

Our Voice



Positive Behaviour Support



What are behaviours of concern?

It can be in different forms such as

- Aggression toward others: hitting; pulling hair, or towards self
- Repetitive behaviour: rocking back and forth; repetitive speech (seeking reassurance constantly)
- Avoidance E.g. school refusal, eating very little or nothing
- Not direct: unaware of dangers; destruction of clothing; touching everything
- In context of Covid-19: spitting; licking; not maintaining social distance have become much more challenging

A behaviour becomes concerning, when either the **frequency, duration or intensity** increases.

Good PBS always starts from a good understanding of the person, their strengths, needs and the behaviour that are challenges to them and those around them



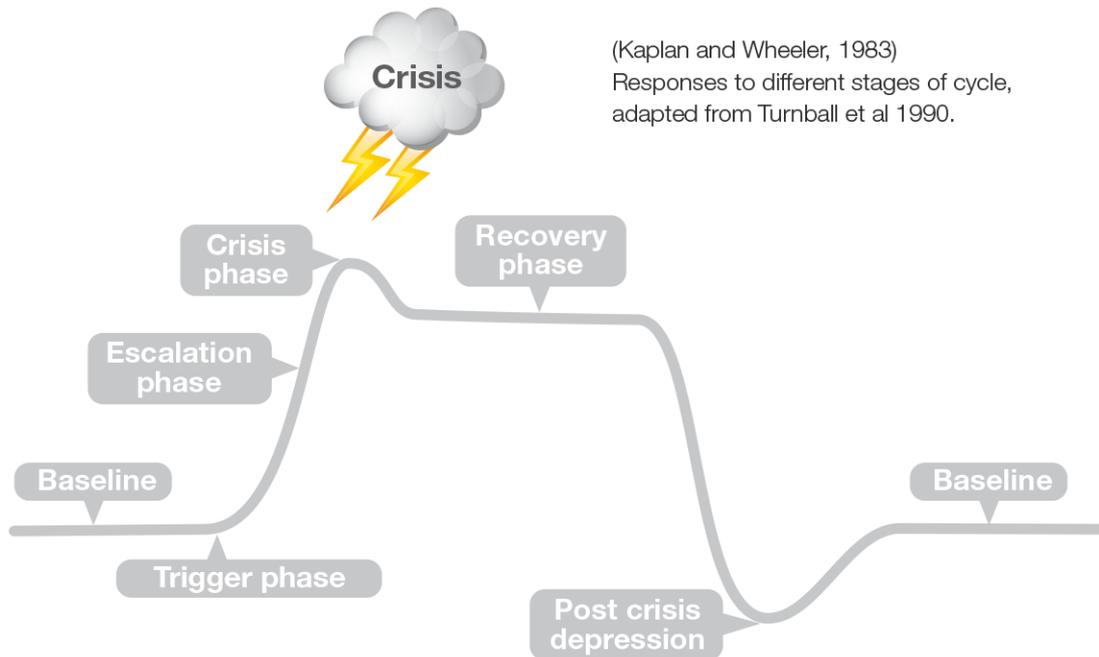
Impact of these behaviours

- Puts the safety of the person and/or those around them at risk
- Disrupts or threatens the person's and/or family life
- Stops them taking part in social, educational and leisure activities
- Affects their development and learning
- Becomes an impediment to independent living and employment
- Affects the health and wellbeing of the person and their family
- Puts them at risk of being excluded from activities, other local services and school (esp. mainstream where adjustments are not always considered)

If the context in which the behavior is occurring is not managed as well as possible, it can lead to restrictive practices.



