Chapter 6: Positive behaviour support

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Aims

(1) To outline positive behavioural support and the key components.
(2) To consider some of the issues associated with the use of positive behavioural support for those who are at risk of coming into contact with criminal justice agencies and make some recommendations for practice.

Introduction

Individuals with learning disabilities and/or autism often have complex social, emotional, and behavioural needs, which require specialist support. Specialist support and intervention is not only required for their offending behaviour, but is also needed for other challenging behaviour which may occur amongst those who are at risk of committing crimes (Wardale, Davis, & Dalton, 2014), and can of course occur within community settings. Support and intervention for offending behaviour or behaviours which could be construed as criminal is vital for reducing risk, promoting rehabilitation, and facilitating opportunities for discharge back to the community. There are parallels between behaviours that may be construed as criminal, and those that are seen as challenging behaviours, as the function that drives the behaviour may be similar, but the nature or topography of the behaviour (i.e. what the behaviour looks like) may be different. For example, two different people may attempt to gain access to a desired activity or object, and while one person may bang their head, another may punch someone, but the function of the behaviour is similar. Further, and while both challenging behaviour and crime are socially constructed, there are instances where some behaviours which would be construed as crime would not be seen as such when exhibited by some people with learning disabilities and/or autism. This is because of the way criminal acts are defined within England and Wales. *Mens rea*, or a "guilty state of mind" is necessary for a person to be judged to have committed a criminal act, and for many people with moderate to profound learning disabilities, the criminal justice may see them as unable to form *mens rea*, and as a consequence, they would not be subject to the criminal justice system. In such cases, behaviour that may be construed as "criminal" when exhibited by someone else may be seen as "challenging behaviour" because of the severity of their learning disability, whatever the topography of the behaviour and its impact upon others, or decisions made by gatekeepers such as health and social care staff, the police or the crown prosecution service.

There is frequently a complex overlap of mental health problems, offending behaviour, and challenging behaviour for those with learning disabilities and/or autism who have a history of committing crimes, and this often results in poorer outcomes following admission to secure services

than for non-disabled people (Alexander *et al.*, 2016). If admitted to secure services, people with learning disabilities and/or autism may be subject to higher levels of restraint, seclusion, enhanced observations, and 'as required medication' (pro re nata, PRN), as well and lengthy stays and delayed discharges from hospital settings, compared to those without learning disabilities and/or autism (Esan, Chester, Gunaratna, Hoare, & Alexander, 2015; Washington, Bull, & Woodrow, 2019). As such, community forensic learning disabilities and/or autism teams have a key role in helping to mitigate risk and prevent admission to hospital.

In response to this growing evidence base and following abuse scandals such as Winterbourne View (2011) and more recently Whorlton Hall (2019), current UK policy guidance advocates the use of positive behaviour support (PBS) as part of a model of care based on proactive and preventative strategies for managing behaviours that challenge for vulnerable people within various settings (National Offenders Management Services (NOMS), 2013; NICE., 2015a; NICE., 2015b; Social Care, Local Government and Care Partnership Directorate., 2014). Thus, positive behavioural support with a focus upon recovery and rehabilitation is a key element of practice for community forensic learning disabilities and/or autism teams.

Implications for practice
(1) There may be similarities between some forms of challenging behaviour and criminal offending behaviour. The function that led to the development and maintenance of both sets of behaviours can be similar, although the topography may be different.
(2) For some individuals, behaviours may be seen as criminal and they may be held responsible by criminal justice agencies, while for other individuals, this may not happen because of the nature and degree of their learning disability. This individual difference may determine whether a behaviour is seen as challenging behaviour or a criminal act.
(3) It is important to consider that positive behavioural support plans, when developed and implemented well by community forensic learning disabilities and/or autism teams and stakeholders may have the potential to help prevent admission to hospital.

What is positive behaviour support?
Positive behavioural support is a person centred framework for providing long term support to people with learning disabilities and/or autism, including those with mental health conditions and forensic needs, who have, or may be at risk of having challenging behaviour. It combines person centred approaches and evidence-based behavioural science to inform decision-making with the overall aim of improving the quality of a person's life and that of the people around them in the least restrictive way possible (Social Care, Local Government and Care Partnership Directorate., 2014). As a framework, it incorporates principles of applied behavioural analysis, and is strongly focused upon the values and rights of people with learning disabilities and/or autism. This includes a focus upon self-determination, outcomes that are meaningful for people, and increased social inclusion. With the right kind of support, at the right time, the likelihood of behaviour that challenges is reduced, and while most frequently used with people with learning disabilities and/or autism who have challenging behaviour, as a framework, positive behavioural support can be used with those who are at risk of coming into contact with criminal justice agencies.

