

## Introduction

This assignment reviews the evidence about Positive Behaviour Support (PBS) in forensic mental health settings. It discusses the benefits and challenges of using PBS in forensic settings, including: why PBS is a good fit, the nature of risk and 'challenging behaviour', and the potential differences in ideology between forensic settings and the PBS approach.

See Appendix 1 for a brief explanation of how language is used in this assignment.

I chose this topic as I work on a forensic inpatient ward, and could see potential benefits and challenges of using PBS in this setting. I wanted to further research this, and consider what steps I might take to start using PBS.

## Key elements of PBS in relation to this discussion

PBS is a values- and evidence-based approach to improving quality of life (CAPBS, no date). PBS is being used in an increasing variety of settings (PBS Coalition UK, 2015). It is often used with people who use behaviours that challenge (PBS Academy, 2017).

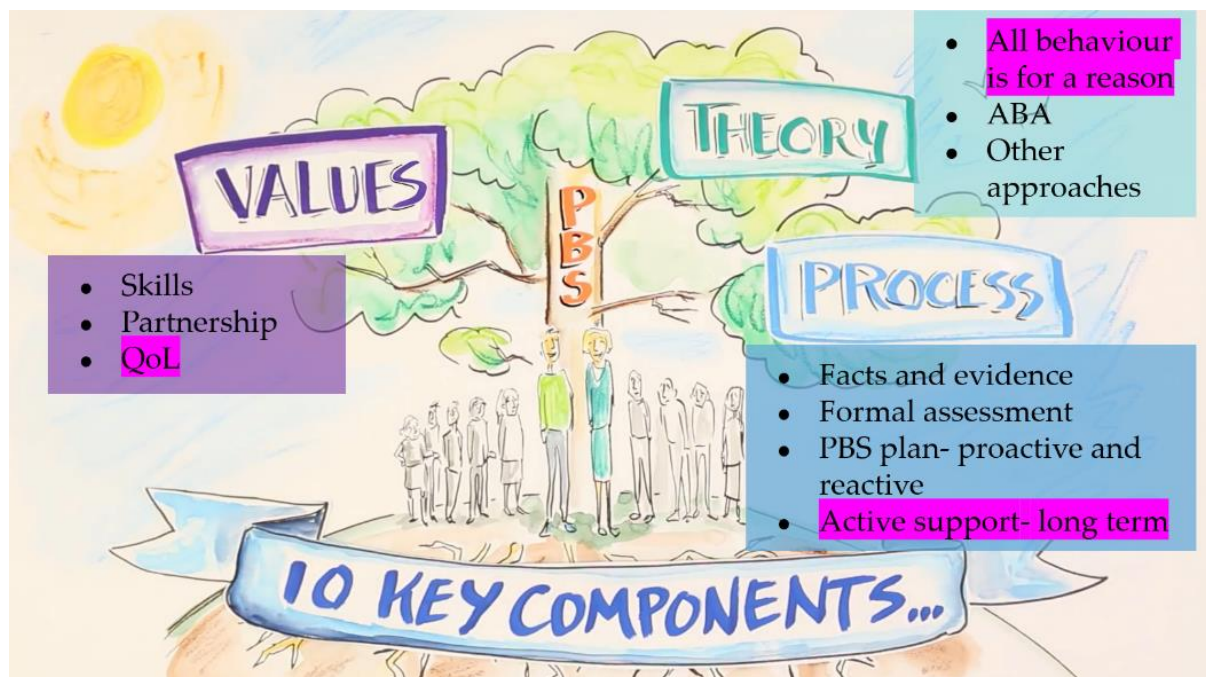


Figure 1: Components of PBS (Centre for Advancement of PBS (CAPBS), no date). Highlighted are the elements which will be focused on in this assignment.

## Existing literature

Forensic mental health is a relatively new area for research on PBS. A literature search (Appendix 2) found ten papers. 9 were from one clinical research team based in a hospital in Wales (Davies et al, 2015; Davies et al, 2016; Davies et al, 2016a; Davies, Mallows and Hoare, 2016; Davies and Hughes, 2018; Davies et al, 2019; Griffiths and Wilcox, 2013; Hughes and Davies, 2018; Karger et al, 2018). These cover a variety of topics including: explanations of how PBS was embedded; the efficacy of PBS; perceptions of PBS by staff and patients; and staff attributions about behaviour. In the

remaining paper (Tolisano, Sondik and Dike, 2017), the approach (using PBS for those 'whose behaviors exceed hospital thresholds for aggression and for restraint and seclusion'), and the language (e.g. 'excessive neediness', 'character-related problems') used are counter to the values of PBS, and thus it did not provide helpful insight.

