

# Challenging Behaviour: a unified approach-update

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# Background

- Winterbourne View Concordat Commitment
- One of a range of documents requested
- Format and content adapted as policy and other documents came to fruition.



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# Development

- Report from the Faculties of Intellectual Disability of the Royal College of Psychiatrists and the British Psychological Society on behalf of the Learning Disabilities Professional Senate
- Final version – 16 pages long!
- Additional content – options being explored for as special edition of a journal



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# Purpose

- Updated clinical and service guideline for supporting children, young people and adults with learning disabilities who are at risk of receiving abusive or restrictive practice.
- A brief 'how to' guide referencing other resources.
- Supports the Transforming Care agenda



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# Values and Definitions

- Keeps the same definition of challenging behaviour:

‘Behaviour can be described as challenging when it is of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion.’



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# Values and Definitions

- The prevalence of challenging behaviour can be understood within a range of parameters:
  - Number of people excluded from local services and in out-of-area placements.
  - Number of children in 52-week residential schooling placements (often as a result of behavioural challenges).



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# Values and Definitions

- Service responses involving seclusion, restraint, locked doors, abuse.
- Clinical responses involving inappropriate prescription of drug treatments, punitive and aversive behavioural interventions, risk avoidance rather than risk management.



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# Capable Environments provide

- Positive social interactions
- Support for meaningful activity
- Opportunities for choice
- Encouragement of greater independence
- Support to establish and maintain relationships
- Mindful and skilled support from family/staff



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# Roles, skills and responsibilities

*NICE 2015*

## Assessment and service provision

- Effective working with individuals , carers, families
- Support and interventions for families and carers
- Early identification
- Assessment of challenging behaviour (including risk assessment and functional assessment)
- Psychological and environmental interventions
- Medication



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# Psychological and environmental interventions

Based on behavioural principles and functional assessment

- Clear, targeted behaviours with agreed outcomes
- Assessment and modification of environment that triggers or maintains behaviour
- Addressing staff, family member and carer responses to behaviour
- Clear schedule of reinforcement of desired behaviour and capacity for prompt offer



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# Medication Guidance

- NICE 2015
- Public Health England 2015
- Royal College of Psychiatrists 2016



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# Stopping Overmedication

- Stick to prescribing standards
- Medication will be started by a prescriber competent to care for people with LD
- Prescribing will always be part of multidisciplinary care plan
- Regular reviews will be held according to NICE standards or on request
- Participation in national prescribing audit
- Regulators and commissioners will use these standards to improve quality



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# Medication Prescribing Standards

*RCPsych 2016*

Prescribers will

- State the reason for prescribing
- Follow process for documenting consent to treatment or best interests
- Monitor treatment response and side effects at least every 3 months
- Regularly review need for continuing, changing or discontinuing medication every 3 months or on request from patients, carers or other professionals



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# Multidisciplinary Formulation – Making Sense Together

## Contribution of

- Communication factors
- Acute and chronic physical health problems
- Mental health problems
- ASD and ADHD
- Trauma and abuse
- Medication effects



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# Multi-disciplinary Working with Families

- It is essential that health and social-care professionals work closely with families.
- Too often families are ignored, marginalised or actively excluded from involvement in the planning and delivery of care.



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# 24hr Multi-disciplinary Working

- When people are experiencing a serious problem or crisis, it is essential that the service can respond to their needs with appropriate and effective advice and support 7 days a week and outside office hours.
- Access to 24hr emergency on-call, community crisis centre or in-patient outreach resources is essential, including access to psychiatric cover as part of the agreed local crisis response system.





# Multi-disciplinary working to Improve Workforce Skills

- Professionals have an essential role in developing and maintaining the skills and competences of the workforce across all sectors of health and social care.
- Clinicians and other professionals have essential roles in providing strong leadership, assurance and accountability, particularly around reducing the use of restrictive interventions.



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# Multi-disciplinary approach to achieving Least Restrictive Options

Professionals are also required to work in collaboration with the NHS and social-care bodies on reducing unnecessary admissions, discharging individuals from hospital, taking the lead on continuity-of-care coordination and care and discharge planning.



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# Working with Commissioners

- Commissioners and clinicians should work together in refashioning services and enabling closer integration between care managers, care-standards inspectors and members of community, intellectual disability teams or specialist challenging behaviour teams.
- Staff training and support to local services should be a core role of specialist health professionals.



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# Next Steps

- Transforming Care Partnerships (TCPs) to publish plans for service improvement
- TCPs to develop workforce development strategies
- PBS training/accreditation
- Care and Treatment Reviews
- STOMPLD (stopping overmedication)
- Continued reduction of bed use



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