

Restrictive Practices as a last resort:  
A systematic review of how challenging  
behaviour is responded to 'in the moment'

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# Challenging Behaviour

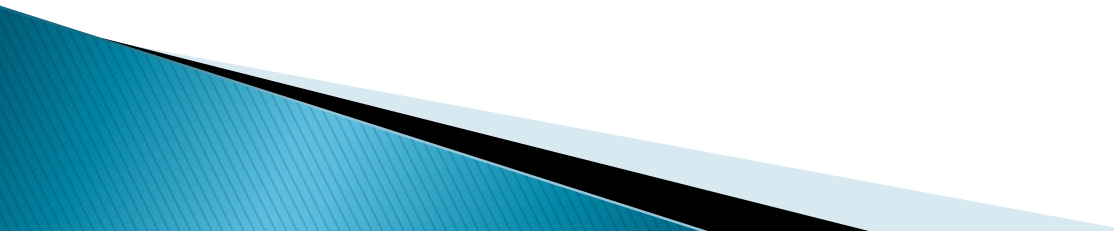
“culturally abnormal behaviour of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour that is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities.” (Emerson and Enfield, 2011, p7)

Aggression, self-injury, property destruction, non-compliance, socially unacceptable behaviour and inappropriate social and sexual behaviours have all been identified as types of challenging behaviour (Ayelet et al, 2016).

# Positive behaviour support

“PBS is an applied science that uses educational methods to expand an individual's behavior repertoire and systems change methods to redesign an individual's living environment to first enhance the individual's quality of life and, second, to minimize his or her problem behavior” (Carr et al, 2002, p4)

“The principles of PBS have been endorsed by professional bodies and government, and incorporated into policy and practice guidelines. Notably in Australia, behaviour support planning has become a key feature in the regulation of restrictive practices and is required under the NDIS Quality and Safeguarding Framework.” (Cortis et al, 2023, p35)



# Restrictive practices

“restrictive practice means any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability.” (National Disability Insurance Scheme Act (Cth), 2013, S4.9)

There are 5 types of types of restrictive practices (NDIS Act, Cth, 2013, S6):

**Chemical Restraint:** controlling a person’s behaviours and movements pharmacologically without the diagnosis of a pre-existing medical condition to prescribe to.

**Environmental Restraint:** restricting someone's freedom of access by locking or preventing their access to certain environments or activities

**Mechanical Restraint:** the use of a tool such as a strap or a helmet to limit a person’s physical movement.

**Physical Restraint:** applying force on a person to restrict their movement

**Seclusion:** confining someone in a defined space and preventing their exit from this space.



# The research problem

The use of restrictive practices in Australia is increasing and it is deeply entrenched into our service sectors and regulatory systems (Spivakovsky et al, 2023).

The NDIS Quality and Safeguard Commission (2023, pp 20-21) reported that between 1st April and 30th June 2023:

- 12,717 NDIS participants received an approved restrictive intervention
- 4,561 NDIS participants received an unauthorised restrictive intervention
- Chemical restraint (40%) was the most frequently used restrictive practice, followed closely by environmental restraint (39%), mechanical (9%) and physical restraint (9%), then seclusion (3%; NDIS Quality and Safeguards Commission, 2023, p21).

# Policy

## UNCRPD, Article 14

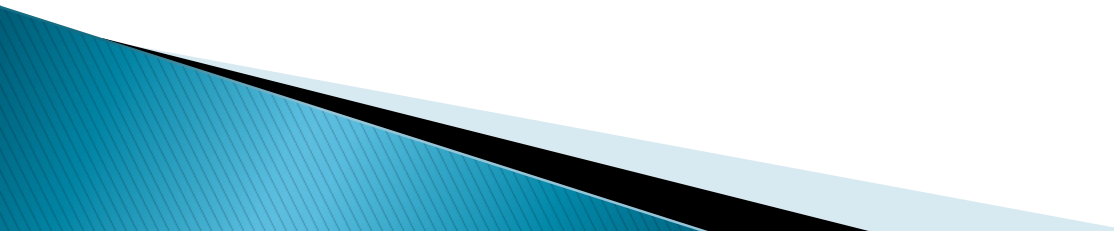
1. State Parties shall ensure that persons with disabilities, on an equal basis with others:

- a) Enjoy the right to liberty and security of person;
- b) 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.

## NDIS Act, (Cth, 2013, S4.9)

(6) People with disability have the same right as other members of Australian society to respect for their worth and dignity and to live free from abuse, neglect and exploitation.

# Research questions

- ▶ 1. How do adults with intellectual disabilities who communicate using challenging behaviours view and experience restrictive practices?
  - ▶ 2. How do families, staff and professionals view and experience restrictive practices?
  - ▶ 3. What is effective when using restrictive practices 'in the moment'?
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# Research Protocols

## Participant Inclusion criteria:

**adults with an intellectual disability** living and/or working in the community and in receipt of restrictive practices due to their challenging behaviours.