Positive behavioural support is an organisational multicomponent framework for delivering intervention, informed by a functional assessment and psychological formulation. There is evidence that it is associated with good outcomes (e.g. Marquis *et al.*, 2000). The overarching goal is to knit

together a suite of interventions that are directly informed by the psychological formulation based upon a functional assessment to collaboratively bring about improvements in quality of life by reducing the probability that challenging behaviour will occur, or the probability of behaviours that increase the chances of coming into contact with criminal justice. This is done through the development and implementation of a variety of interventions that are formulation-driven, such as antecedent control strategies, which includes the manipulation of environmental conditions, along with reinforcement-based intervention strategies, and skill teaching. Interventions are organised into proactive, secondary prevention, and reactive strategies. Proactive strategies are those which are specifically designed to reduce the risk of challenging behaviour occurring, while secondary prevention are the strategies that are used when there is evidence to suggest that the probability of challenging behaviour occurring has increased, and attempts need to be made to prevent further escalation. Reactive strategies are those used to manage challenging behaviour in reaction to its occurrence. In other words, challenging behaviour has occurred, and reactive strategies are those that occur to safely manage the occurrence.

Interventions within a positive behaviour support framework are often organised into: (1) ecological strategies such as antecedent control strategies, (2) teaching functionally equivalent skills including communication and psychological therapies, (3) focused support strategies including interventions drawing on our understanding of learning theory (e.g. differential reinforcement), and (4) and reactive strategies.

Key points

(1) Positive behavioural support is a framework for developing and delivering interventions. Positive behavioural support plans are person centred and no two plans are the same.

(2) There is a strong focus upon self-determination, outcomes that are meaningful for people, and increased social inclusion and plans can be used with those who are at risk of encountering criminal justice agencies.

(3) Positive behavioural support plans are developed using functional analysis and a psychological formulation. Interventions are organised into proactive, secondary prevention and reactive strategies.

(4) Positive behavioural support plans are a vehicle for organising the delivery of care. A range of interventions can be included within a positive behavioural support plan. For example, making changes to the environment, such as providing supervision, or ensuring that someone does not live in a particular area where risk may be greater, providing anger management training and other psychological therapies that reduce criminogenic risk, or using differential reinforcement strategies or functional communication training. Interventions vary from person to person as it is formulation-driven and therefore tailored and individualised. It not just a description of what someone likes or dislikes, or what they look like when upset.

Key principles

Positive behavioural support approaches are based on a set of overarching values which include the commitment to providing support that promotes inclusion, choice, participation, and equality of opportunity (Gore *et al.*, 2013). Behaviour that challenges usually happens for a reason and positive behavioural support helps practicing professionals (and carers) to understand the reason underlying the behaviour, so as to enable the individual's needs to be met, to enhance their quality of life, and reduce the likelihood that the behaviour will happen again. The same approach should be taken

when working with those who are at risk of coming into contact with criminal justice; using forensic risk assessment, an understanding of the reasons why criminal or offending-like behaviours occur can be developed which can be developed into a psychological formulation that informs the risk-mitigation or treatment plan, that would be described within the positive behaviour support plan.

Gore *et al.* (2013) stated that positive behavioural support consists of ten overlapping elements which should be used concurrently, see Table 1. These should be applied when working with people who have behaviours that increase their risk of coming into contact with criminal justice and is inclusive of criminal offending.

