

# **Feats, Foils & The Future**

## *20 years of PBS in a Large Scale Service Setting*

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# Outline

1. Starting Point
2. Particular Case Training
3. Audit & Evaluation
4. Developments
5. Current Challenges

# 1. Our starting Point: 1994

- 2,000 Service Users with ID
- 10-15% with behaviours of concern,  
(Emerson et al, 2001)
- Strong base in medical model
- Culture of Emergency Management training

# Initial Drive:

- Institute of Applied Behaviour Analysis
- Multi Element Behaviour Support

## **2. Particular Case Training Model**

- 6 modules over 9 months
- Blend of classroom teaching and in-service application
- Accredited by
  - Dublin Institute of Technology (MA Module)
  - An Bord Altranais (Irish Nursing Board)
  - Psychological Society Of Ireland

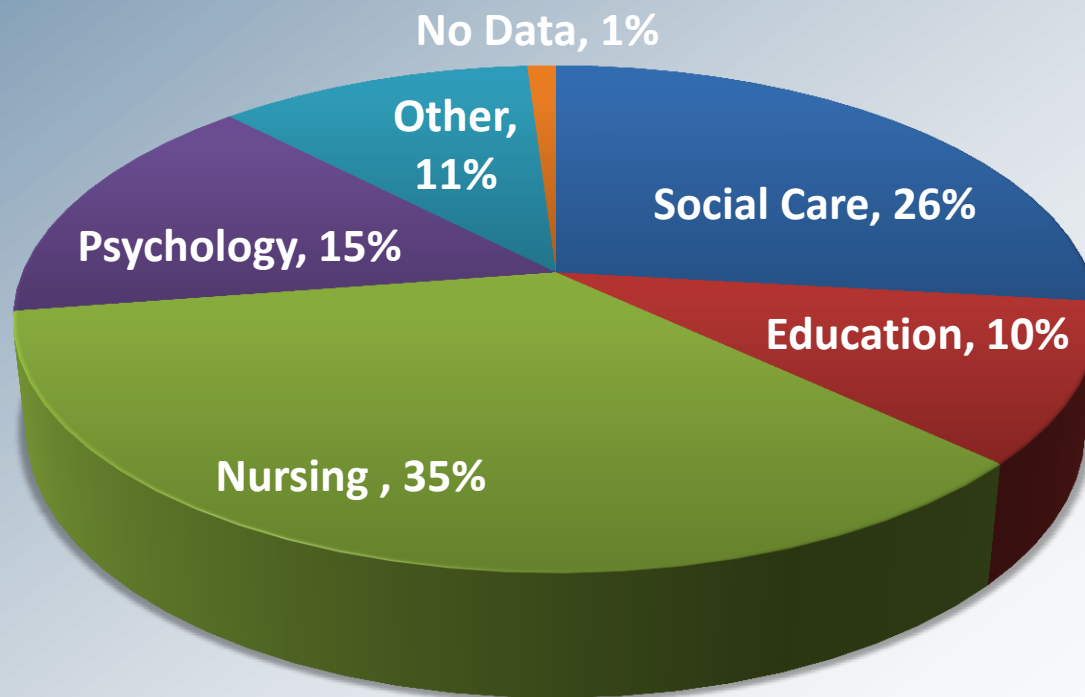


# Benefits

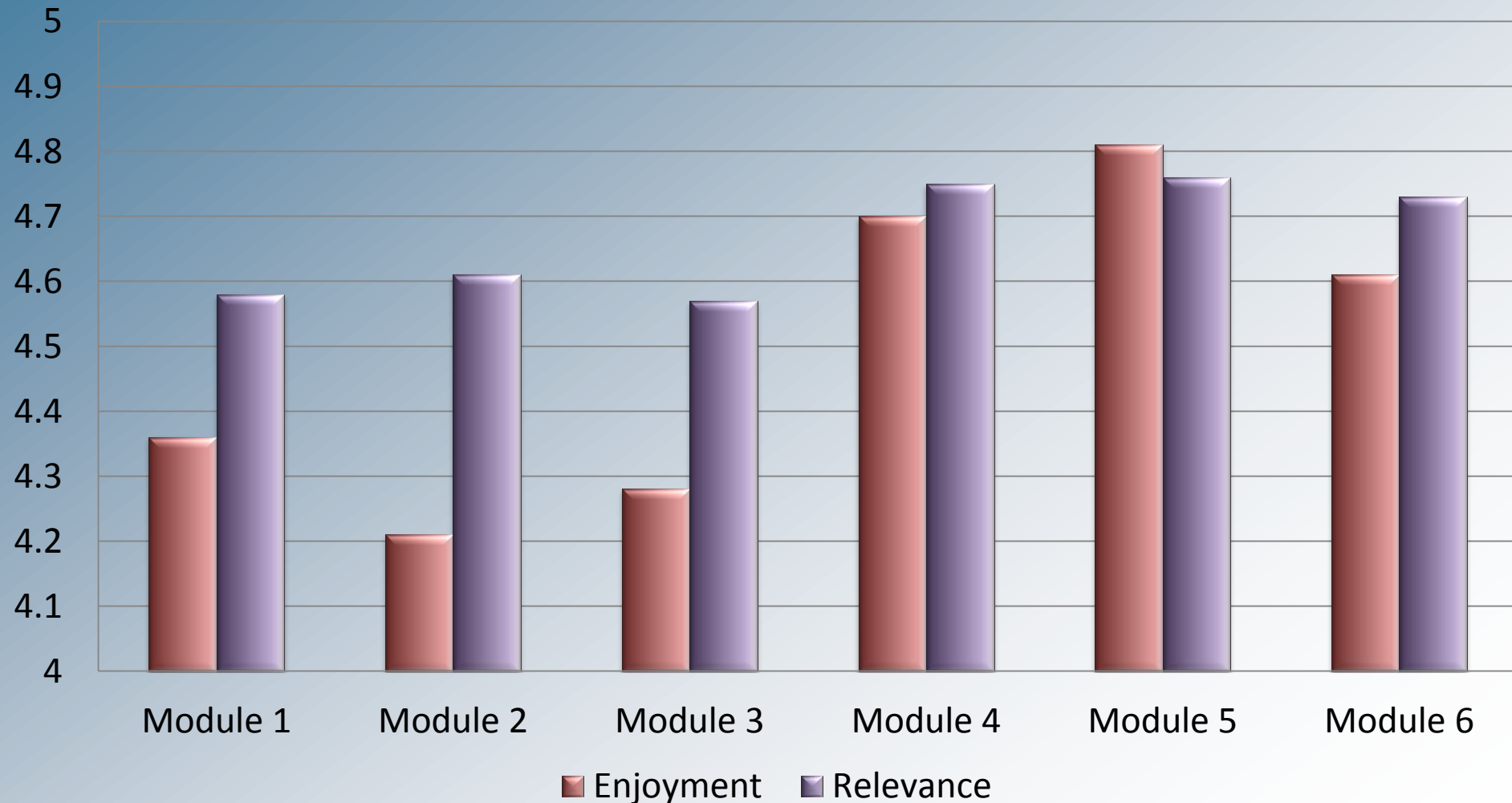
- On-the job training using referrals
- Speed of Response
- Generalisation of Skills
- Solutions in situ
- Contextually based solutions
- Driven by local teams

# Training Evaluation (2007)

Professional Background of Participants (n=100)



