



Hospitality Compassion Excellence Justice Respect

PBS Practice Support: Finding Behaviour Solutions with Staff

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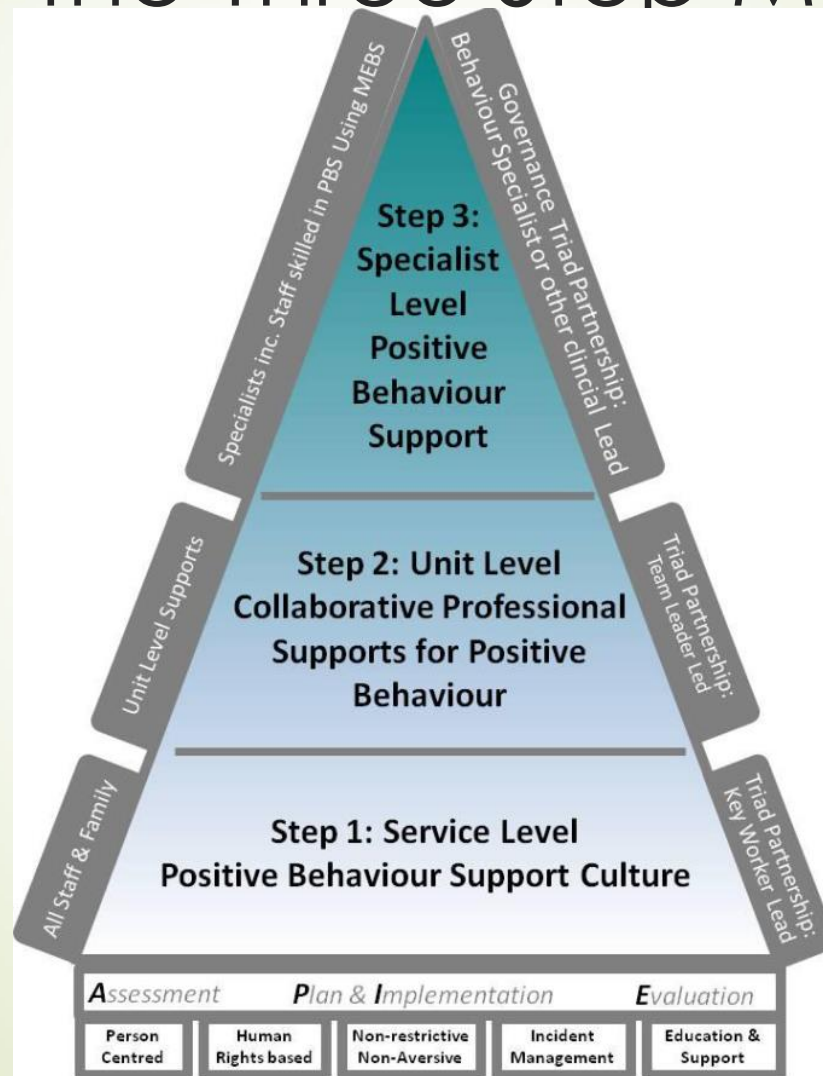


Overview



- The Three Step Model – Who is involved?
- What Practice Support has looked like?
- What has our experience of Practice Support been?
- How do staff feel about Practice Support?

PBS Practice Support within the Three Step Model





What is Practice Support?

