Active Support Workshop

PBS Europe International Conference 2020

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Active Support :Introduction

- ✓ Evidence –based set of primary prevention procedures

- ✓ Specifically designed for supporting people with intellectual disabilities (including people with challenging behaviour) living in small- scale housing services in the community

As well as having theoretical training e.g. attending a workshop or doing e learning etc staff should also receive :

- ✓ Practical 'interactive training' in the service user's home--

PBS interventions	☐ Changing person's physical environment
Primary prevention	☐ Altering programmatic environment
	☐ Introducing total communication
	☐ Addressing internal setting events (mental & physical health)
	☐ Improving carer confidence & competence
	☐ Eliminating or modifying specific triggers for behaviour
	☐ Increasing rates of access to preferred reinforcers
	☐ Increasing the density of social contact
	☐ Increasing rates of engagement
	☐ Modifying demands
	☐ Providing additional help
	☐ Embedding
	☐ Building behavioural momentum
	☐ Teaching general skills
	☐ Teaching functionally equivalent skills
	☐ Teaching coping skills
Secondary prevention	☐ Stimulus change
	☐ Stimulus removal
	☐ Not ignoring
	☐ Strategic capitulation
	☐ Diversion to reinforcing activities
	☐ Diversion to compelling activities
	☐ Coping skills
Reactive strategies	☐ Proxemics
	☐ Self-protective
	☐ Minimal 'Ethical' Restraint

ACTIVE SUPPORT

Active Support & PBS

Fit very well together-they are both

- Person centred & aim to imporve quality of life
- About fixing environments not trying to fix people
- Powerful cultural change agents (if done properly)
- AS can change the environments most commonly associated with CB - so that CB is prevented or occurs less frequently
- AS is the foundation of primary prevention in a wider PBS approach -other PBS primary prevention strategies are much more likely to be effective if AS is in place
- You can do Active Support without PBS, but very difficult to do PBS without Active Support

Active Support Handbook

Available to download free at

https://arcuk.org.uk/publications/files/2011/11/Active-Support-Handbook.pdf

Key Suggested texts research & general overview:

Flynn S., Totsika, V., Hastings, RP, Hood, K., Toogood, S., & Felce, D. (2019).Effectiveness of Active Support for adults with intellectual disability in residential settings: Systematic review and meta-analysis. Journal of Applied Research in Intellectual Disabilities

Toogood, S., Totsika, V., Jones, E., Lowe, K., (2016) Active Support in N.N. Singh (Ed.)Handbook of Evidence-Based Practices in Intellectual and DevelopmentalDisabilities Springer USA

Jones, E., Lowe, K., Brown, S., Albert, A., Saunders, C., Haake, N & Leigh, H. (2013). Active Support as a primary prevention strategy for challenging behaviour. *International Journal of Positive Behavioural Support, 3 (1),* 16-30.

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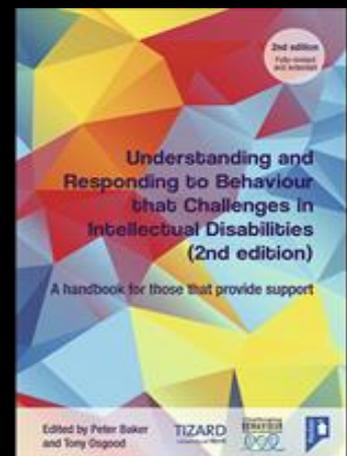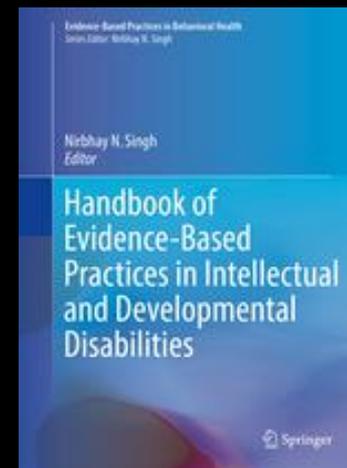
Active Support is part of PBS

Designed to complement other training in Positive Behavioural Support

- Technology to put values into action
- Improved if based on Functional assessment
- Improving goodness of fit person and environment
- Enhancing competence and teaching new skills
- Proactive- developing more appropriate behaviour
- Enhancing quality of life of service users
- Long-term focus
- Multiple components
- Positive antecedent and reinforcement based strategies
- Reduction in challenging behaviour occur as an important side effect

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Active Support

- Around for over 30 yrs had to be reintroduced in 1999 despite it's proven effectiveness

