

Behavioural Assessment Report

Mr Thomas James Phillips

29th October 2013

This Behavioural Assessment Report (BAR) provides a detailed analysis of the behaviours of concern presented by Tom. The report describes the factors thought to trigger these behaviours and the outcomes that they achieve for Tom. The production of the report is the first stage in developing a Positive Behavioural Support (PBS) plan designed to improve Tom's quality of life and reduce his challenging behaviours. Research has shown that interventions based on such assessments are more likely to be effective in both the short and long-term.

The present BAR was produced by Peter Phillips and Sarah Phillips using the Behavioural Assessment Interview (BAI)©. It was completed on 29th October 2013. It represents the best understanding of the behaviours of concern on this date.

As a minimum standard, the BAI should be repeated and the BAR updated on an annual basis if required or more frequently if a Tom's behaviour shows any marked deterioration.

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Section 1: Background Information

This section of the BAR provides some basic identifying information on Tom together with some details about his history, the services he uses, the things that he is good at and the things he needs help with, and the things he likes.

Personal Details

Personal Details

Name Mr Thomas James Phillips

Preferred Name Tom

Age 34

Address Fairview
Farm Lane
Hereford
Herefordshire
England
HF1 3TF

Type of Residence Residential Home

When did Tom move here? 2010

Previous Addresses 129
Princes Road
Monmouth
Monmouthshire
Wales
MV4 0LJ

Type of residence: Parental Home

Moved in: 1998

Moved out: 2010

Reason for move: Sarah and Peter found Tom's behavioural challenges increasingly difficult to manage. This was causing significant stress and illness in the family.

They requested that their local authority find a residential placement and Tom moved to Hereford two years ago.

Next of Kin

Sarah Phillips - Mother

Peter Phillips - Father

Richard Phillips - Brother

Advocate

Naomi Sage

Pen Portrait

Pen Portrait

Tom is 34 years old. He is 5ft 11in tall and weighs 11st 9lb. He has medium brown hair and blue eyes. He loves going for long walks (in the country or on the coast), art class, going to see live concerts, and seeing his family. His most positive characteristics are his very caring attitude towards others when he's not distressed and his great sense of humour and perseverance with things that he likes doing. Tom is good at art, identifying pieces of classical music and their composers, keeping things in order, painting abstract pictures, helping with meal preparation and singing. The most important people in his life are Peter, Sarah and Richard, plus Megan, his best friend at the house.

Tom's Services

Area	Provider/Service/Activity	Other Service Users	Attendance/Frequency of use	Staffing levels	Staff Training
Current Services	Atlas Care	Tom lives with 4 other people.		Less than 1:1	Unqualified
Education	Target 21 Day Service		1 - 2 days a week	Less than 1:1	Senior staff qualified, remainder unqualified
Leisure Activities	Walking		Bi-monthly	1:1	Unqualified
Leisure Activities	Art Class		Monthly	1:1	Unqualified

Specialist Support

Tom is seen by Psychiatrist Mary Jacobs quarterly, Clinical Psychologist Ken Edwards monthly and Community Nurse Tina Trew several times a month.

Personal Characteristics

This section of the BAR identifies current skill areas where Tom has clear strengths and areas where he needs help and support. The strengths may be areas that can be built on while the needs may be contributing to the behaviours of concern and indicate areas for skill teaching in the PBS plan.

Strengths and Needs

Tom is capable of eating and drinking, dressing and undressing and toileting fully independently. Tom requires some assistance with bathing and other domestic tasks (cleaning, tidying etc.). He is completely dependent on carers for cooking, money skills and accessing the community. Tom's Visual Impairment has some impact on his day-to-day life. Tom's Receptive Communication Difficulties and Expressive Communication Difficulties have a major impact on his day to day life.

Motivational Analysis

This section lists Tom's preferred positive reinforcers (things, activities, people, places etc.) and indicates how much he appears to enjoy the things listed and how often he currently gains access to them. The reinforcers may be used in a number of ways in the PBS plan, and this list indicates whether preferred reinforcers are being delivered sufficiently frequently.

