

Amy Turville- Report on Data collection June 2020

This report articulates and compares relevant data collected from the month of June 2020. The data is collected and processed by support workers who work with Amy. The purpose of this report is to aid Amy's support teams, support organisations, clinicians, and the NDIS to provide optimal support for Amy. This report includes relevant data collected by support workers from sources including Carelink shift notes, the Behaviour Database, and Amy's Daily Review to describe changes and observations that formulate Amy's support.

Executive Summary

The majority of Key data indicators show that June was a generally positive month for Amy with several improvements on the data collected the month prior.

Sources of Amy's discontent throughout June included inconsistent contact with friends and family in the form of phone calls and visits. As well as this Amy continued to experience anxiety regarding her birthday, occurring mid-June.

June saw a very small decrease in the time Amy spent banging and screaming in her unit, dropping from an average of 58.5 minutes in May to 58.3 minutes in June. However, the average number of days spent screaming and banging in June increased to 73.3%, a 10% increase from May's average of 63.3% of days. This may represent that while Amy's outbursts were more frequent in June, Amy was better able to regulate and thus they were shorter in duration than the month prior.

Amy's average time spent in the community increased during June to 75 minutes per outing from May's average of 70 minutes per outing. This increase can be attributed to an extended outing to celebrate Amy's birthday. Amy's regularly 'scheduled' blockies this month were also slightly longer, with the exception of one occasion where Amy was too escalated to partake.

There were 10 incidents reported by Momentum Collective employees during June, a decrease from the 15 incidents reported in May. There was one incident during June in which it was necessary for physical restraint to be used in comparison to May where there were no instances of physical restraint. There were no instances of exclusionary time out being used in June, consistent with the month prior. There was one instance in June where it was necessary to use response cost.

Amy's use of her PRN Risperidone officially ceased during June. Consistent with the past six months Amy averaged 0.00mg of her PRN Risperidone in June.

Amy's sleep hygiene improved during June, with her average time spent awake and needing prompting to return to bed being 129 minutes, a 20 minute decrease from May's average of 149 minutes. Consistent with months prior Amy continued to average two prompts per night to return to bed.

In summary, June saw many improvements in Amy's key data indicators and appears to have been a generally settled month. As always, Amy's team remain highly dedicated to

providing structured, consistent and compassionate support to [REDACTED] in line with the service model and her MESP. This support is guided by Behaviour Practitioner Sarah McFadden, whose input at team training to strategies of best practice are key in keeping the support of [REDACTED] in her dynamic journey to greater independence and emotional well-being relevant and effective.

Incident Reports:

2/06/2020	CLIENT BEHAVIOUR - At 17:10 staff entered client Amy Turville's unit to support her in calling a friend. At this point Amy was already very nervous about whether her friend would answer. The call went unanswered and Amy immediately became upset. Staff attempted to co regulate with Amy but she soon became unsafe, prompting staff to leave. Amy then raged (yelling, crying, hitting head/limbs on walls of unit, biting herself) until 18:30. At this point Amy had settled significantly and was able to engage with staff safely, although she looped intensely on certain topics (phone calls, the well being of friends, family and absent staff). Staff observed for signs of concussion, none apparent. It was observed that Amy has further aggravated a preexisting patch of bruising on her arm.
3/06/2020	CLIENT BEHAVIOUR: Amy was elevated at start of shift, banging and moaning. Staff started her morning routine but had to leave multiple times when it became unsafe. Amy was inside most of the day as she was unsafe and had 2 big escalations though the day banging her head and limbs against the window and biting her arm. Amy was given rescue remedy and panadol. Amy continued to rage throughout the day wanting Police, Ambulance and hospital. Amy stated she wanted to hurt staff and break things. Staff followed Amy's support plan and PRN protocol.
6/06/2020	CLIENT BEHAVIOUR - Amy Turville was banging her head and screaming ASOS, this lasted for an hour with staff trying to assist Amy to self regulate to no avail
6/06/2020	CLIENT BEHAVIOUR - Client Amy Turville appeared calm at start of shift and was supported with her morning shower. Amy did not indicate major anxiety, although did loop on a visit from family she was anticipating later in the day. As soon as staff left the unit Amy began to rage (yelling, crying, hitting head and limbs on window), looping incessantly about the visit and stating that she wanted to skip yoga and meditation. Staff gave standard response for when Amy is raging in her unit. After roughly half an hour Amy had settled and completed the rest of her morning routine without issue. Amy then asked for the door of her unit to remain closed and resumed raging. Amy repeatedly stated she wanted to go to hospital and asked what would happen if she kept hitting her head. At 10:00 staff administered PRN rescue remedy per protocol and read Amy a social story about her Saturday visit. After this Amy settled and waited for her visitors without further raging. Staff were not surprised by Amy's looping as her sister had not answered any of Amy's scheduled phone calls for three weeks and had not visited the weekend prior, or given any direct confirmation that she would be visiting.
13/06/2020	CLIENT BEHAVIOUR - Amy Turville completed her morning routine well, but at the end of the routine during maths she escalated. Workers left her unit and Amy continued to show signs of escalating for the rest of the morning, by banging, shouting, self-injury and crying. Amy managed to settle down when her visitors arrived at midday. Workers administered rescue remedy and Panadol before visitors entered her unit. Amy was calm after visitor departure for some time, but escalated again in the afternoon, only calming down after afternoon tea. Approx 180 mins of escalation and self-injury.
19/06/2020	CLIENT BEHAVIOUR - During Amy Turville's scheduled walk at 11AM, upon reaching the letterbox to check the mail and realising there were no new letters, Amy began to moan, wail and stamp her foot on the ground. At this point Michael Walker and I (Olivia Thorsfield) enacted a TCI standing restraint on Amy, with Amy Brown providing support from the rear, and escorted Amy safely back into her unit. Amy offered minimal resistance during this restraint,