- Strong evidence that Active Support (AS) very effective in improving quality of life of PWLD by improving staff interaction and planning

- Some indications that those with the highest support needs benefit most and that interactive training and practice leadership are key components

- (Felce et al 1986, 2002a, 2000b, Jones et al 1999, 2001b, Mansell et al 2003, 2008, Stancliffe et al, 2007; 2008; 2010 Toogood 2008, Totsika et al 2008b Beadle-Brown 2012; Jones et al 2013, Flynn et al 2019)

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2 'versions' of Active Support

1. Active Support

Jones, Perry, Lowe, Felce, Toogood, Dunstan, Allen, & Pagler, (1999)- 'Welsh Centre for Learning Disabilities'

2. 'Person Centred Active Support (P-CAS)

Mansell, Beadle-Brown, Ashman, & Ockendon, (2005) Tizard Centre' The two approaches are more similar than different, varying mainly in points of emphasis and the importance of planning and monitoring (Stancliffe et al., 2008).

Both are person centred approaches
Same values & technology,
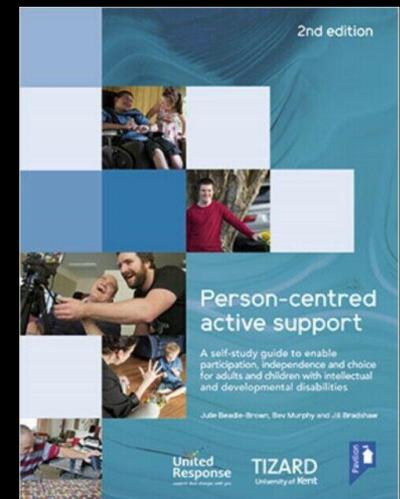
What's different

. Active Support Jones, et al(1999)

+Activity and Support Plans

+Activity scripts to support personal routines

+Collecting data to help keep track– participation records

+*Opportunity plans*

+*Structured teaching plans*

Active Support is not new: it was developed and tested in

- Nimrod- Lowe et al

- Andover- Felce et al

- Special Development Team-Emerson et al

- Welsh Centre for Learning Disabilities- Jones et al

- Tizard Centre-Mansell et al

  Full references are given in handbook

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Traditional institutions- Low levels participation

- Residents not able to participate in typical daily activities- cooking cleaning , shopping

- Hotel catering, laundry & domestic services

- Staff: Resident ratio low

- Isolated location

- Those with most severe disabilities and behavioural problems spent most time with nothing to do
  "The less you've got the less you get"

- Increases risk of Challenging Behaviour

Research on Small Scale Community housing services

- Ve... ...e results in 1st gen... ...on of early pil...
  pr... ...rod, Andover.
- G... ...mprovement as a resul... ...larger scale
 res... ...ment in 2nd generatio... ...but var...
  bet... ...services

➢persistence of institutional practices and low levels of engagement in constructive activities by residents in 2nd generation supported housing services- **Hotel Model**

➢failure to take full advantage of move into community- **just changing the setting is not enough**

➢**Those who need it most get it least!**

A vicious circle of disempowerment in hotel models

Service users do not participate in activities. They may do nothing for most of the time or use behaviours that challenge as their main way of communicating & controlling their environment

Staff spend most time doing domestic tasks or reacting to CB. Staff operate as 'domestics/ caretakers/ security guards' they see their role as to ensure the house is clean, people are looked after and don't get hurt'
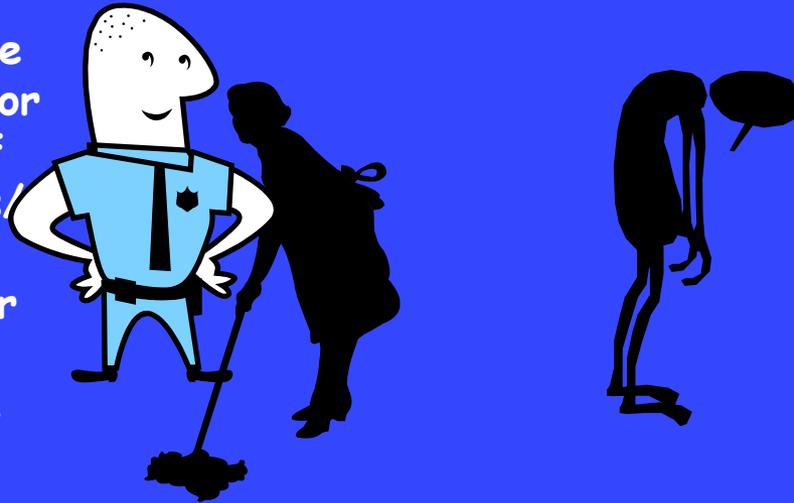
Staff do most things for the people they support rather than assisting them to participate in activities. Staff restrict access due to 'safety' concerns e.g. To the kitchen

