

Does Positive Behaviour Support within education support children with autism in a holistic; humanistic; child centred manner?

by Georgina Robertson

Introduction

The definition of a national policy driver is a term referring to those UK government policies which guide how services are best developed so standards and targets can be achieved by those providing and delivering health care. (Dictionary, 2011) I assume this includes all local services within each local authority. PBSP a benchmark for intervention. (BiLD, 2016) arising from national policy drivers as cited below.

Essentially the individualised multi-elemental non-linear PBS problem-solving approach is grounded in ABA principles (Hieneman, 2015) actively promoted by the government and department of health as an integral behavioural modification management policy/framework.

(BiLD, 2016). endeavouring to achieve a broad range of outcomes (Favell et,al) within all local services including education whilst maintaining adherence to the principles of applied behaviour analysis (ABA), (Hieneman, 2015) to address challenging behaviours as perceived by those working within these various local services primarily focusing on “normalisation and inclusion within the community”. (2018) in an acceptable and sustainable manner across various settings (Dunlap et al. 2008 cited in Hieneman, 2015)

Drivers for the use of PBS relates partially to the care and support of individuals at risk of being exposed to restrictive physical measures or positive behaviour Handling within the parameters specified are documented within the Human Rights Act (1998); Mental Capacity Act (2005).

The Mental Health Act (2007) valuing people (department of Health, 2001) The Care Act (2014) The Sen Code Of Practise 2014(SENCoP) and The British Psychological Society in 2004, that produced a set of standards in the psychological interventions for severe challenging behaviours shown by people with learning disabilities (British Psychological Society , 2004 cited in (CAPBS,).

It would appear the introduction of PBS also coincides with the implementation of SEN Support and EHCPs as a result of Part 3 Children and Families Act and has been in place since 1 September 2014 (Statutory guidance SEND code of practice: 0 to 25 years, 2014).

Interestingly some school behavioural policies include further supportive documents to rationalise their use of PBS. See Appendix Table One Documents and Publications relevant to PBS and Challenging Behaviour (2018).

Drivers for the implementation of interventions such as PBS are currently as historically Societal constructs surrounding disability which are influenced by other models of disability such as socio-political and cultural forces. (Goodley, 2011).

These Models view the individual via a social deviance lens as deficient individuals who are different, dependent, non-compliant (Goodley, 2011) requiring controlling via sociably acceptable methods of segregation and corrective therapies (Goodley, 2011) founded on historical and current autism theories with little or no empirical data to substantiate their use in an attempt to breed similarity, promote assimilation and potentially attempt to eradicate difference to actually achieve ideological normalisation (Goodley, 2011) triggering trauma; general Anxiety Disorder (GAD) and increased susceptibility for onset of mental health difficulties such as social withdrawal; (often attributed to schizophrenia) Non psychotic hallucinations;

Catatonia paranoid States and brief cyclical recurrent psychotic episodes (Eaton, 2012, Christie, Duncan, Fider, & Healy, 2012 Eaton 2012, Eaton,2018.) Instead, it leads to social stigmatisation, creating a them and us scenario.

Self-fulfilling prophecies of apparent worth in the eyes of not only the person who has been given diagnostic profile but those who view themselves via the normative lenses of acceptability then occurs. (Milton, 2012).

Parents continue to be influenced by the pathologizing medical model of disability continuing to place their trust in professionals with the belief that obtaining a diagnosis is an integral factor to the child accessing services and support. (Runswick-cole, Mallett, & Timimi, 2016) this is an illusion as often therapeutic support is not commissioned (The SEND reforms in England: Supporting children and young people with speech, language and communication needs, 2017)).

Support services for children of families in need such as Early Intervention have been reduced across the country, so when families are struggling it is far more difficult for them to access the support they need. (Sanderman 2019) especially when Councils in deficit are told to find SEND savings in exchange for £100m bailouts by the government. (Belger, 2021) rather increased implementation; promotion and reliance on PBS across all local services potentially a cost-effective alternative to commissioned therapeutic support has taken place.

Indeed, The moment the parent begins their quest for an EHCP said professionals often make a U-turn, claiming a very opposite point of view making it noticeably clear they have seemingly been told by the purse-string holders to do whatever it takes to STOP the parents getting help (Wadlow 2019).

