Interim response - debriefing, dignity and risk

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Supported through grant funding from the Australian Government

National Disability Services

Learning Outcomes from today

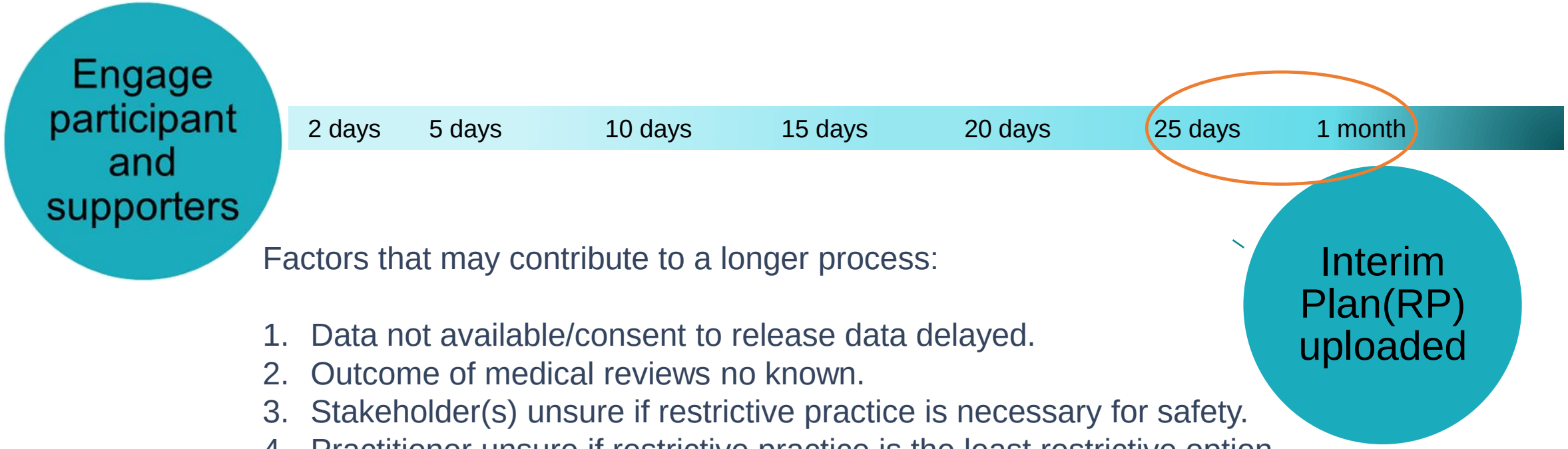
1. Interim Response = quick, brief, clear, safe
2. Strategies
3. Restrictive Practices
    - Dignity and inherent human rights
4. Reduction and Elimination:
    - Decision points
    - Debriefing
5. Process

Interim response
= quick, brief, clear, safe

Core
1.2 Know high risk behaviours need to be managed safely and effectively using least restrictive options

Proficient
1.4 Develop an individualised immediate response plan

Interim Response = quick, brief



Factors that may contribute to a longer process:

1. Data not available/consent to release data delayed.
2. Outcome of medical reviews no known.
3. Stakeholder(s) unsure if restrictive practice is necessary for safety.
4. Practitioner unsure if restrictive practice is the least restrictive option.
5. Challenging system dynamics.
6. Funding.
7. Others factors?

Interim Response = clear, safe

Samira

Is an 8 year old girl.

She enjoys one-on-one activities.

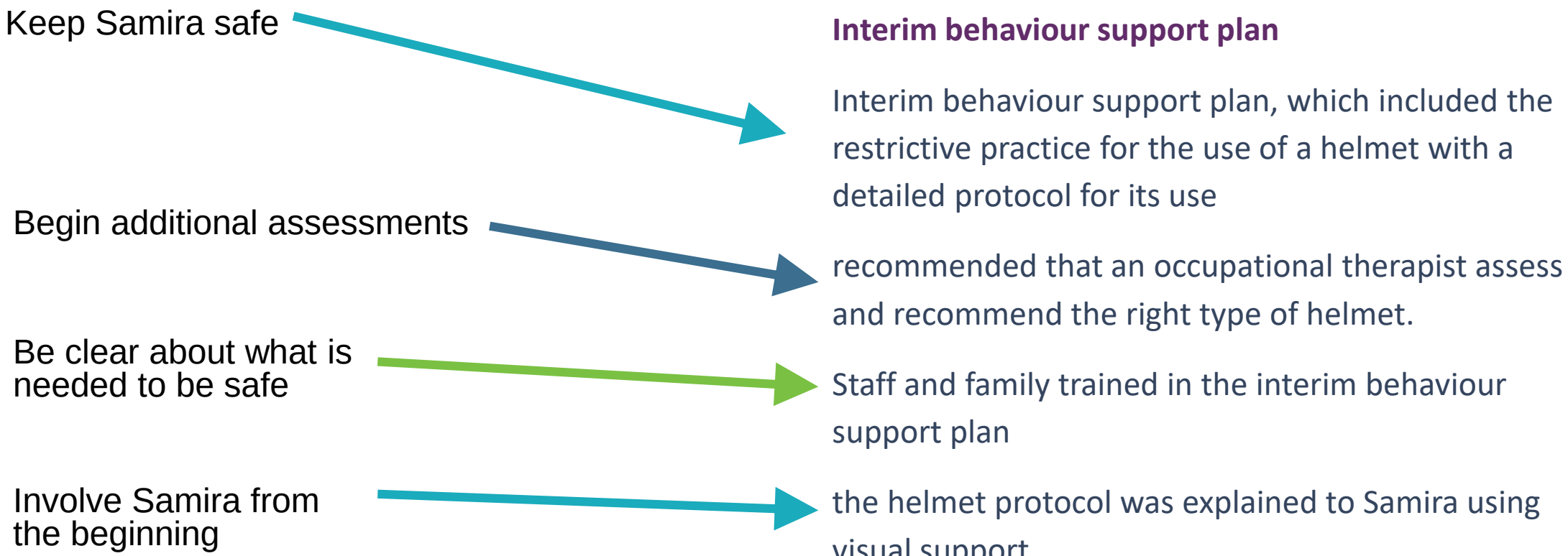
Samira can find noises, lights and crowds distressing

Samira has recently started banging her head on walls and other hard surfaces.

Helmet is used to address the behaviours of concern

A protocol to use the helmet when Samira is banging her head was developed in the Interim Plan.

Interim Response = quick, brief, clear, safe



Protocols

Description of the restrictive practice: What is it?

Rationale: Why is it being used? Explain why positive strategies alone were not effective. For example, what strategies were tried before the restrictive practice was considered?

Frequency? PRN (on an 'as needed' basis) or routine (i.e. at a set time in the day).

Procedure: Include detailed instructions of how, where, when the restrictive practice will be used, and for how long.

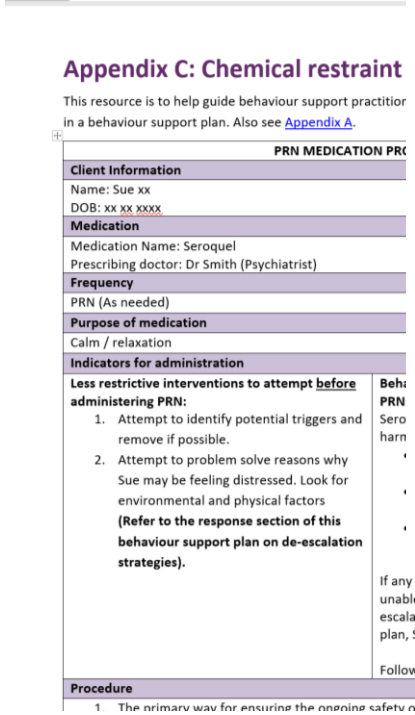
Reviews: How will the use of the restrictive practice be monitored, and how often will it be reviewed?

Data recording and monitoring: How will incidents be recorded and reviewed? How will you monitor the effectiveness of the positive behaviour support strategies in reducing the restrictive practice? How will you monitor side effects of the restrictive practice?

The plan to reduce and eliminate the restrictive practice: What strategies are in place to reduce the restrictive practice? Details can be included in the protocol or other sections of the behaviour support plan (i.e. under preventative or skill building strategies that target the function of the behaviour). How will you measure the fade out of a restrictive practice?

Training: How will training occur? For example, a 'train the trainer' approach might be used, staff may be trained at the registered NDIS provider's team meeting, or a video training resource is developed.

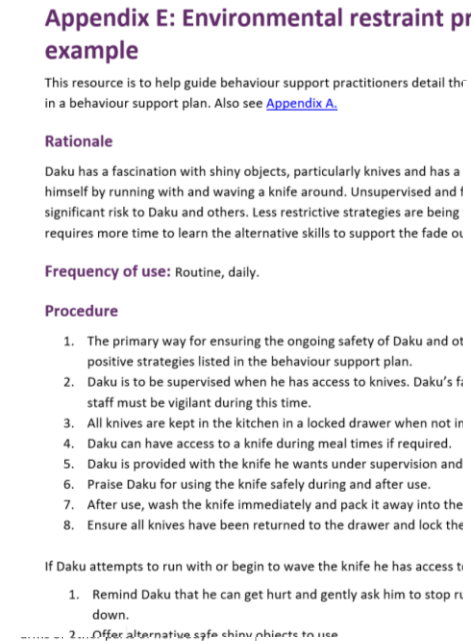
Interim Response = clear, safe



Appendix C: Chemical restraint

This resource is to help guide behaviour support practitior
in a behaviour support plan. Also see Appendix A.

