CB-NSG Nov 2021

PM workshop 1: *How can community intellectual disabilities services improve the delivery of psychological therapies for aggressive challenging behaviour?*

Workshop facilitators: Prof Angela Hassiotis, Dr Rachel Royston

The aim of the workshop was to explore attendees' views on how services can better deliver therapies to people with learning disabilities who display aggressive challenging behaviour.

(In reference to the UCL PETAL programme – a 66-month programme to 'develop and test a personalised treatment package for adults with learning disability who display aggression'.)

Workshop objectives:

- To identify service characteristics that can facilitate the delivery of therapies.
- To identify service characteristics that act as barriers to the delivery of therapies.
- To outline the expectations on the pathway from referral to treatment - which evidence-based therapies should be used?

The workshop was held in order to elicit views on the delivery and implementation of psychological therapies in adults with intellectual disabilities who display aggressive challenging behaviour. The workshop lead and co-applicants, including the CBF, have been funded to develop and test an intervention for aggressive challenging behaviour.

During the workshop, preliminary findings were presented and served as a guide for discussion around delivery of psychological therapies.

Workshop discussion:

Workshop presenters and attendees discussed several **barriers** to the delivery of psychological therapies.

- There is huge variability across England in CAHMS which offer PBS therapies to families and care providers for adults with learning disabilities and challenging behaviour.

One of the workshop attendees reported that within the three boroughs under her NHS trust, there is huge variability in the delivery of psychological therapies for children, young people and adults who display challenging behaviour. One CAHMS may offer high quality PBS

training to care and support staff, and the neighbouring CAHMS may offer no psychological therapies at all.

The variability, and lack of, delivery may be due to commissioners lacking an understanding of what they are required to commission, and due to staffing issues (amongst specialists and therapists) and the workforce crisis in social care.

An attendee noted that when therapies are not available in an area, psychiatrists feel pressured to prescribe psychotropic interventions to manage behaviour.

- Family carers are not signposted to where they can be trained in behavioural therapies and often do not know about these therapies, unless they have done their own research.

- It is "*extraordinarily difficult*" for social care providers to get hold of specialist behavioural support, with wait times for training often "years".

During this wait, providers are likely to defer to alternative methods of intervention. The group agreed that it is a problem that it is much easier to access medical than behavioural/psychological interventions.

- Once medication has been prescribed for an individual, it is very hard to stop relying on medication as an intervention for challenging behaviour.

Families who are unable to access psychological therapies or training in these therapies may feel that they do not want to remove the medical intervention as it appears to be managing their relative's behaviour, in the absence of alternative interventions. For one of the workshop attendees, in their CAHMS it is children that the learning disabilities team prescribes medical interventions to the most. As a result, many parents are likely to feel that exclusion from school, as a result of challenging behaviour, is a worse fate than their child being on medication, again in the absence of alternative therapies.

The group discussed a barrier to the delivery of psychological therapies, and **what needs to change** to facilitate this delivery.

- All staff need to be trained in PBS/psychological therapies, and not only support workers and paid carers.

- Social care providers and specialist teams (community learning disability teams) should meet consistently and develop a long-term relationship, as opposed to only meeting at crisis point.

When these teams have built a relationship, care staff are more likely to take on feedback from specialists, than practitioners they have only met once. The delivery of psychological therapies is as important as the availability. A rapport must be built.

The group then progressed to discussing what is necessary to **facilitate** the delivery of psychological therapies.

- Training providers in psychological therapies such as PBS must involve supporting the provider to change their culture surrounding interventions for challenging behaviour.

Giving providers an information sheet on PBS will not effectively train them in PBS. Analysis of the environment in which care takes place must be involved in the PBS training, as this will help staff understand their environment and how their actions in this environment may be a trigger for someone's challenging behaviour. This form of 'in situ' training is crucial to providers effectively implementing PBS as an intervention for challenging behaviour. Such training should also be offered to family carers.

In addition, 'in situ' training should take place between two teams who are building a relationship, if the training is to be successful. One of the workshop attendees, a PBS practitioner, tries to see the individual with learning disabilities that they are supporting at least twice a week. Again, the delivery of psychological therapies is extremely important.

- When staff are being trained in PBS, practitioners should first focus on providing them with a 'quick win' to increase staff 'buy-in'.

If staff are trained in an aspect of PBS which they can visualise (such as removing a potential trigger from an environment), and can observe the impact of this action, then they are more likely to persevere with PBS.

- Clear NICE and STOMP guidance is needed surrounding medical interventions for challenging behaviour.

If these are not developed, or better circulated and more widely adhered to, then psychiatrists will continue to come under pressure to prescribe medication as an intervention.

- While resources (to deliver psychological therapies) are 'seriously lacking, with social care on its knees and the NHS not far behind', the CB-NSG should consider how we could better use the resources we currently have.

For example, professionals, carers and families should be trained in psychological therapies together. A local authority could bring parents, social workers, care providers and support workers together and spread around the training that they are able to provide. Family carers' expertise and experience should also be utilised in this training – it is a resource that is often ignored.

Additional takeaway points:

When there is a crisis, people are traumatised, therefore all training needs to be trauma informed.

There are not enough PBS therapists/specialists to support adults who display challenging behaviour, or to train staff of care providers or family carers.

People with learning disabilities have reported at clinical appointments that they would like to better manage their own anger, and why they become angry.

Actions:

Action	How will it be done?	Who will do it?	When will it be done?
Training families and paid carers in PBS to boost their confidence and improve their support of challenging behaviour.	CBF to expand PBS workshops for families? Both confidence and ability to use psychological therapies are crucial to avoiding, and effectively managing, crises	Angela Hassiotis/ Rachel Royston Contact re. CBF training for families	
Bringing all professionals involved in someone's care together and provide training in challenging behaviour/PBS	So that care and challenging behaviour can be addressed with a united front	Angela Hassiotis/ Rachel Royston Contact re. CBF training	
Improving professional-family relationships prior to crisis	To be addressed in CBF research project into Community Learning Disability Teams Angela and CBF to discuss relationship-building training?	Angela Hassiotis/ Rachel Royston / CBF	