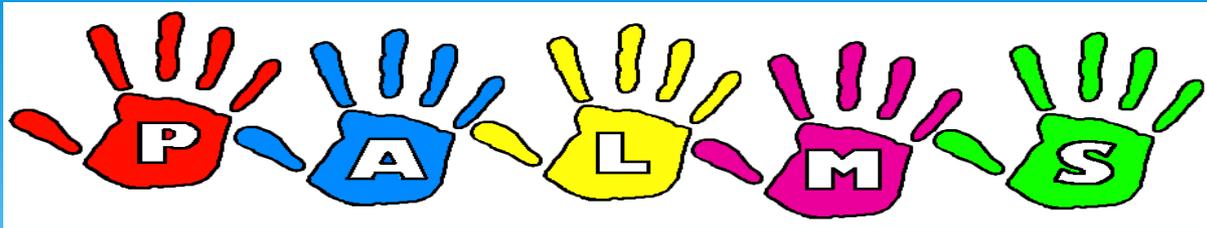




**Positive behaviour, Autism, Learning  
disability, Mental health Service**

Dr Anna Dillon, Service Lead & Consultant Clinical Psychologist  
Jenna Bartley, Senior Behaviour Analyst





- A multi-disciplinary service for children and young people aged 0-19 who have Autism and/or a Global Learning Disability and their families.
- Works across Hertfordshire in a variety of community locations .





PALMS work with CYP who experience:

- Challenging behaviour, toileting, sleeping and feeding difficulties which have not benefitted from a community intervention, and/or
- mental health needs that cannot be met by local CAMHS teams with reasonable adjustments.





- Commissioned to work with 500-600 CYP per year
- Since beginning on 1<sup>st</sup> April 2015 Active caseload always above 614
- Work with commissioners and stakeholders constantly to highlight the demand
- Triage referrals within a week
- Duty worker everyday
- Undertake priority assessments
- Signpost to additional support



# The MDT

- Admin team
- Assistant PALMS Practitioners
- Clinical and Assistant Psychologists
- Consultant Psychiatrists
- Learning Disability Nurses
- Occupational Therapist
- Outreach Workers
- Positive Behaviour Analysts
- Speech and Language Therapy
- Systemic Family Therapists



# PALMS Ethos

- Challenges as separate
  - Proactive approach
  - Parents as experts/Parents as therapists
  - Collaboration
  - Holistic approach
- 
- Targeted/goal related and time bound approach
  - PBS, Narrative and Systemic are key approaches



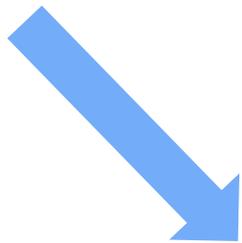
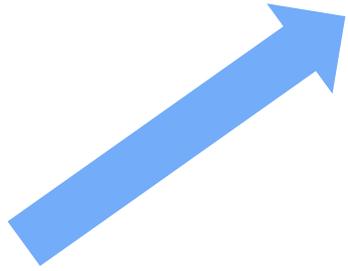


Initial Assessment Appointment

Intervention

*Sharing Messages of Understanding about Autism Workshop*

Discharge



# Standard Pathway

- Often involves initial observations
- May include a Functional Behaviour Assessment (FBA)
- Liaison with professional network, attendance at TAF and CIN meetings
- Parent as Therapist (PAT) sessions in clinic every 2-3 weeks
- In home modelling as required
- Individual therapeutic work with young person/siblings



# Intensive Pathway

- Family/young person at immediate risk of placement breakdown, and/or significant risk of harm e.g. from suicidal statements with intent
- At least 2 PALMS clinicians involved
- 5 hours of input per week or more
- Significant amount of observations, home modelling & intervention sessions in appropriate setting



# Positive Behaviour Support Group

- Introduces theories underpinning PBS
- Supports families to develop their own behaviour support plan by focusing on:
  - Proactive Strategies
  - Strategies to support the teaching of alternative behaviours
  - Consequence based strategies
- Families offered observations and in-home modelling to implement behaviour support plans



