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Implementing PBS in a forensic setting – a story of success in the UK

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This presentation will:

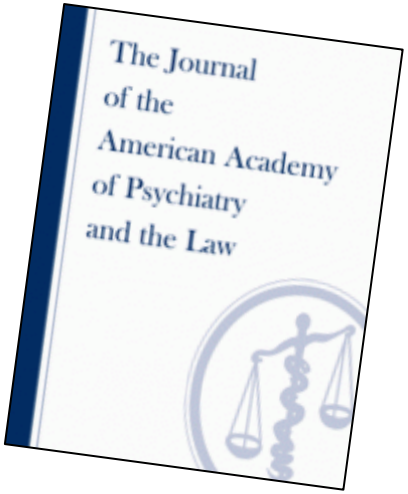
- look at research to date on PBS for the group of people who have an intellectual disability / autism and who also offend
- give a brief overview of how we implemented PBS in a secure forensic service in the UK

Current research

- Research studies regarding the support of offenders with ID have increased over the last twenty years
- Issues of prevalence (Hayes 2006, Lindsay, 2002)
- Treatment focus has mainly been on sex offending
- CBT and DBT are the dominant treatment approach
- Little research on PBS in the assessment and treatment literature for offenders and ID
- ABA literature scant on this topic JABA − nine articles on sex offending and treatment for other offences such as fire setting did not produce any articles

Tolisano et al (2017)

- PBS as a model (behaviour therapy) as a whole has been underused in many inpatient mental health settings
- They reported that over the past twenty years a growing evidence base of PBS has developed showing it to be an effective model of care for treating problem behaviour for individuals admitted to institutional settings



Why PBS in forensic settings?

- Offenders ID / Autism often present with behaviours considered challenging to others which may occur when receiving day to day support
- Often environments of high stress and burn out for staff
- High rates of violence and aggression
- Traditional interventions in forensic inpatient settings have historically emphasised control and management over treatment
- To support the reduction of restrictive practices and improve individual's Quality of life

The journey to transform our service

Service profile

- 4 wards
- 1 x medium secure, 1 x low secure, locked rehabilitation (acquired brain injury and ID/ASD)
- 1 x locked rehabilitation for Autistic Spectrum conditions
- Aged 18 and over
- Detained under the Mental Health Act
- Based in the north west of England

The team

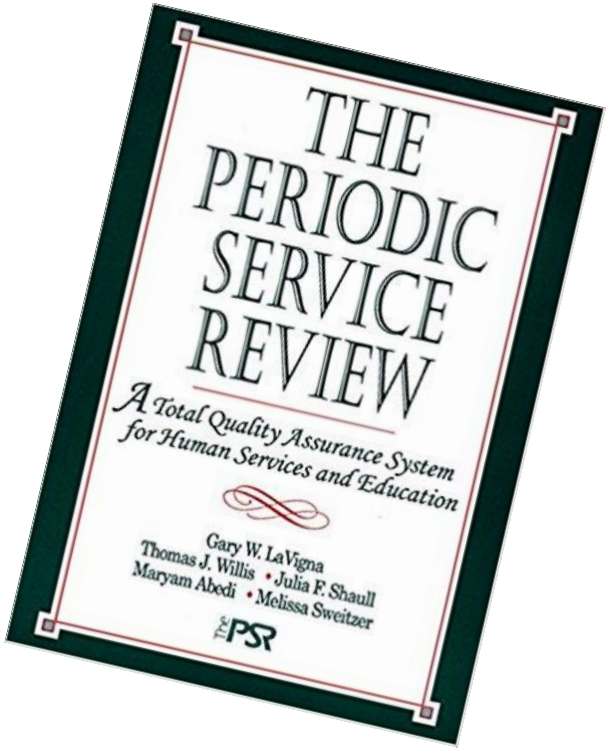
- Consultant psychiatrist
- Intellectual disability and mental health nurses
- Board certified behaviour analyst
- Positive behaviour practitioner
- Occupational therapist
- Therapy assistants
- Speech and language therapist

Where we were before the introduction of PBS

- High levels of physical intervention and other restrictive practices − used as a first resort, not last
- Poorly trained staff
- Predominately the medical model of care and high use of sedative / anti-psychotic medication
- Environment was sparse and limited access to therapeutic activities
- Lack of understanding that behaviour served a function: *“Doing it to wind me up”*

- Limited positive risk taking
- Engagement in meaningful activity for most individuals using the service was low
- Mainly reactive strategies and no one had a positive behaviour support plan − only risk management / reactive plans
- Negative language frequently used
- Perceptions of the service was a negative one, people were fearful of the service and, as a result, also of the people who used it
- High burn out, staff injury and turnover
- Service lacked focus and strong leadership to enhance quality of life for patients and staff

Using The Periodic Service Review and data to support change



What is the Periodic Service Review?

