

Emotional Wellbeing and PBS for Caregivers and People with Disabilities who Display Behaviours that Challenge

Dr Nick Gore

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Who Am I and Why am I here?!

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- Clinical Psychologist and Senior Lecturer / Researcher in Field of Intellectual and Developmental Disabilities
- Tizard Centre, University of Kent – South-East of England
- Special Interest in Challenging Behaviour, Emotional/Mental Wellbeing and Positive Behavioural support

Who are all of you!

- Where from and what do?
- Interest in this area?



Nobody gets through life without ***experiencing emotional difficulties or displaying behaviour some find challenging*** – at least sometimes



We are all living in the same world, with bodies and brains that work in roughly similar ways

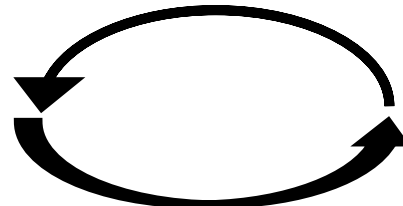
And none of us are an island unto ourselves – we set the occasion and provide consequences for each others experiences and behaviour

We are all in the same boat

We have to live, support and decide together

If this is the case what we need is a common framework or model that.....

*Can help us understand the experience, behaviours and interactions of **PEOPLE**.....whether we are talking about children, adults, people with or without intellectual disabilities*



What does prior research tell us?

People with intellectual / developmental disabilities are:

- At **heightened risk** of developing **behaviour that challenges**
- At least as **likely** (and sometimes more likely) **to develop mental health/emotional difficulties**

Caregivers (staff and family members) are:

- **Likely to experience mental health/emotional difficulties** when supporting people who display behaviour that challenges (*in certain contexts*)
- Have a significant **influence on the behaviour of people with intellectual disabilities**

Challenging Behaviour amongst people with intellectual disabilities:

- *Predominantly operant/behavioural models*
- *Positive Behavioural Support*

Mental Health amongst people with intellectual disabilities:

- *Historically less attention (diagnostic overshadowing)*
- *Medical and/or non-operant psychological models*
- *Very few interventions available for those with more complex/severe disabilities*

Mental Health amongst caregivers with intellectual disabilities:

- *Less attention (relative to CB of people with intellectual disability)*
- *Non-operant psychological models*
- *Some interventions available developed from those created outside of the field*



Introduction

Mental health as motivational operation: Service-user and caregiver emotional states in the context of challenging behaviour

Mental health as motivational operation: Service-user and caregiver emotional states in the context of challenging behaviour

Nick Gore and Peter Baker
Tizard Centre, University of Kent

Abstract

This brief conceptual paper seeks to address the role of mental health and the experience of negative life events in the positive behavioural support framework in relation to the behaviour of both service users and caregivers and some of the implications this may suggest for intervention. It is argued that the conceptualisation of mental health related variables as motivating operations is parsimonious at a theoretical and practical level and may create one way of generating further synergies within the field of IDD.

Keywords: Intellectual disability, mental health, trauma, motivational operations

Introduction

Proponents of trauma informed care have often been critical of traditional behavioural interventions offered to individuals with intellectual disabilities who present challenging behaviour. In particular, Harvey (2012), who provided a seminal text in this area, highlighted concerns such as a disregard of physical health issues, reliance on brief periods of observation, over-reliance on medication, the use of restrictive practices that may perpetuate behavioural crisis and over reliance on contingency management. Of note is that the same criticisms of traditional behavioural interventions were raised by early proponents and developers of PBS (Carr et al, 2002; Baker and Shepard 2006; Dunlap, Sailor, Horner and Sugai, 2009). Similarly, there is commonality between PBS and many of the approaches promoted by Harvey; for example, an emphasis on prevention and manipulation of antecedents, a focus on relationships and rapport and avoiding behavioural crisis through secondary prevention strategies. Yet Harvey (2012) does not appear to effectively distinguish PBS from traditional behavioural approaches, leading to claims that are at times inaccurate and may ultimately perpetuate poor practice in the support of people with intellectual disabilities.

Most noticeably, Harvey, in her trauma informed behavioural interventions book, rejects the use of functional behavioural assessment (FBA) on the grounds that it is about controlling people and instils a narrative of the person being manipulative. These criticisms are difficult to sustain when considering FBA within a PBS framework, where practices are primarily concerned with generating hypotheses that relate to a broad range of contextual factors which will ultimately be used to inform the support of greater individual choice, predictability and personal control (Gore et al, 2013). The overriding message surrounding PBS's use of FBA is that behaviours are not random, but serve key communication functions and are displayed by the individual to support fundamental needs.

As an alternative to FBA, Harvey argues for a thorough social history, a focus on behaviours as recognisable symptoms of trauma and listing of all possible triggers and anniversaries. Whilst this assessment methodology has some commonalities with FBA, it could present major problems to the practitioner in terms of arriving at a useful and valid formulation, as much of the data could be correlational and unverifiable. Although the fluctuating nature of trauma related responses both

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- *A brief presentation of a relatively brief article!*
- *Gore, N.J., & Baker, P. International Journal of Positive Behavioural Support (2017), 7 (1), 15-23*
- *Builds on Special Edition of IJPBS Autumn 2013 – outline, describe and clarify PBS Framework*
- *Draw closer connections between approaches to understanding challenging behaviour and emotional health for people with intellectual disabilities and those who support them*

What can we agree on?!

A conceptual framework for understanding why challenging behaviours occur in people with developmental disabilities

Richard P Hastings, David Allen, Peter Baker, Nick J Gore, J Carl Hughes, Peter McGill, Stephen J Noone and Sandy Toogood

Abstract

Background: To be able to define positive behavioural support (PBS), describe PBS interventions and clarify the individual and organisational competencies needed to support PBS, a clear underlying conceptual framework is needed to identify why challenging behaviours occur.

Method and materials: Non-systematic review and discussion of the state of research and theoretical evidence focusing on vulnerability factors for challenging behaviours, maintaining processes, and the social impact of challenging behaviour.

Results: Understanding challenging behaviour is related most strongly to context. First, challenging behaviours are defined in terms of their social effects. Second, vulnerability factors for challenging behaviour include some biological factors, but mainly psycho-social risks relating to the life situation and inequalities experienced by people with developmental disabilities. Third, social contextual processes are primarily responsible for maintaining challenging behaviours.

Conclusions: PBS is a broad approach to understanding and intervention referring to multiple contributing factors and processes. To describe PBS without reference to an underlying theoretically grounded conceptual framework would lead to an impoverished version of the approach.

Keywords: Challenging behaviour, positive behavioural support, causation, conceptual framework

Introduction

Interventions designed to ameliorate problems faced by individuals with developmental disabilities¹ need to be informed by a model or framework that describes an understanding of the problem (Hastings, 2013). Positive behavioural support (PBS) is no exception. To learn about PBS without understanding what the intervention approach is designed to do, or why PBS exists in the form that it does, would represent an incomplete and impoverished picture.

The need to elucidate the assumptions about the origins of a clinical problem to inform an intervention approach should not be a surprise to anyone reading this paper. In individual clinical practice, especially when applying

psychological interventions, a professional will develop a formulation of the problem and use that formulation to inform the focus of therapeutic intervention (see chapters in Taylor et al, 2013). Within PBS, formulation may be given a different name (generation of causal hypotheses, hypotheses about the function of a challenging behaviour) but it is a similar process. For example, any PBS intervention should be informed by functional assessment data (O'Neill et al, 1990). Indeed, there is evidence that including a functional analysis as a part of intervention for challenging behaviour significantly improves outcomes (e.g. Scott et al, 1991).

¹ Developmental disability will be used as a term including children and adults with intellectual disability (ID) and those with autism, following international terminological conventions. Where evidence cited refers specifically to individuals with ID or with autism, this will be made explicit.