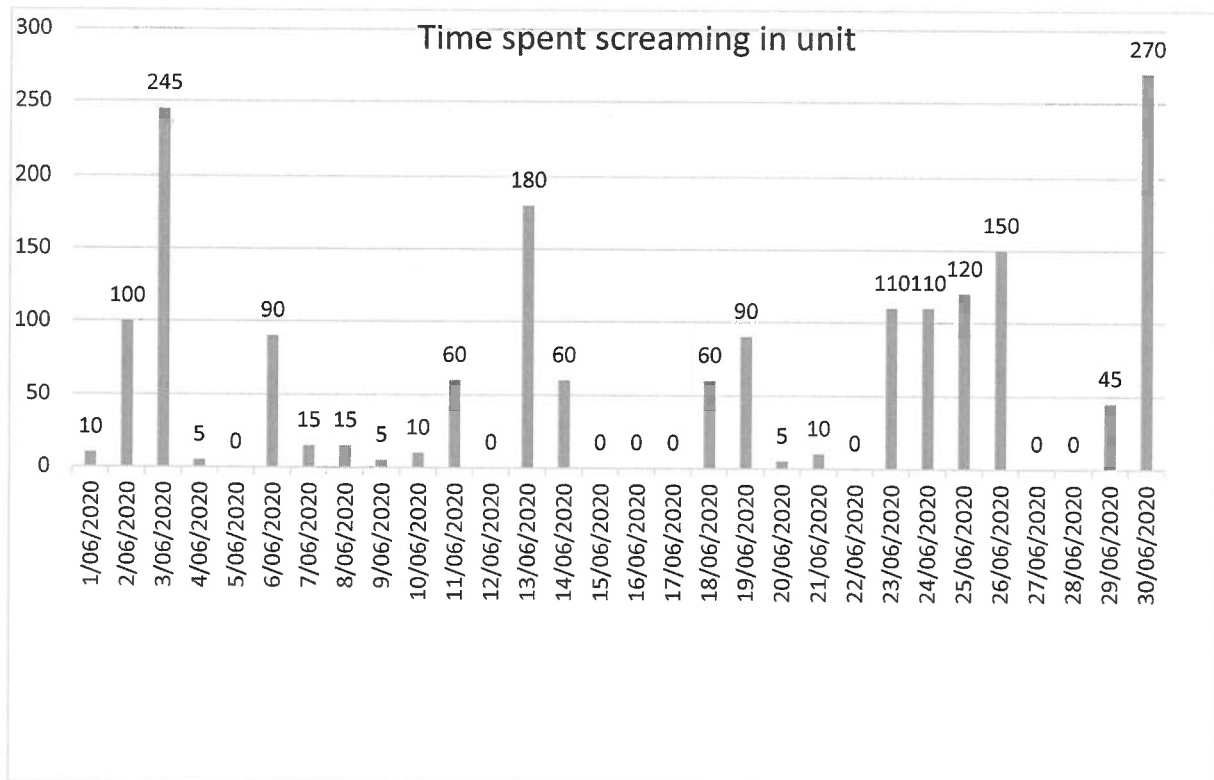
	however continued to moan for the duration of this escort. Once safely back in her unit, Amy continued to yell and scream from the confines of her home for the next 20 minutes.
24/06/2020	CLIENT BEHAVIOUR - Client [REDACTED] was elevated at start of shift and subsequently it took staff [REDACTED] and Yagia Gentle many attempts to complete her morning routine due to unsafe behaviour. Once settled [REDACTED] engaged in the routine without issue and spent the morning resting outside. Shortly before 12:00 [REDACTED] took herself inside where she raged (yelling, screaming, threatening staff, biting herself, hitting head and limbs on walls of unit) for approximately 20 minutes. Staff administered rescue remedy per protocol and provided [REDACTED] with her lunch. [REDACTED] then settled until shortly before 13:00 where she once again took herself inside and raged. Staff administered Panadol per protocol when [REDACTED] had settled and having ascertained that she was calm, Yagia Gentle remained to participate in a 1:1 activity with [REDACTED]. [REDACTED] remained calm through this activity. Unable to identify a specific trigger for these outbursts. [REDACTED] is engaging with staff well and not indicating any signs of concussion.
25/06/2020	CLIENT BEHAVIOUR [REDACTED] was elevated all through out the morning. Staff had to leave [REDACTED] unit when she became unsafe. After Morning routine was finished [REDACTED] began banging her head on the window and screaming about [REDACTED]'s phone call and how she didn't know if the Dr visit would go well. Staff and manager ended up calling off the Dr appointment as it was looking to unsafe for her to get her blood taken. [REDACTED] seemed to calm after she was told that the Dr visit was canceled. [REDACTED] was calm for the rest of the day.
26/06/2020	CLIENT BEHAVIOUR - [REDACTED] had a calm day and engaged well with staff in all routines until 15:10 when she made a scheduled phone call to her sister. The call went unanswered and [REDACTED] immediately became distressed, taking herself inside where she raged with intensity (yelling, screaming, sobbing, kicking the walls, hitting head and limbs on walls and biting herself), for approximately half an hour. At 16:00 [REDACTED] had settled enough for staff [REDACTED] and [REDACTED] to administer rescue remedy and continue with [REDACTED]'s afternoon routine. Her usual daily review was treated as a life space interview. [REDACTED] settled significantly after this. [REDACTED] displayed no signs of concussion during daily review/reading. Nevertheless, oncoming staff will be advised to monitor [REDACTED] during the evening.
30/06/2020	CLIENT BEHAVIOUR - [REDACTED] was a little escalated worrying about her phone call with sister [REDACTED], before RED Inc. arrived but then calmed down. [REDACTED] had got back from Red Inc. support after having an intense incident requiring her to be restrained into the car. [REDACTED] Started banging on the walls and screaming and swearing loudly. This went on for two hours calming in the middle just enough to make her call to [REDACTED] that was short because [REDACTED] was not feeling well. [REDACTED] resumed her escalation after the call.

