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

Normalisation / Inclusion Movement

Person Centred Values

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
• 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 ongoing 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)

- Social Care, 26%
- Psychology, 15%
- Nursing, 35%
- Education, 10%
- Other, 11%
- No Data, 1%
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)

- Disimproved: 0%
- Unchanged (30%): 12%
- Moderate (30-70%): 8%
- Significant (70%+): 40%
- Missing Data: 40%
New PBS Policy

Tier 3
(Intensive Individual Intervention)

Tier 2
(Targeted Group Intervention)

Tier 1
(Universal Intervention)

Person Centred Planning

Adapted from Sugai (2001)
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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