

# The 'Hidden' Practice of Restrictive Clothing as Mechanical Restraint and the Development of a Practice Guide



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# The *Disability Act 2006* and Restrictive Interventions

**"chemical restraint"** means the use, for the primary purpose of the behavioural control of a person with a disability, of a **chemical substance to control or subdue the person** but does not include the use of a drug prescribed by a registered medical practitioner for the treatment, or to enable the treatment, of a mental illness or a physical illness or physical condition (section 3)

**"seclusion"** means the **sole confinement of a person with a disability** at any hour of the day or night

(a) in **any room** in the premises where disability services are being provided of which **the doors and windows cannot be opened by the person from the inside**; or

(b) in any room in the premises where disability services are being provided of which **the doors and windows are locked from the outside**; or

(c) to a part of any premises in which disability services are being provided (section 3)

The Disability Act 2006 defines mechanical restraint as *‘the use, for the primary purpose of behavioural control of a person with a disability, of devices to prevent, restrict or subdue a person’s movement but does not include the use of devices (a) for therapeutic purposes; (b) to enable the safe transportation of the person’*

(section 3).

Restrictive clothing is one example of mechanical restraint

Disability service providers must work to reduce the use of restraints

# What Exactly is Restrictive Clothing?

*Any item of clothing that is worn in full or part, in original or modified form, or specially designed device that is worn by a person that restricts their movement in any way for the purpose of controlling behaviour*



Leotards



Overalls



Bike Shorts



Swimming Garments



Wetsuits



Jumpsuits



Especially designed clothing

# Challenging Behaviours Associated with the Use of Restrictive Clothing

## Sexualised Challenging Behaviours

- A lack of definition and hence no quality research (Lockhart et al., 2009)
- Public masturbation or genital touching are the most common challenging behaviours (Haracopos & Pedersen 1992, in Van Bourgondien et al., 1997, 1992; Hellemans et al., 2010; Ruble & Dalrymple, 1993; van Son-Schoones & van Bilsen, 1995)
- A major concern to parents (DeMyer 1979, in Van Bourgondien et al., 1997)

## Toileting Challenging Behaviours

- Lack of research in relation to these specific challenging behaviours (Matson & LoVollo, 2009)
- 25 to 50% in those with intellectual disability (Smith et al., 2000)
- It is estimated that 10 to 20% of children with ASD experience non-retentive encopresis (Radford & Anderson, 2003)
- Urinating in places other than toilets, interfering with toilets and smearing most common problems reported by parents (Dalrymple & Ruble, 1992)

# The Problems with Restrictive Clothing

- Using restrictive clothing non-contingently to a displayed challenging behaviour is not an effective intervention
- Restrictive clothing can impair psychological, social and physical development (Rojahn et al., 1980)
- Do not account for the individual preferences and abilities of the person
- Promote excessive heating and cooling, interfere with sensory abilities, increase hazards and adverse consequences of accidental or adverse actions, increase fatigue, limit the ability to reach and manipulate objects (Center for Universal Design 1997, in Carroll & Kincade, 2007)
- They can reduce the positive behaviours of the person (work, play, social)
- Reduce positive behaviours of staff (through positive attention and reinforcement)
- May increase stereotyped movements

# The Problems with Restrictive Clothing

- Poor freedom of movement, poor comfort and irritating features (Carroll & Kincade, 2007)
- Children with disabilities dislike wearing Lycra (Nicholson et al., 2001; Rennie et al., 2000)
- Lycra is difficult to put on and is uncomfortable, may increase bowel and bladder problems and reduced independent toileting; skin irritation, friction sores and aggression when applied (Nicholson et al., 2001)
- Circulation problems, excessive warmth and dehydration are reported adverse effects (Rennie et al., 2000)
- Velcro is reported to injure the skin (Stancliff, 1999)
- Clothing influences impressions of intelligence (Nisbett & Johnson, 1992)
- May impact upon Human Rights

