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Is there a place for Positive Behavioural Support in a Medium Secure Learning Disability service?

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on behalf of the MSU MDT

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Context

- Northgate Hospital – MSU, LSU, hospital based rehab.
- Men with learning disabilities
- 51 beds
- MSU 18 patients
- MDT (Nursing, OT, Psychology, Psychiatry, Pharmacy, Speech and Language Therapy)
- Increasing complexity of patients – greater cognitive and communication needs, less gain from some of the traditional treatments, increased intensity of challenging behaviours
- Less ownership of admission

- High rates of challenging behaviour - verbal aggression, physical aggression, disengagement etc.
- Use of seclusion, restraint
- Increasingly ‘difficult’ patient combinations
- High stress and burnout for staff working with this degree of challenge
- ‘medical model’ view of offending and a treatment that went with this
- Dominant CBT treatment approach (language based)
- Increasing sense that traditional programmatic approaches are not suitable for everyone

Cognition and Language

- Mean WAIS scores have decreased in recent years from late 60s to early to mid 60s

- Sentence level comprehension average is 5yrs 8months on the KDU

What is PBS?

9 Key features of good Positive Behaviour Support & common misunderstandings

Positive Behaviour Support is a values led, person centred approach which applies the scientific understanding of behaviour to **increase quality of life** and **reduce behaviours that challenge**

PBS is

Based on Science
Using the scientific principles of behaviour to bring about meaningful change.

Values Led & Person Centered
See everyone as an equally valued member of society, avoiding use of aversive strategies. The person's needs & wishes at the centre.

About Relationships and Communication
Trusting relationships are the first step in all PBS practice. People's thoughts & feelings are important in understanding how to support them.

Function Based
ALL behaviour has a purpose & function. The functions are: to gain items/activities/sensory stimulation or to avoid people/situations/tasks/pain or discomfort.

Data Led Decision Making
Using observable data is essential for deciding whether an agreed plan is making a positive difference or not.

Adding New Skills & Opportunities
Replace behaviours that challenge with new skills, increasing independence and improving quality of life through new opportunities.

Supervision, Coaching & Feedback
Ensuring that staff & carers have appropriate supervision, coaching and feedback means that they know how to implement PBS in practice, not just in theory.

Teamwork
Including the person, staff & family plus practice leaders & those at consultant level is key to ensuring that what's agreed is appropriate, valid & will be implemented.

A Multicomponent Approach
A PBS intervention plan should have a number of strategies. Most should be proactive, to meet people's needs & improve quality of life; plus some reactive strategies for when the behaviour occurs.

PBS is not

Just Being Positive
Being positive and kind to people is nice but is not sufficient alone for meaningful behavioural change.

Manipulating Behaviour
Using the science of behaviour alone can lead to a reward and punishment approach. That's why PBS has a strong ethical and value base.

Solely Focussed on Behaviour
Observing behaviour is important in PBS. However, alone this leads to a cold approach which doesn't take into account the person's preferences, their history and their network.

Guess Work
Guess work leads to trial and error approaches. These can often increase behavioural issues.

Only Using Opinion about Change
Opinions are important, but alone they can lead to misleading conclusions when evaluating interventions.

Removing Problem Behaviours
Focussing on reducing behaviours risks increasing other problem behaviours and the restrictions on the person's life.

Taking a 'Train & Hope' Approach
Information based training is good for developing PBS knowledge. But on its own can mean a poor return on investment and little change due to a lack in practical skills.

Expert Alone
One person writing up a PBS plan without real consultation with key people can lead to plans being impractical, inappropriate and most likely ignored.

A Single Behaviour Strategy
Positive change cannot be made using one strategy. Repeated use of a strategy when the behaviour occurs will lead to the behaviour happening again & again.

Redstone
Positive Behavioural Support
/PositiveBehaviourSupportRedstone
@redstonePBS

Question 1: Is there a place for PBS?

Positive behaviour support (PBS) is a person-centred approach to people with a learning disability and/ or autistic people, who display or at risk of displaying behaviours which challenge. It involves:

- understanding the reasons for behaviours which challenge
- assessing the broad social and physical context in which the behaviour occurs - including the person's life history, physical and mental health, and the impact of any traumatic life events
- planning and implementing ways of supporting the person which enhance quality of life for both the person themselves and their carers.

(Skills for Care)

So, PBS is about….

- Values; Understanding the person's life, history, motivations
- Understanding the person's strengths and weaknesses
- Understanding the function of behaviour by collecting concrete information rather than relying on anecdotal information
- Developing skills
- Improving quality of life of the person and staff

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Evidence Base

- Good for reduction of Challenging Behaviour (CB)
- Okay on severe CB in non-specialist settings
- Weak on QoL, generalisation and maintenance
- Treatment integrity – package of treatments vs one approach

Question 2: Is there a place for PBS in a Medium Secure Forensic learning disability setting ?

