

Matthew's Story

A case study of safety Intervention

By his parents Janine and Leonard

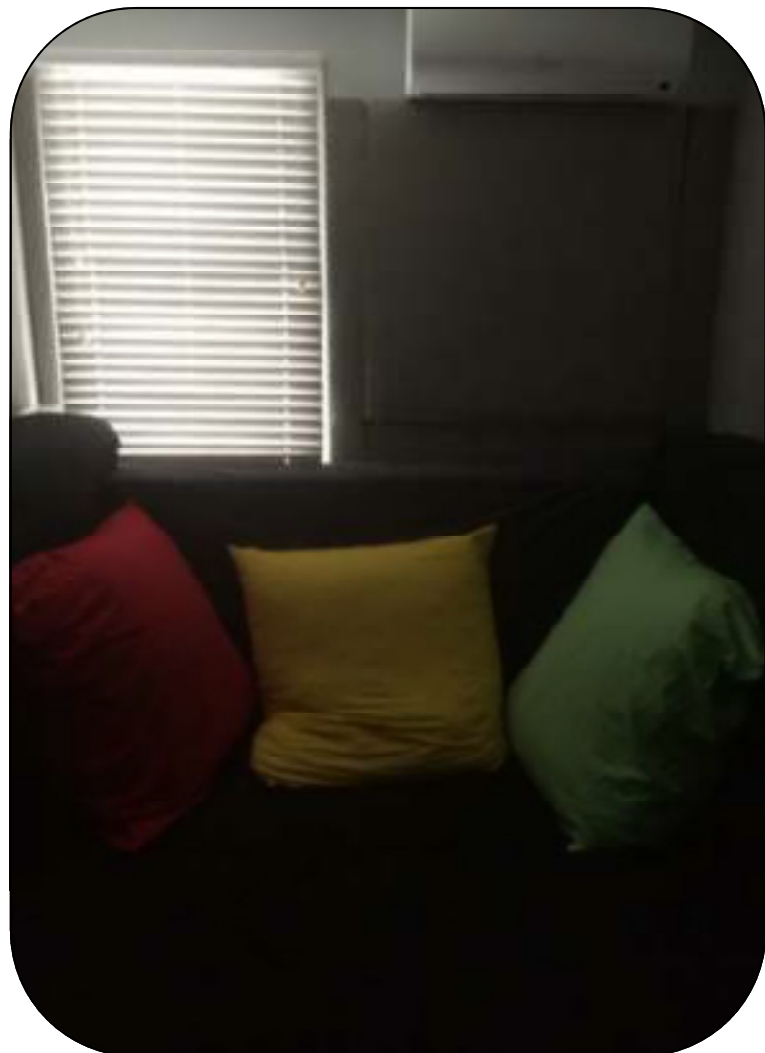
Our youngest son Matthew, is a 16 year old boy with a diagnosis of Autism, Moderate to Severe Intellectual Delay and Generalised Anxiety Disorder (with secondary depressive features). Matthew is a large boy in stature at 6 foot tall, weighing 100kgs and is totally non verbal.

During the early years, Matthew seemed similar to most other children with Autism – self injurious behaviour, non verbal, fussy eater, extremely rigid with routines and behaviourally, slightly more difficult to control than his peers in special needs pre-school and special needs primary school. Despite many years of regular Occupational Therapy and Speech Therapy, Matthew unfortunately remained non verbal and his behaviours were increasing.

By the age of 10, Matthew's high level of anxiety and behaviours including biting, kicking, scratching, head butting and lashing out at others, became a regular occurrence. In consultation with our Paediatrician, we decided it was time to commence medication to hopefully assist with his anxiety and behaviours. After trialling different medications and fine tuning doses, we noticed some improvement up until the onset of puberty.

Matthew's anxiety and violent, aggressive behaviours were becoming worse. We were referred by our Paediatrician to the Specialist Disability Health Team and the Department of Psychological Medicine at Westmead Children's Hospital for review. After a case conference with all involved in Matthew's care, we commenced a new regime of a range of medications. With the introduction of the new medications and increases in dosages, came continuing significant weight gain – this was making coping with Matthew's increasingly violent, aggressive behaviours extremely difficult. After repeated suspensions from his Special School, numerous calls to the police and ambulance for assistance, many admissions to hospital and further changes in medications, life for our family was extremely difficult. My husband had to leave work to be able to care for Matthew during the regular suspensions and also to transport Matthew to and from school, when his anxiety was too high to travel on School Assisted transport – this becoming a very regular situation.