Incident Report Data Observations:

- There have been 10 recorded incidents in June 2020, a decrease from the 15 incidents recorded in May 2020, 17 recorded incidents in April 2020, 19 recorded in March, 15 recorded in February and 15 recorded in January. All June incident reports were made by Momentum Collective (residential) staff.
- Observations from incident reports include:
 - Anxiety around regular community walks/access and social visits from family and friends.
 - Poor coping skills, due to historical trauma background.

- This report recommends that: Due to the nature of [redacted]'s diagnosis and propensity to display extreme and violent behaviours of concern, that all support teams working with [redacted], including clinicians, recreational facilitators, team leaders and support personnel, continue to be trained in Therapeutic Crisis Intervention, Trauma Informed Practices, and continue to meet and work together to promote positive behaviour support in person-centred planning.
- Incident reports collected re-inforce the importance in staff consistency, consistency of routine, the importance of having a Trauma Informed organisation to facilitate a therapeutic organisational milieu.
- Incident reports collected articulate the benefits of Clinical Therapies and positive behaviour support, to safely support [redacted] in her recovery from Trauma, and to support [redacted] in her recovery from extreme escalations.
- Due to frequency of attacks on staff articulated in these reports, the importance of having a manager on site to support and promote self-regulation practices, and to offer LSI for staff after incidents can be concluded as being best practice.
- The incident reports collected demonstrate the importance of titrating changes to the structure of [redacted]'s daily and weekly routines, and being prepared to make decisions based on data collected.
- The data collected demonstrates the importance for staff to have access to the EAP and be positively reinforced by the organisation, as [redacted] has exhibited challenging and at times aggressive behaviours towards her workers in recent times.

