AIMS

1. IDENTIFY SERVICE MODELS WHERE ‘RESTRICTIVE PRACTICE’ IS MORE WIDELY USED IN THE SUPPORT OF OLDER ADULTS.

2. HIGHLIGHT HOW RESTRICTIVE PRACTICES MAY BE DEVELOPED IN RELATION TO VULNERABLE OLDER ADULT GROUPS.

3. HIGHLIGHT THE LEGAL AND ETHICAL FRAMEWORKS WHICH CAN SUPPORT PRACTITIONERS WHEN SUPPORTING OLDER PEOPLE.

4. REVIEW EVIDENCE AND ASSESSMENTS WHICH CAN BE USED TO SUPPORT THE REDUCTION OF RESTRICTIVE PRACTICE.
“PREDICTABLE ENVIRONMENTS”

- ACUTE PSYCHIATRIC SETTINGS (INCLUDING FORENSIC SETTINGS)
- SERVICES FOR PEOPLE WITH LEARNING DISABILITIES AND CHALLENGING BEHAVIOUR
- OLDER ADULT SERVICES WHERE INDIVIDUALS MAY BECOME AGITATED OR CONFUSED.
- (DOH 2014)
REACTIVE MANAGEMENT

• CLINICIANS ARE COMMONLY ASKED TO INTERVENE IN SITUATIONS OF ACUTE DISTURBANCE IN CARE PLACEMENTS.

• INTENSIVE AND HIGH-QUALITY SUPPORTIVE OR BEHAVIOURAL INTERVENTIONS MAY NOT BE AVAILABLE.

• DEMAND IS USUALLY FOR IMMEDIATE ACTION TO MANAGE BEHAVIOUR IN ORDER TO AVOID PLACEMENT BREAKDOWN.

• (GLOVER ET AL, 2014)
RESTRAINT!

• “THE INTENTIONAL RESTRICTION OF A PERSON’S VOLUNTARY MOVEMENT OR BEHAVIOUR”

• COUNSEL AND CARE (2002).

“RESTRAINT is a RESTRICTIVE PRACTICE”
RESTRICTIVE PRACTICE

• “RESTRICTIVE INTERVENTIONS CAN DELAY RECOVERY, AND CAUSE BOTH PHYSICAL AND PSYCHOLOGICAL TRAUMA TO PEOPLE WHO USE SERVICES AND STAFF.”

• (DEPARTMENT OF HEALTH, 2014)
FORMS OF RESTRICTIVE PRACTICE

• CHEMICAL
• MECHANICAL
• PHYSICAL
• PSYCHOLOGICAL

• (RCN, 2008)
RISK GROUPS

• PEOPLE WHO ARE DIFFICULT OR THREATENING.

• PEOPLE WHO ARE NON-CONFORMING, THEREFORE CAUSING A MANAGEMENT PROBLEM

• PEOPLE WHO ARE LESS PHYSICALLY OR MENTALLY ABLE

CSCI (2007)
WHAT IS “DEMENTIA”.

• DEMENTIA DESCRIBES A SET OF SYMPTOMS THAT MAY INCLUDE; MEMORY LOSS, DIFFICULTIES WITH THINKING, PROBLEM-SOLVING OR LANGUAGE. A PERSON WITH DEMENTIA MAY ALSO EXPERIENCE CHANGES IN THEIR MOOD OR BEHAVIOR.

• DEMENTIA IS CAUSED WHEN THE BRAIN IS DAMAGED BY DISEASES, SUCH AS ALZHEIMER’S DISEASE OR A SERIES OF STROKES.

• ALZHEIMER’S DISEASE IS THE MOST COMMON CAUSE OF DEMENTIA BUT NOT ALL DEMENTIA IS DUE TO ALZHEIMER’S.

• THE SPECIFIC SYMPTOMS THAT SOMEONE WITH DEMENTIA EXPERIENCES WILL DEPEND ON THE PARTS OF THE BRAIN THAT ARE DAMAGED AND THE DISEASE THAT IS CAUSING THE DEMENTIA.

• ALZHEIMER’S SOCIETY (2014)
PREVALENCE COMPARISON.