# T's story

## Getting to know T

- \* Diagnosis of Autism Spectrum Disorder, ADHD, and learning disability
- \* Age 15
- \* Attended SLD school full time
- \* Prescribed Risperidone by paediatrician at time of referral
- \* Referred to our previous service twice in the past but family did not attend appointments offered



# T's story

## T's family

- \* One of six children; two siblings were older and frequently took on caring role. Other siblings were all younger with ages ranging from 5-9
- \* Lived in small three bed house; T was sharing a small room with brother age 7.
- \* No contact with birth father due to past history of domestic violence.
- \* Siblings had different father, mother's most recent partner. Mother recently split from him following domestic abuse several weeks before PALMS became involved. Partner had serious health diagnosis and depression. He died of illness shortly after work with our team began.
- \* Mother had plans for her new partner to move into family home.



# T's story

## Referral to PALMS

- \* Referred in August 2015 by paediatrician requesting a review of Risperidone (2mg per day) and to support with management of challenging behaviour
- \* Challenging behaviour included damage to property and physical aggression toward others that was putting siblings, T, and others at risk of significant harm. Additional concerns around problematic sexualized behaviour.
- \* Was gaining weight quickly and had high prolactin levels, therefore paediatrician did not want to increase Risperidone but kept him on as mother felt this was only way to manage behaviours.



# T's story

## Assessment

- \* Met criteria for PALMS priority assessment
- \* Assessment arranged for 21<sup>st</sup> August. On 19<sup>th</sup> August, T was taken to A&E following incident at home where significant challenging behaviour was displayed and police and ambulance attended.
- \* PALMS completed joint assessment with local CAMHS crisis team on 20<sup>th</sup> August at local A&E as part of our priority assessment pathway.
- \* Mental health needs not identified and challenging behaviour initially understood in context of needs associated with ASD/LD.
- \* Medical reasons for deterioration in behaviour ruled out at hospital



# T's story

## Immediate plan

- \* Mother advised she did not feel safe and did not want T to come home; clinical teams agreed that risk to T and others was high without additional support provided by social care.
- \* Health teams liaised with local Children's Services to look for a short-term placement for T.
- \* Placement could not be organized and T remained admitted to A&E/hospital. T was then sectioned to be admitted to local inpatient mental health centre by another health team under Section 2 (Detained in Hospital for Assessment of Mental Health) on 25 August 2015.



# T's story

## Immediate plan

- \* After admission to inpatient centre, a Care Program Approach was arranged to discuss next steps with family, inpatient setting, PALMS, and social care.
- \* All agreed it was not appropriate for T to be under Section 2 and he would need to be discharged immediately, however, family did not feel they could have T at home.
- \* All agreed that at present a residential placement would be most beneficial. Within a week, T moved to in-county residential home.
- \* Plan for PALMS to provide intensive support package with aims of reducing challenging behaviour to support a transition back home



# T's story

## **PALMS Intensive Intervention**

- \* Carried out Functional Behaviour Assessment of challenging behaviour following move to residential setting within four weeks.
  - \* Completed mainly Positive Behaviour Analyst and Assistant PALMS Practitioner with consultation from PALMS psychiatrist and Speech and Language Therapist
  - \* Observations were carried out at residential home, in the community, during home visits, and at school.
  - \* Data on behaviours was collected by residential setting staff.
  - \* Attended Looked After Child (LAC) meetings with social care and family to understand placement moving forward regarding our role in transition.



# T's story

## **PALMS Intensive Intervention**

- \* Medication review completed by PALMS psychiatrist following behavioural assessment.
- \* Methylphenidate was prescribed in addition to Risperidone. Mother was still keen for medication to be the 'solution' to reduce challenging behaviour so this was added to try and reduce any behaviours that may be understood in context of ADHD (impulsivity, hyperactivity)
- \* During follow up review two weeks later, residential staff reported a deterioration in presentation, including increased hyperactivity, agitation, and T being 'on edge.' He also struggled to wake in the mornings. Methylphenidate was stopped and T continued on Risperidone.