All the research was conducted in clinical settings, which is promising for its validity and applicability to similar settings. However, the researchers were part of the clinical team, so cannot be 'blind' to the group in any of these cases. Additionally, the researchers are motivated for PBS to be successful, as they have chosen to use it, so they may be biased towards trying to find positive results.

### **Why is PBS a good fit for forensics?**

PBS is often used with people who use behaviours that challenge. The Royal College of Psychiatrists (2007) define behaviour as challenging 'when it is of such an intensity, frequency or duration as to threaten the quality of life and/or physical safety of the individual or others, and is likely to lead to responses that are restrictive, aversive or result in exclusion'. All people detained in forensic inpatient units will have met this definition at some point: their actions (which have threatened either themselves and/or others) have led to a restrictive response of them being detained. This definition is referred to throughout this assignment. It was chosen as it is frequently used in relation to PBS, and it highlights the importance of the response to behaviour, and how this shapes perception of the behaviour, and the perpetuation of it.

Current guidance and legislation advocate for reducing restrictive practices (NICE, 2015; NICE, 2015a; National Offender Management Service, 2015; Department of Health, 2014). The values of PBS align with taking 'positive and proactive' steps to reduce the need for restrictive interventions (Department of Health, 2014), and can help focus on treatment, rather than control and management of behaviour (Higgins, 2019).

PBS also fits with guidance from the Royal College of Occupational Therapists (RCOT, 2017) on secure hospitals, which mentions the importance of meaningful occupational choice; structured and constructive use of time; social inclusion; and the influence of occupation on life satisfaction. O'Flynn et al (2018) say quality of life is an 'essential treatment objective' in inpatient forensic settings, not only because of its importance for person-centred care, but also because better quality of life reduces recidivism.

### **Benefits of PBS in forensics**

There is not much research investigating the efficacy of PBS in forensics. It is hard to isolate the effects of PBS in a clinical setting- but it would be unethical, impractical, and counterproductive to withhold other treatment.

Davies et al (2019) found a reduction in the frequency, severity, and management difficulty of aggression over a year of using PBS (compared to no significant change in the control group). The results were less clear for 'other challenging behaviours' (e.g. inappropriate verbal comments). It is useful to consider 'challenging behaviour' as an outcome of PBS due to the common reasons for referring for PBS (PBS Academy, 2017). However, the aim of PBS is an improvement in quality of life, rather than specifically aiming to reduce challenging behaviour (CAPBS, no date), therefore 'challenging behaviour' alone as an outcome measure may not be a valid measurement of its efficacy.

Another potential benefit of using PBS in forensics is in the attributions staff make about behaviour. Davies et al (2015) describe previous research showing that caring behaviours tend to be highest when challenging behaviour is perceived as due to external causes, unstable, and uncontrollable,

and lower if behaviour is attributed as internal, stable, and controllable. The attributions associated with less caring behaviour can often be seen in the language used around people diagnosed with personality disorder (e.g. perceptions that they are 'untreatable' or 'difficult'; National Offender Management Service, 2015). The very name of the diagnosis 'personality disorder' locates the cause internally, in the person's personality- although it is thought to be mostly caused by early life experiences, environment, and social circumstances (Mind, 2020). This is an issue in forensic services, as over 50% of the forensic population is diagnosed with a personality disorder (National Offender Management Service, 2015). As PBS reminds practitioners that all behaviour is for a reason (CAPBS, no date), it could promote more caring and recovery-focused thinking about personality disorder. Davies et al (2015; 2016) used the Causal Dimension Scale ('CDS-II'- McAuley, Duncan and Russell, 1992) to assess staff attributions about behaviour before and after PBS training. They found an initial change towards more 'caring' attributions; however, this was not maintained at the 1-year follow-up (Davies et al, 2016). This seems to suggest PBS training was not effective at maintaining the change in attributions. However, the CDS-II is designed for use with vignettes, whereas Davies et al (2015; 2016) asked the questions for 'challenging behaviour' generally. This may make the scale less valid. PBS also emphasises that causes for behaviour are individual, so people with more awareness of PBS may find it harder to complete the rating for 'challenging behaviour' as a whole.

Better understanding of the function and meaning of behaviours can also mean better understanding of risk behaviours specifically (Karger et al, 2018). This is beneficial in forensic settings as it helps the team to work with the patient on their risk behaviours in a meaningful and sustainable way.

