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Recognising early Warning Signals and responding effectively

Louise Albert and Robert Bell

NAS Cymru

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What is a Cue?

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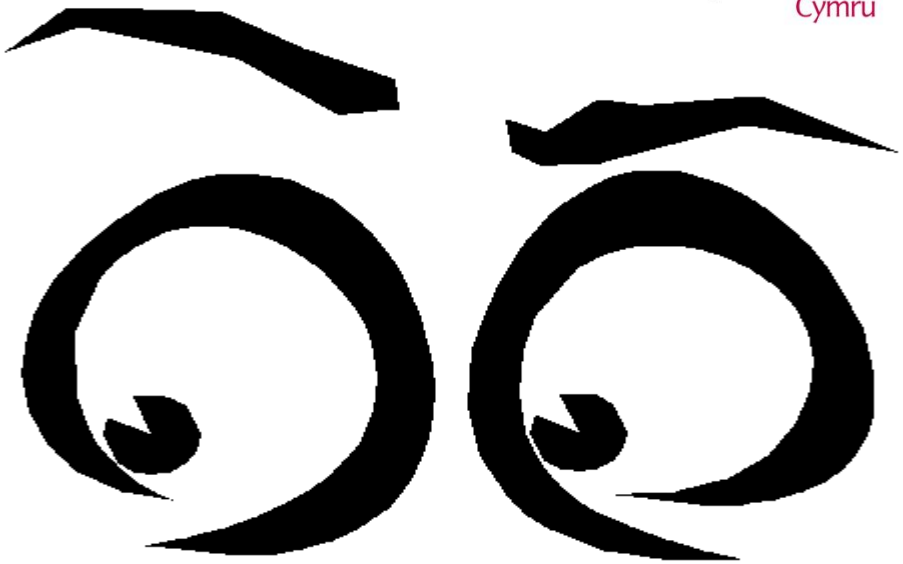
- Something we can:
  - **See**
  - **Hear**



Use your senses and know the person

What is different from the norm – a move from what is usual, moving ‘off baseline’!

What do we look for?

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- Changes in the following;
  - Behaviours;

    - Sensory responses
    - Rituals become more intense
    - Obsessive compulsive behaviours
    - Communication more/ less / stops
    - Physiology
    - Movement disturbance
    - Anxiety levels

Sensory Cues

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- **Hearing:** hands over ears, locking themselves away somewhere quiet, humming, making constant noise

- **Tactile;** refusing to wear clothing, wearing more clothing, wearing tighter belt, putting hood up, scratching, jittering and moving around

- **Vision:** shielding eyes, turning off lights, staying under bed sheets, filtering with fingers, flicking sparkly things,

Sensory Cues

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- **Gustatory;** eating more or less, drinking more or less, problems with swallowing, retching, refusing to go to lunch etc.

- **Olfactory:** staying in the toilet/ kitchen, smearing, touching body, refusing to wash.

- **Vestibular;** thrill seeking, not wanting to move

- **Proprioception:** more clumsy, can’t write, writing becomes more heavy etc.

Rituals and routines

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- Become more
- Quicken in pace
- Repetitive
- Become more often
- More rigid
- More intense
- More elaborate
- Or cease!

- *Role play of door/ telephone cues and triggers?*

Communication

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- Faster pace
- Difference in tone
- Difference in volume
- Use of words changes
- Use of trigger words
- Processing language slower
- Stuttering
- Becoming mute
- The use of swear words
- The person talking to themselves
- Muttering under their breath (what they are going to do?)

Movement disturbance

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- Stuck movements
- Jerky movements
- Slowing down
- Speech stops
- Can’t get out of bed
- Stuck in doorways
- Movement over uneven ground difficult
- Repetitive movements increase

Physiology

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- Facial expressions
- Sweating
- Colour of skin
- Eye contact
- Increased pacing
- Increased rates of stereotypical behaviours (rocking back and for etc.)
- Walking away

- Fight or Flight!

