Use of positive behaviour support to tackle challenging behaviour

Peter Baker and David Allen describe an evidence-based approach to helping people with severe learning disabilities who behave with aggression towards themselves or others.

Abstract

The presentation of challenging behaviour by people with learning disabilities can be persistent and can have a huge effect on the individuals concerned and their carers. Applied behavioural analysis has offered much promise in this area, but concerns regarding the use of aversive procedures, such as punishment, along with recognition of the human rights of people with intellectual disabilities, has led to the development of positive behaviour support (PBS). This article argues that, as an emerging concept, PBS is particularly vulnerable to corruption. To guard against this, PBS should always be based on data-based functional assessment and use empirically tested intervention strategies.

Key words
Challenging behaviour, applied behavioural analysis

Early demonstrations of the effectiveness of simple behavioural methods challenged the ideas that challenging behaviour was a result of internal pathology or mental illness, and that people with severe intellectual disabilities had little potential for change. Such behavioural methods focused instead on changing aspects of people’s environments to bring about changes in their behaviour, and their success drew attention to the detrimental effect of institutional settings on people with intellectual disabilities (Emerson and Einfield 2011).

The success of early behavioural approaches led to the development of applied behavioural analysis (ABA). According to Baer et al (1987), ABA is:

- Applied, in that it has a practical purpose, namely to enhance quality of life.
- Behavioural, in that it concerns what people do.
- Analytic, in that it involves the seeking of evidence of links between behaviour and the environment.
- Technological in that its interventions can be replicated.
- Conceptually systematic, in that its interventions are based on underpinning theory.
- Effective, in that it can achieve real and important changes.
- Generalisable, in that these changes last and can occur in people in different environments.

Applied behavioural analysis

Applied behavioural analysis offers several treatment interventions, including:

- Changing environments.
- Altering events that trigger challenging behaviours, or ensuring they are avoided.
- Teaching alternative skills.

STUDIES ESTIMATE that 8 per cent of people known to intellectual disability services present behaviours such as aggression toward themselves and others, and general destructiveness (Emerson et al 2001). Unfortunately, once such behaviours have become established, they tend to be persistent (Kiernan and Alborz 1996).

Definitions of challenging behaviour emphasise the immediate effect of these behaviours, including ideas associated with risk, dangerousness and harm. They also emphasise the negative effects, including abuse and neglect, and restrictive practices such as exclusion, inappropriate medication, restraint and punishment, of the management or treatment of these behaviours (Royal College of Psychiatrists et al 2007).
Removing the reinforcing consequences of behaviours, an intervention known as extinction.

Supplying the reinforcing consequences of behaviours more often but not immediately after the behaviours have occurred, an intervention known as satiation.

These interventions were made possible by developments in functional assessment and analysis, particularly of how the interaction of historical and current events can explain people’s behaviours (Iwata et al 2000).

In the 1980s and early 1990s, services for people with intellectual disabilities were increasingly taking into account such people’s human rights, and there was a move away from institutional to community based provision. Meanwhile, concerns about the increasing use of punishment procedures, such as the use of forced body positions, electric shocks and smelling salts, and of ‘fining’ individuals by removing possessions and opportunities to take part in activities that they like (Lennox et al 1988, Matson and Taras 1989, Scotti et al 1991), were being increasingly expressed.

The notion that people with intellectual disabilities could enjoy community presence, for example in visiting supermarkets, while being subject to the application of electric shocks to treat their challenging behaviour, became unjustifiable.

Debate on the use of punishment procedures split the ABA community, resulting in acrimonious and vitriolic exchanges (Repp and Singh 1990, Foxx 2005).

The final rejection of punishment-based approaches, coupled with the hope and enthusiasm engendered from developments in functional analysis and functionally based interventions, set the context for the gradual emergence of positive behaviour support (PBS) (Box 1).

Over recent years, PBS has become the predominant approach in managing challenging behaviour in people with intellectual disabilities in the UK (British Psychological Society 2004, Department of Health 2007, Royal College of Psychiatrists et al 2007).

Like many other emerging intervention models, PBS is vulnerable to corruption or misrepresentation (Dunlap et al 2008), or it could become diluted to such an extent that it becomes nothing more than the practice it was meant to replace under a different banner.

Meanwhile, PBS has been criticised by writers in the United States. Some describe PBS as a ‘ paternalistic utopian delusion’ and the success of non-aversive treatment of severe behaviour as a ‘myth’ (Johnston et al 2006, Foxx 2005, Mulick and Butter 2005). Others claim that PBS appears successful only when it is adopted in treatments for people, mainly children, with less severe intellectual disabilities and less problematic behaviour.

Positive outcomes

Some practitioners do not acknowledge the link between PBS and ABA, and have undertaken more general and non-technical interventions, which do not require a functional understanding of an individual’s behaviour (Johnston et al 2006). In light of such criticism, the importance of ABA in underpinning PBS interventions should be emphasised (Dunlap et al 2008).

This is important because meta-analysis of the effectiveness of behavioural interventions has shown consistently that functional analysis is a critical variable in determining positive outcomes for people with intellectual disabilities who present with challenging behaviours (Carr et al 1999).

Box 1 The main features of positive behaviour support

- Positive behaviour support: Is a values-based approach, in which behavioural strategies are adopted to ensure that people with severe intellectual disabilities can achieve personal competence, respect, and community participation, rather than simply behavioural change. Suggests that changes in the quality of life can be interventions or outcome measures.

- Suggests that challenging behaviours are often of a long-term nature and that successful interventions must be maintained over prolonged periods.

- Involves functional analysis to determine why, when and how challenging behaviours occur.

- Includes the teaching of skills as an intervention because a lack of critical skills is often a contributing factor in the development of challenging behaviours.

- Is concerned with altering triggers for behaviours to reduce the likelihood of them occurring.

- Includes proactive strategies for changing behaviour and, because even the most effective change strategies may not completely eliminate risk behaviours, reactive strategies for managing behaviour when it occurs.

- Does not require the use of punishment approaches.
Equally important is the choice of empirically validated intervention strategies, and practitioners of PBS should ensure that data-based assessment processes and empirically validated intervention strategies are features of their practice.

Although PBS was originally a development of ABA, the two approaches are distinct. For example, PBS allows for a broader range of perspectives than ABA, and practitioners who undertake PBS may adopt a wider range of social and behavioural methodologies to address issues such as gene-behaviour and brain-behaviour relationships, pharmacology, and medical and health conditions. Such practitioners also tend to be more concerned with variables, such as the context of interventions and the role of relationships in intervention planning, that effect long-term outcomes (Dunlap et al 2008).

The most fundamental difference between ABA and PBS concerns social validity. Johnston et al (2006) state that the well-trained behaviour analyst should be prepared to begin interventions with any empirically supported procedure. By inference, these include aversive and punishment-based procedures, which no PBS practitioner would consider undertaking.

**Conclusion**

Positive behaviour support can be understood as a stage in the evolution of behavioural methodologies. It addresses concerns about the use of aversive and punishment-based approaches with people who have intellectual disabilities by applying a values-based system to interventions. Though now presented as the intervention of choice for individuals with intellectual disabilities and challenging behaviours by influential professional bodies, PBS is far from routinely available in the UK.

An important task for service planners, commissioners and clinicians, therefore, is ensuring the widespread use of evidence-based procedures in practice so that PBS competencies can be developed systematically. This will require a level of commitment traditionally not seen in UK policy and practice, as well as the use of new technologies (Allen et al 2008).

**References**


