# Unit 540 Lead positive behavioural support (O32)

UAN:	K/602/2572
Level:	Level 7
Credit value:	10
GLH:	75
Relationship to NOS:	This unit is linked to 032
Assessment requirements specified by a sector or regulatory body	This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles. Learning outcomes 2, 3, 4, 5, 6 and 7 must be assessed in the work setting.
Aim	The purpose of this unit is to assess the learner's knowledge, understanding and skills required to lead the promotion of positive behaviour and safe responses to instances of challenging behaviour. It is aimed at those who lead services for individuals who have complex needs and behaviour which severely challenge services.

1. Understand the theoretical background and current policy context of Positive Behavioural Support

## Assessment criteria

The learner can:

- 1.1 Analyse theories underpinning Positive Behavioural Support
- 1.2 Evaluate how current policy informs Positive Behavioural Support practice

## **Learning outcome** | The learner will:

2. Be able to conduct a functional analysis of an individual requiring Positive Behavioural Support

## **Assessment criteria**

The learner can:

- 2.1 Explain the importance of ensuring functional analysis is based on formal assessment
- 2.2 Work with **others** to produce behavioural assessment reports
- 2.3 Apply indirect assessment schedules and collect direct observation data
- 2.4 Triangulate and analyse data collected
- 2.5 Formulate and test hypotheses on the function of identified **challenging behaviours**

## Range

### 2.2 Others:

- The individual
- Family members
- Paid carers
- Advocates
- Other professionals

## 2.5 Challenging Behaviour:

- Repetitive / obsessive
- Withdrawn
- Aggressive
- Self-injurious
- Disruptive
- Anti-social or illegal
- Verbally abusive

# **Learning outcome** The learner will:

3. Be able to design and lead person-centred, primary prevention strategies

## Assessment criteria

The learner can:

- 3.1 Determine a set of primary prevention interventions with others to address all fast and slow behavioural triggers identified via a functional analysis of challenging behaviour
- 3.2 Develop a schedule of structured activities and required support with others to maximise an individual's participation throughout each day
- 3.3 Design a detailed skill teaching procedure with others to address an identified challenging behaviour
- 3.4 Lead the implementation of agreed person-centred primary prevention interventions
- 3.5 Apply tests of social validity to all primary interventions designed for an individual

## **Learning outcome** | The learner will:

4. Be able to design and lead secondary prevention strategies

### Assessment criteria

The learner can:

- 4.1 Identify and define with others the early warning signs of agitation for an individual
- 4.2 Construct with others a set of secondary prevention strategies derived from the functional analysis of an individual's behaviour
- 4.3 Lead the implementation of agreed person-centred secondary prevention interventions
- 4.4 Apply tests of social validity to all secondary interventions designed for an individual

# **Learning outcome** | The learner will:

5. Be able to assess the appropriateness of reactive strategy use

## **Assessment criteria**

The learner can:

- 5.1 Critically compare the use of non aversive and aversive reactive strategies
- 5.2 Justify the use or absence of reactive strategies for an individual
- 5.3 Identify the post-incident support needs of an individual and others to include:
  - Immediate
  - intermediate
  - longer term

# **Learning outcome** The learner will:

6. Be able to lead the implementation of a Positive Behavioural Support Plan

#### Assessment criteria

The learner can:

- 6.1 Collaborate with others to produce a Positive Behavioural Support Plan for an individual to promote a helpful culture and environment which contains:
  - Primary strategies
  - Secondary strategies
  - Reactive strategies
- 6.2 Support others to understand the detail of the Positive Behavioural Support Plan
- 6.3 Support others to develop knowledge, understanding and skills to implement the Positive Behavioural Support Plan
- 6.4 Provide others with constructive feedback on their implementation of the Positive Behavioural Support Plan

## **Learning outcome** The learner will:

7. Be able to manage and review the implementation of Positive Behavioural Support Plans

## Assessment criteria

The learner can:

- 7.1 Explain how the attitudes and skills of others may impact on a Positive Behavioural Support Plan
- 7.2 Work with others to review the plan using the Positive Behaviour Support Plan Checklist  $\,$
- 7.3 Make required amendments to the Positive Behavioural Support Plan
- 7.4 Construct and implement a Positive Monitoring Process
- 7.5 Develop an individualised Periodic Service Review

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Supporting information

# Guidance Definitions

# Learning Outcome 1, 2, 6, 7

**Positive Behavioural Support:** an approach to intervention from social, behavioural, educational and biomedical science that emphasizes proactive, preventative strategies to achieve reductions in challenging behaviour and improved quality of life. See Association for Positive Behavioural Support (2003).

