

Behaviour

Behaviours of concern

Positive Behaviour Support

Perola Sestini, Clinical Behaviour Specialist, CLDT





The Positive Behaviour Support Framework



Values Exercise

- What's important to you.
- What you do (behaviour) to get more of what you want.
- What are your icky things.
- What do you do to get relief from the icky things.

Understanding behaviour and its functions

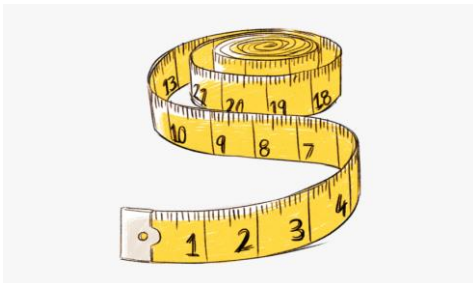
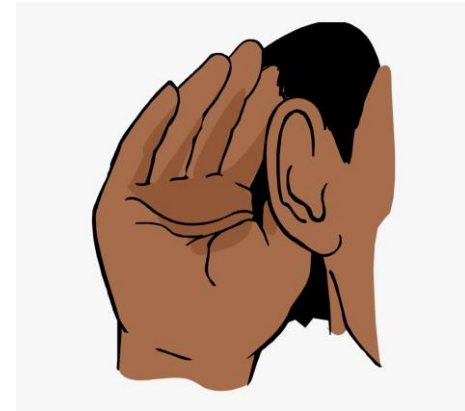
What do we mean when we say “behaviour?”

Behaviour

What do we mean when we say “behaviour?”

Behaviour is:

- EVERYTHING a person does!
- Refers to ALL behaviour, not just behaviour that challenges.
- It can be SEEN and HEARD. What it looks like is known as the form.
- It can be MEASURED. How?



What is challenging behaviour or behaviours of concern?



What is challenging behaviour or behaviours of concern?

Behaviour that interferes with learning, activities, or engaging with others

Causes significant damage or disruption to self or others

Finding a behaviour 'annoying' does not make it a challenging behaviour

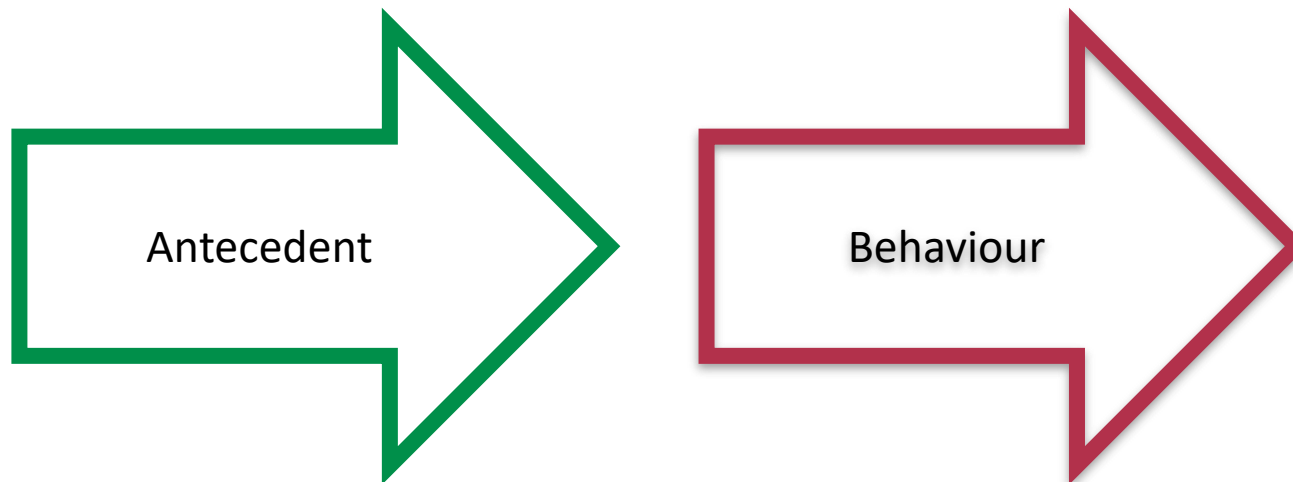
Context, frequency and intensity matter

'Challenging behaviour' is how we talk about behaviours which some people with learning disabilities &/or autism may display when **their needs aren't being met**



Behaviour

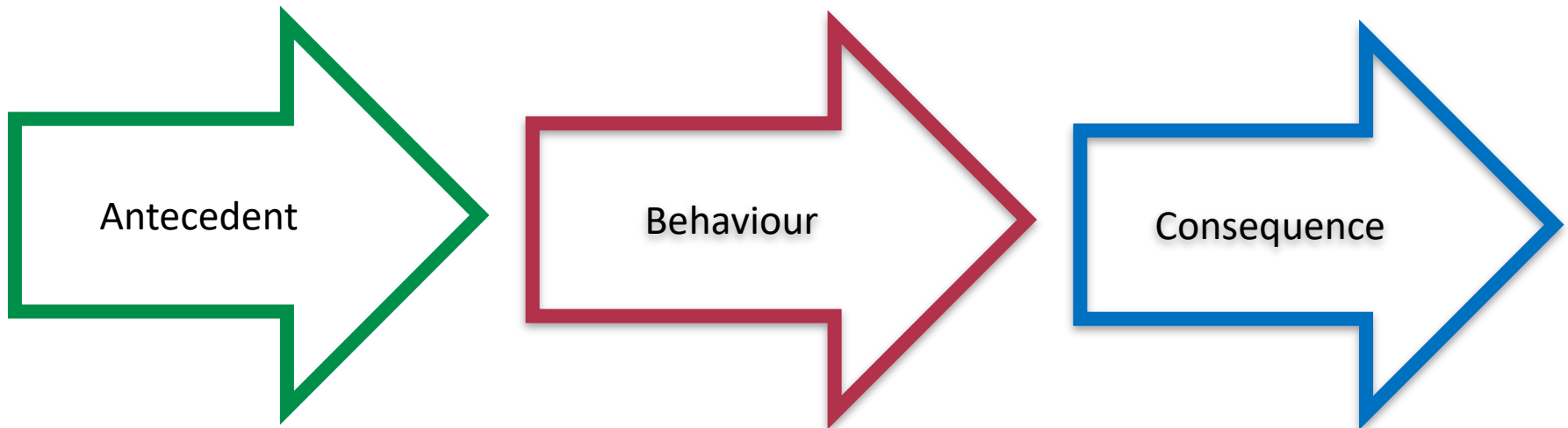
- Almost all behaviour is **learned**.
- Behaviour happens for a **reason**. Known as the **function**.
- Behaviour is a **response** to an antecedent (can be a need)



Examples?

