

*“Every Generation Must Fight the Same Battles Again & Again”:*  
Remembering *All* The Variables? Why Subjective Should Be The New  
Objective

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A brief personal viewpoint to accompany a keynote

Key Points:

- Positive Behaviour Support (PBS) is a blend of person centred and behavioural approaches
- The constellation of legitimate data should include stories and subjective accounts: ‘subjective data’ can be given as much authority as ‘objective data’ [Explicitly favouring one or the other will damage the PBS project]
- Technological solutions to human problems gives rise to technocrats who hold more power and status than others: this is evident in language used to describe people. Including, *as an inherent component of PBS*, the voices of stakeholders may moderate technocrat power and improve delivery of individual solutions and stakeholder satisfaction
- PBS practitioners can provide practice leadership not only in PBS but human system designs
- PBS practitioners can contribute to the knowledge of those responsible for purchasing services: PBS practitioners might therefore engage in clinical *and* political *and* social justice work

### Remembering Where We've Been...

Some will remember how behavioural technology has been misused to subjugate individuals (Repp & Singh, 1990): “Early efforts to reduce challenging behaviour typically involved arranging reinforcers for not engaging in the target behaviour and punishers for engaging in the behaviour. These punishers were often used indiscriminately. That is, they were not reserved for the most severe behaviour,” (Wagner, 2002, p.284). Applied Behaviour Analysis (ABA) is not unique: if there’s a hammer to be had, someone somewhere will wield it as if *everyone* is a nail, no matter the obvious benefits of the technology- and make no mistake, the benefits of skilled application of ABA are remarkable.

Leaving aside the not insignificant alignment fallacy (LaVigna & Willis, 2016) implicit in Wagner’s quote, it is useful to consider how the behaviour of interventionists arose, was condoned, and continued. Practitioners of PBS are skilled at expanding the *model* of four-term contingencies beyond challenging behaviour and to staff or organisations, sometimes even themselves, to explore why the discrepancy between description of more constructive or status-enhancing behavioural support, and the availability of it in systems too keen to adopt aversives, exists. We might suggest negative reinforcement of default technologies such as punishing. We might suggest that surely the behaviour of those using dehumanising techniques is less to do with practitioners *personally* failing to adhere to best practice but that best practices *themselves* are always set within a cultural context: it was ‘ok’ to use aversives and dehumanising techniques because “they worked” with people no-one else was keen to work with at a time when punishment *generally* was condoned. (PBS practitioners would raise a weary point here: “worked” in what manner, and for how long – for as long as the study lasted? For as long as the interventionist was being paid to be present? And if others were able to adopt constructive, non-dehumanising methods to enable learning, why not *everyone*?)

Many people fought against the use of dehumanising techniques by developing alternatives; not an insignificant number of others advocated for the continued use of aversives (see Lucyshyn *et al.*, 2015 for a brief history – but remember history has a habit of repeating itself for reasons Robert Pirsig points out; never think these arguments won *forever*). From these debates arose what was to become PBS and its plethora of minimally aversive, constructive and functionally-based interventions that aimed for socially validity (Meyer & Park, 1999).

For the edited book *Behavioural Intervention: principles, models and practices*, Scotti and Meyer chose to dedicate the work as follows: “To Kevin Clough and Danny, whose behaviour, as the system failed them, led to their untimely deaths, alone and without family or supports”. They then cite Dante: “Naked they were blown through the circles of Hell” (1999). When it comes to their *personal* dedications, both editors chose the people who love them, and that they love. How many intervention goals in day to day UK PBS practice consider friendships, love and belonging as did these editors? In the same volume Evans, Scotti and Hawkins noted, “It has been our experience in discussion with colleagues and conducting workshops that ‘traditional behaviour modification’ is still the predominant approach to treating behavioural excesses and deficits” (1999, p.3).

In the UK there are many Kevins and Dannys twenty years on. People buy services that inhibit and constrain lives. Despite our knowing *more and more* each year about how best to support people whose behaviour challenges the system, in practice we encounter *less and less* understanding of the importance of values. (It seems an inverse relationship exists: the more verbiage, the less the action.) Values entwine the technology within the approach we call PBS. (Just because we could doesn’t mean we should do something *to* someone.) And so we encounter a ‘PBS Unit’ that illegally holds someone with autism. We encounter a ‘social story’ that tells someone to comply with staff. Organisations ‘adopt’ PBS like a fad yet relationships and practices remain unchanged. The UK is not unique in espousing one thing, doing another. The UK is like the muscle builder on the beach, often

glisteningly showy and impressive to casual examination: but when one knows that muscle-builders achieve their physiques by ensuring muscles *work against one another*, and aren't as strong as they would have us believe, the metaphor hints at other agendas.

