

POSITIVE RESPONSE

TRAINING AND CONSULTANCY

Positive Behaviour Management Plus Training

Introduction

Positive Response Training and Consultancy Ltd is pleased to present this outline of our services in Positive Behavioural Support (PBS) and Positive Behaviour Management Plus (PBMplus). This document focuses on our Bild accredited PBMplus training programme.

Our background

The company was established in 1999 to provide training and expert consultancy to families, social care providers, health services and specialist providers supporting people whose behaviour challenges services. Our mission is to deliver person centred, socially valid and effective approaches to the prevention and safe management of behaviours that challenge. Working in partnership with referring agencies, we strive to improve the quality of life of service users and their carers and reduce the use of restrictive practices.

Initially formed to provide Positive Behaviour Management in the field of learning disabilities, its award-winning training in reactive strategies (a critical component of the PBS model), Positive Response soon began to specialise in PBS and delivers all of its training through this framework. The company prides itself on being able to evidence the effectiveness of its training through publications in peer review journals, references for which are available on request.

Positive Response works exclusively within the health and social care sector and the training it delivers is based on extensive experience of working with, and delivering to, these sectors. Many of our training concepts originated in our extensive years of work in NHS services. Positive Response itself was set up at the instigation, and with the support, of the Clinical Director, Professor David Allen's then NHS employer.

