Building (or rebuilding) Adult Intensive Support Teams

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POSITIVE RESPONSE
TRAINING AND CONSULTANCY

KENT
UNIVERSITY OF KENT
AT CANTERBURY

Sussex Partnership NHS
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Assessment & Treatment Units

- Assessing why challenging behaviour occurs is difficult when people are assessed outside their normal environment
- Removing people to units localises the ‘problem’ within the person
- People may not be accepted back into mainstream services after being placed in a unit
- Placing lots of people with behavioural challenges in one place will provide inappropriate models & produce chaotic, unpredictable environments
- Units may be some distance from a person’s home
- Referring to units may be the ‘easy option’ compared to developing local services
- Admission may be crisis driven & create the illusion that units offer the only ‘solution’
- Units may become depositories for people with extremes of behaviour, without effective intervention strategies and relying on restrictive regimes
- They may become professionally isolated and inward looking or demoralised, leading to frequent staff burn-out, high turnover, low morale and dangerously low staff levels

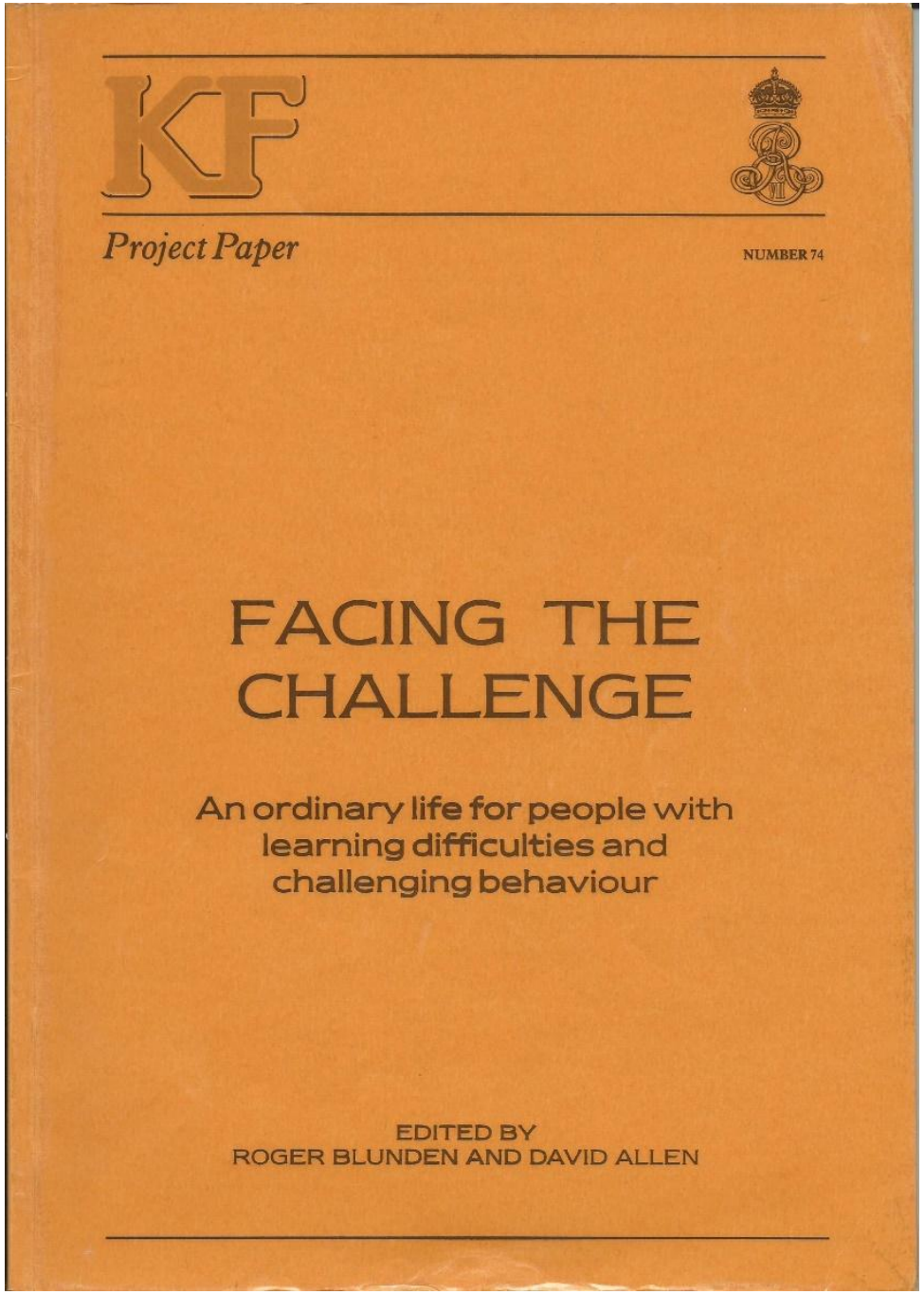
An alternative way?