**Direct care workers** who implemented restrictive practices

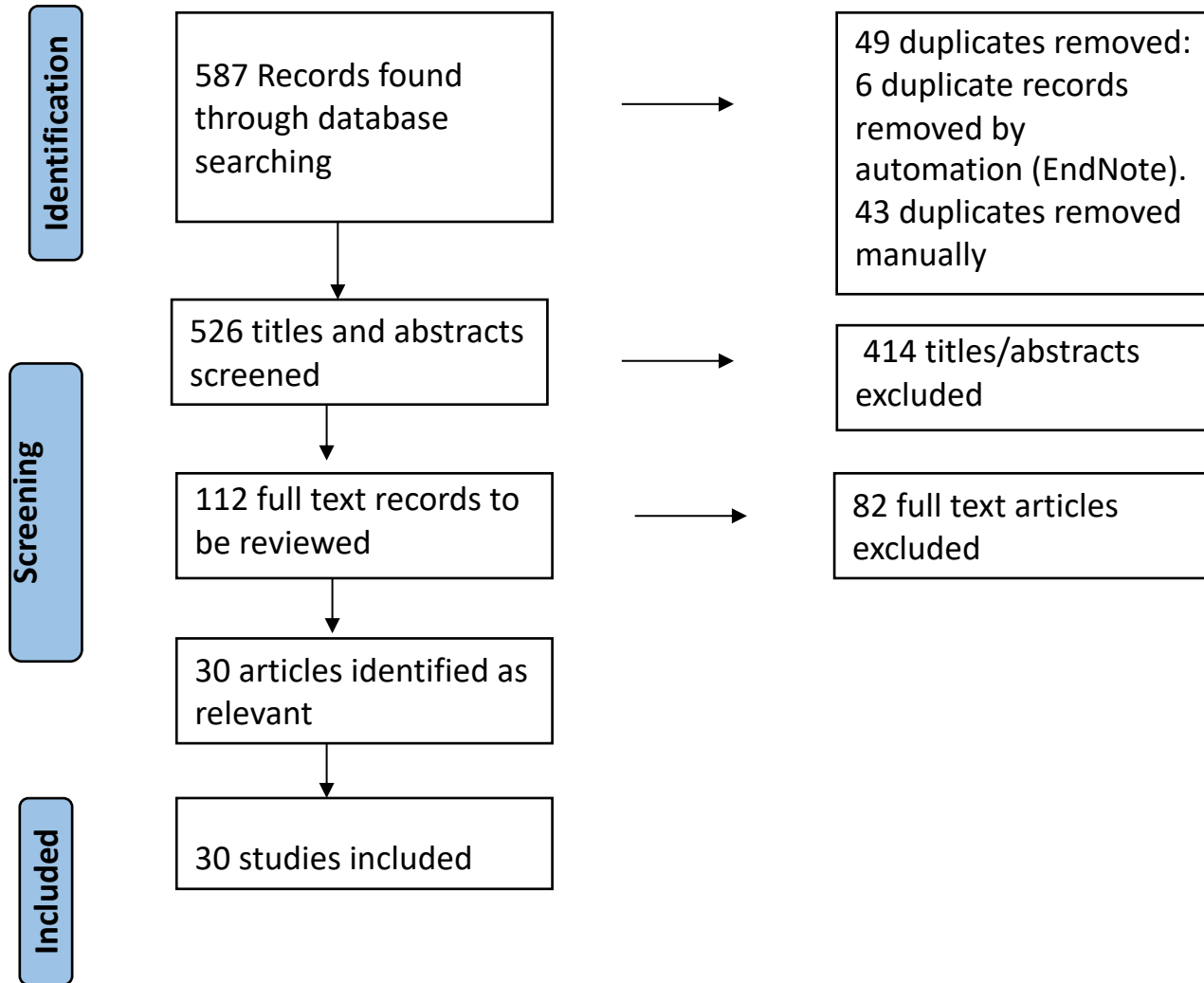
**Positive Behaviour Support Practitioners** or **Prescribing Medical Practitioners** who assessed the need for and authorised restrictive interventions.

**Parents and/or guardians** of adults with an intellectual disability and challenging behaviours.

**Managers of services** who oversee the implementation of restrictive practices.



# Search results



# Characteristics of the 30 selected studies

In total, across the 30 studies

- ▶ 2,429 adults with an intellectual disability who received restrictive interventions participated in 14 of the 30 studies
- ▶ 2,229 support workers participated in 17 of the studies
- ▶ 139 GP's and/or psychiatrists participated in 3 studies
- ▶ 127 Behaviour Support Practitioners participated in 3 studies
- ▶ 106 parents/siblings participated in 2 studies
- ▶ 84 Managers participated in 7 studies
- ▶ 16 studies focused on group homes
- ▶ Physical aggression was the most studied Challenging Behaviour (11 studies), followed by verbal aggression or social disruption (8 studies each)
- ▶ Chemical Restraint was the most studied restrictive intervention (8 studies) followed by physical restraints (5 studies)
- ▶ Only one study focused on environmental restraints

# RQ 1 How do adults with intellectual disabilities who communicate with challenging behaviours view and experience restrictive practices?