Definition and scope for positive behavioural support

Nick J Gore, Peter McGill, Sandy Toogood, David Allen, J Carl Hughes, Peter Baker, Richard P Hastings, Stephen J Noone and Louise D Denne

Abstract

Background: In light of forthcoming policy and guidance in the UK regarding services for people who display behaviour that challenges, we provide a refreshed definition and scope for positive behavioural support (PBS). Through doing this we aim to outline a framework for the delivery of PBS that is of practical and strategic value to a number of stakeholders.

Method and materials: We draw extensively on previous definitions of PBS, relevant research and our professional experience to create a multi-component framework of PBS, together with an overall definition and a breakdown of the key ways in which PBS may be utilised.

Results: The framework consists of ten core components, categorised in terms of values, theory and evidence-base and process. Each component is described in detail with reference to research literature and discussion regarding the interconnections and distinctions between these.

Conclusions: We suggest the framework captures what is known and understood about best practice for supporting people with behaviour that displays as challenging and may usefully inform the development of competences in PBS practice, service delivery, training and research.

Keywords: Positive behavioural support, definition, core concepts

Introduction

International evidence regarding challenging behaviour displayed by children, young people and adults with intellectual or developmental disabilities is strongly in favour of positive behavioural support (PBS) as a model of intervention. This now includes systematic and meta-analytic reviews of single-case and small group designs that demonstrate significant reductions (typically greater than 50 per cent) in challenging behaviour following PBS intervention (Carr et al, 1999; Dunlap and Carr, 2007; Goh and Bambara, 2013; LaVigna and Willis, 2012). It also includes a smaller number of randomised trials, including a two-treatment study focusing on support for families in community settings (Durand et al, 2012) and a UK randomised controlled trial in which challenging behaviour displayed by adults with intellectual disabilities reduced by 43 per cent after PBS intervention compared with standard treatment (Hassiotis et al, 2009).

Whilst developments and implementations in the UK have generally advanced more slowly than those in the US, in the last ten years a variety of policy documents and professional guidelines have drawn on PBS as a model of best practice for supporting people who display challenging behaviour (British Psychological Society, 2004; Department of Health 2007; Royal College of Psychiatrists, British Psychological Society & Royal College of Speech & Language Therapists, 2007). At times these documents have also incorporated guidance from authors who either advocate alternative approaches to the management of challenging behaviour or embed the principles and procedures of PBS within broader recommendations in an attempt to reach a variety of audiences and serve a variety of aims.

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Developing a core competencies framework for positive behavioural support: issues and recommendations

Louise D Denne, Stephen J Noone, Nick J Gore, Sandy Toogood, J Carl Hughes, Richard P Hastings, David Allen, Peter Baker and Peter McGill

Abstract
Background: Allocated activities of positive behavioural support (PBS) will need to be defined and set in the context to which we aim to deliver a competent workforce. The issue for the development of a competencies framework for PBS is presented.

Method and materials: We review the state that competencies frameworks play in evidence based practice and outline the scope of the work in which they have been defined and developed. We describe the process used for developing the Australian Educator Competency Framework (AECF) and discuss the particular issues that need to be considered when developing a competencies framework specific to PBS.

Results: We propose a conceptual model illustrating what a PBS competencies framework might look like and support a process for its development.

Conclusions: Competency frameworks are one means of translating evidence into practice. To be effective they must be an integral part of all aspects of service provision and must be grounded in the settings concerns of the discipline they describe.

Key words: Competency framework, competencies, positive behavioural support, challenging behaviour

Introduction
People with intellectual disability have a vulnerability to being vulnerable that challenge others (Hastings et al, 2005; Allen, Loren, Matthews and Arns, 2012) and service providers to offer the complete range of care. Arguably, it is not realistic to consider that service providers can be held responsible for the quality of service provided to the user if the user has a vulnerability that the service user who can ultimately cause that care. How

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Implementing positive behavioural support: changing social and organisational contexts

David Allen, Peter McGill, Richard P Hastings, Sandy Toogood, Peter Baker, Nick J Gore and J Carl Hughes

Abstract
Background: Social and organisational contexts have a major influence on both challenging behaviour and intervention designed to address such behaviour and its consequences.

Method and materials: A non-systematic review was conducted in order to identify social and organisational contexts that impact upon positive behavioural support (PBS) effectiveness.

Results: A range of topics and major findings are reviewed in relation to effectiveness. Possibilities for improving intervention effectiveness that extend the scope of traditional behavioural interventions were discussed.

Conclusions: Implications and opportunities to building capacity of an individual service user, organisations and cultural are highlighted.

Keywords: Positive behavioural support, PBS, mediators, organisations, capacity building

Introduction
People who are in an almost inevitable context of intellectual disability, challenging behaviour is now recognised to be the product of a complex interaction between biological, developmental and environmental factors (Hastings et al, 2005; Longman et al, 2007). The understanding is central to the concept of challenging behaviour that the best target for intervention is the user.

... such challenges represent challenges to service when the providers who are involved... (Hastings and Allen, 2007, p. 16)

Support for this concept has come from research which has repeatedly demonstrated that when individuals (users) who are in an almost inevitable context of intellectual disability, challenging behaviour is now recognised to be the product of a complex interaction between biological, developmental and environmental factors (Hastings et al, 2005; Longman et al, 2007). The understanding is central to the concept of challenging behaviour that the best target for intervention is the user.

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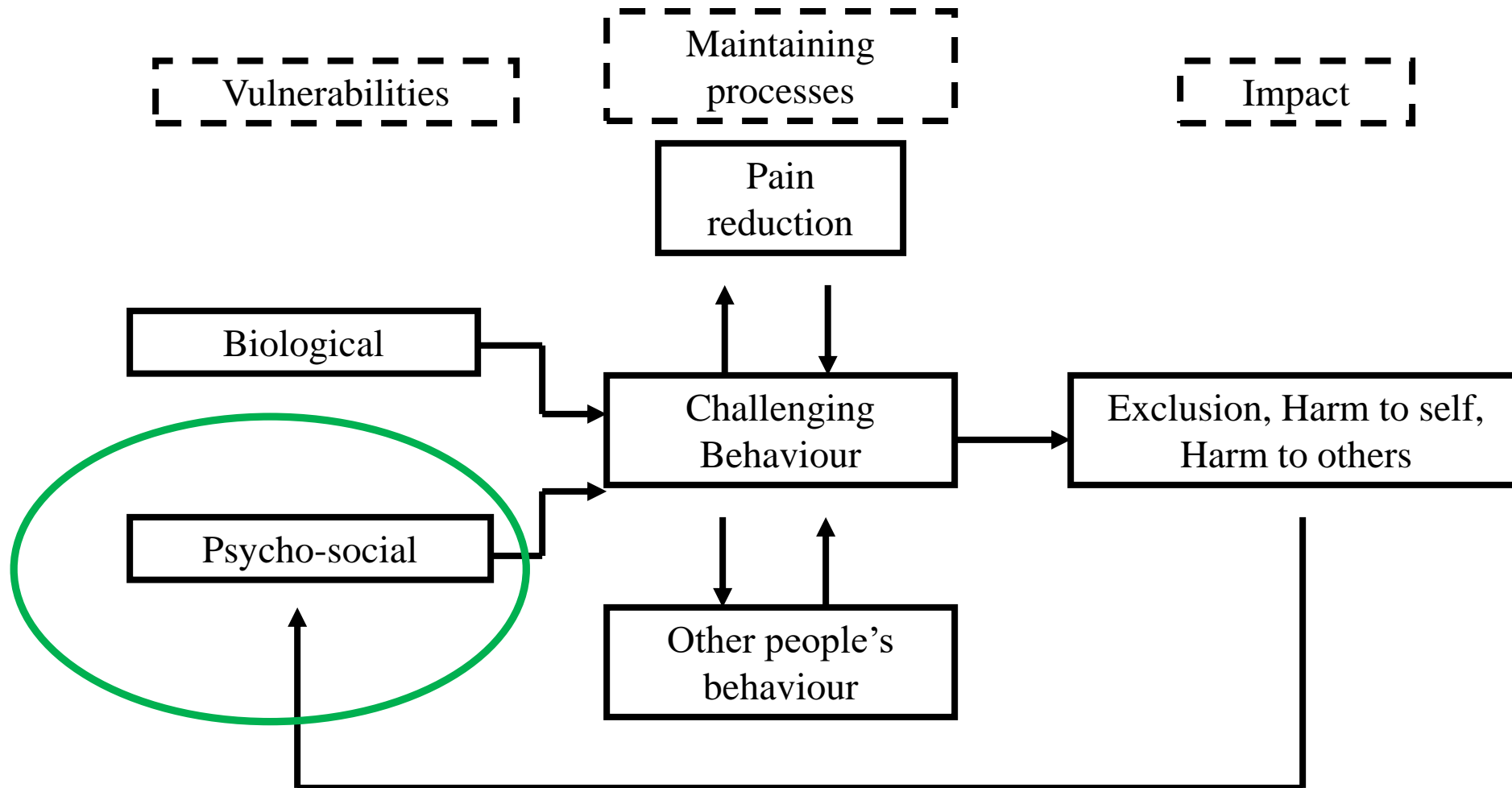
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We would argue that PBS **does explicitly** recognise and support mental health variables in the context of challenging behaviour.....