Motivational Analysis

Tom currently enjoys all of the following:

Tom really enjoys

Going for a 'hike' - Fortnightly
Painting at home - Several times a week
Listening to 'Classic FM' - Daily
Going to Art Class - Monthly
Seeing his Mum and Dad - Fortnightly
Seeing Richard - Less than monthly
Going to a concert - Less than monthly
Cooking Sunday Lunch - Fortnightly
Arranging his music collection - Daily
Going to HMV - Less than monthly
Eating Chinese Takeaway - Monthly

Tom occasionally enjoys

Going to Bluebirds Club - Fortnightly

Section 2: Behaviours of Concern

Risk Factors for Challenging Behaviour

It is known that the presence of certain risk factors increases the probability of a person displaying challenging behaviours. Any risk factors identified during the assessment process will be identified here.

Risk Factors for Challenging Behaviour

The following risk factors are present:

Tom has a Severe (IQ 25-39) learning disability (his last recorded assessment was in 1994).

Tom has Bipolar Disorder - Bipolar disorder is a condition characterised by recurrent episodes of mood fluctuation, which can range from debilitating low mood (depression) to periods of elevated mood (mania). These two mood extremes typically alternate with a normal mood range.

Tom has Autism - Autism is a developmental disorder that is characterised by a pattern of symptoms rather than one single symptom. The main characteristics are impairments in social interaction, impairments in communication, restricted interests, and repetitive behaviour. Other aspects, such as atypical eating, are also common but are not essential for diagnosis.

Tom is at significantly increased risk of challenging behaviour as a result of life events (high turnover of staffing, new co-residents moved in, reduction or loss in family contact, major change in day time occupation and major psychological illness) in the last year.

Behaviours of Concern

This section identifies Tom's current behaviours of concern. It provides a clear description of each behaviour, describes when it started, how often it occurs, the early indicators that it may be about to happen, and the impact that it has on him and others. The list of behaviours has been prioritised during the assessment process on the basis of its frequency and severity. The highest priority behaviour is numbered 1, the next highest 2 etc.

Aggression, self-harm, screaming (Priority: 1)

Screaming (Tom will scream loudly and repeatedly at a high pitch.), Self-injury (Tom hits his right temple using a closed right fist. He will also pinch the skin on his left forearm with his right hand.), Physical Aggression (Tom will hit others with his right hand using a rounded 'windmill' motion. He will also kick out using either feet.)

Behaviour started	This behaviour started more than 5 years ago.
Frequency of behaviour	This behaviour has occurred 1-10 times in the last month.
Length of behaviour episodes	Episodes of this behaviour typically last a few minutes.
Risk to self and others	Tom poses a high risk to himself and a high risk to his carers and others around him while engaging in this behaviour.
Restrictions imposed by behaviour	Tom engaging in this behaviour places significant restriction on his activities and quality of life.
Stress from behaviour	This behaviour causes a great deal stress for Tom's carers.
Consequences of behaviour	There are no financial or environmental consequences resulting from this behaviour.
Behaviour getting worse	Moderately
Warning signs	He may go quiet and appear withdrawn. Alternatively, he will start pacing, his facial expression appears tense (furrowed brow, tense jaw etc.) and he may make a coughing noise.

Stereotypy (Priority: 2)

Tom will flap his hands and rock back and fore in either a sitting or standing position. When more excited, he tends to stand.

Behaviour started

This behaviour started more than 5 years ago.

Frequency of behaviour

This behaviour has occurred 20-40 times in the last month.

Length of behaviour episodes

Episodes of this behaviour typically last a few minutes.

Risk to self and others

Tom poses a low risk to himself and a low risk to his carers and others around him while engaging in this behaviour.

Restrictions imposed by behaviour

Tom engaging in this behaviour places some restriction on his activities and quality of life.

Stress from behaviour

This behaviour causes none stress for Tom's carers.

Consequences of behaviour

There are no financial or environmental consequences resulting from this behaviour.

Behaviour getting worse

Not at all

Warning signs

He may go quiet and appear withdrawn. Alternatively, he will start pacing, his facial expression appears tense (furrowed brow, tense jaw etc.) and he may make a coughing noise.