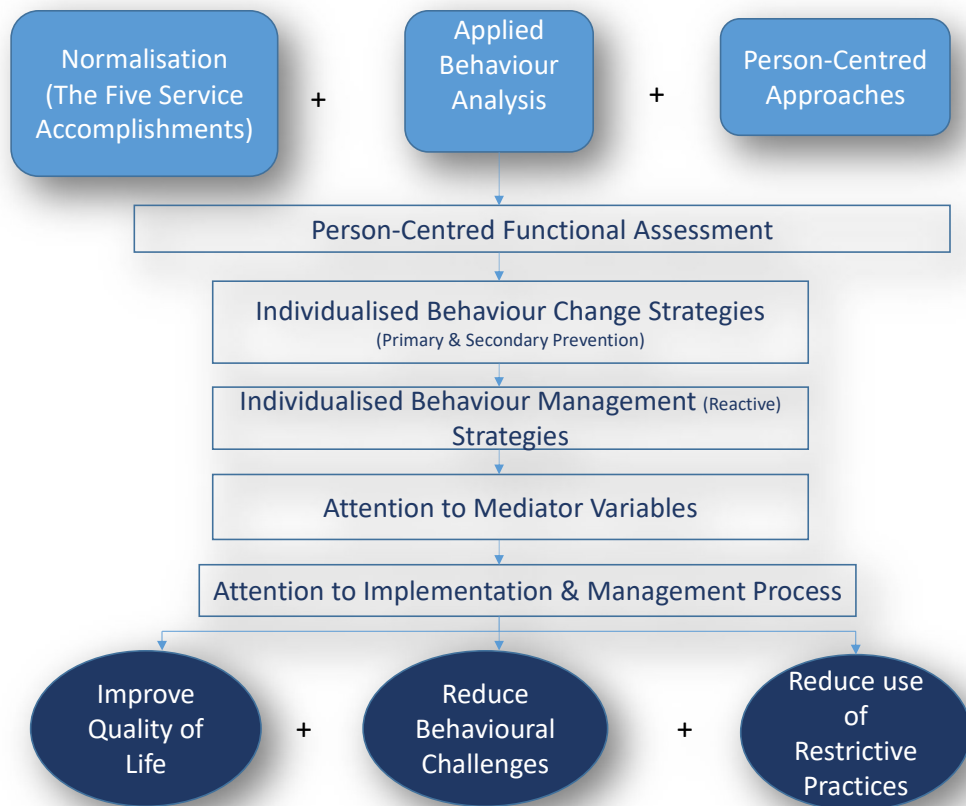
Professor David Allen

Positive Response is led by its Clinical Director, Professor David Allen. He is a clinician, manager, trainer and academic with over 35 years experiencing working in the NHS and has an international reputation in the field of PBS, a contribution that was acknowledged by a leadership award from the British Institute of Learning Disabilities in 2012. He is currently Professor at the Tizard Centre, University of Kent, and a Fellow of both the British Psychological Society and the International Association for the Scientific Study of Intellectual Disability. His extensive training experience includes developing Positive Behaviour Management (PBM), leading the establishment of Cardiff University's *Positive Approaches to Challenging Behaviour* Masters programme and the suite of vocational BTEC PBS qualifications. He was one of the authors of the proposal for a PBS Academy for England that was endorsed in Sir Stephen Bubb's recent report, *Winterbourne View-Time for Change*, and founding co-editor of the *International Journal for Positive Behavioural Support*.

Key frameworks that underpin our work

All of our training and consultancy is underpinned by an overarching PBS framework. Our vision for how the founding elements of PBS translate into practice and deliver a range of meaningful outcomes for service users and services is shown below.

The illustration shows the three founding components of PBS: the values of normalisation, the technology of PBS and a person-centred focus. These set the context for our person-centred functional assessment, which is the cornerstone of developing functionally based interventions, that underpins both behaviour change and behaviour management strategies. The model places a great emphasis on the abilities and needs of carers charged with implementing PBS, and how the delivery of PBS is managed in practice. The critical outcomes we strive to achieve through this model are person-centred and primarily focus on improved quality of life (Allen 2009).



Introduction to PBMplus training

PBMplus is our non-aversive, tried-and-tested, BILD accredited training programme. It complements our PBS menu by providing more in-depth training on secondary prevention and reactive strategies, focusing on ethical and safe approaches to non-preventable challenging behaviours.

The physical intervention component focuses on the use of personal space, breakaway techniques and a limited number of restraint procedures (should they be required), all supported by underpinning knowledge and values stemming from evidence-based practice and empirical research. None of our techniques employ pain to achieve compliance and known high-risk procedures are avoided.

PBMplus is delivered extensively across the UK and is one of the very few UK or international reactive strategy training approaches to have any supporting peer review research into its effectiveness. Published outcomes include:

- ✓ Lower rates of restraint use
- ✓ Lower rates of emergency medication use
- ✓ Reduced injuries to staff
- ✓ Reduced injuries to service users
- ✓ Increased staff confidence and knowledge

PBMplus Options

- Adults with intellectual disabilities or autism
- Children & Young People
- Adults with acquired brain injury
- Adults with mental health needs
- Child & Adolescent Mental Health (CAMHS)
- Older people with dementia

Although each programme option has many physical techniques in common, the theoretical component in each case is tailored specifically to the service user population in question. The overall course structure also shows minor variations according to population need.

Training Team

The PBMplus training team is led by Mark Hilley. He has over 20 years' experience working in the field of autistic spectrum disorders, as a senior manager and trainer, and has been training the PBMplus model for 16 years. He gained a first-class BA in Social Science (Joint Hons) in 1995, and more recently achieved a PGCE qualification. During his career in the sector, Mark has constructed and facilitated a wide range of training, including courses on Autism Awareness, Active Support, Values Base and Equality & Diversity. He is also a qualified TEFL instructor and has taught AS Sociology in the college sector. He achieved a Level 5 award in management whilst working for a large charity which provides residential services for people with autism and behaviours which challenge. He has gained further experience of applied behavioural support as foster carer and in managing projects for people with autism living in the community.

Positive Response has approximately 25 trainers across the country who deliver PBMplus for us. Many of these trainers hold managerial posts within their primary employment and possess a vast wealth of practical experience in services and in delivering the training – both for Positive Response and within their primary employment. This means that, for example, when delegates raise particular issues or queries, we are able to respond to these using real experiences from our own work and fully appreciate the policies, legal framework, and resource constraints that services work under. This is a strength that is often commented upon when we receive feedback on our training.

Why is this training important?