Behaviour

- Behaviours maintain / increase when they are **effective**.
- Behaviours stop occurring / reduce when they are **NOT effective**.



The goal is:



**to provide more
reinforcement for
the behaviours that we want to
see more of**



**to provide less reinforcement for
the behaviours that we want to see
less of**



How do we know what is maintaining/increasing/ reinforcing the behaviour?

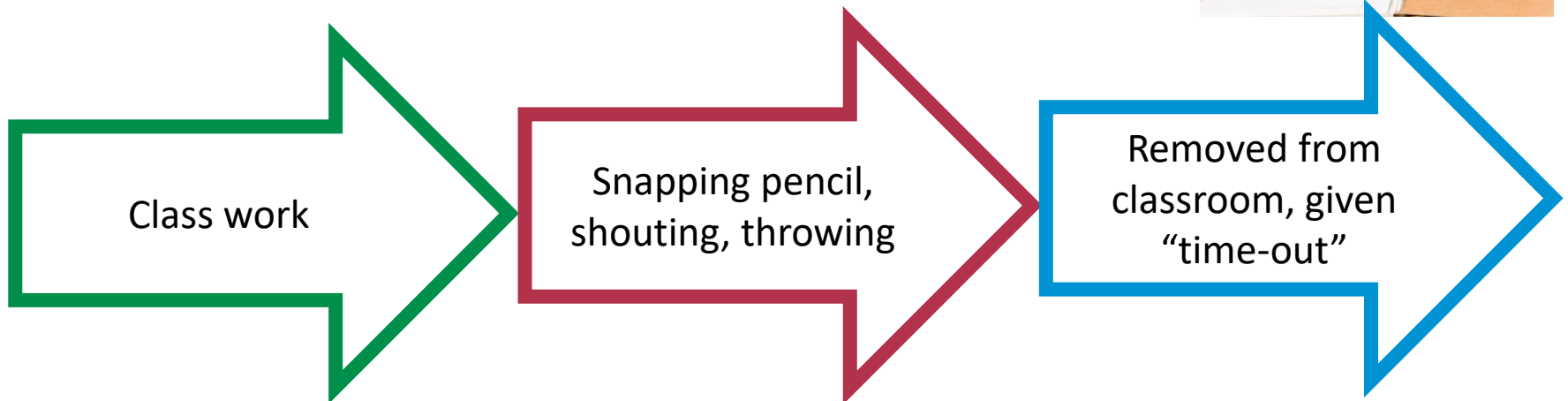




Functions of Behaviour

1) Escape

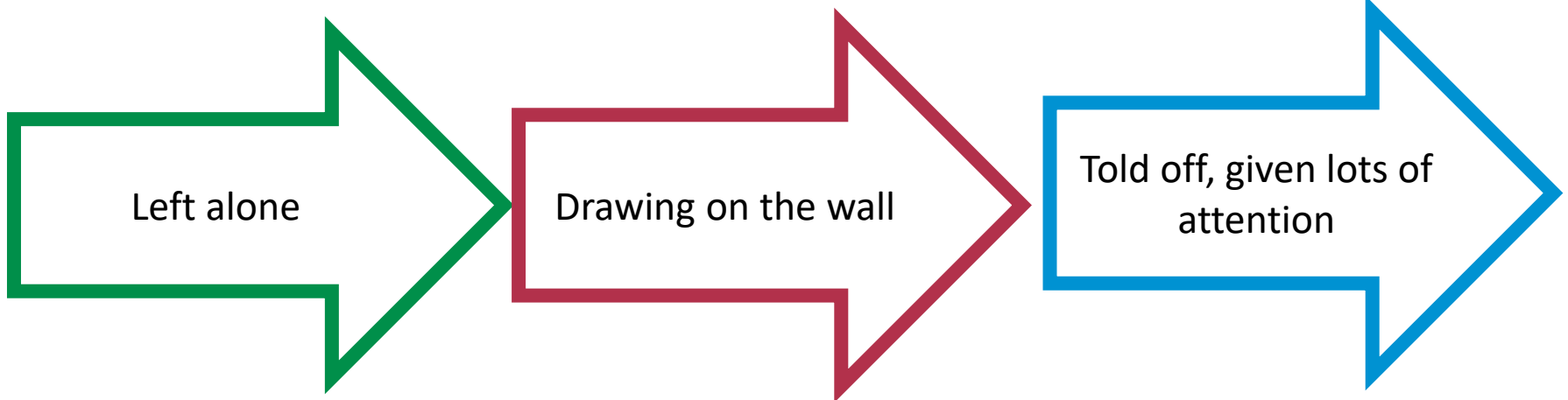
Crowds, noise, demands, situations, people.



What to do?

Functions of Behaviour

2) Attention



What to do?

