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.
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
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
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.’
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).
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.
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
Roles, skills and responsibilities

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
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
Medication Guidance

• NICE  2015
• Public Health England 2015
• Royal College of Psychiatrists 2016
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
Medication Prescribing Standards

Prescribers will

• State the reason for prescribing
• Follow process for documenting consent to treatment or best interests
• Monitor treatment response and side effects a 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
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.
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.
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.
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.
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