

## LEGAL (JURIDICAL) AND FORENSIC ISSUES

Integral Symposium

### RESTRAINTS AND RESTRICTIONS: WHAT IS THE PROBLEM?

**Rationale:** Reducing restraints and restrictive practices in residential care is a complex problem, wrought with practical, definitional, ethical, and legal problems. Care providers, client organizations, governments, and scholars are combining their efforts in order to improve quality of care and to better protect autonomy and rights of people with disabilities. The changing legal frameworks, definitions, registrations, practices, and subjective experiences need to be scrutinized and discussed from multiple disciplinary perspectives. This symposium brings these perspectives together. Although the specific context of the papers is located in the Netherlands, the Dutch are grappling with issues that can be found in many other countries as well. The symposium will therefore represent an important chance for discussion with the international delegates. Schuengel C., VU University Amsterdam, the Netherlands c.schuengel@vu.nl

### THE USE OF RESTRAINTS IN RESIDENTIAL CARE: PREVALENCE AND FACTORS FROM A LARGE CARE ORGANIZATION

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**Objectives:** This study determined prevalence, incidence, and related client and context factors of the use of restraints in residential care. A broad definition was used to include every measure that is restrictive for a person with an intellectual disability in a specific situation. **Methods:** The sample consisted of 50 24-hour-care units. Prevalence and incidence were based on a registration system for daily caregivers developed for this study, listing 58 restraints. Reliability was tested against independently conducted observations of restraint use. Questionnaires assessed type and intensity of challenging behaviour, adaptive behaviour, and attachment behaviour towards caregivers. Proximal and distal context factors included changes in environment and biological factors to staff education level and staff perceptions of challenging behaviour. **Results:** Adequate reliability ( $\kappa > .50$ ) was found for 24 out of 58 restraints. 93.9 % of residents experienced restraints during the study period. The average number of restraints was 4.8 per

resident. Significant variation was found among units.

Findings on associated factors will be discussed.

**Conclusions:** Reliable prevalence and incidence estimates can derive from practice based registration. Implications on restraint prevalence and associated factors are discussed.

### RESTRICTIVE MEASURES: THE PERSPECTIVE OF CARE USERS WITH A MODERATE TO SEVERE INTELLECTUAL DISABILITY

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**Objectives:** To gain insight into the perspective of service users with a moderate to severe intellectual disability (ID) on the use of restrictive measures. **Methods:** Because people with moderate to severe ID have limited ability to communicate verbally, we included three groups of respondents with representatives of the service users with ID, care staff, support staff, and family members. We used concept mapping and interviews with vignettes as methods of data collection. Concept mapping elicited information about service users' behavior following the use of restrictive measures. Additionally, for each service user, unique pairs of a direct care staff and a family member were formed and interviewed separately about the use of restrictive measures (N=20 pairs). Ten vignettes with examples of restrictive measures were discussed. Respondents were first asked to answer questions using their own perspective. Second, they were asked to answer the questions from the perspective of the service user. **Results:** Respondents considered restrictive measures more often as involuntary or severe when they took their own perspective, compared to when they took the service user's perspective. Reasons for this difference were that service users would not always be aware of the restrictive measures that were used and that service users were highly sensitive to changes in their routine. **Conclusions:** Our study shows that the perspective of service users with ID on the use of restrictive measures produces different views on this subject and should therefore be routinely incorporated in evaluations of care.

### VIEWS AND OPINIONS CONCERNING PROPOSED LEGISLATION ON RESTRICTIVE MEASURES FOR PEOPLE WITH INTELLECTUAL DISABILITIES IN THE NETHERLANDS

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**Objectives:** The Netherlands are preparing new legislation concerning coercive care for people with intellectual disabilities: the Care and Coercion Bill (Wetsvoorstel Zorg en Dwang). This bill will provide a new legal framework for using restraints in the care for people with intellectual disabilities and psychogeriatric care. The aim of the study was to concretize unclear legal definitions and other problematic issues associated with the new bill, and to put into effect the bill into daily care practice. **Methods:** First we performed juridical research on current and proposed legislation. This was followed by three focus group meetings with (amongst others) care staff, physicians and clinical psychologists who work with people with intellectual disabilities. The main goals of the focus group meetings were to discuss opinions, potential consequences, bottlenecks and opportunities of the proposed legislation. Other issues that were argued were the unclear aspects of the bill and its implementation in daily practice. The findings of the focus group meetings, in particular relating to the remaining bottlenecks, were subject to a three-round consultation using the Delphi method. **Results:** Juridical research, focus groups and the first round of the Delphi-method are finished. The results are in progress. **Conclusions:** The findings will be discussed at the conference, but preliminary findings show that in particular the definition of coercive care and the division of responsibilities between care-providers in the new bill will be difficult for the participants of the Delphi-method to agree upon.

Oral Communication

### IMPACT OF LEGISLATED QUALITY ASSURANCE MEASURES FOR INTERVENTIONS FOR ADULTS WITH INTELLECTUAL DISABILITIES AND CHALLENGING BEHAVIOUR

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**Objectives:** Persons with intellectual disabilities (ID) and challenging behavior often receive informal interventions that may include intrusive procedures with no accountability. In an attempt to regulate behavioral supports and intrusive procedures, the Province of Ontario (Canada) recently legislated quality assurance (QA) measures (O. Reg. 299/10) governing the design and implementation of least

intrusive, evidence-based Behavior Support Plans (BSPs) for individuals with ID supported by community agencies. The objectives of this presentation are to (1) describe key features of the QA measures and (2) present preliminary outcomes of QA measures initial implementation on the use of intrusive interventions and group home staff perceptions. **Methods:** Restraint and PRN medication use was monitored in 15 individuals with ID and severe challenging behavior resident in community homes, 3 months prior to and 3 months after, implementation of BSPs that followed the QA measures. A contextual fit survey was completed by 110 group home staff. **Results:** Preliminary results showed a decrease in use of restraints, but an increase in use of PRNs. Staff perceived that they had the skills and knowledge to implement the BSPs and most staff agreed that the mainly positive-based BSP strategies were consistent with their personal values. **Conclusions:** The implementation of legislated QA measures has the potential to increase formality, accountability and effectiveness of interventions, but had mixed effects on use of intrusive procedures in the initial rollout in one agency. Practical and ethical implications of the QA measures will be discussed. **References:** Feldman, M.A., Atkinson, L., Foti-Gervais, L., & Condillac, R. (2004). Formal versus informal interventions for challenging behaviour in persons with intellectual disabilities. *Journal of Intellectual Disabilities Research*, 48, 60-68; Horner R. H., Salentine, S., & Albin, R. (2003). Self-assessment of contextual fit in schools.

Oral Communication

### THE ECAT-DI: A PROTOCOL TO ASSESS COGNITIVE CAPACITY OF PEOPLE WITH INTELLECTUAL DISABILITY TO TESTIFY FOR THEMSELVES AS VICTIMS OF ABUSE

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**Objectives:** To assess cognitive competencies and include cognitive support to people with ID victims of abuse to facilitate the testimony. **Methods:** Due to the lack of adaptation in judicial interviews and biases credibility for victims with ID our unit proposes a Protocol for Assessing Cognitive Competencies which Affecting the Testimony for People with ID Victims of Abuse. It is done through the figure of "helper advisor" (HA) in judicial proceedings. Phases: collect information from caregivers; establish the relationship; assess cognitive capacities including cognitive support; report with cognitive competencies including cognitive support previous to collect testimony. **Results:** Since 2010 the UAVDI has attended 303 cases in Spanish