Functions of Behaviour

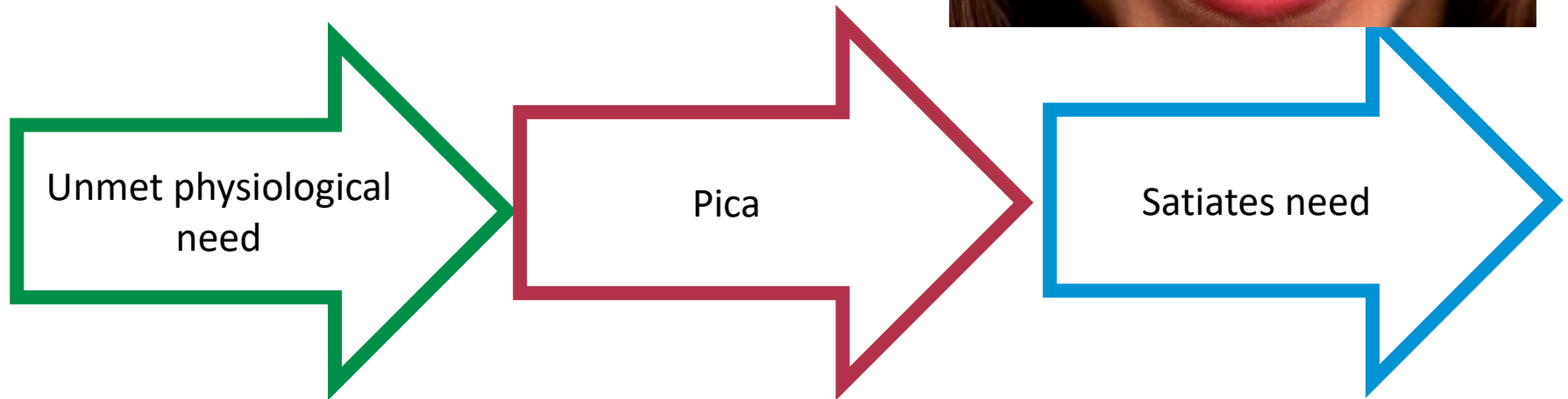
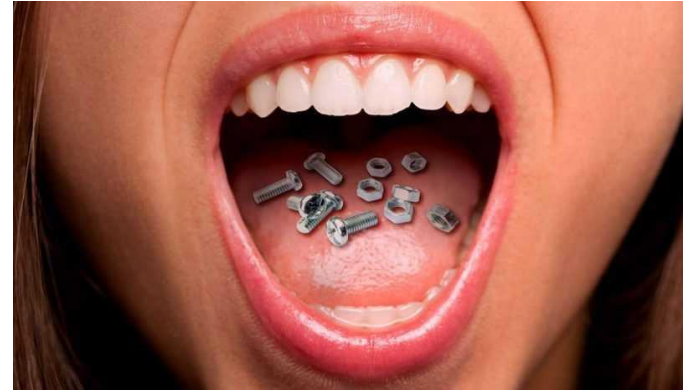
3) Tangibles



What to do?

Functions of Behaviour

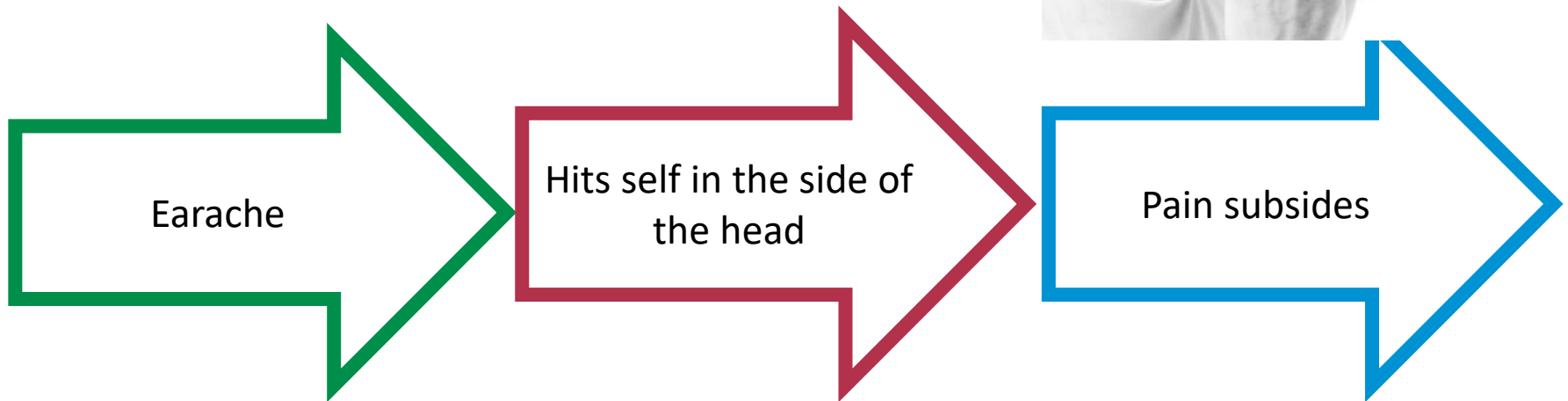
4) Sensory



What to do?

