What's The Message

Functions of Behaviour – In other words, What's the Message?

Behaviours that are deemed as *challenging* refers to a range of behaviours that can significantly impact the well-being and quality of life of both the individuals displaying them and those around them. Challenging behaviours often serve specific functions for the individuals engaging in them so understanding these functions is crucial for developing effective strategies in order to support the individual. The four main functions of behaviour are briefly described below:

1. Tangible Function: the behaviour may serve a tangible function when an individual engages in the behaviour to obtain or gain access to a specific item. For example, a person hit others in in order to obtain a preferred object or even food!

2. Escape or Avoid Function: are behaviours used to avoid or escape from a situation, person, activity or even demand that they find challenging, overwhelming or simply do not like.

3. Social Interaction Function: serves the function of obtaining social attention or interaction with others. This can be a way to seek social connection, even if the attention received is negative.

4. Sensory Function: In some instances, individuals engage in self-stimulatory or repetitive behaviours that provide sensory stimulation or regulate their sensory experiences. These behaviours can include any of the senses and they serve to modulate sensory input or provide comfort.

It's important to note that challenging behaviours can have multiple functions, and the function can vary from person to person. It is crucial to conduct a functional behaviour assessment to identify the underlying purpose of the behaviour accurately. By understanding the functions, professionals can develop individualised support strategies that address the underlying needs and reduce the occurrence of challenging behaviours.

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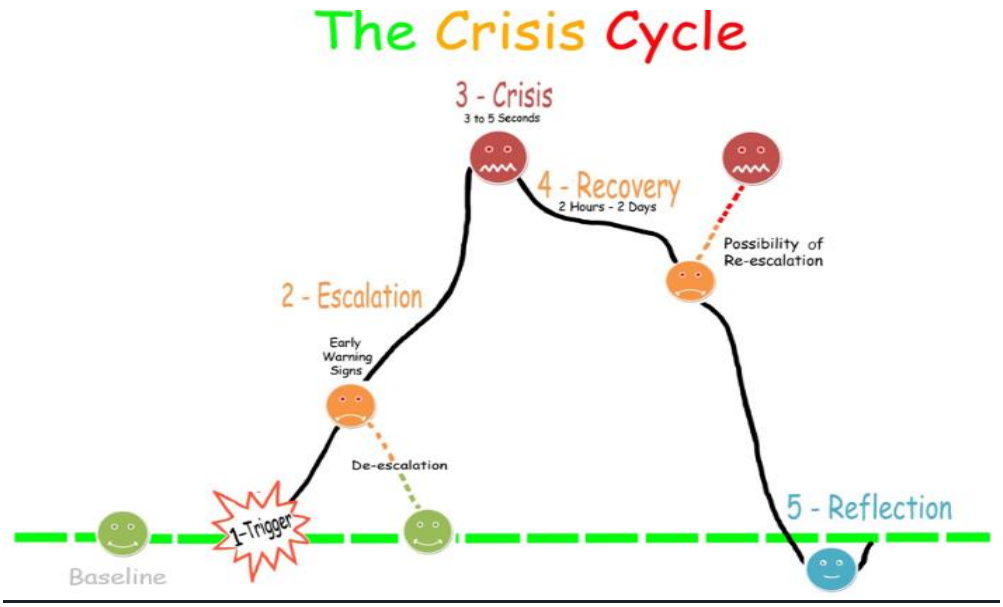
What's The Message

The Crisis Cycle



The information below provides a brief overview of the crisis cycle, highlighting its stages and key elements:

1. Baseline: represents the individual's typical functioning level or characteristics when they are stable and not in crisis and their needs are fully met. It includes their usual behaviour, emotions, and coping mechanisms. Establishing a clear understanding of an individual's baseline is essential for positive behaviour support and understanding the person. See Maslow Hierarchy of Need for more information.

2. Triggers: are events, situations, or factors that initiate or contribute to the shift from a baseline state. Triggers can vary widely and may include internal factors such as being unable to cope with changes in routine, stressful experiences, trauma reminders, or external factors such as the environmental settings or unmet needs. Recognising common triggers for individuals is important to anticipate and respond to in order to support the person back to baseline.

