

# The difference between positive behaviour support and non aversive behaviour support

Presented by:

**Tara Kent**

**Principal Guardian**

Positive Behavior Support

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***“The technology of behaviour modification is ethically neutral. It can be used by villain or saint. There is nothing in a methodology which determines the values governing its use”***

(Skinner, 1971, cited in Weiss and Knoster, 2008).

# The role of the Adult Guardian regarding clients in receipt of restrictive practices

- is the decision maker for over 380 clients subject to restrictive practices in QLD
- to liaise with service providers, clients, stakeholders, plan authors, QCAT and the SRS
- to ensure that the adult in receipt of restrictive practices receives an appropriate assessment and benefits from a well developed Positive Behaviour Support Plan (PBSP)
- once a PBSP is received, to make a decision to consent, or not consent to the use of restrictive practices as stipulated within the PBSP or as requested within a short term approval
- to appropriately seek help, or make representations for adults in receipt of restrictive practices, used by their service providers

# Why people with an intellectual and/or cognitive impairment display behaviour which leads to the necessity of behavioural interventions

- difficulty communicating
- pain and/or fear
- habitual defensive response
- retaliation
- medical issues (constipation, GORD, dental issues, eyesight)
- stress, mental illness
- boredom
- sensory needs
- wanting to escape / leave a situation
- wanting to obtain objects or events
- lack of control

# What is positive behaviour support (PBS) ?

Positive Behaviour Support (PBS) can be defined as:

*“an applied science that uses educational and systems change methods (environmental redesign) to enhance quality of life and minimize problem behaviour” (Carr et al, 2002).*

PBS methods work by assessing the underlying reason (or function) of problem behaviour of an individual and then creating person specific interventions which help the individual to learn new skills, increase their general happiness and employ adaptive methods of satisfying the expressed need (Carr et al, 2002).

Normalisation

Applied Behaviour Analysis

Person Centered Practice

# What is positive behaviour support (PBS) ?

## Examples of PBS

- ✓ social stories to help me understand the world and people
- ✓ chaining to help me tie activities and tasks together and learn them one by one
- ✓ general shaping to help me find behaviour that relates to the needs I want to get met
- ✓ reinforcement based strategies that help me see that when I act a certain way, the resultant effect is positive
- ✓ dialogues “about me” to help others understand why I do the things I do
- ✓ relaxation strategies to help me remember how to calm down when I am feeling tense
- ✓ scripts of things I can say in situations I’m uncomfortable with
- ✓ functionally equivalent things you can do to meet my need without me having to demonstrate the behaviour to get my need met
- ✓ other ways of doing things which don’t result in things being taken away, or hidden from me
- ✓ positive reinforcement and praise when I get things right and constructive help and support when I get things wrong
- ✓ non contingent reinforcement – reinforcing me without me having to do something to get that reinforcement
- ✓ when I am determined that something needs to be done a certain way and you don’t, let me win, rather than fight me all the time
- ✓ teach me skills so I can learn other ways to communicate, make friends, socialise and engage with people

# What is non aversive behaviour support (NABS)?

- Previously (and still currently) used method, contrasts from PBS
- Used as a way to modify behaviour without inflicting cruel or punitive methods
- NABS aims to manage the challenging behaviour by implementing strategies to stop harm, without inflicting punishment
- Weiss and Knoster (2008) define these non aversive methods to be those which are determined to not be unethical and therefore considered appropriate
- The focus upon 'nonmaleficence' or 'do no harm', as is the framework of biomedical science (Davenport, 1997) implies that, as long as an intervention does not rely on punishment, then it could be considered appropriate and/or beneficial to the recipient.
- This nonmaleficent approach is the underpinning principle of NABS, which contrasts with the more holistic approach of PBS. It is reasonable to suggest that absence of punishment, as highlighted by the NABS approach, does not lead to quality outcomes for the client

# What is non aversive behaviour support (NABS)?

## Examples of NABS

- ✓ organising a group activity that suits the service's needs to get everyone out at a certain time
- ✓ placing immense focus upon reactive strategies, ensuring that the 'seclusion protocol' is done for the minimal amount of time possible
- ✓ training staff in how to apply the protocols regarding 'restricting access', 'physical and mechanical restraint' and 'containment and seclusion' but, not providing training regarding the assistance of the development of skills, the enhancement of abilities, the general learning of how to engage with people and get one's needs met
- ✓ ensuring that the environment is appropriate to reduce the harm associated from behaviour (eg. Padded walls, use of helmets, wrist restraints that are as soft as possible)
- ✓ using medication to stop and suppress urges the adult has and behaviour resultant from that behaviour, and refusing to address the issues regarding 'why' the adult has these urges and 'why' the adult expresses him/herself in such a way
- ✓ ensuring staff are reducing risk where possible, using appropriate harnesses for travel, selecting certain clients to travel with the adult to reduce the risk that excitement or escalation could occur
- ✓ reducing the time the adult spends in the community, due to the harm which could occur
- ✓ developing strategies that suit the service and the co-tenants, but are not structured around the adult's life, needs, wishes or goals
- ✓ working in isolation of the adult's person centered plan, family, friends, community