PRN MEDICATION PRO	
Client Information	
Name: Sue xx DOB: xx xx xxxx	
Medication	
Medication Name: Seroquel Prescribing doctor: Dr Smith (Psychiatrist)	
Frequency	
PRN (As needed)	
Purpose of medication	
Calm / relaxation	
Indicators for administration	
Less restrictive interventions to attempt before administering PRN: 1. Attempt to identify potential triggers and remove if possible. 2. Attempt to problem solve reasons why Sue may be feeling distressed. Look for environmental and physical factors **(Refer to the response section of this behaviour support plan on de-escalation strategies).**	**Beha PRN** Sero harm If any of the above are observed and Sue is unable to be redirected using the de-escalation strategies in this behaviour support plan, Sue may need to be administered PRN. Follow the procedure instructions.
Procedure	
1. The primary way for ensuring the ongoing safety of Sue and others is by following the	



Appendix E: Environmental restraint protocol example

This resource is to help guide behaviour support practitioners detail th
in a behaviour support plan. Also see Appendix A.

Rationale

Daku has a fascination with shiny objects, particularly knives and has a
himself by running with and waving a knife around. Unsupervised and f
significant risk to Daku and others. Less restrictive strategies are being
requires more time to learn the alternative skills to support the fade ou

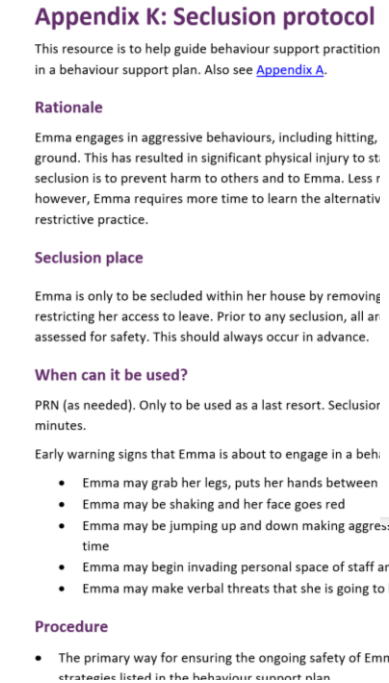
Frequency of use: Routine, daily.

Procedure

1. The primary way for ensuring the ongoing safety of Daku and ot
positive strategies listed in the behaviour support plan.
2. Daku is to be supervised when he has access to knives. Daku's fa
staff must be vigilant during this time.
3. All knives are kept in the kitchen in a locked drawer when not in
4. Daku can have access to a knife during meal times if required.
5. Daku is provided with the knife he wants under supervision and
6. Praise Daku for using the knife safely during and after use.
7. After use, wash the knife immediately and pack it away into the
8. Ensure all knives have been returned to the drawer and lock the

If Daku attempts to run with or begin to wave the knife he has access t

1. Remind Daku that he can get hurt and gently ask him to stop ru
down.
2. Offer alternative safe shiny objects to use



Appendix K: Seclusion protocol

This resource is to help guide behaviour support practition
in a behaviour support plan. Also see Appendix A.

Rationale

Emma engages in aggressive behaviours, including hitting,
ground. This has resulted in significant physical injury to st
seclusion is to prevent harm to others and to Emma. Less r
however, Emma requires more time to learn the alternativ
restrictive practice.

Seclusion place

Emma is only to be secluded within her house by removing
restricting her access to leave. Prior to any seclusion, all ar
assessed for safety. This should always occur in advance.

When can it be used?

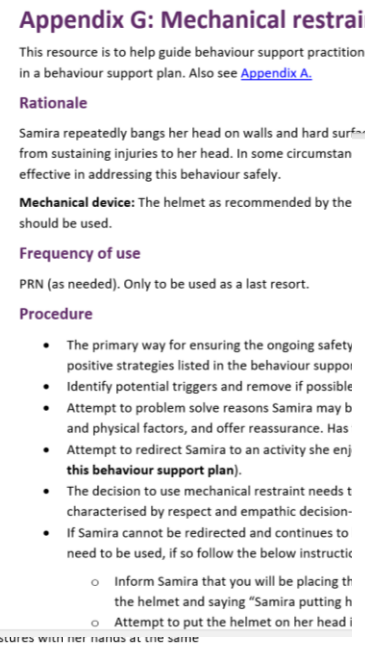
PRN (as needed). Only to be used as a last resort. Seclusior
minutes.

Early warning signs that Emma is about to engage in a beh

- Emma may grab her legs, puts her hands between
- Emma may be shaking and her face goes red
- Emma may be jumping up and down making aggressive gestures with her hands at the same time
- Emma may begin invading personal space of staff and co-residents, and yelling loudly
- Emma may make verbal threats that she is going to hit someone.

Procedure

- The primary way for ensuring the ongoing safety of Emma and others is by following the positive strategies listed in the behaviour support plan



Appendix G: Mechanical restraint protocol example

This resource is to help guide behaviour support practitioners detail the use of a restrictive practice
in a behaviour support plan. Also see Appendix A.

Rationale

Samira repeatedly bangs her head on walls and hard surfaces. A helmet is used to protect Samira
from sustaining injuries to her head. In some circumstan
effective in addressing this behaviour safely.

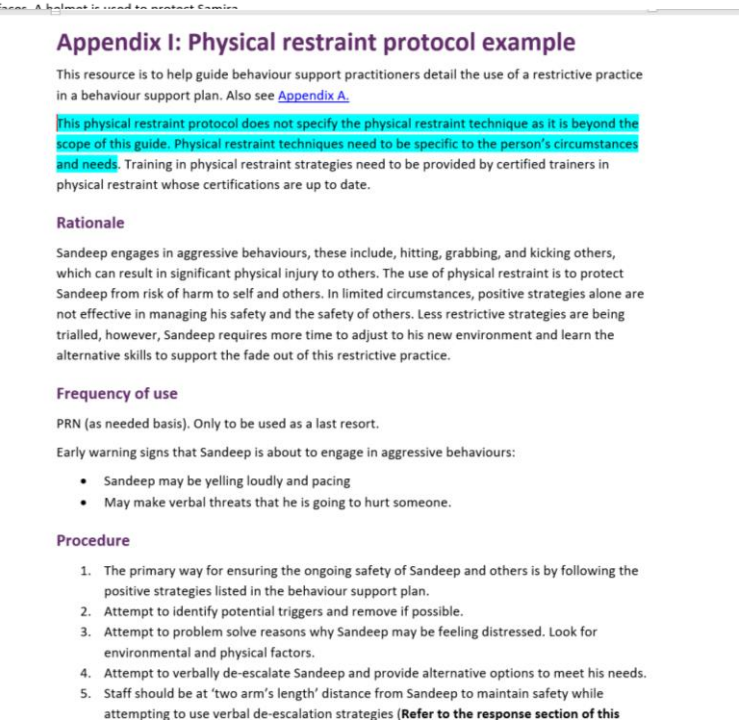
Mechanical device: The helmet as recommended by the
should be used.

Frequency of use

PRN (as needed). Only to be used as a last resort.

Procedure

- The primary way for ensuring the ongoing safety
positive strategies listed in the behaviour suppo
- Identify potential triggers and remove if possible
- Attempt to problem solve reasons Samira may b
and physical factors, and offer reassurance. Has
- Attempt to redirect Samira to an activity she enj
this behaviour support plan).
- The decision to use mechanical restraint needs t
characterised by respect and empathic decision-
- If Samira cannot be redirected and continues to
need to be used, if so follow the below instructio
  - Inform Samira that you will be placing th
the helmet and saying "Samira putting h
  - Attempt to put the helmet on her head



Appendix I: Physical restraint protocol example

This resource is to help guide behaviour support practitioners detail the use of a restrictive practice
in a behaviour support plan. Also see Appendix A.

This physical restraint protocol does not specify the physical restraint technique as it is beyond the scope of this guide. Physical restraint techniques need to be specific to the person's circumstances and needs. Training in physical restraint strategies need to be provided by certified trainers in physical restraint whose certifications are up to date.

Rationale

Sandeep engages in aggressive behaviours, these include, hitting, grabbing, and kicking others, which can result in significant physical injury to others. The use of physical restraint is to protect Sandeep from risk of harm to self and others. In limited circumstances, positive strategies alone are not effective in managing his safety and the safety of others. Less restrictive strategies are being trialled, however, Sandeep requires more time to adjust to his new environment and learn the alternative skills to support the fade out of this restrictive practice.

Frequency of use

PRN (as needed basis). Only to be used as a last resort.

Early warning signs that Sandeep is about to engage in aggressive behaviours:

- Sandeep may be yelling loudly and pacing
- May make verbal threats that he is going to hurt someone.

Procedure

1. The primary way for ensuring the ongoing safety of Sandeep and others is by following the positive strategies listed in the behaviour support plan.
2. Attempt to identify potential triggers and remove if possible.
3. Attempt to problem solve reasons why Sandeep may be feeling distressed. Look for environmental and physical factors.
4. Attempt to verbally de-escalate Sandeep and provide alternative options to meet his needs.
5. Staff should be at 'two arm's length' distance from Sandeep to maintain safety while attempting to use verbal de-escalation strategies (**Refer to the response section of this**

National Disability Services

Interim Response = clear, safe

The helmet is used to address the behaviours of concern for Samira

A protocol to use the helmet when Samira is banging her head was developed in the Interim Plan:

1. What aspects of the Protocol suggests it is least restrictive?
2. What else has occurred that suggests this is a least restrictive response?