Autism Eye (2018a and 2018b) found that accusations of FII have increased – sometimes as a result of autistic parents seeking further support/assessments for their children (BASW, 2020) potentially 12,540 autistic children falsely considered FII cases.

(BASW 2021) which may be reflective of the opinion that parental nonadherence; disengagement negatively impacts upon the intervention efficacy, necessary for increased generalization, and accessibility (Gunning, Holloway, & Grealish, 2020) potentially diminishing the goal of PBS of typical caregivers apply PBS principles to resolve challenges on their own, reducing dependence on outside professionals. (Hieneman, 2015) though simultaneously acknowledging that little is known about the contingencies that affect parent behaviour and engagement.

(Stocco & Thompson, 2015) such as holding an opposing view that ABA/PBS are not the most effective and contextually relevant strategy (Allen & Warzak, 2000).

One wonders if the above along with the focus on normalization of children's behaviour has been a factor in what appears to be a form of parentectomy taking place since 2014 when parents seek appropriate support but oppose the PBS methodology promoted in all local services Pohl et al (2016) reported 1 in 5 mothers of a child with autism had been investigated by social services. (BASW 2020) whilst chief social worker Trowler admitted "Too many children wrongly taken into care" (Dugan 2021) causing emotional harm to the child and family.

Further drivers for the use of PBS and how it is used in the care of supporting individuals at risk of being exposed to restrictive physical measures or positive behaviour Handling within the parameters specified are documented within the Human Rights Act (1998); Mental Capacity Act (2005).

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See Appendix Table One Documents and Publications relevant to PBS and Challenging Behaviour (AEM & Team, 2018)

Theoretical Golden Standard Behaviour policy

When considering current policies; drivers that direct Autism/AS Practise within educational provisions I reflected on what I would consider important features when developing a golden standard behaviour policy for supporting children with autism. These are as follows.

That the framework for the current interventions used within educational provisions must not promote Psycho-emotional disablement via the normalization agenda (Milton & Lyte, 2012) nor compliance to the detriment of the child result in masking or camouflage autistic traits to be deemed acceptable to their respective communities. Rather, promote inclusion, acceptance and understanding of the child along with respect for diversity.

I agree with Rosenberg 2003 who noted the need to “Promote respect for diversity, development of autonomy and interdependence.

Alfie Kohn in his book No Contest states that if we want learning to take place, students need the emotional safety provided by “an environment built upon support, nurturing, consideration, mutual contribution, a sense of belonging, protection, acceptance, encouragement, and understanding” (Hart & Hodson , The Compassionate Classroom, 2004) I also concur with Glasser 1986, that it is important to question whether the focus is on meeting the needs of the child or simply disciplining them. (Charles & Senter , 2005). Indeed, a child’s need for emotional safety; having their needs successfully met are a priority.

Not employing punitive measures to manage behaviours of concern such as isolation or restraints. Reduces stress, fear and frustration, seek to prevent aggression and crisis situations to minimise the need for restrictive interventions which is essential. (DofE, 2014). It is important to focus on promoting connection not disconnection not only between the children and staff but also with the curriculum. (Rosenberg M. B., 2003)

There has been an increase in the use of written behavioral plans to address challenging behaviors, but few details the quality, scope of the plans. (Lowe et al 2005) Thus I chose to review a small sample of educational provisions PBS behavior policies.

Unsurprisingly Children were still viewed through a distorted lens of behaviors.

The behavior plans drawn up do not appear child centered rather child blaming, coercive in nature with the focus of children managing their own behavior and changing their own behavior whether they have the capacity or understanding to do so.

For Instance, School A state in their PBS policy “Behavior that challenges us cannot be considered in isolation and should be seen within the context of the life the child or person lives. (2016)

Behavioral responses arise from feelings triggered when the needs of an individual are not met. (McDonnell A. , 2019)The focus within PBS is not connection with the child, or family rather the emphasis is on changing behaviors judged as inappropriate or unacceptable or to get what the individual in authority wants.

(Rosenberg 2003) The British Institute Learning Difficulties (BiLD) literature on PBS discusses Normalization and social role valorization (Jones, McWade, & Toogood, 2016) and the development of normalization theory. (Jones, McWade, & Toogood, 2016) The label social role valorization (SRV) clearly describes the normalization goal of supporting people (who are at risk of being devalued) to create and maintain a range of valued social roles.