# T's story

## **PALMS Intensive Intervention**

- \* PALMS created a Behaviour Support Plan to be implemented at the residential setting and at home.
- \* Supported staff at residential setting to implement strategies by attending their team meetings to discuss and also conducted modelling sessions with individual staff. Monitored strategies and plan in place throughout intervention.
- \* Carried out modelling sessions with mother to support her in understanding strategies being used at residential setting with aim for these to be used during home visits.
- \* Residential staff supported mother during her visits to residential setting and home visits to put in place strategies offered by PALMS with aim for her to take lead on strategies in future and fade out their support.



# T's story

## **PALMS Intensive Intervention**

- \* Residential staff continued to implement behavioural strategies in a consistent and intensive way and behaviours reduced significantly.
- \* Unfortunately the family did not appear motivated to take the lead on implementing strategies. Mum still wanted medication to be re-assessed. T also had lots of visits with family cancelled.
- \* In multi-agency review meeting in January 2016, Mother shared she felt T was in a good place at residential setting and this was the best place for him.
- \* Agreed that placement at residential setting would continue long term as this was in the best interest of T.



# T's story

## **PALMS Intensive Intervention**

- \* In February 2016, a review of PALMS work was carried out. It was agreed that strategies were working well and previous behaviours were no longer occurring.
- \* PALMS Psychiatrist continued to review medication.
- \* In April 2016 it was agreed that medication should be stopped as behaviours had reduced significantly and risk of side effects (high prolactin levels) was still present.
- \* Mother agreed with this due to reduction of behaviours with interventions in place.



# T's story

## Outcome

- \* Medication stopped completely in May 2016. In June 2016 there were no reported incidents at residential placement and only one incident of door slamming at school since stopping medication. School reported T was 'working at a faster pace' since stopping medication.
- \* Remained open to PALMS for review with psychiatrist and to offer reassurance/behavioural strategies for next 3 months.
- \* Final appointment completed in October 2016
  - \* T was settled at residential setting with only one incident of door slamming since review in June. No physical aggression toward others.
  - \* T was reported to be able to talk about feelings when upset.
  - \* T was visiting family every other week on weekend and once a week after school. He is also able to go out with family to the supermarket.



# T's story

## Outcome

- \* T now discharged from PALMS
- \* Still informally see T as other young people open to service attend same residential setting. T always says 'Hello!' and introduces himself when clinicians visit.
- \* Previous behaviours that resulted in referral to PALMS have reduced and are being managed without medication.
- \* Staff at residential setting have said that T is always smiling and that he is a 'lovely lad.'
- \* T is doing well in school and visits his family at weekends and school holidays with limited support from residential staff



# How to contact us

[palms@hct.nhs.uk](mailto:palms@hct.nhs.uk)