# Toileting and Challenging Behaviour

- Disability should not be regarded as the cause of incontinence (Smith, 1996)
- People with severe levels of disability can benefit from behavioural approaches to bowel-related challenging behaviours – effectiveness is around 70% or better (Smith, 1996)
- The focus needs to be on the behaviours related to toileting rather than the underlying reasons for incontinence (if a health reason has been eliminated)
- Many children with developmental disabilities require training to acquire toileting skills (Luiselli, 1997) and without intervention, problems can persist into adulthood (Benninga, 2004)
- Children under the age of 12 years respond to toileting interventions faster than adults with a similar disability (Ducker & Dekkers, 1992)

# What Contributes to Toileting Challenging Behaviours?

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(Dalrymple & Ruble, 1992; Radford & Anderson, 2003; Smith et al., 2000; von Wendt et al., 1990)

- Physiology
- Motor skills
- Communication skills
- Social skills
- Cognitive limitations
- Previous bad experiences of toileting
- Control
- 'Anxiety'
- Skill performance
- IQ
- Male gender
- Being non-verbal
- Bowel compared with bladder

The use of inappropriate incontinence devices?

Brightsky have produced the "PadNavigator"

[www.brightsky.com.au](http://www.brightsky.com.au)



# Intervening in Toileting Challenging Behaviours

- Medical review
- Collecting data
- Learning opportunities
- Start with very short periods of sitting on the toilet
- Engage the child in a preferred activity while on the toilet
- Praise successful motions
- Minimise reactions to 'accidents'
- *Transfer-of-Stimulus Control* - moving from nappy/pad to toilet (Luiselli, 1996; 1997; Tarbox et al., 2004)
- Prompted and scheduled toileting
- Bed wetting vs. *early morning wetting* (Rogers, 2002)
- Toilet priming (Bainbridge & Smith Myles, 1999)
- Aversive techniques are not effective (Smith, 1996)
- Punishment is not effective (Knell & Moore, 1990; Piazza et al., 1991)

# Removing Clothing (Disrobing)

- This behaviour is of great concern to parents (Stokes & Kaur, 2005)
- It may not be completely eliminated but can be reduced (Carlson et al., 2008)
- Punishment and “time-out” are not successful (Rollings & Baumeister, 1977), nor are jumpsuits and other one piece garments (Simon & Rappaport, 1996)
- Activities, time of day and other people are not necessarily contributing factors (Carlson et al., 2008)
- Poor social awareness, hot weather and adverse effects of medication and need to frequently toilet (Savage et al., 2007), preference for certain clothes (Carlson et al., 2008) and sensory abnormalities associated with the skin (Blairs et al., 2007; Cascio et al., 2008) may be factors to consider
- Successful interventions have included engaging the person in structured activity (Beare et al., 2004; Simon & Rappaport, 1996) and when provided with scheduled times to change clothing (Carlson et al., 2008)

# Smearing Faeces

- Learning how to use the toilet is the first step towards reducing this behaviour
- It may occur for a number of reasons including sensory stimulation (Prasher & Clarke, 1996; Gelber & Meyer 1965 in Friedin & Johnson, 1979), **escape** (Friedin & Johnson, 1979), aggression (Brahm et al., 2007) and **gastrointestinal infection** (Brahm, 2004)
- There is also some indication that the development of smearing may be related to physical or sexual abuse in some cases (Sinason, 2002; Bernard, 1999)
- Successful interventions have included assisting to toilet when waking in the morning (Smith, 1996), changing the times of day for showering and allowing longer play while showering (Friedin & Johnson, 1979)
- Friedin and Johnson (1979, *Journal of Mental Deficiency Research*, 23: 55-61) provide a process for evaluating the function of faecal smearing

# Why may Inappropriate Sexual Behaviour Occur?

(Adapted from: Aruffo, Ibarra & Strupp, 2000; Hellemans et al., 2007 and Koller, 2000)