Appendix G: Mechanical restraint protocol example

This resource is to help guide behaviour support practitioners detail the use of a restrictive practice in a behaviour support plan. Also see Appendix A.

Rationale

Samira repeatedly bangs her head on walls and hard surfaces. A helmet is used to protect Samira from sustaining injuries to her head. In some circumstances, positive strategies alone are not always effective in addressing this behaviour safely.

Mechanical device: The helmet as recommended by the occupational therapist. No other helmet should be used.

Frequency of use

PRN (as needed). Only to be used as a last resort.

Procedure

- The primary way for ensuring the ongoing safety of Samira and others is by following the positive strategies listed in the behaviour support plan.
- Identify potential triggers and remove if possible.
- Attempt to problem solve reasons Samira may be feeling distressed. Look for environmental and physical factors, and offer reassurance. Has there been a change in her environment?
- Attempt to redirect Samira to an activity she enjoys (**follow the de-escalation strategies in this behaviour support plan**).
- The decision to use mechanical restraint needs to be based on a risk assessment and characterised by respect and empathic decision-making.
- If Samira cannot be redirected and continues to bang her head, mechanical restraint may need to be used, if so follow the below instructions.
    - Inform Samira that you will be placing the helmet on her head by showing Samira the helmet and saying “Samira putting helmet on”.
    - Attempt to put the helmet on her head if it is safe to do so (securing the clip under

Comprehensive PBSP after FBA

Training about the purpose of the behaviour

Remove trigger

Support coping

Teach replacement behaviour

Strategies supported fade-out

know when she was feeling upset.

After working with Samira, her family and support team, the NDIS behaviour support practitioner developed a comprehensive behaviour support plan, integrating strategies developed by the speech pathologist and the occupational therapist.

Samira's family, teachers and staff were all trained in the behaviour support plan. It was important that everyone supporting Samira understood the underlying reason Samira was banging her head (function) and how to support her.

Some of the other strategies in the behaviour support plan to help improve Samira's quality of life, reduce, and eliminate the use of mechanical restraint focused on:

- giving Samira more space from others when she needed it
- preparing Samira when someone new was attending after school care, including new staff and any changes to her routine by using visual supports, and
- supporting and praising Samira when she used her hand sign and responding immediately to her when she used it (positive reinforcement).

Outcomes

Over time, Samira learnt how to tell her family, teachers and NDIS staff when she was feeling distressed and she developed more appropriate coping strategies and skills. The head banging reduced and was eventually no longer observed. The use of the helmet was slowly faded out.

Key points

- Working collaboratively with the person, their family and support team across all settings of a person's life is important to developing a person-centred behaviour support plan.
- No single profession holds all the expertise. Often, a key role of a behaviour support practitioner is to integrate knowledge and assessments from different disciplines and bring together approaches in a positive behaviour support plan.

administering PRN: 1. Attempt to identify potential triggers and remove if possible. 2. Attempt to problem solve reasons why Sue may be feeling distressed. Look for environmental and physical factors **(Refer to the response section of this behaviour support plan on de-escalation strategies).**	**PRN:** Seroquel has been prescribed to address self-harm behaviour, including: • Expressing thoughts of self-harm and Sue is unable to be redirected • Observed scratching her skin and Sue is unable to be redirected • Attempting to cut her skin on her arms or other parts of her body. If any of the above are observed and Sue is unable to be redirected using the de-escalation strategies in this behaviour support plan, Sue may need to be administered PRN. Follow the procedure instructions.

Procedure

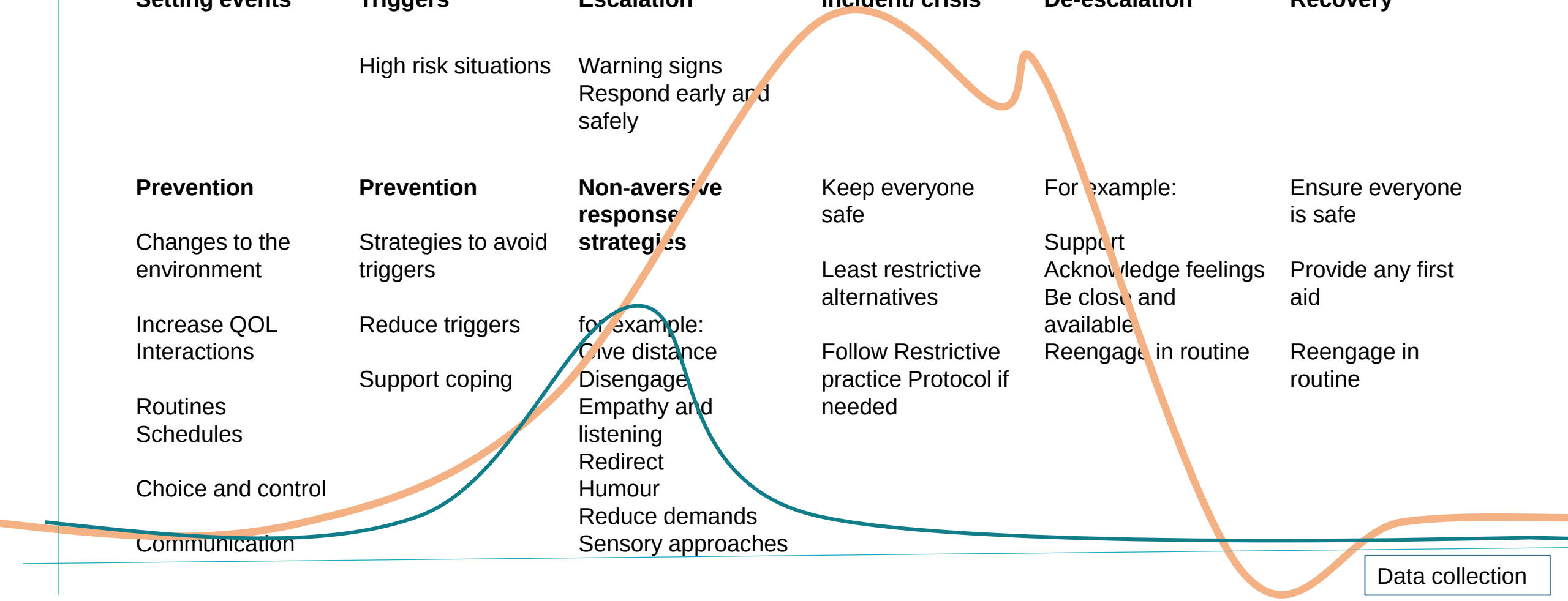
1. The primary way for ensuring the ongoing safety of Sue and others is by following the positive strategies listed in the behaviour support plan.
2. Staff are to follow this protocol with the safe medication administration policy in place.
3. Staff are to refer to medication chart and current prescribing practitioner instructions / form for information on dosage per administration, route, maximum dosage in 24 hours, side effects and administration instructions.
4. Check the medication chart. If the medication has not been administered in 24 hours or if enough time has passed since it was last administered as per the prescribing practitioner instructions, ask Sue if she would like some medication to help her to relax.
5. If Sue agrees, administer medication according to the medication form / prescribing practitioner instructions. Do not force Sue to take the medication.
6. Observe and ensure medication has been taken.
7. Monitor for side effects. Sue is to be monitored closely while being administered the medication and afterwards for any side effects. Document any side effects in the chemical restraint monitoring log.

Strategies:

Positive
Preventative
Reactive
Person-centered

Example of strategies in context

Setting events	Triggers	Escalation	Incident/ crisis	De-escalation	Recovery
	High risk situations	Warning signs Respond early and safely			
Prevention Changes to the environment Increase QOL Interactions Routines Schedules Choice and control Communication	**Prevention** Strategies to avoid triggers Reduce triggers Support coping	**Non-aversive response strategies** for example: Give distance Disengage Empathy and listening Redirect Humour Reduce demands Sensory approaches	Keep everyone safe Least restrictive alternatives Follow Restrictive practice Protocol if needed	For example: Support Acknowledge feelings Be close and available Reengage in routine	Ensure everyone is safe Provide any first aid Reengage in routine



Data collection

Skill building: teaching alternative strategies, Life Skills, Coping skills, Social skills etc

Kaplan and Wheeler, 1983

Kaplan and Wheeler, 1983; Samria example from NDIS Quality and Safeguards Commission (2020) Regulated Restrictive Practices Guide, pages 43-47

Example: strategies for Samira

Setting events	Triggers	Escalation	Incident/ crisis	De-escalation	Recovery
Reviewed: Medical Dental	Noise Lights crowds	Warning signs: Moaning sound Hits head her once Grabs at her ears	Observable behaviour: Samira repeatedly bangs her head on walls and hard surfaces.	Observe: Slowing down of banging Looks towards staff/adult Quieter sounds	Observe: No longer banging her head Happily engaged in activity of her choice Happily resting
Prevention Find quieter environments Increase QOL: Positive interactions Refer to OT	**Prevention** Strategies to avoid triggers: invite Samira to move to a quieter spot if it becomes noisy Reduce triggers: Reassurance Notice changes in the environment and address Support coping: staff/adult sitting beside her	**Respond early and safely/ Non-aversive response strategies** Reduce noise Attempt to engage Samira in 1-to-1 activity she enjoys Reassure Samira "it's okay", "I can help"… Gently rub her back	**Non-aversive response strategies** Continue to attempt to redirect gently Look for possible triggers Continue support and reassurance **If needed: Restrictive practice** See Protocol – Helmet	For example: Support Acknowledge feelings Be close and available Offer support to go to a quieter place As Samira calms – offer an enjoyable 1-to-1 activity	Ensure everyone is safe Provide any first aid Offer support Focus on activity

Skill building: teaching alternative strategies, Life Skills, Coping skills, Social skills etc

Interim Response = clear, safe

Daku

Is an 14 year old boy.

