The Tizard Centre

Primary aims of Tizard Centre
www.kent.ac.uk/tizard/

To advance knowledge about relationship between organisation of community services and outcomes

To help service agencies (purchasers and providers) develop their own competence to provide and sustain high quality, comprehensive services

The Tizard Centre

BSc in PBS, BSc in Autism
(Blended learning)... plus variations

UG one year work-based Diploma in PBS

MSc & MA programmes in
PBS, ABA, Autism, IDD, AIIDD, Forensics & IDD

Research
Consult
Teaching

The Tizard Centre

E-PAtS

Handout Version - 25 April 2018
This morning...

We’ll explore why challenging behaviour most often occurs

How we identify why it persists

Intervention ideas

“It is appropriate to see challenging behaviour as the outcome of complex interactions among a range of factors... some of which are more important than others in individual cases”  
(Emerson, Felce, McGill, Mansell, 1994).

So these questions help

What do I and others think causes challenging behaviour?

Is there disagreement between people?

Do people believe the person challenges deliberately, or cannot help what they do, or has learned to act in this way?

Does behaviour impact others?

Is the person living in a place I might enjoy?

Challenging behaviour is...

"culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities”

People often become anxious, people often are not listened to, people often don’t have other ways of expressing their emotions or getting their needs met.

“I became quiet violent because I didn’t know how else to deal with the situation”
- Tina Walker
Health Representative
South East Regional Forum
from 'The Balance of Rights' film
[https://vimeo.com/262190581](https://vimeo.com/262190581)

Challenging behaviour...

Impacts the individual and everyone around them by causing harm, reducing opportunities and changing how people think & feel.

.... impacts quality of life

What makes a behaviour ‘challenging’?

The Impact

- Where it occurs (location)
- How often it occurs (frequency)
- How severe it is (intensity)
- How long it continues (duration)

Location, frequency, intensity and duration combine as factors for each challenging behaviour (CB)

Heresies of the Day

What if challenging behaviour isn’t psycho-pathological, a disorder, suggestive of problems at home etc etc?
What if it’s the one time I can guarantee you do something?
What if it is adaptive behaviour, a product of the limitations of the environment to offer alternatives and the person’s learning history?
So these questions help

Is the behaviour something to do with the person’s health?

When does the person not do the behaviour?

Does the person do this behaviour at certain times, with certain people, in certain places?

Do these times, people and places sometimes not feature the behaviour? Why?

Is the behaviour telling me something?

Communication

Let’s define it

Why is it so crucial?

What happens when communication doesn’t work so well?

The Communication Hypothesis

One can conceptualise challenging behaviour as functioning like a ‘primitive’ form of communication

It doesn’t mean people systematically and intentionally use behaviour to influence others

The hypothesis is a metaphor: it can be helpful to think of behaviour as potentially communicative

Adopting this means we can more easily imagine shaping the behaviour into more formal communication

“So let me suggest there is no such thing as challenging behaviour. What we have is exotic communication... A punch in the face is an act of communication which is very difficult not to hear.” (Ephraim, 1998)
**So these questions help**

What does the behaviour seem to tell us?

How else can the person tell us these things?

Do we listen & respond to the person before the challenging behaviour as powerfully as we after the behaviour?

(Time out rather than in? Noticing the person ‘being bad’ not ‘being good’?)

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“Given the need for a broad impact, behavioural support can often benefit from companion assessment procedures... person centred planning, activity assessment, and assessment of medical and physical issues.

It is through this broader process that we follow the advice of the noted behaviour analyst Dr. Todd Risley to begin good behavioural support by helping a person “get a life” and then build in the more detailed behaviour support systems that may be needed.”


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**Quality of life looks like**

People are living interesting active lives within a network of relationships with people who like them in an ecology they enjoy

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**Quality of life is... (for everyone)**

Emotional wellbeing [what helps you feel good?]
Relationships [what sort?]
Material security [give examples]
Competence [growing skills, capacity and being]
Physical wellness [health care, mobility, nutrition]
Choice [self-determination, goals, control]
Inclusion [presence, participation, valued, natural supports]
Rights [which? how?]

**Address QoL - that’s the ‘intervention’**
To address challenging behaviour

honest person centred support - know the person
be great at communication, at active listening
understand why the person challenges
be good at teaching alternative skills
take a long term perspective and don’t panic

well-led well-supported knowledgeable people
quality of life is the intervention and goal
practice leadership
service design
practice leadership

So these questions help

Does the person enjoy life - do we support the person to be themselves?

Do we even know what that life looks like?

Is the person busy, interested?

Is the person surrounded by people who want to spend time with them?

