

“Developing guidance on crisis response and managing risk for people with behaviour of concern”

Dr Helen Jones- Clinical Psychologist
Cari Heath- Behaviour Specialist
Facing the Challenge
Swansea Bay University Health Board

Aims and objectives

- ▶ Present to you how we think about risk in our service
 - ▶ Risk formulations
 - ▶ What we have learned
 - ▶ How/if/should we bring some of these concepts to the workshop this afternoon?

- ▶ What we are not going to do ... Tell you what to do in a crisis situation (hopefully will become clear as we go along)

Who are we

- ▶ Team of behaviour sp, Assistant behaviour Sp, Specialist Nurses & Psychology
- ▶ Children with a LD and behaviours that challenge (Tier 3 service)
- ▶ Swansea Bay footprint
- ▶ Children aged 5-18
- ▶ We are the only Child LD specific service in the health board
- ▶ Majority of children open to CDT
- ▶ In Sp. Educational provisions
- ▶ Live at home with parents/carers

What does crisis look like in our service

- ▶ You would think it is an escalation in behaviour But its not always the case
- ▶ No link with behaviour severity and frequency & burnout in staff
- ▶ More likely to be
- ▶ Placement breakdown (I can't look after them anymore)
- ▶ Parent/carer burnout
- ▶ Services folding/ending (school, respite withdrawing, reduced time-table)
- ▶ Key members of staff leaving
- ▶ 'Pain has no hierarchy' - crisis is subjective (*there is an emotional driver to the crisis)

- ▶ How do you then decide what is a crisis (without being invalidating to the family)?

How do we think about crisis

- ▶ Think of crisis response as a behaviour (individual and system)
 - ▶ 1. Need to understand it
 - ▶ 2. Learn from it (like you would with a chain analysis)
 - ▶ 3. Do something different (if needs be)
- ▶ Recognise when risk plans are priority (and when plans are fuelling the fire)
- ▶ Use of WARRN
- ▶ Risk management plans vs. PBS plans
- ▶ Put on hold other assessment; safety is paramount
- ▶ How do we share the load?
- ▶ Not one person holding it all

Risk formulation ...

- ▶ Some risk 'screening' tools that look at key areas of risk. VERY behaviour heavy - not always what 'tips' it into crisis.
- ▶ As a team we don't really see the value of 'scoring'
- ▶ Guidance supports this (stay away from high-medium-low/1,2,3)
 - ▶ Doesn't tell you anything of quality
 - ▶ Should you focus on the behaviour that scores the high/3 or the factors that will have the greatest ripple effect?

Predisposing factors

Individual	Environmental
Responsibility of parents(?)	Cultural factors - do not get crisis calls from ethnic minority families, manage this in their community
Both parents working and/or single families	No ATU's, emergency provisions
Limited transgenerational support/confidence to support child with LD (no network for support)	Can't directly access medical support (not just for Mental health, basic needs - dental, physical health)
Parental/caregiver mental health/health needs	Limited placements, No emergency respite
Parental expectation and experiences of services in the past (can work both ways - over dependence vs. not reaching out when they need it)	Lack of community provisions - sports clubs, after school clubs, youth clubs (waiting list for LD Clubs)
Attachment and LD/living loss *and the impact of phones/devises	Social services role changed - demand high

Precipitating factors

Individual	Environmental
Physical health decline/change (child & family)	Breakdown of school (reduced timetable)
Traumatic event occurs (traumatic to them/family)	Change in provision (education, transition)
A significant incident of behaviour - causes serious harm	System of support becomes scared - on edge
Having restrictions placed on them (and resisting these)	Life changes (e.g. sister moves out, new sibling)
	Family support withdraw
	Summer holidays (no end in sight ..)