Arousal Cycle



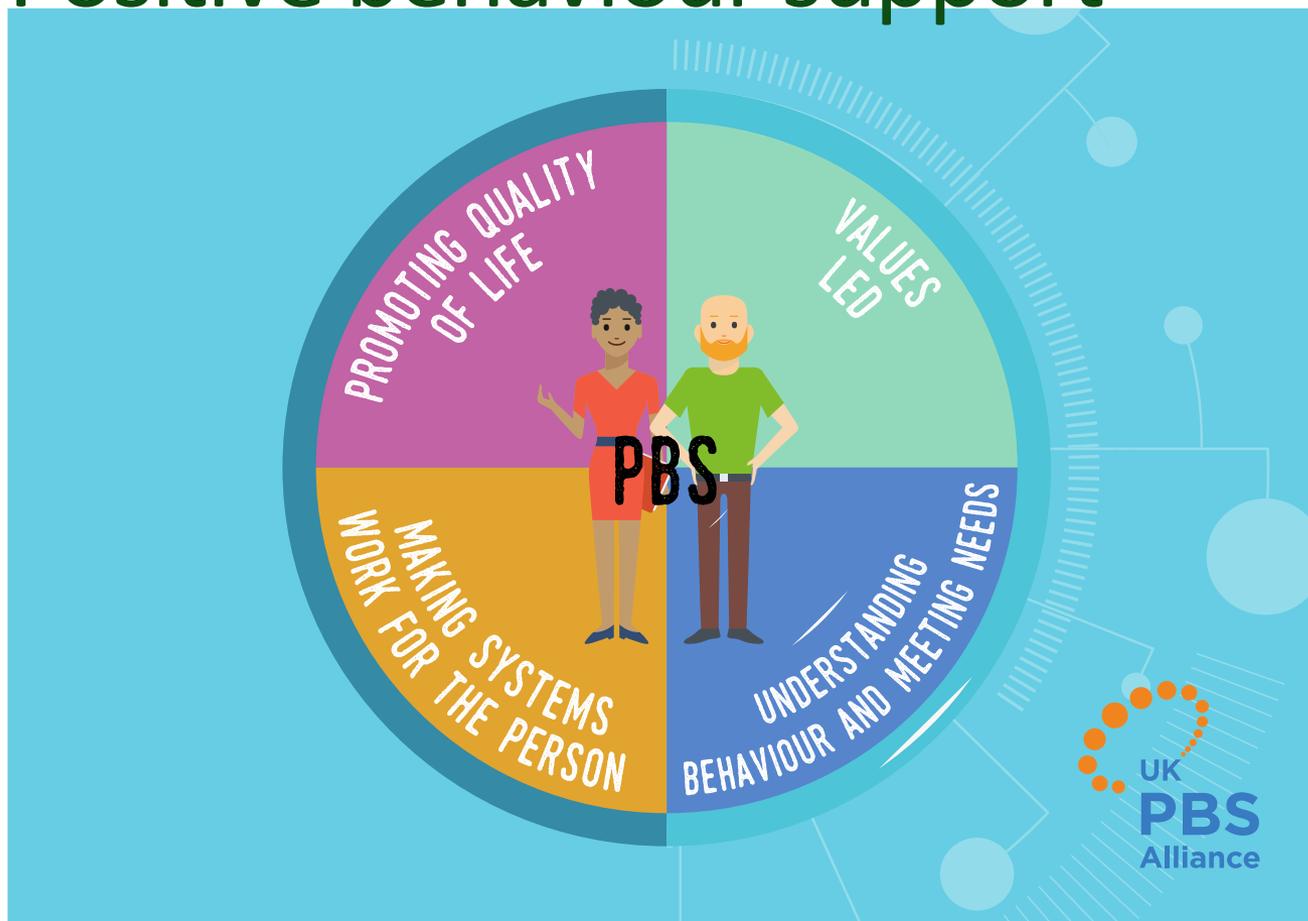
(Kaplan and Wheeler, 1983)
Responses to different stages of cycle,
adapted from Turnball et al 1990.

Positive Behaviour Support

- It is a holistic approach to promoting a person's Quality of life. Behaviours of concern can be a result of a poor QoL and make life difficult for the person and those around them
- To understand the behaviour of an individual, an assessment of the person, their social and physical environment in which the behaviour happens is made
- Along with this understanding, the views of the individual and everyone involved is used to develop the support (strategies) that improves the quality of life for the person and others who are involved with them.