Specialist Community Support Teams

- Can support people in their own home
- Over time, help develop local competence and capacity

Likely to work best when

- Tightly controlled and limited caseload
- Power to fund individually tailored solutions
- Ability to recruit staff with demonstrable competence to work with people who challenge (rather than on basis of professional identity and qualifications)
- Management structure with sole accountability to one manager
- Clear commitment to providing time-limited input that adds to, rather than replaces, local staff
- Clear responsibility to service development as well as to supporting individuals



Blunden & Allen 1987

11. Specialist local services

Local specialist services that focus on the needs of individuals with learning disabilities and / or autism who display or are at risk of displaying behaviour that challenges need to be routinely available for children, young people, adults, older people and their families.

These services should:

- demonstrate a clear PBS pathway and local policy that reflects all principles covered in this document and embodies the highest level of expertise in this approach
- support other services for children, young people, adults and older people with learning disabilities and / or autism and generic services (in other words, non-specialist physical health services) to use the principles outlined in this document.

The effectiveness of challenging behaviour specialist support teams

- 2 teams evaluated over 3 years involving 30 people accepted onto the active caseload within an 18 month period
  - Few significant improvements over time – the only conclusion that can be drawn is that specialist intervention had no significant impact on the challenging behaviour & quality of life.
  - However differential results were obtained in relation to the two specialists services

Service A

Members were experienced in intellectual disability & challenging behaviour & most had held previous professional posts.

Each member had clearly delineated responsibilities

Referrals came through the manager and were allocated on the basis of expertise.

Progress was monitored through regular team & individual meetings

Community based office

Referral system & advisory panel with representatives from statutory, voluntary & consumer organisations

Ring fenced budget

Service B

Members were deliberately selected for their lack of experience/expertise to develop a fresh less than conventional eclectic approach.

Manager based away from the team & held other duties

Referrals allocated by three seniors on a democratic basis

Based on health authority premises

No formal links between the wider service community

No additional resource

Lowe Felce & Blackman (1996) see also Forrest et al (1995)

The current evidence base for effectiveness of specialist teams

- Toogood (2000)
- Hassiotis, *et al* (2009)
- Mackenzie & Patterson (2010)
- Allen, Lowe, Baker, *et al* (2011)
  - ❑ The most effective teams used interventions that were underpinned by ABA.
  - ❑ Commitment from and communication with local CLDTs
  - ❑ On the job training, modelling, and feedback for support staff
  - ❑ Strong team work, staff consistency, client focussed meetings, staff supervision, well defined & shared goals. (McKenzie 2011)

The current picture

Survey of specialist teams having 2 or more staff focussed on addressing the behavioural needs of the individual & identified as an additional service to their day to day support.

- 46 services (40 England, 4 Scotland 1 Wales, 1 N Ireland) - 20 responded (43%)
- 55% adult only – 15% transition – 10% children – 20% children & adults
- 25% did **not** work with people with profound ID
- Mean budget £371,500 pa

Davison (2011)

The current picture

- Funding - 60% NHS – 10% Social Services – 5% voluntary
- Management – 61% Nursing – 17% Psychology – 6% Social work
- Average of 8 staff (2-13)
- 83% require members to have specialist training (40% external 33% internal)
- Mean team caseload 47 (14-120). Mean clinician caseload 8.
- Duration of team involvement 47 weeks (12-104) – over 12 months access 10
- Discharge rates (per year) 27 (4-125) – Re-referral rate 5 (0-40)

Davison (2011)

The current picture

- Models – PBS 47%, Eclectic (holistic, communicative & person centred) 27% , Behavioural 20%, Positive Psychology 7%.
- Proactive 93% - Crisis 79%
- Standardised assessment procedures 87%
- Assessment period 11.5 weeks (1-24)
- Time - face to face 50%, front line staff 41%, Families 7%
- ASD 68%, physical or sensory health needs 51%, mental illness 40%, offending 30%.
- Assault 54% - SIB 22% - Property damage 11% - Inappropriate touching 5% - excessive drinking 3%

Davison (2011)

The current picture

- Supported living 38% - Family home 32% - Residential care 27% -
- 86% were local
- Functional analysis 81%
- Decrease in behaviour 81%- increase in QoL 85%
- Discharge – Improvement in behaviour 59% - Recommendations accepted 19% - Referral to another service 13%

