

A CLIENT'S PERSPECTIVE OF PBSC'S BEHAVIOURALLY INTENSIVE COMMUNITY SUPPORT, SUICIDE PREVENTION (BICS-SP) MODEL

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ABSTRACT

Positive Behaviour Support Consultancy (PBSC) has successfully applied their Behaviourally Intensive Community Support-Suicide Prevention (BICS-SP) model to improve the quality of life for over 65 autistic individuals. This case study shares the lived experience of a 20-year-old woman supported by our BICS-SP model. The individual was referred to PBSC for home and community-based support. At the time of referral, she was at risk of hospital admission, suffered from frequent panic attacks, was out of education and unable to leave the family home due to her high anxiety levels and other behaviours of concern (BoC). This case study reviews the co-produced values-based crisis response plan and intervention, from the client's perspective. This also includes a summary of the positive outcomes as a result of this intervention.

"BEFORE I WOULD WANT TO DO ANYTHING TO DIE, BUT NOW I'M FEELING BETTER."

INTRODUCTION

- PBSC's BICS-SP service model is based on the evidence based therapeutic models Proactive Reduction of Suicide in Populations via Evidence-based Research (PROSPER) (Bryan et al., 2009) and LaVigna & Willis' (2005) multi-element behaviour support framework.
- Research on PROSPERs use with military veterans demonstrated that effective crisis response planning reduces suicide attempts up to 76% (Bryan et al., 2017).
- Brief CBT can reduce suicidal behaviour by 60% compared to treatment as usual (Rudd et al., 2015).
- PBSC has individualised these tools to meet the needs of our neurodiverse clients.

"I GET VERY ANXIOUS AND NERVOUS AROUND ASKING FOR HELP"

PURPOSE

- Demonstrate the effectiveness of PBSC's BICS-SP model from a young person's lived experience and perspective.
- When I met PBSC, I wanted help in developing my coping strategies to use when I was having difficult thoughts, and I wanted help with my social skills, as one of my goals was to make new friends at college.

METHODOLOGY

Background information

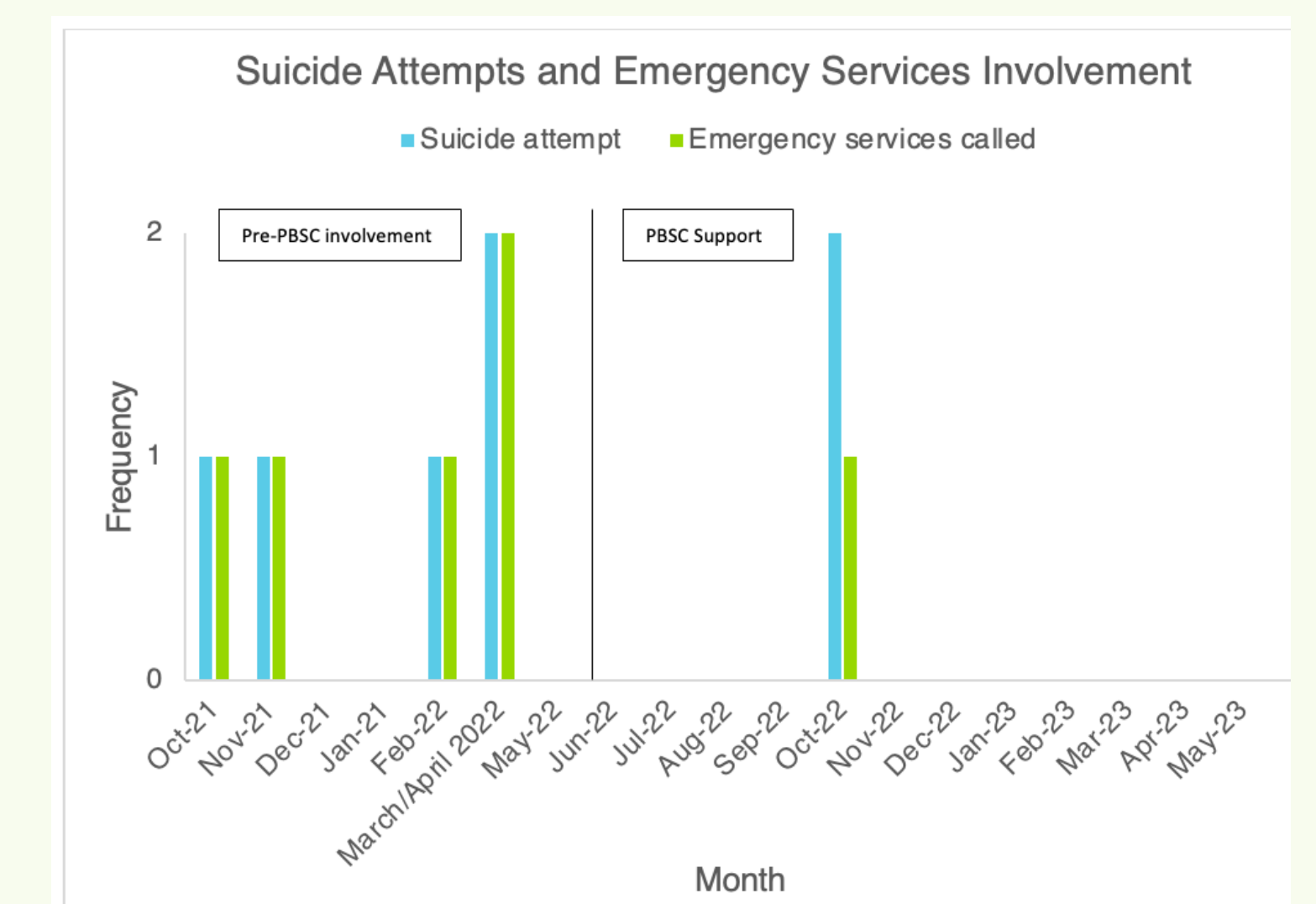
- I am a 20 years old and live at home with my mum. I have support workers who support me 5 times a week during the day. I have been out of education for several years.
- I have experienced trauma in my past related to my dad and my old school, and sometimes I have panic attacks associated with my past experiences.
- I attempted to take my life five times over six months and was at risk of going into hospital. The police and emergency services had to regularly intervene to support me.
- "I find things hard because I'm very sensitive and take things to heart very easily and this is one of my hardest things in life."