LaVigna, Willis, Shaull, Abedi and Sweitzer

Uses positive behaviour support, total quality management and organisational behavioural management

- Takes the aversiveness of management away
- Bottom up approach
- Everyone wants to do their best
- One system for everything
- This enabled service design and delivery to meet best practice guidance and recommendations

What we did

- The overall strategy was designed and overseen by a BCBA
- This plan was implemented over a two year timeframe
- Interventions and data collection were targeted at three levels:
  - 1) wider organisation
  - 2) the service level
  - 3) individual level
- Outcome and monitoring data was collected and analysed by a BCBA, assistants and Registered Behaviour Technicians (RBTs)

Category	Subcategory	Baseline	6 months	12 months	2 years
1. Administration and General	a. Staff attendance/ sickness	0	+	0	+
	b. Staff retention	0	0	+	+
	Achieved/ Possible	**0/2**	**1/2**	**1/2**	**2/2**
2. Job performance and supervision	a. Monthly supervision	0	+	+	+
	b. Performance reviews	0	0	+	+
	c. De-briefs occurring after incidents	0	+	+	0
	Achieved/ Possible	**0/3**	**2/3**	**3/3**	**2/3**
3. Case files	a. Has a PBS plan	0	+	+	+
	b. Has a functional assessment	0	+	+	+
	c. Meets standards of audit	0	0	+	+
	d. Person-centred	0	0	+	+
	Achieved/ Possible	**0/4**	**2/4**	**4/4**	**4/4**
4. Data	a. Baseline data	0	+	+	+
	b. Ongoing data	0	0	+	+
	c. Quality of life indicators	0	0	+	+
	Achieved/ Possible	**0/3**	**1/3**	**3/3**	**3/3**
5. Intervention	a. Implemented and maintained	0	+	+	+
	b. Procedural reliability	0	0	0	+
	Achieved/ Possible	**0/2**	**1/2**	**1/2**	**2/2**
6. Meetings	a. Weekly community meetings (for service users)	0	+	+	+
	b. Monthly staff meetings	0	+	0	+
	Achieved/ Possible	**0/2**	**2/2**	**1/2**	**2/2**
7. Staff development	a. Weekly bite size in-house training in behavioural principles.	0	+	+	0
	b. Completing recognised qualifications in behavioural analysis.	0	0	+	+
	c. Attending specialist conferences	0	+	0	+
	Achieved/ Possible	**0/3**	**2/3**	**2/3**	**3/3**
8. Referrals	a. Number of referrals logged vs bed availability	0	+	+	+
	b. Number of discharges	0	+	+	+
	Achieved/ Possible	**0/2**	**2/2**	**2/2**	**2/2**
Total Score Achieved		0	13	17	19
Total Score Possible		21	21	21	21
Percentage Score		**0%**	**61.90%**	**80.95%**	**90.47%**

The foundation – A positive culture (winning hearts and minds)

- Tolisano et al (2017) found in their study that 'effective implementation of a PBS plan in forensic settings relies heavily to a large extent on the endorsement of the consultant psychiatrist' – this was essential in this service
- Supporting that whole-organisation approach to PBS we had board level support
- At the level of front line staff we: supported staff to replace negative language with appropriate terminology, staff debriefs and support, developing a set of shared values with the people who use the service, PBS awareness sessions and being able to role model positive interactions

Getting the environment right (physical)

- Included artwork on the walls − chosen by people who used the service
- Changed the furniture to withstand a challenging environment so that that it was fit for purpose but also looked homely
- Bedrooms were personalised
- We zoned the service to meet various sensory needs, eg sensory room, low stim quiet area and outdoor space. Areas where people had opportunity to spend time alone or in groups

Getting the environment right (social)

- Increased engagement in activity
- Supported the use of positive language
- Non punitive culture
- Risk assessments
- Staff who understand values of the service and work in a person centred way
- Total communication
- Staff support and wellbeing programmes

