CASE STUDY:

John’s Story

John’s story demonstrates that finding the right placement with consistent care and support, while providing opportunities for social integration and decision-making can lead to increasing fulfilment and autonomy. It can be a gradual process, but it also shows that an holistic psychosocial approach with regular neuropsychiatry reviews can reduce the reliance on drug therapy.

Background

At a young age, John was diagnosed with Moderate Learning Disability and Asperger’s Syndrome. His impulsive behaviour meant that by the age of seven he was placed in a care home. He also attended a special needs school where he continued to display behaviours that challenged. Between the ages of seven and twenty, John was admitted to fourteen different settings, including five psychiatric hospital admissions. Most of the placement breakdowns were as a result of John’s aggressive behaviour towards others.

Behaviour on Admission/Risks

Upon admission to The Richardson Partnership for Care in June 1998, John displayed verbally repetitive and obsessive behaviour concerning food and fluid intake and compulsive behaviour with regards to spending money. He presented a multitude of risks including self-isolation, mood fluctuation, inflexible behaviour and anxiety when presented with changes to his routine. John would also become verbally and physically aggressive as well as sexually inappropriate towards others. John had little insight of the effects of his behaviours on others.
Interventions

A holistic approach was devised by the Multi-Disciplinary Team (MDT) at The Richardson Partnership for Care, which continues to support John. Some interventions include:

• Social, procedural and environmental factors offered at the placement, like consistent structure, meaningful activity, therapeutic rapport with staff and opportunities to socialise and build positive relationships with other residents.
• MDT interventions (particularly neuropsychiatric and neuropsychological input, including regular medication review).
• Positive Behaviour Support (PBS) Approach/Plans, care plans, risk assessments and intervention guidance.
• Psychology input - group and individual sessions that aim to allow John to express his feelings and aspirations, socialise with other residents, share experiences and learn positive ways of dealing with his emotions. The sessions also aim to reduce anxiety, provide reassurance and feedback regarding his behaviour.
• Psycho-education - e.g. teaching John social norms.
He always goes out for checkups and blood tests at doctors.

Shortly after the holiday, John’s uncle told us: “John is having the best care he has ever received and your professional and devoted work with him has enabled him to grow in confidence and become a happy man.”

“Selina’s total commitment to him has supported him to the extent that he has finally been able to go on holiday. Your team at The Richardson Partnership for Care has allowed him to blossom into the lovely caring man that was always there.”

Staff looking after John, he gets what he wants but not every day, he cannot have it every day.
He has a lot of friends here, he likes Ian.