3. Early Warning Signs: are subtle indicators that an individual is beginning to experience distress or is moving away from their baseline. These signs generally appear as 'clusters' and not just isolated to one sign. Examples could be fidgeting, pacing, repeating certain words or phrases, shouting or crying. Identifying and responding to early warning signs promptly can help us to support the person and prevent escalation.

4. Escalation: During this stage, the individual's behaviour may become more intense, and their ability to cope or communicate effectively may deteriorate. It is crucial to have strategies and interventions in place to de-escalate the situation. Self-

coping strategies, redirection, calming techniques are examples of strategies that could be employed at this stage.

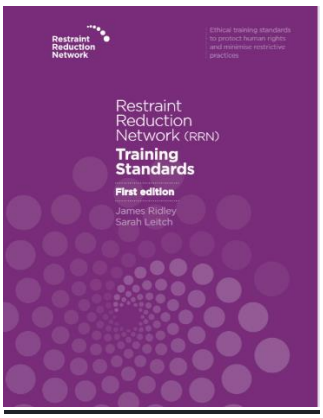
5. Crisis: This stage represents the peak of the individual's distress and the highest level of disruption to their functioning and reasoning. At this point, the person may be significantly overwhelmed, exhibiting severe behavioural or emotional symptoms that pose a risk to themselves or others. Crisis management techniques, including physical and emotional safety measures, may be necessary to address the immediate situation.

6. Recovery: refers to the period following the crisis, where the individual gradually returns to a more stable state. Recovery may involve providing comfort, reassurance, and support to the person. Be mindful that, depending upon the level of crisis, this stage could take 2 hours up to 2 days. Avoid rehashing the incident at the point. This means talking about what happened. Even placing demands on the individual could re-trigger the situation. The term 'demands' may sound like a strong word to use but it is recognised that even simple things like 'take your coat off', 'pick up the cup' or any phrase that is requires thought processing, can re-trigger the situation.

7. Reflection: is a time when the individual will need to be supported. It may also cause those involved to be remorseful, exhausted and support needs to be in place to help at this point. Reflection also involves reviewing and analysing the incident as a learning opportunity for all involved. This stage focuses on identifying the contributing factors, triggers, and warning signs that led to the crisis. It also involves evaluating the effectiveness of the response, considering any necessary adjustments to preventive strategies and PBS plans.

What's The Message

Restrictive Practice



Restrictive practices in social care settings refer to measures that are used to restrict an individual's movement, liberty, or freedom in order to manage their behaviour or ensure their safety. While these practices may be necessary in certain situations, they should only be used as a last resort and in compliance with relevant legal and ethical guidelines. The following information provides a brief overview of different types of restrictive practices in social care settings.

1. Mechanical Restraint: involves the use of devices or equipment to restrict an individual's movement. Examples include restraints such as straps, or belts. The aim is to prevent individuals from harming themselves or others or to manage behaviors that challenge. However, the use of mechanical restraints should be carefully regulated and only employed when all other alternatives have been exhausted. The term mechanical restraint would not cover any mechanical device that is prescribed by an occupational therapist of physiotherapist (unless the original prescription has been modified for behaviour purposes)

2. Chemical Restraint: involves the use of medication to manage an individual's behaviour by sedating or calming them. It is typically used when other interventions have failed to control challenging behaviors or to prevent harm. Chemical restraint should be administered under the guidance of a qualified healthcare professional, adhering to relevant legal and ethical guidelines, and regularly reviewed to minimise any potential side effects or long-term consequences. As with any form of restraint, the use of chemical interventions should be complimented with a positive behaviour support plan in order to minimise or eradicate the use. Please refer to the national guidance of STOMP by the NHS for further information (Stop Over Medicating People)

3. Environmental Restraint: involves modifying the physical environment to restrict an individual's movement or access to certain areas. This may include locked doors, gates, or secure units. Environmental restraint should be implemented with careful consideration of the individual's rights, safety, and dignity, and in compliance with legal and ethical standards.