Time spent screaming at the unit



Data Analysis:

Days with screaming recorded in June:

- 73.3% of days in June recorded [REDACTED] screaming and banging in her unit.
- On average, [REDACTED] spent 58.3 minutes per day screaming and banging in her unit.

Days with screaming recorded In May:

- 63.3% of days in May recorded [REDACTED] screaming and banging in her unit.
- On average, [REDACTED] spent 58.5 minutes per day screaming and banging in her unit.

Days with screaming recorded in April:

- 90% of days in April recorded [REDACTED] screaming and banging in her unit.
- On average, [REDACTED] spent 86.6 minutes per day screaming and banging in her unit.

Days with screaming recorded in March:

- 93.5% of days in March recorded [REDACTED] screaming and banging in her unit.
- On average, [REDACTED] spent 120.6 minutes per day screaming and banging in her unit.

Days with screaming recorded in February:

- 86.2% of days in February recorded [REDACTED] screaming and banging in her unit.
- On average, [REDACTED] spent 75.5 minutes per day screaming and banging in her unit.

Days with screaming recorded in January:

- 83.8% of January recorded Amy screaming and banging in her unit.
- On average, Amy spent 54.6 minutes per day screaming and banging in her unit.

Environmental Restraint - Response Cost (Return to home if behavioural incident occurs in the community)

There were two recorded instances in June of RPA Environmental Restraint – Response Cost compared to no recorded instances in May, 0 recorded in April, 0 recorded in March, 0 recorded in February and 0 recorded in January.

Environmental Restraint - Exclusionary Time out

There were no instances of Environmental Restraint - ETO (closing the door of ~~Amey's~~ unit while she is inside calming down) in the month of June.

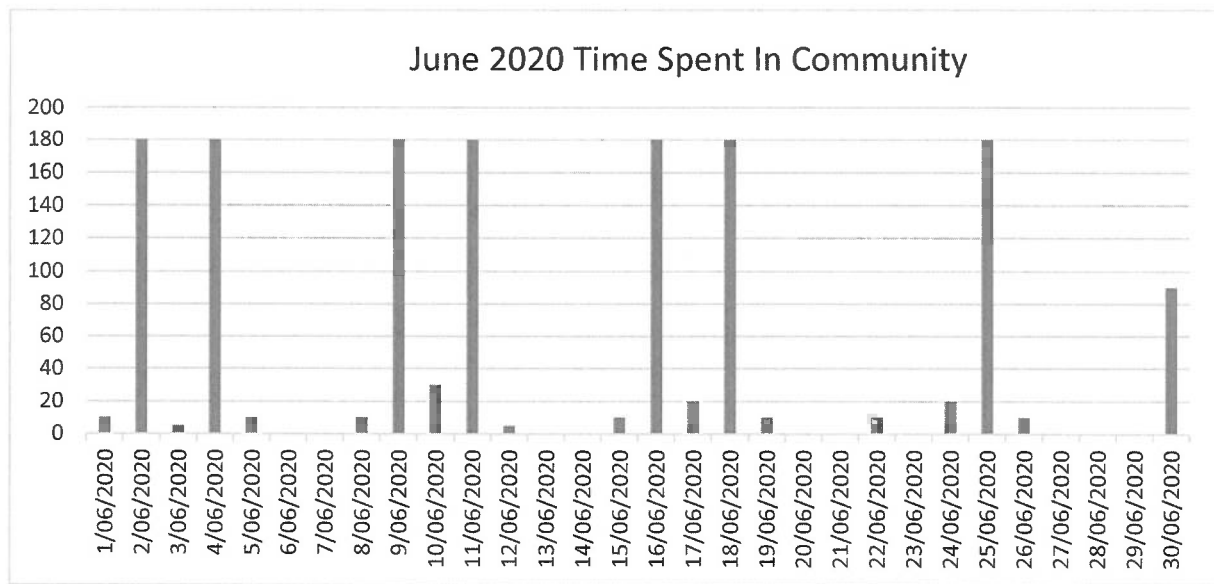
Whilst ~~Amey~~ still had volatile periods in June, she has generally been agreeable, after prompts reminding her where she's to go when she's feeling anxious or upset, to voluntarily take herself inside and shutting her door. This is a positive step for ~~Amey~~.

