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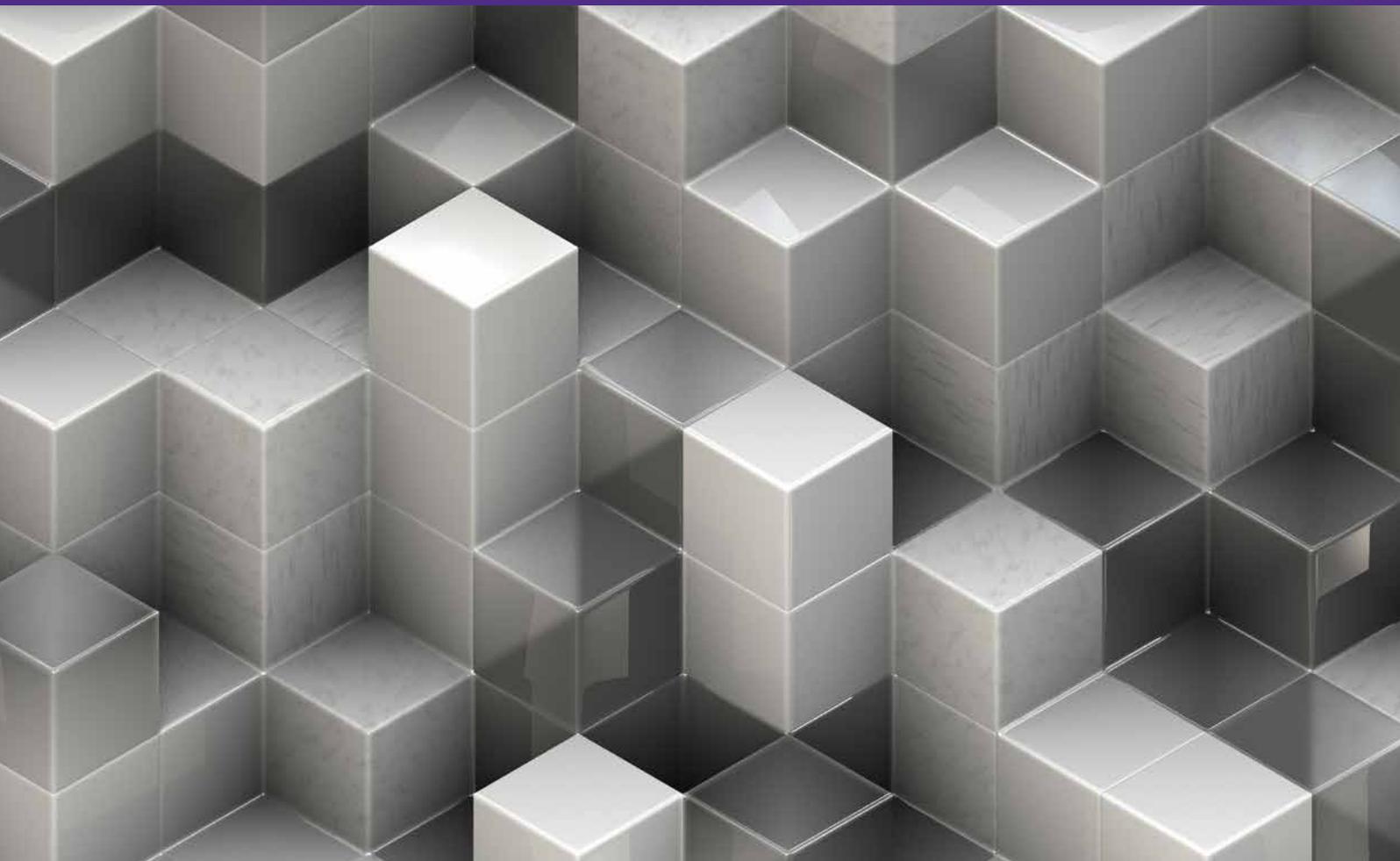


Division of  
Clinical Psychology

Faculty for People with  
Intellectual Disabilities

# Positive Behaviour Support (PBS)

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Committee and Working Group Position Statement

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# 1. Summary

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As a result of the broad range of needs that can arise in people with intellectual disability, there is a greater risk of them engaging in behaviours that may be viewed as challenging as a means of meeting their unmet needs and expressing their distress. Positive Behaviour Support (PBS) is currently considered to be the best practice approach to supporting individuals with intellectual disabilities who present with complex and challenging behaviour. PBS provides a person-centred and values-based, multi-component framework for assessing and understanding challenging behaviour using functional assessment. This leads to a formulation-based support plan that can draw upon a broad range of theoretically informed interventions, focusing on developing the quality of life of individuals; and reducing levels of challenging behaviour and the use of restrictive practices.

