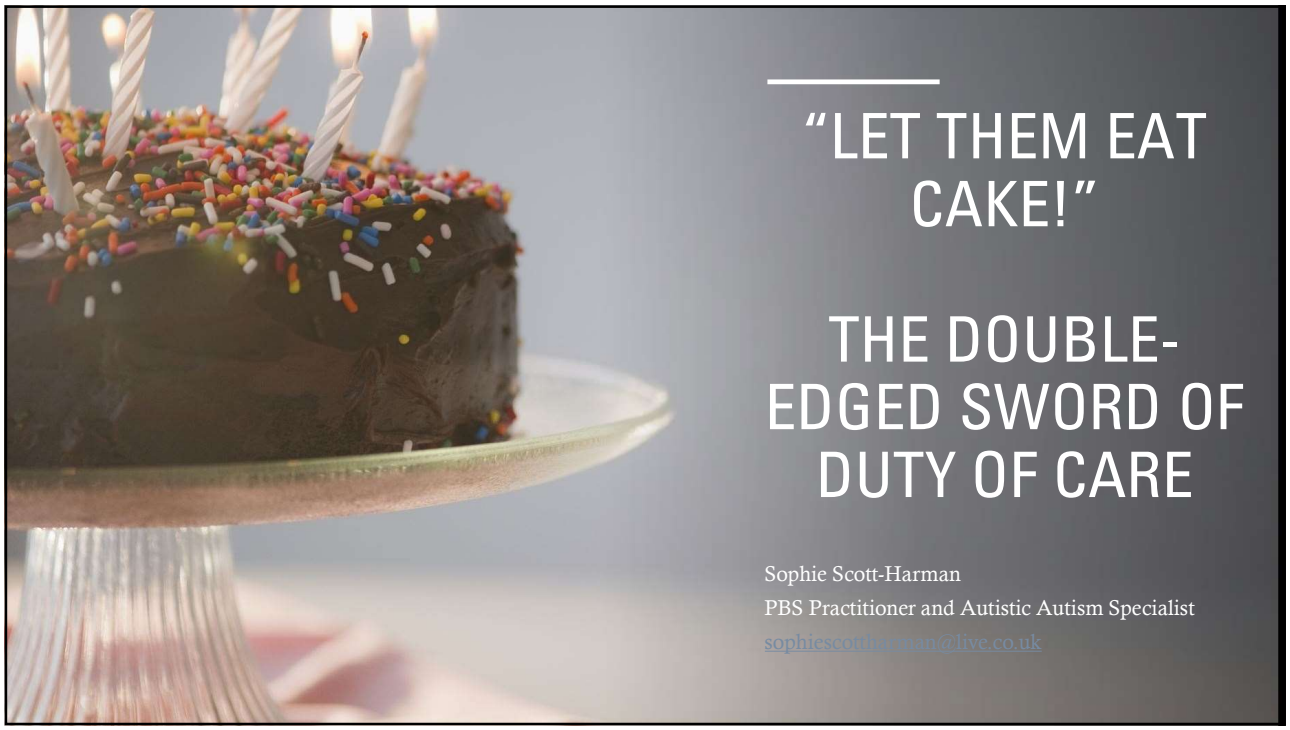

"LET THEM EAT CAKE!"

THE DOUBLE-EDGED SWORD OF DUTY OF CARE

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AIMS AND OBJECTIVES

- To understand consent and capacity, according to legislation and how real-life application of this how this relates to our role
- To examine some rules are placed upon those we serve and their rationale
- To think about the concept of best interests and how we can make good and fair decisions
- To relate the above to our practice, reflect on times when we could have done better and find ways to ensure we do better in the future
- Questions and reflections

2

UK-SBA CODE OF ETHICAL AND PROFESSIONAL CONDUCT – PRINCIPLES 1 – 5 (OF 11)

- Do No Harm
- Ensure Safety
- Respect Values and Diversity
- Use Scientific Evidence
- Prioritise Positive and Proactive Strategies
- Ensure Consent

