

Positive Behaviour Management Pro Training

Introduction

Positive Behaviour Management Pro has been assessed by BILD ACT (Association of Certified Training) and complies with the Restraint Reduction Network (RRN) Training Standards. The accreditation is valid until November 2022. Accredited training will be a requirement for all NHS commissioned services and the Care Quality Commission from April 2020.

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, ethical and effective approaches to the prevention and safe management of behaviours that challenge. Working in partnership with you, we strive to improve the quality of life of service users and their carers by reducing the use of restrictive practices.

Positive Response specialises 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 education, 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, Dr David Allen's then NHS employer.

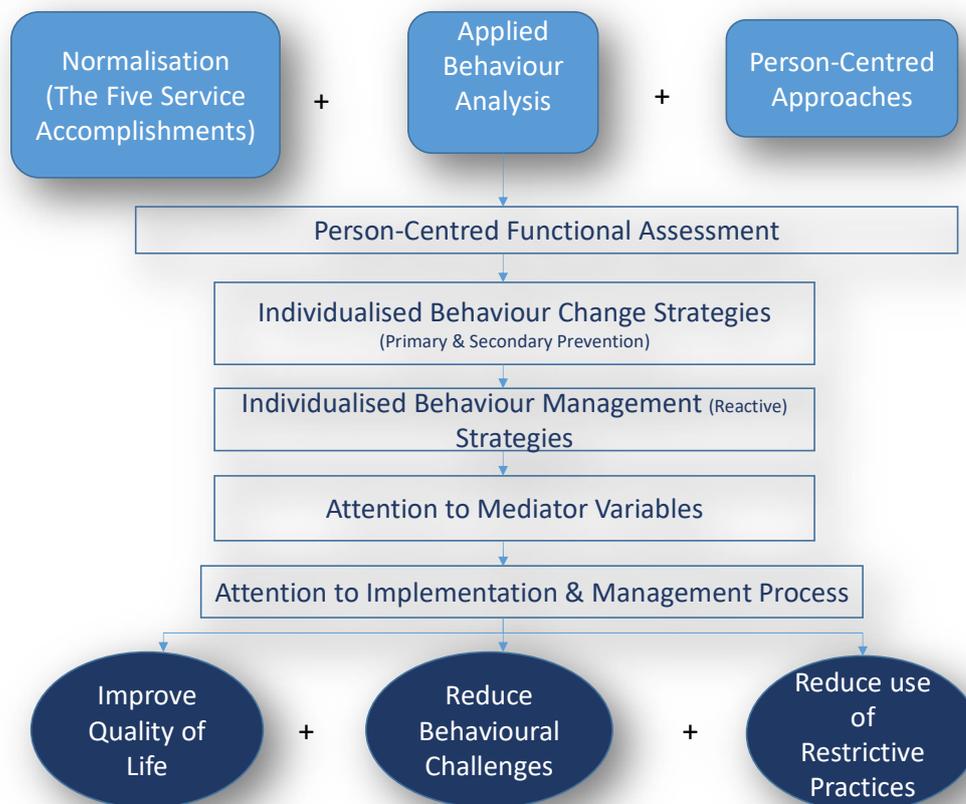
Dr David Allen

Positive Response is led by its Clinical Director, Dr 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 (Bild) in 2012. He has held honorary chairs at the universities of Kent, Cardiff and Glamorgan and is a Fellow of both the British Psychological Society and the International Association for the Scientific Study of Intellectual Disability. He is a founding co-editor of the *International Journal for Positive Behavioural Support*. 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.

Key frameworks that underpin our work

All of our training and consultancy is underpinned by an overarching PBS framework based on human rights. 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 PBMpro training

PBMpro is our non-aversive, tried-and-tested BILD/RRN accredited training programme. It provides further information on PBS primary prevention strategies by:

- Delivering a reminder/refresher of what we mean by challenging behaviour, how the behavioural model works and what the PBS model entails
- Exploring the critical ingredients for reducing the use of restrictive practices in services
- Examining the opportunities for proactive intervention during the course of challenging incidents
- Analysing the key role of communication
- Looking at trauma-informed PBS interventions
- Understanding how to measure the impact of PBS support plans

Whereas Positive Approaches training looks in more depth at organisational and user-level primary prevention strategies, PBMpro majors on providing in-depth training on secondary prevention (looking at different ways to change the course of behavioural episodes by effective early intervention) and reactive strategies (ethical and safe approaches to those behavioural challenges which may not be preventable).

The physical intervention component focuses on the use of personal space and breakaway techniques together with a limited number of restraint procedures (if 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.

PBMpro 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

PBMpro Options

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

Why is safe ethical physical intervention training important?

- MacIntyre Under Cover, 1999
- Cornwall, 2006
- Sutton & Merton, 2007
- Winterbourne View, 2011
- Whorlton Hall, 2019

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Transforming care:
A national response to
Winterbourne View Hospital
Department of Health Review:
Final Report

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 PBMpro training team is led by Mark Hilley. He has over 25 years' experience working in the field of learning disabilities and autistic spectrum disorders, as a senior manager and trainer, and has been training this model for 19 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 16 trainers across the country who deliver PBMpro 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. 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

PBMpro 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 30 years our training 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 training is always overwhelmingly positive.

Pre-training Requirements

All organisations commissioning PBMpro are required to sign a training agreement, provide a copy of their challenging behaviour and restraint reduction policies as well as completing a training needs analysis in sufficient time before the first training event, and annually thereafter. This ensures that your organisation's 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 Format

Direct care staff training (for up to 18 delegates) or trainer course (for up to 12 delegates).