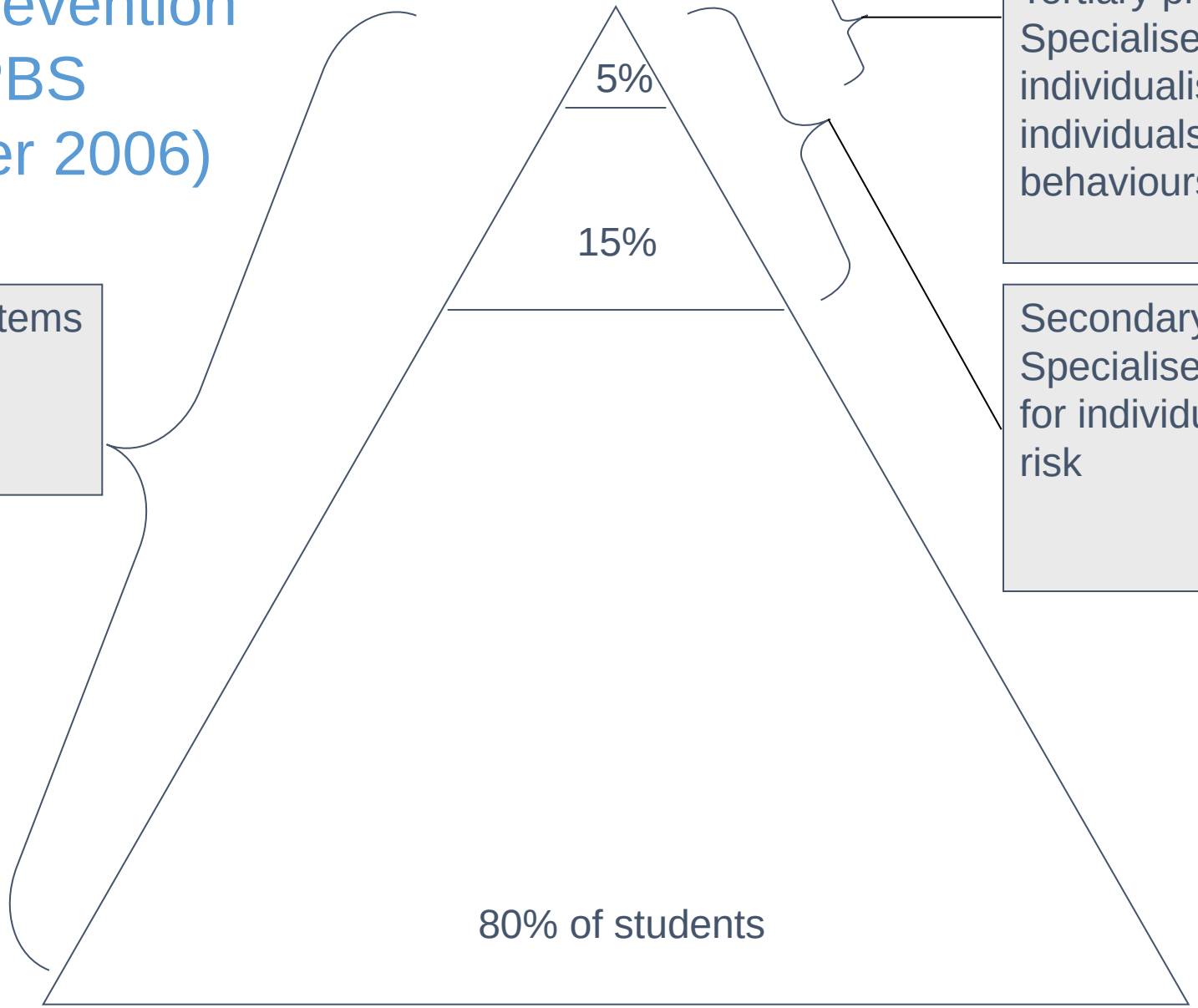
Davison (2011)

Objectives of specialist support

- Work effectively and directly with people with intellectual disabilities who present challenging behaviour & increase their quality of life and make the occurrence of the behaviour less likely.
- Enhance the ability of mainstream intellectual disability services to provide for people whose behaviour continues to challenge and to make the occurrence of such behaviours less likely.

Three-tiered prevention continuum of PBS (Sugai & Horner 2006)

Primary prevention: Systems for all individuals in all settings



Tertiary prevention: Specialised and individualised systems for individuals with high risk behaviours

Secondary prevention: Specialised group systems for individuals who are at-risk

Areas of work

- Technical support for individually tailored assessment & intervention
- Crisis prevention & management
- Designing placements
- Early identification & assessment
- Staff training & service development
- Caring for carers
- Special projects
- Staff supports

Toogood (2000)