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# **What is being taught on Positive Behavioural Support Training: An audit of training provided in the UK.**

**Juli Carson\* & Peter Baker\*\***

**\* Choicesupport London**

**\*\* Tizard Centre, University of Kent – corresponding author**

## **Abstract**

**Background:** Developing a workforce skilled in implementing PBS is a key aim for support services for people with intellectual disabilities who present challenging behaviour support services, and effective PBS training is a fundamental element in achieving this. There has been a substantial growth in the provision of training on PBS but little is known about the quality and content of that training.

**Method and Materials:** A audit methodology was employed using a bespoke audit tool to evaluate the content of eighteen PBS training courses in the UK found through internet searches of providers of PBS training.

**Results:** The findings showed considerable variability across training providers and across the essential elements of PBS practice in addition to complexity in informed commissioning of training.

**Conclusions:** The study concludes that currently the content of PBS training is worryingly inconsistent and variable leaving the process of commissioning subject to arbitrary influence. The argument for need for a formal accreditation process is made.



## **Introduction**

Challenging behaviour is functional, and often occurs to obtain desirable or remove undesirable objects or activities. For many people with intellectual disabilities these objects and activities are predominately controlled by others (often paid staff). This situation may be due to either the individual's inability to do things for themselves as a direct result of their disability, or as a result of service cultures which exercise undue control. In these circumstances, the person will use their behaviour to gain the control that is otherwise denied to them. The implication is that any service or individual supporting persons with challenging behaviour needs to have an understanding of why that behaviour occurs and how their own behaviour contributes to its maintenance. This knowledge can be used both to create supportive environments that reduce the likelihood of challenging behaviour occurring and to address the situational management of challenging behaviour when it does occur. As such, a trained, knowledgeable workforce with the requisite competencies to deliver skilled support to individuals consistently across settings is crucial in order to achieve successful outcomes in the care and support of people with intellectual disabilities who are at risk of presenting challenging behaviours (Denne et al 2015).

In 2014, a Positive Proactive Workforce was jointly published by the Department of Health, Skills for Care and Skills for Health. This document strongly endorsed PBS, although it also recognised that at that time there were no nationally recognised or approved training standards. This imperative for training in PBS led to a rapid growth in training organisations professing to provide training in this area.

This endorsement of PBS is in keeping with 22 years of UK Government policy emphasising the importance of Positive Behavioural Support (or models that could

be considered precursors to PBS). Whilst this endorsement has been warmly welcomed by the UK PBS community, fears were expressed an absence of a common understanding of PBS and that the governmental endorsement/imperative would simply lead to a rebranding of existing practice (Allen & Baker 2013). These fears led to the publication of a competence framework by the PBS Academy in 2015 and, in 2017, standards for training in PBS. These recognised that there is currently no body that has responsibility for accreditation of PBS training and the standards were seen as a first and necessary step of any accreditation infrastructure. It was anticipated that any organisation offering accreditation in the future would base the accreditation process upon these standards. One of the motivations for production of the standards was the assumption of a lack of quality training that meets the competencies set out in Positive Behavioural Support (PBS): A Competence Framework 2015.

The present study aims to test that assumption, to establish how easy it is for stakeholders to commission PBS training, and what is actually being offered and taught by providers of PBS training in the UK. It is also designed to highlight any deficiencies in training currently offered.

## **Method**

An audit approach was used to assess and appraise the content of the PBS training packages against a set of standards devised from sources of PBS good practice available at the time. These were the ten core components of PBS (Gore et al. 2013), the PBS competency framework from the PBS Coalition (2015) and the behaviour intervention plan audit tool (BIP-QEII) (Browning-Wright et al. 2014). The tool was organised around four core key concepts; Values; Theory and Evidence Base; Process; and Training, implementation and monitoring.

There are twenty-six individual elements related to the four core concepts against which the individual training packages were evaluated. The tool has four marking criteria for each single element; Met, Partially Met, Not met and Unclear. Table 1 presents the evaluation criteria for the assessment of PBS training course material. The evaluation tool was independently assessed by a PBS expert for content validity.

