Developing PBS practice

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The CAPBS 2016 Webinar Series - Developing PBS Practice

Supported by:
Webinar 2: Identifying and defining Restrictive Practices

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CAPBS
Identifying and Defining Restrictive Practices

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Webinar Goals

• This webinar will explore terminology, definitions and euphemistic language often used to describe restrictive practices
• Discuss how leaders support people to recognise when they might be using a restrictive practices
• Explore organisational models for reducing and eliminating restrictive practices
The Danger of Euphemisms

"Euphemisms are unpleasant truths wearing diplomatic cologne."
- Quentin Crisp
Restrictive Practices

- **Restrictive Practices** can be defined as any practice that has the effect of restricting the rights or freedom of movement of a person.

- The incident rates in Australia of people with a disability subject to restraint is considered to be high (23-28%) in comparison to United Kingdom (17%).

  Australian Psychological Society 2001
Common terms

• Physical intervention / Physical Restraint
• Breakaway skills
• Chemical restraint.
• Seclusion
• Time out
• Mechanical restraint
Physical Restraint

• Physical restraint has been defined as: “actions or procedures which are designed to limit or suppress movement or mobility”. (*Harris, 1996*)

• The use of any part of another person’s body to prevent, restrict or subdue the free movement of the individual with the aim of controlling his/her behaviour.

• In US literature the term personal restraint is often used.
Breakaway Protective Actions

• Breakaway skills refers to a suite of physical skills aimed protecting and deflecting physical attacks
Chemical Restraint

• **Chemical restraint** refers to the use of medication or chemical substance for the primary purpose of controlling a person’s behaviour.

• Some drugs may be prescribed to be taken as required, also known as PRN or pro re nata.
Containment & Seclusion

‘…..the supervised confinement of a person in an area. Its sole aim is to contain severely disturbed behaviour which is likely to cause harm to others’

Should not be used:

• As a punishment or threat
• As part of a treatment programme
• Because of a shortage of staff

Paley 2006
“Time out

“The withdrawal of the opportunity to earn positive reinforcement, or the loss of access to positive reinforcers for a specific period of time, contingent on the occurrence of a behaviour”

Cooper, Heron & Heward 2007
Non-exclusionary time out

A non-exclusionary time-out is in place when the person is allowed to remain within the reinforcing environment but is not permitted to engage in any reinforcing activities for a pre-specified period of time

Cooper, et al., 2007
Mechanical Restraint

Mechanical restraint refers to the use of a device to prevent, restrict or subdue a person’s movement with the primary purpose of controlling the adult’s behaviour.

‘The application, as a last resort and use of materials or therapeutic aids such as:

- belts
- helmets
- clothing
- straps
- cuffs
- splints
- specialised equipment
Psycho-social Restraint

• Strategies used for the purpose of power and control (Disability Services Commission, 2012).
• Examples include ignoring a client, over-corrective responses, told to remain in an unlocked area of the house or directing a person to remain in a physical position until told to discontinue.


• Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Implicit in the CRPD are three distinct obligations of State parties:

- to 'respect' by refraining from interfering with the enjoyment of the rights of persons with disabilities
- to 'protect' by preventing violations of these rights by third parties
- to 'fulfil' by taking appropriate legislative, administrative, budgetary, judicial and other actions in order to realise the rights enshrined in the CRPD.
Potential risk in use of restrictive practices in intellectual disability


- Association with trauma to person exposed to it (RP) and staff who use it (*Nunno 2011*)

How to assess whether staff are using the least restrictive measure?