#### **Challenges for using PBS in forensics: practical**

There are many challenges for using PBS, not only for forensics, but in other settings too. One frequently mentioned is availability of resources: time (to assess, implement strategies, and read plans), training, and staffing (Davies, Mallows and Hoare, 2016; Karger et al, 2018). Another common challenge is consistency and fidelity- for example there are often agency staff who are unfamiliar with the patients, and regular staff may have difficulty consistently implementing and regularly updating the PBS plans (Davies et al, 2019; Karger et al, 2018; Davies et al, 2018).

Other challenges mentioned in the literature include: resistance to change (Karger et al, 2018); patients lacking insight or motivation to change behaviour (Karger et al, 2018); need for a behaviour specialist to implement successfully (Tolisano, Sondik and Dike, 2017; Higgins, 2019); and staffing hierarchies (Karger et al, 2018).

#### **Challenges for using PBS in forensics: values and ideology**

Karger et al (2018) note the 'cultural incongruence' between the empowering values of PBS, and the forensic setting aimed at 'containing risk'. The restrictive environment means choice and control are drastically reduce, and can pose challenges for active support, meaningful activity, and quality of life. In PBS, it is also important for the client to learn skills to empower them to behave in different ways: often forensic patients can end up losing skills, due to lengthy stays and institutionalisation (RCOT, 2017).

O'Flynn et al (2018) found the biggest contributor to quality of life in their regression analysis was engagement in meaningful activity. Next were level of security (lower level of security, and consequently, increasing freedoms, was associated with better quality of life), and therapeutic hold (safe therapeutic relationships and environment). O'Flynn et al (2018) note that the therapeutic relationship can be improved by avoiding coercive choices, involving the patient in their care, individualised goals, and a non-judgemental environment. These are all elements which fit very well

with the values and process of PBS, and also can be achieved in a forensic environment- demonstrating that the two are not completely incompatible.

### **Risk and challenging behaviour: synonymous?**

Karger et al (2018) suggest that in the forensic context “challenging behaviour” and “risk” were closely related and largely interchangeable’, and therefore PBS can be a useful tool in this context. They caution that positioning PBS as a ‘risk-management tool’ like this could lead to the values of PBS being compromised. I disagree that ‘risk’ and ‘challenging behaviour’ are synonymous. Positive risk-taking (‘when taking a risk achieves positive outcomes’- RCOT, 2018) is important in forensic services, to enable patients to move forwards. It is championed by RCOT (2018) who state, ‘if you want service users to [...] participate fully in life, this requires you to embrace and engage with risk’. While risk can be positive, ‘challenging behaviour’ involves a threat to ‘the quality of life and/or physical safety of the individual or others’ (Royal College of Psychiatrists, 2007), which cannot be construed as positive. If the response to a behaviour is modified, and the response is no longer ‘restrictive, aversive, or result[s] in exclusion’ (Royal College of Psychiatrists, 2007), then the behaviour may no longer be classified as ‘challenging’, but could still be risky. For example, if someone’s self-harming behaviour is to manage their emotional state, restricting the environment could result in them engaging in increasingly risky forms of self-harm due to limited options available to them (Harding, 2020). If the response is less restrictive, there may still be behaviour which poses a risk (self-harming) but this may not meet the definition of ‘challenging’ due to the change in response.

Someone’s level of risk, and the challenging behaviour someone uses, each change differently in response to situations and environments. Therefore, for ‘risk’ and ‘challenging behaviour’ to be synonymous, they would have to be located within the individual, whereas PBS demonstrates that we should consider the challenging behaviour to be a response to particular situations. I think, therefore, the fact that Karger et al (2018) suggest the two terms are synonymous in forensic settings, based on their research on staff perceptions of PBS, comes back again to the issue of attributions about behaviour and why this is important in forensic settings.

### **Conclusion: Ideas and strategies for using PBS in a forensic setting**

From this review of the benefits and challenges of using PBS in forensic settings, I believe it can be a useful approach. Based on the evidence, I have collated these strategies which could be helpful for implementing PBS in an inpatient forensic setting.

- Carefully considering use of language about behaviour, and attributions about behaviour (Higgins, 2019; Davies et al, 2015).
- Having the support of the consultant (Higgins, 2019)
- Developing the culture, skills and values of the team
- Having specific staff for coordinating the PBS approach for specific patients (Davies et al, 2018)
- Recognition and promotion of when to use which type of strategy (proactive, reactive, crisis) (Davies et al, 2018)
- Increasing meaningful activity (O’Flynn et al, 2018)
- Improving the therapeutic environment and strengthening therapeutic relationships (O’Flynn et al, 2018).

**Word Count: 1,999**

*Includes:* Main body text, in-text citations, subheadings.

