Restricted Practices

Our Role in Stopping Vicious Cycles

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Overview

- RP systems in QLD and NSW
- Key differences, strengths and weaknesses

- Case 1 Gary - A case of mistaken identity
- Case 2 Paul - The Coca Cola debacle

- Recommendations for practice
Why the interest

- Professional interest since 2002 in SA
- Considerable involvement in recent times in QLD and in NSW
- Concerned regarding future direction – Has the tail started wagging the dog??

Ratified by Australia 17 July 2008

**Article 14 - Liberty and security of the person**

States Parties shall ensure that persons with disabilities, on an equal basis with others:

1. Enjoy the right to liberty and security of person;

2. Are not deprived of their liberty unlawfully or arbitrarily, and that any deprivation of liberty is in conformity with the law, and that the existence of a disability shall in no case justify a deprivation of liberty.
NSW and QLD: Key differences

Disability Services Act 2006
Guardianship and Administration Act 2000
$113 Million over 4 years
7 key areas of recommendations, including legislative framework

Ageing, Disability, and Home Care (ADHC):
Unknown budget
RP Categories

- Seclusion
- Chemical, Physical, and Mechanical Restraint
- Containment
- Restricted Access to Objects

- Seclusion
- Physical and Chemical Restraint
- Restricted Access
- Response Cost
- Exclusionary Time-Out
QLD System

- Unique legislative framework for Restrictive Practices
- Defines a Multidisciplinary Assessment
- Defines Positive Behaviour Support Plan
• Requirements vary pending type of service provision (e.g. Accommodation vs. Respite/ comm. services)

• Responsibility of assessment and plan vary pending type of RP used (i.e. Containment and seclusion – Specialist Response Team, other RP – AQEP)
### Restrictive Practices Requirements

*(full legislative scheme post 1 January 2010)*

<table>
<thead>
<tr>
<th>Restrictive Practice</th>
<th>Assessment</th>
<th>Plan</th>
<th>Approval/Consent</th>
<th>Plan Implementation</th>
<th>Monitoring</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Containment or seclusion</strong></td>
<td><strong>General</strong></td>
<td><strong>Multidisciplinary Assessment</strong></td>
<td><strong>Positive Behaviour Support</strong></td>
<td><strong>Guardianship Consent</strong></td>
<td><strong>Guardianship and Administration Tribunal</strong></td>
<td><strong>Guardian for restrictive practice (respite)</strong></td>
</tr>
<tr>
<td>Respite or Community Access Service only</td>
<td>Risk assessment (Relevant Service Provider)</td>
<td>Respite/community access service plan</td>
<td>Guardian for restrictive practice (respite) matters</td>
<td>Relevant Service Provider</td>
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<td>Short term</td>
<td></td>
<td>Short term plan (Relevant Service Provider)</td>
<td>Guardian for restrictive practice (general) matters</td>
<td>Relevant Service Provider</td>
<td>Relevant Service Provider</td>
<td>Guardian For restrictive practice (General) Matters</td>
</tr>
<tr>
<td><strong>Physical restraint or Mechanical restraint</strong></td>
<td><strong>General</strong></td>
<td><strong>Assessment (Appropriately Qualified or Experienced Person)</strong></td>
<td><strong>Positive Behaviour Support Plan</strong> (Relevant Service Provider)</td>
<td>Guardian for restrictive practice (general) matters</td>
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<td><strong>General</strong></td>
<td><strong>Assessment (Appropriately Qualified or Experienced Person)</strong></td>
<td><strong>Positive Behaviour Support Plan</strong> (Relevant Service Provider with information from the treating doctor)</td>
<td>Guardian for restrictive practice (general) matters</td>
<td>Relevant Service Provider</td>
<td>Guardian For restrictive practice (General) Matters</td>
</tr>
<tr>
<td>Respite (fixed dose) only</td>
<td></td>
<td></td>
<td>Guardian for restrictive practice (general) matters</td>
<td>Relevant Service Provider</td>
<td>Relevant Service Provider</td>
<td>Guardian For restrictive practice (respite)</td>
</tr>
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<td>Risk assessment (Relevant Service Provider)</td>
<td>Respite/community access service plan</td>
<td>Guardian for restrictive practice (respite) matters</td>
<td>Relevant Service Provider</td>
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</tr>
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<td><strong>Restricted access to objects</strong></td>
<td><strong>General</strong></td>
<td><strong>Assessment (Relevant Service Provider)</strong></td>
<td><strong>Positive Behaviour Support Plan</strong> (Relevant Service Provider)</td>
<td>Relevant Decision Maker (general)</td>
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*The period of approval must not be more than 3 months.*
NSW System

- Government policy
- Describe elements which are relevant to an assessment and a behaviour support plan
- Internal review and authorisation mechanism (RPAP)
Strengths