Positive behaviour support





The Positive Behaviour Support Framework



What PBS is not

- Behaviour modification
- Trying to change someone or expecting them to change
- Keeping the environment or how someone is supported the same
- Just reacting to behaviours of concern/behaviours that challenge
- Managing behaviour
- Focussing on behaviours of concern rather than what works
- Something that only experts can do
- Doing things to someone without involving them
- Planning how to support someone without involving them and their family
- An intensive ABA programme (behaviour modification)

Why do these behaviours happen?

All behaviour happens for a reason

- To gain access to what they want/need but unable to communicate this to those around them
- Have problems understanding what is happening around them or unhappy about it and want to avoid/escape.
- They become under/over stimulated or frightened/overwhelmed by the task expected of them E.g. A task which is too difficult
- Insufficient time for processing information, but expecting the person to respond without giving that time
- Usual routine is disrupted E.g. school/college/work closed
- Usual activities are closed or restricted
- Rigid social distancing rules are difficult to understand and follow
- High anxiety after return to school: behind in schoolwork
- Moved or about to move to a new school without the transition process
- Their behaviour may be a consequence of our behaviour

The reason lies in the environment, so we create a **capable environment**.



Four stage model: how behaviour occurs

Slow triggers
and
Fast triggers
lead to a
Behaviour
which has a
Consequence

Triggers and reinforcement

- Slow triggers are background factors that makes the behaviour more likely and make a trigger more powerful
- Fast triggers are what happens immediately before, to cause the behaviour
- Consequences are what happens after the behaviour and contribute to maintaining the behaviour as effective (the person will continue to use the behaviour to meet their needs because it works). Consequences that increase the likelihood of behaviours occurring in the future are called reinforcers. They include:

positive reinforcement: makes it more likely the behaviour will be used again because it achieves something pleasant or rewarding (something is added)

negative reinforcement: makes it more likely the behaviour will be used again because something unpleasant or unwanted is avoided or removed (something is taken away)

NB: Positive and negative in this context means that something is added or taken away, not good or bad.

Why do these behaviours happen? No. 1

If someone's behaviour changes, you could consider the following areas **first**.

Physical health: think CUTER+

CUTER+ stands for:

- Constipation
- Urine
- Teeth
- Ears
- Reflux
- + other things to consider (e.g. headaches and epilepsy)

Noticing changes in any of these areas might mean the person is unwell and that they should have an appointment with their GP

Why do these behaviours happen? No. 2

Sensory Issues 7 senses + 1

- Sight
- Smell
- Taste
- Hearing
- Touch
- Vestibular
- Proprioception
- Intraception

How might sensory issues affect someone's behaviour?

Sensory missing	Sensory seeking	Sensory avoiding	Sensory noticing
Clumsy, leans on people	Loves jumping on trampoline	Complains people are too loud, smelly people, places	Fussy about clothing, only wears certain textures, no tags
Heavy handed and footed	Climbs on furniture, can't sit still	Doesn't like seams/bumps in socks	Fussy about foods, sheets, PJs
Rough when playing	Prefers tight clothing and bear hugs	Distracted by background sounds and movement	Won't go on playground equipment, won't get hands dirty
Doesn't notice things or hear being called	Kicks chair while sitting, fidgeting constantly	Over sensitive to bright lights	Likes to be in the dark, won't go out in rain/wind
Messy dresser	Chews clothes, pens etc	Can't find items due to visual clutter	Dislikes being touched, hugs, hair and nail cutting
Generally laid back, but can be anxious	likes strong tasting foods	Often anxious and overwhelmed	Likes structure and rigid routines

Why do these behaviours happen? No. 3

Communication

This is a two-way process and it's the responsibility of the people around the person who is being supported to ensure that communication happens effectively.

