Unit 4222-406 Implement the Positive Behavioural Support model (HSC 3065)

Level: 4
Credit value: 8
UAN: T/601/9738

Unit aim

This unit is aimed at those working with individuals who have complex needs/continuing health care/severe challenging behaviour.

It provides the learner with knowledge, understanding and skills required to implement the Positive Behavioural Support model.

Learning outcomes

There are **ten** learning outcomes to this unit. The learner will:

1. Understand the context of the Positive Behavioural Support model
2. Understand the term 'challenging behaviour'
3. Understand the context in which challenging behaviour occurs
4. Be able to contribute to the functional analysis in relation to an individual's challenging behaviour
5. Understand the key characteristics of Positive Behavioural Support
6. Be able to implement primary prevention strategies
7. Be able to use a person centred approach to develop plans that promote participation
8. Be able to implement secondary prevention strategies
9. Be able to implement non aversive reactive strategies
10. Be able to understand and implement positive Behavioural Support Plans

Guided learning hours

It is recommended that **61** hours should be allocated for this unit, although patterns of delivery are likely to vary.

Details of the relationship between the unit and relevant national standards

This unit is linked to HSC 326, 337 and 398.

Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Care and Development.

Assessment

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles.

Learning outcomes 4, 5, 6, 7, 8, 9 and 10 must be assessed in a real work environment. Simulation will be accepted to assess Assessment Criteria 6.2, 8.5 and 9.5 if real wok assessment is not possible.

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Assessment Criteria

Outcome 1 Understand the context of the Positive Behavioural Support model

The learner can:

1. explain how **Positive Behavioural Support** has been influenced by:
   - Applied Behaviour Analysis (ABA)
   - Social Role Valorisation (SRV)
2. summarise current legislation and policy guidance relating to Positive Behavioural Support.

Outcome 2 Understand the term 'challenging behaviour'

The learner can:

1. define the term **'challenging behaviour'**
2. explain the reasons for the term challenging behaviour coming into use
3. analyse key **factors** that lead to a behaviour being defined as challenging.

Outcome 3 Understand the context in which challenging behaviour occurs

The learner can:

1. summarise key **environmental risk factors** for challenging behaviours
2. explain how slow and fast **triggers** contribute to challenging behaviour
3. analyse the role of **reinforcement** in maintaining behaviour
4. explain the **time intensity model**.

Outcome 4 Be able to contribute to the functional analysis in relation to an individual's challenging behaviour

The learner can:

1. describe the key components of functional analysis
2. explain the key methods of analysing behaviour
3. complete accurate records of behaviour using a **structured method**
4. identify environmental risk factors for an individual's challenging behaviour
5. identify possible slow and fast triggers for an individual's challenging behaviour
6. identify factors that may contribute to reinforcement of an individual's challenging behaviour
7. evaluate the importance of **functional analysis** in effective person centred behavioural intervention for individuals.

Outcome 5 Understand the key characteristics of Positive Behavioural Support

The learner can:

1. describe the key characteristics of Positive Behavioural Support
2. explain the role within Positive Behavioural Support of:
   - primary prevention strategies
   - secondary prevention strategies
   - non aversive reactive strategies
3. explain the importance of **social validity** in the Positive Behavioural Support model.

Outcome 6 Be able to implement primary prevention strategies

The learner can:

1. summarise the key primary prevention strategies
2. implement an agreed primary prevention strategy using least restrictive practice, respecting the individual's dignity, rights and choice
3. explain the importance of effective communication and **positive interaction** in primary prevention for individuals
4. positively interact with an individual by providing the level of help and reinforcement that enables them to participate in an activity
5. use effective communication with an individual to promote positive behaviour
6. evaluate the social validity of an agreed primary prevention strategy for an individual.

Outcome 7 Be able to use a person centred approach to develop plans that promote participation

The learner can:

1. explain how **Active Support** can help prevent challenging behaviour by improving an individual's quality of life
2. analyse the role of structure and daily planning in primary prevention for individuals
3. **review** an individual's daily activities to identify areas for increasing participation and choice
4. review an individual's routine to identify opportunities for increasing participation and choice
5. develop a participation plan with an individual that contributes to the reduction of challenging behaviour by actively supporting their engagement in a specific task
6. work with an individual to identify skills that could be developed to enable greater participation in day-to-day activities.

Outcome 8 Be able to implement secondary prevention strategies

The learner can:

1. summarise key secondary prevention strategies
2. explain when secondary prevention strategies should be used with individuals
3. identify early warning signs of behavioural agitation in an individual
4. identify possible secondary prevention strategies that may be used with an individual
5. implement an agreed secondary prevention strategy using least restrictive practice, respecting the individual's dignity, rights and preferences.