To ascertain the content of PBS courses in the UK it was determined to pursue the same path that would likely be undertaken by anyone wishing to commission PBS training for themselves or their workforce. This would identify any problems with the process of commissioning PBS training and identification of providers. Two internet search engines (Google and Yahoo) were systematically searched for 'providers of PBS training in the UK' Providers of 'Positive behaviour support training' (PBS) and 'finding PBS training'. The search was refined for searches in the UK only. Each website or link was checked to see if it specified that the person or organisation provided PBS training. An additional participant was identified based on the suggestion from a current participant that they may be interested in taking part in the study.

A questionnaire was devised to establish the content of the PBS training offered and this was uploaded via Survey monkey. An email was devised explaining the rationale and scope of the research project inviting PBS training providers to take part. The recipients were asked to complete the questionnaire and forward information on their PBS course content to be analysed. A link to complete the survey was contained in

the email. The email was sent out to the forty-two identified contacts gathered from the internet search. All identified contacts were then called by telephone to ascertain if they provided PBS training to eliminate participants that did not meet the criteria for the study. Also, it helped to clarify the ease or difficulty that may be experienced when attempting to commission PBS training or find PBS training providers.

It was confirmed via the telephone conversations that out of the forty-two identified PBS training providers that twenty-five provided PBS training. Seventeen potential providers were eliminated. Three of these were because their training was provided by another organisation already identified. Eleven participants did not provide PBS training although they used PBS approaches. Two providers provided conflict management and positive handling training but not PBS training. The final provider were PBS consultants and did not provide broad training and instead worked on a case by case basis. From the twenty-five participants, ten declined to take part in the study. Three declined giving no reason, two reported they were involved in revising their course materials and the remaining five providers did not respond to contact. Out of the remaining fifteen providers, one provided course content for three PBS courses and another for two. The remaining thirteen providers sent through information for one training course. This created a final total of eighteen training courses to evaluate.

Six participants were providers of external PBS training. Nine participants were intellectual disability service providers who provide internal PBS training to their own work force. Two participants were the providers of online PBS courses or qualifications.

The responses from the surveys, communications with the participants, supplied training course information such as training notes, presentations, any PBS information on websites and any other material send through such as pamphlets, DVD's and newsletters where used to complement the survey responses and inform the evaluation of content.

## **Results**

The data was analyzed using an audit methodology whereby the evidence presented by the course providers was checked against the bespoke audit tool. A grading of met, partially met, not met or unclear was awarded. Further analysis was conducted on the results to seek to establish patterns where criteria had been met and identify deficiencies where there were patterns of unmet criteria.

Inter-rater reliability was assessed by a PBS 'expert' (a Masters level trained PBS consultant) independently rating five of the eighteen courses. This represented a sample of 28% of the overall data set. Percentage agreement ranged from 81-96% with a mean inter-rater reliability of 87%.

The percentage of standards partially and not met is shown in Table 1.

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Insert Table 1 about here  
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Items that were consistently scored as almost fully implemented (i.e. over 90% of courses) were the need for crisis reactive strategies (94%); the avoidance of



restrictive practices and punishment (94%) and teaching that challenging behaviours perform a legitimate function for the individual (94%). Items that achieved high levels of implementation (between 70-89%) were concerned with the use of individual data in assessment and intervention (89%); long term life style changes and improved quality of life (83%); the primary use of Applied Behaviour Analysis (ABA) (78%); a values led process (78%); skills teaching for the focal person (72%) and the need for Functional Behavioural Assessment (72%). Moderate levels of implementation (50-69%) were found for a focus on adaptive behaviour (67%); communication (67%); functionally equivalent replacement behaviours (61%); exposure to positive life opportunities (56%); consideration of physical and mental health needs (56%); the need for guidance on implementation (56%) and monitoring of effectiveness and reviewing interventions (50%). Poor levels of implementation (below 50%) were found for need for training of all stakeholders (44%); enhancement of the individuals physical and mental wellbeing (39%); consultation with stakeholders (39%); involvement of stakeholders (39%); prevention of escalation of behaviours (39%); impact of genetic conditions (34%); teaching coping and tolerance skills (33%); the need for continuous review (28%) and the secondary usage of other complimentary approaches (17%).

The four core categories were previously identified as values, theory and evidence base, process and training intervention and monitoring. The following results outline the percentage of courses that met the standards within these core categories. This was calculated by dividing the number of items within each category across all courses with the potential numbers of items that could have been met and multiplying by 100. For example, in the Values category there were 8 standards and

18 courses, representing a potential total of 144, 88 items were met across all courses – 61%.