Secondary Preventative Measures

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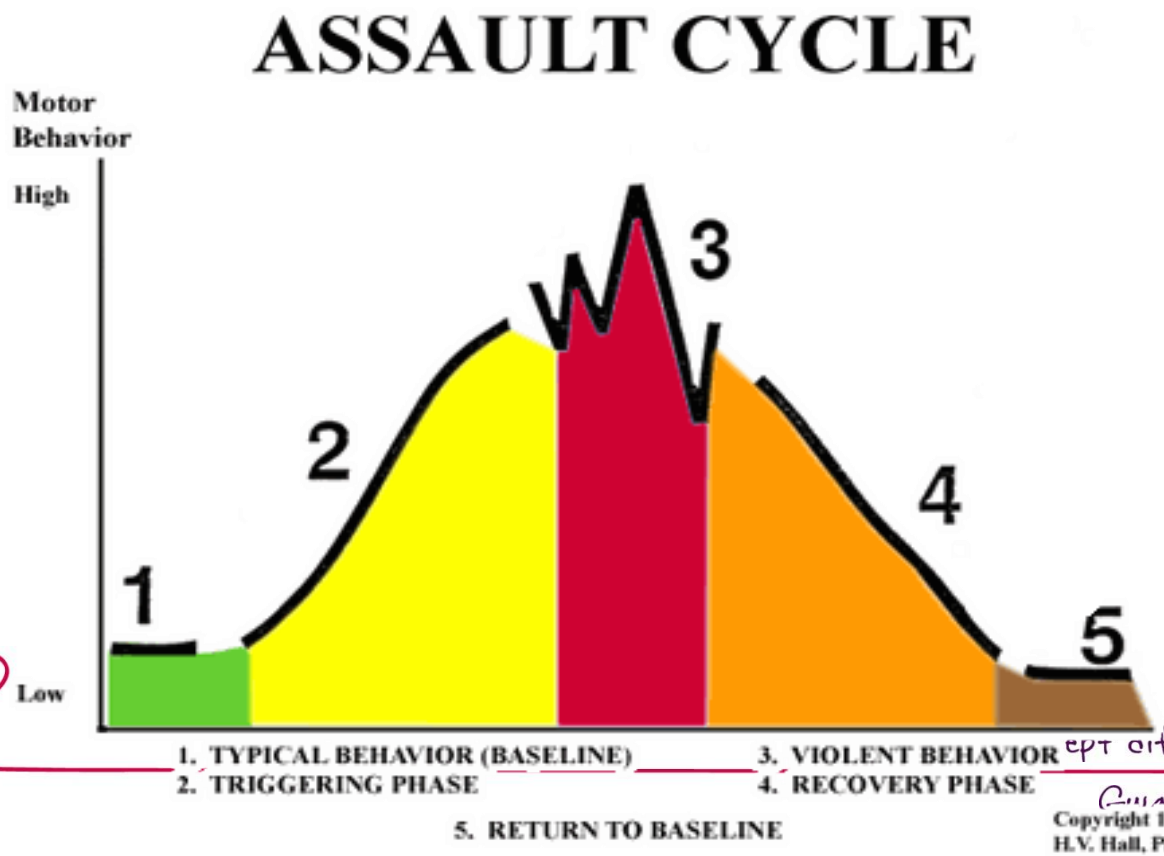
These are the strategies that we use when someone begins to escalate from baseline towards crisis.



cpt difference. Not indifference.

Gwahaniaeth. Nid difaterwch.

Early interventions

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- Distractors
- Re-direction
- Managing environment
  - Physically (manage heat/ light etc.)
  - Moving person or others
  - Change task
- Use of stock phrases/ reminders
- Reassurance
- Sensory management

Time intensity model:

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Baseline: How the person behaves for most of the time – no challenging behaviour, normal arousal levels

Think about it

Escalation: When person begins to become upset, moves away from baseline. Be more aware, observe, use low arousal approaches.

Stop

Crisis: when the person is in crisis, over aroused, challenging behaviour may occur. Stop Active Support.

Interpersonal approaches

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- Be aware of physical approaches:
  - Voice level
  - Be clear in communication
  - Use of trigger words
  - Sensory – perfume, jewellery
  - Nature of your clothing

- Be alert: active listening and observation

- Be aware of person's escalation levels

CUES

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- "If a child in the classroom pulls his neighbours hair, he is almost certainly communicating something: it may be that he is agitated, bored or distressed; that he is ill or in pain; that he dislikes the child involved; that the work he has been given is too difficult; that he has been bullied in the playground; that his morning routine has been upset before he left for school; that his parents are always fighting, or that his father has just left home." (Howlin 1998)