

Royal College of Speech and Language Therapy NI Seclusion and Restraint Case Study - 'J's story

Background

'J' was known to Speech and Language Therapy (SLT) and Occupational Therapy (OT) within the Community Paediatric service from early childhood and presented with significant developmental, communication and sensory processing needs. He started special school in September 2009, receiving OT and SLT support there, and his family availed of respite care as needed.

In early 2018, 'J's family could no longer support him, and he moved to full time residential care. A few months later his place at the special school also broke down and so 'J' spent his whole day being cared for by staff at the residential placement. 'J' was very violent and injured several members of staff. They were frightened and on high alert in his company. Staff regularly recorded high numbers of Datix incidents and MAPA interventions. OT and SLT were asked by the residential home to work with 'J' one day a week for a period of 6 months.

SLT and OT support for J and his carers

Following a 6-week period of assessment and observation, OT & SLT clinical reasoning concluded that 'J' was functioning in survival mode for the majority of the day. His previous experiences meant that he presented with developmental trauma and attachment difficulties and as a result, his distressing behaviours were easily triggered. 'J's autism and learning difficulty impacted on his ability to self-regulate his arousal levels and communicate his needs. He had no functional communication skills and used his behaviours to signal that he was distressed. Other observations were made around his functional needs in his everyday activities and environment for example 'J' did not know how to end an activity and his transitions between activities were difficult. Staff managed these behaviours with a firm tone of voice and severe facial expression, MAPA interventions and other behaviour management strategies such as removing him to his room.

The initial focus from the AHP team was to ensure that 'J's basic human needs could be met. The residential staff team had been extremely resilient during very difficult times and welcomed the advice, support and intervention provided. Questionnaires used with staff, baselined their understanding of, and confidence in, dealing with 'J's challenging behaviour and also gave staff an opportunity to share valuable information about 'J'. Training workshops were then provided for staff in areas of trauma informed practice, the social engagement model, communication and sensory regulation. The SLT & OT also provided face to face interventions with 'J' which ensured therapeutic approaches were understood, modelled and practiced with staff.

Outcomes for J and staff

Using attunement and co-regulation approaches resulted in safe and secure attachments between 'J' and the staff. In turn, this led to a reduction in his survival behaviours and an increase in sensory regulation and communication. Staff are now confident to use co-regulation strategies to gain that calm alert periods of time where 'J' is more able to access the higher-level cognitive functions required for communication skills and learning tasks. 'J's heightened behaviours have significantly reduced, and he demonstrates a shorter recovery time following any trauma episodes. The MAPA interventions used by staff reduced to zero and Datix figures were significantly reduced over this period of AHP support.

'J' is now more able to engage with others and learn new skills. He can pay attention for longer and he is more motivated to participate in activities such as reading a book & eating a meal with adults, enjoying play, using a range of communication tools, including Makaton signing and picture symbols to make

choices, comment and communicate his needs. He is happier and looking physically stronger and healthier.

“I am much more engaged with ‘J’ as I can see the benefits of implementing such interventions. Overall, I am much more confident in working with ‘J’.” **Residential worker**

“Without SLT and OT support in this form, we cannot continue to support ‘J’ to the same extent to meet his full potential. We have made a good start with ‘J’, but continued growth, development and therapeutic input in this for needs to continue”. **Residential worker**