He enjoys going out. He is fascinated with shiny objects.

Daku frequently wanders out and away from his home. At the moment Daku really likes shiny knives.

Wandering and waving knives has caused Daku harm.

His family have started locking the front door and locking the knives away.

Protocols for these restrictive practices are included in an Interim Plan.

Example of strategies in context - Daku

Setting events	Triggers	Escalation	Incident/ crisis	De-escalation	Recovery
	High risk situations	Warning signs Respond early and safely			
Prevention Lock the door Lock knives away	**Prevention**	**Non-aversive response strategies**	Keep everyone safe Routine Restrictive practice Protocol		
Skill building: nil					Data collection

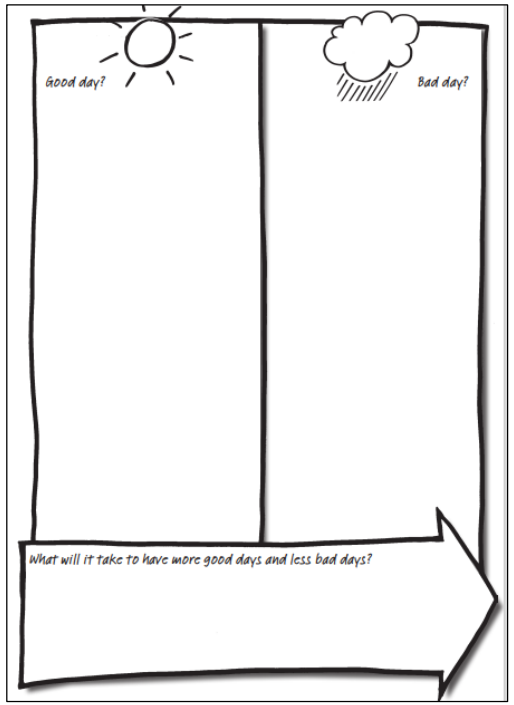
Mapping to the escalation curve - Kaplan and Wheeler, 1983

1.4 Know how and why interim responses will be unique to the person

Taking a Person-Centred approach

[HSA|Person-centred thinking tools|Good Day/Bad Day |Training (helensandersonassociates.co.uk)]

[Person-Centred Practice Across Cultures resources (nds.org.au)]

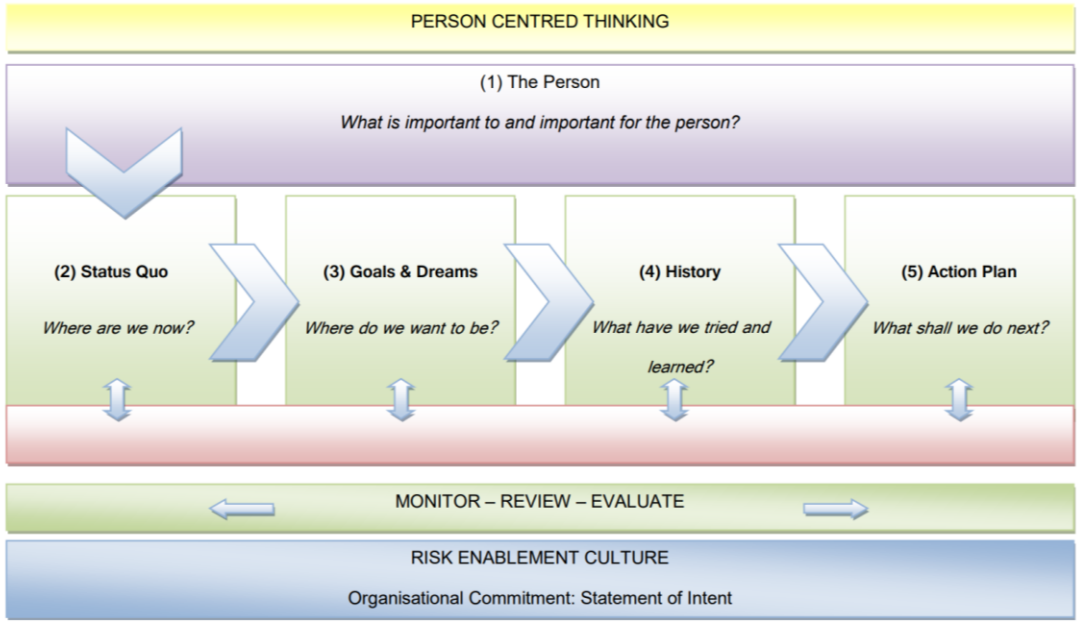


“Risk assessments should not be designed to limit choice and freedom; their purpose should be enabling people to live the lives they want as safely as possible”

- NSW Government (2014) Practice Guide to Person Centred Clinical Risk Assessment

1.4 Know how and why interim responses will be unique to the person

Figure 1: **Person Centred Approach to Clinical Risk Assessment**



Centre for Disability Studies, 2013

[PC-Clinical-Risk-Assessment-Practice-Guide-Final-Version-June-2014.pdf (cds.org.au)]

National Disability Services

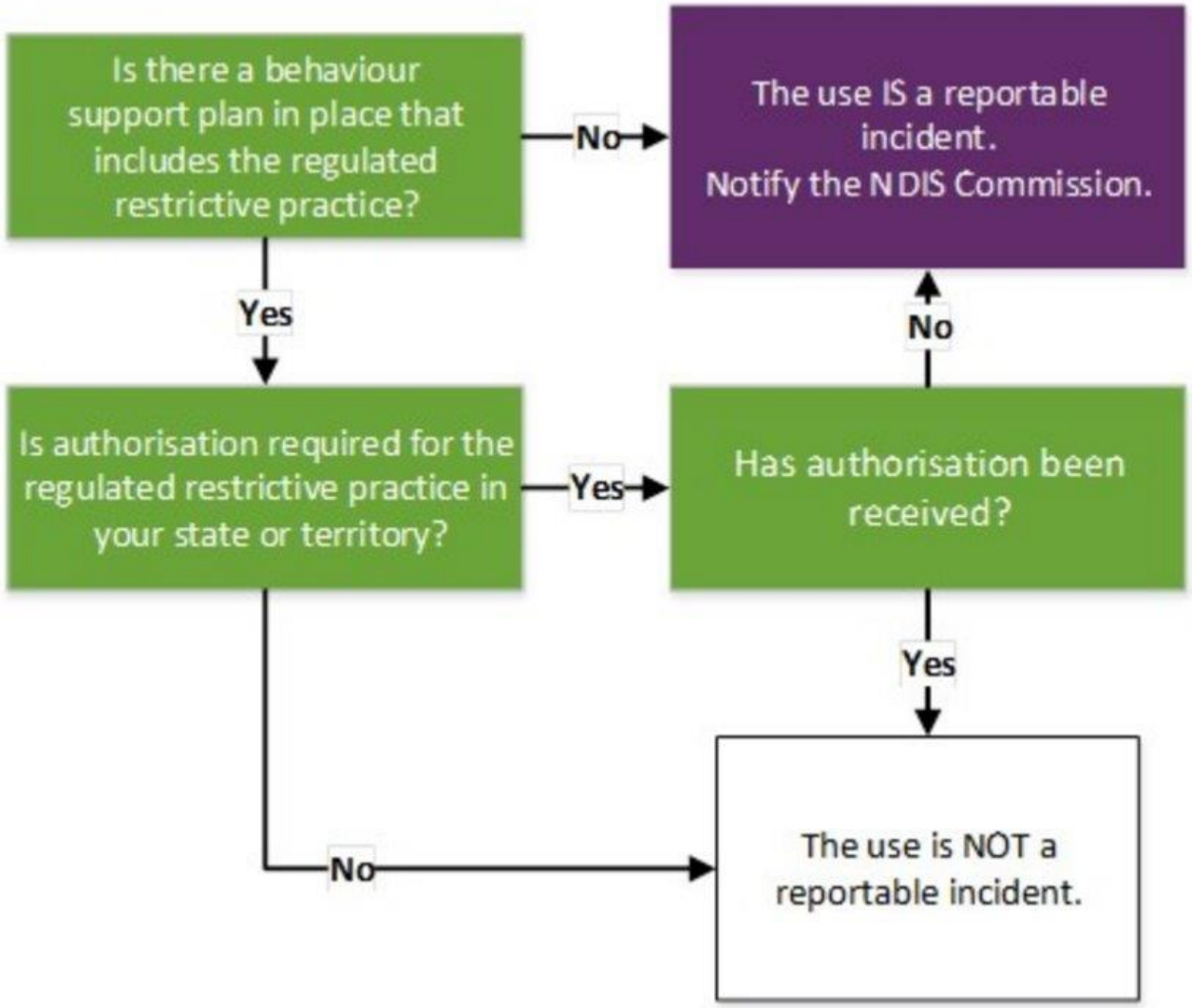
Restrictive Practices

Core
1.5 Be aware that interim risk management may (or may not need to) include restrictive practices