From Hastings et al. *International Journal of PBS*, December 2013

Vulnerabilities

Biological

Sensory problem –

Physical health problems – especially causing pain

Genetic factors – reflux in CdLS, SIB and pain

Psycho-social

Negative life events, including abuse

Lack of communication skills

Impoverished social networks, few +ve relationships

Lack of meaningful activity

Mental health problems, mood/emotional problems

All are more likely for people with learning disabilities AND make challenging behaviour more likely

Definition and scope for positive behavioural support

Nick J Gore, Peter McGill, Sandy Toogood, David Allen, J Carl Hughes, Peter Baker, Richard P Hastings, Stephen J Noone and Louise D Denne

Abstract

Background: In light of forthcoming policy and guidance in the UK regarding services for people who display behaviour that challenges, we provide a refreshed definition and scope for positive behavioural support (PBS). Through doing this we aim to outline a framework for the delivery of PBS that is of practical and strategic value to a number of stakeholders.

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Values	1. Prevention and reduction of challenging behaviour occurs within the context of increased quality of life, inclusion, participation, and the defence and support of valued social roles
	2. Constructional approaches to intervention design build stakeholder skills and opportunities and eschew aversive and restrictive practices
	3. Stakeholder participation informs, implements and validates assessment and intervention practices
Theory and Evidence Base	4. An understanding that challenging behaviour develops to serve important functions for people
	5. The primary use of Applied Behaviour Analysis to assess and support behaviour change
	6. The secondary use of other complementary, evidence-based approaches to support behaviour change at multiple levels of a system
Process	7. A data-driven approach to decision making at every stage
	8. Functional assessment to inform function-based intervention
	9. Multicomponent interventions to change behaviour (proactively) and manage behaviour (reactively)
	10. Implementation support, monitoring and evaluation of interventions over the long term

However, the *finer detail* of exactly how mental health variables may relate to behaviour that challenges have not been explored sufficiently

There is *a danger therefore* that even when recognised in PBS, assessment formulation and intervention for mental health needs are a kind of *add on in practice*.....

In this paper we try to *start* the process of developing a more integrated understanding of *some of the ways* in which mental health variables might operate and best be understood in PBS

Just a start.....

4-Term Contingency Diagrams

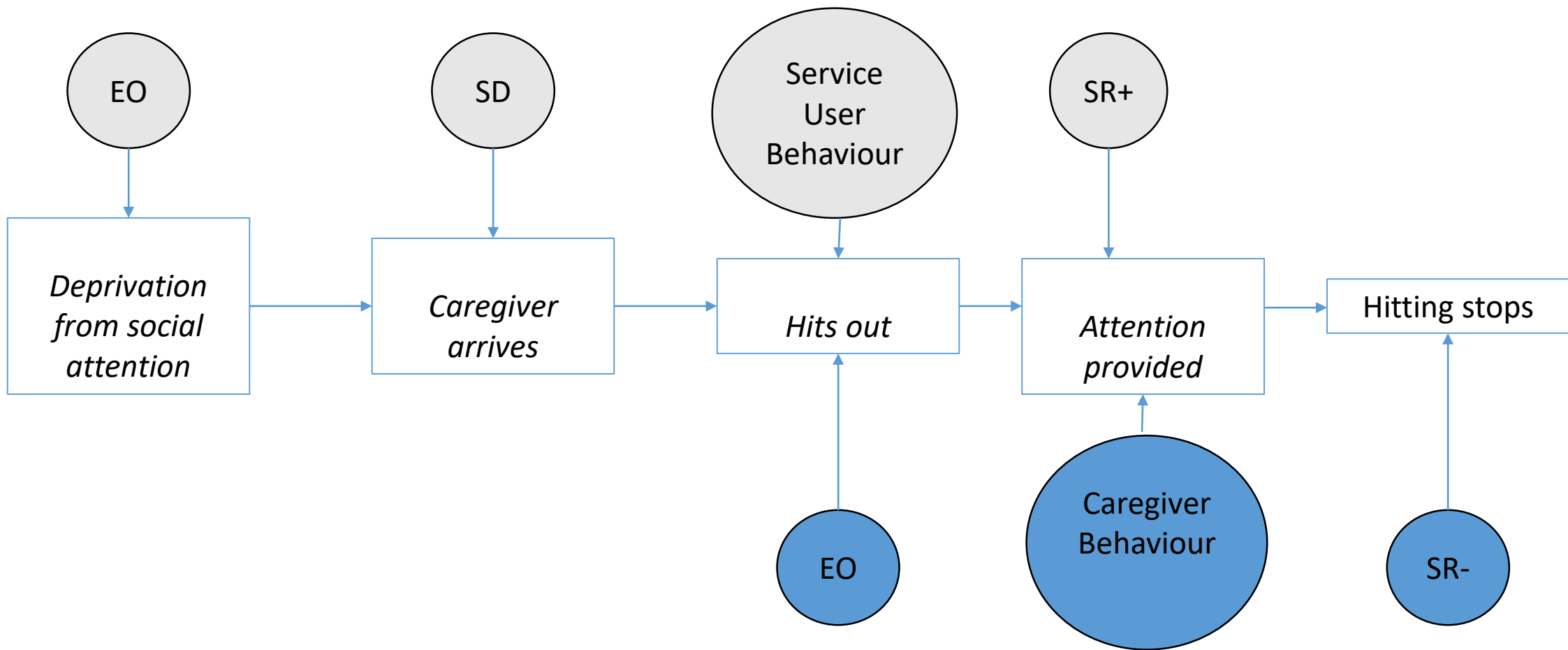
- **4 term** contingency diagrams **are integral to the conceptual model that informs PBS** and assessment, formulation and intervention practices within the framework
- **3 term** contingencies describe the relationship between a **discriminative stimulus** (antecedent), **a given behaviour and a maintaining consequence.**
- **4 term** contingencies increase the complexity and power of explanation with inclusion of a further level of antecedent, **the motivational operation**

- Whilst a discriminative stimulus effectively signals the **availability of a reinforcing consequence** contingent upon a given behaviour....
- Motivational operations **concern the value of that reinforcing consequence**

2 Types of MO:

Establishing Operations (increase the value of a reinforcer and are associated with increases in behaviour)

Abolishing Operations (decrease the value of a reinforcer and are associated with reductions in behaviour)



Toogood, S (2012) 'Using contingency diagrams in the functional assessment of challenging behaviour'. *International Journal of Positive Behavioural Support*, 2(1), 3–10.