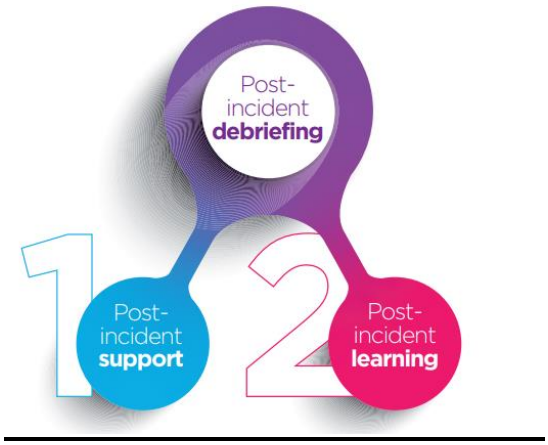
4. Physical Restraint: involves using physical force to restrict an individual's movement. It may include holding, immobilising or physically guiding an individual. Physical restraint should only be used when there is an immediate risk of harm to the individual or others, and less restrictive alternatives have been deemed ineffective or impractical. It should be applied with the utmost care and respect for the individual's well-being and rights.

5. Psychological Restraint: refers to the use of psychological techniques or interventions to restrict an individual's behaviour or freedom. This may include threats, control, coercion, manipulation, or intimidation. Psychological restraint should never be employed as a means of control or punishment and should be avoided in social care settings. Instead, a person-centered and supportive approach should be adopted to promote autonomy, communication, and positive behavioural support.

It is important to note that restrictive practices should be used sparingly and in accordance with a best interest decision with a strong emphasis on person-centered approaches, least restrictive alternatives, and individual rights. Their use should be guided by relevant legislation, ethical standards, and comprehensive risk assessments. Regular monitoring, review, and staff training are essential to ensure the appropriate and ethical use of restrictive practices.

What's The Message

Post-Incident Management and Review – Debrief



Post-incident management and review refers to the process of addressing and evaluating incidents that occur during the delivery of social care services. This essential process is often known as 'debrief' and involves the assessment of both **emotional support** and **operational learning** aspects of an incident to ensure that appropriate actions are taken, learning opportunities are identified, and measures are implemented to prevent future occurrences. The 2 aspects to post incident review.

1. **Operational Learning Debrief:** focuses on the factual aspects of an incident, such as what happened, when and where it occurred, and who was involved. It aims to gather accurate information and understand the sequence of events leading to the incident.

Key Steps

- Document the incident details, including date, time, location, individuals involved, and a brief summary of what occurred.
- Involve staff members and witnesses who were present during the incident to gather firsthand information.
- Analyse the incident to identify contributing factors, root causes, and any potential system failures that may have led to the incident.
- Review relevant policies, procedures, and plans to determine if they were followed appropriately or if any modifications are necessary.
- Identify any immediate actions required to address the incident, such as providing necessary medical attention, reporting to authorities, or ensuring the safety of all individuals involved.
- Develop an action plan to prevent similar incidents from recurring, including staff training, policy revisions, or changes to the physical environment if necessary.

2. **Emotional Support Debrief:** focuses on the psychological and emotional impact of the incident on staff members and others who have been directly involved or affected by the incident. It aims to provide emotional support and assist individuals in processing their thoughts and feelings.

Key Steps:

- Create a safe and supportive environment for staff members to express their emotions and concerns related to the incident.
- Encourage open and honest communication, allowing individuals to share their experiences and reactions without judgment.
- Provide access to professional support, such as counselling services or employee assistance programs, to help those involved cope with any emotional distress caused by the incident.
- Facilitate group discussions or individual debriefing sessions to allow staff members and others to share their perspectives, debrief their experiences, and learn from each other.
- Recognise and acknowledge the efforts of staff members involved in managing the incident, emphasising their dedication and commitment to providing quality care.
- Monitor staff well-being in the aftermath of the incident and offer ongoing support as needed.

Benefits of Post-Incident Management and Review:

Learning Opportunities: By thoroughly reviewing incidents, valuable lessons can be learned,

- Prevention of Future Incidents: Identifying contributing factors and root causes enables the implementation of preventive measures, reducing the likelihood of similar incidents in the future.
- Staff Support: Emotional debrief provides an avenue for staff members to process their emotions, reducing the risk of burnout and promoting their well-being.
- Improved Quality of Care: Post-incident management and review ultimately lead to enhanced care delivery and increased safety for individuals receiving social care services.