Physical Restraint

One instance of physical restraint being used were recorded in June

There was one recorded instance of physical restraint being used recorded in June. This is an increase from no instances of physical restraint being recorded in May.

Time spent in the community



Vertical axis represents time in minutes spent in the community.

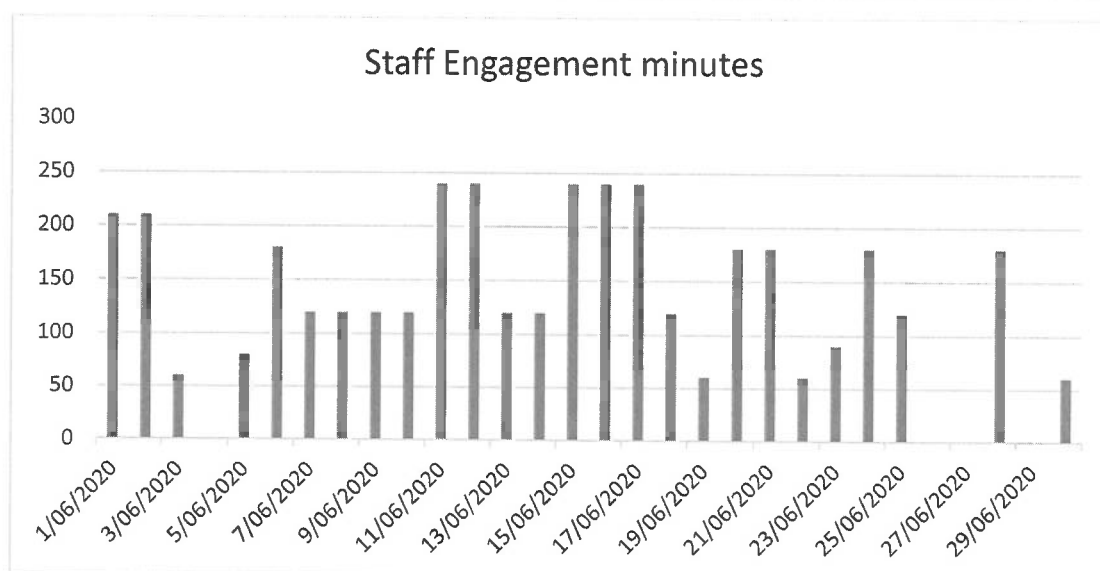
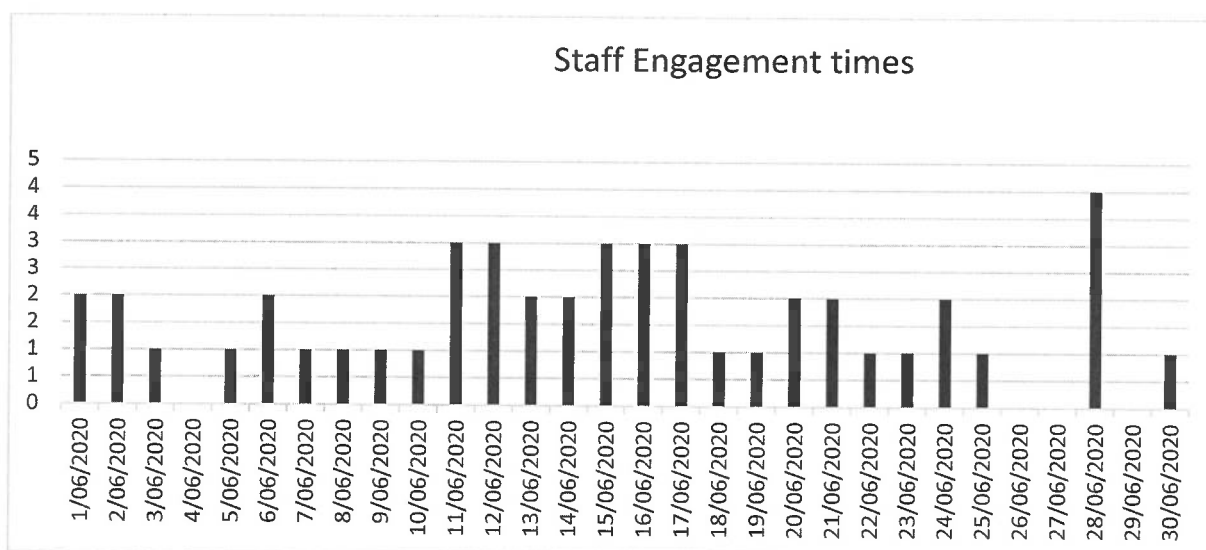
Data Analysis:

