## case study...

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The case study below provides a simple yet powerful illustration of the value of involving an adolescent in their own behaviour support planning.

Selin C is a 15 year old of Turkish descent with Prader Willi Syndrome, ADHD and significant anger regulation problems. She has a moderate level of intellectual disability and attends a school for special purposes in her local area. Selin likes to present as a regular teenager and invents stories about having friends over and going to parties. She is very conscious of her appearance and takes great interest in her clothes, accessories and hair. Selin has an amazing capacity for imitation and copies the mannerisms and turns of phrase of her older siblings.

Selin is currently accessing an ADHC centre-based respite service that is a considerable distance from her home. There has been a decision made to transition Selin to an alternate service much closer to home where she can also have more regular stays. The staff at Selin's respite service know her well and have developed useful ways of preventing and diffusing challenging behaviour; they are happy to share their learning about Selin with the new team. Selin's current key worker at respite is keen that Selin be involved as far as possible in sharing information about herself and hopes that Selin can describe what she finds most helpful when she is upset.

With the help of an ADHC Psychologist, Selin and her respite key worker captured essential parts of a typical stay on video – Selin's arrival routine, participation in activities around the house, preparation for accessing the community and packing up to go home. After showing Selin some footage, the key worker and Psychologist sat together to view the DVD; they talked through what strategies were being utilised and for what purpose. The Psychologist asked questions such as, "Tell me what you are doing here? Why is that important?" and the key worker would explain

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the usefulness of the strategy. In this way, the bones of the Behaviour Support Plan were formed. From here, a loose script was developed that became the narrative (voice over) on the DVD.

Importantly, on the DVD, Selin introduces herself and talks about the things she likes most about respite stays. The DVD includes an informal "interview" by her key worker during which she talks about the things that make her angry and how staff can help her manage at these times. Staff report that the strategies Selin suggests, such as a quick walk or taking a break from a task she is finding frustrating, are consistent with their own discoveries.

Reflecting with Selin after watching the DVD, she was able to tell us that she really enjoyed the experience of helping people understand how to offer support. She commented on how good it was to be able to say "I don't like that bit, can we film it again?" Selin has agreed that she will get a copy of the DVD, both respite teams will get a copy and her Case Manager will put one on her file.

The family report that they were excited to see Selin in the respite setting on DVD – they were surprised at how independent she was in so many tasks. The current respite team describe making the DVD as very affirming of their efforts and are relieved that critical information will be shared. The Psychologist now has a foundation for any further behaviour assessment and intervention work, in addition to a positive relationship with Selin. The new respite staff report that the DVD version of the Behaviour Support Plan has been a useful tool in preparing for Selin's first stay.