Remember, post-incident management and review should be conducted in a supportive and non-blaming manner, focusing on improvement and ways forward.

What's The Message

Unconscious Bias in Health and Social Care Settings

Why it matters:
understanding unconscious bias

Unconscious bias refers to the automatic and involuntary stereotypes, attitudes, and beliefs that individuals hold towards certain groups of people. These biases can unintentionally influence our thoughts, actions, and decision-making processes. In the context of social care settings, unconscious biases can impact the quality of care and support provided to individuals with learning disabilities or dementia. It is important to recognise and address these biases to ensure fair and equitable treatment for all individuals. Here are some examples of unconscious bias that may occur:

1. Stereotyping and Preconceptions: Unconscious bias can lead to stereotyping and preconceived notions about individuals with learning disabilities or dementia. Professionals may hold assumptions about their capabilities, intelligence or independence levels based on their diagnosis. These biases can hinder the development of individualised support plans and limit opportunities for personal growth.

Example: Assuming that individuals with learning disabilities lack the ability to make decisions or participate in activities without considering their individual strengths and preferences.

2. Communication and Interaction: Unconscious biases can affect the way professionals communicate and interact with individuals. Biased assumptions about their cognitive abilities may lead to patronising or infantilising language, limited communication opportunities, or exclusion from decision-making processes.

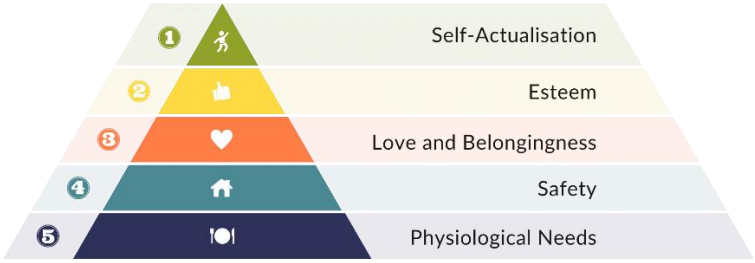
Example: Speaking loudly or using simplistic 'child-like' language when communicating with individuals.

3. Lowered Expectations: Unconscious biases can lead to lowered expectations and professionals may inadvertently underestimate the individual's potential for growth, learning, or achievement, which can limit their opportunities for personal development and independence.

Example: Assuming that individuals are incapable of learning new skills or engaging in meaningful activities and therefore not providing appropriate opportunities for stimulation and growth.

What's The Message

Abraham Maslow's Hierarchy of Needs



Maslow's Hierarchy of Needs is a psychological theory proposed by Abraham Maslow, which suggests that individuals have a set of hierarchical needs that must be fulfilled in a specific order. This theory provides some insight into understanding human motivation and behaviour. In a social care setting, Maslow's Hierarchy of Needs can help us understand the needs of the people we support, and how meeting these needs can contribute to a positive and supportive environment. Below is a brief overview of each element of the hierarch, starting with the most basic need:

1. Physiological Needs: At the base of Maslow's pyramid are physiological needs, which are essential for survival. These needs include food, water, sleep/rest, and physical well-being. In a social care setting, it is crucial to ensure people we support individuals to have their physiological needs met. This may involve providing meals that the individual has chosen and/or makes for themself, adequate rest and sleep with comfortable and person-centred environments.

2. Safety Needs: Once physiological needs are met, individuals require a sense of safety and security. This includes physical safety, emotional security, and protection from harm. This can be achieved through implementing safety protocols, maintaining a supportive and non-threatening atmosphere, and addressing any concerns or fears that may arise. An individual who experiences past trauma may also need support to help them with internal safety needs.