3

CEU WORD 1

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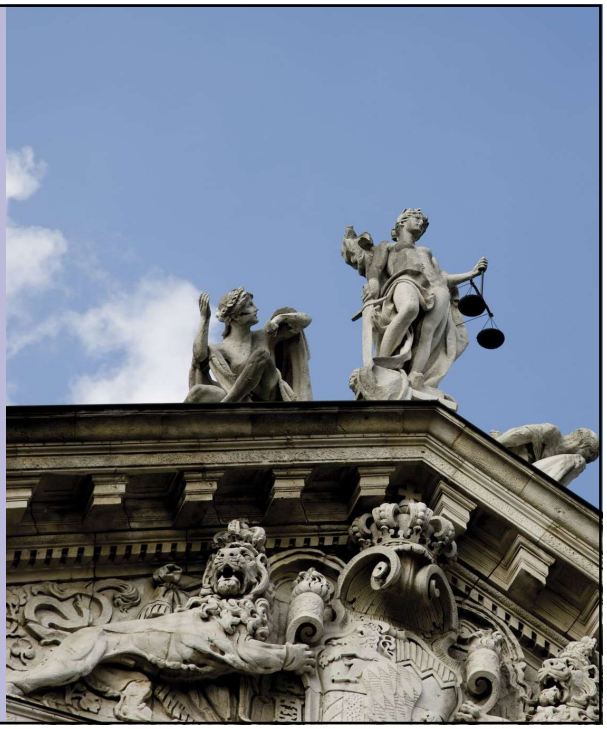
4

LEGISLATION AND BEST PRACTICE



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THE MENTAL CAPACITY ACT (2005) AND DEPRIVATION OF LIBERTY SAFEGUARDS (2007)

- Assume that people have capacity
- Provide support for decisions
  - "A person is not to be treated as unable to make a decision unless all practicable steps to help him / her have been taken without success"
- Unwise decision do not necessarily mean lack of capacity
- Decisions must be taken in the person's best interests
- Decision must be as least restrictive of freedom as possible

- A person lacks capacity if they cannot either:
- Understand information relevant to the decision; or
- Remember the information long enough to make the decision; or
- Weight up information relevant to the decision; or
- Communicate their decision – by talking, sign language or any other means

6

THIS IS NOT A NEW PROBLEM!

‘‘As more individuals with learning disabilities are supported in community homes, the complex nature of the demands placed on both social care staff and health professionals becomes apparent. One of the most important of these is the need to balance a ’duty of care’ (McKay 1991) towards the person they support, with a recognition of the individual’s rights and choices (O’Brien 1992). In addition, there is an increasing demand on staff to support individuals with challenging behaviour (Hill & Bruininks 1984).

The understanding and sensible application of concepts such as a service’s ’duty of care’ to clients and obligation to manage challenging behaviour in non-aversive ways (La Vigna & Donnellan 1986) relies heavily on a basic understanding of the defining characteristics of learning disabilities. For example, if staff are not aware that an individual with learning disabilities by definition does not have the intellectual capacity or skills to make an informed choice, they may not recognize their ’duty of care’ to protect or support the individual in that particular area of their life.

The role of a professional working with clients with learning disabilities may therefore represent a balance between maintaining clients’ behaviour within certain parameters (duty of care) and an obligation to make choices available to clients to the extent that they can make valid decisions (enabling choice). ”

(McKenzie et al, 1999)

7

THE PROBLEM WITH THE LAW

‘‘The code of practice does not require care services and workers to undertake formal, recorded assessments for minor day-to-day decisions about giving routine care”

(CQC, 2011)

“.. Self determination (control and choice, making decisions, preferences expressed and respected by others) is an important part of a good quality of life……. Having choice is important for people. Choices can be small yet significant for happiness (for example, the sort of food we want, the activities we enjoy), or choices can be large… Some decisions are more demanding than others, however choices become more informed the greater our experience of the options and outcomes”

(Osgood, 2019)

8

BALANCING LIBERTY, DUTY OF CARE AND THE RIGHT TO MAKE STUPID DECISIONS

"… personal liberties are even more basic… the "right to be alone," including "the privilege of an individual to plan his own affairs,…. To shape his own life as he thinks best, do what he pleases, go where he pleases… freedom form bodily restraint or compulsion, freedom to walk, stroll or loaf"

".. Individuals frequently prefer situations in which they have choice, and that choice rarely proves detrimental to the individual and may, in fact, be beneficial"

(Bannerman et al, 1990)

9

HAVE YOU EVER?

- Denied someone food?
- Kept someone somewhere they don't want to be, by use of environmental or physical restraint?
- Woken someone who does not want to be woken / get up?
- Removed someone's own item of technology from their space to prevent them using it when they want to?
- Bribed someone to do something they don't really want to by giving them a reinforcer once they have completed the task?