To help communication happen we should:

- enable people to communicate on whatever level they can
- use whatever techniques work for the person
- adapt how we communicate, rather than expecting the person to adapt
- understand the difference between expressive and receptive communication

How can positive behaviour support help?

If needed, a formal assessment plan involves finding better strategies

- **Proactive strategies:** environment changes or/and teaching new skills to prevent the behaviour happening. This enables Quality of Life.
- **Reactive strategies:** in response or during the incident to keep everyone safe
- **Restrictive practice** to be used as last resort but only when all non-restrictive strategies have not worked

Positive Behaviour Support may or may not completely cease the behaviour but helps to reduce it and improve the quality and wellbeing of the person and people around them.



Active Support

When a person is not able to do everyday activities independently, he or she will need support; Active Support is a way of improving people's quality of life and makes sure that people who need support have the chance to be fully engaged and involved in their lives. It involves:

- support being tailored and designed to suit the individual with contribution from people who know the person well
- arranging the environment so that people can be as involved as they want and are able
- making sure people's needs are met so they don't need to use behaviours of concern
- providing as much support to be engaged as people want or need
- removing some of the reasons for behaviours of concern, like making sure people don't have too much time doing nothing meaningful, giving opportunities to engage with others and helping people have free access to activities
- teaching new skills

Iceberg metaphor

What you can see?

What's going on
below the surface
or inside your child or
young person ?



Gia's iceberg

WHAT
you can
see?

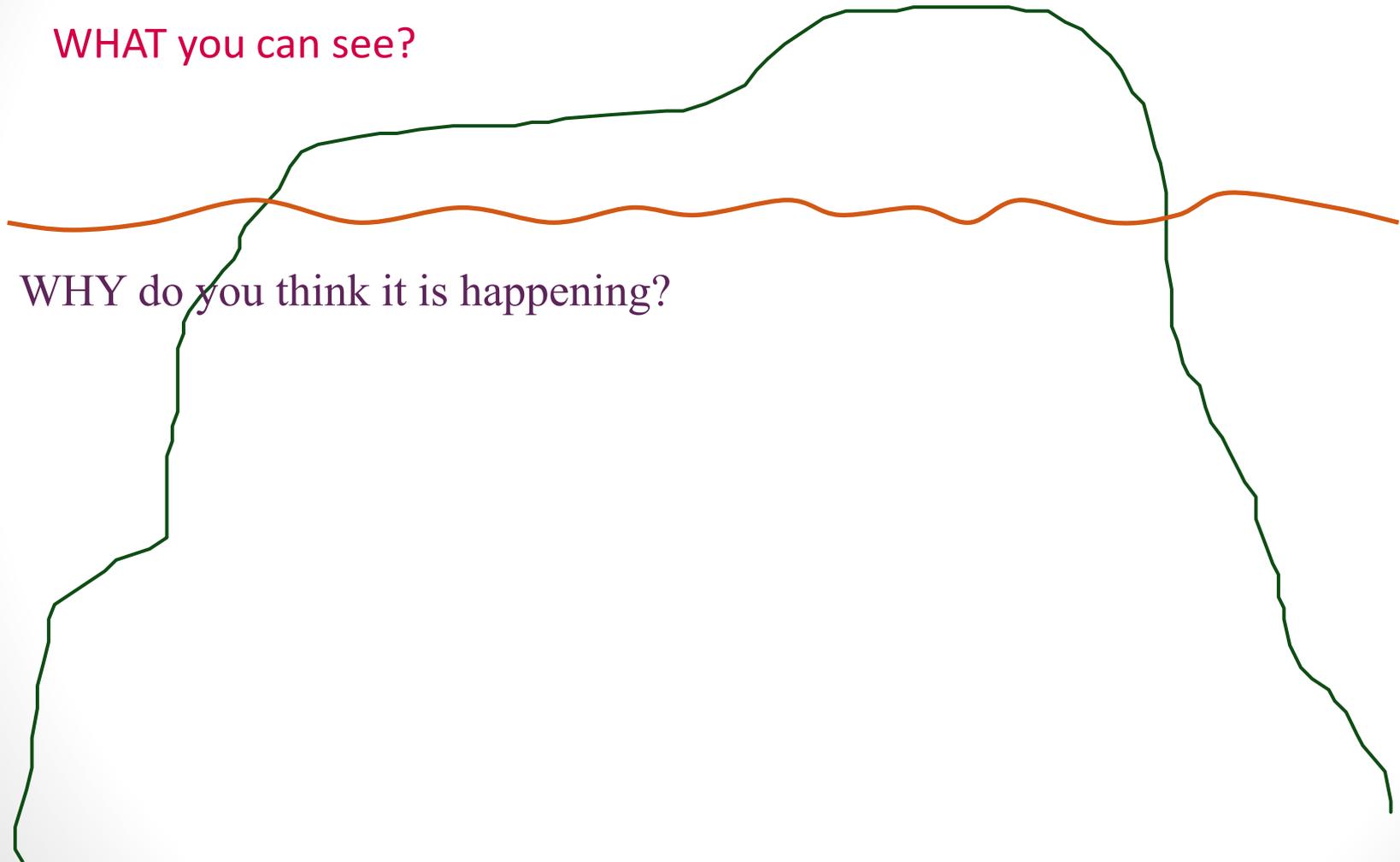
- Not eating properly
- Uncontrollable crying