In March 2014, Matthew aged 14, had a major meltdown at school. He injured staff and was physically restrained by 6 staff until an ambulance arrived and administered Midazolam to calm him. Matthew was once again admitted to hospital and received a 20 day long suspension from school which, added to the school holidays, ended up 6 weeks in total.



During this suspension time, Matthew's violent aggressive behaviours became a daily event, due to not following his normal routine and not being able to comprehend why he was not going to school. The day before Matthew was due to return to school at the end of the suspension period, Matthew saw the "school visual" on his visual calendar and immediately launched into the most violent meltdown we had seen to date. He severely injured my husband's shoulder and our house suffered extreme property damage – far more than the normal hole punched in the wall. As we were now physically unable to care for Matthew, he was placed in Emergency Respite. Our family was in crisis and we were at breaking point. After a Case Conference with all departments involved in Matthew's care, we had to make the most heartbreaking decision for Matthew to remain in out of home care for a period of 6 months. Matthew had no comprehension of why he was living somewhere else with constantly changing carers and we were suffering with loss, grief and depression. During the 6 months, we visited with Matthew regularly and unfortunately, Matthew's violent, aggressive behaviours continued whilst in Respite Care.

Matthew finally returned to school after the long suspension on very short hours. His anxiety was at extreme levels and the school suggested we apply for a transfer to another school with more appropriate facilities. We did this and had to apply to have Matthew exempted from school for a short while, until a place was finally granted at a new, purpose



built SSP with a room within the classroom, that could be used as a “calming room”. Matthew slowly transitioned to the new school on short hours and utilised the “calming room” with success, to regulate his emotions.

In preparation of Matthew’s return home, we decided as a family to have the best chance of a successful transition home, we needed to make some vast changes in our lives. I too, left my employment to assist and support my husband care for Matthew, we sold our car and purchased an 8 seater van to transport Matthew safely to and from school and that we too, would set up a dedicated “calming room” at home. The room was completely bare, except for a single ensemble bed. In addition, we were able to receive some ADHC funding to have a couple of Matthew’s regular respite carers assist with Matthew’s transition in the home.

On Matthew’s return home, at times of escalated behaviour, Matthew was taught to go to the “calming room” to self regulate his emotions alone. He did this, but not without smashing many holes in the walls and door of the “calming room” and proceeded to eat the debris. To try and eliminate further property damage and to make the room more safe and comfortable, we affixed foam rubber mats to the walls, placed foam mattresses on the floor with a couple of large heavy duty cushions, placed a sheet of Perspex in front of the glass window, a viewing panel in the door and installed an air conditioner to keep the room at a comfortable temperature. The initial assistance from the carers in the home for a few hours daily was crucial to the success of the transition home for Matthew - the patience, dedication and compassion these carers displayed to Matthew and our family was outstanding. Successful strategies were amended and implemented and we as a family, grew more and more confident in handling incidents of Matthew’s escalated behaviour.

Matthew now loves the “calming room” and visits the room quite a few times a day – sometimes it’s just a nice quiet,

comfortable spot to rest, listen to music, eat after school snacks and most importantly, to safely self regulate his emotions when his behaviour is escalated. When he has finished, he calmly walks out of the room and continues on with his day – an absolute turnaround to what we had to endure in the past during incidents of escalated behaviour. The “calming room” concept is available to Matthew at home, school and at the Respite Centre he attends. This concept, along with slight tweaking of medication doses, has significantly reduced the frequency and severity of Matthew’s escalated behaviour and provided him a place to self regulate his emotions.

Matthew has now been home for 10 months – Matthew continues to display escalated behaviours, albeit less frequently and the “calming room” strategy has proved hugely successful, ensuring Matthew’s safety and the safety of those who care for him. His transition home has been so successful that when a Supported Accommodation spot was recently offered for Matthew, we felt confident as a family to continue to care for Matthew at home and declined the offer.

Our family would not have been able to get to this point, without the multidisciplinary approach from all parties involved in Matthew’s care – Department of Education, School, Respite, ADHC and the Dept of Psychological Medicine at Westmead.

Our family will be forever grateful for this assistance that has ensured the successful restoration of our son home with his family.