*Does not include:* Main title, Image captions, Appendices, Reference list.

### **Acknowledgements**

With thanks to others taking part in the PBS module, for their helpful discussion around challenging behaviour, risk, and attributions, during the presentation of this assignment.

### Appendix 1: a note on use of language in this assignment

The term 'challenging behaviour' was originally intended to mean behaviour which can be challenging for people to respond to : it is therefore intended to imply a social construct, rather than a characteristic located within the person who uses these behaviours to communicate (Royal College of Psychiatrists, 2007). However, the term is often experienced differently, or used in a pejorative manner. It can therefore be preferable to use the phrase 'people who *use* behaviours that challenge'. In this assignment, I may use both phrases, for the ease of expression in different contexts (and sometimes based on research which is being quoted), but in this assignment they can both be assumed to relate to challenging behaviour as a social construct (Royal College of Psychiatrists, 2007). See 'Challenging Behaviour: A Unified Approach' (Royal College of Psychiatrists, 2007) for more in-depth exploration of this issue.

Similarly, the terms 'service user' and 'patient' may be used interchangeably here: in general, the preferred term seems to be 'service user', but the prevalent term in my service seems to be 'patient', and indeed many of my patients have said they prefer this term.

Additionally, the terms 'Positive Behavioural Support' and 'Positive Behaviour Support' are both used when discussing this approach- for simplicity these have been abbreviated to 'PBS' throughout this assignment.

Appendix 2: Literature search details

<b>Database</b>	PsycInfo
<b>Search terms</b>	'positive behavio* support' OR 'positive support plan' AND 'forensic' OR 'secure'
<b>Number of results</b>	12 results Based on review of abstracts, 7 of these were selected for review
<b>Selected papers for review</b>	Davies et al (2019) Karger et al (2018) Davies et al (2015) Davies, Mallows and Hoare (2016) Davies et al (2016) Hughes and Davies (2018) Tolisano, Sondik and Dike (2017)

<b>Database</b>	CINAHL
<b>Search terms</b>	'positive behavio* support' OR 'positive support plan' AND 'forensic' OR 'secure'
<b>Number of results</b>	7 results After eliminating duplicates from PsycInfo search, and reviewing abstracts, 3 papers selected for review
<b>Selected papers for review</b>	Davies et al (2016a) Griffiths and Wilcox (2013) Davies and Hughes (2018)

The term 'PBS' was tried but not used as this returned a large volume of results relating to other uses of the abbreviation (e.g. related to Parkinson's disease). Also, it appeared that all papers relating to positive behaviour support used the full term in the title, meaning the abbreviation was unnecessary.

Wildcard (\*) was used in the term 'behavio\*' to cover both British and American English spellings, and the terms 'behavioural' and 'behaviour', which are used interchangeably with regard to this topic.

Other search terms were tested (e.g. relating to 'inpatient', 'hospital' or 'mental health'), but these were found to generate results which were not specific enough to forensic health care, for the purpose of this assignment.

Further literature used in this assignment was found through reviewing the reference lists of these papers, through general research, recommended reading lists, and discussions in class.

