



Australasian Society for the Study of Intellectual Disability (ASSID)

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Official Position Statement

Against the Use of Restrictive Practices in the Support of People who Have an Intellectual Disability (Endorsed by the Australasian Board, 23rd May 2010)

ASSID Asserts that Restrictive Practices are:	ASSID Promotes and Supports:
<ul style="list-style-type: none"> • Unethical & inconsistent with internationally accepted human rights • Ineffective in bringing about positive, long-term behaviour change • A cause of both physical and psychological harm for persons subject to restrictive practices • A cause of both physical and psychological harm to those persons applying restrictive practices 	<ul style="list-style-type: none"> • Policies & procedures which establish positive alternatives to restrictive practices • Education and skill development for staff and caregivers in the use of evidence-based alternatives to restrictive practices • Individuals and organisations who appropriately challenge the use of restrictive practices. • The commissioning, conduct & dissemination of research to strengthen the evidence-base for positive alternatives to restrictive practices • The development of policy and legislation to strengthen the rights of people with disabilities, especially for those whose behaviours make them vulnerable to the use of restrictive practices

Definition

Restrictive Practices are defined in varying degrees of detail throughout Australasia and internationally. Broadly, they refer to those practices that are used to limit, restrict, or control aspects of a person's behaviour, which any other person in the community would consider to be an infringement of their human rights and civil liberties.

The practices that tend to dominate international debate are **containment, seclusion or environmental restraint, physical restraint, mechanical restraint and chemical restraint**. Restrictive practices can also involve more subtle actions to effect **social restraints**, such as impeding choice and self determination, restricted opportunities, the use of coercion, domination, threats or intimidation.

Restrictive practices do not ordinarily include the use of medication or mechanical devices prescribed appropriately by a qualified and authorized practitioner in relation to a diagnosed mental or physical health condition, or a procedure required by law to protect the safety of the person or others. However, sometimes these practices can constitute restrictive interventions and warrant concern.

Context

ASSID takes its position from a perspective of the right of citizens of our communities with disabilities to be supported in positive respectful ways that are effective in strengthening their abilities and keeping them safe.

ASSID's position regarding the use of restrictive practices is consistent with the views represented in the United Nations Convention on the Rights of People with Disabilities (December, 2006) which asserts that States must:

- 'protect the physical and mental integrity of persons with disabilities, just as for everyone else' (Article 17);
- 'guarantee freedom from torture and from cruel, inhuman or degrading treatment or punishment' (Article 15); and
- 'enact laws and administrative measures to guarantee freedom from exploitation, violence and abuse (Article 16).

ASSID has consistently promoted alternatives to restrictive practices¹². ASSID's position regarding the use of restrictive practices is articulated within the *Australasian Code of Ethics for Direct Support Professionals* (2007)³, and consistent with the long-standing and current body of research evidence that supports best practice.⁴⁵⁶⁷

Therefore, ASSID asserts that restrictive practices are undesirable in the support of people with intellectual disabilities. Intervention programs should not include restrictive practices. Support plans and intervention or therapeutic programs should be consistent with evidence-based practice and achieve desired behaviour change with positive, respectful, developmentally appropriate, person-centred strategies⁸⁹¹⁰¹¹¹²¹³.

Where restrictive practices do occur they should:

- be the action of last resort.
- be independently approved and monitored
- be accompanied by a comprehensive plan to reduce, and ideally eliminate the need for such restrictive practices in the longer-term
- be strictly time limited and subject to regular review
- be accompanied by strategies that promote positive alternatives

¹ Andersen, M. et al. (1992). Behaviour management: an approach for the 90s. Newcastle, NSW: ASSID

² McVilly, K. (2002 / 2007). Positive behaviour support for people with intellectual disabilities: evidence-based practice, promoting quality of life. Sydney, NSW: ASSID

³ McVilly, K. & Newell, C. (Eds) (2007). *Australasian Code of Ethics for Direct Support Professionals*. Melb., Vic: ASSID.

⁴ Collaborative meetings with the sector convened in Melbourne 2008 and 2009, Tasmania 2009

⁵ Ball, T., Bush, A., & Emerson, E. (2004). *Psychological interventions for severely challenging behaviors shown by people with learning disabilities*. Leicester, UK: The British Psychological Association.

⁶ Carr, E. G., & Horner, R. H. (2007). The expanding vision of positive behavior support. *Journal of Positive Behavior Interventions*, 9(1), 3-14.

⁷ US National Association of State Mental Health Program Directors. (2007). Seclusion and restraint position statement: http://www.nasmhpd.org/general_files/position_statement/S&R%20position%20statement.Forensic%20Div.%20prop.%20approved%20by%20NASMHPD.07.07.final.pdf

⁸ Donnellan, A. M., LaVigna, G. W., Negri-Shoultz, N., and Fassbender, L. (1988). Progress without punishment. New York: Teachers College Press.

⁹ LaVigna, G. W. and Donnellan, A. M. (1986). Alternatives to Punishment: Solving Behavior Problems with Non-aversive Strategies. New York: Irvington Publishers.

¹⁰ Kendrick, M. (2008). Families for Change, Vol 3, Issue 7, pp 3-5, Family Advocacy Australia.

¹¹ Kendrick M., Bezanson, L., Petty, R. and Jones D. (2006). Hallmarks and Features of High-Quality Community-Based Services: Three Papers on Unlocking the code of effective Systems Change ILRU Community Living Partnership

¹² Allen, D. (2002). Ethical approaches to physical interventions. vol 1, Kidderminster, UK: BILD

¹³ Allen, D. (2009). Ethical approaches to physical interventions vol. 2. Kidderminster, UK: BILD