Perpetuating factors

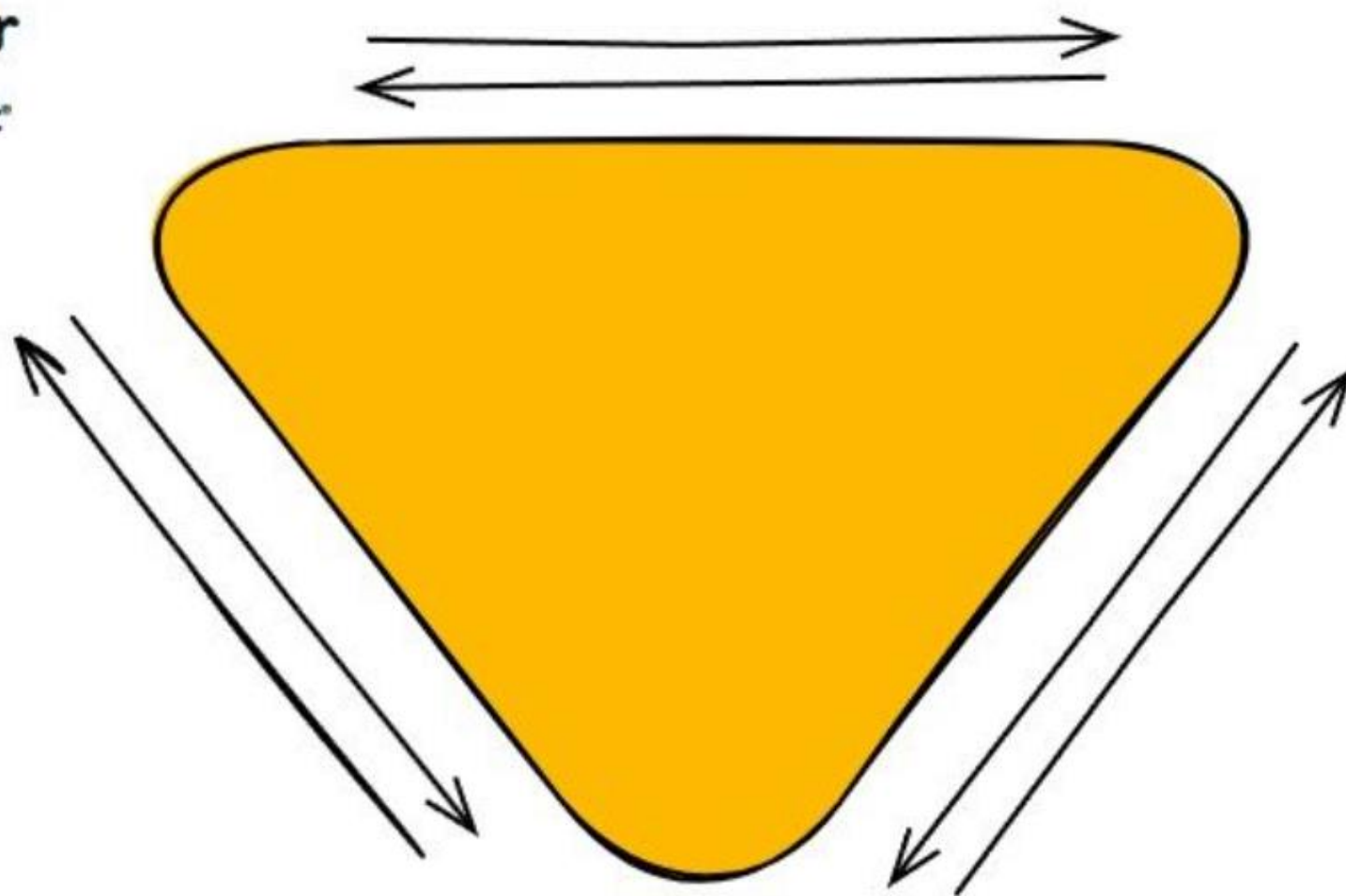
Individual	Environmental
Responsibility of parents vs. responsibility of services	Set up of the house - space to regulate, room to move, safe areas. Can't use the env to manage the crisis.
Entrenched behaviour of 'giving in' this is harder to maintain the older the child gets	No ATU's, emergency provisions - no where to complete any formal assessment in suitable env
Grief for parents - compensating for their disability and not knowing how to connect (don't know how to please you so will give you food)	Can't directly access medical support in crisis (not just for Mental health, basic needs - dental, physical health)
Parents are not skilled to cope (believe they are)	System often operantly reinforces crisis situations. No motivation for them to be proactive/change
Parental expectation and experiences of services in the past (can work both ways - over-reaching out vs. not reaching out when they need it)	Default to restrictions - no way of learning any other way and client will resist this +++++
Client often has no insight into how/why their risk behaviour is problematic	Often high expectations for families to implement restrictions (unrealistic)