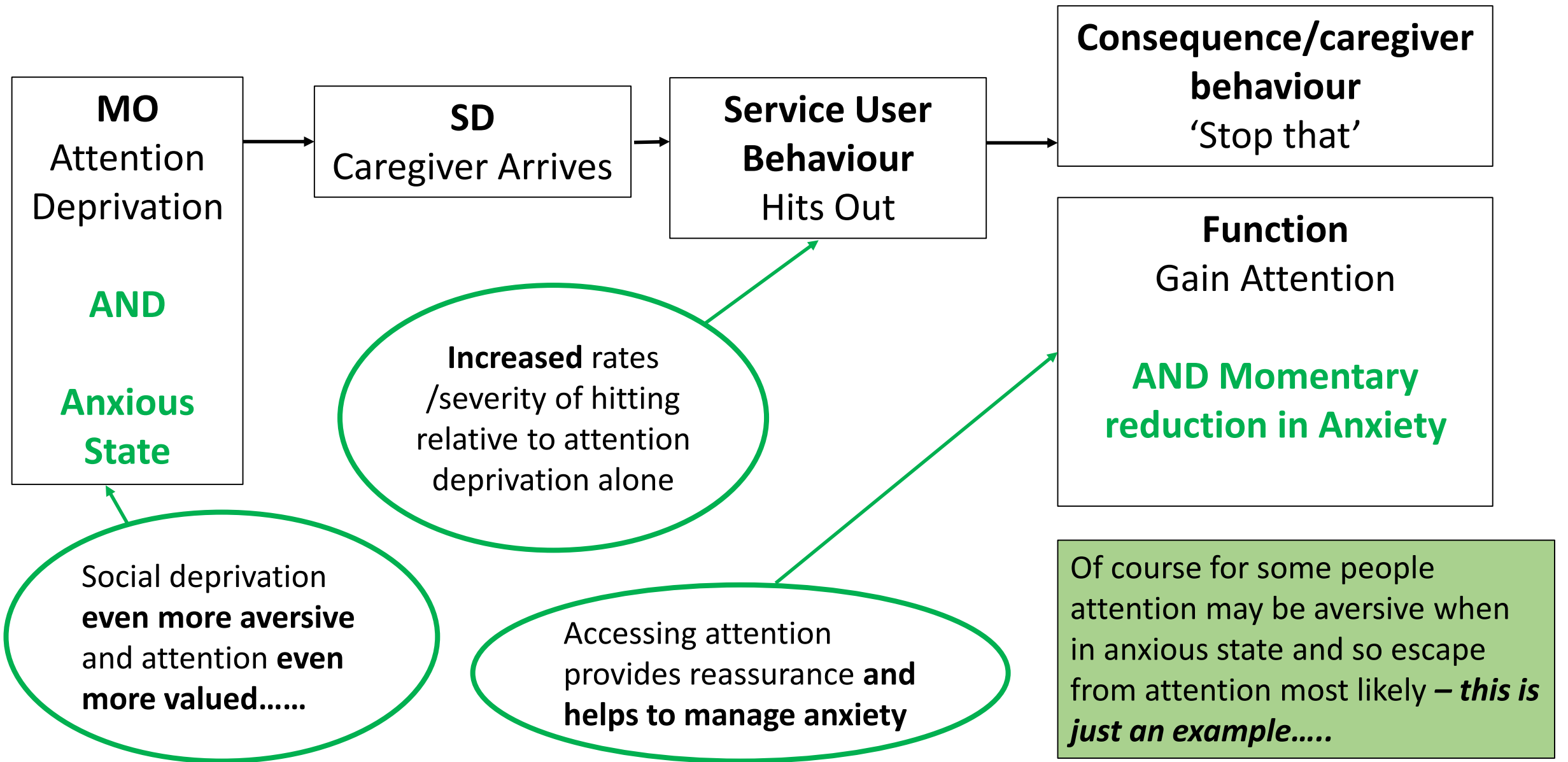
In this article we use **4-term contingencies** to provide illustrative examples of how *mental health variables* might relate to:

- **Service-user** *behaviour that challenges*
- **Service user** *adaptive behaviour*

- **Caregiver** *unhelpful behaviour in the context of service-user challenging behaviour*
- **Caregiver** *helpful behaviour in general*
- **Caregiver** *helpful behaviour in the context of service-user challenging behaviour*

I will present just a few of the examples we provide.....

Variability in Service User Challenging Behaviour



Variability in Service User Adaptive and Challenging Behaviour

Stable mood
establishes
attention as
reinforcing

MO
Stable
Mood

SD
Caregiver
asks
'how are
you?'