- MacIntyre Under Cover, 1999
- Cornwall, 2006
- Sutton & Merton, 2007
- Winterbourne View, 2011

DH Department of Health

**Transforming care:
A national response to
Winterbourne View Hospital**

Department of Health Review:
Final Report

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We firmly believe that effective support for service users whose behaviours challenge needs to be positive, proactive, and constructive, and delivered in the least restrictive manner possible, elements which we ensure are brought into all aspects of the training and consultancy we offer.

Learning Styles

PBMplus training is highly interactive and uses a variety of learning styles. Trainers are experienced at supporting learners with a variety of educational needs. Over the last 25 years PBMplus has been delivered to many thousands care staff across the UK and Europe. In the last decade it has also been successfully delivered to family carers. Feedback from PBMplus training is always overwhelmingly positive.

Pre-training Requirements

All agencies commissioning PBMplus are required to sign a training agreement, provide a copy of their challenging behaviour policy and complete a training needs analysis before the first training event, and at least annually thereafter. This ensures that the agency's own commitments in relation to the use of the training are clear and that the physical intervention component only teaches techniques required within that specific service.

Training Duration

PBMplus is available as direct care staff training or as a trainer course.

The initial care staff course is two days: one and a half days for the theory plus half a day for self-protection and initial breakaway techniques (usually deflection, blocks, pinches, wrist grabs, clothes grab and hair pull). The full range of breakaways will require another half day and restrictive interventions (removals and seated restraint) will also require a half day, making the full course three days in total. The annual refresher is up to one day depending on the number of techniques.

The CPD approved trainer course consists of ten days in three separate blocks with approximately two weeks between each section (5 + 2 + 3 days). Trainers need to do the care staff level first. Trainers are subsequently required to complete a one day reaccreditation course each year.

Venues

Care staff courses are hosted locally by the purchaser and our trainers come to you to deliver the course. You are responsible for booking and paying for the venue. Full details will be provided. We charge a standard day rate for PBMplus care staff training depending on the size of the group.

Trainer courses are usually hosted by us at various venues around the country so purchasers can send one or more delegates. If you have at least six delegates you can host your own trainer course. Trainer courses are charged per delegate.

Our head office is based in Cornwall, but we deliver services across the UK, Ireland and Europe.

Course Outline

The training consists of both theoretical and practical sessions.

Theoretical Components

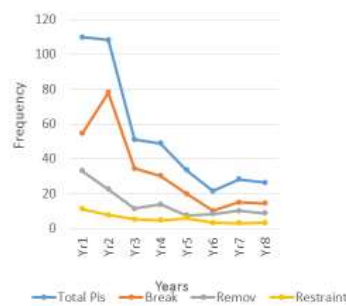
The theoretical component of the initial care staff training is delivered over 1.5 days and consists of the following nine units:

1. Introduction to the Training

This unit explains the history of PBMplus training and contextualises its use within the care setting in which participants are employed.

It also places the training within an overall framework of reducing the use of restrictive practices.

CASE EXAMPLE: USE OF PHYSICAL INTERVENTIONS IN NHS ACUTE ADMISSION AND LONG-STAY RESIDENTIAL SERVICES

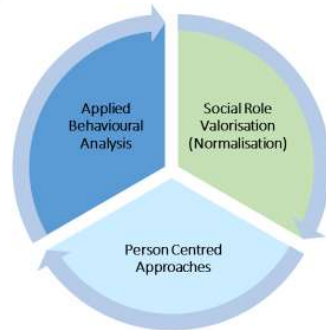


- ON AVERAGE, IN 2004-5 A SERVICE USER WAS LIKELY TO BE INVOLVED IN 110 EPISODES OF PHYSICAL INTERVENTION AND 26 IN 2011-12 (76% REDUCTION).
- SPECIFICALLY, IN 2004, THEY WERE LIKELY TO BE INVOLVED IN AN INCIDENT INVOLVING BREAKAWAYS ON 55 OCCASIONS, REMOVAL PROCEDURES 33, AND RESTRAINT 11 TIMES.
- THE EQUIVALENT FIGURES FOR 2011-12 WERE 14 FOR BREAKAWAYS (75% REDUCTION), 9 FOR REMOVAL (73%) PROCEDURES AND 3 FOR RESTRAINT (73%).
- SOME VARIATIONS, BUT TRENDS HOLD GOOD IN BOTH IN LONG-STAY AND ACUTE BEDS

Allen, D., Kaye, N., Harwood, S., Gray, D. & Mines, S. [2012] The impact of a whole-organisation approach to positive behavioural support on the use of physical interventions (IPBS 2.1, 26-30).