(Jones, McWade, & Toogood, 2016) In Other words, the perception held is unless an individual behavior replicates PNT behavior that is deemed socially acceptable they will have a decreased valued social role. (Jones, McWade, & Toogood, 2016) This approach is based upon the medical model which focuses on what is perceived as 'wrong' with the person not what their needs are.

For instance, School A's policy states "pupils are encouraged to work together to agree class rules. We involve pupils in setting codes of behaviour; helping pupils to make decisions and choices that are acceptable to the school community and society at large." (2016) School A's Positive Behavior Policy 2018 uses the terminology "Normalization and inclusion" which implies inclusion within community, school is synonymous with normalization. The behavior policy also states, "That our students and service users are supported to behave in a way that is acceptable to the communities that they live, work and are educated within".

(2018) Further School B's behavior policy states they are "working with families to enable the pupils and young people we support to learn to behave appropriately and responsibly in different situations is central to maximising their inclusion in school life and experiences within society" (2020) Within education settings the normalisation agenda via PBS appears to be formalised within EHCPs, relevant curriculum areas and school activities (such as Group time, Citizenship, PSHE, SMSC (2016) possibly replacing therapeutic support and interventions rather than focusing on meeting the needs of the children.

Often the descriptive terminology used within labels used within EHCPs, PBSP and Behaviour Polices increases the potential of dehumanisation and redirection of blame directly back at the child. Often family members, teachers view, and opinions of the child begin to alter.

(Runswick-cole, Mallett, & Timimi, 2016) and can be noted in contribution reports, and home to school diaries. Historically and currently these labels, opinions are unhelpful leading to conflict, isolation, segregation.

Within education provisions and local services labels are used to excuse professionals lack of knowledge base and motivation to meet the needs of children. (Milton D. 2012) (Runswick-cole, Mallett, & Timimi, 2016) The Terminology within research and PBS policies are stereotypical based on sociomedical models, cultural imperialism, normative or neutralist position and negative conceptualizations of autism.

Descriptors of autism used by organizations such as educational provisions tend to be explicitly medical/medical model or negative. (Leatherland & Chown 2015) or outdated stereotypical such as Rosehill Policy which state, “children with autism have a lack of empathy” (Lead, 2020) a harmful stereotype demonstrating a gap in knowledge of current research/theory” of professionals implementing the intervention to manage perceived challenging behaviours. (Sinclair, 1993, Arnold, 2010, Milton, 2011)

Often the labels used redirect blame at the individual by implying the problem or challenges facing the individual are integral to them and that the emphasis is then upon the child to conform and change how they behave to fit in with societal expectations. (Runswick-cole, Mallet, & Timimi, 2016)

Labels such as teacher, head teacher, pediatrician, social worker creates a belief of “we know what is best, triggering negative judgments of others who question, or do not comply. (Rosenberg 2003) Thus terminology within behaviour policies, legislation and research papers ought to be respectful; compassionate; holistic; humanistic and child centred throughout without judgement and blame, nor indirectly suggesting caring for autistic children is burdensome.

Similarly, research literature using the word tantrum to describe a meltdown. (Lavigna & Willis, 2012) highlights the issue of evaluation being applied to observation that creates a negative judgement in the reader.

Which may create negative bias such as that seen of autistic mothers “Being autistic continues to carry a degree of stigma; a neurotypical parenting approach is seen as ‘preferable’” (BASW 2021) worryingly some professionals openly view parental autism as a ‘risk factor’ (BASW 2020).

When reforms were made in 2014 and PBS was introduced as the benchmark of intervention there has been an increase in false accusation against primarily women, currently it is estimated 83% of children in care have SEN.

Indeed, more effort needs to be undertaken to fight the “tough love” “necessary evil” mantras perpetuated within society and local services (McDonnell, 2019) professionals seduced by the literature promoting punishment-based interventions like PBS/ABA that ultimately have a negative impact on children and the family because of the power imbalance and focus on normalization of behaviors to be accepted into society and considered of having worth.

When as Dr Luke Beardon suggests there is currently no evidence to suggest that individuals who have a predominant neurotype, societies apparently preferred mode of function and neuro ability is superior to those who are Atypical.

However, despite this lack of evidence the government’s benchmark of intervention PBS is implemented despite it not having a positive evidence-base with autistic people (Hassiotis et al. 2018) to attempt to normalise behaviours to adhere to the preferred mode of function displayed by PNT society.