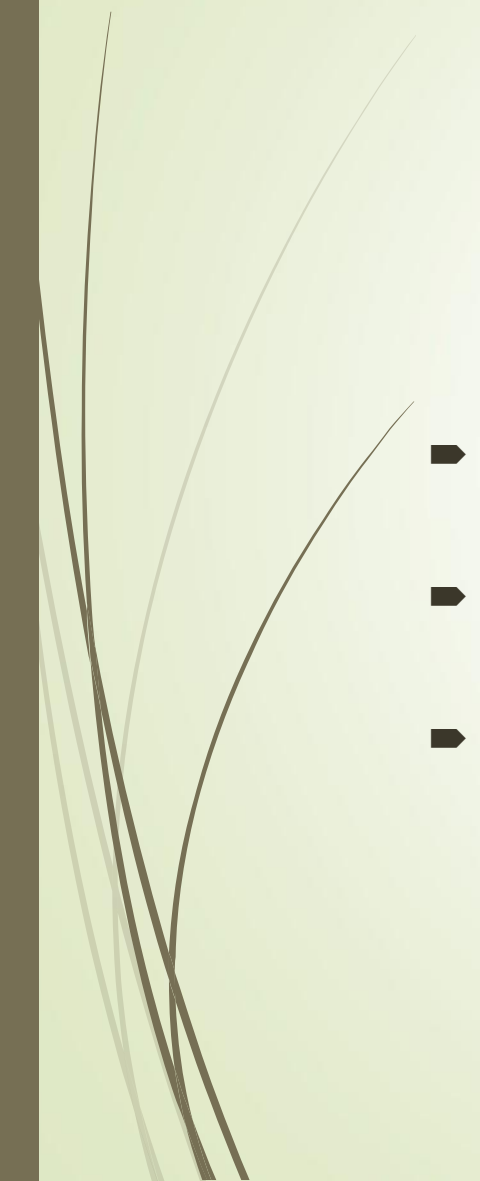
- Supporting staff to navigate policies and practice:
 - Staff are expected to have an encyclopaedic knowledge of all areas of policy. Behaviour is only one part of their remit.
- A way of supporting staff to implement good practice:
 - We need to support staff to take the information out of the policy booklet and into practice, often in very emotive circumstances.



The Alignment Fallacy

(LaVigna & Willis, 2016)

Crisis levels of behaviours of concern require proportionately restrictive strategies.

- 
- It implies we're still thinking in a topographical, rather than a functional way.
 - It's not the *intensity* of the behaviour that dictates the assessment input required
 - It's the *functional complexity* of the behaviour that dictates the amount of assessment input required.



Who has the answers?


- ▶ Front line staff
- ▶ Families
- ▶ The person themselves

(With or without the aid of assessment tools, facilitated by a Behaviour Specialist)

What's the message?



The role of the Clinician

- 
- To facilitate a PBS conversation and ask the right questions
 - To affirm staff practice
 - To co-ordinate information
 - To process the information through a functional lens
 - To verify or suggest solutions
 - To think about optimal living using the wheel of optimal living

Who are we supporting?

Staff


- ▶ Practice Support (Primarily Step 1 and 2)
- ▶ Service User remains unidentified
- ▶ No paper-based data is used
- ▶ Staff may be given materials to use and reflect on
- ▶ Staff are responsible for ensuring recommendations discussed make it to the individual's file
- ▶ Follow up is recommended

Service User

- At every step, directly or indirectly
- Full assessment may not be required
- Consent is required
- Formal assessments may be used
- Data may be reviewed
- Follow up is required



Benefits

- Faster Response to issues
 - Respectful way to work with staff
 - More contextually based
 - More efficient use of clinicians time and skills
 - Confidence Building – staff feel able to think about things themselves and use the specialist as a ‘sounding board’
- 



Flexible Problem Solving



- ▶ Occam's Razor: the simplest explanation is often correct
- ▶ Parsimony: try the simplest solution, and if it isn't effective, then a more comprehensive assessment may be done
- ▶ Moving up and down the steps of support as required

An example: School Wide PBS



What has our experience
of Practice Support
been?




Stay Open minded

- Practice Support may lead to:
 - A medical follow up
 - A systems analysis
 - Input from another specialist (SLT, OT, Social Work)
 - A change in practices
 - Person Centred Planning
 - Behavioural Referral
 - Counselling follow up
 - Family intervention
- This approach allows for all of these to happen if required, without taking on a behaviour referral if not warranted.



When it may not be suitable

- 
- If there is a breach of human rights as a side effect of this particular behaviour, either to the person, or to other's around them
 - If there is a risk of injury (physical , emotional, safeguarding)



Precautions

- ▶ Whilst trying the simplest solutions, maintain data through incident reports and ABC sheets. If a more detailed assessment is required, the information is already gathered, so a hypothesis can be formulated quickly.
- ▶ Collect frequency data – this is evidence driven. If no change is seen, or if things deteriorate, we need to know when a more detailed assessment is required.
- ▶ Maintaining notes – need to have complete transparency and issue notes to the staff being supported, line manager and a copy for file.



Ethical Issues

- Is an assessment always required?
- What are the implications of an assessment?
- Confidentiality of information
- Filing and storage
- Data driven – is it effective? If it's not effective, it needs to be accelerated to Step 2 or 3?
- “Based on the available data” – We are making some assumptions based on limited data. Be aware of potential bias.