Table 1. Key components of positive behavioural support (adapted from Gore *et al.*, 2013)

Values	1. Prevention and reduction of behaviour that challenges (or offending-like or criminal behaviours) occurs within in the context of increased quality of life, inclusion, participation, and the defence and support of valued social roles.
	2. Constructional approaches to intervention design build service user skills and opportunities and reduce aversive and restrictive practices
	3. Service user and carer involvement to inform, implement, and validate assessment and intervention practices
Theory and Evidence Base	4. An understanding that challenging behaviour (or offending-like or criminal behaviours) develops to serve important functions for people
	5. The primary use of behavioural science to assess and support behaviour change
	6. The secondary use of other complementary, evidence-based approaches to support behaviour change at multiple levels of a system
Process	7. A data-driven approach to decision making at every stage
	8. Functional assessment to inform function-based intervention
	9. Multicomponent interventions to change behaviour (proactively) and manage behaviour (reactively)
	10. Implementation support, monitoring, and evaluation of interventions over the long term

People with learning disabilities and/or autism said:

"Staff need to have the right attitudes and understand our risk and support us to understand our risk and a PBS plan can help with this"

"PBS has got your treatment on it and your background, but it can change, and you must make sure that you tell everyone because they can help manage your risk"

"We need to be involved in it and they need to help us understand it so we can understand our risk"

Implementing and delivering positive behavioural support within community forensic learning disabilities and/or autism teams

Within community forensic learning disabilities and/or autism teams, positive behaviour support can be implemented by a single practitioner, a team of professionals working together, or at an organisational level (Gore *et al.*, 2013). In much the same way as in other settings, the implementation of positive behavioural support should be person-centred and values-based and include the following key elements:

- Functional assessment. Positive behavioural support should start with a comprehensive assessment of the person and their environment to understand the reasons why they may present behaviours which challenge or increase the risk of encountering criminal justice agencies. Detailed analysis of patterns of behaviour which consider the individual's personal circumstances, physical and mental health, communication skills, their ability to influence their environment, and their forensic needs should uncover the factors which predict, maintain, and sustain behaviour. When working with individuals who are at risk of encountering criminal justice agencies, the focus will be upon behaviour which could be or has been construed as criminal. In these instances, the functional assessment should also include relevant information drawn together from forensic risk assessments as outlined in the previous two chapters. This should include a detailed description of the behaviours, associated factors that increase risk and reduce risk. The positive behavioural support plan becomes a framework by which a risk mitigation strategy is designed and implemented and includes a suite for formulation-driven interventions.

- Development of a detailed positive behaviour support plan. The functional assessment should inform the contents of the positive behavioural plan and describe: (i) the psycho-social and environmental triggers for behaviour and/or alternative strategies by which the needs of the person can be met to enhance quality of life (i.e., *primary preventative or proactive strategies*) which includes psychological therapies designed to reduce criminogenic risk and other risk reducing interventions; (ii) a range of possible responses staff can utilise when a person displays early signs of distress (e.g., agitation, anxiety, frustration) such as de-escalation techniques, distraction, diversion, or disengagement in order to avoid further deterioration (i.e., *secondary preventative strategies)*; and (iii) responses staff can utilise as a last resort and in the safest possible way when the person's behaviour means they are at risk of harm to themselves or others such as restrictive interventions (i.e., *tertiary or reactive strategies).*

- Service user involvement. Positive behaviour support plans may be integrated with the person's individual care and treatment plan and should be created with the individual themselves, their carers, relatives, or advocates where appropriate. The use of co-production when developing positive behavioural support plans for behaviours that increase the risk of encountering criminal justice agencies is crucial. This should include not only the service user, but those involved in the delivery of care who will need to follow and use the positive behavioural support plan, and those multi-agencies who have been involved in the risk assessment process. It is important that the individual is actively involved as much as possible as this is likely to help promote their understanding of their risk and the strategies that are needed to help mitigate this risk.

Implications for practice

(1) A functional assessment should focus upon criminal offending behaviours, or behaviours that could be construed as criminal.

(2) Carefully develop an operational definition of the behaviour. An operational definition of the behaviour is one which is written in such a way that two completely different people could read the definition and identify the behaviour, should they observe it, reliably across different settings.

(3) Include information generated through the risk assessment process when developing the psychological formulation. This will directly inform the risk mitigation strategies (interventions) that you need to include within the positive behavioural support plan. These interventions may be complex for some individuals and can include psychological therapies and other interventions that are designed to proactively manage risk.

(4) Develop positive behavioural support plans using co-production with the person, and relevant stakeholders, like carers, social workers, and criminal justice agencies. Like risk assessment, developing positive behavioural support plans should be multi-professional and multi-agency.

(5) Involving the person in the development of the positive behavioural support plan may help to develop their understanding of their own risk and promote their independent management of their risk, leading to an increase in insight.

People with learning disabilities and/or autism said:

"It is important that PBS plans are ours and personal to us because everyone can be different. They should not be bog standard because everyone is different"

"It is important to put pictures in them to help us understand and make it around the person. Don't copy and paste. Make it individual."