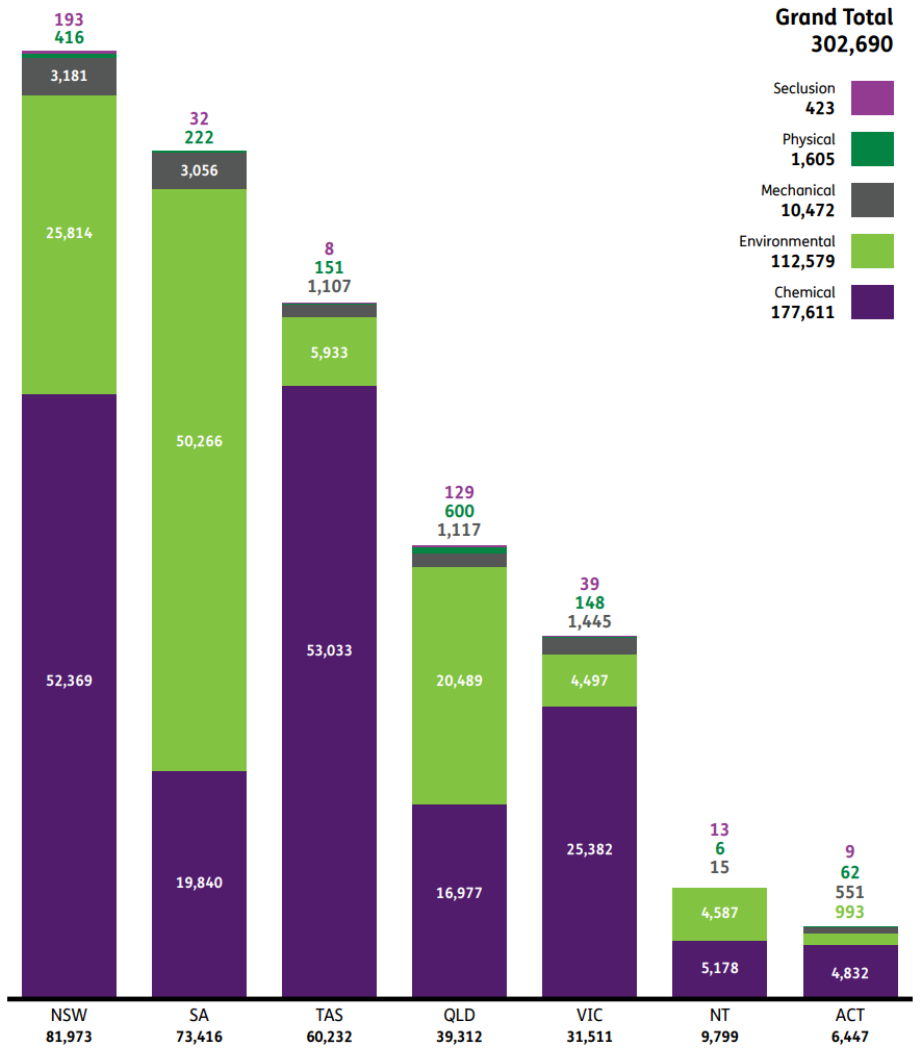
Proficient
1.2 Be aware of the implications of using restrictive practices as a response

6.3 Understand that restrictive practice can represent serious human rights violations

Figure 1: Flow chart outlining how a reportable incident is defined



Numbers of URPs by State/Territory and Type



ACTIVITY REPORT
1 July 2019 to 30 June 2020

NDIS Quality and Safeguards Commission

From 1 July 2019 until 30 June 2020, the NDIS Commission operated in all states and territories except for Western Australia. The NDIS Commission will commence operations in WA from 1 December 2020.

NDIS Quality and Safeguards Commission

National Disability Services

EXTRACT:
"Possible impacts of using restrictive practices on people with disability

- "…people with disability who have limited communication skills and/ or emotional regulation skills may self-harm in response to underlying factors such as confusion, anxiety, trauma, sensory impairments, or an underlying illness or pain (Emerson et al., 2014).
- Controlling one behaviour using a restrictive practice can lead to other behaviours of concern (Deshais, Fisher, Hausman, & Kahng, 2015).
- A restrictive practice may be triggering to a person with a history of trauma and abuse.
- A restrictive practice can cause trauma and psychological distress (LeBel et al., 2012).
- The use of a restrictive practice may result in a loss of dignity for the person with disability.
- A restrictive practice can limit personal freedom and the person's ability to engage in activities of daily life (Deshais et al., 2015).
- They can reduce meaningful interactions with carers and support staff.
- Long-term use of restrictive practices may lead to an over-reliance, which could result in the person seeking restraint or becoming anxious without the restraint (Department of Health and Human Services, 2019)."

NDIS Quality and Safeguards Commission (2020) Regulated Restrictive Practices Guide, pages 6-7

“Restrictive practices do not address the underlying factors that cause the behaviour of concern”

- LeBel, J., Nunno, M. A., Mohr, W. K., & O’Halloran, R. (2012). Restraint and seclusion use in U.S. school settings: Recommendations from allied treatment disciplines. American Journal of Orthopsychiatry, 82(1), 75–86.

United Nations Convention on the Rights of People with Disabilities (UNCRPD)

Liberty and security of the person (Article 14);

Freedom from torture or cruel, inhuman or degrading treatment or punishment (Article 15);

Freedom from exploitation, violence and abuse (Article 16);

Respect for his or her physical and mental integrity on an equal basis with others (Article 17);

Personal mobility with the greatest possible independence (Article 20);

Freedom of expression and opinion and access to information (Article 21);

Respect for the integrity of the person = Treating people with disabilities as a person first

Using restrictive practices was identified as something that shaped norms:

- the more that restrictive practices were used against people with disability, the more they were legitimised as ‘standard practice’.
- the use of restrictive practices is normalised, it trivialises interfering with the rights and freedoms of people with disability
- which ‘contributes to the dehumanisation of people with disability’

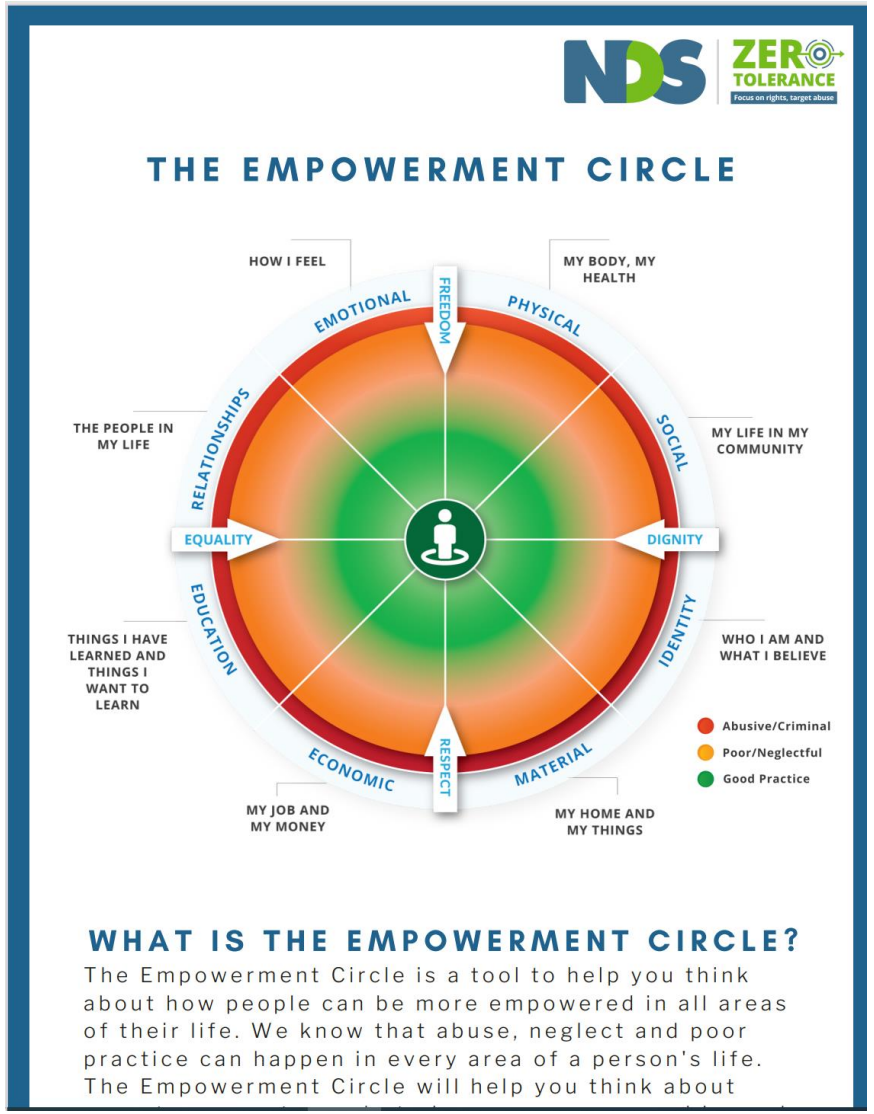
Commonwealth, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.(2021) Overview of responses to the Restrictive practices issues paper.

Respect for the integrity of the person = Treating people with disabilities as a person first

"In the context of behaviors of concern Article 17 is particularly directed towards protection from restrictive practices and compulsory treatment...