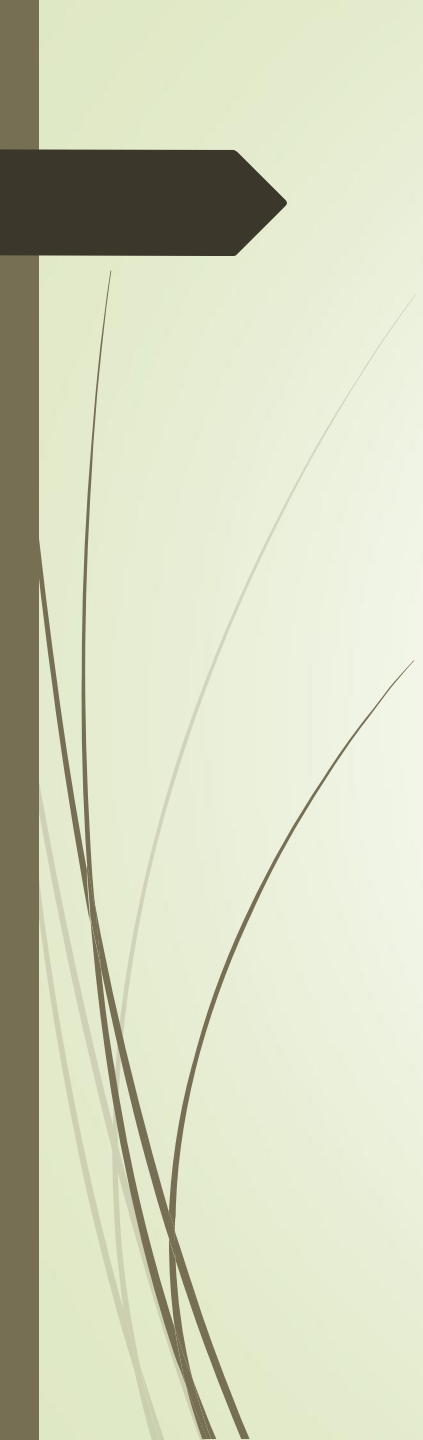
Ways to deliver Practice Based Support

- By request (but this can become unwieldy)
- By scheduled regular sessions (e.g. first Tuesday of every month)
 - Staff feel supported
 - Support is predictable
 - Reduces panic / knee-jerk reactions
 - Allows time for implementation
 - Priority areas can be identified by management
 - Builds competencies in delivering support (e.g. data collection, ABC's prepared in advance)
 - Themes can be identified and the PBS culture developed



Experiences to date


- ▶ Initially, practice support sessions can be flooded, but over time, this calms down.
- ▶ Maintain consistency – for everybody's sake.
- ▶ Talk to the *right* person – keyworker, unit manager, family and key stakeholders.
- ▶ Share information widely (but appropriately) – get all stakeholders on board if supporting a Service User.
- ▶ Staff become realistic about what can / cannot be achieved with PBS, and the need for their active involvement.

- 
- Staff are supported to explore Step 1 in a safe way.
 - Staff feel more empowered and become more comfortable in suggesting solutions
 - Staff feel more comfortable trying new things and showing initiative
 - Ideally, you find yourself out of a job, as confidence grows and more problems are solved at Step 1.



Think strategically....

- **Functions of Behaviour** of behaviour are often clustered in a particular environment, e.g. dementia care (intimate care); School (transitions) or respite (distress at missing family)
- **Themes** – it allowed us to structure trainings geared towards a particular areas needs (e.g. intimate care, social support; transitions)



How do we 'de-clinicalise' the way we work?

- ▶ Act as a creative thinking space, rather than a clinician (but ready to step up if necessary)
- ▶ Make it look easy (even if we're paddling like crazy under the water) to help normalise PBS.
- ▶ It's not a behaviour of concern until we take it on as such
- ▶ Think about the language we use

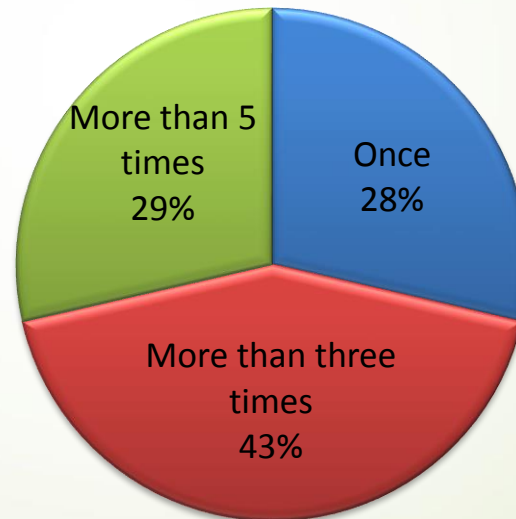


How do staff feel about Practice Support?

