

SATURDAY 25TH NOV 2023

With Lavinia Dowling

Yesterday I had a meeting with a parent who was very emotional - it had been a tough week in their personal life, but then we got on to the subject of the EOTAS package, and well, you could have lit the air with fire with all the swear words used. I should add this parent rarely swears, and I felt bad that I was the one who triggered them even more so in our discussions, but clearly the space was needed to vent. Earlier in the week, I had an adult assessment where this individual barely stopped talking often accentuating they felt there was an important point to be raised, which I was in complete agreement with, but also able to share their thoughts and feelings that were very emotionally



triggering for them. At the beginning of the week, I had an Expert Parent session, and this parent was quite emotionally charged in exploring why they felt the way they did as a child being ignored or dismissed, and could see it happening again from their parent to their child. However, when we looked at the Grandparent's behaviour, it was a light bulb moment for the parent that both they and their parent (the Grandparent) were both struggling with anxiety in and around their Autistic child's behaviour. Unlike the parent, the Grandparent had no knowledge of Autism and ADHD, let alone PDA which only came into existence because of Professor Elizabeth Newson in 1980.

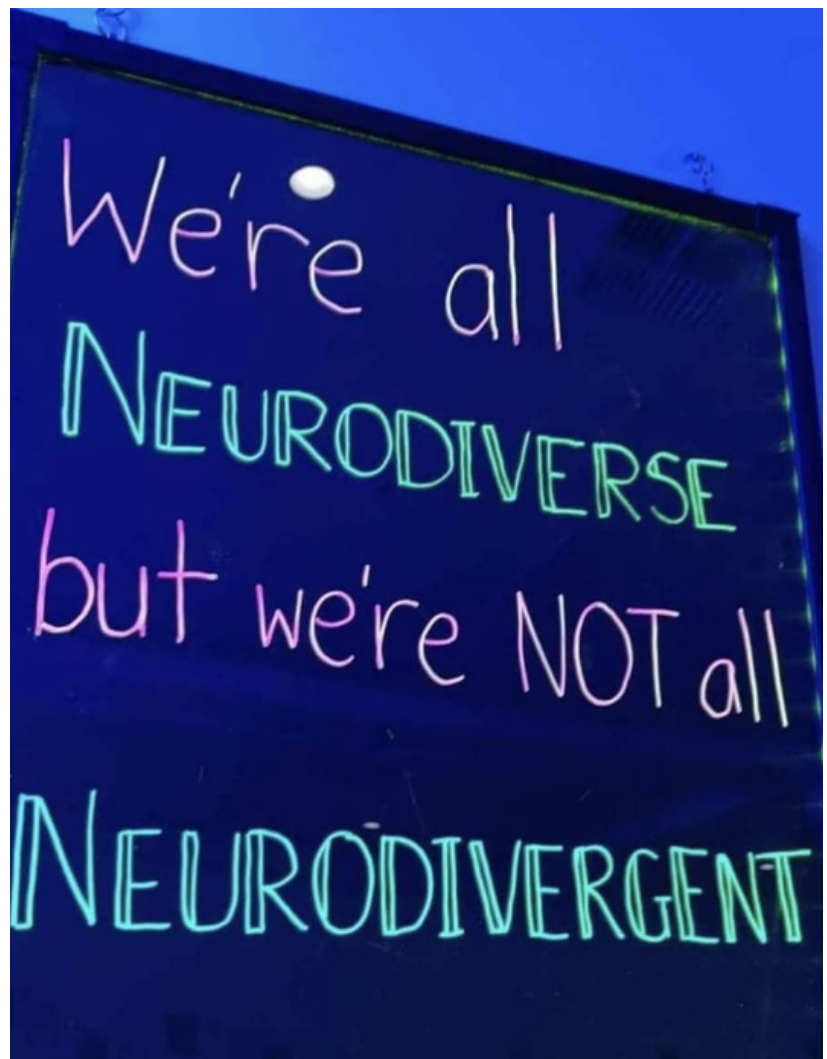
Even today on LinkedIn, a member is struggling with the term "challenging behaviour", yet it is a tricky one. When a young person is no longer able to verbalize their distress, their capacity is reduced and they are left with only being able to use "behaviour" to show their distress. Adults who find it "challenging" either to refuse or do not know how to translate the "behaviour" and put the blame wholly onto the young person for exhibiting "challenging behaviour". This is not fair, nor is it right. As adults, we need to protect our children, however annoying or frustrating or challenging the case is.



LET'S GET TALKING

Yesterday, Yasmin put up a discussion point which did exactly what she was hoping for - encouraging conversation. Sometimes, I do think we get too focused on the choice of language - but it should be encouraged to be discussed with a very open mind that there may be many individuals unaware they are Autistic, or unaware that their view is simply that - their view. It does not mean it is right or wrong - it just means it is their view point. Being mindful of so many viewpoints helps stretch our understanding of other's perceptions and also their lived experiences. I sometimes get upset when so many individuals assert they can help others because of their personal lived experience, which pales into insignificant amount of experiences compared to mine - not many people can match my thirty years of working with clients as a fully qualified and licensed nurse, working across every field of mental health with so many individual lived experiences, and essentially working within CAMHS as a specialist Autism nurse over the last 8 years. I have to remind myself that my niche area is the complex cases, when nobody else gets it, and it feels like there is no-one else who gets it and who can help. The reason being is because we tend to be reactive in dealing with the current issue, but I also consider the history of repetition, as well as what is not being said, which, I know, not many qualified or experienced individuals can do well or even do. I remember a very well known Consultant Psychiatrist in Portsmouth saw me come on to the ward one afternoon and said with some relief,

"ah, Lavinia, thank goodness you are here, can you try and speak with this patient". He was very patient in waiting for me to meet with the patient, but it paid off. The patient was terrified and mute, but, slowly, by watching the behaviour in responses to my question, I soon gained their trust to give me one word answers. Afterwards, I persuaded them to let the Consultant Psychiatrist, along with their named nurse, back into the room with us. Within the hour, the Consultant Psychiatrist had liaised with the police to have their partner arrested for the most horrific abuse that had led them to being sectioned under the Mental Health Act as an emergency in response to their suicide attempt. The patient was not able to speak to anyone else for a good three weeks unless I was in the room with them.



Sometimes a young person behaves in a similar fashion of not being able to engage with anyone other than their one trusted Adult - usually the Mum. Yet, others can quickly become frustrated because the young person will only liaise through their trusted adult. One of my young client's was at college struggling to speak to their Tutor, and had to resort to texting their Mum who then had to liaise directly on the telephone with SEN team at college to convey the young person's difficulties. We should never forget that sometimes words thrown together might be a mismatch and need a bit of unpicking or further discussion to get different view points, but ultimately, allows us to learn more and so understand further.



STUDIO COMPLETE

So, my podcast studio is finished and ready for me to start doing work. The painting had been finished a couple of weeks ago, resulting in a sore shoulder having to stretch to reach the ceiling. The carpet arrived this morning, and the furniture moved in. John found the longest extension lead ever to reach the other side of the studio (9ft by 8ft) so that I can have a heater on as well as the 'recording' sign on. The microphones were then attached to the desk, with the 'on air' sign put up by John, which was tremendously exciting. I now have to start practicing putting the bits together for podcasts, but I now have a studio to operate out of, which is a first.

So have a lovely weekend everyone!

Lavinia