Does positive behavioural support work in for people with learning disabilities and/or autism at risk of criminal offending?

Most of the research pertaining to the implementation and effectiveness of positive behavioural support in reducing challenging behaviour has been undertaken with adults and children with disabilities who do not have forensic needs (i.e., in schools and residential services for those with learning disabilities and/or autism). There is evidence that positive behaviour support within these contexts successfully reduces challenging behaviour and improves quality of life (Goh & Bambara, 2012; MacDonald & McGill, 2013; McClean *et al*., 2005; McClean, Grey, & McCracken, 2007). Despite being in its infancy, the research evidence evaluating the effectiveness of positive behaviour support for those with learning disabilities and/or autism with a history of criminal offending is encouraging. For example, Davies, Mallows and Hoare (2016) undertook qualitative interviews with men with learning disabilities within a medium secure forensic hospital to explore their experiences of positive behaviour support within the service. The men were asked about their own involvement in the development of their positive behavioural support plan, their understanding of positive behaviour support, what they liked and did not like about it, and how they felt positive behavioural support had influenced their care. Analyses revealed that they viewed their experiences of having a plan in a positive light, enabling them to better understand their own behaviours, needs, and support required, which suggests that it may have the potential to increase insight and improve risk

management.   Participant involvement in the development of the plan was valued, although some expressed frustrations when plans were not adhered to and struggled to understand why some had plans and others did not (Davies, Mallows, & Hoare, 2016).

In a more recent case-control study, Davies, Lowe, Morgan, John-Evans, & Fitoussi (2019) undertook functional assessments and developed positive behaviour support plans with 22 people with learning disabilities within a medium secure forensic hospital and compared behavioural outcomes against a group of comparison participants. They reported that the frequency of aggression, management difficulty and severity, and other challenging behaviours were significantly reduced, relative to the comparison sample who did not have a positive behavioural support plan and this was sustained 12-months later.

A small number of studies have also examined the outcomes of implementing positive behavioural support in forensic settings supporting service users with learning disabilities. In a small Australian study, Wardale et al. (2014) implemented positive behavioural support training with a small number of staff within a Queensland forensic disability service and found staff knowledge and the quality of service user plans improved. In a larger UK study, Davies, Griffiths, Liddiard, Lowe, and Stead (2015) sought to examine whether training with positive behavioural support in a medium secure forensic service produced any changes in staff confidence in working with challenging behaviour and whether it altered staff understanding or beliefs about the functions and regulation of challenging behaviour. Pre- and post-training assessments revealed significant increases in both qualified and unqualified staff knowledge, understanding, and confidence in working with challenging behaviour. The study was replicated a year later with another group of staff in the same service setting and improvements in staff confidence and changes in the way staff understood challenging behaviour were again seen (Davies et al., 2016).

However, the evidence base for using positive behavioural support as a framework for the delivery of risk mitigation strategies for behaviours that are likely criminal has not been examined within the community.   Nonetheless, positive behavioural support remains a recommended intervention for challenging behaviour in those with learning disabilities and/or autism by the National Institute for Health and Care Excellence, and implementation and use within community forensic learning disabilities and/or autism teams is likely to contribute positively towards reduction of risk, rehabilitation, and service user discharge to community settings.

> *People with learning disabilities and/or autism said:*
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> *"Helping us to understand and communicate is part of PBS. Sometimes, we need to learn new ways of communicating, but we aren't helped."*
>
> *"I used to have pictures on my PBS plan, which helped me, and now I don't"*
>
> *"Staff need to understand your PBS plan. Make sure you educate staff about PBS plans."*
>
> *"PBS plans should include our RP (relapse prevention) plan and treatment so that everyone knows what to do to keep us safe."*

Key points

(1) There is evidence that positive behavioural support is effective for helping to reduce challenging behaviour, but we know less about this framework when used to help design and deliver interventions to mitigate forensic risk and reduce criminal offending behaviour within community settings.

(2) There is promising evidence from inpatient forensic services that positive behavioural support could be advantageous, but further research is needed.

(3) Regardless, and based upon National Institute for Health and Care Excellence, positive behavioural support plans should be developed and implemented with those with learning disabilities and/or autism, including those who are at risk of coming into contact with criminal justice agencies.