Procedures

- PBSC and I developed an FBA, a Crisis Response Plan (CRP) and a BSP.
- The CRP was designed to keep me safe when I was at high risk of attempting to take my life. I helped to develop my CRP & BSP with PBSC, my family, and my support workers. It identified my values, reasons for living, and gave me strategies to use when I felt overwhelmed.
- PBSC completed mediator training. This involved individualised training for my mum, which focussed on readiness to support/managing own wellbeing and responding to my BoC with a focus on my suicidal ideation/suicidal behaviours.
- Sister: "The individual sessions with mum helped mum understand her a lot better."
- Mediator training also involved training for my support workers and college teachers in how to implement my BSP and CRP effectively to support me.
- I had a social skills intervention based on the PEERS curriculum. The topics included conversational skills, friendship qualities, group conversations, body language and non-verbal cues, and handling disagreements.
- "I had a choice in the strategies used and this helped me to figure out the things that I need help with."
- Mum: "Before, [she] wouldn't tell me anything. Now she understands that expressing herself makes her feel better, because if she keeps in the emotions, she 'explodes' later."

RESULTS

- For the last eight months, I have not attempted to take my own life.
- "My ability to cope has got better, even though I still get worried that the panic attacks might happen again. [They] are not as bad as before and I'm able to manage and calm down."



"I WOULD LIKE TO VOLUNTEER AT A LIBRARY"

- My social skills intervention helped me to develop tools to increase my social network and develop friendships with other students at college.
- What are you most proud of over the last year? "Starting college and surviving it after so many months of not being in education, I'm so happy in this college!...My panic attacks and ability to cope have got better...I'm able to manage and calm down."

DISCUSSION

Following the support I received, I am now an active member of my community and I have been managing new triggers in my environment. I am attending family events, travelling abroad, and attending concerts. When I first met PBSC, they asked what my goals were, and I said they were to 'have sexual intercourse' and 'become a porn star.' Now, my goals have changed into "one day I would like to find a boyfriend and be in a healthy relationship."

Limitations of intervention:

- Social skills intervention was completed during home sessions rather than in natural environment (e.g., college) due to ECR fearing stigma related difficulties. Core trigger to BoC was intrusive thoughts about the past and memories associated with past trauma, which were aversive to discuss, however, did not explore exposure to triggers due to significant trauma background.

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