Guidance and Strategies for working with Dylan Reid

Dylan may become anxious or agitated about certain staff coming on shift. He will typically call that staff member names (when they are not there) or say that he doesn't want them on his team and doesn't want them in his house.

It is important that when Dylan displays this kind of behaviour, that staff listen carefully to what he is saying. One staff member should take the lead, and it is vital that only one staff member interact with him.

Dylan will now only know what staff are coming in up to 2 days before. This will greatly reduce the amount of time he has to process and will hopefully reduce his anxiety.

Dylan can become overwhelmed very quickly if too many people are talking to him at once. One staff member should talk with Dylan, and the other should remain quiet, only giving little reassurance to Dylan if he seeks it.

It is important to explore with Dylan why he is anxious about a staff member coming on shift. It is possible he may not even know himself, or that he cannot explain properly why. Staff should then explain to Dylan that sometimes staff do things differently, but that they are all here for the same purpose – to make him happy, keep him safe, and help him be healthy.

Staff should reassure Dylan that all staff that are on his team and come to his house are here to help him and support him, and that all staff care about him and want him to do well.

It is also important that staff are firm and consistent with Dylan. If all staff are consistent in their approach to working with Dylan, can challenge him when his behaviour is inappropriate, and ensure he sticks to a healthy diet, then this will reduce the chances of him becoming confused when some staff are being firm, and others are not.

Reactive Strategy

What is a 'Reactive Strategy'?

A reactive strategy is a detailed care plan on how to recognise and react to a person's distress (i.e. increased level of arousal) with the aim of reducing arousal and regaining control in a calm and speedy manner.

The strategies described in this document are not intended to teach the person new abilities or to reduce the frequency of behaviours. Such issues are covered in proactive strategies and care plans.

Theoretical basis for 'Reactive Strategy'

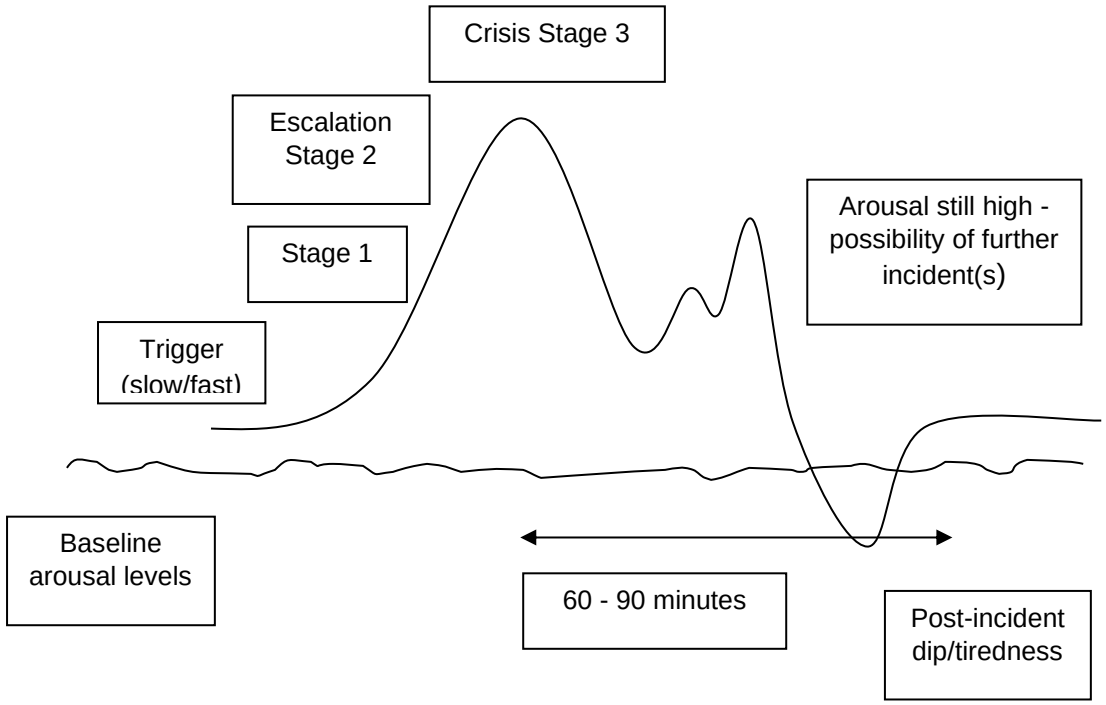
The structure is based on the model of the 'assault cycle' that describes what happens when a person is physically aroused in 3 stages (triggering stage, escalation stage, crisis stage). This can be caused by positive (e.g. excitement, happiness) and negative (e.g. anxiety, confusion, disappointment) feelings or environmental and physical factors (e.g. too hot, too noisy, hungry, tired). The behavioural signs will usually be similar.

