Audited Need for Therapeutic Thinking responses to RPI

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| Name: | DOB: | Age: |
| Sex / gender: | Cultural heritage: | Diagnosis (if known): |
| Accurately describe the behaviour for which RPI, restraint or a personal safety responses are being considered. Please include frequency (how often the behaviour is observed) and severity (the harm recorded as a result of the behaviour) |
| How well equipped is the school/setting to manage this inclusion (position in circles)?Summary of the risks posed to self and others by the behaviour of concern. |
| Is the Therapeutic Tree updated? |
| Experiences affecting the child |
| Feelings affecting the child |
| Physical characteristics (height, weight, physical differences) |
| Additional risk factors (medical or emotional diagnosis or needs, substance misuse etc.) |
| Any known developmental issues |
| Communication differences (visual or hearing impairment, adaptive communication, any known sensory processing issues) |
| Is the therapeutic plan updated? |
| Context or triggers (high risk times, places, people activities) |
| De-escalation options to use (unusual strategies that are effective) |
| De-escalation options to avoid (common strategies that have proved ineffective) |
| Principle of ‘last resort’ why may de-escalation be ineffective (triggers are hidden, difficulty in communicating) |
| Staff matching (who is best to de-escalate, who is safest for involvement with RPI) |
| Training needs (does anybody require additional training in de-escalation, RPI, Communication) |
| JUSTIFICATION (what harm will be prevented at what level) |
| Environmental Risk Assessment (necessary changes chairs etc, limited access) |
| Student Shape (standing, seated on chairs, seated on the floor) |
| Adult shape (standing, kneeling, seated in chairs) |
| Destination technique (elbow tuck lone worker, elbow tuck figure 4, etc.) |
| Transitions (describe the messy bits, taking hold, letting go etc.) |
| What makes it safe? (reminders of detail) |
| What makes it effective? (reminders of detail) |
| Social validity (how will it feel for the child, how will it look to others) |
| How has the person (or their advocate) been consulted with and contributed to this assessment? |
| Protective consequences (limits to freedom to CONTROL risk of harm) |
| Educational consequences (how are we going to TEACH internal discipline) |
| Unresolved risk factors (issues for management) |