**Service User
Behaviour 1**
Smiles

**Consequence/caregiver
behaviour**
'let's sit together'
Function
Access Attention

Low mood
establishes
avoidance of
attention as
reinforcing

MO
Low Mood

**Service User
Behaviour 2**
Hits Out

**Consequence/caregiver
behaviour**
'I'll leave you alone'
Function
Avoid Attention

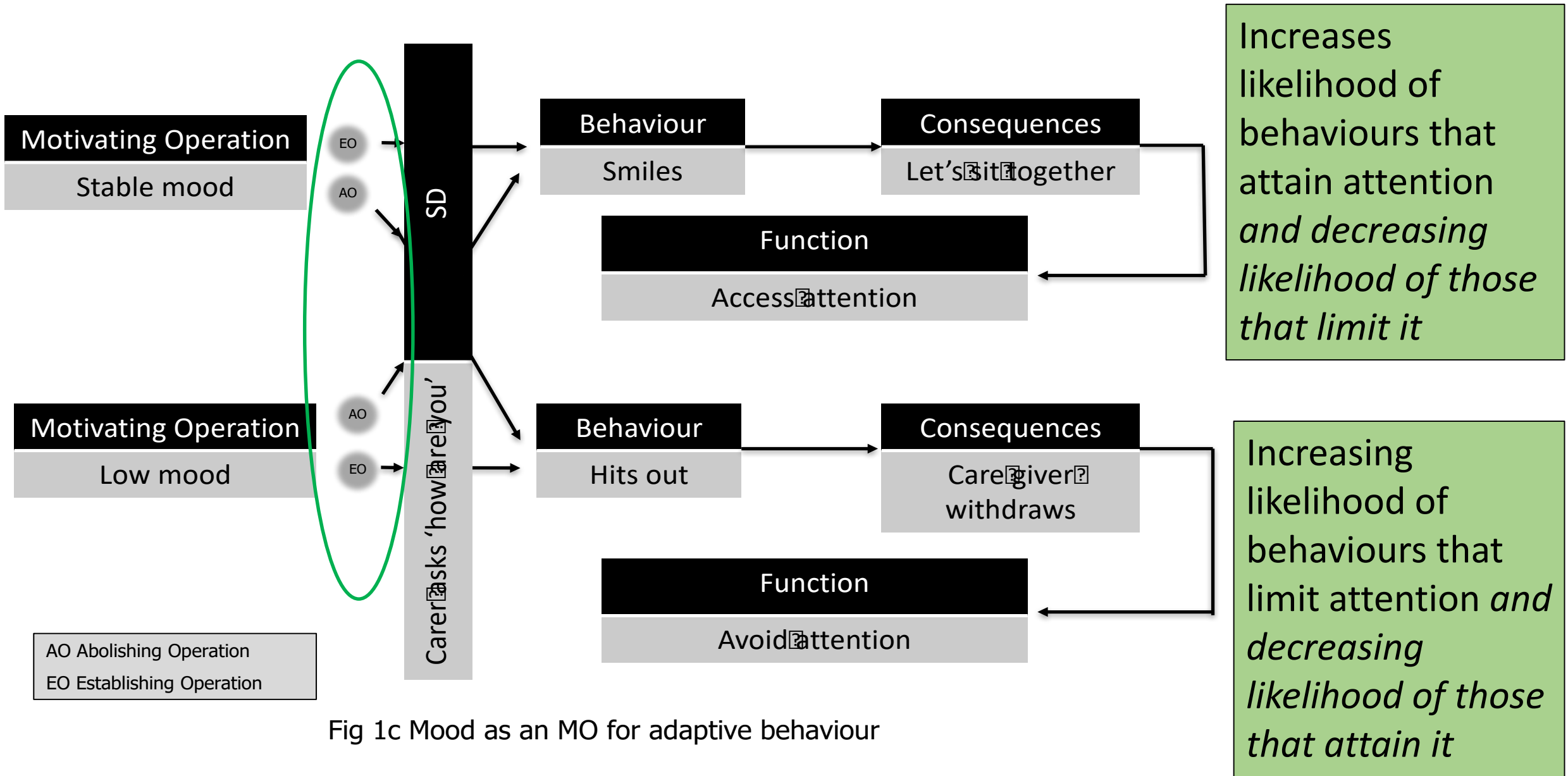
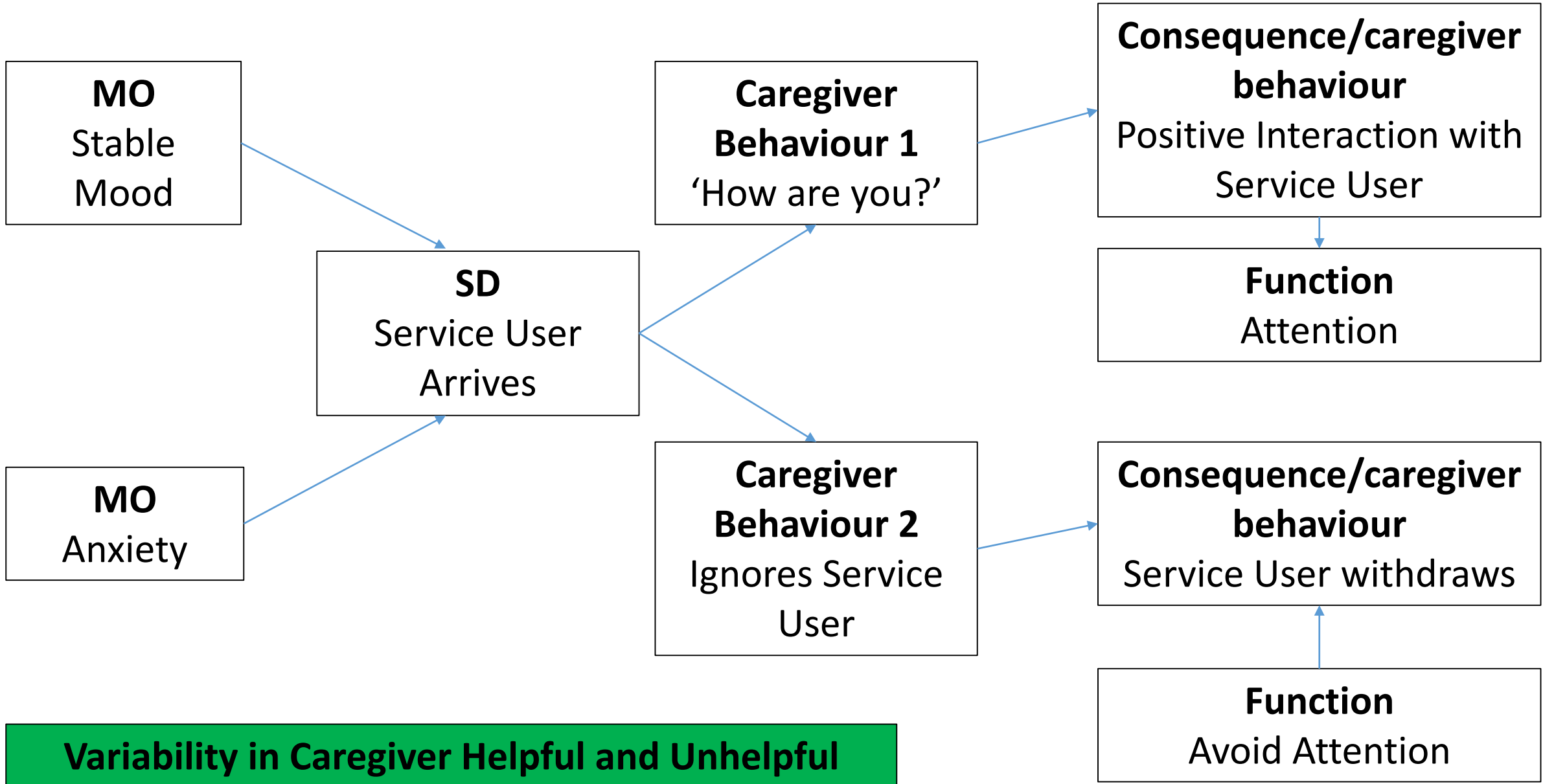
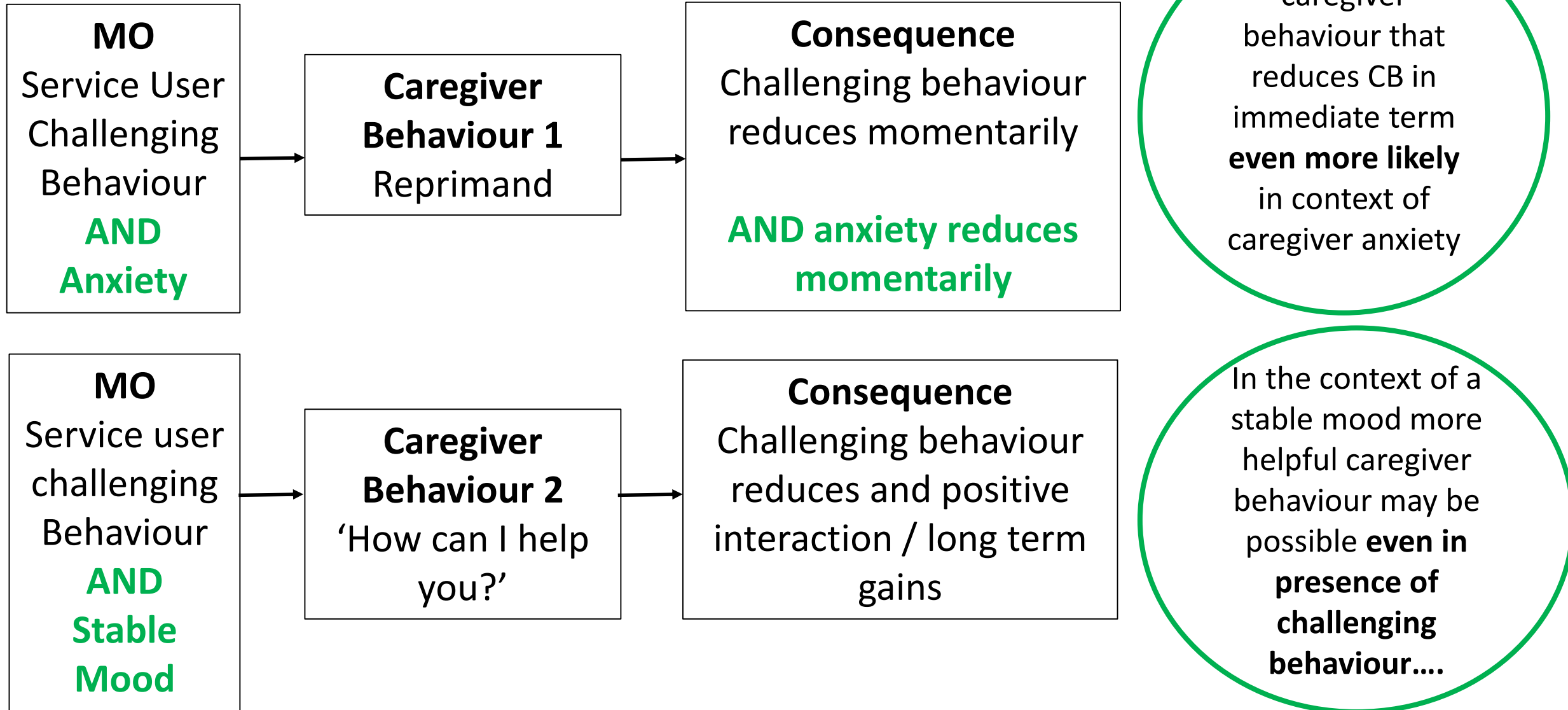