(n=8 so far – interpret with care!)

How have staff been using the sessions?

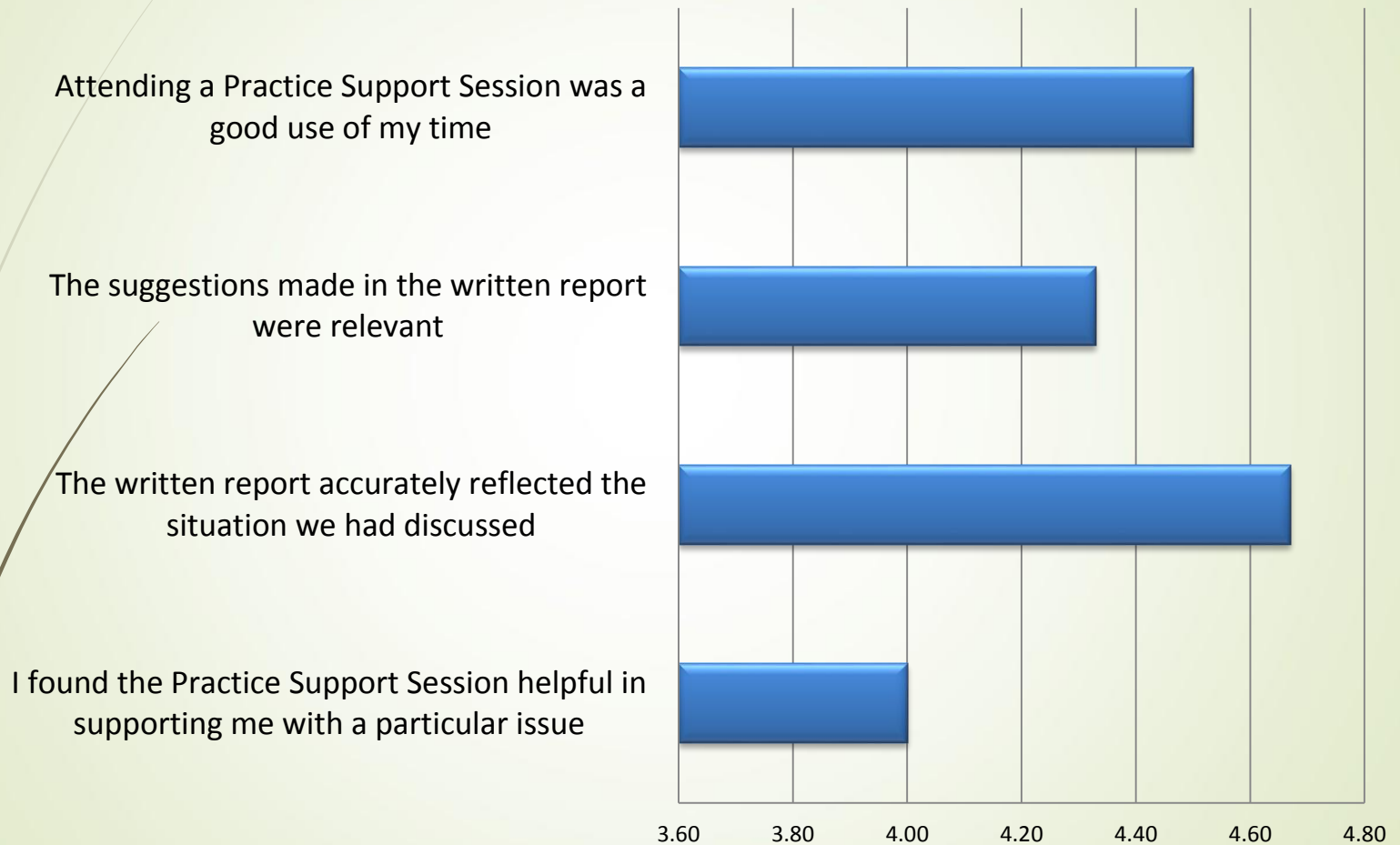
Attendance




What was staffs' previous experience of PBS



Please rate how much you agree or disagree with the following statements (0=disagree; 5 = strongly agree)



