Case study: Anthony

Pen picture

Anthony is 35 years old. He has a moderate learning disability and autism. For the last seven years he has lived in a small residential service in a town in Suffolk. He is able to engage in simple conversations and undertake many daily living activities with minimal support. Anthony has special interests and is particularly fond of trains, and some particular television shows. Anthony's parents live close by and visit regularly. He accesses a social club once a week and enjoys seeing his friends. Anthony has a good sense of humour. He also likes to know that all the staff have got home safely after work and relaxes when he knows that this has happened.

His support team would like to reduce the use of physical intervention – specifically a supine floor restraint which is used on average 2–3 times a month. Other restrictions are sometimes put in place as a result of his behaviour of concern; for example, the kitchen is locked by staff if they think Anthony is becoming agitated. His trips out are often limited as not all staff feel confident to take him out. There is a recognition in the team that these limitations are more likely to lead to Anthony's frustration.

Description of the concerning behaviour that may lead to the restraint being used: Anthony may increase his proximity to a staff member and begin to mutter and then to swear. If staff are not able to divert him at this stage he may use his right hand to attempt to punch the staff member's head or face. These punches have enough force to cause reddening and have occasionally led to split lips but are not of force sufficient to cause a jolt to the head. They may be repeated if people do not move away very quickly. Anthony may also follow and try to hit again.

For the last 18 months this behaviour of concern has occurred intermittently but it has been increasing more recently and has been happening 3 or 4 times a week. There are days with no incidents. The supine floor restraint is used when staff do not feel they are safe.

There is a range of opinions about why Anthony uses this behaviour. When it is discussed in team meetings the responses from team members are:

- 'It happens when he doesn't get his own way'
- 'He wants to have the kitchen to himself – he does not like it if anyone else is using the kitchen'
- 'He does not like being told what to do'
- 'He doesn't like some members of staff'

While there may be some truth in all of these statements the attributions are generally negative and unsympathetic. Most team members believe that Anthony has some control over this behaviour.

An initial analysis of the daily reports and the incident reports shows that the incidents that lead to a restraint being used are less frequent when either of his favourite staff members (Bill and Nadia) are supporting him. They are also less likely to occur at all in the two or three days after his parents have visited. The incident reports also indicate that that he is more likely to become upset after staff have intervened to give advice to him, particularly when he is in the kitchen preparing food. Cooking for himself and for others is a favourite activity. However, Anthony has burnt himself in the past and staff are often concerned that he may have another accident. The likelihood of an incident also seems to be higher if other people are also using the kitchen.

A series of special team meetings were arranged to think about the best ways Anthony could be supported safely and reduce the amount of incidents and restraints. The first meeting started with staff generating a list of what Anthony really likes doing. They thought a good day for Anthony would include a number (at least two) of these activities. As well as generating a lot of useful information it also had the effect of reconnecting staff with Anthony and his current experiences.

Activities that Anthony enjoys:

- Trips out accompanied by staff, walks along the beach for a drink and lunch
- Running round the park with Bill
- Train rides to local towns for lunch and a drink, and lunch with Bill or Nadia
- Doing his own laundry, if he is successful and supported well to complete the whole process
- Talking about his special interests with staff
- Knowing that the staff have got home safety
- Visits from his mum and dad
- Baking cakes with Nadia and sharing them with the other residents and staff

Then they thought about the factors that might contribute to Anthony having a bad day where there were more chances of an incident occurring. These include:

- When the kitchen is noisy and crowded when he wants to cook
- When Bill, Nadia or Don are not working
- When he hasn't been out for a while
- When staff place demands on him or are sharp with him
- When he doesn't feel well
- When he hasn't seen his parents for a while and doesn't know when he will see them next

They were then able to think about the factors that might contribute to incidents not occurring. These include:

- When he is relaxed and is successful at his activities
- After he has been out
- When he is in the kitchen on his own and has undivided staff support
- When Bill, Nadia or Don are there
- When he is looking forward to a visit from his parents
  (difficult to predict as they tend to pop in when passing)

These conversations helped the staff team understand that Anthony's behaviour was not fixed or inevitable but that it was more likely to be the effect of a combination of different factors – some of which they could help him to control. In essence they could make a difference. (The exercises used here have been adapted from a user friendly book on assessment we use a lot by John Clements and Neil Martin, *Assessing behaviours regarded as problematic for people with developmental disabilities* (2004) which sets out an inclusive assessment process. The exercises are equally relevant to thinking about restraint reduction strategies.)