Challenging behaviour doesn’t come out of nowhere

behaviour is lawful, even when awful
it serves a purpose, it is not abnormal

behaviour can be thought of as ‘exotic communication’
we can support people better if we know what they mean or need or prefer

support is best based on knowing the above
fix the ecology, help the person learn new skills
There’s good evidence to show most challenging behaviour is learned.

It persists because it is effective - the child or adult gets or avoids things (it’s functional).

It persists when there are no more effective or efficient way of getting or avoiding things.

You don’t unlearn. But you can learn new ways of getting or avoiding things that make challenging behaviour less efficient or effective.

So the basic principles of BA are simple, often tautological: “reinforcers, defined as anything that increases behaviour, increases behaviour; and punishments, defined as anything that decreases behaviour, decreases behaviour. By manipulating rewards & punishments, behaviour can be changed” (Lovett, 1996, p.xvi)

Functional Assessment

- We ask others who know the person well (not so reliable?)
- We can examine records (not so reliable?)
- We can observe (reliable & valid?)
- We can run analysis conditions

Outcome 1: a clear description of the behaviour, including sequences or groups of behaviours that happen together

Outcome 2: evidence for two types of antecedents - predictors (immediately before) and setting events

Outcome 3: evidence for consequences that maintain the behaviour (the function)

Outcome: development of hypotheses (a summary statement)

Outcome: presence of data that support summary statement

Get Things

- Visible (external)
- Invisible (internal)

Avoid Things

- Visible (external)
- Invisible (internal)

People

- Who
- Why
- When

Things

- What
- Why
- When

Social R

Tangible R

Automatic Reinforcement

Social Escape

Tangible Escape

Automatic Escape

More often than not? Effect of establishing operations?
We analyse each behaviour separately to arrive at a best guess about function:

“During observations, screaming (n 40) was predicted by Boris being asked to do a preferred (40%) or non preferred (80%) activity by a person with a low rapport rating (80%). This resulted in Boris escaping the activity (50%) and the person (95%).”

Function of screaming: escape non-preferred person, escape non-preferred activity, escape activity
**So these questions help**

Do knowledgeable people support or suppress us?

Do those directly supporting the person have the capacity to do what’s right?

Is practice leadership or pigeon management dominant?

Are we keeping everyone safe?
FCT

1. Establish function

2. Identify alternative response that the person can perform or be taught simply, efficiently, that acts as a communicative response

3. Differentially R latter, avoid R target response

4. Engineer opportunities to densely R Alt-Behaviour, slowly thin R... good in MEM of intervention... excellent in attention or escape responses

So these questions help

Do we know how to teach well?

Do we know what the person needs to help them learn?

Are we confident about why a particular behaviour happens?

What do we think the person could do instead of the challenging behaviour?
Reactive - stable door/horse - meh
Not big, not clever, resolution not reinforcement, rapid control
Change availability of reinforcement non-contingent on challenging behaviour to weaken functional relationship
David Pitonyak
Physical intervention - meh
Breakaway - meh
Timeout - how about time in?
Threats - really?
Novel stimuli
Strategic capitulation
Redirection
Active listening
Throwing more staff at a problem behaviour is a mistake. Why?
Not all staff are created equally.
You can end up with more people getting things more wrong.

So these questions help
Do we know how to listen actively?
Do our policies match our values match the evidence?
Does the restrictive practice repair or rupture relationships?
Do we know the consequences for staff or others of using restrictive practices?
Do you enjoy being restrained in the same manner?
Do we teach avoiding a crisis as much as ‘managing’ a crisis?
Antecedent Interventions

Non-contingent Reinforcement (NCR)... but hang on...
- by definition, R cannot be non-contingent!
- procedures often do not result in reinforcement
- in reality, NCR is many procedures.
But what it means is: presentation of a behaviour’s R on a pre-determined schedule (usually fixed) and not contingently on target behaviour. In effect, it weakens unique functional relationship by associating it with other behaviours or events. So it’s obvious to have a good functional assessment beforehand.

Changing from response-dependent to response-independent R tends to reduce the target behaviour.

Environmental enrichment... dense schedules that are faded.

In extinction, you withhold R for a topography, but are obliged to remove it from the ecology generally, whereas NCR can be used as an alternative to extinction because it doesn’t withdraw the R, simply weakens or interrupts the dependent functional relationship. Often used alongside extinction, therefore MEM of differential R.

Beware accidental R of alt. behaviours (Skinner, 1948, Superstition in the Pigeon)

So these questions help

Is the ecology fit for purpose?

Whose?

Does the person have anything to get out of bed for, get into class for, come back home for?