... and it provides a powerful mandate for a positive behavior support model that promotes a rights-based approach to service delivery"

Nankervis, K & Chan, J. (2021) Applying the CRPD to People With Intellectual and Developmental Disability With Behaviors of Concern During COVID-19. Journal of Policy and Practice in Intellectual Disabilities. Accessed at https://doi.org/10.1111/jppi.12374 on 7/4/2021



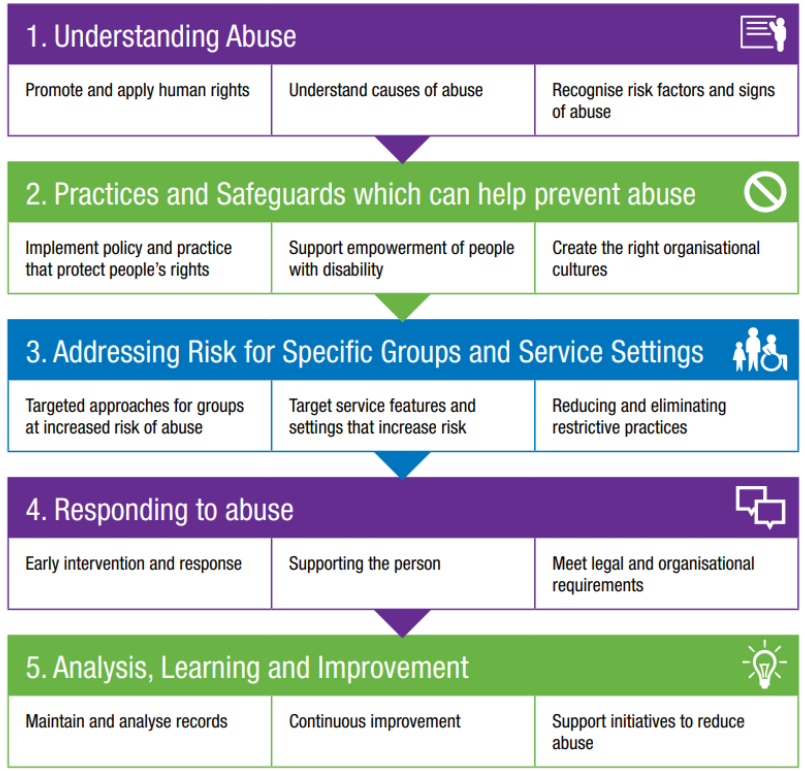
From Human Rights and You e-Learning Program (nds.org.au); Nat_Zero_Tolerance_framework1.pdf (nds.org.au)

Zero Tolerance Framework

Zero Tolerance is an initiative led by National Disability Services in partnership with the disability sector. It aims to assist disability service providers to understand, implement and improve practices which safeguard the rights of people they support.

This evidence-based framework outlines strategies for service providers to improve prevention, early intervention and responses to abuse, neglect and violence experienced by people with disability. An expanding range of Zero Tolerance tools and resources for the disability sector are available to support broader safeguarding approaches for people with a disability.

For more information and resources visit https://www.nds.org.au/resources/zero-tolerance



From Human Rights and You e-Learning Program (nds.org.au); Nat_Zero_Tolerance_framework1.pdf (nds.org.au)

Zero Tolerance: Recognising Restrictive Practices

"…restrictive practices can be overused or misused. They might be used:

- without knowing that something is restricting a person's human rights
- without teaching new ways to get needs met
- without using proactive strategies to reduce the risk
- for too long at one time
- for too long over time and without being regularly reviewed
- for reasons other than keeping people safe
- to control people or to make people act in a certain way
- as a form of abuse and neglect (intentional or unintentional)
- due to a lack of training, knowledge or reflection about less restrictive alternatives
- without the proper authorization"

From Recognising Restrictive Practices Guide - Considering Additional Risk - National Disability Services (nds.org.au)

The use of a regulated restrictive practice must:

a) be clearly identified in the behaviour support plan

b) if the State or Territory in which the regulated restrictive practice is to be used has an authorisation process (however described) in relation to that practice, be authorised in accordance with that process

c) be used only as a last resort in response to risk of harm to the person with disability or others, and after the provider has explored and applied evidence-based, person-centred and proactive strategies

d) be the least restrictive response possible in the circumstances to ensure the safety of the person or others

e) reduce the risk of harm to the person with disability or others

f) be in proportion to the potential negative consequence or risk of harm

g) be used for the shortest possible time to ensure the safety of the person with disability or others.

Reduction and Elimination:

Decision points
Debriefing

National Disability Services

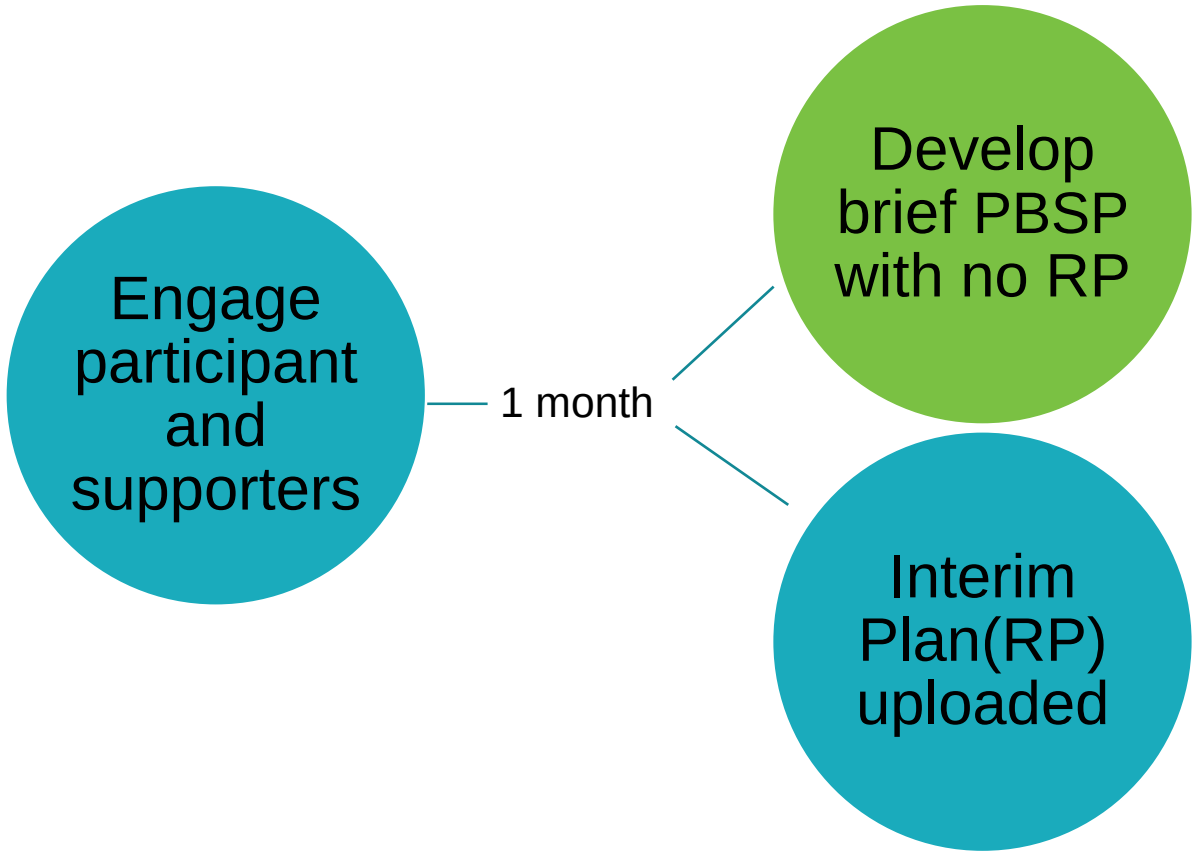

KGUN 9 | ON YOUR SIDE
QUARANTINE AFFECTING YOUR MENTAL HEALTH?
WAYS TO COPE DURING A CRISIS
6:09
62°
CUMMINGS PLUMBING
HEATING AND COOLING
FORECASTS
MARANA
CLOUDY
HI 68° LOW 43°

Least restrictive option?

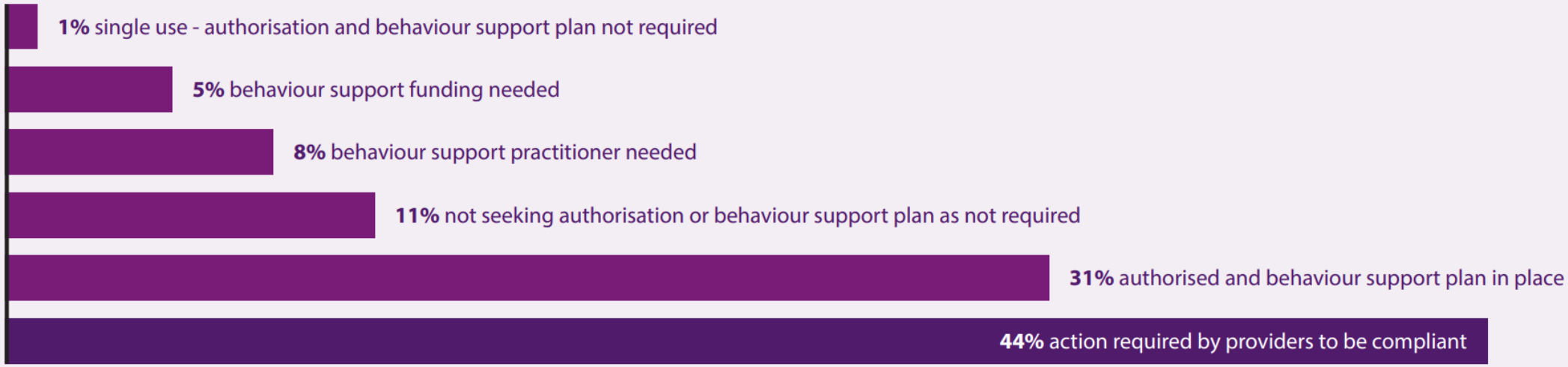
- Stay at home
- Limited to an hour of outside exercise per day
- No visitors
- Curfew – stay home at night
- Mask wearing in all public places
- No large gatherings
- Only allowed travel up to 5km from your home to do shopping
- Only one person per home is allowed leave per day
- No dancing in shared indoor spaces
- No eating in restaurants
- Non-urgent medical procedures on hold until conditions are right

Decision points

2 possible outcomes



The results for first part of the compliance activity for around 250,000 URPs show the following results for those URPs as at 31 December 2020:



National Disability Services

EXTRACT:
NDIS Quality and Safeguards Commission June 2019 Roadshows Behaviour Support Questions & Answers

Q.