Staff think that service users are dependent, unable and dangerous. Staff do not spend much time interacting with them & are apprehensive about trying new things

Translating values into action

- ✓ **the right to a lifestyle valued by society**

- ✓ **being part of a community**

- ✓ **having a network of relationships; family and friends**

- ✓ **having continuity in relationships**

- ✓ **having opportunities to develop experience & competence**

- ✓ **be as independent as possible**

- ✓ **having choices, control & to be involved in decisions which affect ones life**

- ✓ **be given status, respect & treated as an individual**

MODULE 4
We Are Engaged!
Activity 4.1

Exercise -Split into groups. Explain to an alien

What do we mean by/ how do we do it?

➢ Helping service users to be independent

➢ Valued life or 'Quality of Life'

➢ Promoting choice

Simple, straight-forward language only No Jargon

What could you see? What examples could you show them?

Value based outcomes emphasise :

- ✓ **Participation** **in all of the activities most people do**
- ✓ **Involvement** **with other people, and**
- ✓ **Development** **of skills, interests and relationships**

service accomplishments (O'Brien 1987)

- ✓ community presence
- ✓ community integration
- ✓ choice and rights
- ✓ status and respect
- ✓ competence

Can only be achieved by promoting participation

Group Exercise

- You've arrived at Heathrow airport 2 hours before your scheduled long-haul flight

- They announce a six hour delay

- What do you do?

Summary

Active Support is important because

- MOST people spend MOST of their time participating in activities rather than doing nothing
- We make choices, but rarely choose to do nothing
- Participating in activity = quality of life
- Everyone has a right to participate and can get involved regardless of ability
- Someone can participate even if they do not have all the skills to do an activity- if we give them the right help
- Primary prevention procedure –can reduce CB
- Active Support Focuses on achieving the goal of Active Participation in a wide range of activities for all people

The role of staff in community services achieving the goal of Active Participation

- Provide Active Support

- More disabled service users need more contact and help

- Interact positively- providing assistance, thinking in steps, reinforcing participation

- Create opportunities for service users to participate-planning for participation

A virtuous circle of positive interaction & empowerment

Staff Interact more positively with service users. Staff communicate more effectively and provide opportunities assistance for them to participate in activities and make it enjoyable

Staff become genuine support workers, enablers and advocates. They spend more time interacting positively & think of creative person-centred ways of enabling people to do more and have a better quality of life

Service users participate more, make informed choices and have more control-are happier and get what they need without using CB

Staff think of service users as more competent, & valued. Staff give service users more respect, control & attention. Staff feel more confident, successful & eager to try new things—more job satisfaction

Positive Interaction

How staff or carers

INTERACT WITH
The people they support

TO PROMOTE THIER

ENGAGEMENT & ACTIVE PARTICIPATION

In a wide range of activities

1. The Different Levels Of Assistance
ASK- INSTRUCT- PROMPT- SHOW- GUIDE

>>>>>>>>>>>>>>>>>>>>>>>>>>>>>

level of help increases

2. Thinking In Steps
Breaking things down into steps & doing one step at a time

3. Reinforcing Participation
Paying attention to service users when they are actively participating and maximising naturally occurring rewards

Ways of providing support to increase participation

Do you want to make a cup of tea

ASK- INSTRUCT- PROMPT- SHOW- GUIDE

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level of help increases

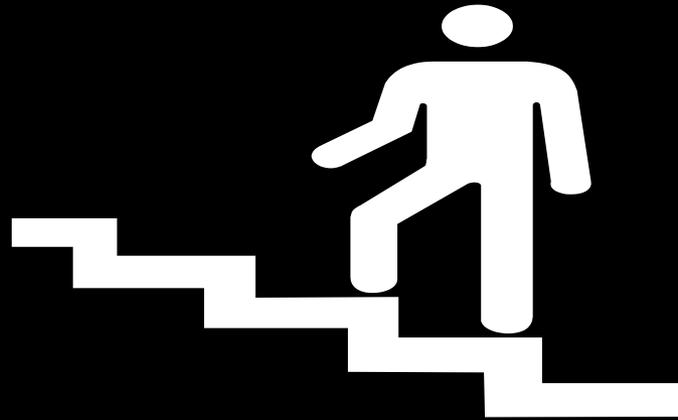ACTIVE SUPPORT Workshop Prof. Edwin Jones PBS Europe Nov 2020

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USE

Ask-Instruct-Prompt-Show-Guide

FLEXIBLY

Guide - Instruct - Show -Prompt -Ask

In practice the different levels can be used together and you switch back and fore between them depending on the person's needs.

