

## Correspondence

Edited by Kiriakos Xenitidis and Colin Campbell

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## Response from UK Society of Behaviour Analysis – Positive Behaviour Support Special Interest Group

We are writing in response to the article by Hassiotis *et al* (2018)<sup>1</sup> entitled 'Clinical outcomes of staff training in positive behaviour support to reduce challenging behaviour in adults with intellectual disability: cluster randomised controlled trial'. Hassiotis *et al* stated that their aim was to evaluate the effects of training in positive behavioural support on challenging behaviour. Although we welcome research in positive behavioural support, we have concerns about the conclusions that have been drawn from this study.

The authors describe how, after having received 6 days of training in positive behavioural support, National Health Service professionals – including speech and language therapists, nurses and occupational therapists – implemented positive behavioural support interventions in community services for people with intellectual disabilities. It was stated that in order to align with best practice, interventions were required to include four key components: functional assessment, observational data, a positive behavioural support plan and a goodness-of-fit checklist. However, out of a possible total of 108 interventions, no paperwork was submitted.

All positive behavioural support plans were rated by an independent assessor as being of poor quality, and, crucially, no information was gathered on whether or not they were actually implemented. In the absence of data concerning implementation, it is possible that the behaviour change strategies detailed in positive behavioural support plans were never actually used in services. The authors' conclusion that positive behavioural support did not reduce challenging behaviour is therefore unsupported.

In view of the study's limitations – and, in particular, the absence of evidence that the intervention it set out to assess (positive behavioural support) was actually implemented – the extent to which any meaningful conclusions can be drawn is questionable.

## Reference

- 1 Hassiotis A, Poppe M, Strydom A, Vickerstaff V, Hall IS, Crabtree J, et al. Clinical outcomes of staff training in positive behaviour support to reduce challenging behaviour in adults with intellectual disability: cluster randomised controlled trial. *Br J Psychiatry* 2018; **212**: 161–68.

Joanne Coulson, Chair of the Positive Behaviour Support Special Interest Group on behalf of the Positive Behaviour Support Special Interest Group, UK Society for Behaviour Analysis, UK. Email: [joanne.coulson@dimensions-uk.org](mailto:joanne.coulson@dimensions-uk.org)

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## Author's reply

We welcome the UK Society for Behaviour Analysis' interest in our work and we agree that there are important issues in considering fidelity in complex interventions. All too often, psychosocial interventions that have worked well in controlled conditions fail when tested in real-life settings.<sup>1</sup> This has been observed across many other interventions in mental health and raises the question about how to integrate findings from negative trials with what is known from small-scale early-phase trials, before-after or controlled studies, and  $n = 1$  experiments. Many factors influence fidelity of a complex intervention, for example participant characteristics, intervention complexity and organisational issues.<sup>2</sup> Clearly, including implementation information in future trials of psychosocial interventions will be paramount in supporting the delivery of evidence-based care in the field of intellectual developmental disability and challenging behaviour.

In our pragmatic trial, which examined the clinical effectiveness of staff training in positive behaviour support for challenging behaviour in routine care, we made efforts to address implementation by training, mentoring, site visits, monthly teleconferences with the trainers in order to aid motivation and help the therapists problem solve. Clearly practitioner skill and competence play an important role in delivering interventions successfully; all professionals who volunteered to act as therapists in the study have had significant clinical experience in the field of intellectual disability.

There were other reasons for poor fidelity of the intervention that are stated in our report in *Health Technology Assessment*.<sup>3</sup> However, our study findings highlight a more pressing question about the current level of implementation of positive behaviour support in community practice. Already a training programme at service level for National Health Service and social care staff to enable them to carry out positive behaviour support has been rolled out at a cost of over £500 000 but the long-term evaluation of its impact is unknown.<sup>4</sup> It may also be necessary to consider the feasibility of positive behaviour support (as currently defined) being delivered as part of routine care; alternatively, other interventions could be explored. Without further evidence as to what is delivered and by whom, and of the real-life effectiveness of established interventions such as positive behaviour support we may fail people with intellectual developmental disabilities and their carers.

We would also like to correct an inaccuracy in the letter; indeed, paperwork was submitted for a proportion of the participants, please see our article in the *BJPsych* (p. 165) under 'Fidelity of intervention and implementation'.

- 1 Crawford M, Barnicot K, Patterson S, Gold C. Negative results in phase III trials of complex interventions: cause for concern or just good science? *Br J Psychiatry* 2016; **209**: 6–8
- 2 Breitenstein SM, Gross D, Garvey C, Hill C, Fogg L, Resnick B. Implementation fidelity in community-based interventions. *Res Nurs Health* 2010; **33**: 164–73.
- 3 Hassiotis A, Poppe M, Strydom A, Vickerstaff V, Hall I, Crabtree J, et al. Positive behaviour support training for staff for treating challenging behaviour in people with intellectual disabilities: a cluster RCT. *Health Technol Assess* 2018; **22**: 1–110 (<https://www.journalslibrary.nihr.ac.uk/hta/hta22150#/full-report>).
- 4 Roy A. Management of challenging behaviour: the workforce perspective. Paper presented to Results of A Multicentre Randomised Controlled Trial of Positive Behaviour Support: Lessons for Research, Policy and Practice. University College London. 10th October 2016 (<https://www.ucl.ac.uk/positive-behaviour-support/tabs/conferenceflyer>).

Angela Hassiotis, Division of Psychiatry, University College London, UK.  
Email: [a.hassiotis@ucl.ac.uk](mailto:a.hassiotis@ucl.ac.uk)

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