Active Support
Behaviour
And Beyond

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An Ordinary Life
Problem = A Vicious Circle In Hotel Models

Staff do most things for service users, they react to CB by using restraint / seclusion/ sedation

Staff think reactively & use punishment to control CB. ‘domestic worker / security guard’ - Role-Keep the house clean and no one gets hurt too badly

Service users use CB to control the environment—they do not participate and spend most time doing nothing

Staff perceive service users as dangerous, dependent & unable, they do not interact with or assist service users
Active Support

• Around for over 30 years - had to be reintroduced in 1999 despite its proven effectiveness
• Strong evidence that Active Support (AS) very effective in improving quality of life of PWLD by improving staff interaction and planning
• Some indications that those with the highest support needs benefit most and that interactive training and practice leadership are key components
2 ‘versions’ of Active Support

1. Active Support

Jones, Perry, Lowe, Felce, Toogood, Dunstan, Allen, & Pagler, (1999)- ‘Welsh Centre for Learning Disabilities’

2. Person Centred Active Support (P-CAS)

Mansell, Beadle-Brown, Ashman, & Ockendon, (2005)

‘Tizard Centre’

The two approaches are more similar than different, varying mainly in points of emphasis and the importance attached to activity planning and monitoring (Stancliffe et al., 2008).
What’s similar - Positive Interaction

1. The Different Levels Of Assistance
   ASK- INSTRUCT- PROMPT- SHOW- GUIDE

   >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
   level of help increases

2. Thinking In Steps
   Breaking things down into steps & doing one step at a time

3. Positively Reinforcing Participation
   Paying attention to service users when they are actively participating
   and maximising naturally occurring rewards
Further similarities

- Similar values
- Same technology
- Both person centred approaches

What’s different?

   + Activity and Support Plans
   + Activity scripts to support personal routines
   + Collecting data to help keep track– participation records
   + Opportunity plans
   + Structured teaching plans
Active Support (AS) & Challenging behaviour (CB)

• Little focused research on AS & CB
  Methodological issues
• Direct Observation (e.g. MTS) highlights high frequency “minor(?)” CB e.g. stereotypy
• Staff reports highlight low frequency high impact ‘major’ CB e.g. aggression & destruction
• Most AS studies to date have used direct observation
Key research results:

AS does not increase CB


BUT...


- As engagement increased stereotypy decreased—and indication that for 1 person dramatic decrease in 'Serious' CB due to AS Mansell et al (2001)

- People enjoyed participating in more activities & had fewer symptoms of depression Stancliffe et al (2007) & significant improvement in depression Chou et al (2011); Riches et al (2011)
Key research results:

**AS can reduce CB**

- Increases in staff assistance and people’s participation

- Stancliffe et al 2010 *reduction* in stereotypy, withdrawal, self-injury, anti social, aggression & depression.


- Active Support replaces the environmental conditions or triggers for challenging behaviour with the environmental conditions for engagement in constructive activity
Only 1 study shows increase in CB

• Significant increases in participation for people with CB
• Significant increase stereotypy (8% to 20%). No change in ‘more serious’ CB.
• However, practice leadership problems occurred in 2 of the 3 houses- suggesting that AS had not been properly implemented.
Positive Behavioural Support (PBS)
A Definition

✓ Values based, person centred technology
✓ Understanding why a person has challenging behaviour
✓ Changing the environment, reducing the need for challenging behaviour
✓ Respecting and including the person
✓ Improving the skills and quality of life of the person and those around them
✓ Keeping people safe
✓ Tried and tested
AS & PBS

• Similar origins
• Technology - Applied Behaviour Analysis
• Values - Social Role Valorisation
• Non aversive - no punishment or ‘coercion’
• Primary Prevention = Improving the environment so people get what they need without having to use Challenging Behaviour
• Key concept - improvements in quality of life lead to reductions in CB
Active Support as a primary prevention strategy for challenging behaviour

• 3 studies

• (Direct observation)
  – Study 1 – secondary analysis

• Systematic clinical data
  – Study 2 – resettlement from hospital
  – Study 3 – redevelopment of existing service
Study 1

- 5 well established supported living houses
- Total of 19 participants
- Selected to represent people with profound to severe learning disabilities
- Experimental, observational study - CB mostly stereotypy
No active support  active support
STUDY 2

• Resettlement in North Wales
• Active Support introduced
• Functional analysis (NHS staff)
• Behaviour management plans (secondary and reactive)
• Data from systematic clinical records (incidents, participation, community use, as required meds)
• 4 service users – very serious behaviours
Study 3

- Major redevelopment (NAS) – 4 years
- 19 service users
- New operational procedures
- Active Support, Studio 3
- Baseline – 2005, Post data – 2010
- Measures – ABS, ABC, incidents, community use
- 4 service users – high levels of CB at outset
Summary of results

• Different methodologies highlight different behaviours
  – Observation – stereotypies
  – Incident recording – other behaviours
• Similar conclusion – AS led to reduced CB and increased engagement in activity
• Caution
• CB not eliminated
• Correlation does not mean causation
• Studies 2 & 3 were not experimental
How AS can affect CB