Skilling up the team

- Board certified behaviour analyst provides consultant level oversight PBS programmes
- Support staff receive online behaviour training
- Two days positive behaviour support training on induction
- Weekly bitesize training on the wards around individual positive behaviour support plans
- Staff away days bi-monthly to ensure the culture, values and knowledge on PBS are maintained
- Practice leadership: direct modelling of proposed interventions so staff feel confident and supported in implementing behaviour support plans
- In-situ staff competencies; Fidelity checks on support plans
- And an observational tool Support worker ‘doing PBS well’ competency checks (PBS Academy) Available from www.pbsacadamy.org.uk

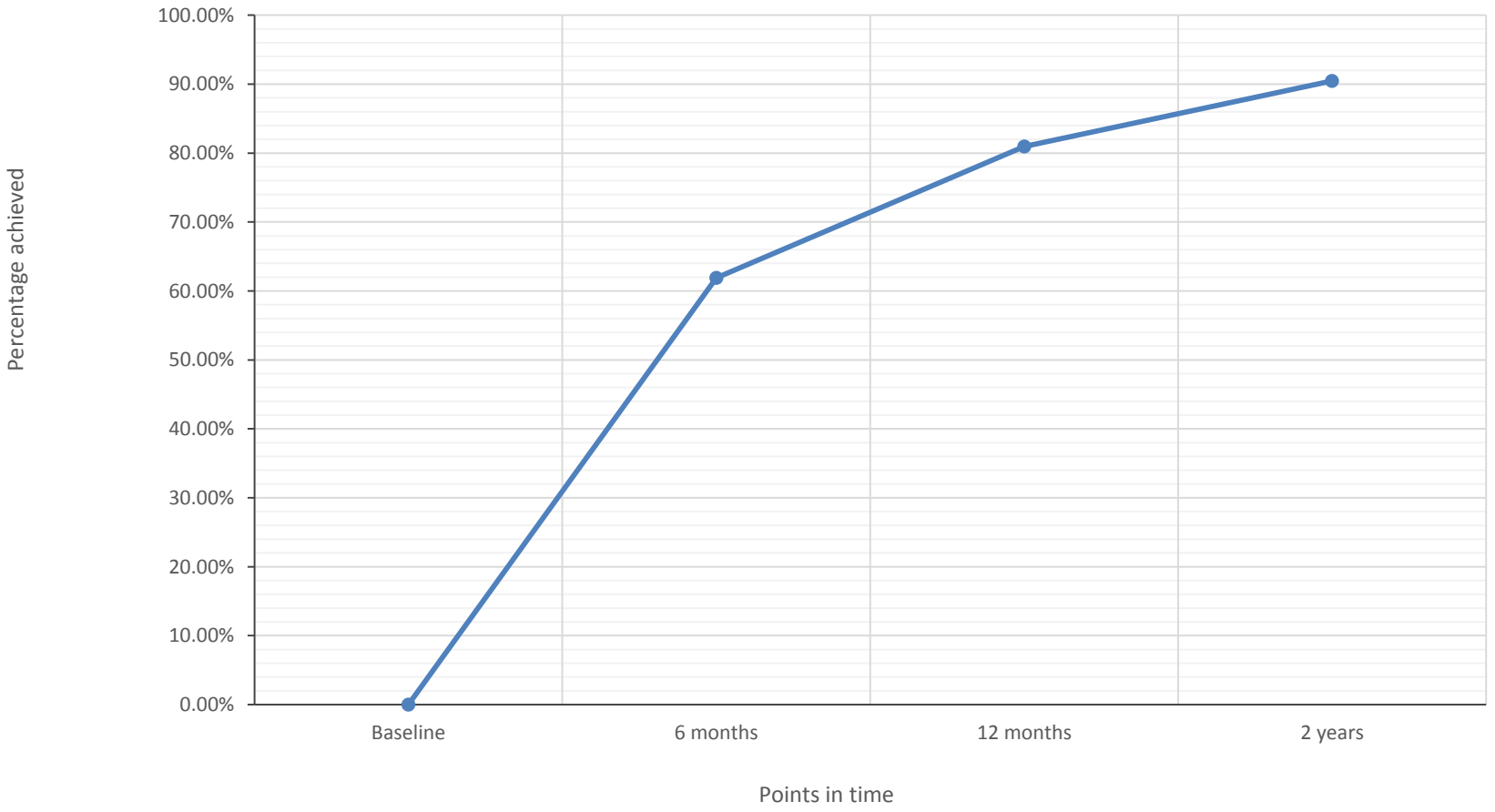
Staff wellbeing and support

- Supervisions − to provide regular staff support and ensure performance expectations were clear
- Counselling and support following an incident
- Debriefs to ensure learning and ways to improve practice
- Catching people doing a good job!
- Visual presence of manager on the service and other key therapists

