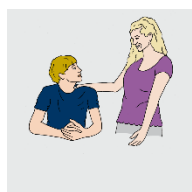




Case study: Anthony

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 some hobbies and a number of things he is interested in, like cooking, and he is particularly fond of trains and likes to watch 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 upset or distressed.

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.

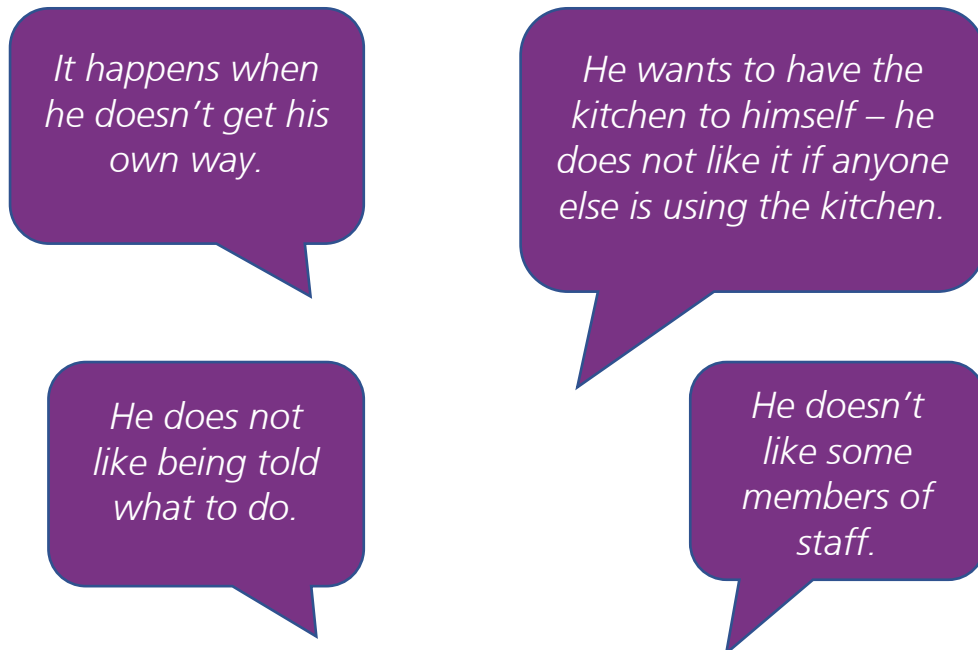
Description of the distress that may lead to a restraint being used

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 has occurred intermittently, but it has been increasing more recently and has been happening three or four times a week. There are days with no incidents at all. The supine floor restraint is used when staff do not feel they are safe.



There are opinions about why Anthony becomes upset.

When it is discussed in team meetings the responses from team members are:



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 his distress .

An initial analysis of the daily reports and the incident reports show that the incidents that lead to a restraint being used are less frequent in these circumstances.

Less likely:

When either of his favourite staff members (Bill and Nadia) are supporting him.

When his parents have visited him in the last two or three days.

More likely when:

The incident reports also indicate that he is more likely to become upset after staff have intervened to give him advice, 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.

A good day for Anthony would include 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.
- Lunch with Bill or Nadia.
- Doing his own laundry if he is successful and supported well to complete the whole process.
- Talking about things he is interested in with staff.
- Knowing that the staff have got home safely.
- 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.

A bad day for Anthony might include these events:

- 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.



The staff were then able to think about some of the factors that might be less likely to contribute to any occurrence of Anthony's upset or distress.

These included:

- 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 distress 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.

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 was less likely to become distressed and therefore an incident involving any restraint was less likely to occur.

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 becomes distressed.

Ideas for preventative strategies

What can we do to increase Anthony's sense of wellbeing and avoid Anthony becoming upset in the first place?

We could:

- Make sure Anthony can use the kitchen on his own some of the time.
- Ask Anthony's parents to let us know when they are going to visit at least once a week – they can still pop in as well – so we could put regular times 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 with 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?

We could:

- 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.
- 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.
- 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 general improvements to Anthony's quality of life not directly related to incidents of restraint

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 to and something to talk about, such as more cake baking.
2. Programme in at least two activities daily that he enjoys.

Reactive strategies – what could 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) approaches to distract Anthony when he starts to become distressed and has started swearing. This is detailed below.

All agreed the restrictive strategies (physical intervention) in his 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 itself

- Could the physical intervention be released after a timed countdown?
- Could a less restrictive intervention or hold be used?

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 getting a health check completed for Anthony. 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 the incidents when he became distressed.

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 annoyed."*

All the Ideas that had been generated were discussed and the ones that everyone felt had the most chance of success were developed further and finally written up as a restrictive practice reduction plan.

[Anthony's restraint reduction plan.](#)

Ideas into action

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

Building rapport and relationships

Example of a specific preventative strategy: building rapport and relationships

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 the longest and is very calm. He also listens to Anthony talk about his interests without interjecting.

The three tier training schedule (describe, demonstrate, do it for real) 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 roleplay 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 to examine which staff get involved in incidents and compare these before rapport development and after.

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 becoming further distressed 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 (describe, demonstrate, do it for real) or the EDDY method.

Please see [Anthony's restraint reduction plan](#) to see how these ideas have been put into an implementation plan.