The values category comprised eight individual criteria and 61% were met. These criteria are concerned the under-pinning value base of PBS. The focus is on the wider perspective including the ethics, tenets, ideals and principles that need to be upheld to practice PBS. Overall a good quality of life of the focus person is the primary concern.

The theory and evidence base category comprised five individual criteria with 45% of courses meeting this group of standards. This category includes reference to the underpinning theory regarding the functional nature of challenging behaviour and the related supporting evidence.

The process category comprised eight individual criteria with 71% being met. This standards in this category consists of the components that are required in the implementation of PBS. It covers the practicalities of assessment and intervention plans and the requirements to support short and long-term behaviour change.

The training, implementation and monitoring category comprised five individual criteria with 43% met. The criteria highlight procedural aspects of implementation, continuous review of PBS plans and the need for training for all stakeholders.

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Insert Figure 1 about here

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Individual variation amongst courses is demonstrated in Figure 1, with three courses scoring 100% of items achieved. There is a considerable range (mean 15.5 Sd 7.49) with one course only meeting three standards.

## **Discussion**

The findings of this study present the results of an audit of the content of eighteen training courses from fifteen service/training providers of PBS training in the United Kingdom. An evaluation of the twenty-six criteria that were established as the core principles and components of what is necessary to provide effective PBS took place, comparing the content of the course materials with the criteria. The study also sought to understand and experience the process of finding and commissioning PBS training in order to elucidate the level of ease or difficulty that this process would entail.

### **Variation of results**

A central theme that emerged is the variation of results between the course content of different training providers of PBS and the variation of results between the different individual evaluation criteria across the eighteen evaluated courses. This evidence suggests that PBS course content was not consistent as a whole across the United Kingdom and individual training providers may focus on only certain aspects of the whole of PBS and its constituents and omit others. PBS methodology and theory are broad and without a stringent set of criteria in

regard to training content, significant omissions and unhelpful disparities are likely to occur.

Some encouragement can be taken from the near universal emphasis given in training to the need for avoidance of restrictive practices and punishment in favour of positive adaptations to improve quality of life, the recognition that behaviours that may be perceived as challenging serve a legitimate function for the individual and the need for crisis management/reactive strategies. The focus on other key areas was less encouraging with considerable variability across items. The criteria that was most consistently unmet was that the course included the secondary use of other complimentary approaches to support behaviour at multiple levels. For example: Mental health interventions or therapeutic interventions with family members. This criterion sets PBS apart from traditional behavioural approaches as it illustrates flexibility and the requirement for a multi-element approach. The evidence suggests that this holistic approach is not readily acknowledged by many training providers.

### **The experience of commissioning PBS training**

When setting out on this research one of the studies aims was to replicate the experience that a person who wished to commission PBS training would encounter. Initial internet searches revealed forty-two providers. On closer examination and after several telephone calls this reduced significantly to twenty-five. There were others flagged up by the search engines who could not be directly contacted or who did not respond where confirmation or non-confirmation of provision could not be ascertained. These organisations or individuals were eliminated from the study. From the offset, this was not a straight forward process and it was time consuming and labour intensive and more importantly gave little indication as to the detail of the

training offered. Only in hindsight with the results of this evaluation was it clearer to ascertain which trainers provided the most fully informative training package. As there is currently no accreditation system in place to reassure the commissioner of training then the choice of training provider was somewhat arbitrary and more likely to be based on cost.

### **'Unclear' as a marking criterion**

Across the evaluation criteria it was common for a provider to receive an 'unclear' mark on whether their course material fully or partially covered the scope of the topic. Twenty-four (88%) of the twenty-six evaluation criteria had 'unclear' from one or more providers. The element that scored the highest of unclear ratings was training, implementation and monitoring which had 21% of its overall criteria rated as unclear.

### **Limitations of the study**

The sample for the study included 60% of UK training providers found between November 2016 to April 2017 leaving a further 40% of course material in the United Kingdom (at the time) not being analysed or being included in the study.

Some training providers sent a vast amount of detailed information through to inform on their course content where others answered the survey only. Eight-three per cent of the training from the evaluated courses was delivered in the form of didactic training. Didactic classroom training relies heavily on the knowledge/experience of the trainer to impart that knowledge to the student. However, many classroom trainers add to, expand on and explain their training materials as they teach. They

may bring in personal experience and extend subject matter and this information would not have been available for scrutiny in this audit.

