

Starting with Happiness - A Tiered Approach to implementing Positive Behaviour Support

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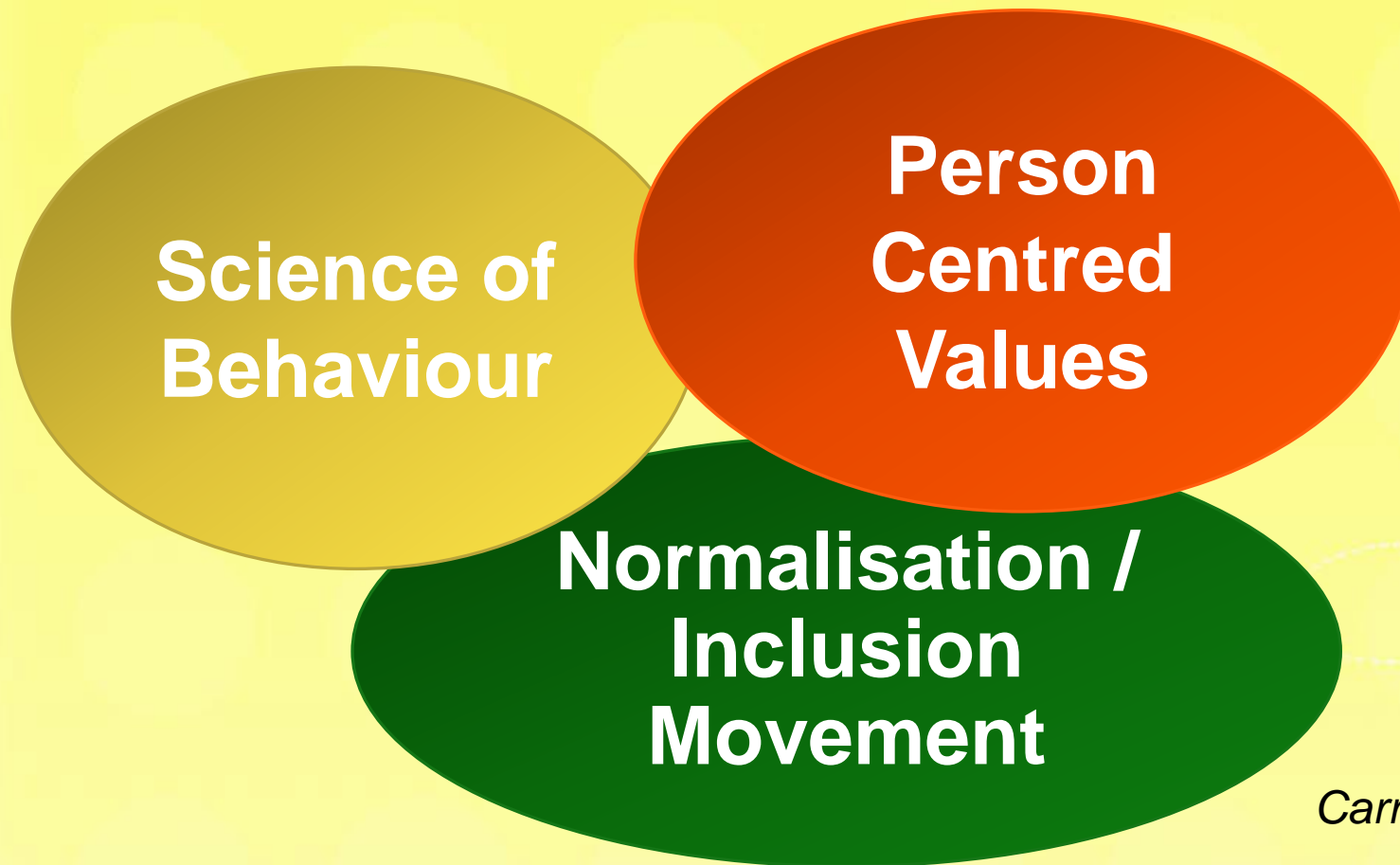


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1. What is Positive Behaviour Support?
2. Where does Emotional Wellbeing fit in?
3. A new way of looking at things
4. How this has impacted on practice



Where did Positive Behaviour Support come from?



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?

- 7.1 ...staff have **up to date knowledge and skills** appropriate to their role to respond to behaviour that is challenging and to support residents to manage their behaviour.
- 7.2 ...staff receive **training** in the management of behaviour that is challenging **including de-escalation and intervention** techniques.
- 7.3....**therapeutic interventions** are implemented with the informed **consent** of each resident.... And reviewed **as part of the personal planning** process.
- 7.4where **restrictive procedures**are used, such procedures are applied in accordance with **national policy and evidence based practice**.
- 7.5 a. ..every effort is made to **identify and alleviate the cause** of...
b. **All alternative measures are considered** before a restrictive procedure is used.
c. The **least restrictive** procedure for the **shortest duration** necessary.