- Is it your only course of action? Is it absolutely necessary?
- Are there any other strategies which could be implemented which are likely to achieve the same outcome?
- Is the restrictive practice less risky than the behaviour it is being used as a response to?
- What are the risks to the person exposed to it?
- What(if any) risks does the strategy pose to staff or other people?
- Is the intervention proportionate to the level of presenting or known risk?
### Six Core Strategies © (Huckshorn, 2005)

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Statutory Legislation, Governance and Inspection

Personal Factors
- Functional behavioural assessment
- Individualised supports
- Plans aimed at promoting positive lifestyles outcomes
- Good healthcare
- Involvement of family and friends
- Opportunity for skills development
- Proactive risk assessment

Organisational factors
- Use of data and proactive reporting
- Strategic development of the workforce
- Involvement of people in their plans/life
- Use of de-brief as a learning tool
- Promotion of holistic supports
- Constant evaluation & review
- Clear governance

Individual Factors

• Preventative & proactive approaches aimed at reducing risk in behaviour support
• Functional assessment and promoting positive behavioural support
• Individualised support
• Plans designed to increase positive lifestyle outcomes for the person
• Good physical and mental health care
• Involving friends and family
• Access to advocacy as a right
• Opportunity for skills development and employment
Organisational Factors

- Leadership that is involved in the day to day life of the organisation
- Good use of data, reporting, recording and reviewing practice
- Strategic development of the workforce
- Involvement of ‘service users’ & stakeholders
- Use of debrief as a learning tool
- Promoting holistic approaches
- Constant evaluation and review
- Live policies that are up to date and reflect practice
- Clear governance procedures & organisational accountability at Director level
Quality Audit and Review

- Organisations need to be reflective
- Organisations should measure quality outcomes for service users based on improvements in lifestyle
- Governance should be ‘involved’ in the life of the organisation
- Audit must be built in to organisational practice
Components of successful organisational restraint reduction/elimination programs

- **Intervention**
  - Prohibited actions
  - Ergonomic assessment
  - Debriefing

- **De-escalation**
  - Neuro-sequential interventions
  - Co-operation not compliance
  - Emphasis on verbal communication

- **Prevention**
  - Social capital
  - Quality of life
  - Empathy
  - Trauma informed
  - Proactive use of data
  - Meet client needs

Bowen & Kemp 2014
Debriefing

- No randomised control studies have been conducted on the use of debriefing in the use of reducing restrictive practices.
- Few researchers have investigated the use of debriefing in isolation to other contributing variables when investigating a reduction in restraint use.
- Anecdotal evidence supports the use of debriefing in an effort to reduce the likelihood of adverse effects after the use of restraint.
- Debriefing would be considered good practice
Consistency Across the Models

- It all starts at the top! Organisational leadership (including aligning policies, practices and procedures)
- Data collection is an intervention tool in itself
- Positive Behaviour Support is vital
- Collaborate with others – it’s their journey. We are just along for the ride.
- Talk about it – debrief with the staff and the individuals involved
Potential Barriers

Staff Resistance to Reducing and Eliminating the Use of Restrictive Practices

- Lack of awareness of changes in organizational philosophy
- Concerns of their own safety and their responsibility to maintain the safety of others
- Lack of knowledge and education regarding alternative de-escalation strategies
- Concerns about the different models of support offered to each individual
- Unclear and inconsistent definitions of what is considered a restrictive practice
- Lack of involvement in restrictive practices decision making
Readiness for Restraint Reduction in your Organisation

• Organisations can systematically identify barriers specific to their workplace and assess the graded improvement in implementing each factor

Staff Training

• The attitudes of the staff team have a stronger relationship with staff behaviour and the use of coercive measures than the attitudes of individual staff members.

• Organisations need to tailor their training to work in the context of influencing the team rather than focusing on individual staff characteristics.

• A combination of in-service training and coaching on the job is the most effective training method for staff servicing individuals with intellectual disability.

• Coaching will assist in identifying and overcoming barriers at the staff level.
Concluding statements

Wrong is wrong
even if everyone is doing it.
Right is right
even if only you are doing it.

"Whether you think you can or
think you can’t, you’re
right."

- Henry Ford
References

- Australian Psychological Society Evidenced-Based Guidelines to Reduce the Need for Restrictive Practices in the Disability Sector (2011)


References cont.


Any questions?
More about the CAPBS 2016 Webinar series:

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