Functions of Behaviour

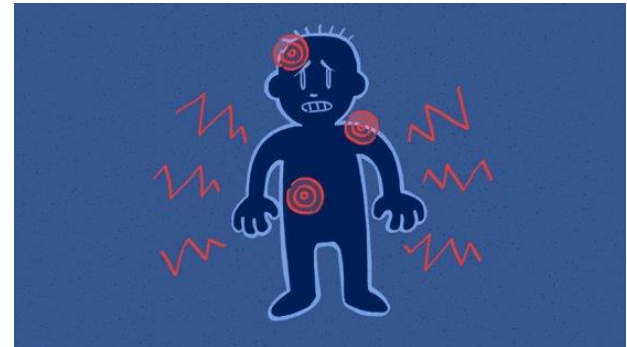
5) Pain and discomfort

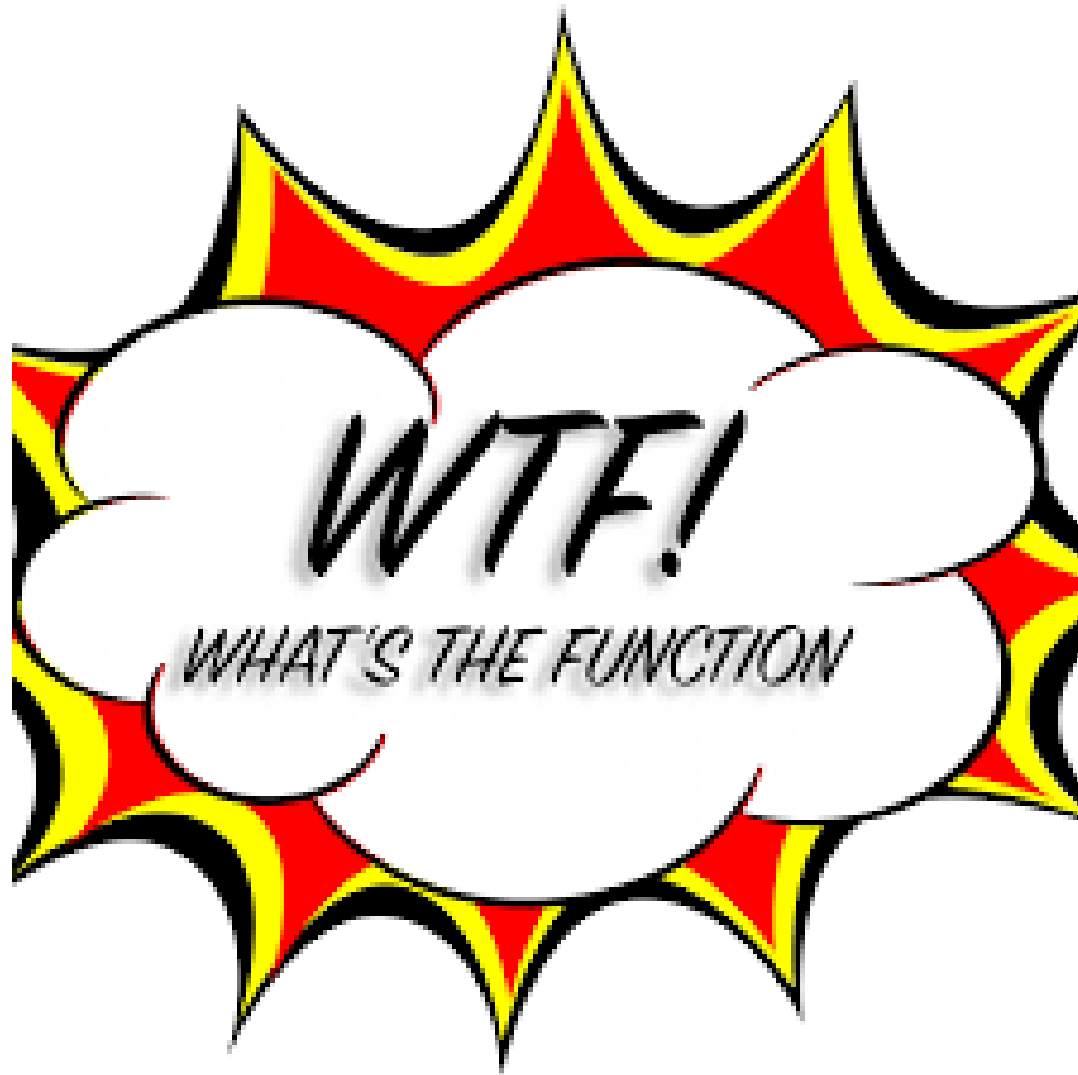


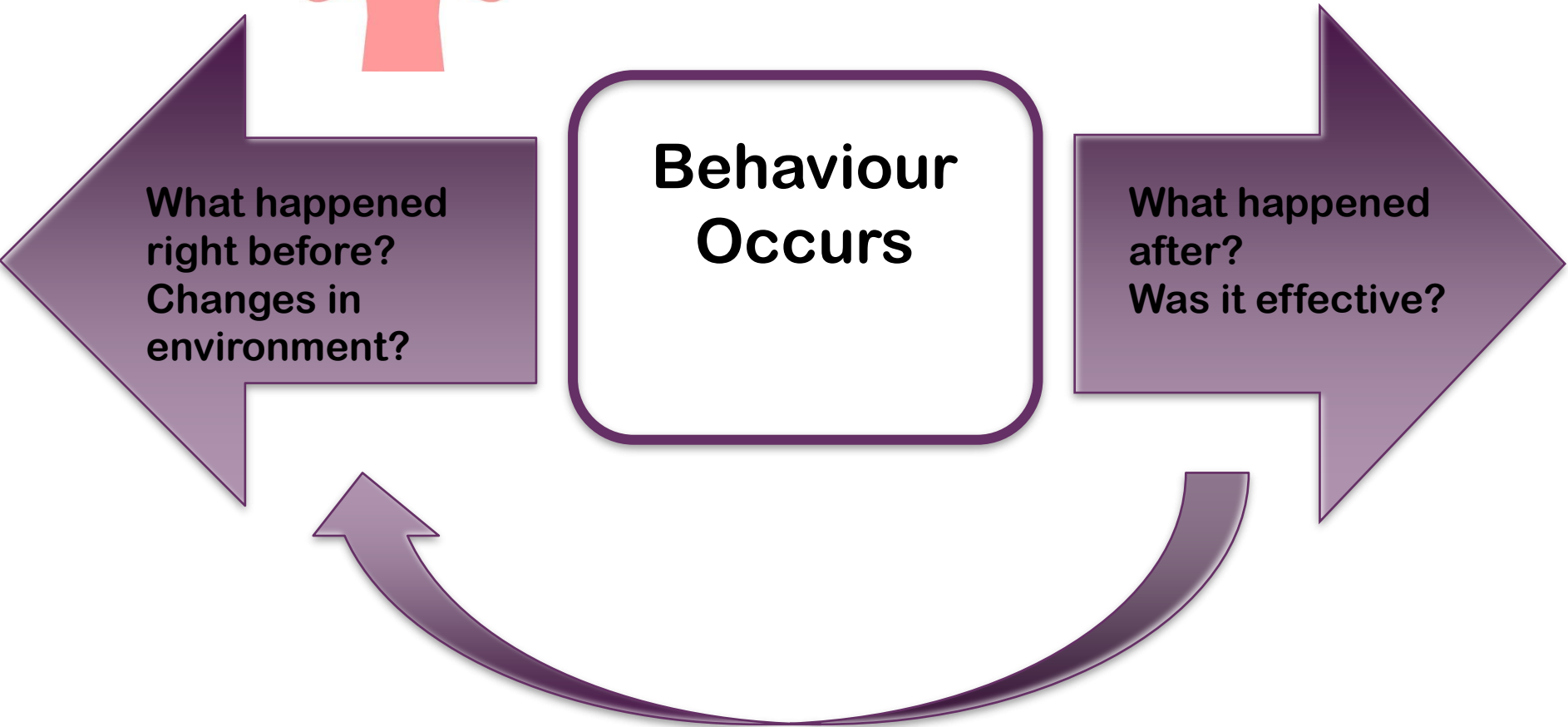
What to do?