Skinner suggested behavioural principles in themselves are valueless – like gravity, laws of behaviour just are: they can be applied in manners that result in subjectively harmful or beneficial outcomes – but so can *any* technology. Therefore 'use' and 'misuse' are easily confused – standpoint matters here. Here's the moral crux: who decides? Who holds the reinforcers? Do the ends justify the means? And are all voices treated equally when we seek to answer these questions? PBS should consider the effect of power and status. If an interventionist is known to hold 'the keys to good things' is it *that* or the reinforcer that modifies behaviour?

It is easy to assume such things as outlined by Evans, Scotti and Hawkins are consigned to dark corners and ancient history, that such events illustrate how far a given society has changed. But abuses continue, and people with intellectual disabilities, children with autism, like *many* minority groups, continue to be excluded and oppressed, and experience controlling technologies. "When there is a broad social acceptance of a group having less access to their rights and having difficulty in having those rights upheld, systems are seemingly allowed to develop which, mostly unintentionally, allow abuse to thrive" (Robinson and Chenoweth, 2011, p.65). What PBS contributes is a challenge to current practice norms *and* values or assumptions. (It seems each generation must fight the same battles again and again.) As Jim Mansell was keen to communicate to his students, the price of success is constant vigilance.

Intervention (any intervention – for communication, for activities, for new skills) without context is merely *sticky plaster therapy*. Learning new skills and competing behaviours is relatively straightforward but if the individual still lives

without hope or love or people who are bothered about them, then perhaps we're focussing on an important but incomplete work, a response, not an accomplishment. "[A]ppplied science cannot afford to retreat behind the mask of disinterest empiricism" (Evans, Scotti, Hawkins, 1999, p.3).

Who better to continue the fight for decent options for people than those often erroneously identified as contributing to the problem? Is not us, then who? And if now is not the time to remember how PBS came about, then when?

### ...Informs Where We're Going

ABA is only *one* founding component of PBS: a person centred, socially valid and constructive values-derived paradigm was equally central. Indeed, the *rapprochement* between values and technology is at the heart of PBS. A tendency to rely on data (as we characterise 'objective' measurements as providing) at the cost of stories (as we think of the voices of experience as being) might prove counter-productive for the acceptability of PBS. The inclusion of subjective perspectives within PBS is one of its 'unique selling points'. (Can we imagine a scenario where a PBS practitioner might face opprobrium from colleagues if she forgets to gather inter-observer agreement (IOA) data but fewer raised eyebrows if she failed to confirm the goodness of fit of her advice? Many of us have encountered plenty of data minus IOA, plenty of interventions lacking the views of the person at the heart of work. Small habits accrue.)

PBS in part grew from a professional unease with the domination of a methodological behavioural paradigm: many of the originators of PBS discovered what mattered to families and people using services was not so much reliable data and replicable technologies, as being listened to and involved. They wanted good technology applied in inclusive ways. It seems the same dimensions and definitions of good support used by families and people with disabilities remain unchanged over the years (Danforth, 2000; Evans & Gore, 2016). As PBS grows adherents, practitioners need to remember the lessons of the past and balance

clinical with social validity, values with technology. PBS is not an exercise in rebranding ABA.

PBS is at a cusp. There is an understandable drive to set standards and definitions of what PBS is, how it is done, and certification of competencies. It is natural to have our behaviour and knowledge accredited in order to help people recognise the skills we claim. Having certification means we're considered competent to practice. To be certified means we've taken a particular programme of studies or passed a test administered by a body representing the interests of a professional identity. Fundamentally certification is about quality assurance. But it is also about a professional body acquiring control of a skill or profession.

There are constructive benefits to this but inherent limitations. As PBS grows in significance it will become more formalised and standardised. To remain relevant to people, PBS must not lose its flexibility, its systemic approach to working with environments and individuals: as it strengthens its body it must not lose its heart. To focus on collecting reliable and valid dimensions of behaviour at the cost of measuring sometimes more nebulous but nevertheless prized outcomes (such as quality of life or personal goals of humans), PBS runs the risk of replicating the errors of the past. Measuring what counts to us to ensure accreditation must also reflect what counts to people using the knowledge.

### The Subjective Nature of Objectivity

Stand Point Theory (SPT) seems the polar opposite of positivism (a guiding principle of behavioural science). SPT is wholly post-modern and suggests our individual perspectives are shaped by our experiences and most voices have a relative position to other voices. Its origins can be traced to studies of slaves and masters in the 1800s. Our belonging to certain groups or cultures, our training, accrue to make us conceive of what we encounter in certain biased ways. We see through who we think we are. Someone who is not autistic might make a judgement about the value of a behaviour shown by an autistic woman, for

example- who is 'right'? Whilst many of us may work in the field of autism or intellectual disabilities, we cannot *know* autism or intellectual disabilities through any lens other than the one we have learned. My understanding of autism is merely *one* standpoint. This account is based on other standpoints I call research or first hand accounts, but also my experience as a father. Post-modernism\* is perplexing to many of us not schooled in it in part because we have been indoctrinated in other ways of knowing.