Thinking In Steps

Most Activities Are A Sequence Of Steps

Group exercise

Work in pairs spend 5 minutes writing down the different steps involved in pouring a glass of milk.

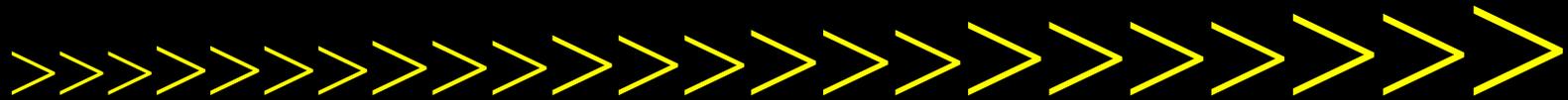The milk is in the fridge, the glass is in the cupboard.

Pouring a Glass of milk

1. Get glass from cupboard

2. Get milk from fridge

3. Take the bottle top off

4. Pour the milk into the glass

1. Open cupboard door
2. Pick up glass
3. Put glass on worktop
4. Close cupboard door
5. Open fridge
6. Pick up milk bottle
7. Put milk on table
8. Close fridge door
9. Put bottle on worktop
10. Hold bottle, press thumb on foil lid & remove
11. Pick up bottle
12. Hold glass
13. Pour milk into glass
14. Put bottle down
15. Replace foil lid

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Combine

Ask - Instruct - Prompt - Show – Guide

>>>>>>>>>>>>>>>>>>>>>>>

&

Thinking in Steps

Reinforcing Participation

Behaviour>>>>>>>>>>>>>>>>>>>Consequence

Reinforcement= anything which, when it follows immediately after a specific behaviour, makes it more likely that the behaviour will occur again

Positive Reinforcement

Participating in Activity>>>>>>>> + Reward

Works by ensuring the person gets something pleasant or enjoyable immediately after they have behaved in a particular way

Different ways of providing positive reinforcement

Everyone is different

 some things may be more reinforcing for one person and less reinforcing for another –

Therefore, we need a variety of strategies

- **Naturally occurring rewards**
- **Backward chaining**
- **Praise and attention**
- **Activity rewards**

Reinforcement Key Points

- Reinforcement should only be given for the kinds of behaviour we want to increase
- Make sure the reward is effective
- Provide the reward as soon as possible after the desired response
- Combine naturally occurring and activity rewards with praise and attention

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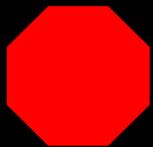# Positive Interaction & Challenging Behaviour

Different behavioural phases-traffic light
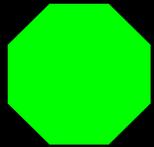
Green How the person behaves for most of the time- no challenging behaviour, the 'baseline' or normal level of arousal.
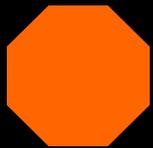
Amber When the person's behaviour begins to escalate away from baseline and they may become more agitated and harder to engage or divert.

Red When the person is in crisis or over aroused, challenging behaviour especially aggressive behaviour is likely to occur.

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Positive Interaction & Challenging Behaviour
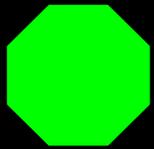
GO !
Interact positively--Avoid any triggers that may increase the risk of behaviour escalating from baseline .
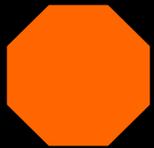
proceed with caution-actively listen-function of CB? to increase levels of social contact or sensory stimulation

to escape or avoid aversive situations
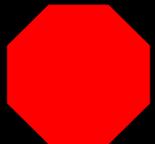
Red STOP !
Do not introduce any new activities

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Positive Interaction & CB

Depends on what is stated in persons plan

➢Function of CB

➢Triggers for CB-manage or avoid as far as possible

Need to continually actively listen

Never put yourself or the service user at risk- if in doubt stop and take a break

stop

Adapt the physical environment

General rule- an item of adapted equipment should be available if it makes the difference between the service user being able to do an activity and not being able to do an activity