Health Act 2007 (Care and Support of Residents in Designated Centres for persons (children and adults) with Disabilities) Regulations 2013

School Wide Positive Behaviour Support

Tier 3
(Intensive
Individual
Intervention)

Tier 2
(Targeted Group
Intervention)

Tier 1
(Universal Intervention)

*Based on an Assumption of
Emotional Wellbeing?*



2. Happiness & Emotional Wellbeing

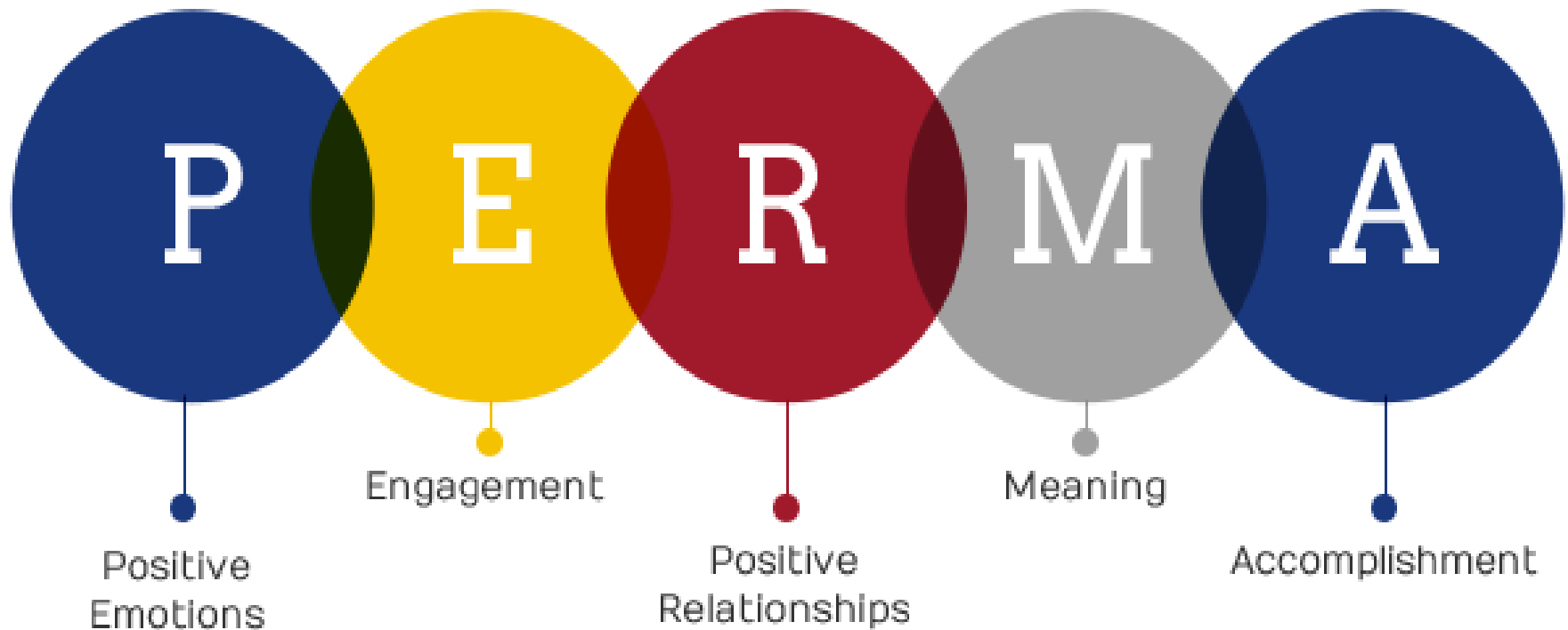
- Wellbeing incorporates the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfilment and positive functioning (Diener, 2000)
- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1948)
- Health is a state of complete physical, mental, spiritual and emotional and social well-being and not merely the absence of disease or infirmity (WHO, 2006).
- Character Strengths & Virtues (Peterson & Seligman, 2004)





Creativity Perspective
Judgment Curiosity
Honesty Bravery Fairness
HUMOR Zest
PERSEVERANCE Teamwork
Love Kindness Leadership
Social Intelligence Love of Learning
Forgiveness HOPE PRUDENCE
Appreciation of Beauty & Excellence Humility
Spirituality SELF-REGULATION Gratitude
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Introducing a New Theory of Well-Being



Seligman (2011)

