

Supporting people through PBS: a case study from Eldertree Lodge

Eldertree Lodge supports people with a learning disability and/ or autistic people who display behaviours which challenge services.

In 2017 they supported J who has a mild intellectual disability and emotionally unstable personality disorder. They developed a positive behaviour support (PBS) plan and as a result, her health and wellbeing has improved – the number of incidents of behaviour that challenges decreased and she's more engaged in meaningful activities both in and out of the ward.

Here they tell us what they did.

An organisation-wide strategy to embed PBS

Eldertree Lodge is an independent hospital and is part of the Huntercombe Group. They support up to 46 individuals with a learning or intellectual disability and/ or autistic people who display behaviour which challenges.

They worked with the British Institute of Learning Disabilities (BILD) and PBSUK to develop an organisation-wide strategy to embed PBS in all of their services.

To support this, Eldertree Lodge has seven PBS coaches, two practice leaders and a number of practitioners, and all staff having induction level training in PBS awareness.

They're committed to ensuring that their workforce has the right skills and knowledge to support this approach. In April 2017 they supported six staff from different professional disciplines to complete the Centre for the Advancement of Positive Behaviour Support (CAPBS) Coaches programme at the BILD.

This has had a positive impact on the quality of care and support they provide. Alan Malin, Hospital Director, says:

“The frequency, duration and total number of physical interventions has decreased month on month since the initial delivery, even though the number of individuals we support has increased. We have observed a generally more focused approach from all colleagues on proactive rather than reactive support. The team at Eldertree Lodge is committed to the ongoing development of the model and the further investment in staff training.”

PBS in practice: an example from Eldertree Lodge

Meet J

J's a 55 year old woman with mild intellectual disability and emotionally unstable personality disorder who's detained under the Mental Health Act (MHA 1983).

Before she moved to Eldertree, she'd been a resident in a mental health hospital. This was after a breakdown of numerous community placements because of difficulties managing her self-injurious behaviour, including cutting, wound interference, tying ligatures and pulling her own hair out.

Previous practice was to use physical intervention to prevent physical harm and restrictive practices, for example she was required not to present any behaviours which challenge for 48 hours, before she could access the community.

When J was appointed a new responsible clinician they requested a consultation from the PBS team to reduce restrictive practices. They identified that J required a PBS-based plan with regard to her self-injurious behaviours (predominantly wound interference), and worked with Eldertree Lodge to implement this.

They hoped this would increase J's quality of life by reducing the frequency and intensity of her self-injurious behaviours and, in turn, reduce the environmental restrictions and enhance the opportunity for her to move into a community placement.

Monitoring incidents of behaviour which challenges

Eldertree Lodge records all incidents of behaviour which challenges via the Datix system. This enables them to systematically analyse incidents including the form of the behaviour, the person's history and the environmental context in which behaviours are presented.

Data from the system enables them to compare the initial baseline frequency and post-intervention measures of behaviour, to check that interventions are having a positive impact.

The team also applied a functional model to analysing J's behaviour which included direct observation by the PBS team, interviews with ward staff and using the Functional Assessment Screening Tool (FAST) with ward staff.

Functional assessment: understanding the reasons for behaviour

The data from the system suggested that the most likely function of J's behaviour was 'attention'. For example analysis of one incident of self-harm was J's perception that staff rejected or didn't have time to talk to her.

Interviews with J's team and observations from the PBS team noted that J was often sitting unoccupied in the lounge area of the ward, and she reported feeling low in mood and rejected by others (staff and peers) when she didn't receive adequate support and interaction from them.

From this they hypothesised that a lack of activity on the ward may result in boredom and negative mood for J.

Recommendations for PBS support

The PBS team used the FAST and functional analysis to make recommendations to J's team about how they can support her.

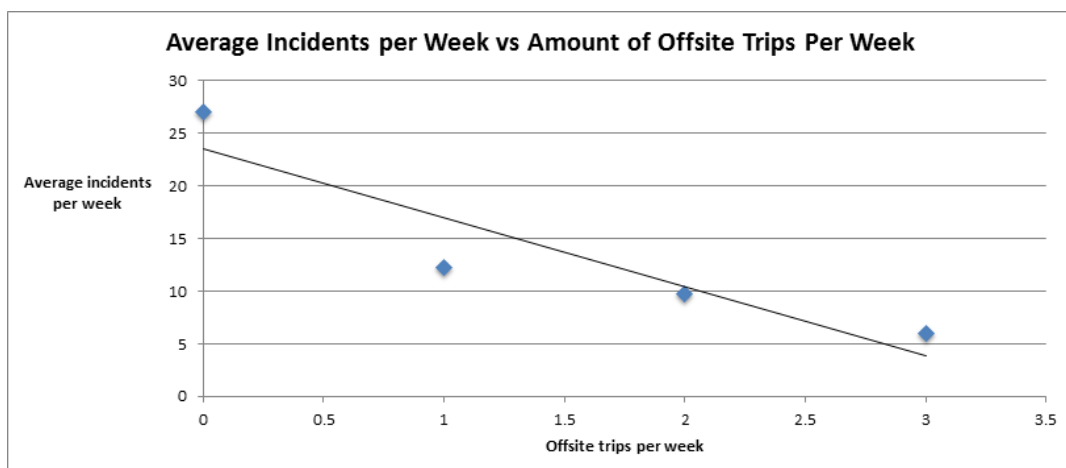
They included proactive communication strategies to ensure J was actively engaged by staff. For example they asked staff to approach J and ask her about how she was feeling in a structured way via 2:1 "talk times". This reinforced the belief that she was being cared for and 'looked after' by the ward team and reduced her feelings of rejection.