## **Conclusion**

Developing a workforce skilled in implementing PBS is a key aim for support services for people with intellectual disabilities who present challenging behaviour , and effective PBS training is a fundamental element in achieving this. PBS has a role in providing less restrictive alternatives to physical restraint and psychotropic medication, and it may also be an important element in developing effective community-based support (MacDonald 2018). The significant variation found in the course content, and the difficulty obtaining enough information in order to make informed commissioning decisions, highlighted by this study underlines the need for accreditation in in this area. The PBS Academy published standards for training in this area in 2017, and these were seen as a first and necessary step of any accreditation infrastructure. This study makes a strong argument for a formal accreditation structure to be provided, and an associated imperative to comply.

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No.	Evaluation criteria for PBS training content	Results from all courses			
		Met	Partially met	Not met	Unclear
<b>Values</b>					
1.	Identifies the need for the generation of long term life style changes resulting in an overall improved quality of life for the focus person.	15 (83)	2 (11)	0 (0)	1 (6)
2.	Includes the need to increase the individual's repertoire of adaptive behaviours.	12 (67)	1 (6)	4 (22)	1 (6)
3.	Includes the need to increase the individual's repertoire of personal skills via skills teaching	13 (72)	0 (0)	2 (11)	3 (17)
4.	Includes the need to increase the individual's exposure to positive life opportunities.	10 (56)	1 (6)	2 (11)	5 (28)
5.	Includes the need to enhance and sustain the individuals physical and mental wellbeing.	7 (39)	3 (17)	3 (17)	5 (28)
6.	Clearly states the need for avoidance of the use of restrictive practices and punishment, favouring positive adaptations and interventions for the person's life.	17 (94)	0 (0)	0 (0)	1 (6)
7.	Includes the need for consultation with the stakeholders involved in the PBS process	7 (39)	2 (11)	6 (33)	3 (17)
8.	Includes the need for the input of the stakeholders e.g. Focal person, family members/carers and staff. So, that the PBS is 'done with' rather than 'done to' the person and their supporters	7 (39)	2 (11)	8 (44)	1 (6)
<b>Theory and Evidence base</b>					
9.	Teaches that challenging behaviours develop to serve a legitimate function for the person.	17 (94)	0 (0)	1 (6)	0 (0)
10.	Includes information about the possible impact of some genetic syndromes on a person's behaviour.	6 (33)	2 (11)	8 (44)	2 (11)
11.	Includes the need to consider physical and mental health needs as a possible cause or contributor to challenging behaviours.	10 (56)	0 (0)	4 (22)	4 (22)
12.	Advises that there should be a primary use of Applied Behaviour Analysis (ABA) to assess and support behaviour change	14 (78)	1 (6)	1 (6)	2 (11)
13.	Includes the secondary use of other complimentary approaches to support behaviour at multiple levels. e.g. Mental health interventions, therapeutic interventions with family members.	3 (17)	2 (11)	10 (56)	3 (17)
<b>Process</b>					
14.	Clearly described as values led process.	14 (78)	0 (0)	2 (11)	2 (11)
15.	Advises that individual data needs to be collected on the focus person to inform assessment and personalise interventions.	16 (89)	1 (6)	1 (6)	0 (0)
16.	Highlights the need for an individualised functional assessment for the focus person to develop an understanding of the function of their behaviour.	13 (72)	1 (6)	2 (11)	2 (11)
Interventions are explained as multicomponent to proactively change behaviours. The following components are included:					
17.	Teaching of functionally related/equivalent behaviours.	11 (61)	0 (0)	4 (23)	3 (17)
18.	Teaching of coping and tolerance skills	6 (33)	0 (0)	8 (44)	4 (17)