- Pouring stands, chopping boards , non slip mats, cutlery, po[tato] peelers,
- Kitchen design; tap handles, work surfaces, turning circles
- Electric tin openers, hand held food-mixers
- Easiest to use washing machines, cleaners microwaves
- Equipment should be easy for service users to use
- Things should be kept where service users can reach
- Things are put back in the same place each time they are used
- Locking anything up (apart from dangerous substances) should be the exception and the decision is a clinical one made by the appropriate senior staff and members of the multidisciplinary team

Fading Assistance

Reducing the amount of assistance after the person has done the activity successfully to promote independence

Don't fade to soon and always fade gradually

Guide- Show- Prompt-Instruct-Ask

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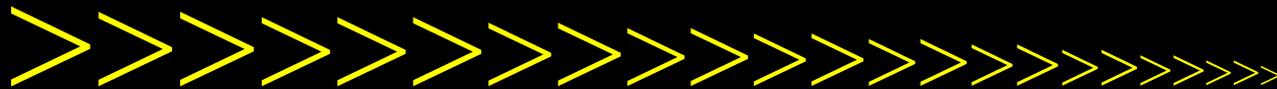
Level of help Decreases

Fading reinforcement

Reducing the amount of reinforcement after the person has done the activity successfully to promote independence

➢ Add more steps-so a person has to do more before getting the reward e.g backward chaining

➢ Change from a continuous to intermittent schedule of reinforcement

➢ Every now and again rather than every time

Multidisciplinary Approach

Members of a multidisciplinary team can provide further help & support!

- Occupational therapists
- Physiotherapists
- Speech and Language therapists
- Psychologists
- Psychiatrists
- Behavioural specialists
- PBM trainers
- Other Specialist e.g. social workers for the deaf etc

Planning is a way of helping people;it shows commitment

We often feel like we've got **too much to do**,
so we have to plan how to fit it all in.

In contrast, service users in the hotel model often have

too little to do.

They spend time being bored,

doing nothing,

waiting for the next opportunity

to do something constructive.

Key aim active participation

- ✓ **Service users should spend most time actively participating in constructive activities within their own home and community**
- ✓ **Planning for a full day can help people lead more fulfilling and valued lives**

Failing to Plan is Planning to Fail

Predictability increases service user control and can reduce CB

It's also about staff consistency – it's easier for 10 members of staff to learn one way of doing something than for 1 service user to learn 10 different ways

Best if Service users know— 'can predict'

- When things are going to happen

- What is going to happen

- Who will support them

- How they will be supported

- What the outcome will be

morning routine

7.30 am
- Wake John up – knock and ask to enter
- John gets out of bed and puts dressing gown on A
- Opens curtains A
- John goes to the toilet, leave him to use toilet alone

7.35 am
- Knock on door, enter and assist John to have a bath A
- Staff ensure slip mat is in bath
- John puts plug in H/H
- John turns on taps H/H
- John gets bubble bath off shelf I, P
- John Puts bubble bath into bath H/H
- John gets towel and flannel from bathroom cupboard A, P
- Staff test bath temperature
- John takes off his dressing gown and pyjamas A
- John gets into bath A

- Staff run shower(Not on John) and test temp,
- Then tell John 'I'm going to wet your Hair' and wet his hair
- Staff pour shampoo onto John's hand
- John puts shampoo on his hair and rubs it in H/H
- Staff rinse off with shower

Typical planning formats
A.N. Other (service user)   last reviewed 3 years ago

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	Lunch out			Shop		
Valley arts Project		Re-bound therapy		pub		Mum visits

Does this look familiar? What can you see?

Using flip charts we write up these for every day of the week

Example: Outline plan Glamorgan Street				Monday morning
Time	Jill	Carol	Bill	John
6.30 am	Gets up Shower + Hair			Gets up Cup of tea
7.00	Dress	Gets up Cup of tea	Gets up Breakfast	Bath
7.30	Breakfast **Medication**	Back to bed	Cup of tea shower	Shave Dress
8.00		Gets up Cup of tea	Shave	Breakfast **Medication**
8.30		Shower Dress		
9.00		Hair	Physio	
9.30		Breakfast		
10.00	Art Class at FE college			
10.30				
11.00				
11.30				
12.00				
12.30	Lunch in Café	Lunch	Lunch	Lunch

Group Exercise:Filling the gaps

- What's involved in running a typical household/ living an ordinary life?
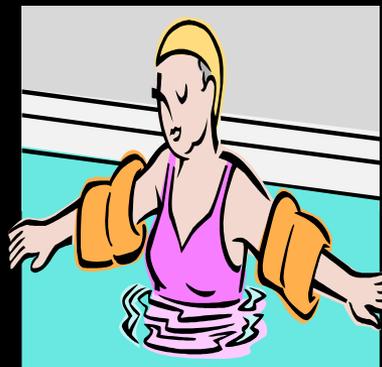
Typical home

There's more to life than housework!

