

Case Study

Background Information:

RI is a 41yr old gentleman who has a diagnosis of Autism, does not communicate verbally but uses Makaton. RI lived with his parents and younger brother until his teenage years when his behaviours started to become too much for the family to cope with.

RI went to residential schools during his teenage years then moved into adult services. Unfortunately due to the aggressive behaviours RI presented, he encountered a number of placement breakdowns and by the age of 27yrs had been exposed to more than 400 paid people in his life.

Some of RI's placements only lasted for short durations and so he was continually moved and ended up being admitted into an assessment and treatment unit. From here RI moved back into the community supported by a team who were passionate about making sure things worked for him.

Circumstances:

RI had been prescribed a high daily dose of Chlorpromazine not because he suffered with mental health but due to the severity of the behaviours he presented. However, this level of medication impinged upon his everyday living, causing him to fall asleep within an hour of having his medication especially in the morning and weight gain. RI is fair skinned with freckles and ginger hair and so due to side effects of photosensitivity this meant he was even more susceptible to the light as well.

RI's motivation to do things was lacking due to the sedation effect the Chlorpromazine had on him and if he slept during the day, this then caused problems at night. Even with the high levels of medication, RI still presented with significant challenges and at times required high restrictive physical interventions. He also initially had 50mgs Chlorpromazine as a PRN.

When RI first moved to his new home, it was difficult to get him to professional appointments with psychiatry and so they would make recommendations having not even seen RI.

Due to wanting RI to have an enjoyable and fun life, it was decided to start reviewing his medication and consider if he really needed Chlorpromazine. The psychiatrist was very much against this idea, however all others involved with RI felt it would be in his best interest to try.

It was agreed that careful monitoring would occur not only before starting the reduction, but also during and that if there were any signs of behavioural differences, then any further reductions would be put on hold to allow RI's body to level it's self before any continuation.

Data was collected, reduction started at a very slow pace and RI appeared to be doing well with no significant increases in his behaviours. As reduction continued, the data

actual showed the severity levels of his behaviours were starting to be at a more consistent level rather than fluctuating as had been the case prior to the reduction.

Once RI's medication reduction had completely finished, monitoring still continued and again this did not show any increase in behaviours, in fact showed a slight decrease and severity was maintained at a consistent level.

Summary:

By coming off his un-needed psychotropic medication, RI started to become more alert and was awake throughout the day, meaning he then slept at night, became more motivated engaging in activities he used to decline, lost weight and started to enjoy life.

Due to his Autism, RI does suffer with high anxiety and he did go through a little bit of a difficult time due to this. Other medications were tried, but again, these were gradually discontinued once a better understanding was achieved of the reason why RI challenged. Functionally, we knew it predominantly was tangible but what took a little longer to work out, was exactly what RI was trying to tell us. Finally with a multi-disciplinary approach, structuring RI's day by using TEACCH boards, looking at communication skills of the team etc, RI's behaviours have reduced dramatically going from daily to every now and then. The use of high restrictive physical interventions and PRN has also reduced significantly and if these types of restrictions are required, it's now looking at what staff did that caused RI's anxieties to increase to such a level.

RI now enjoys going out daily, has established many relationships with those within his local community.

Endnote:

For further information about STOMP visit:

<https://www.vodg.org.uk/campaigns/stompcampaign/>

STOMP