Preface

Restrictive behavioral practices include physical and personal restraints, seclusion and time-out rooms, emergency “prn” medication, movement restrictions through environmental modification, such as barriers and loss of property. This issue has garnered attention due to restraint-related deaths and repeated calls for elimination of restrictive behavioral practices. Such calls for action tend to be emotional and ideological appeals to solve the problem, often in response to restraint-related deaths or media exposes of abusive practices. Unfortunately, exactly how to reduce restrictive behavioral practices is often unclear.

This volume will address this issue in two parts. The first part of this book will define clearly what constitutes restrictive behavioral practices, survey the extent of the problem and highlight both historical and contemporary descriptions of restrictive behavioral practices. It will demonstrate that restrictive behavioral practices continue to be used, commonly in contemporary services, including community services, and perhaps are commonly also used in families. The second part of the volume will review the outcome research literature. This will include a review applied behavior analysis, mostly, but not exclusively for children and adults with Intellectual Disabilities, other interventions, such as mindfulness and staff education programs in nursing homes, and interventions for large-scale organizations, such as entire mental health services. The final chapter will identify future direction for research and practice.

There are a number of published books in this area. One group of books includes reprints of historical books which described medieval restraint and torture devices (Santini and Ness 2011), early programs to eliminate restraint (Conolly 1856/1973; Jarvis and Clark 1869/2013; Tuke 1813/2009), and reviews of the history of restraint use primarily in psychiatric settings (Deutch 1946). A second group related to restraint use and reduction with specific populations and/or settings. These include books on restraint in seniors and nursing home (Hughes 2010; Stumpf et al. 1998), nursing (Lipson and Braun 1993; Kumar 2007) and how to meet restraint-related regulations for medical facilities and some nursing home regulations (Joint Commission on Accreditation of Healthcare 2002; Zusman 1997; Zusman 1999); books on restraint in psychiatric services (Beer et al. 2001; Deutch 1946; Tardiff 1984), including a description of an evaluation of a course to reduce restraint in psychiatric

settings (Ryan 2009) and a book on reducing seclusion in mental health settings (Alty and Mason 1994); books on restraint in services for people with developmental disabilities (Allen 2002; Allen 2009), including legal aspects of physical interventions (Karim 2014; Lyon and Imor 2004), codes of practice, (British Institute for Learning Disabilities 2014. Several books have addressed the use of restraints with children including use of restraint in schools (Johnson undated; Peterson 2013) and youth services (Kupfersmid and Monkman 1988). One volume addressed the use of restraints in a variety of social care settings (Hughes 2009). Finally, one illustrative manual described how to use painful join locking, joint hyperextension and limb-breaking personal restraints on the streets (Christensen 2006). Most contemporary books review limited literature focusing on specific populations, settings or contexts, and/or report outcome for specific programs. Some are highly practitioner-oriented, but do not support their interventions with research and others merely document and lament the excessive use of restraint without offering specific solutions as how to reduce restraint use safely. Therefore, the aims of this book are: (a) to review the research literature broadly across different populations, settings and contexts, and, based on this review, (b) identify the interventions methods most likely to result in safe reduction of restraint and other restrictive behavior management practices, such as seclusion, locked room time out; and (c) illustrate the application of effective, evidence-based interventions for safe reductions in restraint use.

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