SPT suggests the authority of people's voices rests in their direct knowledge of daily experience rather than other qualifications. Your position impacts your knowledge and ability to be heard. Standpoints are not fixed but fluid: a person can be a mother of an autistic child, a BCBA, and an associate professor. Such a person might hold a greater warrant than someone who is not of those identities.

History has shown us that one point of view tends to dominate – a scientific account of an autistic life, for example. Not because the scientific standpoint is right, but because we adhere currently to the idea that science holds more warrant than individual experiences. SPT can be expanded to conclude one method to counter the dominance of one view is to include the experiences of others. So in describing autism, any account that includes the experiences of autistic individuals *and* research findings may carry more warrant for a claim to be a comprehensive account of autism. SPT notes authority is often vested in one group of views (say, male professionals) that dominate another (say, mothers of autistic children). Subordinate groups are heard less than dominant groups. Tatum (1997) suggests people may maintain biases against others in order to strengthen their own group or status.

\* post-modernism is broadly skeptical of 'modern' rationality as it is presented, especially in social sciences (Does a triangle exist only in our minds?) Someone questioning simplistic accounts of absolute truth (all you need to know about humans can be graphed) and non-relativist ideologies (*this* is always the case), someone questioning objective reality or morality, is post-modern. The claim of post-modernism is that science is not wholly objective – humans 'spin' the data to accord with a particular world-view or agenda. Truth is contextual in post-modernism. Wherever you sit along the continuum, post-modernism does offer useful conceptual tools with which we can engage dominant tropes. Such a critical stance is useful but sometimes equally confounding.

Positivists might huff at this point and bemoan ‘social constructionists’ a little too loudly, and begin to argue it is of course ‘self-evident’ subject and object are distinct from one other- they might, as David Silverman advocates, suggest post-modernists do anything *other* than science; but then there are the post-positivists who suggest our values and training and culture (our ways of behaving in and outside our heads) *do* influence what we perceive and see and report, regardless of the sulking positivists in the corner asking one another how they are doing. Post-positivists acknowledge biases on their journey toward a ‘fairly objective account of phenomena’. (Whereas post-modernists might question whether reality exists, positivists might huff and say ‘oh course it does! Leap out a building to see how well you fly’, while post-positivists might say ‘well, it depends how high the window is’). Positivists might argue knowledge is based on a body of (often) replicated findings about a base reality whereas post-positivists suggest the best we can work toward is an imperfect description of this base reality – they eschew absolutes in favour of probabilities. (Karl Popper’s *falsification* is an example of post-positivist thinking, regardless of what Stephen Hawkings says.)

Regardless of where you sit on the constellation of paradigms and fictions, we might agree it *seems* apparent that all too often those designing support systems have not made use of these themselves or for people they love. It’s interesting to ask if advocates of certain interventions have experienced these themselves. People design systems and interventions based on their standpoint. If they had a child using specialist support systems, a different perspective might contribute different designs. Even if the designers have no direct experience of using provision, involving the people who do may contribute to a system more responsive and fit for purpose.

One standpoint about old applications of behavioural science held consequence manipulations to be dominant, non-functionally determined interventions legitimate, application of electric shocks, shouting and hurting permissible, all in



order to change whatever behaviour *they* viewed as unacceptable – be that one’s smoking, self-harming behaviour or sexual orientation. (A historical odyssey through JABA is often salutary.)

From its inception, PBS sought to include the voices of people with whom it is applied: families, children and others who had often been ignored as lacking sufficient status to be heard.\*\* The people who experience a technology have a vested interest in their subjective accounts being heard. Technocrats can benefit from listening. PBS balances the knowledge of the technocrat with the experience of the individual. PBS can legitimately consider subjective views as data: standpoints matter in PBS. This is, of course, a position of continual tension. The power held by technocrats might easily swamp others. Including the standpoints of children or adults or families or staff can help counter-balance the power practitioners wield. Power is sometimes easy to spot through ethnographic eyes than other modes of enquiry (Blaug, 2010; Levinson, 2010).

One obvious contention *against* including subjective accounts is reliability: but the reality *seems* to be inter-observer agreement measures don’t make it out of the classroom too often, meaning data presented as ‘objective’ may not be anything of the kind. The other factor is validity: does what we measure measure what we say? What if QABF, MAS etc measure individual staff opinions and perceptions, no more? What if *our* recording shows a child’s behaviour gains attention, but our *analysis* misses the child gains attention in order to gain escape, too, or a tangible item, or a *feeling of connectedness with some but not all carers*? Our standpoints inform how we collect data, *what* data we collect, *which* behaviour we look at, and importantly, *how* we interpret what we (subjectively) see.