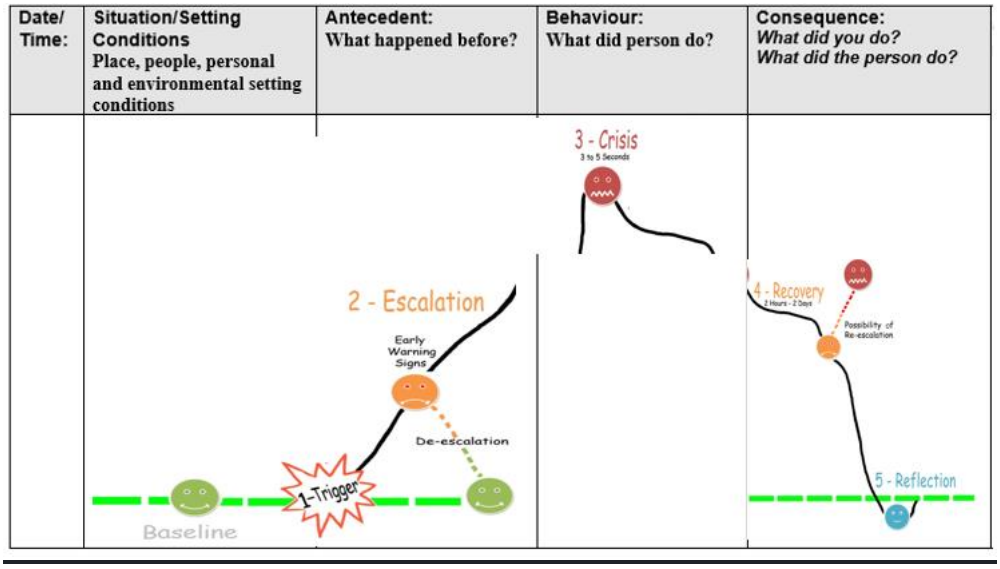
3. Social (Love and Belonging) Needs: refer to the need for love, belonging, and social interaction. This includes forming relationships, friendships experiencing a sense of community, and feeling connected to others. Building a sense of belonging and fostering a supportive community can enhance well-being and overall satisfaction. Remembering that just because an individual has people around them, it doesn't mean they can't still experience loneliness. The people need to be the right people!

4. Esteem Needs: involve the desire for self-respect, recognition, and a sense of accomplishment which can help with motivation. This includes feeling valued, having self-confidence, and receiving positive feedback. Encouraging personal growth, acknowledging achievements, and providing opportunities for skill development can help meet esteem needs.

5. Self-Actualisation Needs: is the highest level of need in Maslow's Hierarchy. It refers to the desire for self-fulfilment, and reaching one's full potential which may involve providing educational opportunities, encouraging creativity and self-expression, and fostering an environment that values personal growth and individuality.

Understanding Maslow's Hierarchy of Needs can assist professionals in recognising the diverse needs of the people we support and developing person-centered plans that address those needs.

ABC Charts



ABC charts, also known as *Antecedent-Behaviour-Consequence* charts, are a valuable tool used to help understand and analyse behaviour patterns. They are basically a time-line of events and would simply follow the same pattern as the Crisis Cycle.

How to Use ABC Charts:

Antecedents (A): Note any events or stimuli that happened before the behaviour occurred. This would include the 'setting events' such as the environment conditions, e.g. hot sunny day, crowded room, radio playing etc and the personal conditions, e.g. the individual had a toothache, was sweating, doesn't like noise. Following the process of the Crisis Cycle, the baseline, trigger, de-escalation, early warning signs and escalation stages would be recorded in this section.

Behaviour/s (B): Describe the challenging behaviour that you are looking to assess. Be specific about what the person said, did, or how they acted. This would be the crisis stage and the peak of the incident.

Consequences (C): Document the immediate responses that followed the behaviour of concern. Include all those involved - reactions from others, what was specifically said or done.

Following completion, the collected information from the ABC charts help us to identify common triggers, patterns, and the consequences associated with the behaviour. This will mean we can look for trends, patterns or what actions may re-enforce the behaviour.

Based on this analysis, we can develop strategies to address the behaviours effectively. Consider modifying antecedents, teaching alternative behaviours, or adjusting consequences to avoid re-enforcing behaviours and help to promote more positive outcomes.

Remember, ABC charts are part of a comprehensive approach to behaviour support. They should be used alongside other assessments and strategies to support individuals effectively. ABC charts should always be used in accordance with ethical guidelines and local regulations to protect the rights and privacy of individuals in care settings.