Do we speak in the language the person comprehends? *

* it might be mode of communication, or might simply be kindness

Stimulus Satiation

The continuous and non-contingent availability of the identified reinforcer maintaining the undesired behaviour, thereby weakening its effectiveness and reducing the rate of the defined behaviour.

Differential Reinforcement of Other Behaviour (DRO) aka 
*differential reinforcement of omission of behaviour*

- Reinforcement after a specified period of no target behaviour.
- Such a schedule would involve the differential reinforcement of any other than the targeted behaviour.
So these questions help

Are interventions pro-active?
Do they focus on changing our behaviour?
Is there advice on what to do when it goes wrong?
Do interventions tell us how to keep one another well?
Does evaluation involve everyone?
Do interventions tell us what success looks like?

ultimately

intervention is about making one behaviour more effective than another

effect you understand the ‘functional relationships’ operating

to decrease one behaviour, increase a competing behaviour

If you deliver the life people want then you tend not to see challenging behaviour too often

If you have good rapport, clear communication, good leadership, an interesting life, a good understanding of what the person needs, you tend to not see challenging behaviour too often

So don’t reach for a functional assessment, reach for good person centred support, check medical issues are addressed, reach for the person being liked, for the person being heard.

Technological ‘solutions’ to being human can blind us to the meaning of the behaviour for the person (self-harm).

Hence in PBS we might seek to co-produce interventions and meanings, not merely establish function

We tell new stories

Forgive my indifference: I’d rather be distant than devastated
Ahmed Mostafa

“Our lives begin to end the day we become silent about things that matter.”
Martin Luther King
50 years of scandals

Many remain suspended in “nineteenth-century patterns in twenty-first century places”
(O’Brien, 2005, p.261)

“The institution is a trap for people. Just getting out of the institution doesn’t mean getting out of the trap”


“Often the more obvious the facts, the more difficult they are to recognise. I took a long time to realise that people labelled as having [intellectual disabilities] had very different lives because of this label we psychologists had given them. ‘Those people’ who might need help in ways large and small, almost always pay for the help they need with their freedom, their dignity and a general loss of control over their own lives.”

“…we have established services for what people are not, rather than for who they are.”

Lovett, 1996 Learning to Listen
Whole Person: holistic approaches

Sometimes these ‘tech’ approaches don’t appear to be effective or feasible in the environment you’re working in.

If technological language and reductionist approaches won’t dehumanise or objectify the person, a reductionist approach might be helpful.

But please don’t think ABA/PBS are the only approaches available.

PBS practitioners, fluent in behavioural technology, should be equally skilled at listening hard to family members’ subjective experiences that accrue from loving someone whose behaviour is impactful.

We are privileged to hear family stories of heartache and fear, joy and hope. When challenging behaviour arises, the child regardless remains at the heart of family life.

Love does not disappear.

There is a difference between knowing a family or team and working with a family or team.

What we count might not count to families or teams.

What matters to families or teams might not matter to the metrics of effectiveness our employers seek.

Families & teams want solutions and supports.

It takes a lot to ask for help.
It takes very little to screw up a lot.

Person-centred practitioners are unfortunately too often ‘remarkable events’: finding someone with good technical knowledge who will listen to family contexts and collaborate in understanding and responding to challenging behaviour is essential.
The small things a family or staff group seeks are not small things to them.

Like research, no family or team is perfect but then again neither are professionals.

As well as being real and impactful, challenging behaviours are a symptom of an unquiet life, an unlived life, a life of isolation.

(“Supported Living” may not be any such thing.)

Challenging behaviours are a call for action, to teach new ways of doing, and a reminder for us to remember what we’ve forgotten we know.

Remember

“People with severe handicaps rely on other people’s cooperation to an unusual extent, and human services play a larger than ordinary role in their lives... People with severe handicaps count on more able people’s planning and organising skills...”

O’Brien, J., 1987, p.175

Deciding What Counts

Some people’s ways of communicating leave the important people in their lives unable to hear their views about a life that would make sense. These other people have little choice but to create a story with a valued and central role for the person, whose preferences remain ambiguous. Then, these people make adjustments based on the person’s responses to the real settings and experiences that resulted.

Records as Artefacts

“There seemed to be universal requirements for goals to be measurable and for data to document progress. As a result many people who created the plans learned how to write goals that were measurable but not meaningful. Value goals such as ‘one community outing weekly of his choosing’ were met by activities like going through the drive-through window at a fast-food restaurant.” (p.383)


So these questions help

As an interventionist, am I listening more than I’m talking?

Do my data include stories?

Would interventions be safe for the people I love?

Is a good life happening right now?

Am I enabling learning for everyone involved?
Challenging practice that supposedly challenges challenging behaviour

Does how we work and how we support people stop the slow cancellation of the future?

For further information …

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