Other functions:

1. Physical pain- not being able to communicate
2. Past trauma- feeling worried, scared, trying to escape this feeling







Date/Time	Antecedent	Behaviour	Consequence
Monday 8:40PM	It was time to take a shower so John was asked to go to the bathroom	John was screaming, ran to his room and closed the door	John was left to calm down, given some water and told that he can take a shower later
Wednesday 11:15AM	The shopkeeper asked John to wait outside in the queue because the shop was full John skipped breakfast in the morning	John started swearing and threw the shopping bag at the shopkeeper	The shopkeeper asked him to leave so John was taken home to calm down
Thursday 12:20PM	Another service user was asked to come help in the kitchen, John was sitting on the sofa	John stood up and pushed the other service user and ran to the kitchen	John's keyworker said "you can come and help too, you don't have to push your friends" John helped setting up the table

What causes challenging behaviour?

Biological

- Underlying sensory or health problems
- Genetic

Hastings *et al* (2013)

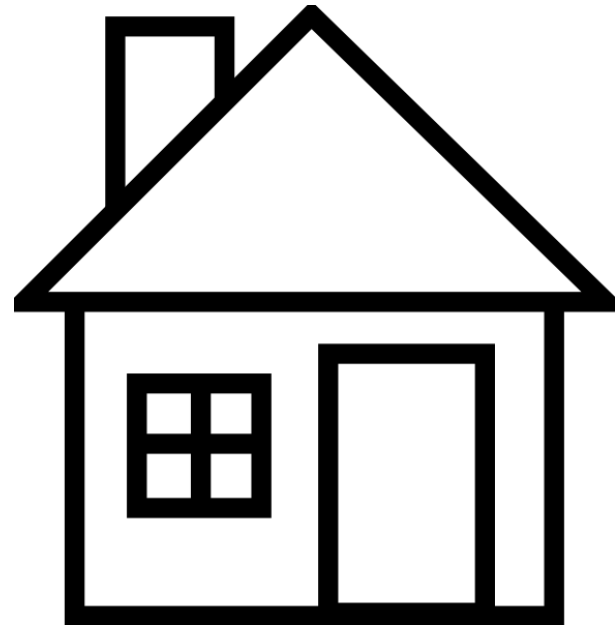
Developmental

- Negative life events
- Lack of communication skill
- Impoverished social networks
- Lack of meaningful activity
- Psychiatric or mood problems

External antecedents


**Conditions or events
occurring outside the
person which increase the
chance of a behaviour
occurring**

THINK ENVIRONMENT



Positive Behaviour Support

Core Principles of PBS

- Person-centred planning and active involvement of the individual and support networks.
- **Values driven** (what does this mean?) 
- Understanding behaviour through **functional assessment**
- Promoting **skill development**
- Reducing restrictive practices
- **Non punishment** based – Why?

The PBS Competence Framework

- Produced by the PBS Coalition – a collective of individuals and organisations across the UK (now called the **PBS Academy**)



- Sets out the **things you need to know** and **the things you need to do**

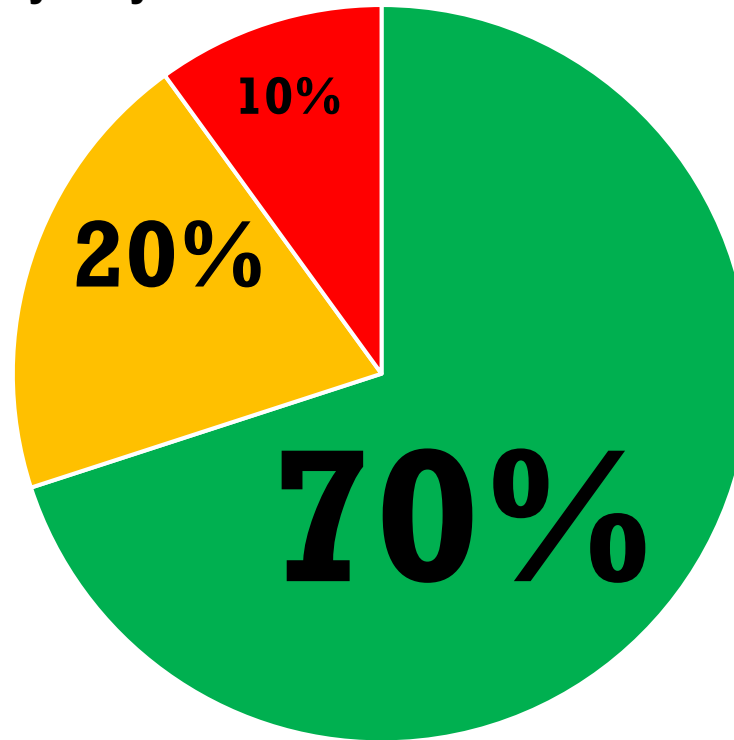
[PBS competence framework](#)

**REACTIVE
STRATEGIES:**

Keeping everybody
safe

**ACTIVE
STRATEGIES:**

Meeting the need 'in
the moment'
De-escalation
Distraction and
diversion



**PROACTIVE
STRATEGIES:**

Communication;
physical environment;
relationships; health
and well-being;
choice-making;
having control;
having structure and
routine; engagement;
sensory sensitivities;
boundary setting;
identity and self-
esteem; learning new
skills

Capable environments and not challenging environments

Positive social interactions



- Frequent interactions
- Ways that the person understands and values

Support for communication



- Alternative ways of communication
- Using visuals
- Teaching the person to ask for things they want

Support for participation in meaningful activity



- Support to engage in activities that the person enjoys and are meaningful
- Activities are frequent and the person has choices

Capable environments

Consistent and predictable environments personalised routines and activities



- Similar and consistent support
- The person has means of knowing who is supporting them and what is happening next

(e.g. visual timetables, regular routines, social stories, easy read)

Support to establish and/or maintain relationships with family and friends



- Social groups
- Shared activities
- Family time
- Community links

Capable environments

Provision of opportunities for choice



- Individuals are regularly offered choices (e.g. activities, food, times,)

Encouragement of more independent functioning



- Teaching new skills
- Support with the difficult part of the task.
- Doing WITH and not FOR.

