The Journey Home: A Case Study

Delivered by Ben Andrew - PBS Coach & Multimedia Specialist



Introductions

- Ben is part of Catalyst Care Group.
 - Leaf Complex Care
 - Unique Care Services
 - Nurseline Community Services
 - Community Transition Services
- Catalyst Care Group consists of
 - Positive Behaviour Support leads
 - Occupational therapist
 - Multimedia Specialist
 - Mental Health Nurses



Ben Andrew – PBS Coach & Multimedia Specialist







Confidentiality

 The individual we are going to discuss is going to kept anonymous

 Therefore names, places, pictures and other aspects have been changed to protect their identity.



What we like and admire

Authenticity

Kindness and compassion

Resilience

Creativity

Courage

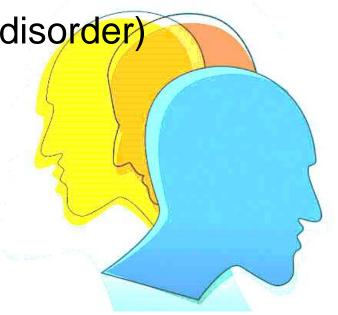
Fantastic laugh

Diagnosis

We see people as more than their diagnosis, however it's important to understand the individual and deliver bespoke personal centered care.

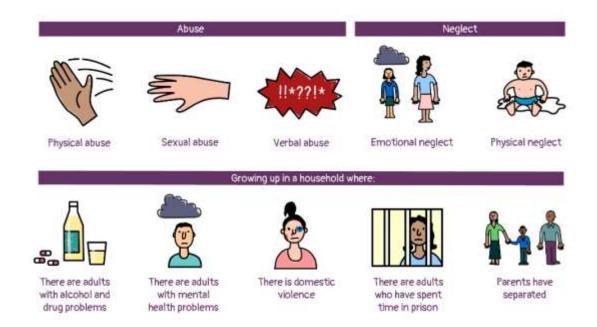
EUPD (Emotionally unstable personality disorder)

- PTSD (Post Traumatic Stress Disorder)
- Schizoaffective disorder
- Learning Disability
- Attachment Disorder



ACE's

Impact





Life History

- Child protection register at 4 due to "volatile and sexualised behaviours"
- Taken in to care at 4
- Over 20 different foster home placements
- Age 15 admitted to secure mental health ward
- Moved between many different secure children's settings and Adolescent Mental Health units.
- At 18 was admitted to low secure Mental Health ward presenting as withdrawn, mute and soiling themselves.
- When behaviour escalated placed in seclusion for 2 months.
- That is where they stayed until the age of 38



Life before we met this person

Living in a hospital for all their adult life

Life-threatening self harming behaviours

Little positive staff interaction

Had not left the ward for 2 years

Restraint appeared to be the first option

Limited or no positive memories of their life so far

Lived Institutional hospital settings for over 20 years

No experience of the outside world.

Very low self-esteem and sense of self



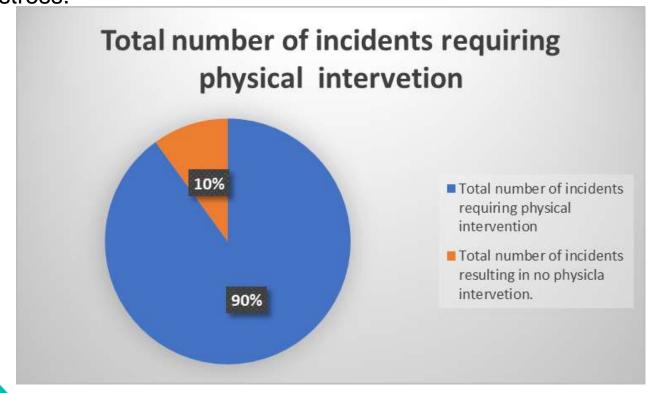


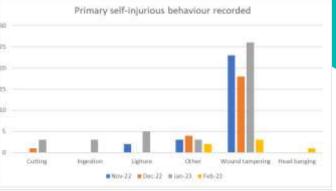
Life before CCG was involved.

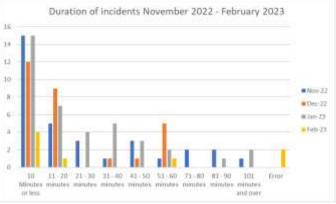
90% of incidents led to physical restraint, for up to 4 hours by up to 6 staff.