Why is a Reactive Strategy useful?

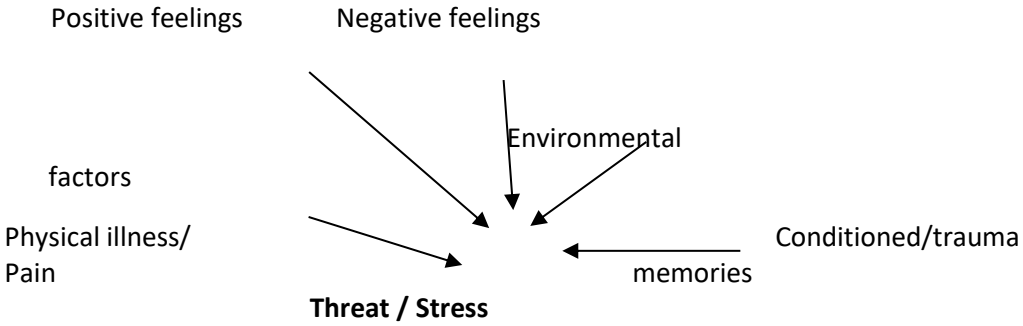
A crisis can be brought under control easiest, if staff react to it in a consistent way. This is because

- They can react fast according to the guidelines and do not have to spend time 'inventing' a reaction
- Staff feel more confident to be able to deal with a possible crisis, which in itself helps to calm down a difficult situation
- Person feels safer and more reassured when the person is in an aroused, possibly anxious state, because staffs' responses are predictable.

The reactive strategy is based on the 'assault'/ arousal cycle:



What happens in our body when we experience threat or stress?



Brain releases stress hormones (adrenaline etc.)

Body becomes aroused/ hyper-vigilant to prepare to deal with threat/stress

Physical arousal/ Increased distress

Physical and behavioural changes

Facial Expressions Movements Communication

Person has limited control over these automatic physical changes

Reactive strategies are not intended to teach the person new skills or change the frequency of behaviours. Instead, they help minimise the risk posed to the person and others around them as well as to regain control of the situation in a calm and speedy manner.

How DR presents when he is calm/relaxed

Facial Expressions
Calm, relaxed smile.
May make a cheeky open mouth face.
May lift one eyebrow if he is saying something which is untrue, or he is 'pulling a trick'.

Communication
Laughs at jokes.
Jovial and excitable talk.
Relates staff and others to a range of characters. I.e. Will say staff look like Donald Trump

Movements
Makes fist bumps and thumbs ups.
Gives handshakes or hugs

Stage 1

At this stage, DR will move from a calm, relaxed state to become slightly more distressed. This change will be accompanied by an increase in level of arousal and behavioural signs that suggest a change in mood.

DR will have reduced comprehension.

Facial Expression

Skin tone will darken.

Will begin to frown.

Eye movement slows down.

Eyebrows point down towards his nose.

Looks pensive.

Communication

May become very quiet and stop speaking.

May ask for space.

May say "I'm confused"

"What happened during…" and go onto discuss a previous incident.

May say “why are you shouting/being Serious with me/being harsh with me?”

May start speaking in a monologue repeating phrases or storylines from films and inserting himself into the story.

Movements

If walking will want to stop ruminations.

Will signal down with his right hand using an open palm gesture towards the ground.

May point away with two fingers indicating he wants more space.

May ring his hands.

What to do at Stage 1

Staff should be aware of their exit at all times, ensuring they are closer to the exit that DR, should they require to leave for their own safety. This should be done discreetly without making DR aware of it.

One member of staff should lead with DR, with the other member of staff staying in the background. If DR has had an argument with one member of staff the other should lead.

Tone of voice should be soft, low and calm.

If in the house, staff should ask DR if he would like to go to his bedroom. If out with the house, staff should identify somewhere quieter to go and prompt DR to go there by saying “**Let’s go somewhere quieter**”.

Staff should always be assessing the environment for quieter areas that can be used if needed.

Staff should then ask DR if he would like to have a chat.

- If DR says yes:

One member of staff only, as explained above, should go with him to his room or quieter space. The other member of staff should remain in the vicinity, either within the house or if out of the house able to keep DR and staff within sight.

Staff should then say to DR "**You ok**?" whilst gesturing a thumbs up, staff should ensure their language positive, using short sentences. DR may respond by recounting something that has happened where he perceives he has done something wrong or has got 'into trouble' for something. He may say "I am angry" or similar. Staff should respond with positive reassurance, stressing that it is now finished, he is now doing really well and you're having a good time together. This must be done with conviction, communicating that you mean it.