If a behaviour support practitioner is asked to create a BSP for a participant because they have a restrictive practice in place, however after undertaking an assessment, they find that the restrictive practice is not necessary?

Should the practitioner decline to complete the BSP, or complete one which includes the restrictive practice with a plan for its reduction and elimination?

A.

A restrictive practice can only be used when it is part of a behaviour support plan developed by an NDIS behaviour support practitioner. If a restrictive practice is used, it must be the least restrictive response possible in the circumstances.

If it is identified in the functional assessment that preventative/ skills building strategies alone can manage the behaviour of concern without the use of a regulated restrictive practices, the practitioner needs to work with the implementing provider to develop fade out strategies of the restrictive practice.

behaviour-support-qas-august-2019.pdf (ndiscommission.gov.au)

Be clear about your role and the legislation

National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018

Part 3—Conditions of registration relating to the provision of specialist behaviour support services

Div2

19 Period within which behaviour support plan containing a regulated restrictive practice must be developed

...

(2) The registration of the specialist behaviour support provider is subject to the condition that the provider must develop:

(a) an interim behaviour support plan that includes provision for the use of the regulated restrictive practice within 1 month after being engaged to develop the plan;

Core strategy 6: Debriefing and practice review

An immediate debriefing should happen after an emergency use of a restrictive practice. The goal is to of this immediate debriefing is to:

- ensure that everyone is safe,
- satisfactory information is available to inform the later structured debriefing process, and
- the person who was restrained is safe and being appropriately monitored.

Australian Government. (2014). *National framework for reducing and eliminating the use of restrictive practices in the disability service sector*.

Core strategy 6: Debriefing and practice review

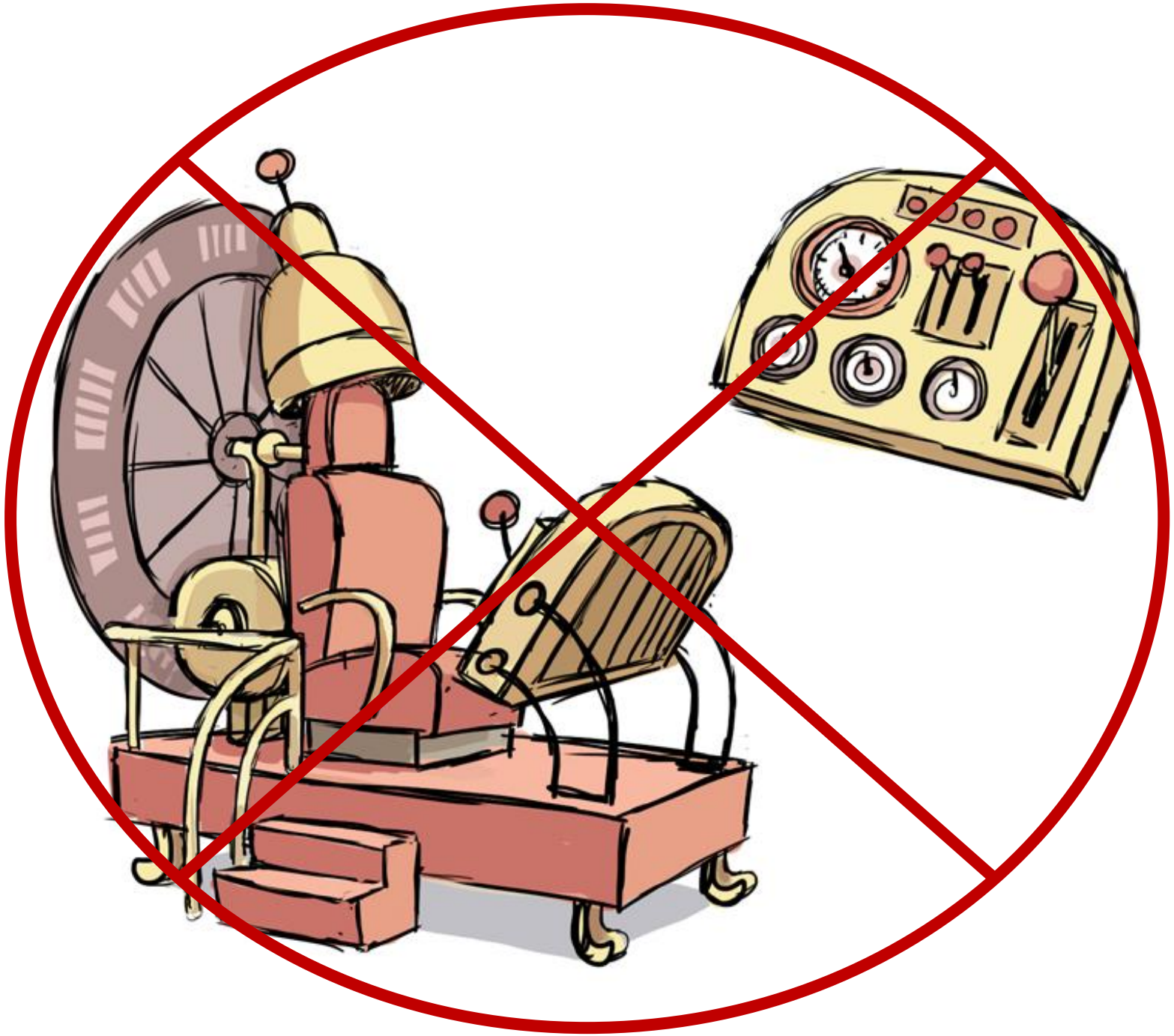
The goals of formal debriefing:

1) To reverse or minimize the negative effects of the use of seclusion and restraint.
2) To prevent future use of seclusion and restraint.
3) To address organizational problems (rules, attitudes, practices, training, environment of care) and make appropriate changes.

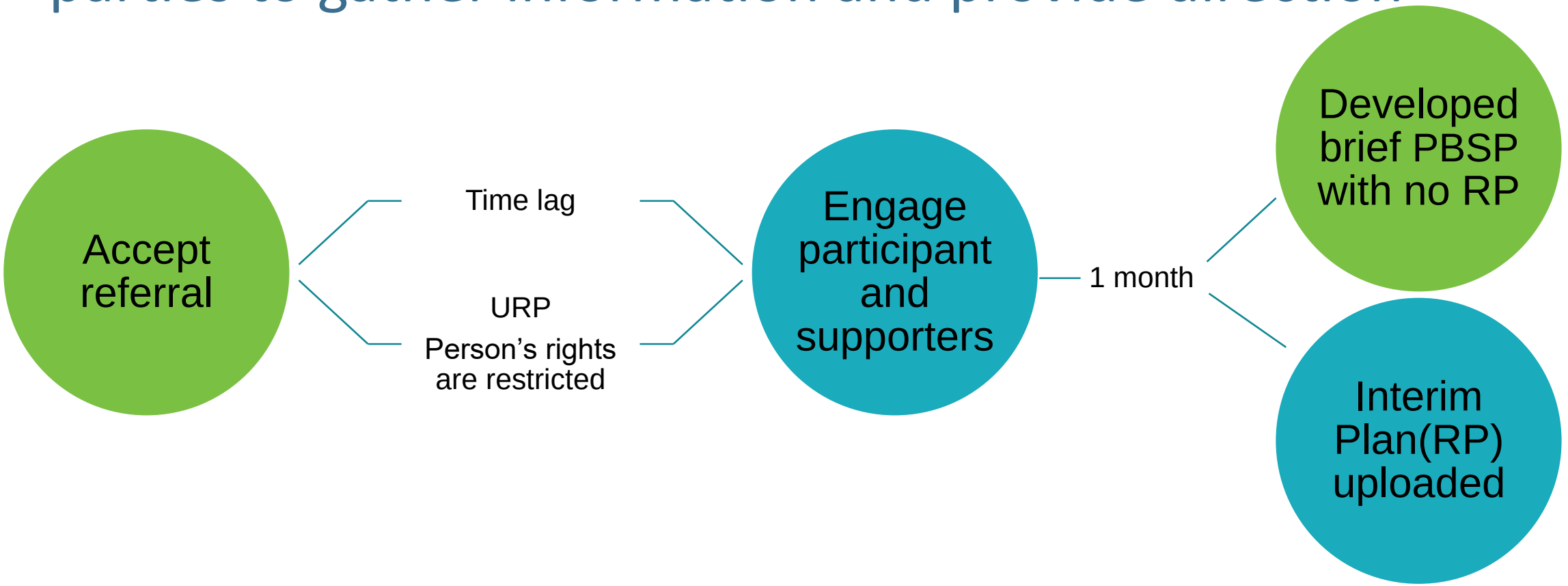
(Massachusetts DMH, 2015; Huckshorn, 2013; Cook et al, 2002; Hardenstine, 2001) in Australian Government. (2014). *National framework for reducing and eliminating the use of restrictive practices in the disability service sector*.