- Immunity from liability
- Multidisciplinary assessment
- Chemical restraint includes static medication
- Internal mechanism (RPAP) for authorisation
- Specifies prohibited practices
- Recommends BSP by allied health staff
• More realistic requirements for respite/com. Services
• Use of “expert panels” (QCAT) for particular RPs

• Separate requirements for using controversial treatments (e.g. Androcur) – Guardianship Tribunal
Weaknesses

- Arguably too specific and detailed
- Requires considerable resources
- Only PRN is “chemical restraint”
- Lack of consistency across RPAPs
- Arguably does not provide legal immunity
Weaknesses in both systems

- Androcur – controversial treatment (NSW)/ chemical restraint (QLD): Can not be forced treatment for any other population

- Both systems include “least restrictive alternative” and reducing behaviour, but not directly “reduce RP” as a goal of intervention
• Nature of RP considered, rather than intensity, severity, or number of RPs

• Not compliant... So what?? Lack of real ramifications

• Provides a perception that particular RPs are less serious e.g. Chemical restraint (NSW), Restricted Access (QLD)
Conclusion

- Both systems have strengths and weaknesses

- Both systems could be improved through informed reviews
Case examples to illustrate

VICIOUS CYCLES IN ACTION
Gary

- Loves fishing, drinking beer, and listening to the radio
- 45 year old man with autism
- Lives alone with 24 hr disability support
- Grew up in an institution, and approx. 5 different accommodations over 8 years
- Initial description:
  - Limited skills
  - Aggressive
  - Long history of challenging behaviour
  - Difficult to engage
Gary’s Restricted Practices

- Contained at all times, periodically secluded
- Restricted Access (at all times)
- Chemical Restraint (fixed dose and PRN)

Reason for referral: The system requires an assessment and PBS plan for us to continue using these practices
Assessment

- Comprehensive functional assessment
- Past 2 years in current accommodation
- Interviews and observations in highly controlled settings initially
- “The” documented incidence
Recorded statements

- “I heard…”, “I know that happened…”
- “We need these practices, if not, there will be behaviours!”
- This nearly happened, and that nearly happened
- Lots of smoke but where was the fire....?
Vicious cycle (our formulation)

RP in place

Perception: Person must be aggressive

Observation: Few if any behaviours

Validation: The RP is working

High likelihood of behaviour
Intervention

1. Observation: Few if any behaviours
2. Validation: The RP may not be needed
3. Perception: Person may not be aggressive
4. Lower likelihood of behaviour
5. Reduce/remove RP
Paul

- Best trampoline jumper ever seen, and loves drinking Coca Cola
- Early 30s, diagnosis of autism
- Group home since age 9
- Common descriptions:
  - non-verbal
  - aggressive
  - long history of challenging behaviour
  - difficult to engage
Paul’s Restricted Practices

- Contained at all times
- Chemical restraint (fixed dose and PRN)
- Restricted Access
- Physical restraint

Reason for referral: Need an assessment and plan to comply with the DSA to continue using the practices
Assessment

- Comprehensive functional assessment
- Pinching behaviour since early teens
- Behaviour clearly present and frequent at home
- Questionable behaviour during outings (deserted parks and beaches)
Assessment results

- Rare and restricted outings (mostly drives)
- Role of Coca Cola (presumed correlation with behaviour)
- Increase in behaviour at home over past 2 years corresponding with Coca Cola reduction
Vicious cycle (Formulation)

Action: Pinching others at home
Reaction: Eliminate Coca Cola to control behaviour
Action: Take Coca Cola when opportunity presents itself (outing)
Reaction: Reduce/eliminate outings
Negative behaviour

Positive behaviour
...and the simple solution...

- One in the hand and one in the bag during outings

- Didn’t solve all problems at home, but vast improvements to QoL and social engagement
...as well as....

- Overall Positive Behaviour Support plan
- Intensive intervention based on plan
Recommendations

- Reducing RP should be a defined short-term goal of intervention.
- Identification of inevitable and subtle vicious cycles should be part of our formulation.
- We should never accept that RPs in place will form part of the overall intervention.
• Adopt a vigilant and critical approach to any templates and structures that includes RPs as a standard heading/section

• Never to lose sight of the therapeutic and analytical nature of our work, in particular in relation to RP
In closing....

Community Visitor Report extract 2010 (“Gary”)

“CV was greeted by consumer with a wave and him saying hello. Consumer was in a very talkative happy mood. He told CV he was going dancing and wears shoes, washes his hair and has morning tea, scones and drink. He danced and waved his arms about. He went into his lounge and laughed out loud over and over, he came back and talked more about his activities. CV had not seen this behaviour before from consumer. He gave consumer a big hug and laughed again, then hugged SW. He talked about gardening and going out to the river and the library. He had been out during the morning to Bunnings.”

Operations Manager: “Tom and team, I know it was a battle for you and I thank you for fighting it”
The End