Physical intervention in a forensic setting: The experience of service-users with learning disabilities

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Plan of Action...

- What is Physical Intervention (PI)?
- The Study
- Data Analysis
- Discussion/Recommendations
- SRP Advice
What is PI?

• PI is used to gain immediate control of a dangerous situation in which, there is a risk of harm to individuals should no action be taken (Health, 2014).

• It involves staff physically holding a SU so that they cannot harm themselves or others (NICE, 2005).

• NICE guidelines state that PI should only be used as the last resort to manage a situation when all other methods have been exhausted (NICE, 2015).

• But still used up to 3000 times by one Trust in the UK little research explores the SU experience of PI.
Despite being widely used it causes:

- **Physical injuries**
  - Ranging from bruises, broken limbs, to instances whereby SUs have died from PI (Moylan & Cullinan, 2011).

- **Psychological Distress:**
  - It can lead to the re-traumatisation of previous distressing experiences such as childhood sexual abuse (Bonner, Lowe, Rawcliffe, & Wellman, 2002).

- **Conflict with staff’s therapeutic role** (Knowles, Hearne, & Smith, 2015).

- Despite the above, there’s a lack of research into alternative methods to PI, the SU experience of PI, especially those with learning disabilities.
The Study

- **Where?**
  - Forensic Inpatient Setting for individuals with a learning disability.
- **What?**
  - Semi-structured interviews with 7 SUs.
  - What are your general thoughts/ personal experience about PI?
  - How has it affected your relationship with yourself/others?
- **How analysed?**
  - Conducted Thematic Analysis on the data collected.
  - Identifies patterns in data, linking them across interviews to form themes.
  - Three main themes identified.
Theme 1: The perceived purpose of PI determines how it is viewed

Justified if perceived as preventing harm (harm to themselves or others).

Karen: I think it’s a good idea, people getting restrained, because if they don’t get restrained they kick off even more, and staff get more hurt.

Adam: Well, many years of having to help restrain people, I shouldn’t be doing it but I’ve never been pulled up for it, in fact in some cases I have been praised for helping out in those episodes. I never been punished for restraining people.

Paul: I don’t like restraint, don’t like being restrained. I don’t like seeing people get restrained. Obviously, if they kick off it has to be done really.
PI Unjustified when…

- **Used for forced medication**
  
  *James:* I was shocked when they were forcing medication down a service-user and I thought that’s not right, nah. Forcing medication down someone who doesn’t want to take it.

- **Other approaches were not used**
  
  *Ben:* When I’m annoyed I shout a lot which can be off-putting, but if it’s a new staff they can class it as me being aggressive but it’s not really aggressive it’s me being opinionated. So instead of coming to me, saying look Ben sit down for 5 minutes, would you like to talk, what’s your problem, I’ve a coping strategy.

- **Staff perceived as goading SUs**
  
  *James:* I understand if they are out of control, but try and talk to them more rather than thinking right, you carry on you’re going on the floor. It’s like, I remember a few occasions where staff were using slang words such as KFC, Kiss the Fucking Carpet.
Being observed during PI was common. This further agitated the individual involved and could prolong PI.

All SUs involved in the study found it highly distressing to observe (usually went to room but could still hear it).

Brought up feelings of anger, distress, and suicidal ideation.

**Ben:** What really annoys me is when you are being restrained and other clients watching like it’s a sport, it’s really off-putting [...] One of the lads was getting wound up, and one of the clients were watching it and he were getting more wound up [...] if people had backed away he would have calmed down right away.

**Arnold:** It makes you angry and you want to cut yourself up and try and hang yourself.
Theme 3: The application of PI contributed to its continued use...

- During PI > less staff available to facilitate off-ward activities.
- PI > Increases risk of injury to staff and SUs > Staff sickness > less staff available.
- PI > Loss of individual privileges > perceived as punishment.
  - Confined to ward, Whole ward may be on lockdown.

Arnold: They’re getting injured and not coming back. Then we are short of staff. Then we have not enough staff, they going off, getting injured. It’s not fair on these [the other SUs], being short of staff to bring us out, to go shopping and things like that.

Adam: If you been restrained, the MDT decide right he’s not settled enough to go off the ward to do [therapy] sessions, he needs to prove he’s settled enough for 48 hours.
The application of PI contributed to its continued use...

- Limitations on SU freedom leads to frustrations amongst SUs, which can then lead to challenging behaviour, and more PI...

_Paul:_ It’s the knock on effect for other clients. They get wound up because they can’t go anywhere. So then they start having a go at the client getting restrained. Then it just escalates from there.

_Arnold:_ When you can’t go out, you get angry and upset cos can’t go anywhere and it sets them off again then. Staff end up coming back in, restraining them again.
Cycle of PI

Physical intervention → Less staff availability → Limitations to off-ward activities → SU frustration and anger → “Challenging Behaviour” → Physical intervention

SU = Staff
Discussion & Recommendations

- All subjective interpretation of the data using a structured approach (Braun & Clarke, 2006).
- Multitude of responses to PI, highly dependant of context.
- Efforts should be made to avoid other SUs observing PI. Multiple risks
  - SUs can intervene (to support staff or SU) > risk of injury > sickness > worse..
  - Suicidal Ideation especially if SUs retreating to room with these thoughts.
  - May be challenging due to layout of wards.
- Develop staffs skills in de-escalation techniques > pre-empting the need for PI (approach in use of the service currently).
- Support SUs to develop own coping skills.
SRP Advice

- EVERYTHING will take LONGER.
- Something will ALWAYS goes wrong.
- Make good relationships with on the ground staff at service, when times get tough, they will be more amenable to helping you out!
  - Insert tea, biscuits, banter…
  - Especially when recruitment slows down (which will happen).
- Transcribe as you go along and get a pedal!
- Don’t kid yourself that the distance won’t be a problem!
- Keep in touch with your supervisor – actually pretty handy.
Lastly

- It can actually be enjoyable and it does get done in the end.
- Try something new as you might not get a chance again (especially Qual research).

- Questions?