- External activities-community participation
- List options that could be offered to service users
- Social, leisure, enjoyable activities

Example: Daily Participation Plan   Monday Morning   114 Glamorgan Street

Staff names and shift times

1............from.........to...... 2..............from.........to...... 3.............from.........to...... 4.............from.........to......

5..........from.........to...... 6.............from.........to...... 7.............from.........to...... 8.............from.........to......

Time	Jill	S	Carol	S	Bill	S	John	S	Household	Options
6.30	Gets up Shower + hair						Gets up Cup of tea			
7.00	Dress		Gets up Cup of tea		Gets up Breakfast		Bath		Put bins out	
7.30	Breakfast **Medication**		Back to bed		Cup of tea Shower		Shave Dress		N.B. all prepare own breakfast	Sort mail
8.00	Cup of tea		Gets up Cup of tea		Shave		Breakfast **Medication**		Change bed	
8.30			Shower Dress						Clear up Load dishwasher	Go for walk
9.00			Hair		Physio				Clean bathroom Make coffee/tea	Water plants
9.30			Breakfast				Clean car Check oil		Wipe surfaces Mop floor	Ironing
10.00	Art Class at FE college				Clean Bedroom		& water		Local shop Bread & milk	Swimming & Sauna
10.30			Exercise video		Hoover, Dust & Polish				Load & start washing machine	Mow the lawn
11.00										Gardening
11.30									Prepare lunch	Hang washing out
12.00										Golf
12.30	Lunch in Café		Lunch		Lunch		Lunch		Load & start dishwasher	Lunch out

Using Daily Participation Plans

Staff on duty get together and plan regularly and frequently—at least 3 times a day to plan

- From morning personal care to lunch

- From lunch to evening meal

- From evening meal to bedtime

2 key things

1. What activities service users will do and when will they do them- fill gaps

2. Which staff will support them

Example: (Completed) Daily Participation Plan Monday Morning 114 Glamorgan Street

Staff names and shift times

1 *Barry Evans* from *nights* to *7.30* 2 *Tessa James* from *nights* to *7.30* 3 *Anne Steel* from *7* to *2* 4 *Dave Jones* from *7* to *2*
5............from.........to...... 6................from.........to...... 7..................from.........to...... 8..................from.........to......

Time	Jill	S	Carol	S	Bill	S	John	S	Household	Options
6.30	Gets up Shower + hair	TJ					Gets up Cup of tea	BE		
7.00	Dress		Gets up Cup of tea	TJ	Gets up Breakfast	BE	Bath		**Put bins out**	
7.30	Breakfast **Medication**		Back to bed		Cup of tea Shower		Shave Dress		N.B. all prepare own breakfast	Sort mail
8.00	Cup of tea		Gets up Cup of tea	AS	Shave *Put bins out*	DJ	Breakfast **Medication**	AS	**Change bed**	
8.30	*Hang washing out*		Shower Dress				*Change bed*		**Clear up Load dishwasher**	*Go for walk*
9.00	*Clear up Load dishwasher*		Hair		Physio	AS			Clean bathroom Make coffee/tea	**Water plants**
9.30			Breakfast		Clean car Check oil	DJ			Wipe surfaces Mop floor	Ironing
10.00	Art Class at FE college				Clean Bedroom Hoover, Dust & Polish	DJ	& water		Local shop Bread & milk	Swimming & Sauna
10.30			Exercise video	AS			*Load & start washing machine*	AS	**Load & start washing machine**	Mow the lawn
11.00					*Go for walk*		*Water plants*			Gardening
11.30			*Prepare lunch*						**Prepare lunch**	**Hang washing out**
12.00										Golf
12.30	Lunch in Café		Lunch		Lunch		Lunch		Load & start dishwasher	Lunch out

Participation Summary Individual Graph

Example: Bill Jamieson's Participation Summary