# Student Experience (n=100)





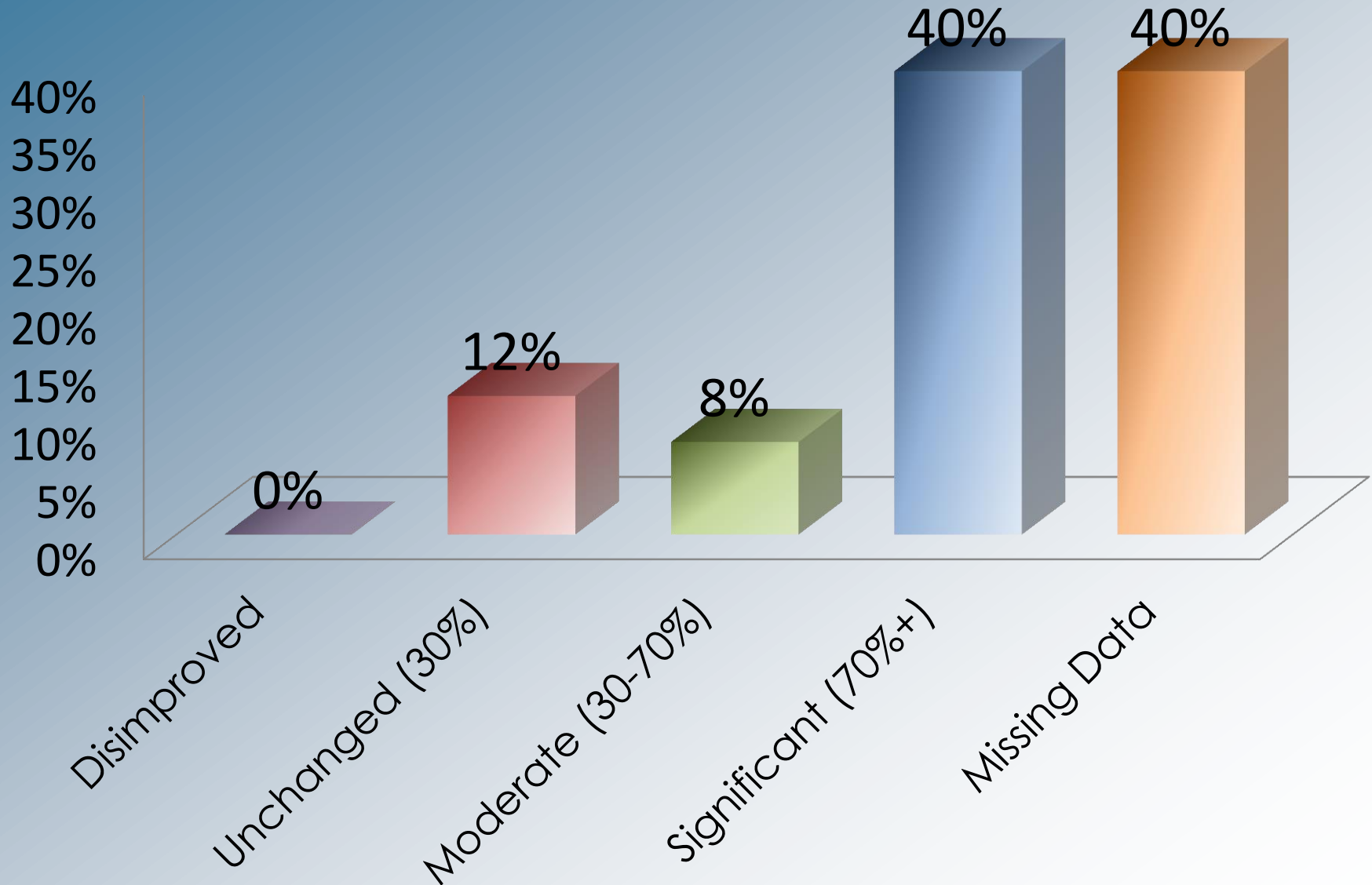
# McClellan et al (2005)

- “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”

## 3. Audit of plans (2007)

- Maintenance
- Evaluation
- Clinical Governance







# Concerns

- 63% didn't know if formal consent was granted
- Only 53% were able to confirm a Person Centred Plan was in place
- Only 18% of plans were in place with active review (82% *unmanaged*)
- 47% weren't sure where the plan was
- 20% could produce a plan that had an assessment and hypothesis of function.

# Clinical Governance



(Sally & Donaldson, 1998)



## 4. Developments

- Particular Case Training
- Other Training
- Clinical Governance
- Conceptualising Behaviour Support

# Developments in Particular Case Training

- Accountability from the service
- Student → Service User
- Line supervision
- Clinical supervision
- Scope of practice agreement