\*\*There is a scene in a Monty Python film- *The Meaning of Life*- where a woman is about to give birth. She is surrounded by machines and the trappings of technology, *and* surrounded by the trappings of the power of technocrats. ‘What shall I do?’ she asks the doctor. The doctor is horrified and responds, ‘Nothing, dear, you’re not qualified.’

## Practice Leadership: A Call to Arms

PBS practitioners often face a common dilemma in needing to be in four places simultaneously. Knowledge is costly to acquire, expertise expensive to hire and time is money: being in high demand to help others understand challenging behaviour and respond to it coherently is both an indictment of the lack of resources available *and* reassuring one will never be short of employment. So PBS practitioners often work through others.

This means one of the challenges for PBS practitioners is to be less hero, more host to the learning of others. To generalise PBS to others – parents, teachers, service staff, people with disabilities – we need to train & teach loosely. PBS practitioners keep one eye on the target behaviours they've been asked to help with, and one eye on the competencies of the ecology (what's reinforcing which mediator behaviour that competes with PBS?) I'm humbly suggesting we grow a third eye to keep in view our opportunities to contribute to practice leadership.

Practice leadership isn't training as we know it. It is teaching by showing. (It's the difference between the old apprenticeship or legitimate peripheral participation approach to helping people learn a particular set of skills (Lave & Wenger, 1991) or culture, and going away to University [or doing stuff online] for two years to learn theoretical response to hypothetical behaviours; it's Skinner's pool-hall hustler compared to his physicist.) PBS practitioners should thus remember the very many hours of 'formal' training they provide won't result in better quality service automatically: "Training is only likely to be effective when it is supported by management leadership" (Mansell, 1996, p.57). Training is insufficient. And here's an issue.

After years of research, my old boss began to be followed by a lurking suspicion: it followed him all over Europe and Australia, he noticed it at home, at work, at play. He suspected... *"Staff feel that management's true objectives are not congruent with the espoused care objectives and that trained behaviours deteriorate quickly*

*at work*" (Mansell, 1996, p.57). Mansell and colleagues began to suspect an inverse relationship between seniority and competence regarding direct work with people using services: *"just as house leaders become less skilled and less involved in work with clients because they spend less time with them, so their managers are even less use as role models"* (Mansell, 1996, p.57).

If managers aren't considered legitimate sources of knowledge or skills by staff, if they are not viewed as good examples, leadership will coalesce around other practitioners, because people will organise themselves when a job needs doing. Formal training is often at odds with practice: a recipe for dissonance and psychological contracts snapping like twigs in Autumn. I know Gary LaVigna's soundbite is witty and often true, that *those who don't know how to manage are managing those who don't know what to do*, but we all have experienced situations where *those who don't know how to manage are managing those that **do** know what to do if only they were allowed*. This is the first lesson from legitimate peripheral participation experience not often espoused in the literature: too often managers know less than direct support staff. Often it is staff not managers who embody and enact an enabling culture.

It turns out Jim's qualms could be traced back many years to others, including Gilbert: *"I have found repeatedly that a culture that does not work well- in which people are unhappy, insecure, unproductive, and uncreative- was designed by a manager who did not begin with careful analysis of its goals and values. This analysis, this teleonomic engineering, pursues a method astonishingly different from that of the sciences... The engineer knows in the main what the goal is, and begins by making a design of that end point"* (Gilbert, 1978, p.103). Gilbert, with his model, shows how to produce competent and incompetent ecologies.

Gilbert helpfully provided a table to illustrate the tactics employed to engineer *incompetent* performance (Gilbert, 1978, p.86); he suggests most people will recognise such tactics (p.12).

	Sd (Information) [Antecedents]	R (Instrumentation) [Behaviour]	Sr (Motivation) [Consequences]
Environmental Supports	<ol style="list-style-type: none"> <li>1. Don't let people know how well they are doing</li> <li>2. Give people misleading data about how well they are doing</li> <li>3. Hide expectations from people</li> <li>4. Give people little or no guidance about how to perform well</li> </ol>	<ol style="list-style-type: none"> <li>1. Design the tools of work without consulting people who use them.</li> <li>2. Keep engineers away from people using the tools</li> </ol>	<ol style="list-style-type: none"> <li>1. Make sure poor performers get paid as well as good ones</li> <li>2. See that good performers get punished</li> <li>3. Don't make use of nonmonetary incentives</li> </ol>
Individual's Repertoire of Behaviour	<ol style="list-style-type: none"> <li>1. Leave training to chance</li> <li>2. Put training in the hands of supervisors who are not trained</li> <li>3. Make training unnecessarily difficult</li> <li>4. Make training irrelevant to the students' purposes</li> </ol>	<ol style="list-style-type: none"> <li>1. Schedule performance for times when people are not at their sharpest</li> <li>2. Select people for tasks they have intrinsic difficulty in performing</li> <li>3. Do not provide response aids</li> </ol>	<ol style="list-style-type: none"> <li>1. Design the job so it has no future</li> <li>2. Avoid arranging working conditions that employees would find pleasant</li> <li>3. Give pep talks rather than incentives to promote performance in punishing situations</li> </ol>