Persecutor

"It's all your fault"

Rescuer

"You need me"



Victim

"Nothing's my fault"

Protective factors

Individual	Environmental
An open family (even when things are bad)	Having professionals who don't reinforce the knee jerk (rescuers)
A family/system who has insight into how their response may reinforce risk (formulation)	Having risk management plans in place (WARRN) that <u>all system is signed up to</u>
Trust in professionals (or a professional)	Having school, third sectors available (and willing to work alongside)
Having access to reflect/debrief (chain analysis) and learning from experiences	Clinical supervision/support and reflection as a professional
Self care - having time/motivation to recharge	Access to other health professionals (SALT, CAMHS etc)

What have we learnt as a service

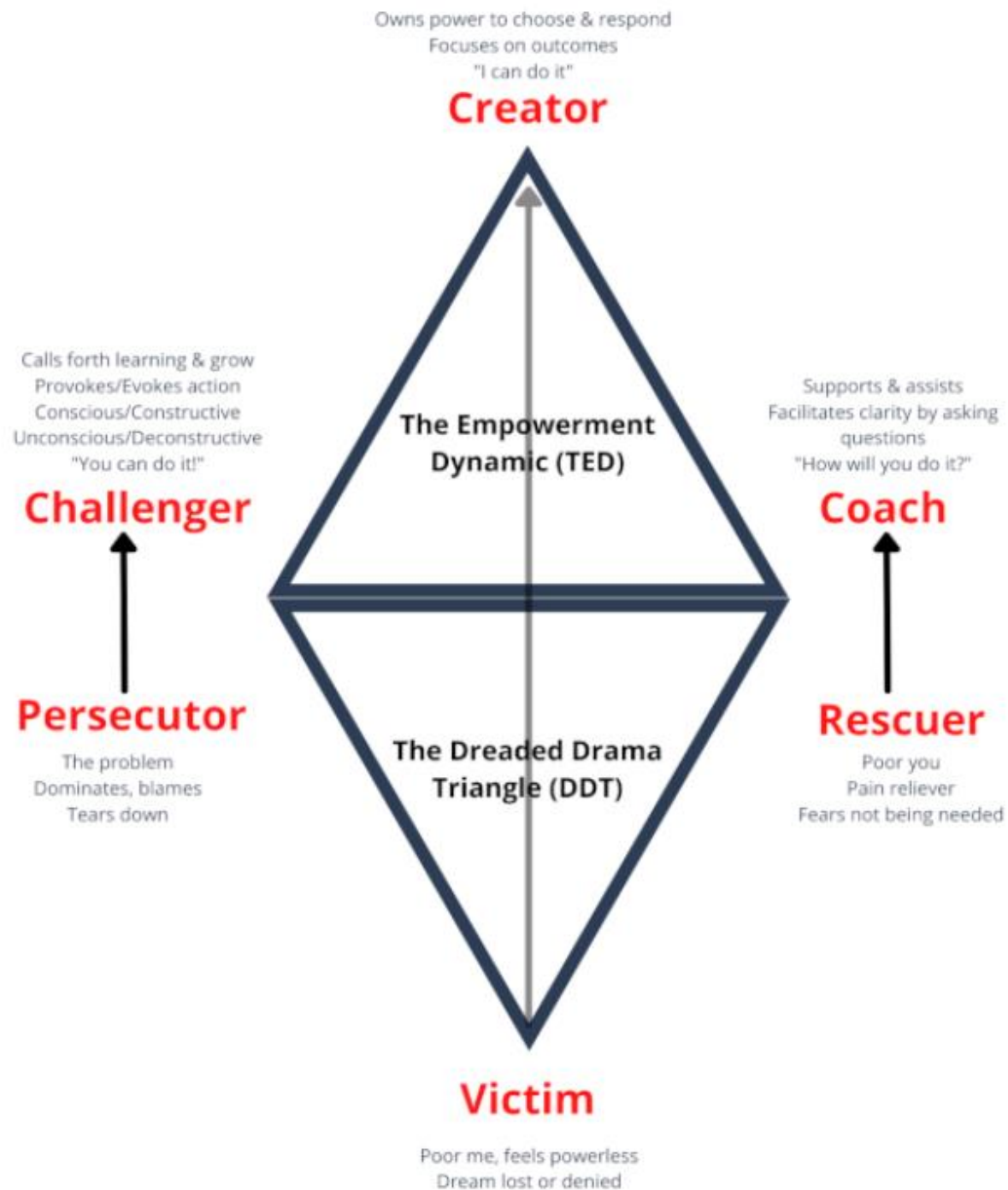
- ▶ Don't shy away from it
 - ▶ Or wait for it to happen and then be surprised that it has
 - ▶ Think of the what we have learnt about risk (vulnerability factors)
 - ▶ Ask about these things early on (initial assessment)
- ▶ Present risk as a formulation
 - ▶ Helps validate the family experience but also highlights risk of harm
 - ▶ WARRN risk assessment
 - ▶ Share with family
 - ▶ Share with the wider system
- ▶ Using the 5P's to think about risk (and plan for it)
 - ▶ We will do this with people even if they don't have a WARRN
 - ▶ Formulation of behaviour is key - highlights 'tipping points' that may lead to crisis situations