- **Positive Emotions:** Emotional states and moods are produced within the brain and are experienced throughout the whole body.
- **Engagement** – Engagement in an activity where there is a sense of feeling in control of and involvement. It helps a person cope with the stressors of everyday living and is a way of 'switching off'
- **Relationships** - Close, supportive relationships with others are associated with feelings of greater well-being
- **Meaning** – A sense of purpose and the feeling that we are included in life, that we are part of something.
- **Accomplishment:** An opportunity to achieve, reflect upon & celebrate our successes. If we cannot do this for ourselves or we may not be able to recognise these, and so need others to remind us and praise us for our achievements



7 Habits of Happy People

1. **Relationships:** At least one close friendship
2. **Cultivate Kindness:** Volunteering or reaching out to another
3. **Exercise:** Reduces depression and increases wellbeing
4. **Flow:** The experience of losing oneself in a task
5. **Spiritual Engagement & Meaning:** Can provide social support and reflective space
6. **Virtues and Strengths:** Using these for a purpose greater than own personal goals
7. **Positive Mind-set:** Optimism, Mindfulness & Gratitude



Standard 3.2

Each person experiences care that supports positive behaviour and emotional wellbeing.

Some features to meet the requirements of this standard include:

- 3.2.1 The residential service has a written policy on the provision of behavioural support to people living in the residential service that promotes a positive approach to the management of behaviour and details how specialist and therapeutic interventions are implemented.
- 3.2.2 People are encouraged to appropriately express their feelings and are helped by the residential service to deal with issues that impact on their emotional wellbeing.
- 3.2.3 Communications are clear, appropriate and positive and help people to understand their own behaviour and how to behave in a manner that is respectful of the rights of others and supports their development.
- 3.2.4 Specialist and/or therapeutic interventions are evidence-based and implemented in accordance with national policy and guidelines and with the informed consent of each person, or persons acting on their behalf and reviewed as part of the personal planning process.
- 3.2.5 Each person is consulted with and given an explanation regarding the effects of inappropriate behaviour and what is expected of them, in a manner consistent with their ability and capacity.
- 3.2.6 There is a positive approach to the management of behaviour that is tailored to meet the needs of each person with a disability and is appropriate to their ability and capacity.
- 3.2.7 Staff consult with former carers, parents and family members, with the informed consent of each person, in order to learn how best to assist the person to manage their behaviour.
- 3.2.8 Where a person experiences repeated difficulty in managing their behaviour, an assessment is carried out by a suitably qualified professional in order to draw up a plan to provide additional support in consultation with the person and his/her representative. The professional involved monitors and evaluates the intervention and it is reviewed by the clinical team on a regular basis.

3.2.9

Staff are:

- trained in the provision of positive behaviour support to people with disabilities
- trained to deal with issues of disrupted attachment, neglect and abuse and how this can impact on the behaviour of people with disabilities
- trained to understand and to respond to behaviour and verbal and non-verbal communication that may indicate an issue of concern
- given all relevant information required to assist them in supporting people to manage their behaviour.

3.2.10

Staff have access to specialist advice and appropriate support for people who present with behaviour that is difficult to manage. Such support includes:

- interventions designed to promote effective communication
- guidelines for appropriate responses to particular situations
- access to advice/consultation outside of normal working hours.

3.2.11

The residential service regularly monitors and audits the service's approach to behaviour support, as outlined in the service's policy.

Emotional Wellbeing & Positive Behaviour Support

- The link is made explicit in HIQA Standards
- Which should we focus on first, behavioural reduction or increasing wellbeing?
- Are they looking to achieve the same things through different paradigms?
- What are the ethical implications of labelling somebody with a 'behaviour of concern' if their emotional wellbeing is not supported?
- If we were doing PBS 'right', would we need to consider behaviour at all?



3. A new way of looking at things

~~Challenging Behaviour Policy~~

Positive Behaviour Support Policy



Committee (2013-2015)

