



**Commentary on 'A logic model for the implementation of a regional workforce strategy in Positive Behavioural Support'**

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## Commentary on 'A logic model for the implementation of a regional workforce strategy in Positive Behavioural Support'

Whilst system-wide implementation of Positive Behaviour Support (PBS) is well established (e.g., Horner *et al.*, 2005; Horner *et al.*, 2010; McGill *et al.*, 2018). Noone *et al.* (2021) provide the first demonstration of an extensive system-wide approach to workforce development in PBS (see, for further information, Denne *et al.*, 2015), offering accredited programmes for staff, training for family carers and awareness training for the wider system that supports people with intellectual and developmental disabilities (IDD) in one region in England. This system wide approach to PBS training is novel and a welcome development for the field, particularly given the relative lack of research focusing on PBS training and the importance of systems change to facilitate effective implementation of PBS (Allen *et al.*, 2013; Denne *et al.*, 2015; Denne *et al.*, 2020). Noone *et al.* (2021) do, however, highlight challenges in relation to implementing this approach to training and in evaluating the training itself, including participant attrition, challenges to ongoing data collection (due in part to the coronavirus pandemic), logistical issues (e.g., resource requirements, administrative burden) and course design (e.g., the requirement for written assignments). These challenges are unlikely to be unique and similar issues are often reported in the literature (e.g., participant attrition in McGill *et al.*, 2018). However, evidencing the effectiveness of training programmes is of paramount importance for the field and will be key to achieving good outcomes for those supported within a PBS framework, given the range of stakeholders and settings involved in this support.

As a result, this commentary aims to outline key challenges in evaluating the outcomes of PBS training and encourages practitioners and researchers to find solutions to these in order to enhance our understanding of what effective training in PBS involves and ways to maximise this effectiveness. It is beyond the scope of this commentary to offer a comprehensive overview of the literature in this area (interested readers should consult existing reviews of PBS training research, e.g., MacDonald and McGill, 2013; Mahon *et al.*, 2021) or an exhaustive list of issues and their possible solutions, rather the intention is to provide a springboard for the field to begin considering and overcoming these issues in future research / practice. Three main areas will be considered here; the necessary diversity and breadth of PBS training (particularly when utilising a system-wide model), the outcome domains to be evaluated and wider systemic issues that may influence PBS training and evaluation of its effectiveness.

### Diversity and breadth of PBS training

PBS may be implemented in a range of ways; by individual practitioners (collaborating with relevant professionals), by teams, or across entire systems (Gore *et al.*, 2013). Each of these implementation models will likely require slightly different approaches to training, although the core content should remain the same and be based on current conceptualisations of PBS and its key competencies (e.g., Gore *et al.*, 2013; Positive Behavioural Support Coalition (UK), 2015). Furthermore, training may vary in level / intensity depending on the target audience (e.g., those who are leading PBS within an organisation will typically receive more intense training than those who are supporting implementation on a day-to-day basis). As a result, a wide range of PBS training initiatives have emerged in the UK from University level courses that are externally accredited and often focus on the PBS model more broadly (rather than in reference to a particular setting), courses offered by specific organisations within the field usually focused on particular stakeholders (e.g., support staff, family carers), courses offered by individual practitioners for specific services, and in-

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3 house training developed by organisations that support people with IDD. As noted by Denne *et al.*  
4 (2015) there are no systematic accreditation processes or national standards relating to training in  
5 PBS within the UK, therefore it is likely that the content, emphasis and quality of training varies  
6 significantly. This variability is also evident within the literature, for example Gore and Umizawa  
7 (2011) utilised brief workshop-based training for family carers and teachers, Rose *et al.* (2014)  
8 evaluated one day group training for care staff, and McGill, Bradshaw and Hughes (2007) examined  
9 outcomes following an extended University based course in PBS.  
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12 Whilst diversity across courses enables flexibility to develop training that meets a range of  
13 needs and that can be tailored to specific organisational contexts or settings, this also leads to  
14 challenges in evaluating the evidence base relating to PBS training and in comparing outcomes  
15 across training models. As noted by Denne *et al.* (2015) many training initiatives do not routinely  
16 evaluate the outcomes of the training (beyond basic measures of participants' experiences of the  
17 training), resulting in a lack of research focusing on PBS training outcomes, and even where this  
18 evaluation does take place, it is difficult to compare outcomes when training models vary so widely.  
19 It is notable that there is little information about the minimum requirements for effective PBS  
20 training (e.g., in terms of core content, delivery model, intensity etc.) therefore this must be a key  
21 focus for the field in order to move towards a clearer understanding of the core components of  
22 training that is likely to be effective for different stakeholders / purposes.  
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### 26 **Training outcomes**