10

DOPAMINE NATION

"We all desire a respite from the world – a break from the impossible standards we often set for ourselves and others. It's natural that we would seek a reprieve from our own relentless ruminations: *""Why did I do that? Why can't I do this? Look at what they did to me. How could I do that to them?*

What if, instead of seeking oblivion by escaping the world, we turn towards it? What if instead of leaving the world behind, we immerse ourselves within it?"

11

STOLEN FOCUS

"Attention spans are decreasing at the time we need them most. One of the biggest contributors to inaction on big issues such as climate change is the lack of focus. When attention breaks down, problem-solving breaks down."

"It's not your fault you can't focus. It's by design. The truth is that you are living in a system that is pouring acid on your attention every day, and then you are being told to blame yourself and to fiddle with your own habits while the world's attention burns."

"Empathy is one of the most complex forms of attention we have – and the most precious. Many of the most important advances in human history have been advances in empathy"

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RULES AND REASONS

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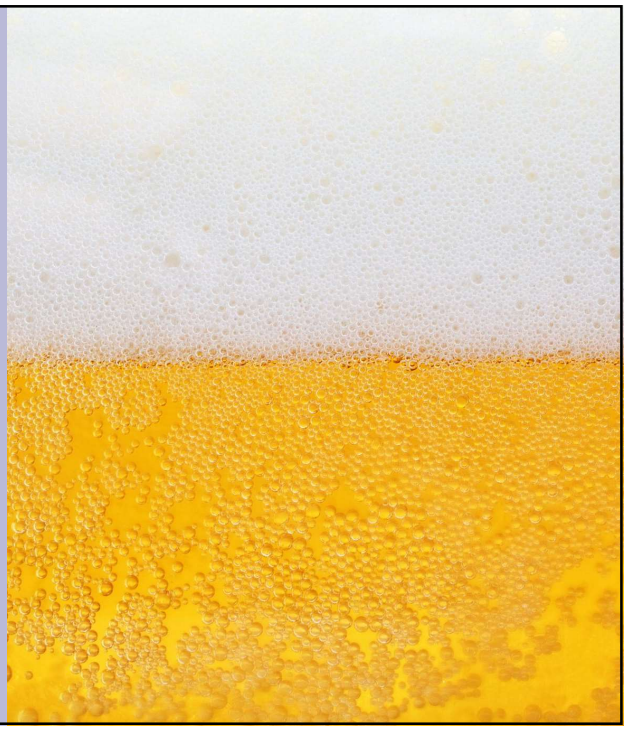
REFLECTIONS FROM PRACTICE – HOW MANY BEERS?



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REFLECTIONS FROM PRACTICE – A REAL-LIFE DILEMMA

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INTERVENTION – HOW TO HELP

Individual level

- Communication support
- Understanding processing time
- Increasing autonomy

Systems level

- Capable Environments
- Practice Leadership

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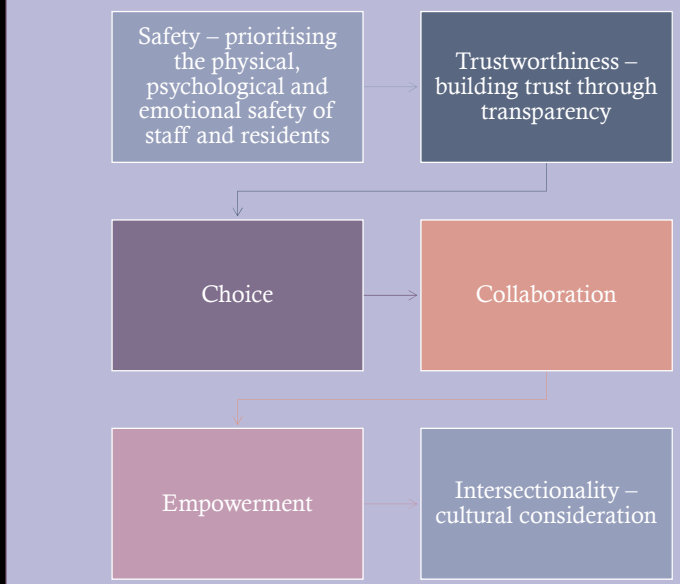
TRAUMA INFORMED CARE PRINCIPLES