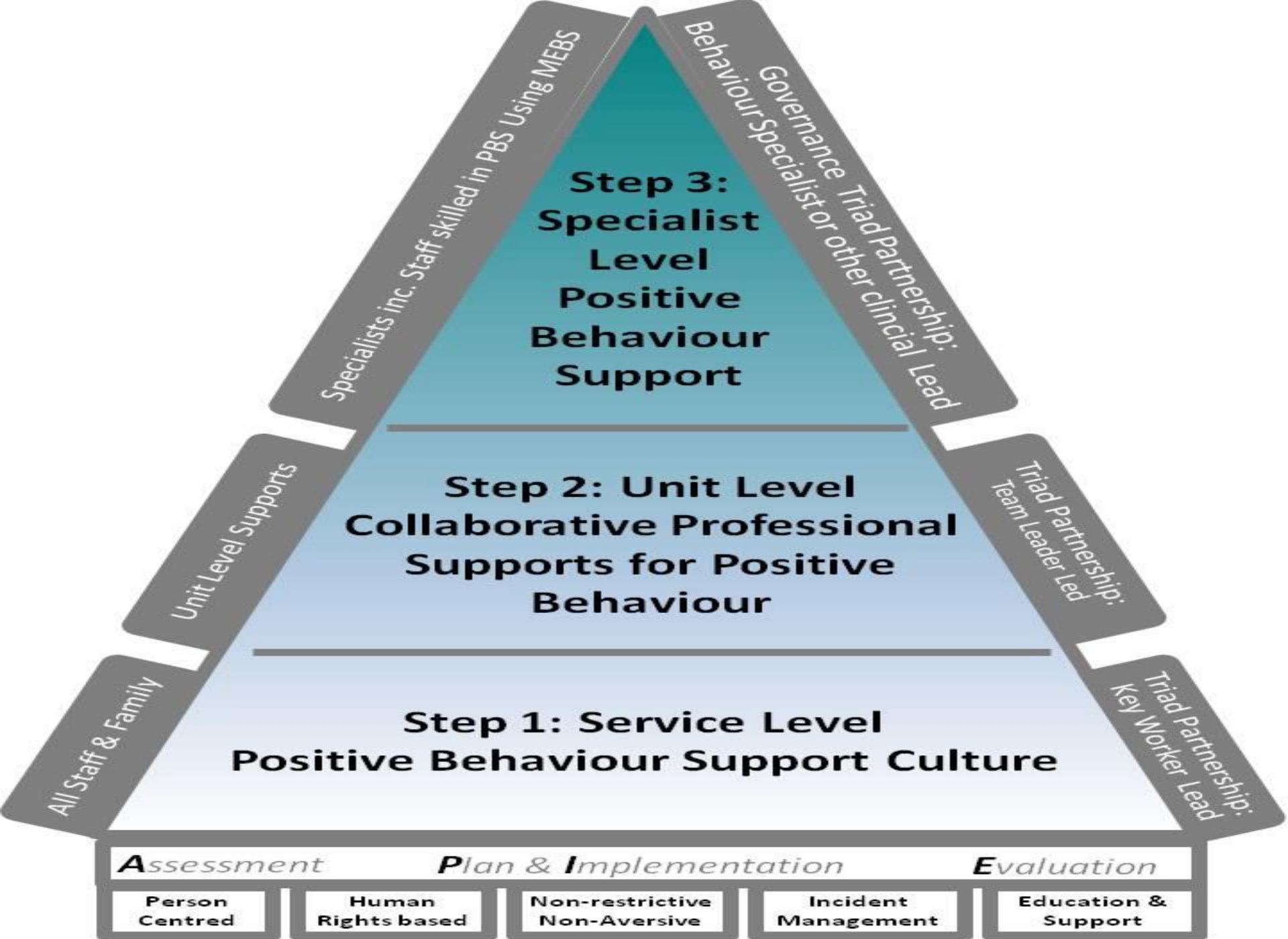
Caroline Dench (Chair)	Gary Lucky
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Niamh Flanagan	Helen Thompson
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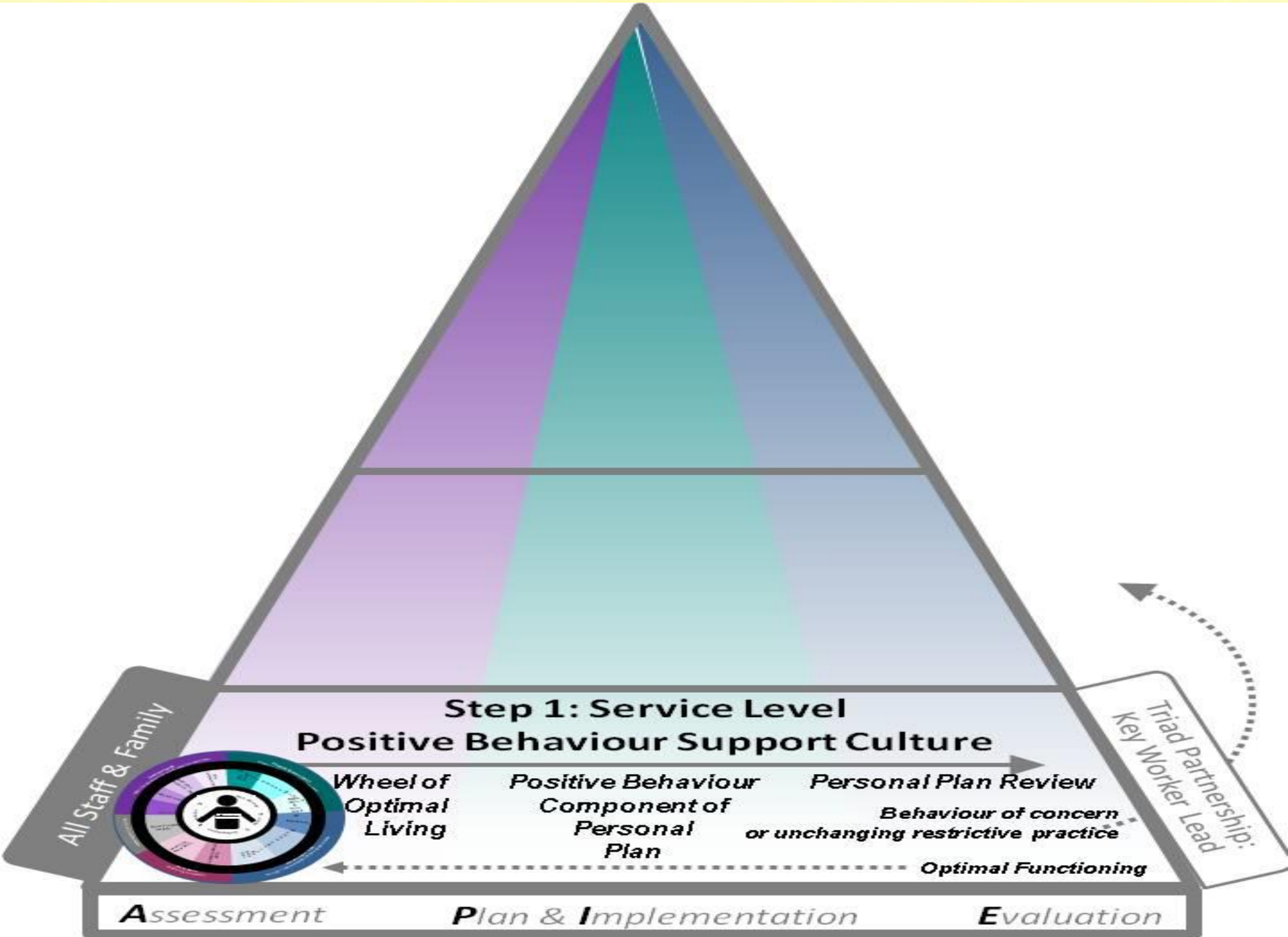