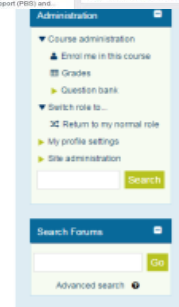
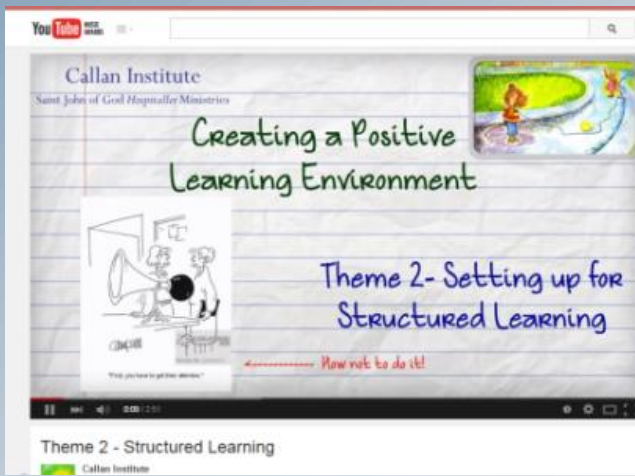
## *Savage Chickens*

by Doug Savage



# Developments in training

- Online
- Social Media
- Training in context



# Predictability & Structure

- Have you a plan for the day?
- How does the student know the plan?
- Are activities the right length?
- Are there nice things to look forward too?



## This Weeks' Goals:

Individual timetables will be on each student's desk daily.

Students will use the 'finished box' themselves

*"Good teaching is one-fourth preparation and three-fourths pure theatre" (Gail Goodwin)*



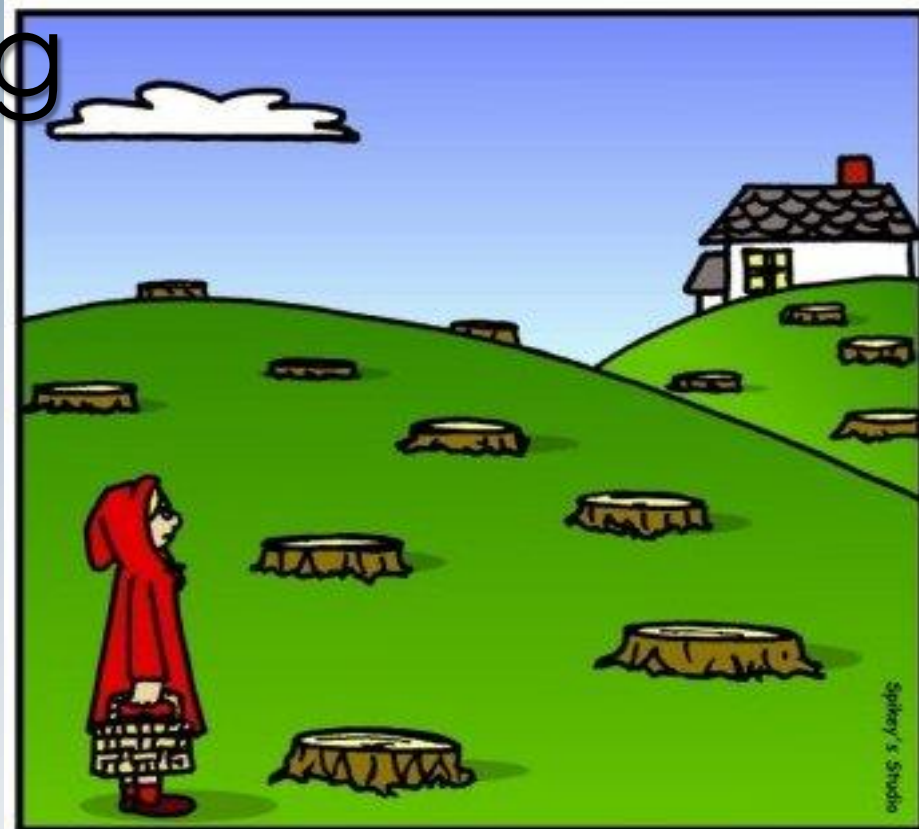


# Developments in Clinical Governance

- Local team taking responsibility & routing new referrals through MDT
- Provision of Supervision (group & individual)
- Staff support (PBS drop-in sessions)



# Developments in Conceptualising Behaviour Support



On the bright side, deforestation made it a lot easier for little red riding hood to find grandma's house.