Relationships between behaviours

Relationships between behaviours

Response Classes

Aggression, self-harm, screaming - Screaming, Self-injury and Physical Aggression tend to occur together in a response class.

Individual Behaviours

Stereotypy tends to occur separately.

Behavioural Chains

Screaming usually happens first and then SIB and/or aggression.

SIB usually precedes aggression.

Section 3: Service Deficiencies

This section identifies any major gaps in the support currently provided to Tom and whether any of these gaps are thought to impact upon his behaviour. Those that do may require remedial action as part of the PBS plan.

Service Deficiencies

Service Deficiencies

Residential Service

Staffing: The number of staff available. The experience of the staff available.

Service Organisation: Lack of planning in care delivery. Lack of monitoring of care delivery.

Impact on Behaviour: Some of the time

Details: Tom needs to have a very clear routine-this isn't always followed or there

are insufficient staff in place to carry out planned activities. Staff at the house

generally have a good understanding of Tom and his overall and specific

behavioural needs though.

Day Service

Staffing: The experience of the staff available. The Training and qualifications of the staff available.

Physical Environment: Current services' location does not meet Tom's needs. The internal design of the building does not meet Tom's needs. The space available does not meet Tom's needs.

Impact on Behaviour: Much of the time

Details: Staff at the day service are not very experienced at supporting people who

challenge. The building is also quite small and can be very busy.

Leisure Service

Staffing: The number of staff available.

Impact on Behaviour: Some of the time

Details: Tom does not get to do his preferred activities as often as he would like.

Section 4: Summary Statements

The following table indicates the relationship between slow triggers (general conditions under which the behaviours of concern are more likely to occur and which have a delayed impact on behaviour), fast triggers (specific triggers that reliably occur just before the behaviour happens and which have an immediate effect on behaviour) and environmental outcomes (or what Tom appears to gain or avoid as a result of displaying the behaviour). When two or more behaviours appear to have many slow triggers, fast triggers and environmental outcomes in common, these are grouped together in one table for simplification. Such behaviours are known technically as a response class.

The summary statements represent initial hypotheses about why behaviours are occurring and indicate areas within chains of behaviour that can be highlighted for intervention.

Summary Statements

Aggression, self-harm, screaming

Screaming, Self-injury and Physical Aggression

Slow Triggers	Fast Triggers	Outcomes
Physically unwell - Tom suffers from sinusitis Unfamiliar places Loud places Crowded places Early Morning, Early Evening - These tend to be the busiest time at the house-most of the residents are at home at these times and things can be a bit chaotic. They can happen at any time when he's at the day service Target 21 staff and relief staff at the house - The day service staff are less good at reading Tom; relief staff at the house have the same problem. Both can lack confidence when supporting him Winter - Tom's sinusitis tends to be worse at these times	Asked to do a complex task Asked to do too many tasks in one go Is rushed or hurried	Avoiding people - Staff who push him too hard Avoiding places - Target 21-he doesn't go if off baseline and has been excluded for periods after displaying these behaviours



Stereotypy

Slow Triggers	Fast Triggers	Outcomes
<p>Loud places Quiet places Crowded places Late Morning, Early Afternoon, Late Afternoon - At the house, there is generally more unstructured time during these parts of the day Staff who not confident in working with Tom - They are less likely to carry out his planned activities Times when there's not a lot going on OR times when there is too much happening and Tom can't handle it.</p>	<p>A favourite task or activity ends A favourite activity is cancelled Asked to wait for something</p>	<p>Sensory enjoyment - Tom seems happy and excited while performing this behaviour. Avoiding activities - Activities that he feels are too much for him-he just switches off by engaging in stereotypy</p>

Section 5: Conditions Associated with Low Rates of Challenging Behaviour

This section of the BAR describes conditions under which challenging behaviours seems less likely to occur-this is important as increasing the presence of these conditions in the person's life could be a key intervention strategy.

Aggression, self-harm, screaming (Screaming, Self-injury and Physical Aggression)

Familiar places

Quiet places

Uncrowded places

Experienced house staff - They are more able to read the signs that Tom may be unhappy-in particular,

they are more able to read the early warning signs described above

Asked to do an easy task

Given lots of attention

Given a choice

Stereotypy

Experienced, confident staff - They are more likely to follow Tom's activity schedule

Given a choice

Section 6: Current & Previous Interventions

This section identifies what has been tried previously to help change the behaviours of concern. It also identifies how successful they were where this is known. Successful interventions may need to be incorporated into Tom's new PBS plan if appropriate.

