilot & keep it manageable. One person at a time

2. **Think Team** – we don't need all the skills in one person

3. **Select champions** – make friends & allies

4. **Competencies** – are we working at the right Tier?

5. **Be informed** – What is going on elsewhere?

6. **Be true** – What *should* we do?

7. **Be flexible** – What *can* we do?

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Thank you

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