The PBS team also devised a "PBS timetable" to provide J with a menu of key activities of value to her, to provide her with the opportunity to access the same outcome she does from engaging in self-harming behaviour (i.e. interaction with staff). The activity menu included:

- hand massage
- pampering sessions
- individual talk-time sessions with staff
- opportunities for at least two off-site trips per week.

The team worked with the occupational therapy department to arrange a series of offsite trips that were of value to J. Within the first three months the data clearly indicated that as J went out more, the number of incidents of behaviour which challenges decreased.

Figure 1. Data taken from week commencing 17 July 2017 to 15 October 2017



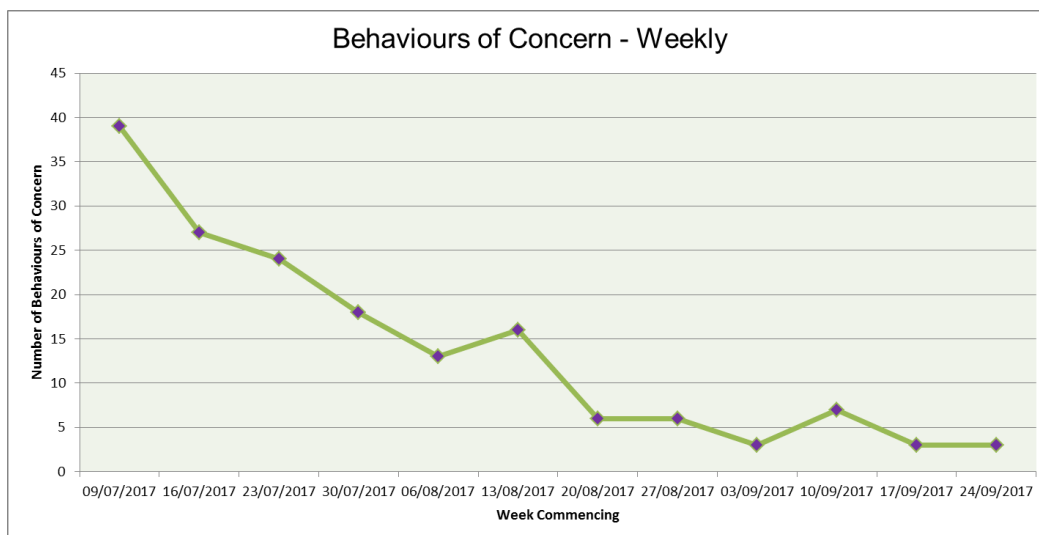
The ward staff did training to ensure they had the right skills and knowledge to engage with the PBS plan. They also integrated J's new activity timetable into the patient schedules to ensure the activity schedule was completed.

The outcome of PBS intervention

The PBS intervention appeared to improve J's quality of life.

The number of incidents of behaviour which challenges reduced significantly from 25.8 average per week pre-intervention, to 4.6 per week post intervention. Staff also observed her as more active and engaged on the unit, and she joined in more day to day and other activities that were meaningful and valuable to her.

Figure 2 gives frequency data for J's self-injurious behaviours by week (intervention started in July 2017)



One of the senior support workers said:

“It has been visible to see J's transformation on commencement of the PBS plan. The amount of incidents decreased dramatically after J was given more opportunities/activities offsite.

Staff and family commented daily on the change of J's appearance as well as her mental state. It was also apparent that J herself noticed the change and felt more positive in herself.

On ward, day to day management of J became easier due to fewer incidents, and fewer injuries to staff as well as overall staff satisfaction as there were more positive interactions.”

Lessons learned

From this intervention Eldertree learned that there are three key factors to consider when implementing PBS plans such as this.

Resourcing PBS

PBS plans such as this require adequate staffing to encourage the individual to engage with it, and this can have a cost associated to it.

However in practice this is more often a case of staff being encouraged to redirect their effort and energy from restrictive strategies to the new proactive plan.

In this case, J already had a high ratio of staffing due to the previous management plan so staff were able to engage from the outset and weren't alarmed by a perception that they might not have enough staff to respond to challenges.

The impact of non-regular staff

The use of non-regular staff, such as bank or agency staff, can present a barrier to successful PBS.

Organisations that rely heavily on agency staff are less likely to be able to consistently apply PBS plans, as it requires all staff to become familiar with the stages of the strategy.

To minimise this risk, ensure that the written PBS plan is included in observation documentation and clearly discussed in handover meetings that include agency staff, before they start their shift.

Consistency in support

It's important that staff provide consistent PBS support over time, and continue to review and update PBS plans and interventions regularly.

As J's behaviour stabilised, the PBS team observed that staff relaxed the implementation of her PBS plan. However as a result the frequency of her behaviour escalated to 19 incidents per week across two weeks in October.

They reminded staff that they needed to use this approach consistently and the number of incidents reduced to five the week after.

Find out more

We'd like to thank Jenni Grindon, Assistant Psychologist and PBS Lead, for writing this case study.

You can find out more about Eldertree Lodge at www.huntercombe.com.