Interventions

Interventions

Tom's interventions include:

More than 3 years ago

Had a reinforcement schedule in place to encourage appropriate behaviour at home.

Effectiveness: Somewhat effective

Current Medications

This sections list all current medications taken by Tom.

Medications

Tom's medications include:

Name: Lithium Carbonate

Prescribed: Once per day

Daily Dosage: 300 mg

Last Reviewed: 0-6 months ago

Effectiveness: Somewhat effective

Side Effects: Lithium Carbonate (Camolit; Liskonum; Priadel)Lithium Carbonate is used in the treatment of bipolar disorder (manic depression) and also recurrent unipolar depression. Its possible side-effects include drowsiness and sluggishness.

Name: Haloperidol

Prescribed: PRN (as required)

Daily Dosage: 0.5 mg

Last Reviewed: 0-6 months ago

Effectiveness: Somewhat effective

Side Effects: Haloperidol is an antipsychotic. It is used to treat psychosis and as a general tranquilliser. Possible side-effects include parkinsonian symptoms (notably muscle tremor), abnormal face and body movements, restlessness, involuntary movements of the face, tongue, and jaw, agitation, increased excitement and insomnia.

Section 7: Glossary

Glossary of Terms

Autism	Autism is a developmental disorder that is characterised by a pattern of symptoms rather than one single symptom. The main characteristics are impairments in social interaction, impairments in communication, restricted interests, and repetitive behaviour. Other aspects, such as atypical eating, are also common but are not essential for diagnosis.
Bipolar Disorder	Bipolar disorder is a condition characterised by recurrent episodes of mood fluctuation, which can range from debilitating low mood (depression) to periods of elevated mood (mania). These two mood extremes typically alternate with a normal mood range.
Care Manager	An individual responsible for assessing a person's care needs and ensuring that they receive the appropriate support to meet those needs.
Challenging Behaviour	Challenging behaviour is defined as 'culturally abnormal behaviour(s) of such intensity, frequency, or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to the use of ordinary community facilities' (Emerson 1995)
Fast Triggers	Whether or not challenging behaviour occurs is determined by more discrete events that are close in time to the behaviour itself. The impact of these events is immediate, and hence they are referred to as fast triggers. Challenging behaviour will typically be determined by a combination of slow and fast triggers. For example, a person may be more likely to engage in challenging behaviour because they have been left alone for a while (slow trigger) but only become aggressive when another service user then receives attention (fast trigger).
Key Reinforcers	In many situations, a person's challenging behaviour may appear to result in several different consequences. The key reinforcer is the reinforcer which is actually maintaining the behaviour.
Key Worker	An individual responsible for helping plan and deliver appropriate support to a service user in a specific setting (e.g. a residential or day

	service).
Major Impact	Major impact on day-to-day activities or quality of life-significantly limits on the person's ability to conduct the normal tasks of everyday life
Pen Portrait	A pen portrait is a written description of a person's physical characteristics; personality traits; strengths and abilities; likes and dislikes; key relationships. The emphasis is on positive characteristics and features of the person and their life.
Quality Of Life	Quality of life is a difficult concept to define and measure. Sometimes the term is used to describe an individual's internal state (i.e. their degree of contentment or satisfaction), whilst at other times it can refer to actual activities or experiences that the person accesses. Being active not bored, involved not isolated, doing things for yourself and having control are all important aspects of quality of life.
Response Class	A group of behaviours that typically occur together in response to the same triggers and which are maintained by the same reinforcers.
Slow Triggers	Slow triggers are temporary features of the person or their environment that raise the probability of challenging behaviour occurring. They may be present or occur some time before the behaviour happens, and they are called slow triggers because their impact on behaviour is delayed. Feeling down, being physically unwell, or being in an environment that is hot and cramped are all possible slow triggers for challenging behaviour. They increase the possibility that it will occur, but on their own are insufficient for it to do so.