Physical Restraint Direction, May 2011

Physical restraint in disability services: Current practices, contemporary concerns and future directions.

Office of the Senior Practitioner
Department of Human Services, Victoria
Dr Keith R. McVilly, Senior Lecturer in Disability Studies
RMIT University, Victoria

This directive is issued by the Senior Practitioner under Section 150(2)(e) of the Disability Act (Victoria) 2006. This says, "Give written directions to service providers".

This direction applies to all disability service providers [including DHS/DS direct care services] defined in the Act, when a disability service is being provided to a person. This includes children and young people with a disability in receipt of a service provided by a disability service provider.

As such, this direction applies to employers of disability services and their employees (such as management, support professionals, clinical practitioners and trainers) and includes volunteers.

Disability service providers are required to comply with this direction.

This may also mean further development of a disability service provider's current practice manuals, policies and procedures where relevant.

1. Multi-element systemic intervention, including **person-centered planning, active support and positive behaviour support**

2. Counterintuitive intervention strategies including:

- providing high-density non-contingent reinforcement of the desired behaviour

- early attention provided to behaviours of concern and avoiding ignoring behaviours that could escalate; avoiding natural consequences likely to escalate behaviour

- avoiding punishment that can exacerbate behaviour and which is not an effective teaching method for people with cognitive impairment.

3. Room-based interventions including:

    - activity room/s

- sensory room/s

- relaxation rooms

- safe/comfort rooms

4. Sensory interventions, including the provision of preferred sensory stimulation and the elimination of non-preferred stimulation.

5. Low-arousal techniques including minimising the complexity, frequency and duration of demands and expectations of the person and minimising the intensity of how these demands are delivered.

6. **Intensive interaction** for people with severe, profound and multiple disabilities.

7. Mindfulness techniques for both people with a disability and those providing support services.

LISA Comment: Many of the factors above are prerequisites to the provision of "Quality of Life Care" in contrast to "Minder Care" for all people with an intellectual or multiple disability. These are:-

- Person-centered planning (PCP)
- Person centered active support (PCAS)
- Positive behaviour support (PBS)
- Interaction, developmental and social activities
- An activity room

It is, nevertheless, disappointing these quality of factors which significantly help reduce stress, anxiety an undesirable behaviours in all people with an intellectual or multiple disability are considered by many direct care workers as just a load of crap – "We have no time for all that rubbish!"

Those direct care staff who want to do good quality of life care, are frequently intimidated by those don't – Those who say, "Are you sucking-up to the house supervisor?" "If you do that, we might all have to do it!"

LIFESTYLE IN SUPPORTED ACCOMMODATION (LISA) INC.
Tel: 03-9434-3810: Email: info@lisainc.com.au or vk3qq@optusnet.com.au
Web: www.lisainc.com.au : www.lisa-aus.blogspot.com
NOTE: We are always interested in feedback and information; general, specific, good or bad. If you wish anonymously: Our mail address is, 73 Nepean Street, Watsonia, 3088.