Fig.1 Gilbert's Example of Growing Incompetent Ecologies (Gilbert, 1978, p.86)

PBS practitioners, because they know how to differentiate their discriminative stimuli from their motivating operation without the aid of a safety net (a textbook), can contribute to the work of leaders by supporting them to actually organise the ever-popular drink in the brewery. Further, because PBS is a blend of person centred and more technological options, PBS practitioners may be unlikely to propagate the idea of services as machines; staff matter (they are not automatons, not *yet*), and involving staff is useful at gaining tacit knowledge of what's *really* going on. In practice, many PBS advocates find more knowledge amidst the smokers in the garden than from managers in folder-lined, policy-ridden offices. And *all* this knowledge accrues without the aid of a degree! (That's *another* salutary lesson: if we only listen to certified equals, how can we listen to people using services? Ignoring is a slippery slope, not taking people seriously is a contagion.)

PBS practitioners might have insights into what the reinforcement for commissioner and care manager decisions is, what payoffs operate for service organisations, what consequences arise for managers glued to their office chairs. PBS practitioners have an appreciation of the bootleg reinforcement operating for staff, and often, precisely *what* the punishers and reinforcers are for innovators

(Mansell & Elliot, 2001). (Innovators and whistleblowers often are perceived equally doubtfully.)

Skill comes from the Anglo-Saxon, meaning to 'discern' or 'discriminate'. These days skills means you have been obliged to sit through four hours of health and safety training taught by the most boring individual in the known universe and received a certificate of attendance. You are presumed competent if you've passed a simple test (did the candidate stay awake?) It may also mean you've completed Fire Training, Active Support Training, De-escalation Techniques Training via the Internet. Such programmes tend not to result in people competent at discerning or discriminating, merely reproducing what has been told them. We've learned to teach people to comply with expected answers more economically! (As we've learned to pass accountability for the consequences of bad teaching to those taught badly). There's an art to designing training to ensure people pass the exam, but it's an art few people living lives in services appreciate. *"Bad systems create bad situations create bad apples create bad behaviours, even in good people,"* (Zimbardo, 2007, p.445).

Thirty years ago Blunden suggested quality-conscious services draw performance indicators from their values. (It's not the number of teaching plans that count, but the quality of them in helping people learn.) Blunden noted that for good organisations, the views and experiences of customers are the key concern (Blunden, 1988). Blunden argued organisations keen on maintaining quality should focus on process and outcomes, and that the structure of such organisations might be less hierarchical, more democratic, more fluid: *"with small groups and task forces being formed around the solution of particular problems. The formal structure of the organisation would not be allowed to get in the way of achieving results. Staff would be actively encouraged to innovate and to champion new ideas. There would be recognition that not all new ideas would succeed. Failure would be tolerated and lessons learned from the experience"* (Blunden, 1988, p.109-110).

Blunden, drawing on the American literature concerning successful organisations, outlined some practical steps to achieve quality. He found that all stakeholders should be involved in *“defining and reviewing service quality”* (p.110) and that *“their active participation will help ensure that their interests are respected and that any decisions made are likely to be put into practice”* (p.110). Giving people using services and those people doing the work a legitimate voice in how things get done can help construct a productive culture of practice, it seems.

Blunden argued one of the challenges for community services was the creation of a culture based upon shared values; you couldn't simply employ anyone without actively supporting their learning through training, coaching and management. This meant good managers paid mindful attention to such things as recruitment, supervision, peer evaluation, and the embodiment by management and leaders of the values they sought to see put into action. Staff and families and other other stakeholders, including staff, would not have to simply listen to the rhetoric of the organisation, but they would see their managers and leaders enacting the values every day. In the UK today, if one is reasonably upright and more often than not breathing, you've got a job. A recent NHS leadership course argued democratic or dispersed leadership was pointless. It's hardly encouraging, but such is the ecology encountered by PBS practitioners.

Blunden *also* cited Gilbert: both argued human organisations would do well to focus not merely on behaviour but on accomplishment. O'Brien adopted this model when he wrote of the Five Service Accomplishments in 1987. What people do is the behaviour. What people achieve is the accomplishment. Therefore when reviewing the quality of services it is important not merely to consider what is written and what people tell you, not merely to measure the presence of items assumed to indicate quality, but what is actually achieved. (Does the person have a care plan? Yes! Therefore this is a good service!) *“It is unusual to see services*

*being reviewed in terms of the extent to which they enable clients to expand their social relationships or learn and effectively use new skills,”* (Blunden, 1988, p.111).

