Preventing challenging behaviour and improving health through desensitising adults to medical procedures

**Peter & Terry’s Story**

**Before supported living service**

**Up to 2012**

- No challenging behaviour due to sedation, but impact on quality of life including the lack of opportunity to increase capacity about such procedures.
- Sedation under general anaesthetic during other agreed procedures, such as dental work.
- Lack of capacity to make a choice.
- Lack of capacity and understanding with limited opportunity for choice.
- Communication difficulties
  - Difficulty communicating choice
- Lack of understanding from staff about how to support/communicate/focus on one person.
- Lack of engagement in processes due to a number of factors e.g. staffing levels, training opportunities, lack of professional input.
- Challenging Behaviour
  - Self injury
  - Damage to property
  - Assaulting others
- Long term Antipsychotic medication with no psychiatric disorder prescribed for anxiety and challenging behaviour.
- Risk of Long QT Syndrome, Risk of raised Prolactin.
- Heightened Anxieties
- Health intervention needed due to potential side effects
  - ECG, Blood Tests

**Avenues supported living service**

**2012-2016**

- Diagnosis: learning disability, Autism & challenging behaviour.
- Supported living service with core support team in their own individual flats.
- 2012-2014
  - Staff trained in Autism, PCAS & PBS
  - Speech & LT informed for communication
  - Working closely with community LD team
- 2013-2016
  - Staff have greater understanding of peoples needs around support for specific disorders and communication
  - Staff trained in desensitisation and carried this out 2 weeks prior to intervention
  - Both individuals had ECGs with no sedation
  - Both individuals had blood tests with no sedation
- 2015
  - Staff trained in desensitisation
  - Medication reduction needing to be monitored for effects on health, now and in the future
- 2015/16
  - Staff have greater understanding of peoples needs around support for specific disorders and communication
  - Speech & LT informed for communication
  - Working closely with community LD team
- 2016
  - Both individuals had ECGs with no sedation
  - Both individuals had blood tests with no sedation
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  - Both individuals had ECGs with no sedation
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**Top three key findings:**
1. Persevering with a plan regularly enough helps people process what is happening and accept support.
2. Working jointly with community health professionals is beneficial to ensure success.
3. Given the right training, information and guidance, support staff are determined to make something work for the benefit of people we support, even if in the past they have been told it will never work.

**Three key recommendations for future practice:**
1. For staff to be given clear guidelines in the future, as they were when being taught to carry out the desensitisation plan, whenever they have a new strategy to follow for any person’s support. This worked really well and we now know consistency is key to success for these men.
2. For the desensitisation program to be completed for 2 weeks daily leading up to any of the 2 interventions as it has been so successful.
3. To share the good practice across the organisation so that more people we support know to ask for a different approach to their health needs.

**Risk of Long QT Syndrome. Risk of raised Prolactin.**

**Prevalence of Challenging Behaviour**

- Self injury
- Damage to property
- Assaulting others

**ECG, Blood Tests**

**2012-2016**

- Risks of medication effecting diagnosed Long QT Syndrome
  - High Prolactin
  - Medication reduction needing to be monitored for effects on health, now and in the future

**Peter & Terry’s Story**

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