<https://www.hct.nhs.uk/our-services/palms/>

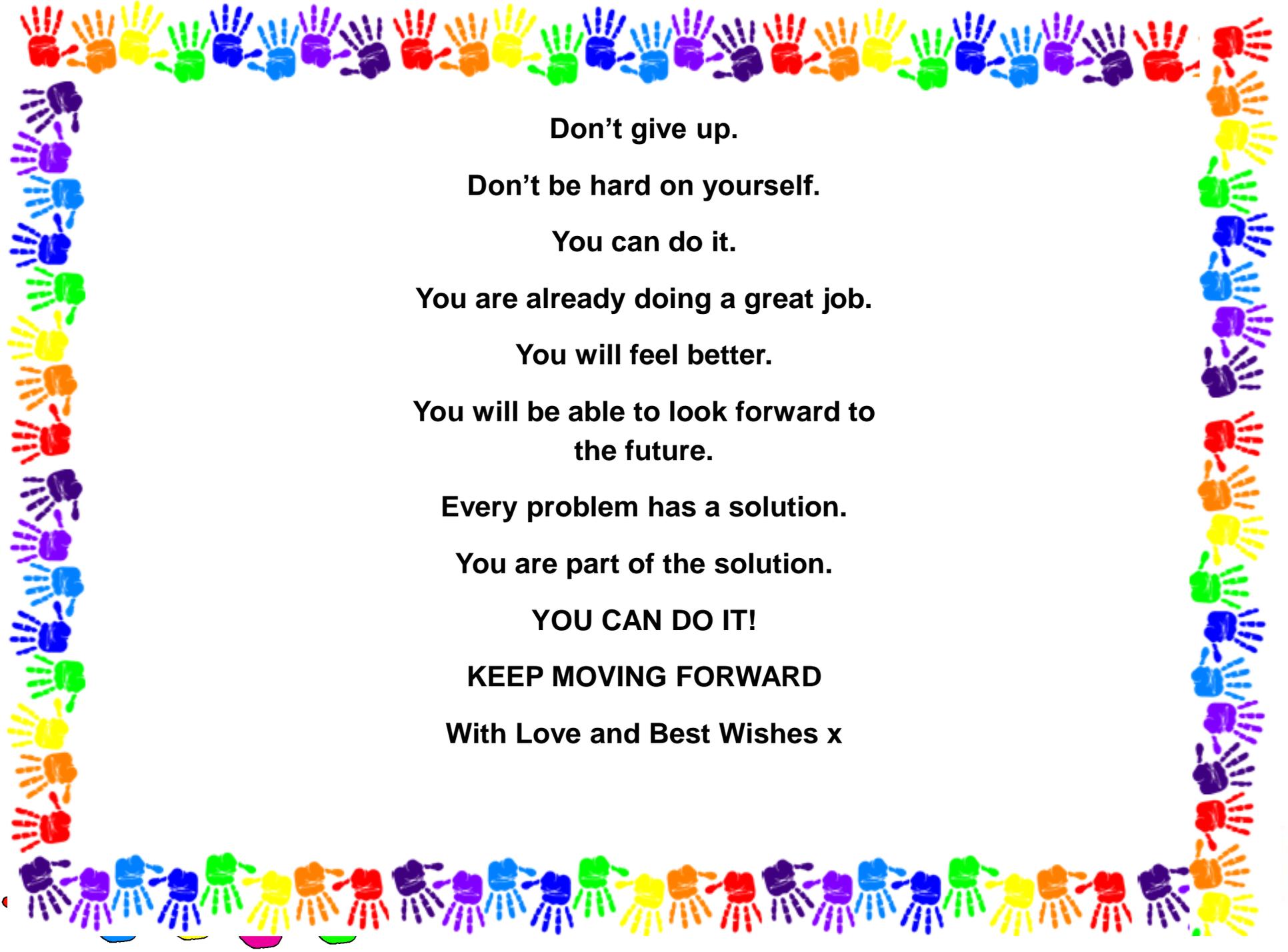
Sandridge Gate Business Centre

Ronsons Way

St Albans

AL4 9XR





**Don't give up.**

**Don't be hard on yourself.**

**You can do it.**

**You are already doing a great job.**

**You will feel better.**

**You will be able to look forward to  
the future.**

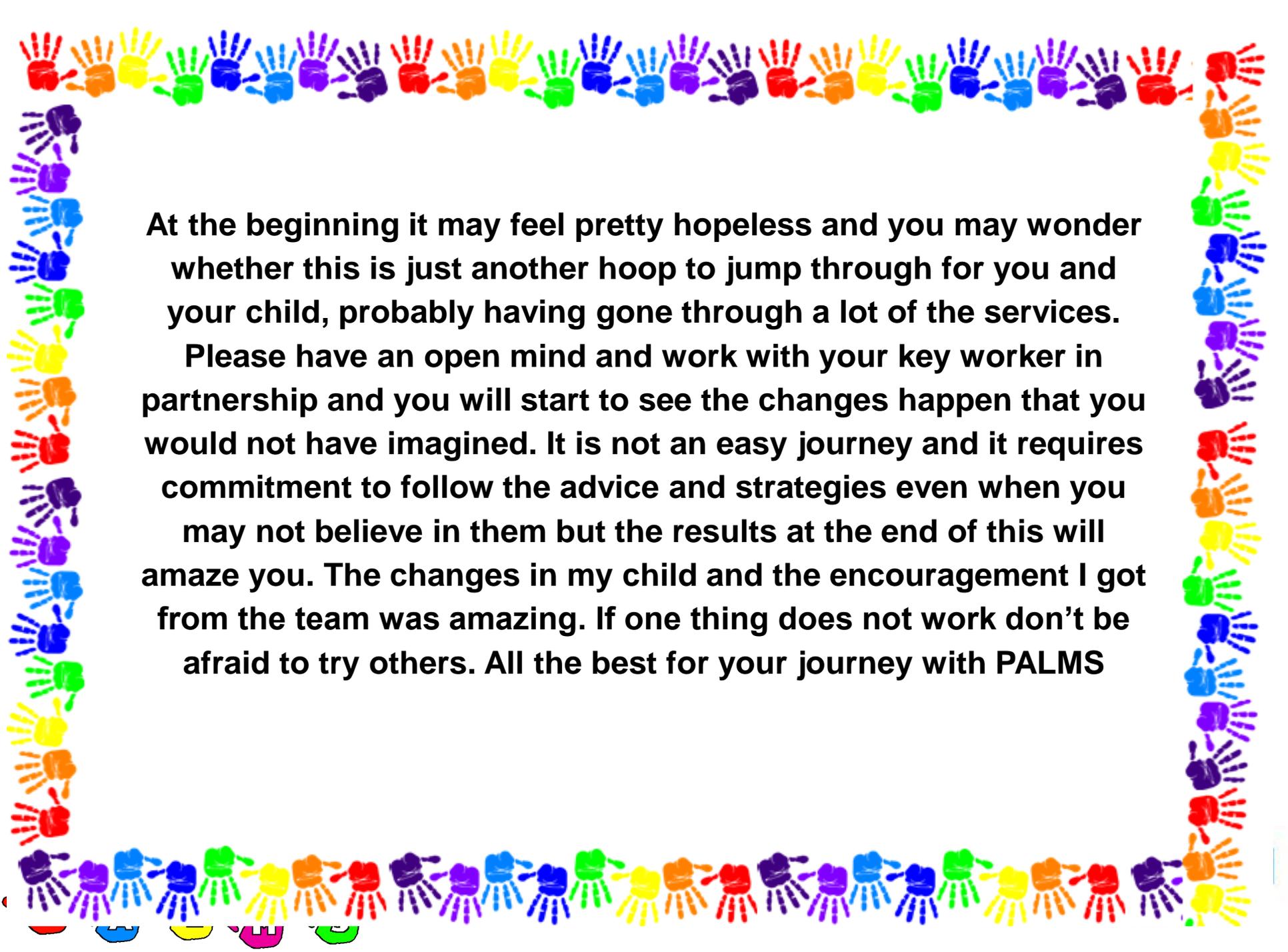
**Every problem has a solution.**

**You are part of the solution.**

**YOU CAN DO IT!**

**KEEP MOVING FORWARD**

**With Love and Best Wishes x**



**At the beginning it may feel pretty hopeless and you may wonder whether this is just another hoop to jump through for you and your child, probably having gone through a lot of the services.**

**Please have an open mind and work with your key worker in partnership and you will start to see the changes happen that you would not have imagined. It is not an easy journey and it requires commitment to follow the advice and strategies even when you may not believe in them but the results at the end of this will amaze you. The changes in my child and the encouragement I got from the team was amazing. If one thing does not work don't be afraid to try others. All the best for your journey with PALMS**