Fig 1c Mood as an MO for adaptive behaviour



Variability in Caregiver Helpful and Unhelpful Behaviour in General

Variability in Caregiver Helpful and Unhelpful Behaviour in Response to Challenging Behaviour



Discussion

- These are only **some** of the possible relationships
- That consider only **some aspects of mental health** in the context of **challenging behaviour**
- **Multiple variants and additional relations are likely!**
- In the article we have also not provided a behavioural account of **how the mental health variables arise or are maintained as the focus of analysis** (rather the part they may play in maintenance of caregiver and service user challenging behaviour)

There are some **interesting possibilities** to consider (for the future) if the development and maintenance of **a mental health difficulty itself is taken as the focus of behavioral analysis:**

Whilst **NOT** saying **challenging behavior and mental health difficulties are inseparable**, it is the case that **both share some common environmental and physiological risk factors:**

- Exposure to adversity
- Experience of trauma
- Impoverished social networks
- Lack of meaningful activity
- Physical health condition

.....that can readily be accommodated within a broad behavioral framework

Similarly it is interesting to then **start considering interventions** to support **mental health difficulties in and of themselves and in the context of challenging behavior** within a behavioral framework

Whilst **pharmacological interventions** may continue to be utilised in specific situations within such a framework – **wider use and further development of behaviourally orientated approaches** would make good sense:

- **Acceptance Commitment Therapy** Hoffman, Contreras, Clay and Twohig, 2016; Jackson-Brown and Hooper, 2009
- **Behavioral Activation** Jahoda et al, 2015
- **Mindfulness Based Cognitive Therapy** Idusohan-Moizer, Sawicka, Dendle and Albany, 2015
- **Dialectical Behaviour Therapy** McNair, Woodrow and Hare, 2016

Outcomes of a 'Train the Trainers' approach to an acceptance based stress intervention in a specialist challenging behaviour service

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Abstract

Background: The application of acceptance and commitment therapy (ACT) principles to occupational stress is a relatively recent development, and a pilot study by Noone and Hastings (2009) suggests it may be a helpful approach with staff in ID services. The aims of the present study were to replicate the workshop format developed by Noone and Hastings and to expand on this by training a group of 'ACT novices', recruited from the workforce, to deliver the training.

Method and materials: A total of 72 staff working in specialist challenging behaviour services participated in one of six workshops (consisting of a whole day and a half-day follow-up six weeks later) which were staggered over a six-month period. A range of measures were used at five time points (two baseline measures, one post-intervention measure and two follow-up measures) to evaluate the outcome of the intervention.

Results: There were significant improvements at different time points on the General Health Questionnaire, the Maslach Burnout Inventory (Depersonalisation sub scale); a number of sub scales on the Staff Stress Questionnaire and the Dysfunctional Attitude Scale. However, there were no significant changes in measures on Acceptance (Acceptance and Action Questionnaire); not, and Values (Support Staff Values Questionnaire), which are key ACT concepts.

Conclusions: The findings compare well to prior studies in the area, particularly when considered within the context of a train the trainers model. However, complete support for an ACT model was not demonstrated which provides opportunities for further research in the field.

Keywords: Intellectual disability, challenging behaviour, staff stress, acceptance and commitment therapy (ACT), train the trainers.

Introduction

The delivery of effective support to service users with intellectual disability (ID), especially those requiring consistent and complex interventions due to challenging behaviour, is highly dependent on family and front line care staff. In the field of positive behavioural support (PBS), individuals in these roles are often described as the 'mediators' (Allen, 1999), as they are key agents in the delivery of interventions prescribed by professionals. There is now an increasing recognition that mediator analysis and interventions, which takes into account the

psychological needs of staff, is a key component in the development and implementation of successful interventions for service users (Allen, 1999).

Studies that have focused on the needs and characteristics of mediators point to evidence that staff in ID services are at risk of experiencing stress and burnout (Devereux et al, 2009; Robertson et al, 2005). This risk may be increased for those workers exposed to severe challenging behaviour (Hastings, 2002) and where appropriate support from colleagues and the

Article

New ways of seeing and being: Evaluating an acceptance and mindfulness group for parents of young people with intellectual disabilities who display challenging behaviour



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Date accepted: 20 March 2015

Abstract

The current study presents findings from an acceptance and commitment therapy-based intervention for family carers of children who have an intellectual/developmental disability and display high levels of challenging behaviour. The parent well-being workshops consist of two workshops incorporating acceptance and mindfulness-based exercises and discussions. Semi-structured interviews were conducted with five family carers following attendance of the workshops. Participants found the workshops useful and reported that they were better able to cope with stress. They also described how they had incorporated mindfulness into their daily lives and how their practice had had positive effects on their own well-being and on those around them (e.g. their child). Implications of the findings are discussed with emphasis on how the workshops can be included within a positive behaviour support framework. Future directions include a more robust quantitative evaluation, inclusion of follow-up sessions and the application of the workshops with other client groups and in other delivery formats.

Keywords

acceptance, mindfulness, parents, intellectual disabilities, challenging behaviour

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- The ideas presented **do provide a start** at integrating conceptual models for PBS in a way that could inform assessment and intervention practices in a manner **consistent with the values and theory of the framework more broadly**
- **Fundamentally** here we see the possibility that mental health or emotional factors can be incorporated into an operant model – which is common to all people (whether or not you have an intellectual disability)
- **Highlighting these relationships in practice could be a useful step towards understanding and deciding together how best to live in the same boat**

Thinking about Staff

What do we know?

- ✧ Exposure to challenging behavior is **frequently associated** with stress and emotional difficulties for caregivers and staff...
- ✧ But it **can not be said to exactly *cause*** caregivers/staff to be stressed.
- ✧ **Not all caregivers/staff experience stress/emotional difficulties** when exposed to CB.
- ✧ **However – other factors** about the situation, organisational context and supports and personal characteristics of staff and caregivers **help explain the variance.**

What about available interventions/supports?