Personal care and health support



- Individual's personal and healthcare needs are met
- Identifying pain/discomfort,
- Enabling access to professional healthcare support

Capable environments

Provision of acceptable physical environment



- The person can access and maintain environments
- The environment meets the individual's needs/preferences with respect of space, aesthetics

(including sensory preferences), noise, lighting, state of repair and safety.

Mindful, skilled carers



- The team know the person's preferences and needs.
- The team understands that challenging behaviour is communicating an unmet need
- The team adjust the environment and reflect on their practice
- The team engages in further learning

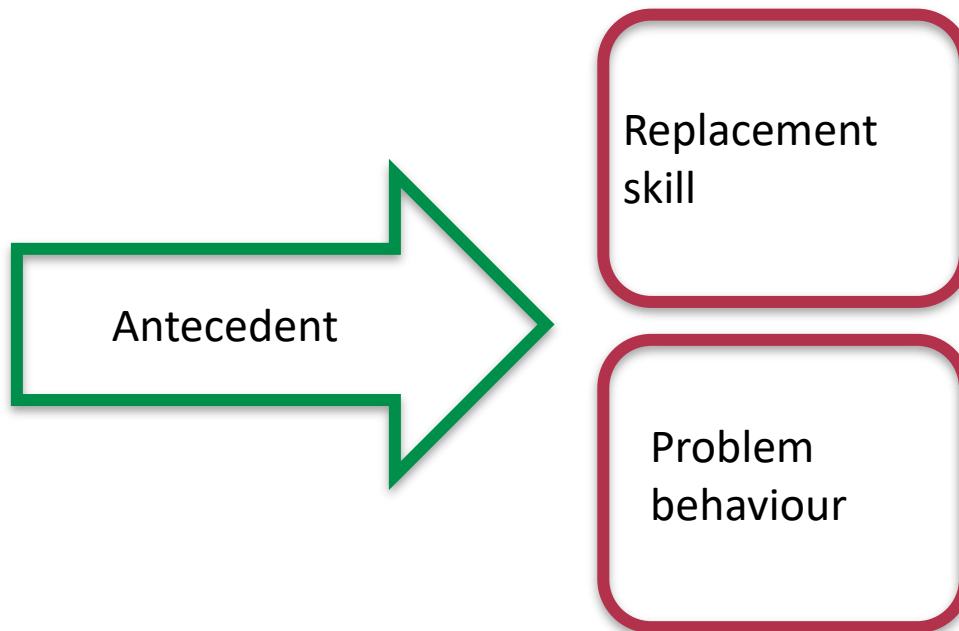
Teaching new skills

- Create lots of learning opportunities and always reinforce.



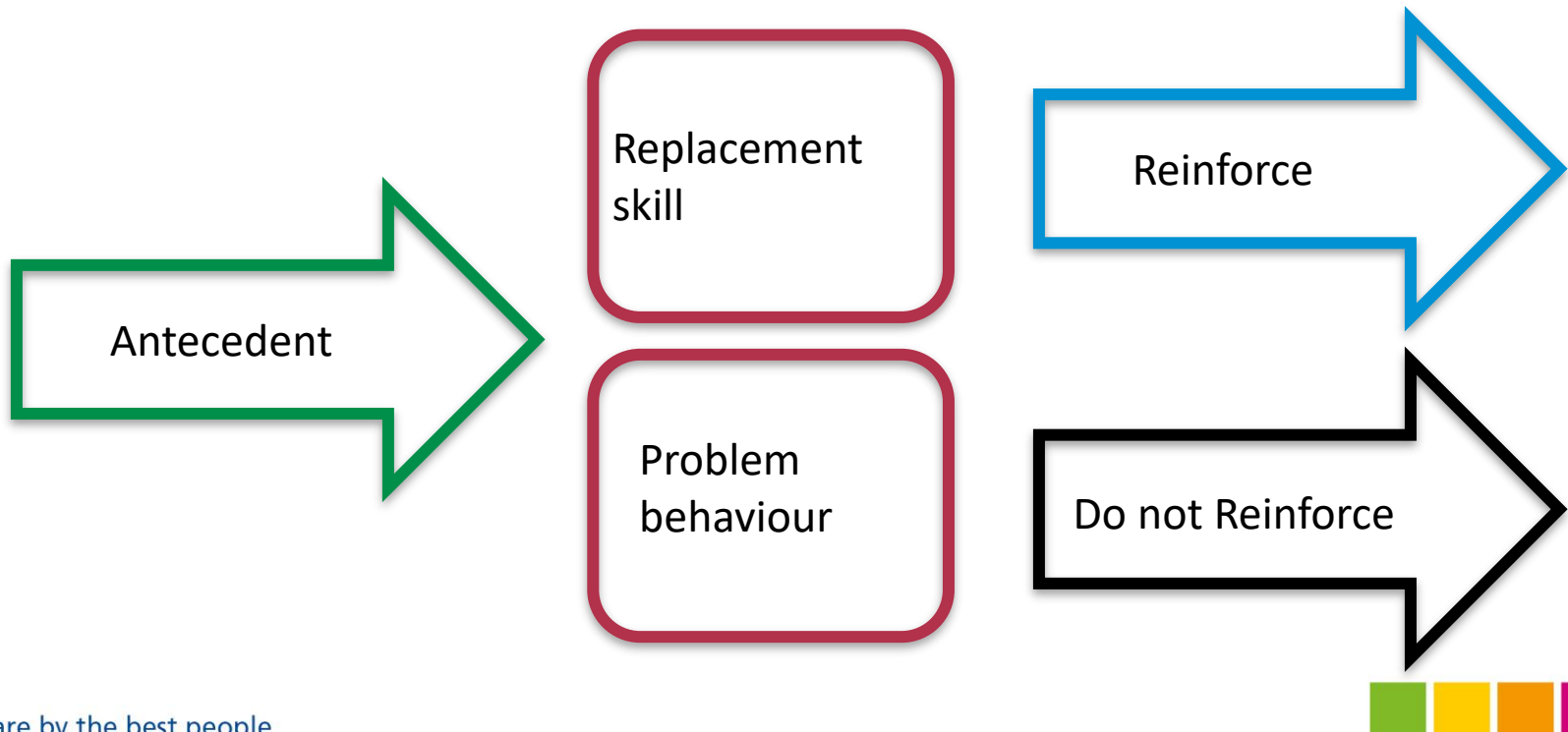
Teaching new skills

- ❖ Teaching replacement skills.
- ❖ Skills need to be **functionally** equivalent.
- ❖ Always **reinforce!**



Consequences

- ❖ Changing **our** behaviour in how we **respond**.
- ❖ **Reinforce** the behaviours you want to see.