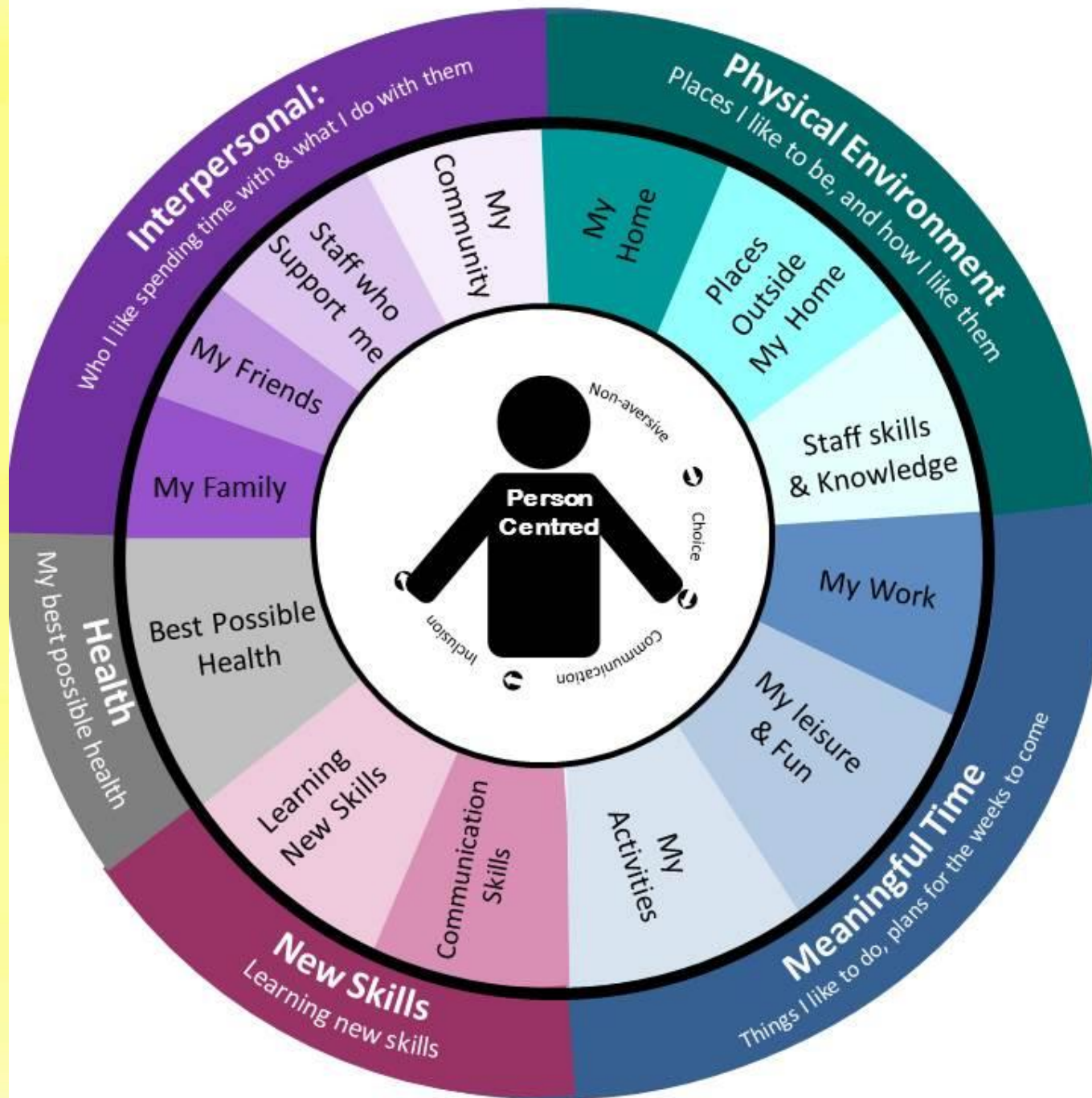
Methodology

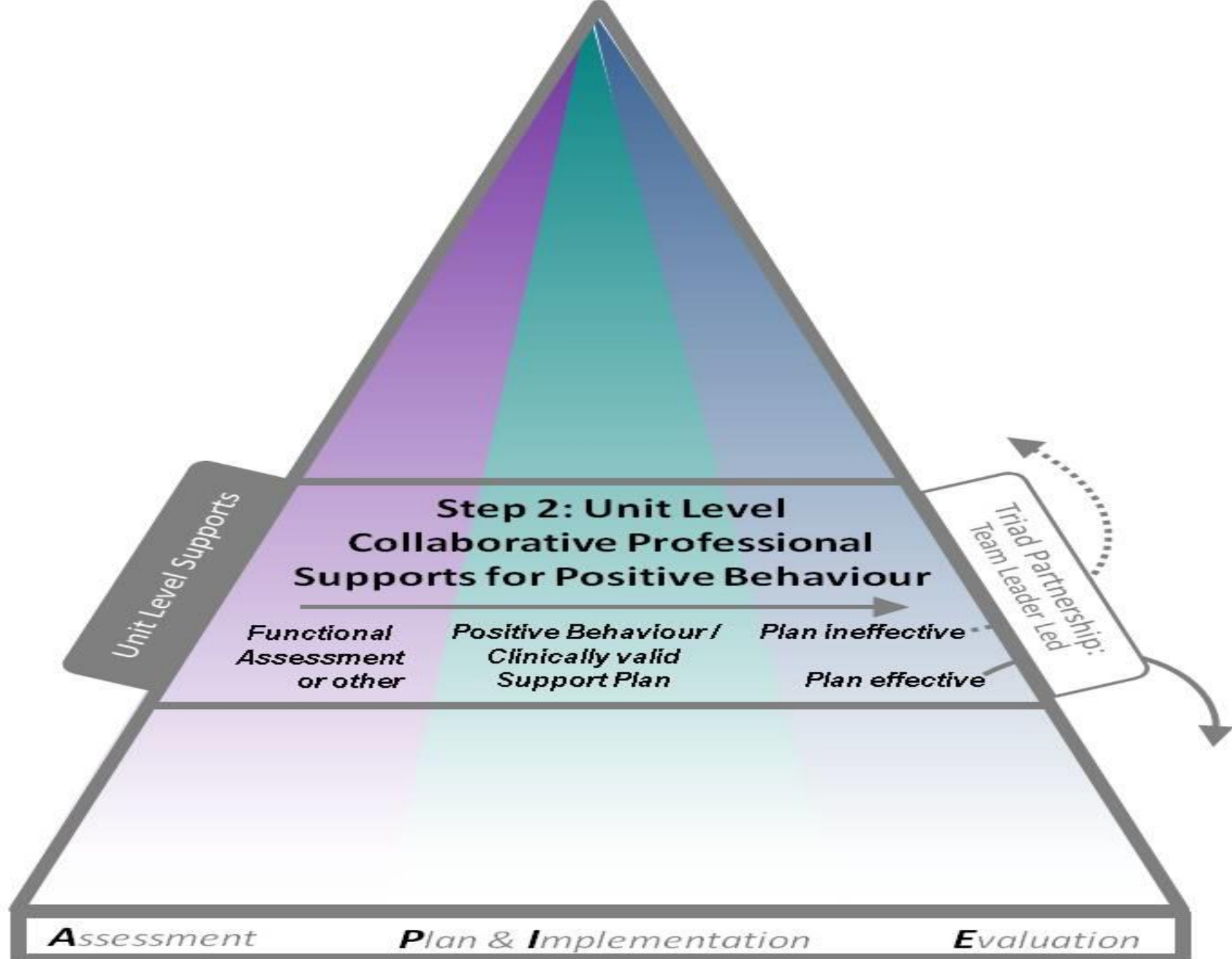
- Terms of Reference agreed
- Literature review
- Policy Review (National and International)
- Working Committee with sub-groups
- Feedback and consultation with service users / family members / managers / MDT members