During the next team meeting the team reviewed their progress so far and were then asked to come up with proactive ideas for creating a supportive environment in which Anthony's problematic behaviour was less likely to emerge or escalate. They separated the strategies into those that were purely preventative and those that were more developmental. They also generated ideas about general quality of life improvements and then thought about how they could improve their personal responses when Anthony's behaviour has already started to become problematic.

Ideas for preventative strategies:
What can we do to avoid Anthony becoming upset in the first place?

- Let Anthony use the kitchen on his own
- Ask Anthony's parents to let us know when they are going to visit at least once a week – they can still pop in – we could put this on Anthony's calendar
- Build up the rapport with other team members – guided by Bill and Nadia. This was considered to be very important and Don the practice leader took this on as a specific piece of work (see below)
- Use a different style of communication if Anthony needs instruction – Bill is particularly good at correcting him but in a very positive way that he accepts. Bill could show other staff how to do this
- Be very focused on Anthony and difficulties he might be having in the kitchen – this should be a one to one activity for a while so that it's easier to identify any problems he is having at an earlier stage.
- Prioritise Anthony going out especially when Bill is working – other forms of physical exercise were suggested by staff for Anthony to have a go at, eg someone suggested an experiment with a basketball hoop in the garden

Ideas for developmental strategies:
What can we do to teach Anthony the skills to manage things that upset him?

1. Help Anthony try to identify when he is becoming angry and teach him some coping or calming activities. The team could ask the clinical psychologist for some help with this
2. Try a social story (as they have been successful in the past). Nadia could try them out with him – when he is not upset. One of the staff has been on a social story course and is going to produce one and try it out
3. Try doing something fun in the kitchen for a short period of time with another resident – making milkshakes or ice-creams – something that Anthony likes so he learns to tolerate sharing the space with another person, and it becomes less associated with having a stressful time for everyone

Suggestions for improvements to Anthony's quality of life enhancement not directly related to the behaviours

1. Nadia and Don to plan some weekly treats for Anthony – Anthony to have a choice. For example, one to one activities with a favoured member of staff – this will give him and the staff something to look forward too and something to talk about, such as more cake baking
2. Programme in daily at least two activities that he enjoys

Reactive strategies – what can be done to avoid getting into a physical restraint ONCE Anthony has become upset

1. Redirection – diversion or refocusing – talk about one of his special interests with him
2. Ring a member of staff to ask them if they have got home safely
3. During one incident his parents rang – Anthony become distracted by that and was really pleased to speak to them on the phone. So this might be an option if they are available
4. Staff to listen actively to what Anthony is saying rather than issue instructions and reflect back to him. Bill does this particularly well and will coach the team
5. Following on from the above, let Anthony have what he needs or is asking for if possible
6. During this team meeting it emerged that Bill and Nadia have 'discovered' two different (counter-intuitive, see LaVigna et al, 2002) approaches to preventing punching after Anthony has started swearing (see box below)

All agreed the restrictive strategies (physical intervention) in the behaviour support plan are only to be used as a last resort when everything else has been tried and failed.

Direct reduction of the restrictive practice

1. Can we release the physical intervention after a timed countdown?
2. Could we use a less restrictive intervention or hold?

It was felt both of these ideas needed the expertise and input of the physical skills trainer so Don was going to follow this up as well.

All these ideas were then explored further as a team together and it was agreed which ideas should be put into an initial plan. The team also made some other decisions, including to ask the behaviour support team to do a functional assessment. This process will be speeded up by Don being able to collect and collate data for them.