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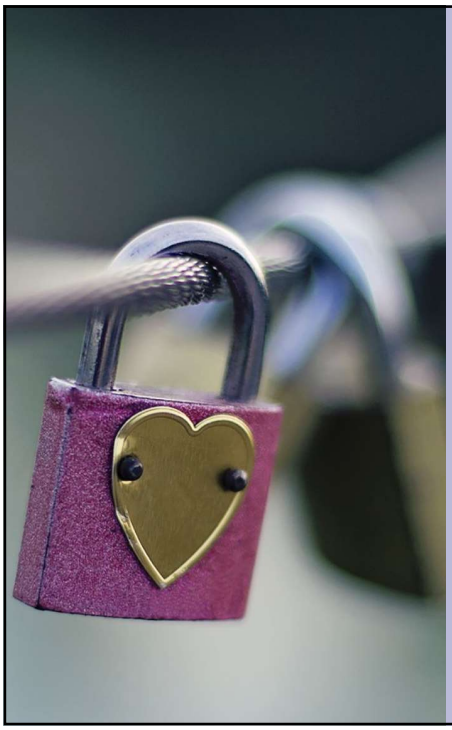

RELATIONSHIPS

- Positive relationships are underpinned by feelings of being cared for by others, supported, and socially integrated (Seligman, 2011).
  - These can be friendships, romantic relationships, family relationships, professional relationships.
- Smedema and colleagues (2015) found that, in a sample of college students with disabilities, **social support predicted life satisfaction**.
- Certain relationship can make us feel drained or damaged, and lead to feelings of isolation or sadness. It is vital that we seek out relationships that build us up and be conscious of how our relationships make us feel.

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CHOICE MAKING AS AN INTERVENTION

- Choice making as an intervention was shown to be clinically significant in reducing behaviours of concern across two thirds of treatment points, and 40% of those points remaining at zero once choice was introduced, showing that not only is choice making alone an intervention of benefit, introducing choice making components to other interventions is likely to improve the efficacy (Shogren at al, 2004)
- Choice making and student preference are highly practical intervention strategies which can decrease disruptive and problematic (classroom) behaviour while increasing academic performance of students with disabilities (Lozinski, 2018)

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Some recommendations pertaining to common challenges associated with choice provision in behavioral services.

	Challenge	Recommendation	Relevant Citation(s)
we facilitate making?	Individual appears to not detect difference among options	Ensure that the individual experiences the outcomes of each choice option	Hanley et al. (1998); Higbee et al. (1998); Tiesing et al. (2006)
		Use a concurrent chains arrangement involving a simple initial response (e.g. switch press) to facilitate discrimination	Hanley (2010); Stasolla et al. (2013)
	Multiple support programs are available, but individual's preference among them is unknown	Use a concurrent chains arrangement where each terminal link represents a different support program	DeLeon et al. (2001); Frank-Crawford et al. (2019)
	Insufficient choice making opportunities across the individual's day	Incorporate choice-making teaching opportunities into daily schedules and routines	Deal et al. (2021); Reid and Parsons (1991)
uld choices be d during delivery?	Care provider is generally unsure when to offer choices to individual	Incorporate as many choice-making opportunities as reasonably possible	Howell et al. (2019); Kern et al. (1998)
	Individual is commencing new behavioral services	Provide multiple choice-making opportunities, including the option to withdraw all participation, prior to initiating any instruction	Rajaraman et al. (2022)
		Conduct preference assessments regularly as opposed to a single administration at the outset of services	DeLeon et al. (2001)
		Allow individuals to simultaneously experience multiple preferred items (as opposed to singular items) during preference assessments	-
ble to offer too choice?	Individual appears to exhibit choice-induced anxiety	Provide additional time to make a choice	Luke et al. (2012)
		Minimize irrelevant information	
		Present closed-ended questions	
		Offer encouragement and reassurance	
		Address general issues surrounding anxiety	
	Individual displays challenging behavior when choices are not provided	Explicitly arrange opportunities to teach toleration and coping skills when choices are denied or otherwise unavailable	Hanley et al. (2014); Ghaemmaghami et al. (2016)
exposure necessary n choice?	Individual engages in challenging or avoidance behavior when being taught choice making	Provide the ongoing option to withdraw participation from the therapeutic context and offer concurrently available reinforcing activities	Rajaraman et al. (2022)

A PRACTITIONER'S GUIDE TO EMPHASIZING CHOICE-MAKING OPPORTUNITIES IN BEHAVIORAL SERVICES PROVIDED TO INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