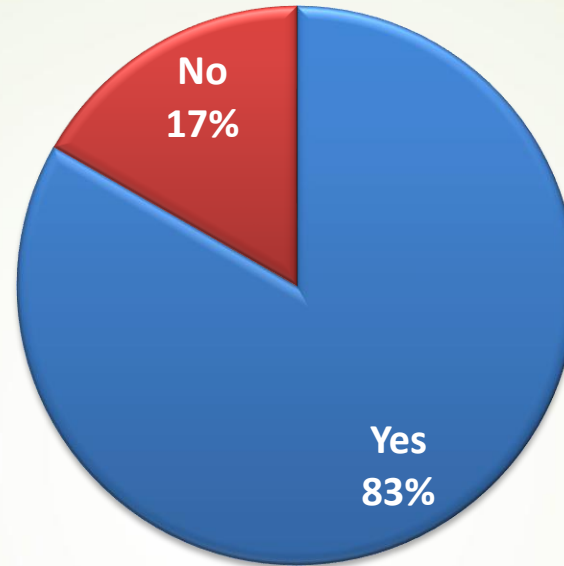
	None	Less than half	About half	More than half	All	Rating Average
How many of the recommendations do you feel were relevant to the needs of the team / the Service User	0	0	2	3	1	3.83
How many of the recommendations were you able to put into practice?	0	1	2	3	0	3.33
How many of the recommendations do you feel could be effective if used consistently, even if you did not get the opportunity to put them into place?	0	1	2	1	2	3.67



Did the PBS practice support session change the way you thought about the issue or situation for the person you are supporting?

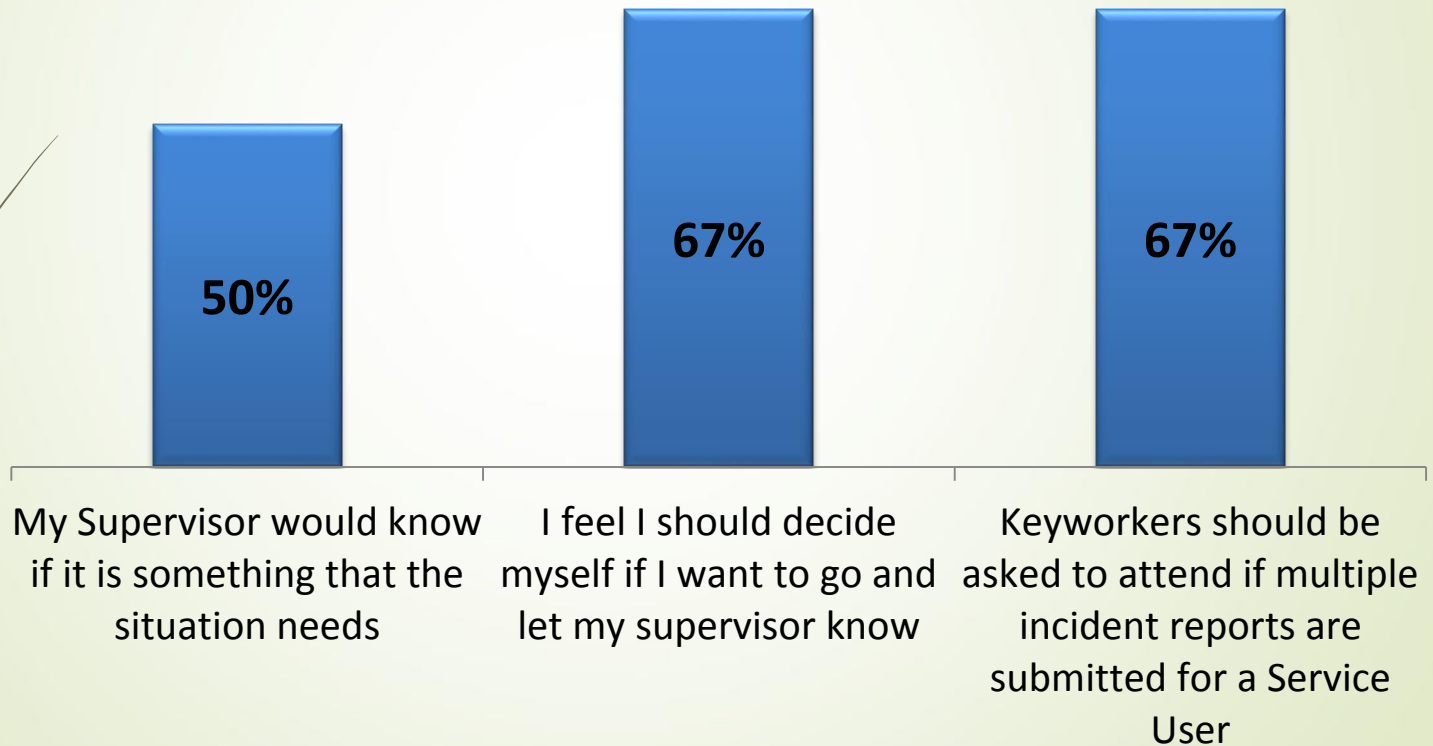
- Yes (100%)
- *"It gave me different ideas that I had not thought of on how to deal with the issue differently based on a possible cause of the issue that I had not thought of."*
- *"It allowed me to focus more on the feeling of the person rather than the actual action/behaviour that was occurring as a result of the feeling. Also, how to manage that myself and not take it personally."*
- *"Meeting the person where she is at."*