Outcome 9 Be able to implement non aversive reactive strategies

The learner can:

1. explain when reactive strategies should be used with individuals
2. describe the key characteristics and types of reactive strategies
3. assess the risks in the use of reactive strategies
4. identify possible reactive strategies that may be used for an individual
5. implement an agreed non aversive reactive strategy using least restrictive practice, respecting the individual's dignity, rights and preferences
6. establish an individual's preferred **post–incident support**
7. identify own preferred post-incident support.

Outcome 10 Be able to understand and implement positive Behavioural Support Plans

The learner can:

1. explain the purpose and importance of **Positive Behaviour Support Plans** for individuals
2. identify the key components of a positive Behaviour Support Plan for individuals
3. implement agreed procedures in an individual's Positive Behavioural Support Plan
4. contribute to the review of an individual's Positive Behavioural Support Plan.

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Additional guidance

- **Positive Behavioural Support** An approach to supporting individuals who challenge that combines the technology of Applied Behaviour Analysis with the values base of Social Role Valorisation and the individualised focus of Person-Centred Planning.
- **Applied Behaviour Analysis (ABA)** A scientific process of examining what causes and maintains behaviour, in order to bring about positive change.
- **Social Role Valorisation (SRV)** Promotes valued social roles for individuals who are socially disadvantaged, to help them get some of the good things in life.
- **Challenging behaviour** may include behaviours that are:
  - Repetitive / obsessive
  - Withdrawn
  - Aggressive
  - Self-injurious
  - Disruptive
  - Anti-social or illegal
  - Verbally abusive
- **Factors** that lead to behaviour being defined as challenging may include
  - culture
  - competence and capacity of settings
  - social norms
  - frequency, intensity and duration of the behaviour
  - ability to communicate effectively
- **Environmental risk factors** will include features that are physical or social, such as:
  - Uncomfortable levels of stimulation (eg too busy, boring)
  - Institutional-style setting (eg block treatment, rigid routines)
  - Poor service organisation (eg. inexperienced carers)
  - Inappropriate social environment (eg overly restrictive, limited choice)
  - Environmental pollutants (eg. temperature, noise levels)
- **Triggers** are factors that make challenging behaviours more likely to occur. They include:
  - Slow triggers, which are aspects of a person's environment or daily routines that do not necessarily happen immediately before the challenging behaviours, but still affect whether these behaviours are performed.
  - Fast triggers, which are specific events that occur immediately prior to the behaviour. Their impact upon behaviour is rapid or immediate.
- **Reinforcement** strengthens behaviour and is of two types – positive and negative. Positive reinforcement works because individuals gain access to things or events that they like or want while negative reinforcement works because individuals get rid of things that they don't like.
- **Time intensity model** The stages of increasing agitation to crisis point and back again. This helps to understand the emotional and physiological changes experienced during a severe episode of challenging behaviour.
- **Functional analysis** The process for identifying or analysing the function or purpose of someone's behaviour, using a range of structured measures.
- **Structured methods** Measures for monitoring and recording behaviour; may include
  - ABC charts
  - Scatterplots
  - Incident forms
  - Behaviour monitoring forms

    - Direct observation
- **Primary prevention** Proactive strategies that involve changing aspects of a person's living, working and recreational environments so that the possibility of challenging behaviour occurring is reduced.
- **Secondary prevention** Strategies that apply when a person's challenging behaviour begins to escalate, in order to prevent a major incident.
- **Non-aversive reactive strategies** are ways of responding safely and efficiently to challenging behaviours that have not been prevented. They can include physical interventions that do not cause pain and do minimise discomfort, and comply with the British Institute of Learning Disabilities (BILD) code of practice for the use of physical interventions.
- **Social validity** refers to interventions that are ethical. That is, they address socially significant problems, have clear benefits for the individual, are acceptable to the individual and others, and use the least restrictive or intrusive approach.
- **Positive interaction** concerns the performance of those supporting an individual. It consists of providing different levels of help, breaking activities into manageable steps; and positive reinforcement to promote participation.
- **Levels of help** Graduated levels of assistance, from simple verbal reminders providing the lowest level of support to actual physical guidance providing the highest level. Assistance should be given flexibly according to the individual's need for help, and should be focused on encouraging as much independence as possible.
- **Active Support** A person-centred model of how to interact with individuals combined with daily planning systems that promote participation and enhance quality of life.
- **Review** should take place involving the individual as much as is possible
- **Post-incident support** may include:
    - Emotional support
    - Time away from the setting
    - First aid
    - Quiet time
    - Space
    - Temporary redeployment
    - Additional training
    - Personal reflection
    - Counselling
    - Opportunity to express feelings
- **Positive Behaviour Support Plan** A document containing the key information that those who support individuals with challenging behaviour must have, in order to provide consistent support on a daily basis.