During the process of developing this restraint reduction plan for Anthony there was a noticeable shift in some people's attitudes. The team were now focused on thinking about the quality of Anthony's life and his daily experiences rather than just his behaviour. Team members began to get a sense of the frustrations for him: 'he does very well really considering sometimes he is stuck in all day – and he likes to go out. I'd be pissed off.'

All the ideas that had been generated were discussed and the ones that everyone felt had the most chance of success were developed further.

The boxes below show how two of the ideas were taken further.

Ideas into action
Example of a specific proactive strategy: building rapport
Anthony has good rapport with three members of staff: Nadia, Bill and Don. These three staff have been working with Anthony the longest and they are able to offer him advice without him getting upset. Don has been here for about the longest, and is very calm. He also listens to Anthony talk about his special interests without interjecting.
The three tier training schedule will be used to develop these interaction skills in other team members. Ali and Mo, two full time members of staff, will be supported to increase their rapport. Bill and Don are role models and will role play interactions between themselves and Anthony during short training sessions. A clear description of how Anthony prefers to be interacted with will be developed and Ali and Mo will try to replicate this approach.
Rapport will also be developed through Ali and Mo engaging with Anthony in his preferred activities. They will also observe Anthony doing some of his favourite things with Bill, Nadia and Don in the house and in the community. They will be able to see how they interact and observe/prevent problems arising for Anthony when he is out in the community. Ali and Mo will be supported and given feedback so they can successfully integrate Anthony's preferred interaction styles into their own work.

Evaluation and monitoring
Using data to evaluate this is vital. Anthony can use the rapport assessment and is able to rank his staff preferences onto a ten category measure. The results from this are backed up by the ranking that staff give themselves for quality of rapport with Anthony. The rapport assessment will be used at weekly intervals with staff and Anthony to observe changes.

A-B-C charts will also be used examine which staff get involved in incidents and compare these before rapport development and after. The rapport training protocol and data collection will be supported by the PBS team.

Ideas into action
Example of a specific reactive reduction strategy
Bill and Nadia have 'discovered' two different (counter-intuitive, see LaVigna et al, 2002) approaches to preventing Anthony reaching the punching stage after he has started swearing, if they are in the house.

If in the house when Anthony starts to swear Bill moves quickly to the large bean bag and jumps onto it saying, 'Oh flipping heck' and jumps off again. This makes Anthony laugh and he copies Bill's actions. Bill then says, 'I want a cup of tea', and Anthony says, 'Yes, I want a cup of tea', and they go into the kitchen to make one.

If Anthony is swearing, Nadia steps away and covers her face with her hands and says dramatically 'Oh no, please don't ruin my makeup!'. This makes Anthony laugh and he says, 'Oh no I won't.'

The plan is first to experiment with these two strategies a bit more and check their transferability. Bill and Nadia will try out each other's tactics and Anthony's responses will be recorded. Ali and Mo will try these after being trained using the three tier training or EDDY method.

Planning for implementation

Targets were then set for restraint reduction and the team agreed how they would monitor both the reduction and the success of the different strategies. Don added some tick boxes on the daily incident sheets and weekly summary sheets to collect the information he needed. Don also set up a recording sheet for staff competences.

Following this work a reduction plan was developed (see next page). This plan is available for downloading in full as a Word document for reference, and as a blank proforma (see www.bild.org.uk/pcrr).

Restraint reduction plan for Anthony White 10/10/2016

Consent and contribution
This plan has been explained to Anthony by Nadia on 10/10/2016. Anthony is able to give consent and Anthony has contributed to it by agreeing to do a rapport assessment every week and making a list with Nadia of activities he would like to do. There is an Easy Read summary

Person responsible for writing this plan and updating it
This plan was written by Don Greaves, Practice Leader, on 5/10/2016. Don Greaves is also responsible for updating this plan

Agreement
This plan has been agreed by Mr and Mrs White (Anthony's parents), and Clare Evans (Social Worker) on 10/10/2016