Blunden suggests helpful quality assurance systems should be geared toward action; all too often the wrong indicator is measured poorly and not much changes. (If we each audit ourselves, we tend to come out as pretty cool human beings.) Hierarchies tend to bureaucratise systems and routinise them. Rationales become lost very quickly. Remember even a dysfunctional system is functional for somebody. Even Winterbourne View met some people’s needs- to cover up, to not be morally engaged, to provide an out of area, out-of-sight provision, to bully.

Blunden notes *“the procedures outlined here seem little more than common sense”* (p.114) but common sense assumes a lack of politics, a lack of agendas, and equitable power and focus. In this way, common sense is naive. What we know about politics in organisations, power-games in systems, is that resistance is fertile. Putting values into action is hard and it requires competent management and visionary leadership. *“How often is most service organisations do senior managers concern themselves with the details of how the service is influencing the lives of its users?”* (Blunden, 1988, p.114). What PBS practitioners know is that when they examine ecologies, they encounter ego-cologies.

It is rare to see active practice leadership, management by wandering about, spending time routinely with people using services and people at all levels of the organisations. This is rare because staff and people using services are not really viewed as consumers. People who buy services are consumers. Not people using them. Not people working in them.

Practice leadership is a new name for an old skill: showing by doing, leading by example, coaching, teaching, and being the embodiment of the culture to be grown. PBS practitioners, knowing the foibles of human systems as well as the rational science of our often seemingly irrational species, are uniquely skilled at

*leading* change and modelling approaches with proven outcomes. There are differences between managers and leaders: managers follow the path set by leaders; leaders do the right thing while managers do things right (Bennis & Nanus, 1985; Shackleton & Wale, 2000).

### Commissioners: Enemy at the Gate or Powerholding Opportunity?

If someone doesn't know how to sing the Polish National Anthem, we can teach them to sing *Poland is Not Yet Lost*. If someone doesn't know how to check the 'facts' spun by politicians, we can teach them that, too. If people can't read or write or bicycle or swim, that's a learning issue to be solved. If someone doesn't know how to commission a service that is suitable for the person whose life will be lived therein, can we not teach that, also? PBS practitioners know so much about how not to do things, we should pass on knowledge about how to do things well to those responsible for buying second-rate provision. This is less about resource than imagination; less about clinical, more about political enterprise.

Commissioners are skilled at buying the best value provision that turns out not to be the best by any other metric. PBS practitioners, due to their knowledge of people and systems, can contribute to the making of *good* and *person-centred* decisions. We can provide reliable and valid data *and* stories to help commissioners make more informed choices: here's why you should fund this, here's why you shouldn't fund that, and here are the consequences for you arising from both. PBS can be scientific, person-centred, *and* political.

Because in the UK being person-centred in a managerialist milieu is an exercise in calling bureaucrats to moral account- to make accountancy moral- networks of practice and support are vital for PBS practitioners. Being part of a community of practice can provide a place for identities, a place of sanctuary, a place from which practitioners can gather strength and share knowledge. A community of practice identity can support practitioners to remain sane in insane places.



When travelling around the UK, in meeting parents and people labelled as “having” behaviour others find challenging, when spending time in private and statutory places of work, PBS practitioners often encounter the dominance of managerialism over values, the processing of people as opposed to listening to them, and old practices that never went away. This must lead us to wonder if we’ll ever get to Valuing People. This also teaches us we need to support one another as we strive for doing what is right well.

PBS practitioners then can contribute to the decisions commissioners make by their knowledge of the need for:

- Robust, reliable, valid data to inform our conceptualisation of challenging behaviour and how to respond *that includes* subjective accounts (we might then see PBS practitioners question the tropes maintaining a reliance on medication, restraint and other archaic practices to ‘manage’ challenging behaviour, such as a need for ‘assessment units’ [assess *what?* Assess *where?*]);
- A recognition of the benefits of listening and acting upon the experiences of children or people who have first hand experience of PBS;
- Knowledge arising from experience and research informing why dangerous cultures can develop (we might then see PBS practitioners take a lead in helping organisations embed in their structures informed leaders and methods for detecting early signs of organisational dysfunction);
- Providing commissioners with evidence and stories of what works for people (we might see PBS practitioners offer commissioners standpoints that can contend with dominate beliefs. We can arm commissioners to argue for person-centred decisions).

PBS practitioners might find themselves adding their voices to those of the people they support, to call for human rights to be respected, for values to be enacted, and for people in education and services to be viewed as consumers not cattle;

PBS practitioners are engaged in a social movement for social justice, not just clinical excellence.

The development of PBS has enriched mainstream ABA; it is now common to hear of social validity, to embed contextual fit procedures into clinical work, whereas twenty years ago these things were not as common. In the same way functional assessment and functional analysis are now de facto expectations of PBS work, we must remember that establishing the function of a given response is quite a recent development. This is the gift PBS brought to the party. Perhaps we can invite commissioners to the party.