The full care staff course is 2.5 or 3 days: two days for the theory plus half a day for self-protection and breakaway techniques and another half day for restrictive interventions (removals and seated restraint). 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 PBMpro 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.

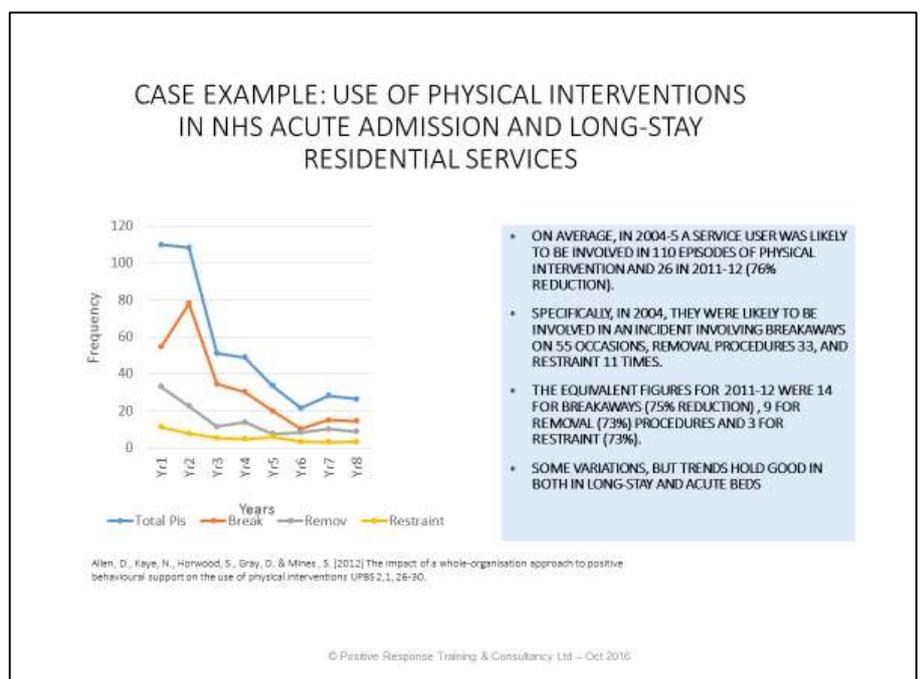
Theoretical Components

The theoretical component of the initial care staff training is delivered over 2 days and consists of the following 8 units:

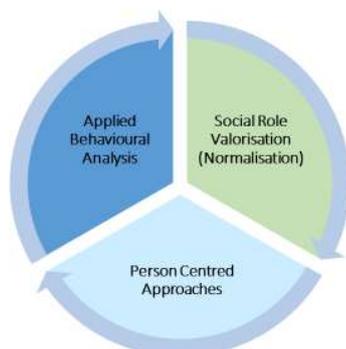
1. Introduction to the Training

This unit explains the history of PBMpro training and contextualises its use within the care setting via references to those with lived-experience of having been restrained in the past.

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



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. Time Intensity Model and Attribution Theory

Unit 3 Introduces a dynamic model for understanding incidents of challenging behaviour and the typical physiological responses generated in 'fight-flight' scenarios. It also addresses the possible implications for future care practice through an examination of Attribution Theory.

4. Primary Prevention: Factors Influencing Behaviour and Proactive Strategies

This unit enables participants to understand the factors that contribute to challenging behaviour by breaking down and examining personal, environmental and interpersonal risk factors – including the issue of trauma-informed care. It goes on to show how a knowledge of these factors can be used to develop a preventative approach to challenging incidents. The unit concludes by considering risk in relation to personal dress in such settings.

5. Secondary Prevention: The Dynamics of Aggressive Incidents

On completing Unit 5 participants will understand the importance of personal space and its extension during the escalation, critical incident, and recovery phases. They will have considered the components of effective communication (during escalation) and be able to describe the relationship between communication and challenging behaviour. This unit also covers non-physical reactive options for consideration in managing challenging behaviour. Finally, participants will be enabled to use a reflective self-management tool in order to assist them, when supporting individuals who may challenge them, in the future.



6. Introduction to Reactive Strategies, Legal Concepts and Medical Contra-Indications



Unit 6 allows participants to understand why reactive strategies are necessary components of a PBS plan when working in challenging services. It describes the human rights issues and formal legal context for potential use of restrictive interventions, and highlights the risks and implications of inappropriate use. The unit concludes by outlining possible medical contra-indicators for their use.

7. Post-incident Management

Unit 7 describes best practice in managing the aftermath of challenging incidents from both a service user and staff perspective. It considers how we can salvage learning to inform future proactive planning and prompts a consideration of the effects of repeated exposure to trauma.

8. PBS Planning and Data Analysis

The final unit provides some framework information on the importance of data collection for PBS assessments & planning. It also considers the relationship between risk assessment and effective PBS plans. A final assessment of the theoretical information takes place at the end of this unit.

Practical Components

The practical component of PBMpro training depends on the needs within your service and consists of instruction in the following areas:

1. **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.

2. **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.

NAME: _____
DATE: _____
AGE: _____ SEX: _____

The Guernsey Community Participation and Leisure Assessment - Revised
Baker, Taylor-Roberts & Jones (2016)

Please indicate, by a tick in the appropriate box, the frequency with which the client does the following activities. See overleaf for definitions.

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