WHY do
you think it
is
happening?

- She was in pain.
- She missed the routine, activities
- One day in and one day off.
- New staff /Class
- She does not understand Covid -19 restrictions
- More aware of surrounding
- Frustrated as she is unable to communicate as she is non- verbal.

Your Iceberg Activity

WHAT you can see?



WHY do you think it is happening?

How?

Reasons

Muscle spasm

Went to a new class,
so different direction
of walking to the
class. Different staff
at school

New skills/changes

Didn't force her to walk,
gave her wheel chair when
needed. Working on
slowly build up the
stamina

Let her walk in the
direction she wanted and
get use to the new place.
Gave her some time to
settle in class in the
mornings.

Changed results

Screaming has reduced.
She is more calm.

Sam

Behaviour	Reason	New skills/changes	Result
Climbing garden fence and running	Did not have enough meaningful activities and unable to communicate request to go out	Attended supported playscheme regularly and took someone's hand to the gate to indicate a walk	Stopped climbing fence and running away No need for this behaviour anymore
Requiring food to be reheated every few seconds	Parent themselves required piping hot food since childhood and felt child needed it too. Positive reinforcement	Started increasing reheating intervals slowly until food could be reheated once during a meal	Child adapted and did not require frequent reheating

Cheviots PBS practice

Child A	Before	After
Well-being	Not going on outings. Limited engagement in activities. Dysregulated for majority of session.	Goes on outings to local parks. Engages in variety of activities (e.g. cooking, water play). Happy for majority of session.
Communication	No system in place. 2 PECS symbols used inconsistently.	Personalised choosing board with 10 photos. Used consistently to say what she wants.
Behaviours of concerns	SIB, grabbing, hair-pulling, biting, scratching, stripping clothes, urinating on floor. Multiple times each session.	No SIB. During the past 6 weeks there have been no behaviours of concern recorded.
Restrictive practice	Oct and Nov 2018 physical intervention used 19 times. 10min physical intervention inc. floor support.	Apr and May 2019 physical intervention used 4 times (0 in May). No use of floor support, physical interventions last approx. 1 min.

PBS approach to behaviours of concern

Activity

We need to identify:

- The behaviours that are existing/escalating or new behaviours
- The causes/reasons for the behaviour
- The strategies to address each reason and prevent the behaviours escalating
- If needed, access support from professionals



Questions





Thank you for joining our workshop

An introduction to PBS from BILD : <https://www.youtube.com/watch?v=epjud2Of610>

- See handouts for details