- ✧ There is a small body of research concerning emotional wellbeing support for staff and caregivers
- ✧ Most (not quite all) has **focused on supporting development and use of psychological/coping skills of some form** (be it mindfulness, Cognitive Behavioural therapy, ACT)
- ✧ Some have been used within the context of PBS (i.e., Singh) but this is quite rare.
- ✧ ***The approach overall therefore has typically been about supporting staff and caregiver once stress/emotional difficulties have arisen...***

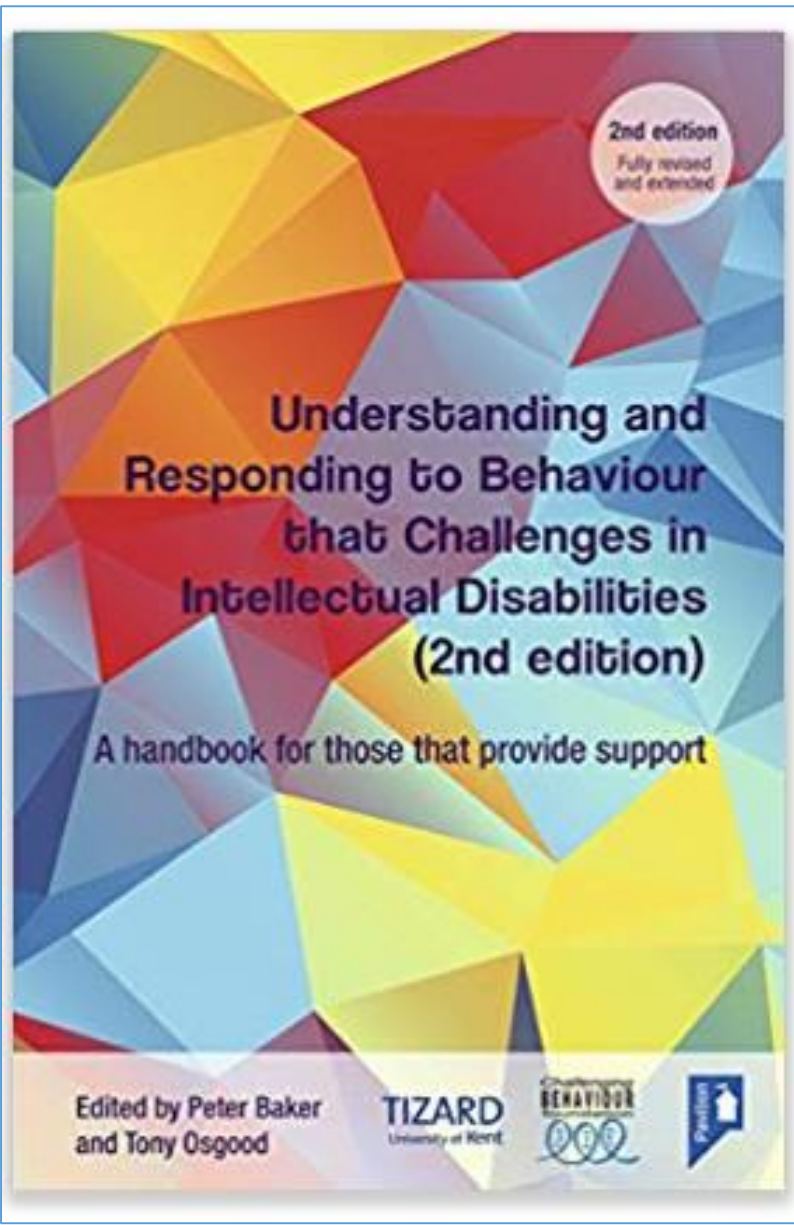
A Proactive Approach

In PBS the focus is:

One being *proactive* , supporting person centered environments and good quality of life as the intervention and outcome

This often includes **primary prevention** strategies, **secondary** strategies (that respond to early warning signs and reduce escalation) and **tertiary or reactive strategies** that provide support at the point of crisis.

What would it look like if we applied a similar frame to supporting staff and caregiver wellbeing?



Chapter 16: We are all in this together: supported staff

By Peter Baker & Nick Gore

Does behaviour that challenges cause staff stress?

At first glance it would appear to be an obvious statement that working with people with intellectual disabilities who present behaviour that challenges is stressful, and has a negative impact on the psychological well-being of staff. Indeed, there is some research that suggests staff who provide direct care to people with behaviour that challenges are particularly prone to experiencing stress and burnout. However, and perhaps surprisingly, the link between behaviour that challenges and negative emotional states for staff is not always straightforward, and in some studies not evidenced at all. What appears to be the case is that whilst experiencing and managing behaviour that challenges can be difficult for staff, there are other factors that influence how the member of staff actually feels and responds to these feelings.

Research has identified the complexity of what determines well-being of staff in these situations and has concluded that it is often the characteristics of the organisation that provides the support to the person that are more important determinants than the behaviour itself (Hatton *et al.*, 1999). These include how the care is organised, the clarity of the roles that staff have, and the extent to which staff are supported by the organisation. Individual factors specific to each member of staff have also been shown to be influential. The beliefs and attributions a staff member has in relation to a person with a learning disability, and why they engage in the behaviour that challenges, are all important in determining how they feel if and when exposed to an incident. For example, a staff member would be more likely to experience a negative emotional reaction if they think the person has control over how they are behaving, that 'they are doing it on purpose', or 'doing it to wind me up' etc. Similarly, the extent to which a staff member feels able and equipped to cope (both with the behaviour they are exposed to and their own emotional states) will have an influence, as will any pre-existing mental health problems the staff member has that may not be directly related to their work.

Book review

Understanding and responding to behaviour that challenges in intellectual disabilities: A handbook for those who provide support (2nd edition)

Editors: Peter Baker and Tony Osgood
Published by: Pavilion Publishing and Media Ltd, June 2019
ISBN: 9781911028956
£35

It was a fairly daunting task for me to review this book as the contributors are many of the people who have inspired and continue to inspire my own practice. I was pleased to see it described as a handbook for those who provide direct support. To my mind this means it must provide guidance for those people who are tasked with applying the principles of PBS on a daily basis and it should be a book that finds a home in the staff room or on top of the fridge. It should not contain language or jargon that demands a certain level of higher education to understand. Technical terms should be explained clearly. Families and direct support workers should be able to pick it up and dip in. It is written in the main by people who are regarded as PBS experts but the expectation here is that they should describe what needs to be done and how to do in plain English and give practical examples. In my opinion it also needs to provoke reflection and not be simply an instruction manual.

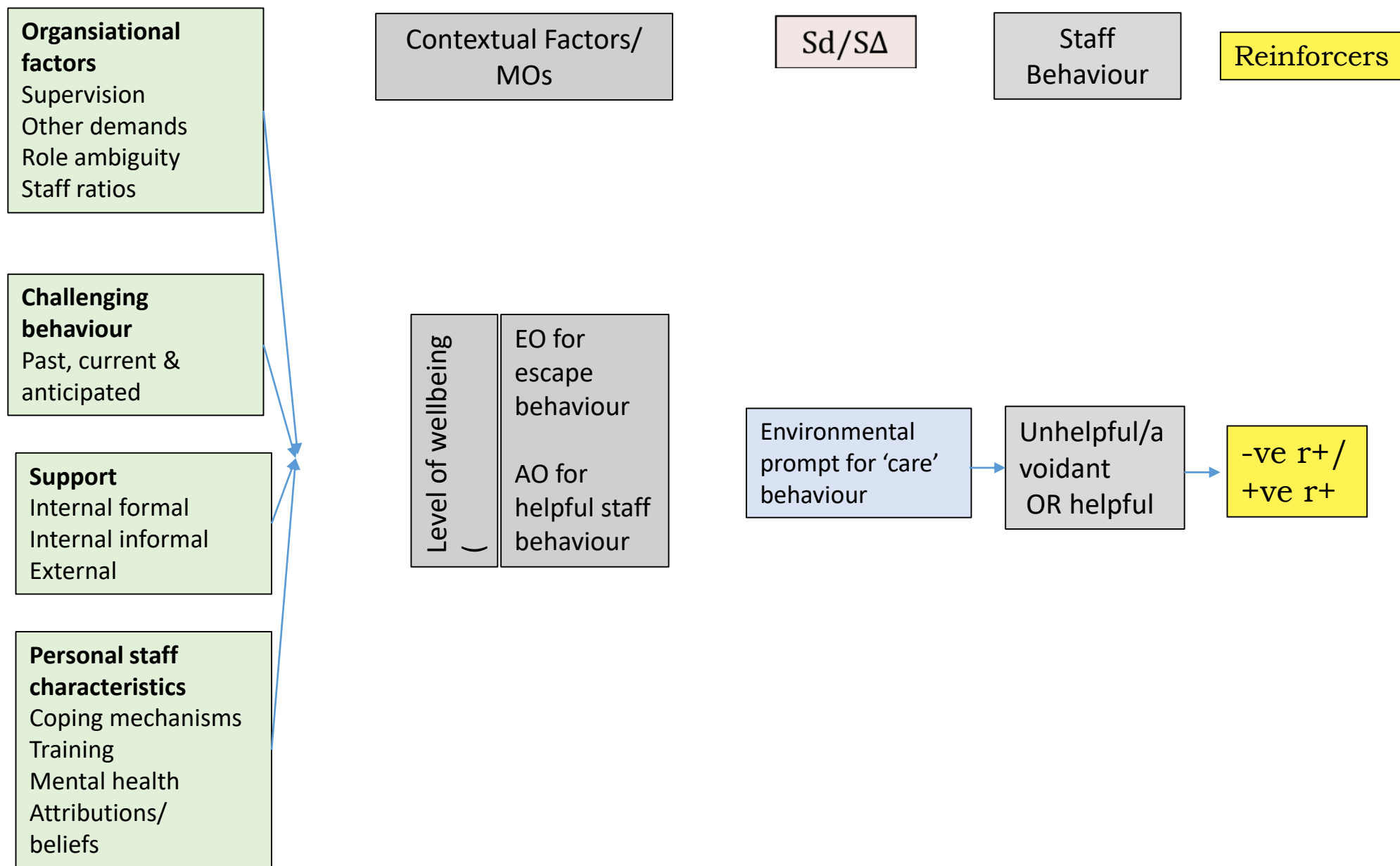
The book has a distinct purpose and that is to improve quality of life of people who are often excluded and restricted through no fault of their own, usually because systems are not designed to meet their needs.