Average minutes per outing spent in the community:

- 75 minutes per outing in June
- 70.5 minutes per outing in May
- 73.2 minutes per outing in April
- 70.4 minutes per outing in March
- 73.4 minutes per outing in February
- 72.8 minutes per outing in January

Observations: Throughout June **Amey** continued her outings to Red Inc. headquarters on Tuesdays and Thursdays to participate in arts and craft activities. **Amey** was also supported by Red Inc. to meet friends and family for lunch to celebrate her birthday. As always, **Amey** has continued with her scheduled 'blockies' during June, walking consistently further distances than the month prior.

Sleeping Patterns



Data Analysis:

On Average **Amy** woke twice per night during June. This is consistent with the previous month, as well as April, February and January. March being an outlier during which **Amy** woke only once per night.

During June **Amy** spent an average of 129 minutes per night awake and requiring prompting from staff to return to bed. This is a decrease from May's average of 149 minutes per night. In April **Amy** spent 136.5 minutes awake and needing prompting to return to bed. In March **Amy** spent 120.6 minutes per night awake and requiring prompting to return to bed. In February **Amy** spent 145.1 minutes per night needing prompting to return to bed and in January **Amy** spent 138.8 minutes per night awake and needing prompting to return to bed.

In June there were 12 nights during which **Amy's** sleep disturbances totalled three hour or more which is an increase of one from May's 13.

Observations:

█████'s 'Trigger and Setting Events' Response Strategies identify Insomnia the previous night as a trigger for escalation for Amy. This is consistent with observations.

On multiple occasions in the month of June, support workers recorded in shift Notes that █████'s night included instances of screaming and banging. Staff responded by following protocols and supporting █████ with TCI and Trauma Informed practices.

█████ seeks reassurance during night times to lessen her anxiety and to prompt her back to sleep, with the Active Night worker staying within the staff unit and communicating with █████ through the intercom. (At no time do we enter █████'s unit without a 2nd worker present in the staff unit and monitoring the interaction). All Active night workers are trained in TCI and Trauma informed verbal practices, and respond with scripts created under the guidance of █████'s behaviour support clinician. If █████ doesn't receive this reassurance promptly and without delay from the Active night staff member, this creates further anxiety for █████ and results in excessive banging on her window, causing potential physical harm to herself. █████ also needs this prompting to head back to sleep. Without this she receives a compromised night sleep, creating her to be tired in the resulting days and less able to manage her anxiety and emotions which enable her to continue to improve her quality of life.

If the active night shift were taken away from █████'s support, and a sleep over shift were put in place instead, at this stage in █████'s recovery from trauma, it would mean that the sleep over person would be recording up to six sleep over disturbances per shift, and would in those circumstances possibly be unable to perform morning duties in a sensitive and satisfactory manner, which would impact negatively on █████, the other support worker, and the team moral in general.

This data collected indicates that █████ requires a single awake support person over night to support her back to sleep via intercom.

Amy's Successes in June:

- Amy had 7 successful outings with her day program Red Inc. – travelling to the Red Inc. headquarters to participate in arts and crafts.
- Amy was also supported by Red Inc. to meet friends and family at Macadamia castle to celebrate her birthday.

Changes:

There were no major changes to Amy's life during June.

Summary:

Amy's support team are continuing to diligently adhere to the guidelines stipulated in Amy's MESP, providing a consistent and safe environment for Amy to live in.

Prepared 5/07/2020 by:

~~Kyle Molloy~~ ~~Patricia~~

Momentum Collective