BEFORE

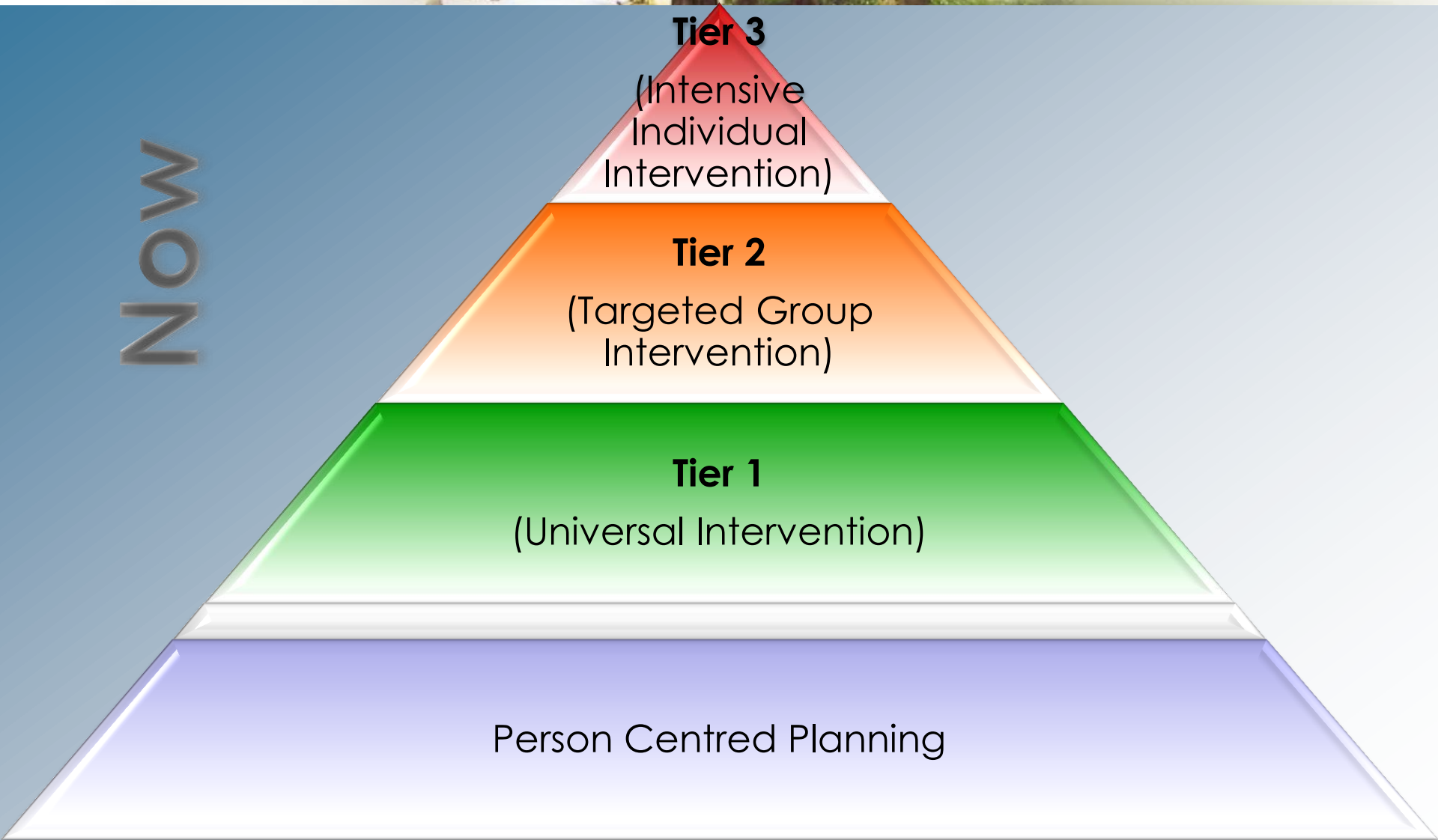
**PBS**

**Emergency  
Management**

**Psychiatry**

**Person  
Centred  
Planning**

NOW



## 5. Current Challenges

- What do we need to provide (legally and best-practice?) How do we identify good practice.
- Building teams that can deliver. 'Grandfathering' in existing behaviour support practitioners
- Supporting staff with ABA training
- Creating a culture of Positive Behaviour Support



# Lessons Learned

1. **Start small** – pilot projects & keep it manageable
2. **Think Team** – we don't need all the skills in one person
3. **Select champions** – make friends & allies
4. **Be informed** – What is going on elsewhere?
5. **Be true** – What *should* we do?
6. **Be flexible** – What *can* we do?





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