## Learning Outcome 2, Assessment Criterion 2.1

**Formal assessment** must be undertaken by those who are professionally qualified to do so.

# **Learning Outcome 2, Assessment Criterion 2.2**

**Behavioural Assessment Reports** refers to a detailed report on an individual based on a functional analysis of their behaviour. The report should include such information as personal history and service use, health status, strengths and needs, motivational analysis, operational description of behaviours, risk factors, early indicators, slow and fast triggers, maintaining consequences and summary statements or hypotheses.

## Learning Outcome 2, Assessment Criterion 2.3

Indirect assessment schedules refer to assessments of skills, behaviours, mental health, participation in activities and so on, usually administered by interview with carers. Examples include the Functional Assessment Interview (O'Neill et al, 1997), the Motivational Assessment Scale (Durand & Crimmins, 1988), the PAS-ADD (Moss et al, 1993), the Contextual Assessment Inventory (McAtee et al, 2004), The AAMR Adaptive Behaviour Scale (Nihira et al, 1993), the Aberrant Behaviour Checklist (Aman et al, 1995) and so on.

## **Learning Outcome 2, Assessment Criterion 2.3**

**Direct observation data** refers to information on an individual's behaviour collected through directly observing them using structured methods, such as ABC charts, Scatterplots, Momentary Time Sampling, Continuous Time Sampling, Partial Interval Recording and so on.

## Learning Outcome 2, Assessment Criterion 2.4

**Triangulate** refers to the drawing together of results from a variety of different sources, to assess consistency in findings.

# Learning Outcome 2, Assessment Criterion 2.5 Learning Outcome 3, Assessment Criteria 3.1, 3.3

**Challenging behaviours** that lead to behaviour being defined as challenging can include competence and capacity of settings, social norms, frequency, intensity, duration and ability to communicate.

# **Learning Outcome 3, Assessment Criterion 3.2**

**Schedule of structured activities** is a detailed daily participation plan for an individual that includes scheduled and optional activities, and indicates who will provide the necessary support to maximise participation throughout the day.

# **Learning Outcome 3, Assessment Criterion 3.3**

**Skill teaching** refers to structured developmental work undertaken with an individual to teach specific skills that may reduce their challenging behaviour. It can include a full teaching plan and detailed teaching steps based on task analysis.

## **Learning Outcome 3, Assessment Criterion 3.5**

**Social validity** refers to interventions that are ethical. That is, they address socially significant problems, have clear benefits for the individual, are acceptable to the individual and others, and use the least restrictive or intrusive approach.

## Learning Outcome 4, Assessment Criteria 4.2, 4.3, 4.4

**Secondary prevention** refers to strategies that apply when a person's challenging behaviour begins to escalate, in order to prevent a major incident.

# Learning Outcome 5, Assessment Criterion 5.1 Non aversive and aversive reactive strategies

Reactive strategies are ways of responding to challenging behaviours that have not been prevented. Non aversive strategies are designed not to be unpleasant for the individual: they avoid pain and punishment and can include physical interventions that comply with the British Institute of Learning Disabilities (BILD) code of practice for the use of physical interventions.

Aversive strategies are punishment based. They work by causing an unpleasant experience for the individual, such as pain, discomfort, seclusion, infringement of rights, removal of possessions and so on.

## Learning Outcome 7, Assessment Criterion 7.4

**Positive Monitoring** is a process that avoids managers being distanced or having a mainly administrative role, by helping them maintain close contact with service users and staff in a structured and constructive way. It specifies exactly what staff need to do, with managers giving frequent feedback on what they are doing well, identifying areas for improvement and helping them to find solutions. (See Porterfield, 1987)

## Learning Outcome 7, Assessment Criterion 7.5

**Periodic Service Review** provides a way of improving and maintaining the quality of services committed to implementing PBS. It is based on positive behavioural approaches to staff management and focuses on motivating and supporting staff to improve service quality (See LaVigna, et al, 1994).