This position statement details our rationale as to why clinical psychologists are best placed to lead in the implementation, delivery, and associated training needs required within organisations, to support the implementation of PBS. Clinical psychologists' core skills in assessment, formulation, intervention, evaluation, and experience of training in a range of theoretical models and approaches are essential to the successful implementation of PBS. The context of PBS, the role of clinical psychology and recommendations for the development and delivery of PBS are outlined below in terms current national drivers for change in the England and the rest of the UK.

Whilst this guidance has been developed by the committee and working group of the Faculty for People with Intellectual Disabilities it is acknowledged that PBS is not just the work of clinical psychologists working with adults with intellectual disabilities. It is inherent with the practice of PBS that a broad range of professionals are required to support the implementation of PBS that truly meets the needs of those with challenging behaviour. Furthermore, it is acknowledged that the use of PBS is not limited to people with intellectual disabilities. However, the scope of this particular guidance is limited to clinical psychologists working in the field of intellectual disabilities.

## 2. Context

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Challenging behaviour is described as behaviour that puts the individual or others at risk and/or could lead to the limitation of an individual's access to their community. There are many personal and environmental factors that can impact on behaviour. These include pain, physical health issues, communication difficulties, and environmental factors. In addition, the evidence base indicates that challenging behaviour and mental health difficulties can co-occur and be expressed as challenging behaviour. Understanding why an individual's behaviour is challenging requires those leading the assessment, formulation and intervention process to draw on a multi-theoretical knowledge base and associated skills. Clinical psychologists have key clinical, training and governance skills to equip them to lead and promote change, both at an individual, organisational and strategic level.

Individuals with intellectual disabilities and challenging behaviour are known to be at risk of exclusion, abuse and restrictive practices. A number of inquiries have highlighted both the urgent need to improve care provision and commissioning of services for individuals with intellectual disabilities and the challenges to implementing and sustaining change. These have included Winterbourne View (2012a), Cornwall (2006), Sutton and Merton (2007) inquiries into institutional abuse in services for people with intellectual disabilities. Most recently Stopping Over Medication of People with Learning Disabilities (STOMPwLD) (NHS England, 2016) renews the commitment to reducing the use of medication prescribed with the aim of reducing challenging behaviour and acknowledges the prioritisation of psychological or other interventions.

This position statement is in line with strategy, recommendations, progress reports and training programmes across all the UK nations which highlight the need to support people with intellectual disabilities, and those who support them, by delivering person-centred values-based approaches including PBS<sup>1</sup>. Developments are underpinned by the drive to reduce restrictive practices and improve on a systems-wide level, the lives of people with intellectual disabilities.

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<sup>1</sup> DoH, Winterbourne View Concordat, 2012b; DoH, Transforming Care, 2012c, 2015; Service Model for Commissioners of Health and Social Care Services, 2015; Positive and Proactive Care, 2014; Positive and Proactive Workforce, 2014; Transforming care for people in Wales with learning disability and challenging behaviour: The five top priorities, 2013; Scottish Government, Keys to Life, 2013; PBS Competence Framework, 2015; Out of Sight, 2012. Mansell Reports, 1993; 2007; Winterbourne View: Time for Change 2014; Key Messages about PBS 2017.

## 3. What we know

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PBS is a human rights and person-centred based approach reflecting each person's individuality. It aims to promote quality of life, enhance community presence, increase independent living skills and places an emphasis on respect for the person being supported. It focuses on promoting proactive interventions to meet the individual's need and the avoidance of reactive/restrictive interventions, seeing these as the last resort option. Central to PBS is the assessment and formulation of the important function of behaviours that challenge within the individual's social and physical environment. The resulting PBS support plan is multi-component and draws on a range of psychological theories, models and approaches to promote an enhanced quality of life for the individual, ensuring that their needs are met and that there is a reduction in the likelihood of challenging behaviour. It focuses on ecological and antecedent interventions, and the development of skills to reduce the need for behaviours that challenge. Many interventions, including a range of psychological approaches, may be incorporated in the PBS plan.