- ▶ 1. Restrictive Interventions are about safety and control:

“It’s just one of those things that I’ve had since I first moved in...I don’t know when it’s going to happen, it just does.” (Hawkins et al, 2005, p24).

- ▶ 2. Restrictive interventions elicit negative emotional and physical responses:

As reported by multiple studies the most common emotional responses experienced by people receiving restrictive interventions as: sadness, distress, anger, confusion, fear, anxiety, helplessness, upsetting and stress. These appear to be long established and sustaining themes throughout the selected studies.

# RQ2 How do families, staff, and professionals view and experience restrictive practices?

- ▶ 1. Restrictive Interventions are about safety and control:

Restrictive interventions were being implemented for the safety of the other people around the person with challenging behaviours, and because support staff and service providers were not confident in the use of less restrictive responses such as positive behaviour support (Bjorne et al, 2022; Edwards et al, 2020; Edwards et al, 2023; Leif et al, 2023)

- ▶ 2. Restrictive interventions elicit negative emotional and physical responses:

Support workers overwhelmingly experienced negative emotions when implementing restrictive interventions including fear, anger, shock, sadness, worry, frustration and self-doubt (Bethel et al, 2013; Hawkins et al, 2005; Merineau-Cote and Morin, 2014; Ravoux et al, 2012).

# RQ 3. What is effective when using restrictive practices 'in the moment'?

## ▶ 1. The Team Approach:

To support someone with challenging behaviours, several studies found that it is important that the support team be made up of all relevant stakeholders.

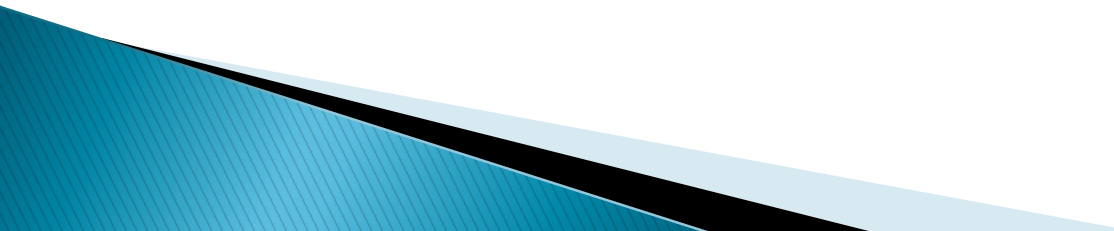
## 2. The Right Environment

All studies highlighted the importance of environmental factors. People with intellectual disabilities reported that having some autonomy around their activities and their physical environment was a highly effective strategy to reduce their use of communicating with challenging behaviours (Griffith, 2013; McKenzie et al, 2018; Olivier-Pijpers, 2020).

## 3. Training and Support

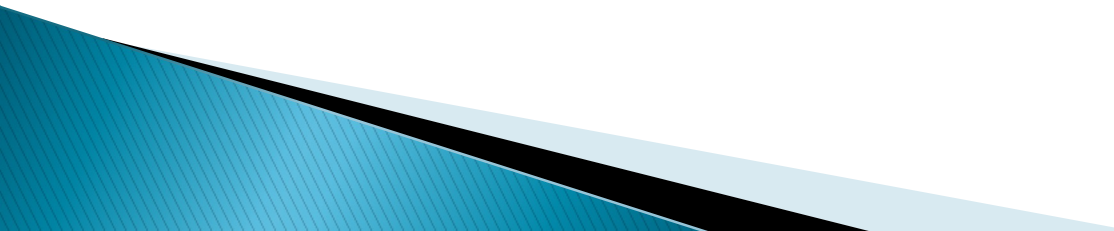
People with an intellectual disability, their parents and support workers consistently reported that they were not receiving the training and support they required and wanted (Bethel et al, 2013; Deb and Limbu, 2022; Elford et al, 2009; Dorenberg et al, 2018; Griffith et al, 2013, Olivier-Pijpers et al, 2020). PUT EXAMPLES OF TRAINING EG MINDFULNESS

# DISCUSSION

- ▶ Safety of others is the primary motivation for the implementation of restrictive practices
  - ▶ Adults with an intellectual disability do not always know why they are receiving a restrictive intervention or how/why the intervention ceases
  - ▶ There appears also to be uncertainty amongst parents, support workers and service providers about how to effectively implement positive behaviour support.
  - ▶ There is a need for strong values-based leadership
  - ▶ Restrictive Interventions can be experienced as highly emotive, fight or flight traumatic events
  - ▶ Emotional regulation is important for all stakeholders (mindfulness studies)
  - ▶ Study participants reported that Person centred environments and service designs reduce both challenging behaviours and restrictive interventions
  - ▶ when behaviour support plans were implemented by trusted, trained and supported staff, in a resourced and collaborative approach, within a safe and appropriate environment, restrictive practices were, if not reduced, then were less traumatic
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# Future Research

## Possible future research areas

- ▶ Hypothesis driven studies
  - ▶ The relationship between Active Support and Positive Behaviour Support
  - ▶ Environmental Restraints
  - ▶ Studies including psychiatrists, Positive Behaviour Support Practitioners and
  - ▶ Parents and managers were represented in very small numbers
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