Process and Decisions

1.11 Communicate clearly and effectively with relevant parties to gather information and provide direction



1.11 Communicate clearly and effectively with relevant parties to gather information and provide direction



While you are waiting for a behaviour support practitioner to commence work

The Commission recommends providers:

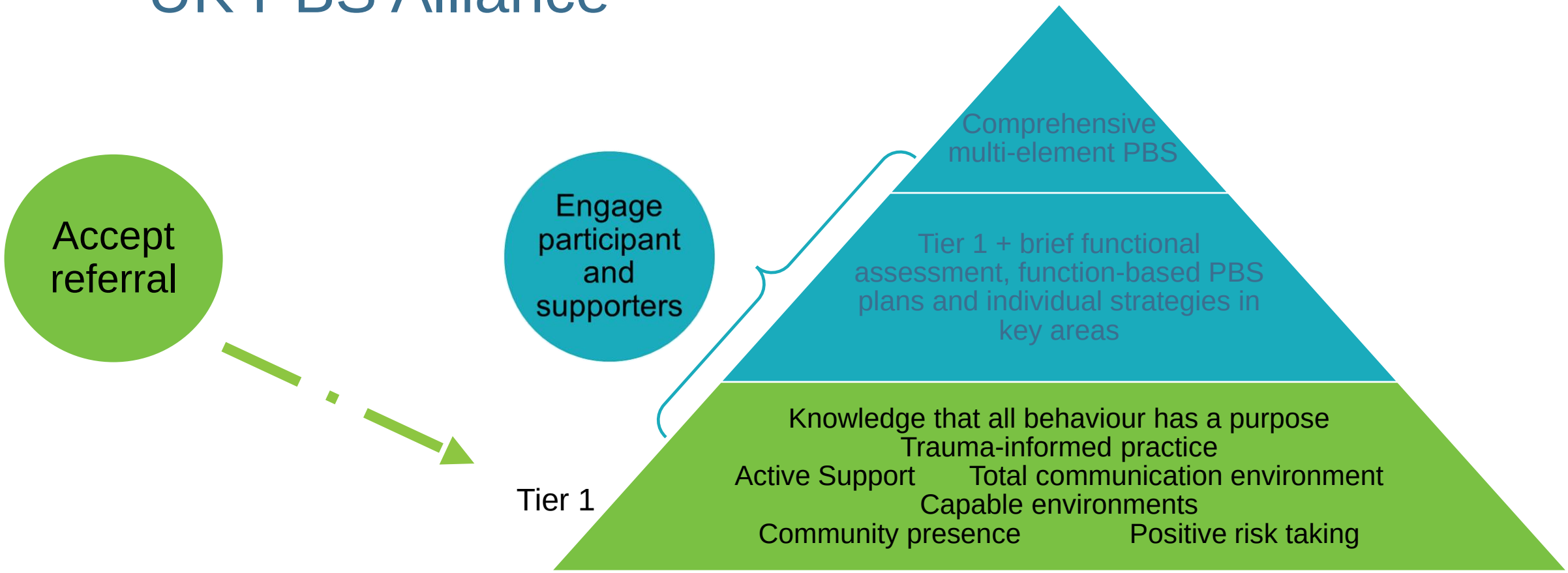
- keep reporting as per legislation
- complete risk assessments to ensure safety
- **review restrictive practices - are they still required?**
- ensure current restrictive practices are the least restrictive options in the current circumstance
- ensure that medical reviews are followed up within appropriate time-frames
- ensure that allied health specialists reviews are followed up within appropriate time-frames
- (if relevant, ensure that medication reviews are followed up within appropriate time-frames)

Practitioners notice:

- Consent to release data is progressed
- All stakeholders aware and available?
- Delays for consent at the sign off stage?

https://www.ndiscommission.gov.au/sites/default/files/documents/2021-01/unauthorised-use-restrictive-practices-questions-and-answers.pdf

The Positive Behaviour Support Framework – UK PBS Alliance



Adapted from https://hcpbs.org/wp-content/uploads/2020/07/PBS_framework_diagram_with_hands.pdf
PBS_Workforce_Development_Framework_May-20.pdf (bild.org.uk)

Interim Response = quick, brief, clear, safe

An interim plan:

- ❑ has positive strategies
- ❑ and preventative response strategies
- ❑ protocols for the safe use of the regulated restrictive practice
- ❑ is about keeping people safe, quickly
- ❑ is the **start of a process**
- ❑ is the start to developing collaborative relationships
- ❑ is a chance to support the knowledge of a family or provider about

Adapted from: Regulated restrictive practices | NDIS Quality and Safeguards Commission (ndiscommission.gov.au) accessed 07/04/2021

Interim Response = quick, brief, clear, safe

An interim plan is **not**:

- ❑ a document to allow a restrictive practice to take place

- ❑ the end of a process
- ❑ a full functional behaviour assessment
- ❑ a comprehensive behaviour support plan
- ❑ always going to follow a referral for a person subject to an RP

Adapted from: Regulated restrictive practices | NDIS Quality and Safeguards Commission (ndiscommission.gov.au) accessed 07/04/2021

References and Resources

Zero Tolerance

Zero Tolerance is an initiative led by NDS in partnership with the disability sector. Built around a national evidence-based framework, Zero Tolerance is a way for organisations to understand actions they can do to prevent and respond to abuse, neglect and violence of people with disability. Zero Tolerance - National Disability Services (nds.org.au)

Understanding Abuse: Human Rights and You e-Learning Program (nds.org.au)

Quick easy reference to Zero Tolerance resources - https://www.nds.org.au/images/resources/NDS-Zero-Tolerance-iPDF-Guide-2020.pdf

Recognising Restrictive Practice Guide -https://www.nds.org.au/zero-tolerance-framework/considering-additional-risk#recognising_restrictive_practice_films

Empowerment Circle - https://www.nds.org.au/zero-tolerance-framework/understanding-abuse#empowerment_circle

References and Resources

Resources from the NDIS Q&S Commission

- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 (legislation.gov.au)
- Regulated Restrictive Practices Guide | NDIS Quality and Safeguards Commission (ndiscommission.gov.au) accessed 07/04/2021
- Regulated restrictive practices with children and young people with disability: Practice guide | NDIS Quality and Safeguards Commission (ndiscommission.gov.au) accessed 07/04/2021
- Activity report: Activity Report: 1 July 2020 to 31 December 2020 (ndiscommission.gov.au)
- https://www.ndiscommission.gov.au/sites/default/files/documents/2021-01/unauthorised-use-restrictive-practices-questions-and-answers.pdf accessed 07/04/2021
- NDIS Quality and Safeguards Commission(June 2019) Roadshows Behaviour Support Questions & Answershttps://www.ndiscommission.gov.au/sites/default/files/documents/2019-09/behaviour-support-qas-august-2019.pdf

References and Resources

Person Centred Clinical Risk assessment

PC-Clinical-Risk-Assessment-Practice-Guide-Final-Version-June-2014.pdf (cds.org.au)

Person centred Resources

HSA|Person-centred thinking tools|Good Day/Bad Day |Training (helensandersonassociates.co.uk)

Person-Centred Practice Across Cultures resources (nds.org.au)

Debriefing

Six Core strategies for reducing seclusion and restraint use, a snapshot National Association of State Mental Health Program Directors (nasmhpd.org)

(Tiers of Support) UK PBS Alliance – The Positive Behaviour Support Framework adjusted from

https://hcpbs.org/wp-content/uploads/2020/07/PBS_framework_diagram_with_hands.pdf
PBS_Workforce_Development_Framework_May-20.pdf (bild.org.uk)

References

Australian Government. (2014). *National framework for reducing and eliminating the use of restrictive practices in the disability service sector*.

Commonwealth, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.(2021) Overview of responses to the Restrictive practices issues paper.

Kaplan, S. G., & Wheeler, E. G. (1983). Survival skills for working with potentially violent clients. Social Casework, 64 (6), 339–346

LeBel, J., Nunno, M. A., Mohr, W. K., & O'Halloran, R. (2012). Restraint and seclusion use in U.S. school settings: Recommendations from allied treatment disciplines. American Journal of Orthopsychiatry, 82(1), 75–86

Nankervis, K & Chan, J. (2021) Applying the CRPD to People With Intellectual and Developmental Disability With Behaviors of Concern During COVID-19. Journal of Policy and Practice in Intellectual Disabilities. Accessed at https://doi.org/10.1111/jppi.12374 on 7/4/2021

Thank you for watching this webinar.

Best wishes in your work to improve the QOL of people you work with.

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Supported through grant funding from the Australian Government

NDS is pleased to be able to provide the Behaviour Support Practitioner Workshops as part of a two-year grant from the **NDIS Quality and Safeguards Commission**, for free to the sector.