The Joint guidance from the Department for Health and the Department of Education in relation to the management and understanding of complex patterns of behaviour, states “all services supporting such individuals (Atypical) use Positive Behaviour Support Planning (PBSP).

However, there is little evidence to demonstrate that the development and implementation of the PBS approach is effective nor that it has been informed by the experiences of autistic people. An example of Placing Department of Education guidance over the needs of a child.

More concerning is the acknowledgement of PBS links to ABA "The Relationship Between ABA and Positive Behaviour Support ABA offers a framework to help us understand how behaviour functions for an individual.

To do this, we implement data-based assessment. Subsequently we link the outcome of the assessment to support strategies. Without the evolution of ABA, PBS would not exist. Functional assessment provides a good example of how aspects of PBS were derived from the principles of ABA. (Hieneman, 2015)

The use of functional analysis and functional consequences are strategies for responding to behaviour, or allowing natural consequences to occur, which have previously been associated with problem behaviour (e.g., attention, tangible, sensory, and escape) to reinforce desired behaviour.

They simultaneously include withholding reinforcement for problem behaviour, combining differential reinforcement (Heinemann 2015)

It is concerning that EHCPs; PBSP and behaviour policies appear to be Coercive, punitive with the child viewed as a collection of behaviors, not person centered.

Focusing on the use of extrinsic reward and sanctions, blame, shame, guilt, and isolation to alter a child's behavior. using rewards and sanctions; in attempts to make the child see the errors of their ways which leads to increased resistance from the child (Rosenberg 2003).

Despite the recognition that “The Department for Education requires schools to pay attention to the use of rewards (or positive reinforcers) and sanctions within their positive behaviour policy” (2018)

Educational provisions PBS behavior policies such as School B state “Rewards and sanctions are used to help pupils to make connections between their behaviours and consequences in order to promote good behaviours and deter undesirable ones”;

(2020) “Positive reinforcement that is delivered at a level that is appropriate for the child Sanctions used in carefully managed ways, may include: Withdrawal from favoured activity/item (2018) School C's Behaviour Policy states “We encourage all pupils to take responsibility for their own actions and behaviours and we believe that rewards motivate good behaviour, rather than sanctions deterring unwanted behaviour (JM, 2019) Essentially, children are being Punished via rewards (kohn 2020). placed in an impossible situation.

Compliance or rebellion (Rosenberg M. B., 2003) Children do not do well when motivated by fear of punishment, promise, or hope of extrinsic rewards. (Rosenberg M. B., 2003) This violation of autonomy Creates a power imbalance, triggering either compliance or rebellion this lack of perceived control is linked to health issues. (McDonnell 2019)

Using interventions that brings a child into direct conflict with those overseeing their care/education is more likely to have two effects compliance which leads to masking and emotional long-term harm, such as loss of identity; increased stress levels, meltdowns; camouflaging.

(Beardon, 2017) or rebellion which will lead to reactive behaviors to exert their own autonomy which will in turn lead to teachers and practitioners using restrictive measures to exert their need for compliance and obedience to extinguish the unacceptable, undesirable behaviors, (Rosenberg 2003) Behaviors are complex in nature and the use of punitive measures rewards/punishments does little to address these complexities (McDonnell, 2019) creating resentment disconnection between staff and the children, and or increase the reactivity of the child escalating to aggression.

Demonstrating “Anything motivated through coercion ultimately everybody pays for it” (Rosenberg, 2019) For Instance, an OFSTED inspection report praised Academy D for using Isolation Booths for pupils to consider their poor behavior, a punitive punishment methodology for behavior management whilst simultaneously criticising the inadequately meeting the needs of children with special educational needs.

(2018) Despite Academy D’s other policies clearly demonstrating an understanding of what children need to connect with their curriculum and enjoy learning this report Highlights the focus is on disciplining rather than meeting the needs of the child. One does wonder if policies are written to appeal to parents to buy them in to the methodologies of PBS with little or no intention to meet the criteria set out in their own policies.

Then there is the use of Behavior reflection sheets (Appendix 3) like those used within dialectical behavioral therapy Appendix 2 (2019) used within school B for “Pupils to be supported to take responsibility for their own behaviour and how their behaviour can affect others” placing responsibility for behavior and the resulting consequences solely on the children’s shoulders (2020)

There is a lack of acknowledgement of the interdependent nature of the teacher’s/practitioner’s relationship with children within their classroom.