What we have learnt/trying to do

- ▶ Prevent knee jerk reactions
 - ▶ My biggest pet hate
 - ▶ Set up early on with families that the focus will be on proactive working
 - ▶ Engage in the knee jerk in a different way (coach vs. rescuer)
- ▶ Relationships with services
 - ▶ Access us for support before (key as usually this breaking down is the straw that breaks the back)
 - ▶ Resist jumping straight in and going into rescue mode (think about how helpful this is for the individual and the system)
 - ▶ Working together as a team (reduce passing the hot potato)
- ▶ Try to get information out there early
 - ▶ Put risk plans in place and a Plan B
 - ▶ What/why/when & HOW this is managed and troubleshoot 'what if' scenarios (these plans often go pear shaped)
 - ▶ Be open about plans that are not sustainable/unlikely to create significant change

Traumatised system

- ▶ Back to the triangle
 - ▶ Teach families how to be confidently assertive with good boundaries (for their child and services) rather than persecute
 - ▶ Allow families to be vulnerable but not a victim. Asking for and accepting support when its needed rather than in crisis
 - ▶ As professionals, be caring but not overstepping the mark (and recognising when other professionals are doing so)



Self care

- You will burn out
- Supervision/guidance
- Helps you decide persons level of risk and appropriate interventions (risk level is subjective, no clinical algorithm exists)
- Reduces risk of being found liable in the event of something going wrong
- Helps avoid pejorative explanations
- Helps be more aware of the multitude of variables that affect a persons behaviour and risk (or perceived risk by others)
- Be mindful of vicarious trauma (how this will impact on you emotionally & professionally)



Questions

- ▶ Be helpful if these directed the workshop discussions
- ▶ Anything you took from what we have presented
- ▶ What do you do as a service?