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PBS emerged from several key concepts:



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2. Introduction to Challenging Behaviour and Positive Behavioural Support

This unit enables participants to define why behaviour may be viewed as challenging and to identify the most common forms of such behaviour.

It also outlines the origins and characteristics of Positive Behavioural Support (PBS), and describes where PBM training sits within the PBS Model.

3. Understanding Challenging Incidents

Unit 3 equips participants with a dynamic model for understanding incidents of challenging behaviour.

4. Factors Influencing Challenging Behaviour.

This unit further elaborates on this model by enabling participants to understand the factors that contribute to challenging behaviour by examining personal, environmental and interpersonal risk factors. It then goes on to show how a knowledge of these factors can be used to develop a preventative approach to challenging incidents.

5. Secondary Prevention

On completing Unit 5 participants will be able to describe the importance of personal space and its extension during the escalation, critical incident, and recovery phases. They will recognise the key components of communication and describe the relationship between communication and challenging behaviour. They will also learn the typical physiological responses generated in 'fight-flight' scenarios. Finally, this unit also covers non-physical reactive options to manage challenging behaviour and enables participants to devise a self-management plan for use during such scenarios.

6. Individualised Risk Assessment

This unit describes a simple tool for constructing risk assessments for individual service users and provides a worked example of such an assessment. It also provides a method whereby participants can assess the risks associated with their normal work dress.

Example Summary of Key Factors for a Risk Assessment & Management Plan

Objective	Content
1. Specify the behaviours of concern	This section should include a brief summary of the historical and recent appearance, rate, severity and duration of the risk behaviours. They should be based on factual evidence and not hearsay.
2. Specify who might be at risk and how	This list might include the person themselves, other service users, carers, members of the public etc. To a large extent, the make up of this list will define who needs to be informed of the risk management plan.
3. Identify the conditions under which the probability of the behaviour occurring is increased	Functional analysis will help inform carers why challenging behaviours occur. This step involves identifying general setting conditions such as illness, tiredness as well as their specific antecedents e.g. being asked to complete a difficult task. Being aware of these possible precipitants for aggression is critical in helping to prevent their occurrence. Prevention at this level involves trying to modify the predicted environmental factors that lead to aggressive user behaviour.

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7. Introduction to Reactive Strategies and Legal Concepts

Unit 7 allows participants to identify why reactive strategies are a necessary component in working with challenging behaviour. It also describes the legal context for their use, highlights the potential abuse of such interventions and possible medical contra-indicators.

8. Post-incident Management

Unit 8 describes best practice in managing the aftermath of challenging incidents from both a service user and staff perspective.

9. Monitoring the Use of Physical Interventions

The final unit provides a template for monitoring the use of physical interventions and illustrates how data from the template can be analysed in a variety of different ways by service staff, managers and clinicians.

Practical Components

The practical component of PBMplus training is up to 1.5 days depending on the needs within your service and consists of instruction in the following areas:

1. **Proxemics** - the safe use of personal space
2. **Defensive & Breakaways Techniques** - physical interventions that participants can employ to reduce the impact of assaultive behaviour or to escape from being held or grabbed by service users.
3. **Restrictive Physical Interventions** - techniques to move or minimally restrain service users who are showing more persistent challenges.

All techniques are biomechanically assessed and avoid the use of pain compliance and high-risk restraint positions. Instruction is based on a training needs analysis of challenges faced in the work setting and techniques only taught on a need to know basis.

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