Did the PBS Practice Support translate into meaningful change for the people you support?



"In regards to specific behaviours we try, as a team, new approaches and are consistent in our approaches to a child's behaviours. Previous to Callan's recommendations staff varied in approaches. Now we are seeing a huge decline in behaviours and are far more proactive than reactive."

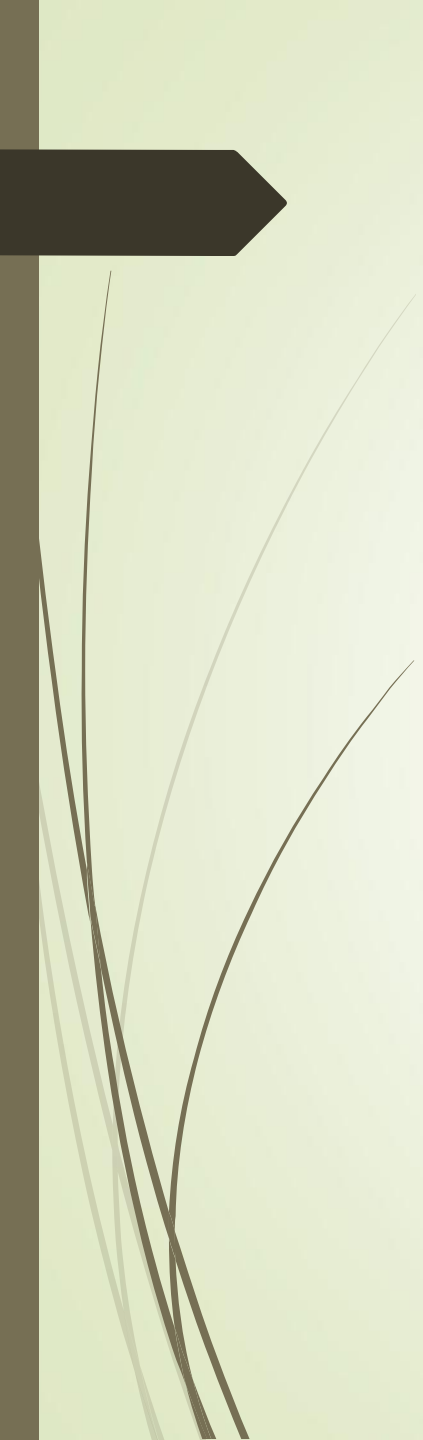
Who should decide who attends PBS Practice Support?