#### What PBS Can Bring to the Party

Engineered systems for people with a reputation for challenging behaviour need to encourage open, questioning cultures, where staff are encouraged to think and be part of solutions. Social psychology is clear: groups work better when members trust one another and when there is a clear, unambiguous goal. Unclear ecologies can promote ineptitude (Gilbert, 1978). Calling on what we might term ancient history, *“Many studies have found that the existence of cohesive bonds between co-workers is a pre-requisite for high morale and optimum performance of duties, but this does not mean that all norms that arise in cohesive work groups contribute to the accomplishment of official tasks,”* (Blau & Meyer, 1971, p. 49).

Both functional assessment and person centred planning appeal to those seeking an understanding of apparent reinforcers and punishers impacting on an individual’s behaviour (Wagner, 2002). Where person centred methods are artful and often look at ‘the big picture’ of goals and accomplishments, behavioural approaches are embedded in scientific culture, and often focus on specific responses that may contribute to ‘big picture’ goal achievement. Person centred approaches tell us where we’re heading, behavioural approaches how to get there. Good PBS practitioners are skilled in both.

Why bother to consider wider ecogocial (or ego-cology) contexts? Without understanding the source and purpose of bootleg reinforcement, without knowing competing influences, our suggestions, even if co-constructed, won't amount to much. That's a pragmatic answer. There's also the moral dimension, as well as aligning ourselves with the lessons from the past- of not contributing to the powerlessness of people in distress. *"The literature shows a high degree of consistency around the features of effective approaches to accommodation and support for people with intellectual disability. They are fundamentally linked to a focus on positive support of people with disability at the individual level, and to supporting and facilitating the connection of the person in a range of relationships and with a range of communities of their choosing... These features have also been demonstrated to be protective of people's personal safety. These features are connected, however, to a strong philosophical and conceptual framework about control and choice being vested in or close to the person. The history of accommodation services has been one in which control and decision making have been vested in the staff and management who work in the services,"* (Robinson and Chenoweth, 2011, p.66).

Therefore, when we teach PBS, when we practice-lead PBS, do we stress person centred ecologies, attitudes and interactions, as equally powerfully as behavioural methodologies? When we teach do we emphasise critiques and limitations as robustly as we advocate for functional assessment and analysis? When we teach PBS, how do we teach practitioners to gain the views of families and people requiring support? When we teach physical interventions, do we show the research focussed on the views and experiences of people on the receiving end of such approaches? Could we as PBS practitioners do more to enhance the quality of life of people we serve? Can we infect those supporting the person daily with the passion to see the individual's gifts as well as challenges? Supporting someone to learn how not to need to hurt themselves is noble and constructive work but leaving them friendless and without voice in poor provision is unsupportable.

It is often the case survivors of mental health provision, parents of young people sent miles from home to so called 'assessment and treatment units', people in services *generally*, speak of their opinions not being considered, perhaps because the standpoint of professionals is so powerful compared to people using services. Parents and people using services are often lonely and unheard.

Can PBS as a family of approaches learn from these unsavoury and generation-long experiences? In many ways I would agree that to progress "we need more evidence and less ideology" (Rowe & Rudkin, 1999, p.154) but ideology and values inform what is researched and cited as evidence.

We have learned as practitioners to ask difficult questions, because our work is not so simple as saying *Jane's behaviour is unacceptable, here's how to change it for the benefit of Jane and everyone else*. Jane might be quite happy self-harming because it is a behaviour that makes up Jane. The acceptability of self-harm is a subjective standpoint. The people judging Jane to be self-harming might do so through the fog of cigarettes, a lack of exercise, and an evangelical belief in free-love. Jane might have an equally valid argument that the referrers have their own behavioural issues to deal with.

In person centred planning, as in PBS, we begin with a hypothesis (a best guess) as to what our information tells us. In PBS this tends to be drawn from direct observations, from records and the experiences of groups of people gained through interviews or questionnaires. We might also ask the individual themselves. In person centred planning, we like-wise dive into opinions from those that know the person, and if possible, the person themselves. In both approaches, we then intervene. "Some people's ways of communicating leave the important people in their lives unable to hear their views about a life that would make sense," O'Brien writes. "These other people have little choice but to create a story with a valued and central role for the person, whose preferences remain ambiguous. Then, these people make adjustments based on the person's

responses to the real settings and experiences that resulted” (O’Brien, 2002, p.412). And whilst these adjustments based on responses may not be recognised as robust data, the *approach* is.

Data can all too easily be conceptualised as probes into peoples’ lives. The data we collect by default, training or mandated by our employers may not be the data meaningful to the person. The data we collect may be pre-determined but they might just as easily be responsive to the person and their situation. An impressive example of this can be found in Holburn & Vietze’s account of Hal (2002).

