THE CALM BEFORE THE STORM

UNDERSTANDING SERVICE USER RESISTANCE TO REDUCING RESTRICTIVE PRACTICES.

A THEMATIC ANALYSIS OF CONVERSATIONS WITH CRAIG, JASON, ASHLEY, MATTHEW, MATTHEW, NORMAN, DAVID, CONNOR, SEBASTIAN & ADAM

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OVERVIEW

- Some considerations before we start
- Research setting (where we live)
- Methodology (what we did)
- Thematic analysis (what we said)
- Learning from patients (why we said things)

CONSIDERATION 1: UNIQUE CUSTODIAL/DETENTION REACTIONS

If we cant tell what is a normal response to custody or long term detention then we could misconstrue normal behaviour as offence related or challenging.

We do not know how long-term detention effects people with LD.

CONSIDERATION 2: LIFE EXPERIENCES AND IMPACT ON VIOLENCE

- Early separation/rejection - No stable attachment figure
- Repeated experiences of neglect/abuse – expectation of more abuse
- Behavioural difficulties from early age – experience of being *challenging*
- Multiple care placements, often institutional – experience of poor endings
- Conflict with social and community norms – rejected and marginalised

People with a learning disability may be more likely to have these experiences (Hatton & Emerson, 2004) and be less resilient to effects of these experiences (Rutter et al,1998)

WE NEED TO UNDERSTAND HOW WE COME TO BE REPRESENTED IN THE MINDS OF THOSE WE WORK WITH…

SO WE NEED TO BEAR IN MIND THAT WE ARE WORKING WITH PEOPLE WHO COME FROM A CULTURE WHERE…

- Fear is more common than safety
- Suspicion is more dominant than trust
- Cruelty is more prevalent than compassion

We are asking people to experience a new culture, develop a new set of values and learn a new "language"

THORESBY MEDIUM SECURE THERAPEUTIC COMMUNITY

WHERE WE LIVE

- 14 bed MSU base in St Andrew's Nottinghamshire
- Ward is run as a living-learning environment that draws on the principles of a democratic therapeutic community
- Therapeutic work (psychological, social and occupational) delivered by all members of the MDT
- Incorporates a rolling offending behaviour programme (SafeME) that is developed specifically for male offenders with a learning disability

CORE PRINCIPLES OF DTCS

- *Democratisation*
- Permissiveness
- Reality confrontation
- Community relationships

- Culture of enquiry
- Living-learning
- No secrets

CORE PRINCIPLES…

- **Making choices together**
- **Being patient with each other**
- **Getting on together**
- **Learning together**

CORE PRACTICES: WORKING TOGETHER – IN GROUPS…

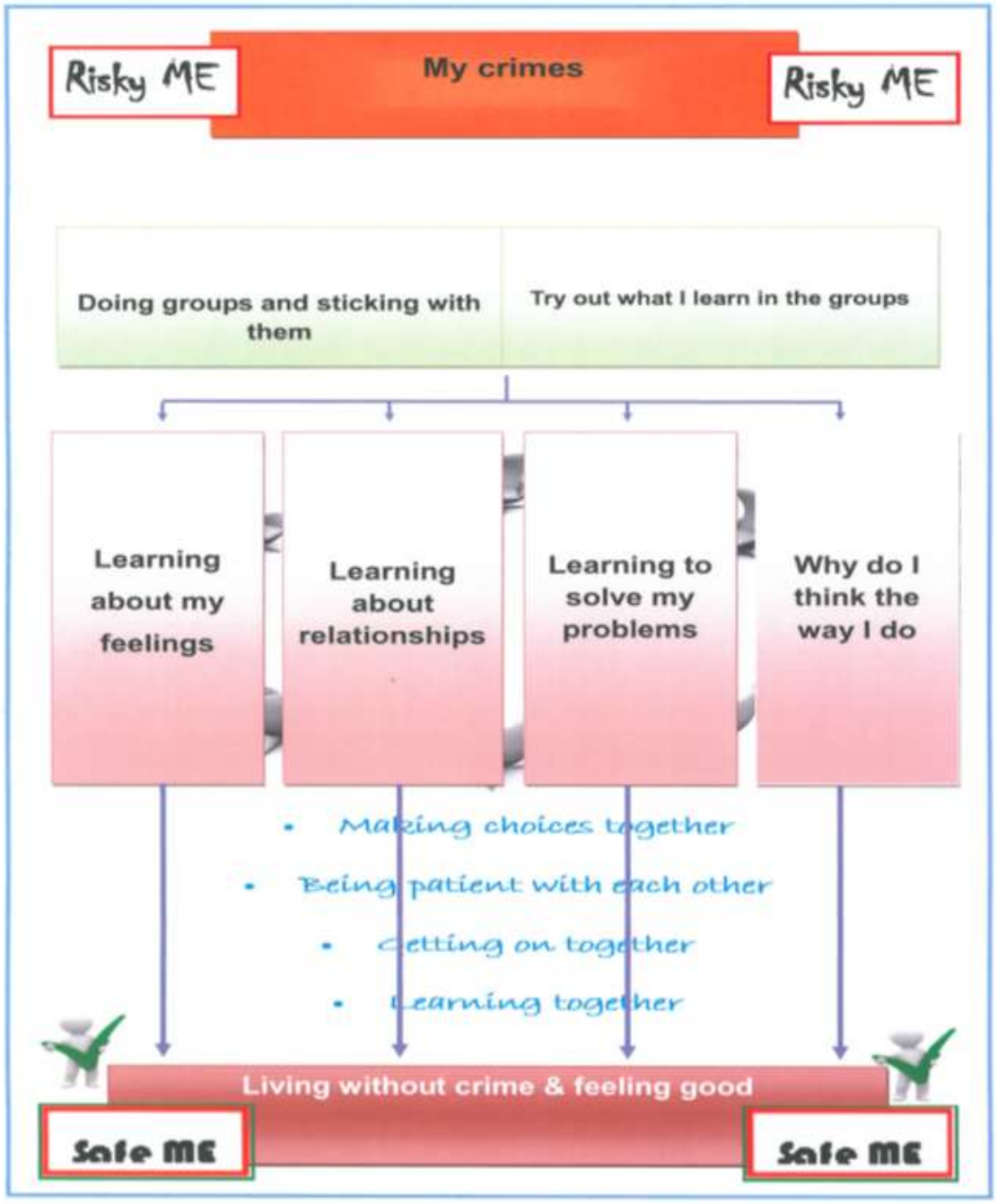
- Morning meeting
- Small groups
- Community meetings
- Community ward round
- Job club
- Community re-integration skills
- Social activities