There is no evidence to demonstrate that educational practitioners take the opportunity to reflect or understand their contribution to the situations where behaviours of concern have taken place thus dismissing the transactional model (McDonnell A. , 2019) the bidirectional interaction between staff and child.

Currently there are gaps in theory-research-to-practice (Chow, 2015) therefore if we cannot carry out research or independent reviews of practice, processes due to lack of funding because it may conflict with governmental policies, drivers, and legislation of that time we again stand the risk of continuing to perpetuate historical harm to the autistic community.

For, example in carrying out his contract, Josh MacAlister must not embarrass or diminish public trust in the Department for Education.

(Willow, 2021) The harm which continues today because of Bettelheim (1956) and Kanner refrigerator mother model, blaming familial influences for the behaviors of children, and the therapeutic intervention of removing children from their parents “parentectomy” which was considered an acceptable route to take. (Silberman, 2015)

There is a lack of research literature exploring the effects of staff behaviors or the institutions on the behaviors of children.

(Hastings, 2005) Staff Training in PBS and competencies are not monitored effectively nor is the use of PBS within various educational placements and local services monitored or concerns investigated by regulatory bodies. (Who regulates outside the institution/service)

Missing is explicit empirical analysis of staff competencies (Hastings, 2005) the requirements of staff knowledge of autism, disabilities, basic child development, social and interpersonal skills, cultural issues, child autonomy, self-esteem, dietary issues etc. and in private, independent non-maintained schools do not have to have Qualified Teaching status one wonders as did Sandal-Norton and Gary Shkedy (2019) how does this impact upon the children wellbeing, does the need for compliance result in trauma.

In addition, ABA has been extremely critical of PBS, implying that staff training is insufficiently focused on competence and that the adherence to science is weak (Johnston et al, 2005).

In the USA it is mandatory that only evidence-based approaches are used by professionals in their work with individuals with autism.

This is not a requirement in the UK. (Perepa, 2019) Very few published research studies in autism and interventions do not include ethnicity, race as part of their demographic details of the participants (Perepa, 2019) This is an issue when critiquing good practice in the field of autism or considering the efficacy of a specific strategy or intervention (Perepa, 2019; Pierce et al.

(2014) West et al. (2016) raised concerns regarding six approaches considered evidence based, functional communication training; picture Exchange Communication System (PECS) four of which is based on the science of ABA did not report the ethnicity nor nationality of the participants, therefore again how do we measure the efficacy of the interventions or know whether they are appropriate for children from different cultural backgrounds (Perepa, 2019) .

Further critiques of the literature supporting ABA in USA and UK raise issues regarding the participants cited in literature supporting the use of ABA that nearly all those deemed as “lower functioning” are excluded from efficacy studies by association there is implication that PBS efficacy studies will also omit/exclude these participants from their studies.

(Sandoval-Norton & Gary Shkedy, 2019) Minimal inclusion of autistic people who are severely disabled.

That the evidence base is less than ABA, not recommended by NICE or SIGN guidelines, lack research into children’s experiences (Denne, 2017) The focus is not on meeting the needs of the child rather simply disciplining them, compliance and conforming to an acceptable societal norm.

Indeed, a media report of one school using PBS stated “The children no longer were the centre of what we were providing. It was, in my opinion about doing the bare minimum with the minimum costs.” (2017)

There needs to be further exploration and studies on the efficacy of alternative methodologies/ interventions that are person-centered, humanistic, non-confrontational, compassionate, de-escalating, low-arousal methods of supporting children and managing behaviors of concern rather than perpetuating ‘what if’ scenarios, crisis management, and teaching high-risk restraint methods which create the risk of reliance on these as a first resort to the detriment of the child.

(McDonnell 2019) More needs to be done to reframe language from moralistic judgements to value judgements to minimize language of domination, subservience but instead focus on the needs of the child.

Those working with children need support/training to distinguish between observation and evaluation.

It is important that those using any intervention be aware of the impact of their opinions, the words they use and how these are interpreted as this will influence those working with the children’s attitudes towards that child.

For instance, writing reports for other local services or home to school diaries using words like “Rude” “Manipulative” negative moralistic judgments diagnosis implying something is wrong with students who are not learning or cooperating or in some ways are failing to act in harmony with the needs of practitioners, e.g., Teacher (Rosenberg 2003) I agree with Kenneth Clark, diagnostic categories frequently lead to self-fulfilling prophecies. “... once one organizes an educational system where children are placed in tracks or where certain judgements about their ability determine what is done to them or how much they are taught or not taught is that the results justify the assumptions” (Cited in Rosenberg 2003).