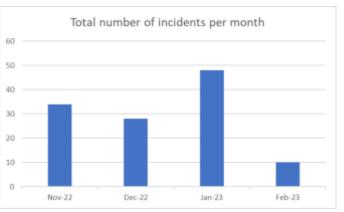
On average around 30 incidents a month

Most incidents involved "wound tampering" which appeared to led to further escalation of distress.

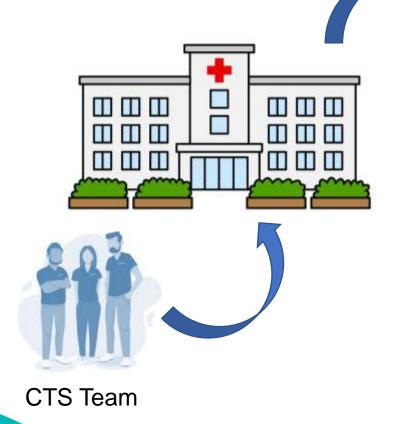


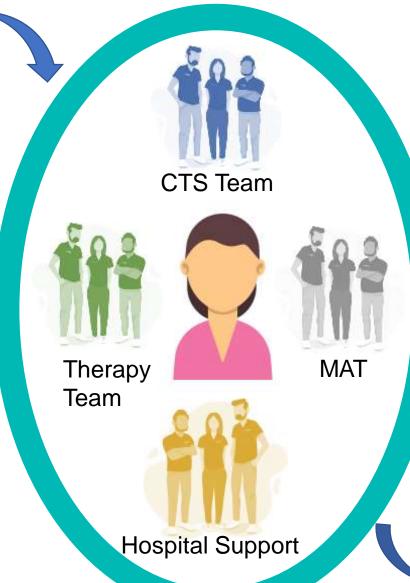






Catalyst's introduction and pathway







How was this achieved



Build the team – We focus on upskilling and give clinicians the tools to best support the person.



2-week intensive intervention – Therapy involvement within the home and coaching the team



functional assessment – We worked alongside the hospital to gather incidents for a functional informed PBS plan.



Three stage competency training – Working along side Social worker, psychiatrists, SALT and people who knew them well



Where does multimedia come in

- Ben has a big change coming up, moving for a hospital to her new home.
- Ben is anxious about the events and knowing what will be happening on the day. It's thought a social story would benefit his understanding of what is to come.
- Let's think bigger, what if we could create a video animation social story, where the individuals can create their own avatars for themselves and their support teams





Ben's moving house story

Watch here:

https://youtu.be/OCYxY4EZi3Q?si=HLyW3ulpWycTotNR

Multimedia, What's next

Multimedia transition plan

Lots of anxiety around future events and the planned transition. We wanted to create something greater than a social story

Validating Responses Video support plan

Validating statements are a big part of supporting the person.

We developed a bespoke training video with valid and invaliding scripts

In various topics the person discusses on a daily business

In various topics the person discusses on a daily business.

Working towards My voice PBS plan

Their history & diagnosis is very important to them.

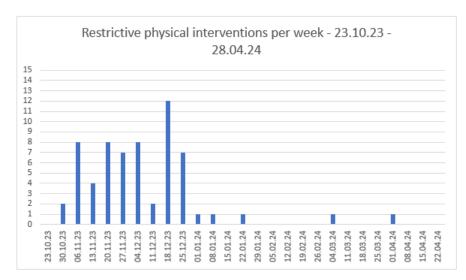
To them it's their identity, so we want to be consistent.

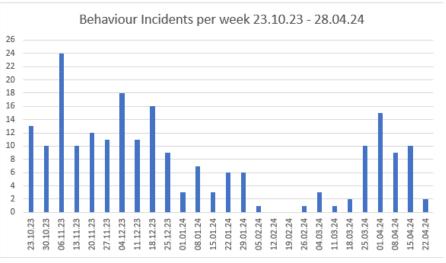


Where we are now.

- At home for over a year ups and downs
- Reducing staff levels from 4:1 to 3:1

- Decrease in restrictive practice,
- Increase in quality of life small steps







Thank you for listening. Any questions

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