Nene CCG – Person X
Expression of Interest – package of care requirements February 2016

Aim

- To support X to learn to tolerate leaving his immediate environment, exploring activities and/ or accepting requests from others.
- To increase X's tolerance of interaction with and proximity to other people.
- To teach X to develop coping skills and/ or alternatives to aggression

Outcome

X is able to take part in a wider range of activities, including those of daily living. He can go out into the community for short trips and can access his GP when required. He can do this with a small range of support workers.

Intervention Methods

Communication – To give control and predictability by communicating the structure of the day using a visual schedule
To support X to develop alternative ways to use the schedule and additional cue cards to communicate choice and change within his schedule
Systematic desensitisation – X is exposed to a situation which he typically avoids, but which he will benefit from learning to cope with (e.g. proximity to another person) under relaxed conditions. The situation will provoke a manageable level of anxiety and this event will continue until the indicated time specified and/ anxiety decreases
Premack Principle - Using preferred activity for reinforcement and to aide relaxation to recover from anxiety provoking event. This will be TV or organising books NB these activities will not be available during treatment time. E.g. if X copes with having a person within several feet of him for ten minutes, when he typically avoids this situation, he will be encouraged to access one of his preferred activities immediately afterwards, e.g. watching something he likes on television, or sorting through his DVDs (the latter being perceived as a self-soothing activity).

Engagement

Engagement by staff during treatment phase will be indicated in each step of treatment hierarchy (to be developed once environment and provider secured). This will consist of Intensive Interaction and sensory activities as well as activities X is historically known to engage in. During treatment step staff will engage in the activity and will encourage X to join in. If not they will continue with the activity alone until the end of the treatment step. Careful recording of the length of time for which X is interacting, and interacting successfully (i.e. without aggression) will be required, with the aim of seeing an overall trend of this time increasing (acknowledging the probability of relapse points)

Stimulus control

The Speech and Language Therapist will help the team to decide relevant object or cue card to show X when treatment is in place and when ceased. There will also need to be equipment that will help X to see that treatment is coming to an end (i.e. countdown devise such as sand timer)

Staff Team

There will need to be a registered nurse as a member of the three person team. This may be more flexible during sleeping hours but would need to conform to the MHA requirements.

There will be three staff twenty four hours a day and on call support/ replacement staff available

Additional team

Psychologist should be present daily (9-5) for first three to four weeks, then every other day for another two to three weeks, reducing to three times per week. The frequency should be open to change, depending on the progress of the intervention.

There is an expectation to provide an appropriately experienced Speech and Language Therapist and Occupational Therapist.

Due to X's health needs, epilepsy and diabetes X will need access to a medic at times of ill health.

X will need a Responsible Clinician and this is likely to be a Consultant Psychiatrist dedicated to his care but ideally would be the psychologist. Ideally the RC should be a psychologist with both behavioural expertise and trained as an RC.