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28 Perhaps the most significant challenge to evaluating PBS training is identifying the most  
29 appropriate and sensitive outcome measures, given the broad range of outcomes targeted by PBS  
30 approaches (an issue also relevant to the evaluation of PBS more generally, Gore *et al.*, 2020;  
31 Hagiliassis and Di Marco, 2019). This is reflected in the range of outcomes examined in PBS training  
32 literature, including those for service users and staff (see MacDonald and McGill, 2013). As noted  
33 above, the focus of PBS training may vary from intensive externally accredited courses, to more  
34 general awareness raising training for a wide range of stakeholders who may or may not use PBS  
35 directly in their work (as in Noone *et al.*, 2021). This means that the evaluation of training must  
36 necessarily vary and focus on outcomes at different levels (e.g., service user outcomes, outcomes for  
37 other stakeholders such as family carers, trainee outcomes, and organisational outcomes) and  
38 carefully consider the outcomes that can reasonably be expected to change based on the training  
39 delivered (Denne *et al.*, 2015).  
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43 Each of these outcome levels are also likely to pose their own challenges when considered  
44 as measures for evaluating PBS training, not least because the link between training and outcomes  
45 for those not directly involved in the training is less direct and other factors may account for any  
46 observed changes (MacDonald and McGill, 2013). These issues are not unique to training in PBS  
47 specifically, but are particularly important for practitioners / researchers within this field, given the  
48 diversity of potential outcomes when utilising PBS to support people with IDD. Even where a more  
49 direct link can be made between the training and outcomes (e.g., where outcomes for the trainee  
50 themselves are evaluated, such as knowledge / confidence changes) it may be difficult to identify an  
51 appropriate and sensitive measure for this purpose and attention within the field should be given to  
52 developing robust, psychometrically valid outcome measures. Finally, the extent to which outcomes  
53 for trainees are translated into changes in practice may be important to consider, particularly for  
54 training that does not include practice-based elements and is more didactic in nature. Evidence in  
55 relation to other training courses suggests that a practice element is imperative (Jones *et al.*, 1999;  
56 Jones *et al.*, 2001; see MacDonald and McGill, 2013) and it is therefore important to consider the  
57 extent to which PBS training can influence practice where this is not directly targeted by the training  
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3 itself. It is beyond the scope of this commentary to consider the evidence relating to specific  
4 outcome measures but building on the existing work in this area (e.g., Gore *et al.*, 2020; Hagiliassis  
5 and Di Marco, 2019) and extending this to evaluation of PBS training will aid our understanding of  
6 key outcome domains for training, and support comparisons between training courses where a core  
7 set of outcome domains are targeted.  
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### 10 **Wider systemic issues**

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12 In addition to issues relating to evaluating the training itself, there are a range of systemic  
13 issues within the field that may influence the extent to which it is possible to robustly evaluate a  
14 training course. For example, Noone *et al.* (2021) highlighted issues relating to staff illness/turnover  
15 which is common in the field and may mean that training is not fully completed or those who  
16 complete training do not remain within the same organisation long enough for evaluation of  
17 medium- to long-term outcomes (an issue also highlighted by McGill *et al.*, 2018). This may also  
18 result in inconsistent implementation of PBS and influence any conclusions relating to service user or  
19 organisational outcomes following staff training in PBS. Linked to this, these outcomes may be  
20 influenced by the extent to which organisations and their service user population change over time  
21 (MacDonald and McGill, 2013), making longitudinal evaluation of outcomes difficult.  
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25 In addition, as noted by many authors (e.g., Allen *et al.*, 2013; Denne *et al.*, 2015; Denne *et*  
26 *al.*, 2020; Gore *et al.*, 2013) PBS involves more than just changes in the practice of individual staff  
27 members, and requires organisational culture change and significant commitment from every  
28 member of an organisation. This extensivity of outcome may be difficult to achieve as a result of  
29 short or low intensity training initiatives and this may therefore impact on outcomes relevant to the  
30 application of PBS in services which should be taken into account when evaluating the impact of  
31 training on service user or organisational outcomes. It will be useful for the field to investigate  
32 effective methods for achieving organisational culture and practice change, which to date has been  
33 notoriously hard to evidence (Denne *et al.*, 2020).  
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### 36 **Conclusion**

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38 Noone *et al.* (2021) present a blueprint for system wide training in PBS across a large region  
39 in England, involving multiple stakeholders, multiple organisations, and training at a range of levels.  
40 Replications of this model and robust evaluations are needed in order to build an evidence base for  
41 training at this scale. However, as noted throughout this commentary, there are a number of  
42 challenges inherent in the evaluation of practice focused training, many of which are unique to or  
43 particularly problematic for training in PBS. Whilst the evidence base for PBS grows, it will be  
44 important for the field to also focus on demonstrating effective methodologies for scaling up  
45 delivery of PBS to those who would most benefit, which will necessarily involve training at a number  
46 of levels. Accreditation of training providers and the development national standards is likely to be  
47 helpful (Denne *et al.*, 2015), as well as identification of the minimum components necessary for  
48 effective outcomes at a number of levels. Achieving this will involve consideration of a range of  
49 issues to evaluating training, including those identified here, and is likely to be an ongoing aim for  
50 this developing field.  
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