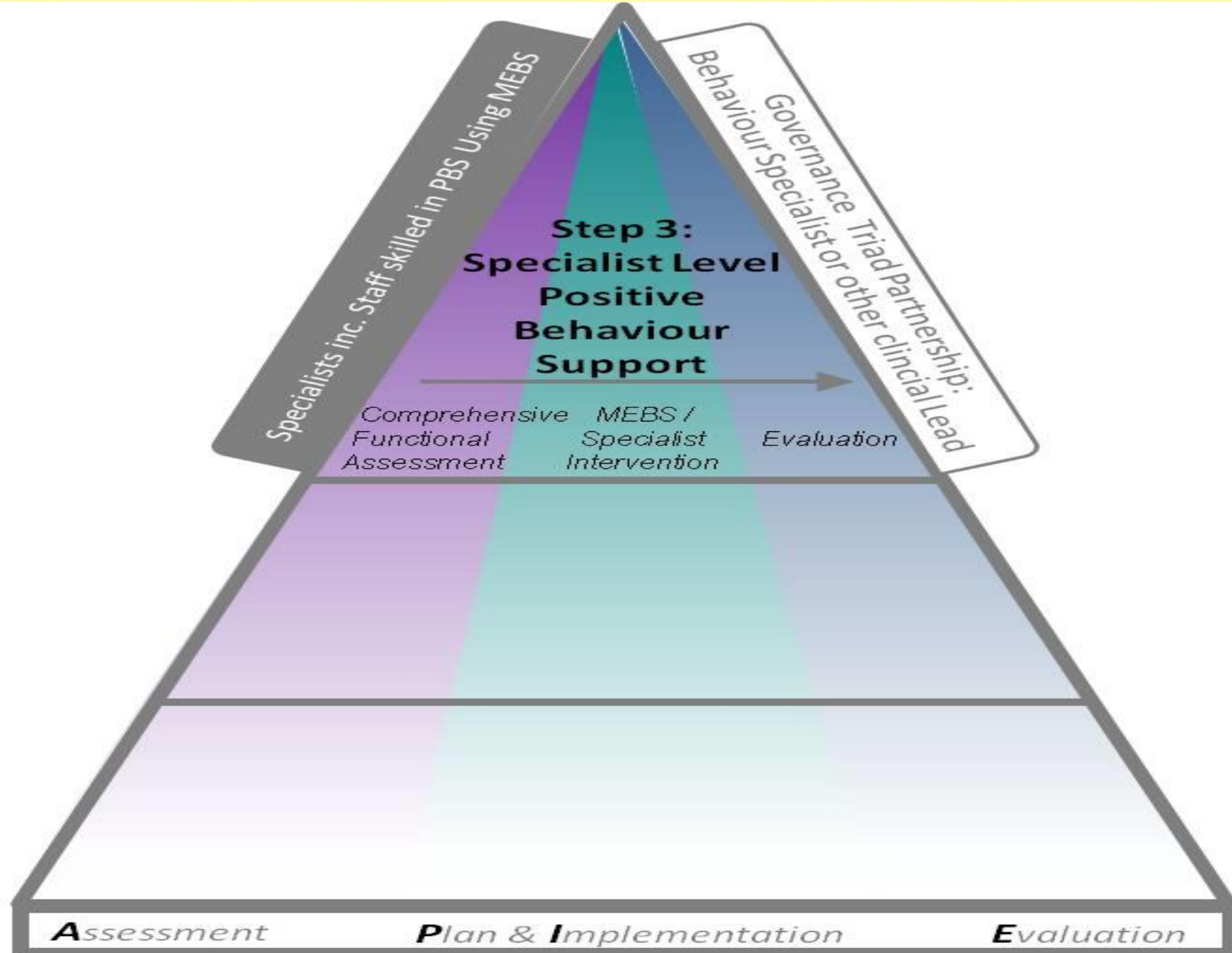


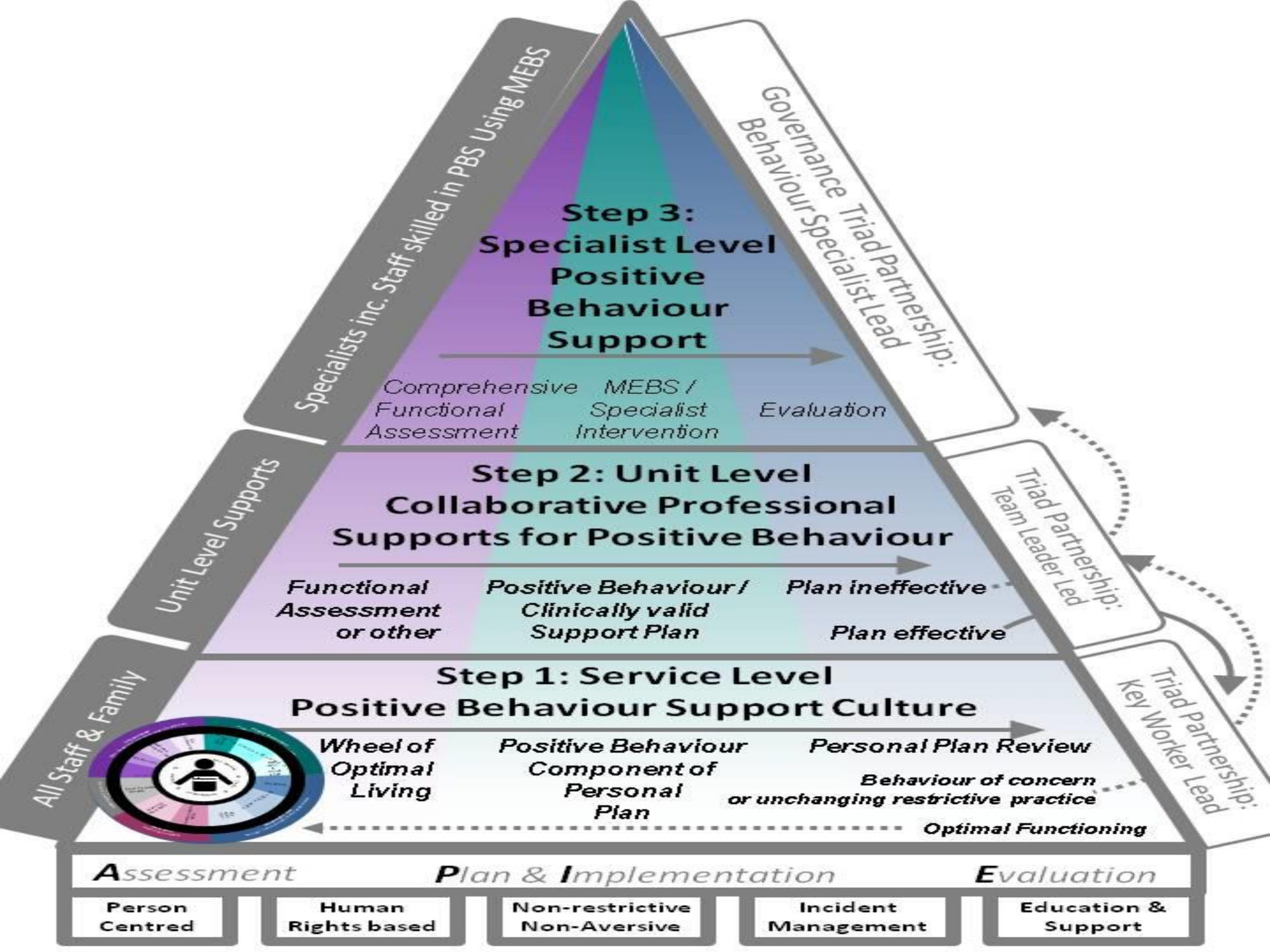












4. How has this affected practice?

- Developing a culture of PBS. How do we make PBS part of the furniture?
- Practice Support for staff – PBS Clinics
- Thematic Approach – observation & focused supports in units
- More flexible response options when a referral comes in.
- Focus on wellbeing for Service Users, Staff & Organisational culture



The Advantages of a Tiered Approach

- We can go up OR down in supports as required (e.g. up to a detailed functional assessment, or down into a daily care plan)
- Intervention required is dictated by the evidence
- Allows for flexibility (refer for services, not a plan)
- It doesn't pathologise a person unnecessarily
- It avoids a lot of unnecessary intervention
- It allows all stakeholders to take responsibility at a level appropriate to their role



An (even newer) way of looking at things

~~Challenging Behaviour Policy~~

~~Positive Behaviour Support Policy~~

Emotional Wellbeing Support Policy





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Thank you

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