- The person may not have access to the sexual areas of their body due to the wearing of incontinence pads and/or restrictive clothing
- Lack of structured routine and time made available for masturbation
- Lack of education
- Lack of opportunity for privacy and/or the use of bedrooms may be discouraged during the day
- There may be no locks on bedroom doors to provide privacy
- Staff, carers, parents, siblings etc. may not respect the privacy of another person's bedroom
- Private spaces at school or day activities are not made available
- The use of medication may cause sexual side effects
- A lack of opportunity for individualised sensory stimulation
- Hormone levels can influence sensitivity to tactile stimulation

# If Restrictive Clothing is Being Used...

1. The advice of a relevant clinician should be sought (Occupational Therapist, Physiotherapist)
2. Be used in the context of a wider behavioural support program
3. A written plan should be written which outlines the following:
  - What exactly is the restrictive clothing?
  - Specifically why is it being used?
  - The circumstances in which it is applied
  - How long is it applied for and periods of time when the restrictive clothing can be removed
  - What adverse effects to look for and what to do if they are observed
  - When the use of the restrictive clothing is to be reviewed

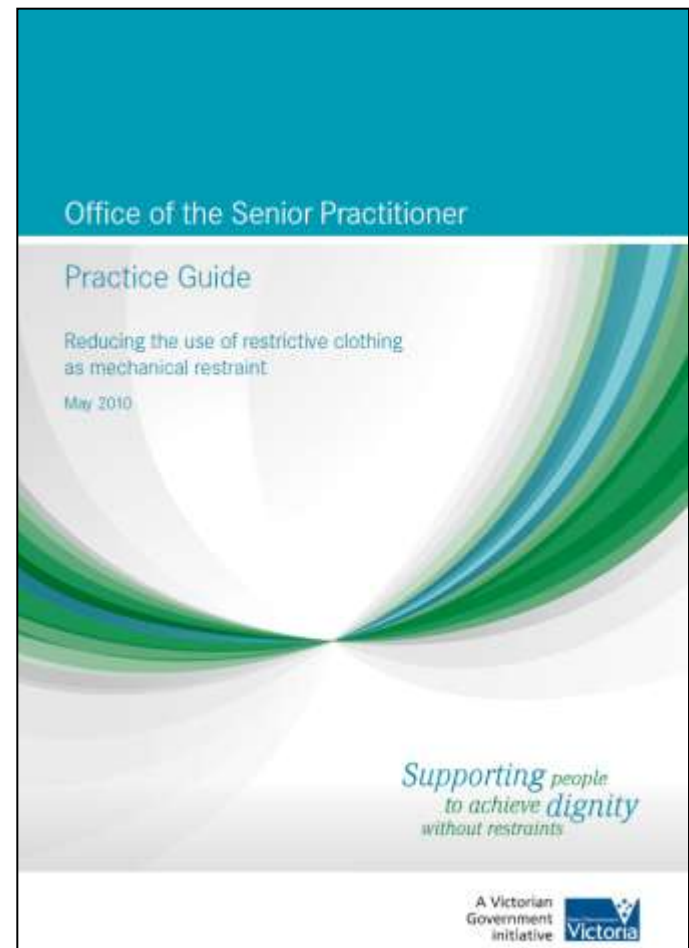
# Summary

- Restrictive clothing can impair development
- Behaviours need to be seen in the context of individual abilities and normal development
- Behavioural interventions have evidence
- Data collection important
- Aversive practices and punishment are not effective
- Learning how to use the toilet (to an appropriate level) and engage in appropriate sexual behaviour are the ultimate aims
- Early intervention is the key
- Interventions will take time!
- Restrictive clothing does not change behaviour in the long-term and does not address the function of the behaviour
- Restrictive clothing does not teach new, adaptive behaviours
- Restrict human rights
- Have inherent health risks
- Collaboration between all service providers in all settings
- A consistent approach

# The Practice Guide

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