The NICE guidance (2015) relating to individuals with learning disabilities and challenging behaviour, highlights the evidence base for core components of PBS. These are as follows:

- Functional assessment of behaviour;
- Personalised intervention, based in behavioural principles;
- Psychological interventions indicated before antipsychotic medication;
- Restrictive interventions are used as the last resort;
- Training for staff providing direct support in proactive interventions, in addition to high quality on-going supervision; and
- The use of routine outcome measures and periodic monitoring.

## 4. Why clinical psychologists are key in the implementation of PBS

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Clinical psychologists have completed training to Doctoral level (DClinPsy) which at a minimum ensures they are competent in (a) the administration of psychometric assessments and the use and selection of outcome measures; (b) applying at least two major psychological theories and a range of models within these; (c) selecting and engaging in appropriate interventions, providing consultation and supervision, and working at the organisational level in the implementation of national policy.

This constellation of competencies and skills are *essential to the successful implementation of PBS*, to lead teams that provide PBS, and to take the lead in ensuring the governance of service delivery and positive outcomes. More specifically, the skills and competencies held by clinical psychologists that relate to the successful implementation of PBS are outlined below:

- Knowledge and skills ranging from biopsychosocial models and theory, (including relevant behavioural theory) to social policy.
- Commitment to delivering and supporting choice and control, respect and rights for people with intellectual disabilities, ensuring a human rights based approach underpins service delivery, both in specialist and mainstream settings.
- Knowledge of intellectual disabilities and behavioural phenotypes.
- A high level of applied behavioural analysis (ABA) training and delivery of specialist psychological assessments including neuropsychological testing, when indicated.
- An understanding and working knowledge of multiple theoretical perspectives informing the assessment and development of multi-component, theoretically based and formulation driven PBS plans. Facilitating understanding of the function of behaviour in the context of multi-agency systems and providing knowledge of a range of interventions in line with national guidance aimed at promoting the reduction in physical and chemical restraint.
- The provision of psychological therapies where indicated, as part of a broader PBS plan including trauma-based work, relational, systemic factors and difficulties with attachments.
- Clinical leadership competencies. This includes skills to understand, challenge and facilitate changes at a systemic level, in addition to facilitating and working with teams where case complexity requires innovative approaches to the implementation of PBS, both at an individual and service level.
- Knowledge and experience of working at an individual, group and organisational level in supporting the coproduction of PBS plans and their implementation involving all key stakeholders.
- Consideration of environmental change and adaptation. Contributing to the developments in planning and commissioning of placements and wider care packages and the development of housing strategies for people with behaviour that challenges, to ensure that people live and lead fulfilling lives, wherever possible, in the community.

- Competence in the selection of outcome measures and their adaptation to the client group and/or context where appropriate.
- Skills in identifying the need for, and providing training, consultation, supervision, and a reflective space to staff teams who support people with behaviour that challenges.
- Training and understanding in the legislation and practice relating to mental capacity, mental health and restrictive practices.
- Ensuring that PBS is delivered appropriately, that risk is assessed and positive risk taking is promoted.
- Skills to oversee the development and governance of PBS care pathways and processes and translate the evidence base into service descriptions and contribute to on-going research in relation to PBS.

## 5. Recommendations

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Clinical psychologists have the training, skills and competencies to provide leadership in the implementation and development of PBS. They are well placed to ensure that training, research and governance systems are in place to establish PBS within current values, care and culture of services, and in turn, promote best practice improvements in the support and intervention for individuals with challenging behaviour. It is, therefore, recommended that clinical psychologists working in the field of intellectual disabilities should, as part of their role, endeavour to take on leadership roles and develop the clinical skills of services in the use of PBS.

It is recommended that the Faculty of People with Intellectual Disabilities has an on-going role in supporting the PBS agenda nationally through contributing to the development of policy and its translation into implementation. In addition, to ensure that clinical psychologists working in the field have the knowledge and skills to implement the recommendations outlined above, it is further recommended that the Faculty of People with Intellectual Disabilities provides relevant continuing professional development (CPD) events for its members and works closely with clinical psychology doctorate courses to develop teaching and competencies in the use of PBS during training. Whilst these recommendations apply specifically to clinical psychologists working with people with intellectual disabilities who present with challenging behaviour, it is important to note that this is an issue for all clinical psychologists. The Faculty will, therefore, continue, as part of these recommendations, to support other streams of work in relation to training and broadening the scope of clinical and other applied psychologists in their use of PBS.

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