

Rowden House School

Case Study

A 13 year old boy was placed at Rowden House School in January 2016. He has been diagnosed with Autism, a global delay, ADHD and displays traits of Pathological Demand Avoidance. He had experienced severe neglect in his early years. He arrived at Rowden in January 2016.

On Arrival

On arrival he displayed great difficulty in many areas. He was anxious and displayed this by continuously running away from or hitting staff.

He attended school most days, but was unable to spend time engaged in any activity, only remaining seated a few seconds at a time. Recognised strategies were put in place to encourage him to remain in the classroom, however, his levels of anxiety were found to be increased by these strategies.

Breakfast lunch and dinner were very difficult times. Although there was an effort to remain seated and to eat, he would tip his plate and run from the table.

His high levels of anxiety made it difficult moving between the home and school extremely challenging. Often afraid that he would run away from staff and display dangerous behaviour.

One of his most challenging times were when he needed the toilet. He showed a clear fear of the toilet and would become anxious when he became aware of his need and his behaviour would escalate to dangerous behaviour the greater the need became.

Due to the risk of his challenging behaviour offsite trips only happened once a week and were usually limited to a drive around the countryside.

Strategies used during school and the home

Strategies continue to be altered to best fit his progress. Clear and frequent communication between all teams in the home and the school have been the key to maintaining this positive progress. These strategies have helped him progress in all areas and have centred on making him feel safe. He had experienced severe neglect in his early years and continued to become very upset about possible visits.

Through discussion with onsite professionals specific areas were identified which needed to be addressed immediately. These are as follows; Communication, independent skills, building positive relationships with others and building a record of positive experiences.

It was imperative to help him to communicate his needs with others. Staff used modelling and role play activities, led by him, to introduce new vocabulary. Picture games and role play were also used to explore different emotions he may be feeling. Challenging behaviour regularly occurred when he wanted an activity to end. Short, two word, sentences were introduced to enable him to communicate during times of severe anxiety. These were as follows; 'finish now', 'need help' and 'don't want'. When he said any of these staff were to stop what they were doing immediately and allowed him to leave the room safely.

His Pathological Demand Avoidance meant that time tables and 'now and next' boards were replaced with a selection of activities which could be completed in any order. In addition he was not expected to be seated at the table to complete his activities but interesting objects were placed on the table to encourage him to voluntarily go to the table each day. Very quickly he became less anxious when at the table and began to remain seated for up to three minutes, allowing him to complete short educational activities.



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Another strategy was to provide safe spaces where staff were able to step back and allow him to have space. This included a space in the classroom with soft furniture and a speciality therapy chair in a small room. Referred to by him as the 'hug chair', this provided him with pressure resembling a cuddle.

He became more comfortable and much more confident in moving around different spaces with reduced challenging behaviour.

During school time it was important to remember that staff were asking him to engage in activities that he was unable to recognise the long term benefit of. Immediate rewards following these activities were used to encourage him to engage for longer lengths of time. These would include ten minutes on the trampoline, a walk in the woods or to visit another class for a drink.

Once he was able to engage in activities another strategy was put in place. This was to build a record of positive activities and experiences for him to reflect upon in school and at home. Staff supported him to create a reflective journal in school and a photo collection in the home.

In school he sticks the photographs in the journal and rates them with a traffic light smiley face system. He can communicate and record experiences which he has enjoyed. He has also used his journal to choose activities which he would like to do again.

Deep breathing exercises were introduced to try to reduce the length of time that incidents were lasting. Modelled by staff, he was encouraged to sit with his hands on his knees on a bean bag and focus on his breathing, taking ten deep breaths. Within two weeks he was seen to initiate the breathing activity independently.

How is he Today

On a typical school day he will engage in three short educational activities, between five and ten minutes. He still requires reassurance that he is safe and will now ask for reassurance by saying 'its ok' and 'I won't get hurt'.

The reduction in his anxiety and fear mean his communication skills have improved significantly. He can hold a two way conversation with staff, will support his communication using Makaton and will request a familiar member of staff when he is not understood. This has enabled him to pursue areas of interest, such as emergency services transport, by requesting trips, ideas and role play.

He regularly goes on offsite trips to parks, restaurants, shops, public swimming pools and has been on public transport with school staff. With his communication progress he is able to tell staff when he needs them to hold his hand to help him not to run off and to let them know when he wants to end a trip, enabling him to stay safe.

With familiar staff he is now able to enjoys meals at the table. He will still challenge and attempts to tip his plate and eat off the table around fifty percent of the time, but this does not escalate.

Building trust in familiar adults has had many benefits. Not only is he able to engage in a range of activities, he is also able to access the toilet with minimal challenging behaviour. He has not had a toilet related incident in school this academic year and has only had smearing incidents on the house when with new staff members. This occurs as little as once per fortnight.

He continues to have great difficulty around areas associated with his development. However he is able to communicate his needs to familiar staff which enables staff to implement and develop strategies effectively.

He has recently won an art competition at a local police station and was presented with a prize at the police station. He was able to recognise that this was an achievement and regularly talks about it with staff. Feelings of pride are evident and are celebrated at every opportunity.