# What is the problem with non aversive behaviour support (NABS)?

## Key Issues

- ✓ use of the strategies create a cycle of dependence, requiring the need for further use of the strategies
- ✓ promotion of the 'most convenient' approach as compared to the 'least restrictive' approach
- ✓ no learning and/or advancement of skill for the adult
- ✓ minimal opportunity for engagement with community and development of social relationships due to the risk aversive culture perpetuated
- ✓ adult is responded to as a 'behaviour' and as an 'inconvenience', as compared to as a person with unique skills, abilities and difficulty in communicating certain messages
- ✓ staff have a tendency to become either fearful, or desensitised as a result of the lack of change they see from the adult's behaviour, regardless of the ongoing use of strategies
- ✓ the

## PBS versus NABS

*“...it is important to recognise that every approach that does not rely on aversive or restrictive procedures is not by default a positive approach. Positive approaches are those that enhance a person’s life and are characterised by collaboration versus control” (Weiss & Knoster, 2008).*

# PBS versus NABS

## PBS

- ✓ about the person, their needs, their individuality, their goals, dreams, aspirations, family, friends, community
- ✓ works on 'why' the person is doing what they're doing and 'how' their staff can respond to them in such a way that it meets their needs
- ✓ provides a focus on increasing the persons level of engagement with their community and enhancing the roles and relationships they have with others
- ✓ uses methods such as education, skill development and communication strategies to enable the person to pursue their own needs more independently
- ✓ utilises applied behaviour analysis (ABA) derived strategies such as shaping, chaining, social stories and reinforcement based protocols to transform habitual behaviour
- ✓ looks at the person as someone who is responding and reacting to things in such a way that would benefit from change and could be problematic for them and their goals, dreams and aspirations

## NABS

- ✓ about the service, the funding, the staff, the plan author, the program in place, the time and resource limitations
- ✓ works on 'how' to stop the person doing what they're doing to cause harm and disrupt service and how staff can respond to them in a way that reduces the risk associated
- ✓ encourages a risk averse culture which often results in the person spending less time in the community and more time in the 'safety of their own home'
- ✓ uses methods such as staff meetings, policies, procedures and training designed to teach staff 'how' to apply and use restrictive practices such as physical restraint in a safer manner and with minimal risk and maximum consistency
- ✓ focuses energy and time on enhancing the protocols regarding the restrictive practices to ensure they are administered as safety and consistently as possible
- ✓ Looks at the person as someone who has behaviour which is problematic to the service and the needs of his/her co-tenants and staff

# What the research found

## Methodology

- Conceptual literature review
- Key informant feedback (question and answer survey)

## Results

- Many pieces of literature didn't contain clear differentiation between NABS and PBS. There were many instances within the literature that detailed a case study, terming the methodology of PBS, yet clearly describing strategies conducive with the definition of NABS
- All definitions of PBS and NABS were conducive with the definitions which formed the basis of the research, however, when used in practice, examples of these theoretical concepts were confused
- Key informant feedback illustrated that most policies and procedures within disability services in Queensland were based upon the NABS principle and contained little or no safeguards to ensure that PBS was promoted and/or used within service provision
- In addition to this, even after explanation was provided, many informants were confused about how a non aversive mechanism could not be positive in essence. It was quite apparent that some informants felt that the two terms worked in conjunction with each other

# What has the Office of Adult Guardian seen with regard to PBS vs NABS in PBSP's?

The majority of Positive Behaviour Support Plans delegates have seen include:

- ✓ maximum focus on reactive strategies, *"this is what you do once the person begins to escalate"* and continual focus upon restrictive strategies *"if restricting the access of the TV doesn't work, please use physical restraint for no more than 5 minutes until she calms down"*
- ✓ minimal focus on education and skill development of the adult, but an increasing focus on skill development of staff working with the adult, especially regarding their ability to apply and use all restrictive practices to the best of their ability. *"It is essential that all staff undertake the PART training on a minimum of annually and that all staff receive buddy-shifts to enable them understand how to apply both the mechanical and physical restraint appropriately and safely"*
- ✓ service needs receiving a higher priority than the needs of the adult due to resource constraints such as staffing and funding *"the assessor understands that Jack's behaviour of harm would be reduced by the implementation of one-on-one staffing and skill development regarding using the television, but has been informed that this is not feasible at this point in time due to the other 6 co-tenants who also have high support needs and are demanding of staff time"*
- ✓ the continuation of a risk averse culture that limits the opportunities for people determined to be 'challenging' *"There have been 6 incidents of behaviour causing harm in the community in the last 3 months, for this reason, Jack can only enter the community when he is with 2 additional staff. This means he is able to access the community once every 3 weeks for 3 hours. It has been necessary to get additional staff to stay with Jack at home while other staff do the shopping, as Jack often gets excited in the community, resulting in escalations and behaviour causing harm. He is safer at home."*
- ✓ continual justification that the methods they are currently using (including the restrictive practices) are working, thus there is no need for other strategies *"service xyz agrees with Jack's treating practitioner that since the medication increase 3 years ago, there has been no instances of behaviour causing harm. Therefore, it seems problematic and unnecessary to focus on any kind of reduction of this practice which is clearly working for Jack and his service"*

# What has the Office of Adult Guardian seen with regard to PBS vs NABS in PBSP's?

The majority of Positive Behaviour Support Plans delegates have seen include:

- ✓ Previous, historic issues with family included in the plan, often in a way which will further separate the adult from his/her family *“When Jack was 11, reports from Child Safety state that Jack’s mother spoke in a very condescending way to him and that she often had different partners with her when she came to visit Jack. She would make Jack call each of them ‘dad’ and Jack would escalate significantly during the visit”* OR *“Jack’s mother rarely visits him and when she does come, she only stays for a short amount of time. Staff believe that Jack doesn’t like to see his mother and often observe him pacing and becoming frustrated both before, and after the visit”*
- ✓ Assumed health issues and estimated mental illness *“staff have observed Jack’s behaviour become quite escalated and then, quite depressed, all within fairly short timeframes. Staff believe that Jack has Bipolar Disorder like his mother. One of the staff stated that a doctor once agreed that some of his behaviour was conducive with the symptoms of Bipolar Disorder”*... then later in the plan *“Jack’s Bipolar Disorder could be the reason for his ongoing fluctuations in behaviour”*
- ✓ Restrictive practices of convenience, not necessity *“Jack often pulls his clothing out of his cupboard in excitement when he knows we are going out somewhere, this is quite problematic for staff as they are unable to spend the time putting these clothes back in the cupboard over and over again when they have the needs of Jack’s co-tenants to attend to, therefore his cupboard in his bedroom is locked”*
- ✓ Rumours and unsubstantiated allegations resulting in restrictive practices *“There are reports from 7 years ago that Jack inappropriately touched a woman’s breast. At times, Jack stares intently at women’s breasts and has asked on more than one occasion if they ‘like having boobies’. If his chemical restraint is reduced, this behaviour could increase and staff are concerned for their safety”*

## Questions to consider regarding adults with an intellectual or cognitive impairment, who demonstrate behaviour which causes harm in Queensland?

- if NABS is used instead of PBS, will the cycle of dependence regarding behaviour continue?
- how will PBS become more widely used than NABS practices if there is no policy or procedure framework in the disability sector which promotes its use?
- how will skill development be enhanced and opportunities be maximised if there is minimal basis of person centered practice?
- are the plans being developed really positive behaviour support plans, or are they non aversive behaviour support plans?

## What does this mean for the Adult Guardian and the work of delegates within her office?

- it is more important now than ever, that the focus be placed on improving people's lives
- safeguards such as the Adult Guardian and the Community Visitor Program have a vital role to play as a watchdog of the sector
- as the sector enters into the 'full scheme' period of the current legislative regime, the second round of PBPS's can begin commencement. Hopefully, this will result in further increases in the quality opportunities available to adults with an intellectual or cognitive impairment who demonstrate behaviour considered to be 'challenging' by their service or community
- continual focus from the Adult Guardian's office on PBS, as compared to NABS, should encourage the sector to reflect upon current practice

# Thank you

TARA KENT  
PRINCIPAL GUARDIAN  
POSITIVE BEHAVIOUR SUPPORT  
OFFICE OF ADULT GUARDIAN

[Tara.Kent@justice.qld.gov.au](mailto:Tara.Kent@justice.qld.gov.au)