Comparative Rates of Dementia -
Down’s syndrome, Learning disabilities, General Population

Cooper, personal communication

British Psychological Society, Royal College of Psychiatrists, 2009
ASSESSMENT DIFFICULTIES

DIFFICULTIES IN THE ASSESSMENT OF DEMENTIA FOR PEOPLE WITH LEARNING DISABILITIES;

•Already have underlying cognitive deficits and impaired living skills.
•Prone to health problems – mimic symptoms.
•Lack of communication skills to report on symptoms experienced.
•Carers change frequently – lack of detailed knowledge of changes in functioning.
•Generic assessments cannot be used due to their learning disability.
•Therefore it is very difficult to identify any cognitive changes due to dementia, from a one off assessment e.g. “Mini Mental State”.

•(Janicki, Dalton, 1999)
“DIAGNOSTIC OVERSHADOWING”

• BOTH PEOPLE WITH LEARNING DISABILITIES AND PEOPLE WITH MENTAL HEALTH PROBLEMS EXPERIENCE “DIAGNOSTIC OVERSHADOWING”.
WHAT ARE THE BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA (BPSD).

• BPSD INCLUDES;

• AGITATION, ANXIETY, IRRITABILITY AND MOTOR RESTLESSNESS, OFTEN LEADING TO BEHAVIOURS SUCH AS WANDERING, PACING, AGGRESSION, SHOUTING AND NIGHT-TIME DISTURBANCES, PSYCHOSIS, AND, MOOD DISORDERS.

• OTHER SYMPTOMS INCLUDE SEXUAL DISINHIBITION, EATING PROBLEMS AND ABNORMAL VOCALIZATIONS (SHOUTING, SCREAMING AND DEMANDING ATTENTION, ETC).

• BALLARD, O'BRIEN, JAMES, SWANN, (2003),

edgehill.ac.uk
MANAGEMENT OF BPSD.

“Restraint amongst the institutionalised elderly with dementia and problem behaviour is inevitable”

Testad, Aasland, Aarsland (2005)
HOW TIMES CHANGE!!!!!!

• CHALLENGING BEHAVIOUR IS AN INEVITABLE ASPECT OF DEMENTIA,
  • (STOKES AND GOULDIE, 1990)

• CHALLENGING BEHAVIOUR IS NOT AN INEVITABLE CONSEQUENCE OF THE CONDITION.
  • KERR (2007)
MENTAL CAPACITY ACT, 2005

SECTION 6:

• RESTRAINT IS ONLY PERMITTED TO;
• PREVENT HARM,
• MUST BE PROPORTIONATE.
HUMAN RIGHTS BASED APPROACH.

“A HUMAN RIGHTS BASED APPROACH OFFERS ONE METHOD FOR FACILITATING POSITIVE RISK MANAGEMENT”.

- WHITEHEAD, GREENHILL, CARNEY, (2009)
FREDA PRINCIPLES

• FAIRNESS
• RESPECT
• EQUALITY
• DIGNITY
• AUTONOMY
HUMAN RIGHTS RISK SCREEN.

• “USED AS A PROMPT TO QUESTION WHETHER APPROPRIATE INTERVENTIONS ARE IN PLACE.”

• GREENHILL, WHITEHEAD, CARNEY, (2009)
REDUCING RESTRICTIVE PRACTICES.

- HEALTH NEEDS ASSESSMENT
- HEALTH ACTION PLANS
- “LIFE STORIES”
- “PERSON CENTRED PLANS”
- BEHAVIOURAL ASSESSMENTS

- PAIN MANAGEMENT.
- ENVIRONMENTAL ASSESSMENT.
- MEDICATION REVIEWS
- CAPACITY ASSESSMENTS
- COMMUNICATION ASSESSMENTS.

RIDLEY AND JONES (2012)
CONCLUSION.

• “IF ALL YOU HAVE IN YOUR TOOL BOX IS A HAMMER, ALL THE WORLD LOOKS LIKE A NAIL.”

• ABRAHAM MASLOW
CONTACT DETAILS

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Useful Reading


Useful reading.

Useful websites

- WWW.BILD.ORG.UK (AGEING WELL PROJECT)
- WWW.CBF.ORG.UK
- WWW.LD-MEDICATION.BHAM.AC.UK
- WWW.DSSCOTLAND.ORG.UK
- WWW.ALZHEIMERS.ORG.UK
- WWW.PSS.ORG.UK
- WWW.DISDAT.CO.UK