RAJARAMAN, AUSTIN AND GIVER, 2022

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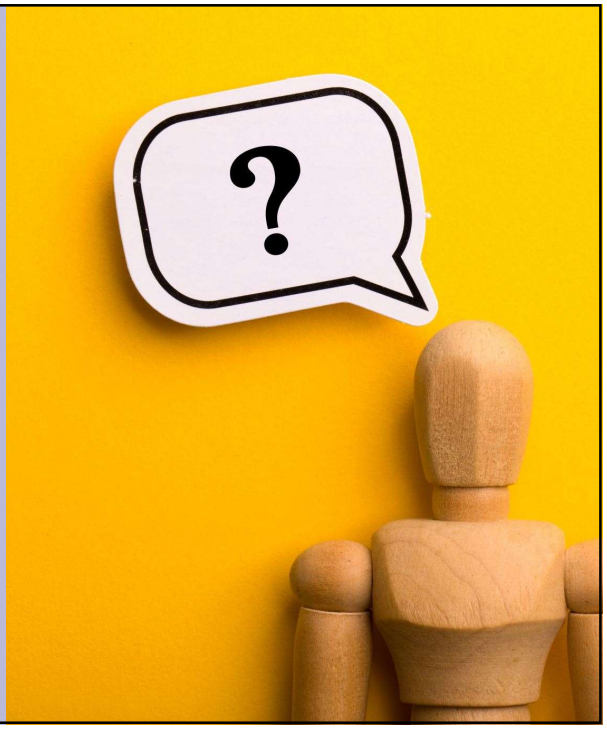
WHAT IS THE WORST THAT COULD HAPPEN?



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CEU WORD 2

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COMMUNITY IS NOT A PLACE BUT A WAY OF LIFE – HERB LOVETT

We have people all the time having to prove they are good enough. And that is just wrong.

And whose behaviour is difficult behaviour?

When someone spends all day working and gets a meaningless treat at the end of it, who is behaving badly?

When someone gets ignored for being inappropriate, or sent off alone, or is kept isolated, who is behaving badly?

When someone gets tied down, or is drugged up, who is behaving aggressively? When people are routinely physically restrained, whose behaviour is out of control?

When people are kept apart from what they enjoy doing, apart from the places they want to go, apart from the people they want to be with, whose behaviour is antisocial?

And when people keep doing the same meaningless rehabilitation exercises year after year, or keep the same behaviour plan year after year, when nothing good changes for the person, who is slow to learn and fails to profit from experience?

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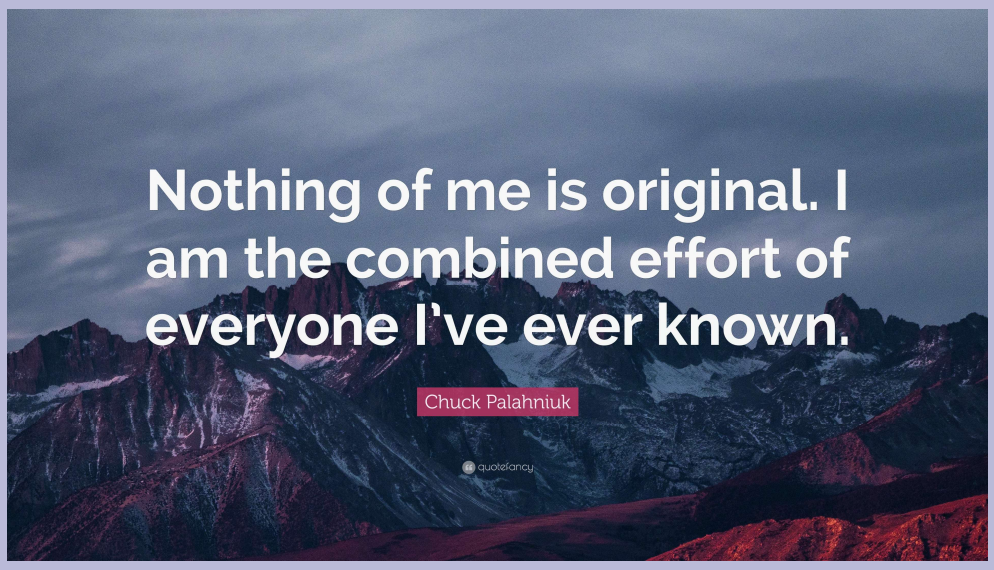

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