Conclusion

PBS does not meet the theoretical golden standard and radical change is necessary, a shift in values, change so that people feel good about themselves (Rosenberg, 2003) PBS is a potentially high arousal intervention that amplifies rather than remedies the behaviors of concern it claims to address.

(McDonnell & Deveau, 2009) it is a domination type intervention with education using coercion in the form of guilt, shame, duty, obligation, fear of punishment, or the hope of extrinsic rewards.

(Rosenberg, 2003) Creating a battle for control because the children have reduced autonomy within the school. Staffs' perception and response to behaviors is also a crucial factor in the wellbeing of a child and would need to change (Kushlick et al., 1997; Dagnan et al., 2004;2013; McDonnell 2019) to reduce risk of contextual fear developing and culminating in avoidance of the stimulus/situation school. (fear of fear hypothesis).

More needs to be done to address issues with evaluations of observable behaviors that lead to inferences that are not objective because it is not pure descriptive observations e.g calling a child manipulative, rude is an observation mixed with evaluation which is then expressed as an opinion not facts.

(Rosenberg 2003) Creating a judgmental attitude not only of the children but also of others in this case children's parents, family units.

It is concerning that autistic parent are portrayed negatively, and research cites parents are the problem and an obstacle to the efficacy of PBS. (Allen KD, Warzak WJ, 2000)

There needs to be an exploration of alternative ways to support children to ensure their needs along with teachers and practitioners needs get met and do not revolve around punitive measures (Kohn 2012).

This will be difficult as often our human nature is to go for the easier options not those that require more effort.

It takes more effort and resources to consider more positive ways to work and support children than to implement a punishments or sanction.

For instance, Whole School Approach using Low arousal techniques; compassionate communication techniques; would require an awareness of how language is used, behaviours interpreted and how staff process what is observable and then evaluated which in part is also linked to staff's individual stressors and personal opinions influenced by internal or external environmental experiences.

Shifting the responsibility more to the adults and less focus on the child's behaviours being modified to meet societal norms or normative prescription.

Training provided to enable professionals to create a positive connection with children something PBS currently does not do. PBS in my opinion is a power over intervention not a relationship-based intervention with objectives pursued often without the commitment of the child or parent (Rosenberg, 2003; Rosenberg, 2019).

It is not enough to simply overhaul and change educational provisions approach or the methodologies of working with children, but also within families, communities, and society to minimize the risk of slipping back into archaic domination forms of education with coercive, punitive methods to support the normalization agenda of children with SEN or families with SEN.

Without exploring the autistic individuals lived experience, without asking the correct appropriate questions, there is an increased probability that the disjuncture in dispositional perceptions of the autistic person's life experiences will increase. (Milton, 2012).

The resulting behavioural management interventions recommended to fix these perceived normative deviations formulated by the researchers potentially distorted understanding will undoubtedly lead to further trauma to the autistic person. 'Cure-or-catastrophe model of autism' (Knapp, Romeo, and Beecham, 2009; Parsons et al. 2011 cited in Runswick-cole, Mallett & Timimi, 2016, p189).



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Feb 03, 2017

Councils in deficit told to find SEND savings in exchange for £100m bailouts, Belger Tom

Friday 19th March 2021 1353pm

<https://schoolsweek.co.uk/councils-receive-conditional-send-special-needs-school-fundingbailouts/?fbclid=IwAR3dm41VWPcg3xoFkfQ21ep18flbnCeLurLdU4gKOAGFan3uk0G9un7j99M> [Accessed 21/02/2021]

Too many Children wrongly taken into care, admits chief social Worker Isabelle Trowler [Emily Dugan](#),

[Social Affairs Correspondent](#) Sunday March 14 2021, 12.01am, The Sunday Times

<https://www.thetimes.co.uk/article/too-many-children-wrongly-taken-into-care-admits-chief-social-worker-isabelle-trowler-95g5ft0ss?fbclid=IwAR3C1gQ6WWOhKciGpJZFklpGuruOVtgwbPXjJ3V8vNyCeQ4JSCO2ymln3o>