Key to supporting DR at this stage is reassuring him he's doing well, giving lots of praise and re-orientating him to the current plan for that time. It can also be helpful to say to DR "It's good to talk to staff" and "good to take yourself to your room." DR must get a sense that you mean what you are saying and that you're genuinely concerned.

Staff can also encourage him to do his breathing exercises by sitting beside him and saying "Right breathe, hold it,(holing it long enough that staff can see his chest going out, breathe out" and doing the exercise with him, asking him if he can feel it.

If DR does re-orientate staff should stay with him and engage in some conversation about things DR likes and then move back on with the planned task/activity for that time.

If DR doesn't move back to being calm, staff should offer him his As Required Medication by saying "**Would you like your Medication**?" Staff should then give him the Medication in line with the protocol and Medication policy.

- If DR says no:

Try changing staff member with DR with 2nd member of staff. The 2nd staff member should come in and follow the above guidance asking DR if he wants to chat. This can be particularly helpful if it the lead staff member at the time DR is annoyed with.

Ask DR if he would like his Medication. If DR says yes Staff should then give him the Medication in line with the protocol and Medication policy. Staff should reassure him as above and attempt to re-orientate him in what was happening. Praise and reassurance throughout is key.

If DR refuses Medication and is still visibly distressed, offer him 5 minutes time alone, reassuring him that he is doing really well, and he can talk to you when he is ready. Staff can then retreat but should remain either in the house or with DR in eye line if out with the house. After 5 minutes staff should attempt to reengage with DR. When re-engaging staff should be reassuring and supportive saying to DR he is doing really well.

Stage 2

At this stage, DR will show signs of becoming increasingly distressed.

DR's level of comprehension will have reduced further.

Facial Expression

Will scowl.

Communication

Will use violent and/or sexually aggressive speech, possibly directed at staff or the family of staff.

May use cyclical speech patterns.

Very limited ability to respond to instruction.

Movements

May pace.

May hit walls.

What to do at Stage 2

Use minimal words in a soft and low tone.

Stage 3

At this stage, DR will have become more distressed and angrier and will show clear behavioural signs of this.

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DR is unlikely to understand anything you say at this point.

Facial Expression

Pupils will dilate with an intense, unfocused look.

Communication

Use of violent and/or sexually aggressive language will intensify

May say he is a 'bad man' or a 'psychopath'.

May use very racist language.

May ask for 'floppy ears' which is an indicator he is going to abscond.

Movements

DR may attempt to or actually kick, punch and grab at staff.

DR may also throw items towards staff or members of the public.

DR may damage property.

DR may abscond.

Reactive Strategies to use at Stage 3

Staff should move as quickly as possible to out with DR's reach. If DR is particularly focused on one member of staff, he or she may retreat further so they cannot be seen by DR. One member of staff must always have DR within eye line.

Staff should keep verbal communication to a minimum only using essential communication with very short sentences.

If DR goes to leave the flat, he may only be doing so to stand in the garden area. Therefore, one member of staff should sit on the stairs, or look out the hall window so they have him in sight. The other staff member should say to DR "Ok, we'll leave you alone for 5 minutes, I'll come out then". Following 5 minutes, that staff member should then go out and ask DR if he'd like to have a chat as detailed above.

If DR does leave, staff should attempt to follow him at a distance. If staff lose sight of DR they should call the Police and then On Call to notify.

If DR absconds and staff do not know where he has gone, staff should look in the close vicinity around the house or wherever they are. If DR cannot be found, staff should call the Police and following this On Call to notify.

Recovery Stage

DR will be in the recovery stage for a minimum of 60 minutes. Below are some signs that DR's arousal has reduced

DR may appear drained and fatigued.

DR may say he feels sad and he misses his Mum.

Staff should be reassuring with DR, saying "**It's finished**" and "**You're good**" with a thumbs up gesture.

Triggers

These are things that have been observed by staff to cause distress to the DR and therefore increase levels of arousal. Triggers can cause a fast increase in arousal and so lead to immediate behavioural changes or they can cause a slower increase in arousal and thus have a cumulative effect alongside other triggers. Wherever possible triggers should be avoided. It may not be possible to avoid all triggers; however, a good working knowledge of these can assist staff to work to ensure that the person is not exposed to unnecessary triggers.

Definite triggers include:

Loud noises.

Commotion

Crowded spaces.

Being asked something he doesn't understand.

Having more than one staff member talking to him.

Being told no.

Being hungry and/or thirsty.

Unpredictable events, unclear plans and changes to his schedule.

The word 'staff'.

Long sentences.

Staff talking too much with each other