It is through these two lenses that I undertook the review. The editors clearly state, 'Our intention has been to produce summaries of different aspects of the PBS framework that are both accessible and practical', and the book will be most useful to practitioners if it can inspire confidence and is encouraging and enabling. The book is in four sections: Clearer Values, Gaining a Better Understanding, Delivering Support and Lessons Learned and the learning points in each short chapter are a helpful additions

In the first chapter Edwin Jones sets the tone for how we should think about behaviours that challenge and provides a number of reflective exercises. The premise is unapologetic: whether a person is considered to have challenging behaviour or not depends on how well a person is supported. The responsibility is ours. Jonathan Mason's chapter on prevalence does a nice job of explaining what is known and what is not known about the size of the problem. Anne MacDonald breaks the framework of PBS into four simple composites and explains the processes that support functional assessment and behaviour support planning.

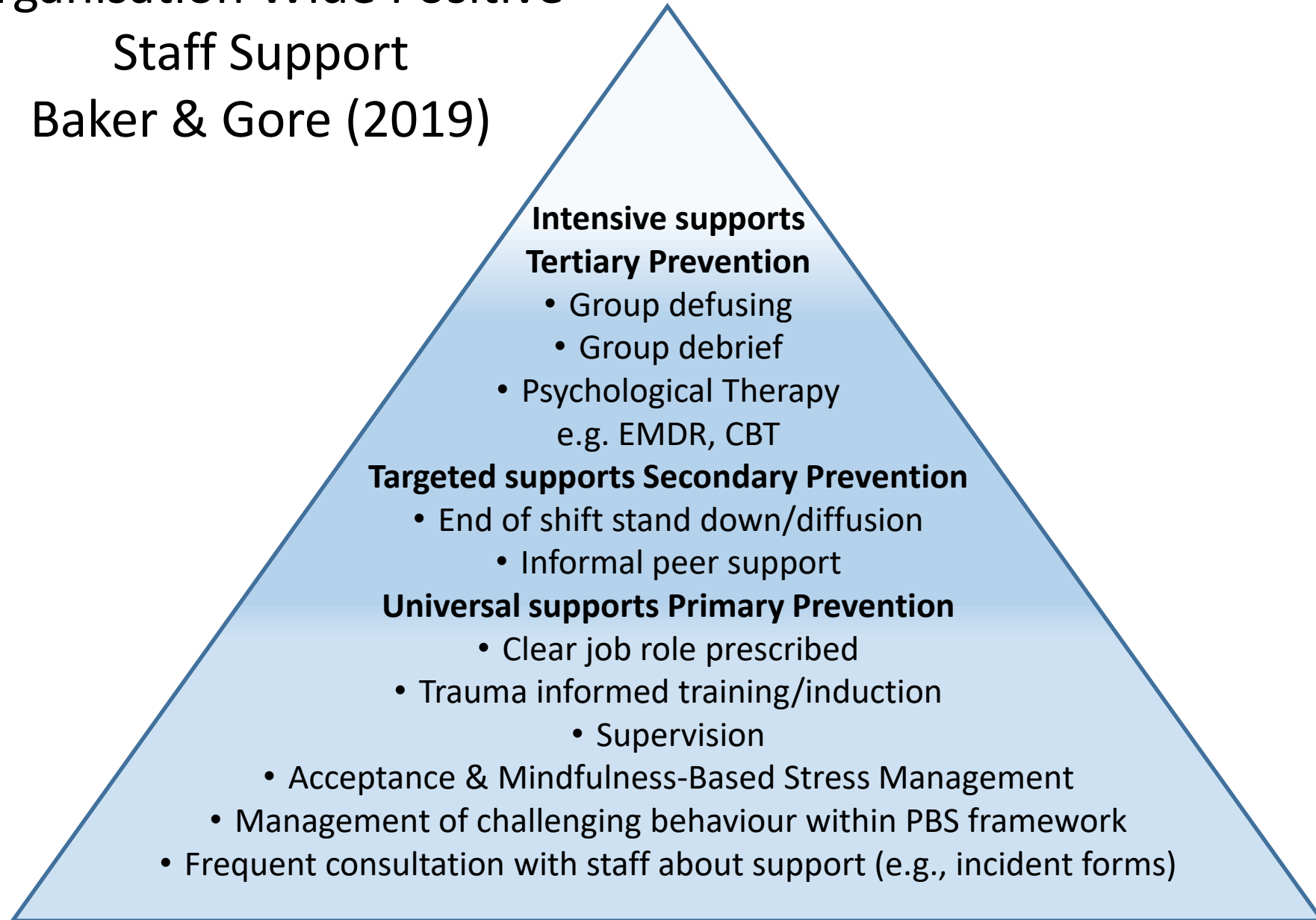
A chapter on the legal considerations by Rachel Forester-Jones is a useful inclusion and covers legal entitlements and restrictions for people whose behaviour is described as challenging. It considers some common questions and sets out the answers in simple language. This chapter places support in the context of human rights which is exactly where it should be.

Tony Osgood's chapter, 'Listening to people using services' should be mandatory reading for anyone who claims to practice PBS. A useful chapter about assessment by Lawrence Patterson and Jenna Szymanski is followed by two important chapters. The first of these is about the relationship between communication and behaviour that challenges by communication expert Jill Bradshaw, and the second is quality of life by Julie Beadle-Brown. These two topics should be included in all PBS training as they underpin the framework but are often skipped over.



Adapted from Gore & Baker (2017) International Journal of Positive Behavioural Support

Organisation Wide Positive Staff Support Baker & Gore (2019)



Over to you!

- ✧ Thinking about you, the people you support and work alongside...
- ✧ How could a culture and environment that supports emotional wellbeing for all (at a primary level) be ensured?
- ✧ What would it look like?
- ✧ What would it take?

Thank You and Questions



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