19.	Communication interventions/needs are included.	12 (67)	1 (6)	2 (11)	3 (17)
20.	Teaching of general skills.	13 (72)	0 (0)	2 (11)	3 (17)
21.	Crisis interventions/reactive strategies should also be in place to effectively manage behaviours when they occur	17 (94)	1 (6)	0 (0)	0 (0)
<b>Training, Implementation and monitoring</b>					
22.	The need for appropriate training to implement the proposed interventions for all relevant stakeholders is included.	8 (44)	3 (17)	2 (11)	5 (28)
23.	The need for clear guidance on the implementation of strategies is included.	10 (44)	1 (6)	4 (22)	3 (17)
24.	The monitoring of effectiveness and amending of interventions if required is included.	9 (50)	5 (28)	3 (17)	1 (6)
25.	Evaluation of interventions to enable prevention of escalation of behaviours in future is included.	7 (39)	3 (17)	4 (22)	4 (22)
26.	The training explains that PBS is a process of continuous review.	5 (28)	1 (6)	6 (33)	6 (33)

**Table 1**

**Individual Audit Standards Data**

Figures in brackets represent percentages

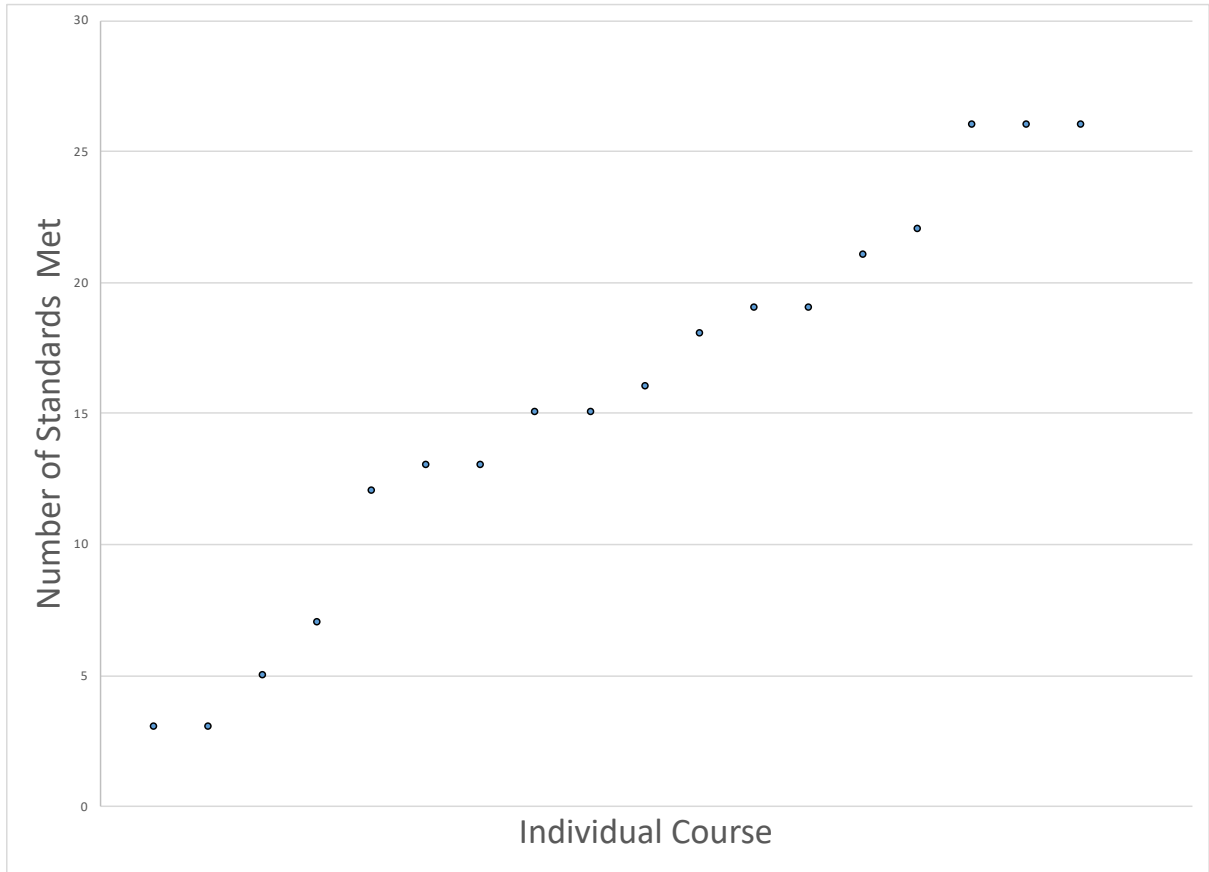


Figure 1 Total Number of Standards Met by Individual Course