• AS focuses on increasing participation and improving the quality of life of PWLD
• Impact on CB is a ‘side affect’
• Consistent with Positive Behavioural Support - main emphasis is on primary prevention
• AS key primary prevention procedure
• Enables a person to get the things they ‘want’ without having to resort to CB
Common environmental conditions that make CB more likely

<table>
<thead>
<tr>
<th>Antecedent</th>
<th>Behaviour</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorly presented demands or request to do a task e.g. too complex or too</td>
<td>Hits out Aggression</td>
<td>Demand with drawn</td>
</tr>
<tr>
<td>little—verbal only, too forceful etc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aversive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Function</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person ‘gets away from something they don’t like—escape—CB negatively</td>
<td></td>
<td></td>
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<tr>
<td>reinforced</td>
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<td></td>
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</tbody>
</table>

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Common environmental conditions that make CB more likely

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<tr>
<th>Antecedent</th>
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<tbody>
<tr>
<td>Low levels of social contact for most of the time makes any form of attention much more valuable</td>
<td>Hits out Aggression</td>
<td>Staff restrain, tell off, try and talk about why, look at them (pay attention)</td>
</tr>
<tr>
<td></td>
<td>Throws things etc</td>
<td></td>
</tr>
<tr>
<td>Function</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person gets something they really want- attention</td>
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<td></td>
<td>CB positively reinforced</td>
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Common environmental conditions that make CB more likely

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<tr>
<td>Not having access for most of the time to things a person really wants Can make them much more valuable/ rewarding to the person</td>
<td>Aggression ‘stealing’ food</td>
<td>Person gets food sometimes</td>
</tr>
<tr>
<td>Kitchen or Fridge locked</td>
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Function
To get something the person really wants (tangibles)
CB positively reinforced
Common environmental conditions that make CB more likely

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<tr>
<td>Lack of stimulation for most of the time can make some of the sensory</td>
<td>Stereotypy,</td>
<td>Does something that feels good pleasurable</td>
</tr>
<tr>
<td>consequences of CB much more valuable/rewarding</td>
<td>Smearing</td>
<td></td>
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<tr>
<td>Nothing to do boredom</td>
<td>Some forms of destruction</td>
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<td></td>
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<td></td>
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<tr>
<td>Function</td>
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<tr>
<td>Gets to do something they enjoy the feel of etc</td>
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<td>CB positively reinforced</td>
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## AS as Primary Prevention

(McGill & Toogood)

<table>
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<tr>
<th>Behaviour Function</th>
<th>Unhelpful environment</th>
<th>Active Support can provide Helpful environments</th>
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<tr>
<td>Get away (Escape or Avoidance)</td>
<td>Aversive situations e.g. Complex demands</td>
<td>Remove, reduce &amp; manage aversives e.g. Provide more assistance-positive interaction</td>
</tr>
<tr>
<td>Increase social contact (Attention)</td>
<td>Low levels of social contact mainly contingent on CB</td>
<td>High levels of social contact, mainly contingent on adaptive behaviour</td>
</tr>
<tr>
<td>Adjust sensory stimulation (Sensory)</td>
<td>Under or over stimulating environments</td>
<td>Typical places with meaningful activities or calmer places still with typical things to do</td>
</tr>
<tr>
<td>Get something (Tangible)</td>
<td>Limited access to preferred objects/activities</td>
<td>Materials and activities which are readily and predictably available</td>
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Active Support Helpful Environments: Virtuous Circle

Staff provide opportunities and assistance for service users to participate. This helps to prevent CB. If CB does occur they respond positively—rather than punish.

Staff think proactively and creatively—improving interaction and communication. Staff see themselves as enablers.

Service users participate successfully in some activities. Q of L improves CB decreases.

Staff perceive service users as less dangerous & more competent. Staff give service users more respect, control & attention. Staff feel more confident, successful & eager to try new things.
AS can impact on known risk factors for CB

- Severity of learning disability
- Inactivity
- Lack of structure/predictability of activity
- Mental health issues
- Poor health
AS helps achieve least restrictive environments

Padlocks on fridges are a very stark image of a restrictive practice and a custodial prison like environment

Restrictive practices, are unethical, aversive and can act as setting conditions or triggers for challenging behaviour (service user D)

Active Support provided the technology to remove the locks from the fridge enabling safe unrestricted access to food his desired tangible removing the main trigger for CB

Active Support can act as a powerful cultural change agent—changing staff attitude by proving alternative practice can work
Conclusion

Active Support:
• Can change the environments most commonly associated with CB - so that CB is prevented or occurs less frequently
• Can form the foundation of primary prevention in a wider PBS approach when supporting people with challenging behaviour
• Doesn’t usually require a lot more resources  e.g. ‘more staff’ to implement  Active Support
• Is therefore relatively low intensity approach that has benefits for many service users = Value for £
• Can make a key contribution to creating an ordinary life


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Diolch yn Fawr   Thank You