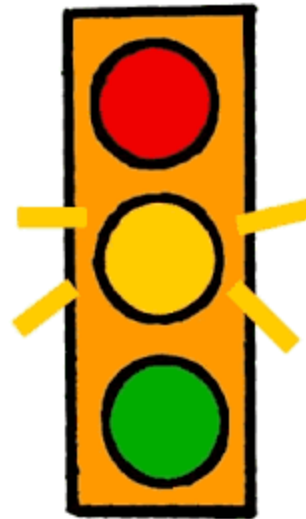
Active Strategies

Responding in the **moment** .

These are changes to the environment, or interaction / communication with the person the **prevents** the behaviour from escalating.

Think of someone you support and discuss:

- How you identify when they have moved away from baseline.
- What does it look like?
- Known triggers?
- what successful active strategies do you use?
- Changes to your behaviour? The environment?
- Are there any strategies to **not** use? Such as specific language?



Reactive Strategies

AKA crisis stage.

When any interaction will lead to an escalation. Fight or flight mode.

Maintain the clients and your own safety.

Follow individualised plans.

General guidelines include:

- Clear the area of unnecessary people.
- Remove trigger where possible.
- Give physical space and avert gaze.
- Use as minimal language as possible.
- Maintain calm; swap out if you need to.
- Call 999 if need be.



Post Incident

Does the client need anything after an incident? Have their needs prior to the incident changed?

Record the incident! Be specific!

Review and debrief:

- ☐ Was the persons person-centred plan followed?
- ☐ If not, do you know what to do differently? Is there a training need?
- ☐ Is there a new pattern emerging?
- ☐ Were there any significant changes to them or their environment today?
- ☐ Are they unwell or in pain?

What about Punishment?

I shouted at him, and he stopped.

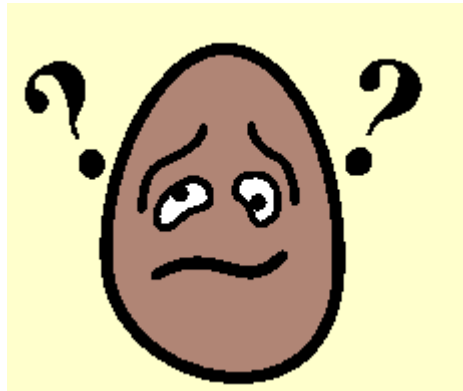
Tell her if she misbehaves at home then we won't go to the cinema.

They had a meltdown when the iPad stopped working so I took it off them.

I keep telling him I'll tell the manager if he doesn't stop and he won't get to go on holiday.



Communication



Communication Systems

Communication Passports

Objects of Reference

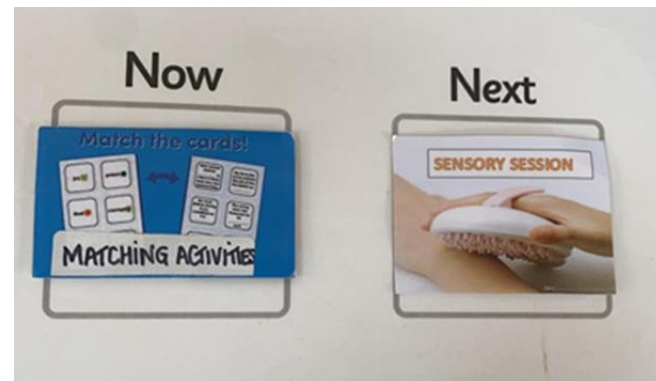
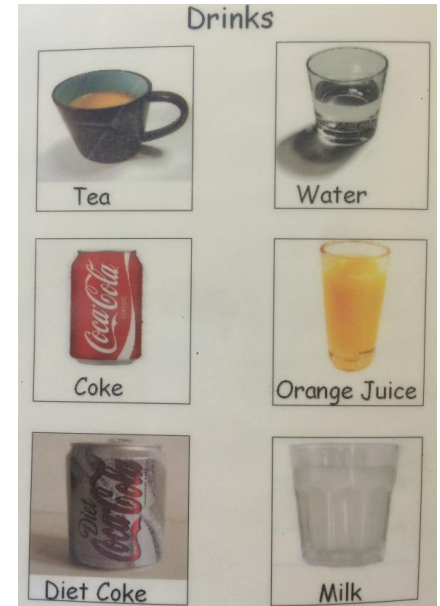
Communication Books

Visual Timetables

Intensive Interaction

Signing

AAC communication aids



Communicating with People with a learning disability

1. Make sure you have their **ATTENTION** before you start.
2. Speak **SLOWLY** and **CLEARLY**.
3. **STRESS** the **KEYWORDS**.
4. **REPEAT** yourself.
5. Give them time to understand.
6. Only give **ONE** piece of information at a time.
7. Demonstrate where possible.
8. Use a **CALM** and **QUIET** environment.
9. Check their **UNDERSTANDING** (ask them to tell you what you've said in their own words).
10. Use **OTHER** ways of communicating like **DRAWING, GESTURES, FACIAL EXPRESSIONS, WRITING, and PICTURES.**



Sexual behaviour

Sexual behaviour X Sexual harm behaviour

What is the difference?

Sexuality/ sexual appropriate behaviour -birth to end of life

- Understanding body, what is happening to you, relationship with friends, family, sense of identity
- Human right (Equality Act 2010, Care Act 2014, UN Convention on the Rights of People with Disabilities, Article 8 of the Human Rights Act 1998, CQC report “Promoting Sexual Safety Through Empowerment Report 2020.”)
- How do we learn?
- How do we learn society norms?
- Autism and LD- difficulty with natural learning or reading in between lines !!!