Where we were after two years of implementation

- Staff turnover has reduced (28% baseline, 23% 6 months, 19% 2 years)
- Staff retention has increased (75% baseline and 89% at the two year mark)
- Number and intensity of incidents have reduced
- Everyone has a robust PBS plan with skills building and engagement plans included
- Restrictive practices were reduced most noticeably in the area of physical intervention
- Families, commissioners and people who use the service give positive feedback
- Physical environment has improved
- Overall quality of life of staff and people who use the service have reportedly improved

Results from PSR



A case study – Giles

- Giles has a diagnosis of borderline intellectual disabilities and autism
- He had been a victim of emotional abuse from a family member during his upbringing
- Giles presented with several concerning behaviours from a young age including self- harm, aggression towards others and property damage
- Whilst living in a flat in the community with six hours of community support from a specialist provider several worrying incidents were noted: including being under the influence of drugs, domestic violence between himself and his partner and putting a knife to his pet's throat
- The property was in a bad state and his tenancy was at risk
- Things came to a crisis point when Giles was convicted of attempted armed robbery, possession of an imitation firearm and carrying a bladed weapon

- Concerns were also raised about Giles state of self-neglect, drug taking and attempts to take his life
- He was transferred to hospital for treatment under the Mental Health Act
- Whilst in hospital there were several targeted interventions including; a full functional behavioural assessment and development of an individualised Positive Behaviour Support plan, substance misuse recovery groups, Dialectical Behaviour Therapy, individual psychology sessions, general quality of life improvement, work on his personal appearance and physical health
- Giles has recently been discharged to live with his wife and he is looking forward to his fresh start and going to college to gain further qualifications
- He said *“Thanks for saving my life, I now feel happy and healthy and want to move forward with my life.”*

Barriers to implementation

- Resource intensive at the beginning in terms of the physical environment and recruitment and training of staff
- Consistency of staff approach was a problem at the start and improved when staff had more training
- Resistance to change − people thinking it would increase risk by adopting this approach

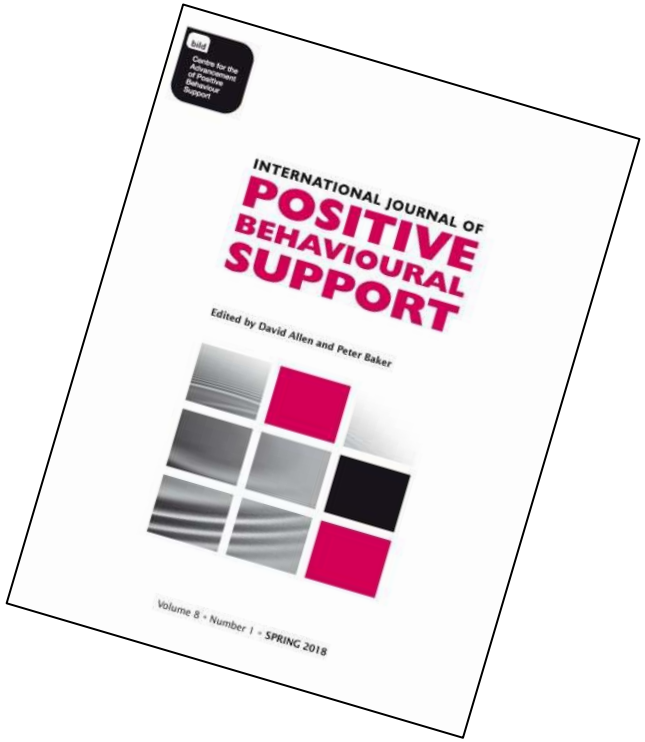
To conclude

- For PBS to be successful in forensic settings it requires:

1. A behaviour consultant working collaboratively within the clinical team
2. An understanding of the functions of behaviour
3. A skills based programme
4. Robust data collection to monitor change
5. An explicit culture and value base
6. Resources − for the physical environment and skilling up the workforce

International Journal of Positive Behavioural Support

A full service description about what we did will be published this year in the journal.



Any questions?

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Thank you!

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