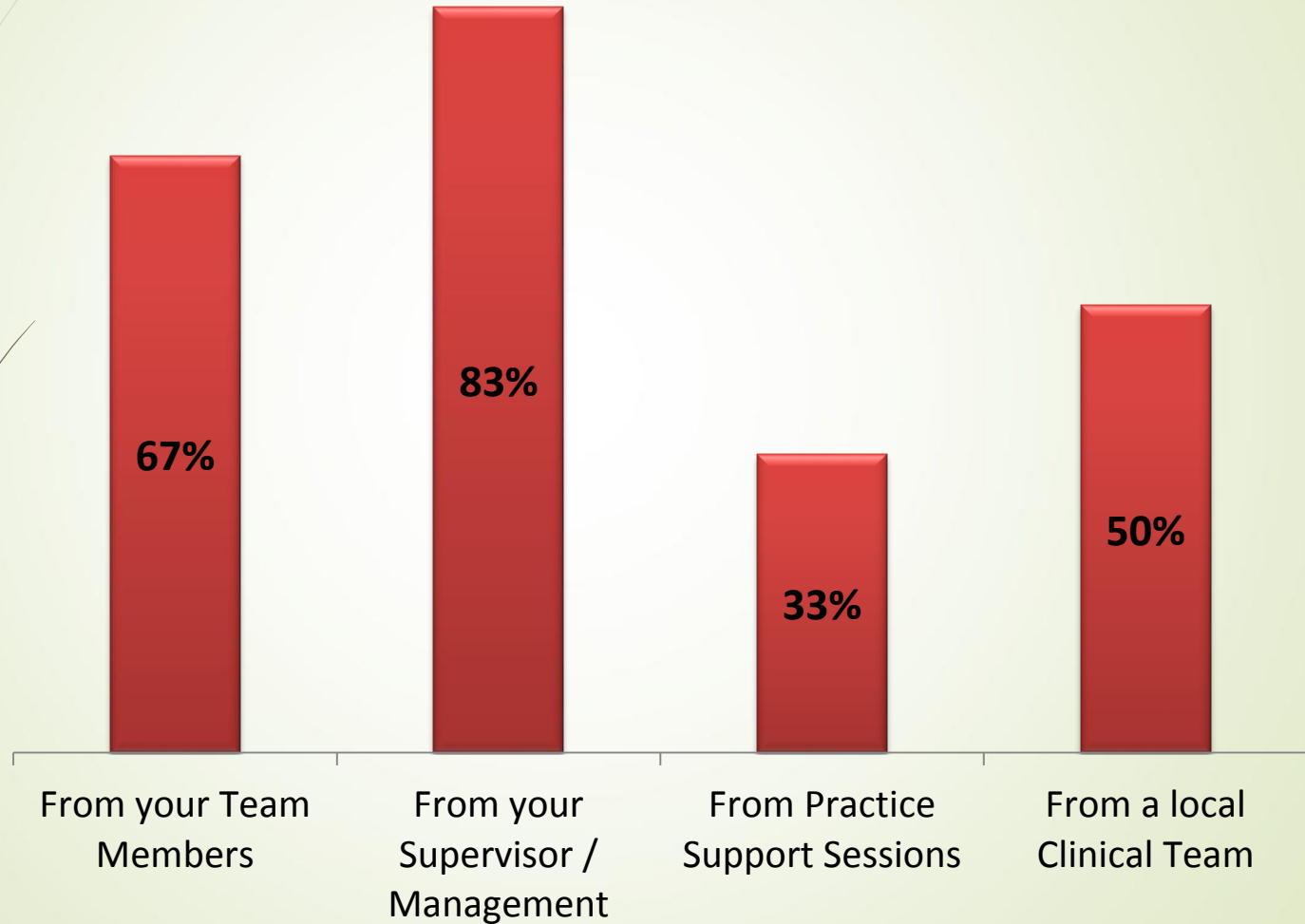



What did you find helpful about Practice Support?


- *"Thinking outside the box on how to approach it. A fresh person coming into the situation can see it differently."*
- *"Even discussing the behaviours aloud was beneficial as it gives an opportunity to reflect and see patterns that may have been missed. I feel that the recommendations for individualising the children's routines have benefitted us hugely. Also, as a result, our staff to children ratio is greater respected and justified because we have, in writing, the specialised individual care that we give."*
- *"Identifying and reviewing difficulties with practical advice to implement or look for professional supports or onward referral."*

- 
- *“Developing more understanding about behaviours and that the behaviour that occurs isn't necessarily what's trying to be communicated.”*
 - *“It is a space which allows you to express your opinions freely.”*
 - *“Opportunity to discuss some of the challenges”*

What do you think would help you get Positive Behaviour Support up and running for the people you support?



- 
- *“Communication and advice for each other as some children may have similar behaviours and we can support each other and give suggestions.”*
 - *“All working towards a holistic approach to people supported, PCP, meaningful day”*
 - *“Mandatory training day/workshop for all staff members”*
 - *“continuity of care - everybody singing off the same hymn sheet”*



**Ask - who needs
the support – the
team or the
Service User?**



**Don't make it
more
complicated
than it needs
to be**



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