During a recent teaching trip to Verona ideological opposition to anything remotely associated with behaviourism was encountered among social workers, third sector workers, academics, mental health practitioners and psychologists. Probably even the gelato seller had an opinion had I been sufficiently brave to inflict my Italian upon her. I found myself defending PBS robustly before realising that with all my defending and citing I had managed to not listen to their legitimate concerns. (To paraphrase Seneca- *we are bad people living amongst bad people- we should go easy on one another.*) PBS has no exclusive on people believing they are right. (One supposes academics are often prey to becoming argumentative (especially when our identities are crafted around a given position) and “a pathetically contentious lot” (Irvine, 2009, p.255) by nature and nurture, perhaps.) But listening to critics is helpful.

PBS practitioners may well contribute as many person-centred interaction profiles, activity schedules, communication and rapport support plans, person centred methodologies to ‘assessment’ as they do functional assessments or analyses. PBS practitioners are multi-skilled: they don’t just know about challenging behaviour but about people. PBS practitioners can use their skills in measuring outcomes to extend the benchmarks and products currently used to include lifestyle satisfaction and quality of life, not merely challenging behaviour;

### Are We There Yet? Downstream Responding & Upstream Antecedents

As any innovation grows in popularity the underlying principles risk changing into something not intended: their names can easily become spiffy euphemisms for business as usual (Lovett, 1996). As the originators of person centred planning have often ruefully shared, seeing the methods they developed lionised, popularised, changed and bastardised is painful but inevitable. PBS methods can contribute to practitioners making sense out of seeming chaos and all too apparent confusion when this clear understanding is communicated to others- that behaviour is lawful even when awful. We can arrive at shared solutions only if we take seriously the standpoints of those we work with. Those we work with are resources not cases, partners not clients.

This brief viewpoint argues for PBS practitioners to keep hold of their focus on broader interventions, to not limit themselves to discrete responses but to lifestyles in systems. PBS would lose its soul if it didn't stick to its founding principles: subjective experiences are as valuable as the data we so copiously collect. But of course, PBS is not a corporeal entity, it has no nervous system, no body, no soul: PBS is what each practitioner does and how she conducts herself and how vigorously she works in collaboration with others. She achieves this by applying technology to human problems in humane and inclusive ways. If our fictitious practitioner simply strolls in, collects data, graphs the findings, and makes recommendation, without meeting the human in distress or listening to the standpoints of mediators who do the hands-on work, her work is many things, but PBS it isn't. *Equally* obviously, this viewpoint is nothing new. Meyer & Evans argued for similar considerations in 1993 (the responses to their paper were telling, too) – nearly a quarter of a century ago.

In their well-cited early synthesis of PBS research, Carr *et al.* suggested researchers “need to address consumer goals” (1999, p.85). Today in the UK consumers are all too rarely the people receiving support, but rather commissioners and often

distant care managers. So it is likely the synthesis's recommendation to providers to "fix the problem contexts, not the problem behaviour. Problem contexts (i.e., environmental deficiencies and skill deficits) are the fertile ground from which problem behaviour springs" (ibid, p.85) have fallen on deaf ears too many times: providers still get paid regardless of the outcomes experienced by people using services. (And if a placement fails, there are always *new* people to fill the voids. Such is the market of challenging behaviour in the UK: here, market and money trumps people.) Despite renaming aberrant behaviour as challenging the same explanatory fictions abound: the problem is the person, so fix the person. People make a lot of money out of this fiction.

This viewpoint suggests PBS practitioners can bring light to a murky marketplace simply because of the dual disciplines entwined within PBS: science and subjective experiences:

"The story goes that a person walking alongside a river sees someone drowning. This person jumps in, pulls the victim out, and begins artificial respiration. While this is going on, another person calls for help; the rescuer jumps into the water again and pulls the new victim out. This process repeats itself several times until the rescuer gets up and walks away from the scene. A bystander approaches and asks in surprise where he is going, to which the rescuer replies '*I'm going upstream to find out who's pushing all these people in and see if I can stop it!*'"

(Egan & Cowan, 1979, p.3/4)

These authors suggest human services are inherently *downstream* solutions in part due to the medical model (where even social problems are types of *illness*) and thus require treatment. *Upstream* socio-cultural systems impact on individuals hugely- challenging behaviour is a public health issue. All the time PBS practitioners deal with *downstream* consequences of *upstream* antecedents, we're closing the stable door long after that particular horse has bolted. If we

earned a dollar every time we've heard a colleague sigh '*so why did they wait for blood to hit the walls? Why not call earlier?*' we'd have the entrance fee for Disneyland at least. PBS practitioners – by extending the science of human behaviour to systems – are potential allies to those seeking *upstream* solutions. Because we *know* the vital importance of abolishing operations, of early intervention, of educational, constructive and socially valid solutions. We would sell our knowledge short by not considering the reach or application potentials of PBS.

PBS practitioners continue to fight the same battles their predecessors did a quarter of a century before them: to find the human amidst the data, and to not only stop perpetrating dehumanising techniques, but stop perpetuating them through offering evidenced and person-centred alternatives.



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