Sexual behaviour

Be careful:

- Infantilization, stigma, not understanding what consent is, bad touch, good touch, who can touch, appropriate places...
- Not having privacy and private time
- Access to mainstream films and magazines

Consequences: an increase in behaviours that could be potentially illegal
(age inappropriate, public spaces, stalking, touching others)

Sexual behaviour

What is the function?

physical health, pain, attention, sensory stimulation...

Examples?



- What needs are not being met?
- How and what support is needed to meet that need?

Sexual behaviour

Skill teaching: alternative behaviours, safe behaviours – depending on each person's abilities

- Private X public space
- Hygiene: Clean hands, change clothes
- Demonstrate with fake models / videos with fake models/ visuals
- Teach to wait for private time – visual schedules, timers, other sensory gadgets
- Consent- can they say no? Are they aware they can say no?
- How to respond to the behaviours- calm, non-judgmental, supportive

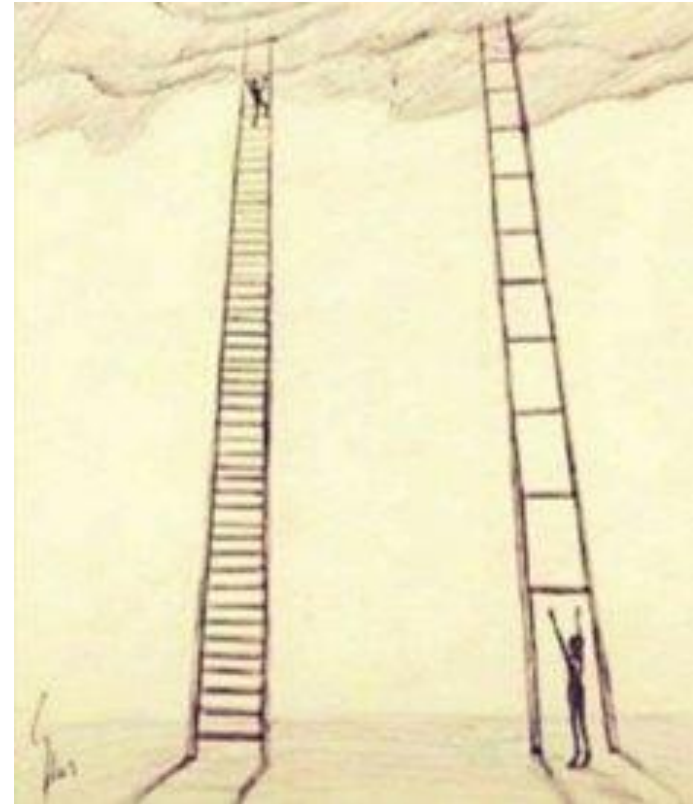
Sexual behaviour

Must be considered:

- Capacity and consent – sex and relationships
- Legal framework- Mental Capacity Act
- Safeguarding and risk assessments:
 - Work with health and social care teams, especially if it involves paid support.
 - Clear guidance, care plan and RA
 - Consider risk of injury or escalations of behaviours of concern

Environmental detective

- Are all their basic needs being met?
- Are they being met in some environments?
- Why not?



Relationships and sexuality useful resources

- Challenging Behaviour Foundation

<https://www.challengingbehaviour.org.uk/wp-content/uploads/2025/07/008-Sexual-Behaviour-2025-1.pdf>

- Mencap

<https://www.mencap.org.uk/help-and-advice/relationships-friendships-and-sex/relationships-and-sex-resources>

- Supported loving –Choices support

<https://www.choicesupport.org.uk/about-us/what-we-do/supported-loving>

- Choices support- masturbation

<https://choicesupport.org.uk/about-us/what-we-do/supported-loving/supported-loving-toolkit/masturbation>

- Positive connections – Landa Fox (Behaviour Analyst and Sexual Health Educator)

<https://www.positiveconnections.ca/about/>

<https://www.positiveconnections.ca/resources>



PBS useful resources

- British Intuition for Learning disability (BILD) website <https://www.bild.org.uk/>
- PBS Bild video <https://www.youtube.com/watch?v=epjud2Of610&t=4s>
- Challenging behaviours video
<https://www.youtube.com/watch?v=9DL88hcCXxY>
- Communication passports <https://mycompass.com/>
- Capable environment framework

Short video <https://www.youtube.com/watch?v=zGavAZ-xAl8>

15 min video <https://www.youtube.com/watch?v=tHVItGJDap0&t=39s>

- Functions-based support
<https://www.youtube.com/watch?v=FmoyVcelMT8&t=255s>
- PBS Competency framework

<https://pbs-academy.com/wp-content/uploads/2016/11/Positive-Behavioural-Support-Competence-Framework-May-2015.pdf>



Pain assessment - Useful Links

My pain profile helps you identify the signs that someone is in pain:

<https://www.dyingmatters.org/sites/default/files/user/images/pain%20assessment%20tool%20Notts%20final%20doc.pdf>

The Disability Distress Assessment Tool (DisDAT) is based on the idea that each person has their own 'vocabulary' of distress signs and behaviours:

https://www.wamhinpc.org.uk/sites/default/files/Dis%20DAT_Tool.pdf

Non-Communicating Adults Pain Checklist (NCAPC) is an 18-item checklist that helps you assess chronic pain in non-communicating adults. [https://cpb-](https://cpb-use1.wpmucdn.com/wordpressua.uark.edu/dist/9/300/files/2017/04/Non-Communicating-Adult)

[use1.wpmucdn.com/wordpressua.uark.edu/dist/9/300/files/2017/04/Non-Communicating-Adult](https://cpb-use1.wpmucdn.com/wordpressua.uark.edu/dist/9/300/files/2017/04/Non-Communicating-Adult)

<https://pediatric-pain.ca/wp-content/uploads/2013/04/CPSNAID.pdf>

Wong and Baker's FACES Pain Rating Scale uses pictures of faces to help people communicate pain intensity from 'no hurt' to 'hurts worst':

<https://wongbakerfaces.org/instructions-use/>

thank you





Dr Steve Noone
Tyne & Wear NHS Foundation Trust