Values

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Function of behaviour

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Skill development

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Our model

Training

PBS clinic

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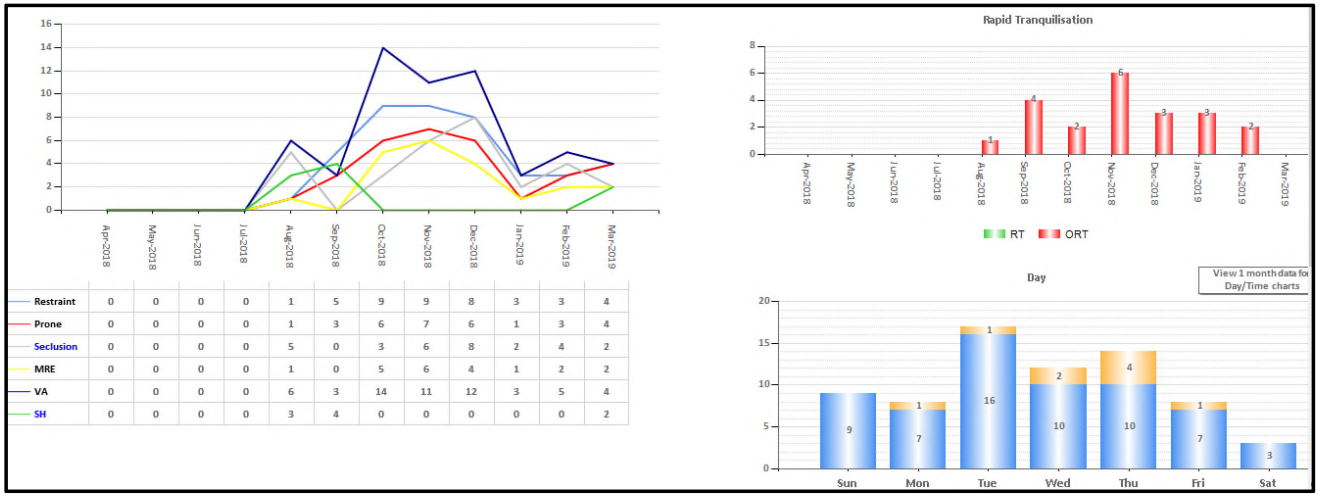
Our aims

- Reduction in behaviours that challenge use e.g. self harm, verbal aggression, disengagement, antisocial behaviours
- Improved quality of life of the patient
- Robust pathway – embedding of learning via clinic approach
- Staff team that understand PBS and see the value of it
- Evidence based decision making in care
- Empathic care

Tools

- Talk First data collection



	Apr-2018	May-2018	Jun-2018	Jul-2018	Aug-2018	Sep-2018	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Mar-2019
Restraint	0	0	0	0	1	5	9	9	8	3	3	4
Prone	0	0	0	0	1	3	6	7	6	1	3	4
Seclusion	0	0	0	0	5	0	3	6	8	2	4	2
MRE	0	0	0	0	1	0	5	6	4	1	2	2
VA	0	0	0	0	6	3	14	11	12	3	5	4
SH	0	0	0	0	3	4	0	0	0	0	0	2

- More detailed data collection tools (scatterplots etc)

Challenges

- Multiple definitions/applications of PBS – lack of shared understanding
- External pressure to implement initiatives quickly
- Secure service context – Ministry of Justice
- MHA, Mental Capacity Act
- Risk in co-existence with Challenging Behaviour
- Internal challenges – attitudes, resistance to chance

- Previous attempt at implementation has given negative view of PBS as incentive plans to patients
- Previous attempt of implementation approved of by some staff patients needing a consequence for their behaviour
- PBS being brought in by non forensic staff not understanding forensic population

Is challenging behaviour the same as risk?

Does focusing on CB mean you’re not responding to risk?

- PBS is an holistic model aiming to develop skills and improve quality of life
- Improved quality of life will impact on offending positively more broadly than offense specific work in the context of our patients and their life experiences
- Fits with reduction of restrictive practices

Is PBS for everyone?

But.....

- It depends on definition of PBS
- It depends on definition of Challenging Behaviour
- A values based approach but not necessarily a behavioural support plan
- Can be useful for people at risk of being restricted in some way
- PBS within the context of Talk First, Safe wards etc.
- Linked to reduction in restrictive practice, STOMP agendas

Outcomes so far

- Staff attendance at training – wide range of disciplines including activity staff
- Working multi-disciplinary clinic fortnightly (increased frequency)
- Increased use of data to inform decisions
- Data driven reports at MDT
- Improved quality (objectiveness and detail) of progress notes
- Language change – descriptive and detailed vs subjective and anecdotal
- Better understanding of MDT roles
- Broader view of skills that can reduce risk

- The beginnings of cultural change on the ground and in the MDT
- Positive risk taking
- More personalised approach to intervention
- Starting to see attitudinal change in relation to punishment
- Increased reflection on decisions made and impact
- Increased person centredness
- Change in focus
- Senior management support

Offence

Risk reduces through offense related work

Discharge from hospital

Vs

Person

Risk reduction
- offense related work
- Skill development
- Hope/motivation
- Values

Discharge from hospital

Governance

- Need to shift from anecdotal outcomes to evaluated outcomes
- How are we going to measure the outcomes?
- Link with community work on PBS
- Links with trust leads

Comments from training

Very interesting, lots of fun, learnt a lot of things I didn't know about PBS

Best training ever!

Interesting and informative a fresh way of thinking

didn't check my watch once! Really well delivered, great balance

What should we do next?

Take home messages

- PBS part of an overall approach
- Personalisation to patient needs – one size does not fit all
- There is a sense of being in the midst of a cultural shift and we think that PBS has contributed to that