## References

- Centre for Advancement of PBS (no date). *An Introduction to PBS*. Available at: <https://www.bild.org.uk/resource/an-introduction-to-pbs/> [accessed 22.11.20].
- Davies B., Griffiths J., Liddiard K., Lowe K., and Stead L. (2015) Changes in staff confidence and attributions for challenging behaviour after training in positive behavioural support, within a forensic medium secure service. *The Journal of Forensic Psychiatry & Psychology*, 26(6), pp847-861.
- Davies B., Griffiths J., John-Evans H., Lowe K., Howey S., and Artt A. (2016). Changes in staff confidence and attributions for challenging behaviour after training in positive behavioural support, within a forensic medium secure service: a replication study with follow-up. *The Journal of Forensic Psychiatry & Psychology*, 27(6), pp886-906.
- Davies B., John-Evans H., Mallows L., and Griffiths J. (2016a). Implementation of positive behavioural support in a medium secure mental health service: a service development. *Journal of Mental Health Training, Education and Practice*, 11(3), pp156-161.
- Davies, B., Mallows L., and Hoare T. (2016). "Supporting me through emotional times, all different kinds of behaviour." Forensic mental health service users understanding of positive behavioural support. *The Journal of Forensic Psychiatry & Psychology*, 27(4), pp530-550.
- Davies B., and Hughes J (2018). Implementing Positive Behavioural Support in a forensic psychiatric intensive care unit: addressing the barriers. *Mental Health Practice*.
- Davies B., Lowe K., Morgan S., John-Evans H., and Fitoussi J. (2019). An evaluation of the effectiveness of positive behavioural support within a medium secure mental health forensic service. *The Journal of Forensic Psychiatry & Psychology*, 30(1), pp38-52. *Mental Health Practice*, 16(1), pp24-27.
- Department of Health (2014). *Positive and proactive care: reducing the need for restrictive interventions*. London: Department of Health. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/300293/JRA\\_DoH\\_Guidance\\_on\\_RP\\_web\\_accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf) [Accessed 22.11.20].
- Griffiths J., and Wilcox D. (2013). Positive behaviour support in a medium secure environment, *Mental Health Practice*, 16(10), pp24-27
- Harding K (2020) *Use a little restraint: why people who self harm must be forced to stop*. Beam Consultancy Blog. Available at: <https://www.beamconsultancy.co.uk/the-blog/2020/5/19/use-a-little-restraint-why-people-who-self-harm-must-be-forced-to-stop> [accessed 29.11.20].
- Higgins L. (2019). *Implementing PBS in a forensic setting- a story of success in the UK*. Centre for the Advancement of PBS. Available at: <https://www.apbs.org/sites/default/files/conference-2016/presentations/b10-Laura-Higgins-apbs-2019.pdf>
- Hughes JA., and Davies B. (2018). Developing a ward ethos based on positive behavioural support within a forensic mental health 'Psychiatric Intensive Care Unit'. *Mental Health and Prevention*, 10, pp28-34.
- Karger G., Davies B., Jenkins R., and Samuel V. (2018) Staff perceptions of positive behavioural support in a secure forensic adult mental health setting. *Journal of Forensic Practice*, 20(1), pp42-53.
- Mind (2020) *What causes personality disorders?* Available at: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/personality-disorders/causes/> [accessed 29.11.20].



McAuley, E., Duncan, T.E., & Russell, D.W. (1992). Measuring causal attributions: The Revised Causal Dimensions Scale (CDSII). *Personality and Social Psychology Bulletin*, 18, 566. Copy of the scale available at: <http://epl.illinois.edu/sites/epl.illinois.edu/themes/adl/pdf/CDS.pdf> [accessed 22.11.20].

National Offender Management Service (2015). *Minimising and managing physical restraint*. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/456672/minimising-managing-physical-restraint.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/456672/minimising-managing-physical-restraint.pdf) [Accessed 22.11.20].

NHS England and the National Offender Management Service (2015). *Working with offenders with personality disorder: a practitioners guide*. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/10/work-offndrs-personlty-disorder-oct15.pdf> [Accessed 22.11.20].

NICE (2015). Violence and Aggression: short-term management in mental health, health and community settings. *NICE guideline NG10*. Available at: <https://www.nice.org.uk/guidance/ng10> [Accessed 22.11.20].

NICE (2015a) Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges. *NICE guidance NG11*. Available at: <https://www.nice.org.uk/guidance/ng11> [Accessed 22.11.20].

O'Flynn P., O'Regan R., O'Reilly K., and Kennedy HG. (2018). Predictors of quality of life among inpatients in forensic mental health: implications for occupational therapists. *BMC Psychiatry*, 18:16.

PBS Academy (2017) *The key messages about Positive Behaviour Support*. Available at: <http://pbsacademy.org.uk/wp-content/uploads/2017/05/PBS-key-messages-April-2017-1.pdf> [accessed 29.11.20].

PBS Coalition UK (2015) *Positive Behavioural Support: A competence framework*. Available at: <http://pbsacademy.org.uk/wp-content/uploads/2016/11/Positive-Behavioural-Support-Competence-Framework-May-2015.pdf> [accessed 29.11.20].

Royal College of Occupational Therapists (2017). *Occupational Therapists' use of occupation-focused practice in secure hospitals. Practice guidelines. 2<sup>nd</sup> ed*. Available at: <https://www.rcot.co.uk/practice-resources/rcot-practice-guidelines/secure-hospitals> [Accessed 22.11.20].

Royal College of Occupational Therapists (2018). *Embracing Risk; Enabling Choice: Guidance for Occupational Therapists (3<sup>rd</sup> ed)*. London: RCOT.

Royal College of Psychiatrists (2007). *Challenging behaviour: a unified approach*. Available at: [https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr144.pdf?sfvrsn=73e437e8\\_2](https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr144.pdf?sfvrsn=73e437e8_2) [accessed 29.11.20].

Tolisano P., Sondik T., and Dike CC. (2017). A positive behavioral approach for aggression in forensic psychiatric settings. *Journal of the American Academy of Psychiatry and the Law*, 45, pp31-39.