Psycho-social Restraint in Disability Services – Beginning a Discussion

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Restrictive Practices

Addressed in legislation & policy, in Australia and overseas:

– Chemical Restraint
– Mechanical Restraint
– Physical Restraint
– Seclusion

Australian Commonwealth, State and Territory Disability Ministers, 2014
Department of Health (UK), 2014
National Health Service [NHS], 2017
National Institute for Health and Care Excellence [NICE], 2015
Restrictive Practices

Seeking solutions since the 1700s:

• William Tuke (1732-1822)
• John Conolly (1794-1866)
• Goffman – The Study of Asylums, 1961
The unstated restrictive practice: Pycho-social Restraint?

- The use of inter-personal interactions, which might reasonably be construed by the person to whom they are directed as intimidating or aversive, and/or threats of social or other sanctions, which rely on eliciting fear to moderate a person’s behaviour

(McVilly, 2009)
Recognising the Reality

• Psychological restraints include those therapeutic regimes or programs which involve the withholding of privileges and participation in activities

A proposition to consider

• One of the most dangerous restrictive practices in use in disability services
  – Insidious
  – Unrecognised for what it is
  – Used without regulation, monitoring or review

• Delivered in momentary and transitory doses (PRN)
• Its use is not subject to regulation, monitoring, or review
• Given ascent and endorsement by by-standers
The use of Psycho-social Restraint

• *At best* – preventing people to live self-determined lives

• *At worst* – having people live lives of fear and in trauma
The seriousness of Psycho-social Restraint

“... restraint such as verbal control, psychological pressure or social exclusion can be experienced as just as restraining by the individual as physical restraint”.

(Mental Welfare Commission for Scotland, 2006)

The seriousness of Psycho-social Restraint

“…‘softer’ methods of limiting freedom such as verbal control, psychological pressure or social exclusion can have just as restraining an effect on a person’s behaviour as direct physical intervention”.

(Mental Welfare Commission for Scotland, 2013)

*Practice Guide: Rights, Risks and Limits to Freedom: Edinburgh, Scotland: MWCS.*
Recognising the Reality

Restrictive practices Can include:

• constantly telling the person not to do something, or that doing what they want to do is not allowed, or is too dangerous;

• depriving a person of lifestyle choices by, for example, telling them what time to go to bed or get up;

• depriving individuals of equipment or possessions they consider necessary to do what they want to do, for example taking away walking aids, glasses, out-door clothing or keeping the person in night wear with the intention of stopping them from leaving.

(Royal College of Nursing, 2008)
Recognising the Reality

• “It is important to recognise that restrictive practices can be psychological. Attempting to exert control or force compliance by what is said or how it is said, and/or the use of body language and nonverbal methods of communication, are equally restrictive”.

(Royal College of Nursing, 2013)
Recognising the Setting (risk) for & Use of Psychosocial Restraint

- Power imbalances between people
- Opportunities and capacity for people to protest are limited
- Opportunities and ability for people to escape are limited
An off-the-shelf Medication

Psycho-social restraint as the ‘Codeine’ of behaviour intervention:

• Perceived to be harmless
• Freely dispensed without assessment, diagnosis and an authorising prescription
• Can mask early stages of an emerging pathology
• Delay referral for proper assessment
• Gives rise to longer term secondary pathology
A perpetuation of the worst of the past

• Reflecting on institutional practices of the past, how far have we come?

• Do people still live lives subject to command and control, justified ‘in their own best interests’?

• Where do we address these issues in staff training and in supervision?

• What does it’s use tell us about the needs of the person and about the needs of support staff?
Practices we need to question...

When does ....

• Social Distancing become Exclusion or Punishment?

• Body Language become Intimidation?

• Verbal Communication / instruction become Demanding?

• The Explanation of ‘consequences’ become Threatening?
Psychological Restraint

• Psychological restraints include those therapeutic regimes or programs which involve the withholding of privileges and participation in activities

• The use of intimidation, command or psychological pressure by one or more staff members on a patient aimed at forcing him do (or not do) something

(Negroni, 2017)
Outside of the disability services its against the law ...

- **Harassment** - aggressive pressure or intimidation

- **Bullying** - use superior strength or influence to intimidate (someone), typically to force them to do something.

Australian Human Rights Commission, 2018; UK Equality Act, 2010
Reducing & Eliminating Restrictive Interventions

Teaching the importance of:

- Effective communication
- Functional Behaviour Assessment
- Systematic instruction techniques
- Comprehensive health assessment
- Environmental interventions addressing the physical environment and routines
- The ethics and politics of providing support
Psycho-Environmental Restraint

- A person’s surroundings or an action on a person’s surrounding environment and/or any form of psychological pressure, that has the purpose and/or the effect of limiting the person’s freedom of movement and/or freedom of choice

(Negroni, 2017)
Reducing & Eliminating Psycho-social Restraints

• Raising awareness of its use and miss-use

• Being aware that behaviour support is not just a technical activity, but a POLITICAL activity

….. The use and miss-use of power
A fundamental question

• Are we there to provide *care* and *control*?

OR

• *Support* and *service*?
We can communicate respectfully:

Ten Domains of De-escalation

(1) Respect Personal Space;
(2) Do Not Be Provocative;
(3) Establish Verbal Contact;
(4) Be Concise;
(5) Identify Wants and Feelings;
(6) Listen Closely to What the Patient Is Saying;
(7) Agree or Agree to Disagree;
(8) Lay Down the Law and Set Clear Limits;
(9) Offer Choices and Optimism;
(10) Debrief the Person and Staff

Richmond, et al. (2012).
Take Home Messages

• Psycho-social restraint is no less dangerous and no less harmless than other forms of restrictive intervention.

• We cannot afford to take it less seriously than other forms of RI.

• Needs to be governed by the same principles – avoided; used as the east restrictive alternative; monitored and reviewed, and alternatives developed

• We need to have the conversation about ETHICS and RESPECT ..... As part of PBS planning
Codeine in now off the supermarket shelf & requires a prescription!

When will this be the case for Psycho-social Restraint?

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