Implementation and review
It will be implemented from 1/11/2016 and reviewed on 1/5/2017

Data collection
Data will be collected through different methods, including: daily reports, rapport assessments, weekly summaries, restrictive intervention book, incident reports, and staff competence checklist. Don Greaves will collate the data on excel sheets and produce monthly summaries

Restriction to be targeted for reduction: supine floor restraint
Current average current frequencies:

- Average frequency of behavioural incidents = 4 times per week
- Average number of times it ends in a supine restraint = 3 per month
- Average duration = 35 minutes
- Average severity of episode = 3 (minor injury needed first aid)

Target reduction by 1/11/2017

- Average frequency of behavioural incidents = 2 times per week
- Average number of times it ends in a supine restraint = 1 per month
- Average duration 35 minutes = 10 minutes
- Average severity of episode = 1 (verbal swearing only, no physical harm)

Strategies to increase QOL	How will this happen?	How we will know it has happened and measure its success?
1. Weekly treats	Weekly treats for Anthony to be planned by Nadia and Bill (not dependent on levels of behaviours of concern)	Weekly summary sheet
2. Increase in exercise	Running, twice a week planned in the diary with Bill	Daily reports and weekly summary sheet
	2 new physical activities tried out per month, planned by Nadia and put in the diary	Daily reports and weekly summary sheet
3. Planned daily activities	At least two activities that Anthony enjoys happen daily, planned on a daily basis by the shift leader	Daily sheets
Proactive preventative strategies	**How will this happen?**	**How we will know it has happened and measure its success?**
1. Increase predictability of parental visits	Bill will ask Anthony's parents if they are able to visit on a regular day so this can be put into his calendar, and if they can ring with as much notice as possible if a visit is not likely to happen	Anthony has a calendar with parent visits clearly marked on it
2. Two more members of staff increase their rapport with Anthony	Rapport training for Ali and Mo (see training plan attached)	Rapport assessments completed by Anthony weekly
3. Anthony uses kitchen on his own to cook his meals (ongoing plan is to build up his tolerance of others in the kitchen)	Anthony to use the kitchen on his own to cook his meals with one to one attention (but to be encouraged to join in some fun baking activities with another resident at least twice a week). This can be built on in the next review	Daily charts and weekly summaries
4. Staff to try less instructional style of communication, especially when in the kitchen	Don to demonstrate this to individual staff. Staff to practice and then be observed by Don and given feedback	Competence checklist designed by Don

Proactive developmental strategies Teaching new skills	How will this happen?	How we will know it has happened and measure its success?
1. Tolerating others in the kitchen	Twice a week a fun activity in the kitchen with another will be planned by Nadia; they will be short activities at first	Daily sheets and weekly summary
2. Social story to help Anthony think of alternative behaviours if the kitchen is crowded	Social story to be developed by Nadia, James and Anthony. Anthony to be encouraged to read the story with Nadia twice a week	Social story produced Daily sheets and weekly summary
Reactive strategies	**How will this happen?**	**How we will know it has happened and measure its success?**
1. Two new diversionary strategies to try	a. Staff to try out Bill and Nadia's strategies – demonstrated and practised by all staff at team meeting (see training plan)	Team meeting minutes
	b. Nadia and Bill to test out each other's strategies to see if they can be generalised and feedback at next team meeting	Team meeting minutes
	Both strategies to be used by other staff	Daily sheets *Reviewed after one month 1/12/16
2. Active listening by staff when Anthony becomes upset	Don to demonstrate this at team meeting. Staff to practise on each other and then be observed by Don and given feedback. Staff then to try with Anthony	Competence checklist designed by Don

Other actions to follow up

1. Don to contact the psychologist by the end of next week to discuss anger management and coping strategies that might be suitable for Anthony

2. Don to contact the behavioural specialist by the end of next week and request a functional assessment and intervention plan

3. Don to seek advice from physical skills trainer and behavioural specialist by the end of next week about the possibility of a countdown to release or using a less restrictive intervention

Progress on the above to be reported at the next team meeting