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Fabricated and Induced Illness

https://www.basw.co.uk/system/files/resources/fii_webinar_presentation_25_june_20.pdf British Association of Social Workers 25/06/20 [Accessed 21/03/2021]

<https://tbinternet.ohchr.org/SitePages/Home.aspx?fbclid=IwAR02oLLHwCdMz9kdxL0B5PGe5R0ZWxPCFqyWTvkxA6mALI9PCntkQl-oOcq>

https://article39.org.uk/2021/03/17/childrens-social-care-review-cannot-secure-extra-government-funding-for-children-and-families-contract-reveals/?fbclid=IwAR0Lw6-VdYKg0tNehsvOOcQmlh06xKAf5GsFDM1KduG_bD-df2AozGwlpnQ [Accessed 20//02/21] 19:49pm

Appendices

Appendices 1: Table 1 Documents and Publications relevant to PBS and Challenging Behaviour

Documents Publications	Author
Guidance for Restrictive Physical Intervention for People with Learning Disabilities and Autism Spectrum Disorders	Department of Health and Department for Education and Science in July 2002
Physical Interventions: Policy Framework (2nd Edition), (2008)	BILD
Positive Handling Strategies for Pupils with Severe Learning Difficulties	2001 DfEE
Guidance on the Use of Restrictive Physical interventions for pupils with Severe Behavioural Difficulties (2003)	Department for Education and Science
Training Carers in Physical Intervention	BILD
code of practice for trainers in the use of physical intervention.	BiID
A Safer Place	Department of Health publication for combating violence against staff in the Social Care sector
Human Rights Act (1998)	
A Life Like Any Other? Human rights of adults with learning disabilities	Joint Parliamentary Committee on Human Rights (2008) The Stationary Office
Physical Intervention and the Law (2004)	Christina Lyon and colleagues
No Secrets	Department of Health
The Children's Act amendment letter published	1997 from the SSI
Care Standards Act 2000	
Service providers must meet the criteria of all minimum care standards 2007.	
he Health and Social Care Act (2008) (Regulated Activities)	
Regulations 2010 - Outcome 7 (Safeguarding service users from abuse) and Regulation 11 r	
Challenging Behaviour, a unified approach (2007)	Royal College of Psychiatrists, The British Psychological Society and The Royal College of Speech and Language Therapists.
Education and Inspections Act (2006) This contextualises Section 550A of the Education Act (1996) – The Use of Force and Control to Restrain Pupils.	
The Mental Capacity Act (2005)	
Deprivation of Liberty Safeguards (2007)	
The Autism Act (2009)	
The United Nations Convention on the Rights of the Child	15th January 1992
Positive and Proactive Care: Reducing the need for restrictive Interventions	Department for Health (2014)
Implementing Fulfilling and Rewarding Lives: Statutory guidance for local authorities and NHS organisations to support the implementation of the autism strategy	department for Health (2010)
NICE Guideline 170 (2013), section 1.4.9).	
From Theoretical Understanding to Educational Practice	Gary B. Mesibov & Victoria Shea 2005

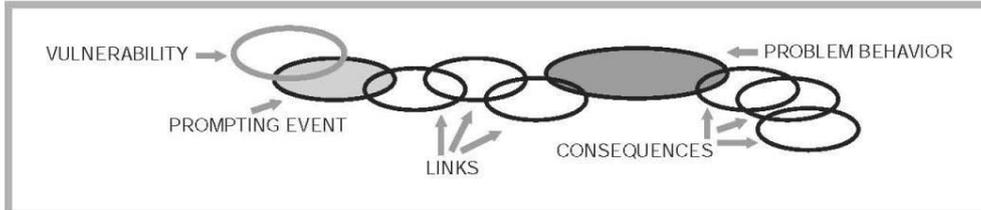
(2018)

Appendices 2 DBT Chain Analysis (Nicole, 2019)

GENERAL WORKSHEET 2 (General Handouts 7, 7a) (p. 1 of 4)

Chain Analysis of Problem Behavior

Due Date: _____ Name: _____ Date: _____



1. What exactly is the major **PROBLEM BEHAVIOR** that I am analyzing?

2. What **PROMPTING EVENT** in the environment started me on the chain to my problem behavior? Include what happened **RIGHT BEFORE** the urge or thought came into my mind.

Day prompting event occurred: _____

3. Describe what things in myself and in my environment made me **VULNERABLE**.

Day the events making me vulnerable started: _____

(continued on next page)

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