….everyday

COMMUNITY MEETINGS

- Three each week.
- Special meetings – always after seclusion
- Agenda - challenge each other and staff
- Patient chairman
- Make choices about ward rules
- Make decisions about leave
- Make decisions about “care and support”

THIS IS WHAT WE TRY TO WORK ON



OUR RESEARCH

- We wanted to think about Restrictive Practices
  - Restraint
  - PRN and medication
  - Seclusion
- We wanted to talk about violence
- A monthly "living with violence" group
- Methodology developed with patients
- Analysis done by patients

METHODOLOGY

- One voluntary community meeting per month
- Met 10 times since October 2015
- Review violent incidents and talk about "living with violence"
- Flip charts around the room to record patterns (themes)
- Anyone can name a pattern

- "Dynamic collaborative thematic analysis"

FINDINGS - THEMES

Living with violence

Medication	Restraint	Seclusion	Violence
Dependence	Hurt	Fear	Better the devil…
Street drugs	Bad memories	Safety	The calm before the storm
Quick fix	Protection	Indifference	Violence breeds violence

MEDICATION

- PRN addict
- Medication addict

- Drug addict – street drug use
- "Off my head"

- Feel safe

- Feel in control

- "Quick fix"

RESTRAINT

- Get hurt (“they hate me”)
- “Feel small”
- Out numbered
- Out of control
- Repeats trauma (“its happening again”)

- Protection (“staff take the punch for us”)
- Calms me (“feels like being hugged sometimes”)

SECLUSION

- Peeping Toms (having to watch/being watched)
- Fear in seclusion ("its like hiding from dad under my bed")
- Indifference ("I'm used to it – its easy")
- Safety ("other patients cant hurt me cus I'm out the way")
- Safety ("violent patients get put in there")

VIOLENCE

- Violence breeds violence (at home, on a ward)
- Always ready – "kick off easily"
- The calm before the storm - "don't know how to deal with a quiet ward"
- Violence gives me power ("I don't know how to leave a place on good terms")
- Better the devil you know ("I know how to react to violence")
- Ready for it ("We know when its coming before staff do")

REFLECTIONS

- Most of the men could tell us about positive aspects of restrictive practices as well as the negative aspects.
- Most described some concern about removing restrictive practices due to these positive aspects.
- We really need to talk to the people who are living with RP (front line staff and patients). Top down methods may well get resisted.
- We may need to accept that RP is a necessary (though undesirable) aspect of some settings and adopt a frank and transparent dialogue

REFLECTIONS (CONT)

- The culture of a ward or residential setting will influence the "readiness for violence"
- Ward cultures need to be "treatment enhancing"
- If we really want to help men who have learned to use violence then we need to develop a **compassionate** understanding of how they came to learn violence.