

Initial draft bibliography
NOT FOR PUBLICATION

March 9, 2007

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EMAIL OR CALL BEFORE DISTRIBUTION OR CITATION

david@ferleger.com

<http://www.ferleger.com>

610 668 2221

Seclusion, Restraints and Abuse: Evolving Standards

David Ferleger

For more than 25 years, there have been many laws on the books protecting the rights of people with disabilities; the names of many of those laws are still familiar today: Rehabilitation Act of 1973, the Developmentally Disabled Assistance and Bill of Rights Act, the Education of All Handicapped Children Act of 1975, for example. In the 1990s, the Americans with Disabilities Act joined the list.

What sorts of restraint, seclusion and other control mechanisms are utilized today? What are the current and evolving standards for their use? Does there exist what one might call programmatic or “treatment neglect,” in which the more subtle interests of clients are transgressed.

There is now such a plethora of information on restraint use that it is impossible for families, professionals and advocates to easily obtain it, digest it and understand its applicability to their clients. The volume is too great. The quality and applicability of the information is too variable.

The use of restraints on people with disabilities spans multiple categories of individuals. These include people in institutions, children in schools, nursing home residents, general hospital patients, and others. Because restraint use carries a risk of death, it is a high priority for clients, families, administrators and other professionals.

Children appear to be particularly likely to be subjected to restraints, and to die while restrained.¹ Restraints in schools is of increasing concern, and is

¹ Nunno, M., Holden, M., & Tollar, A., Learning from Tragedy: A Survey of Child and Adolescent Restraint Fatalities, Child Abuse & Neglect, vol. 30, at ___; Kathleen R. Delaney, RN, DNSc, Evidence Base for Practice: Reduction of Restraint and Seclusion Use During Child and Adolescent Psychiatric Inpatient Treatment, Worldviews on

now the subject of specific research attention; restraint use in schools is often not subject to accreditation or regulatory control.²

In the professional literature, there has been discussion of the risk of death associated with the use of physical restraints since at least the 1980s. More recent research has focused on deaths and other adverse consequences in restraint.³

Public attention has focused on the issue, both in the news⁴ and in government reports.⁵ Advocacy, treatment professional and other

Evidence-Based Nursing, First Quarter 2006, 19; Delaney, K.R., & Fogg, L. (2005). Patient Characteristics and Setting Variables Related to Use of Restraint on Four Inpatient Psychiatric Units for Youth, *Psychiatric Services*, 56, 186-192; Cotton, N. The Developmental-clinical Rationale for the Use of Seclusion in the Psychiatric Treatment of Children. *American Journal of Orthopsychiatry*, 59, 442-250; Earle, K. & Forquer, S. (1995). Use of Seclusion with Children and Adolescents in Public Psychiatric Hospitals. *American Journal of Orthopsychiatry*, 65, 238-244; Fassler, D. & Cotton, N. (1992). A National Survey on the Use of Seclusion in the Psychiatric Treatment of Children, *Hospital and Community Psychiatry*, 43, 370-374.

² Joseph B. Ryan, and Reece L. Peterson, Physical Restraints in Schools (draft) (reviewing the literature and professional standards).

³ Mohr, W.K., Petti, T.A., & Mohr, B.D., Adverse Effects Associated with the Use of Physical Restraints, *Canadian Journal of Psychiatry*, vol. 48, at 330-337; Donald Milliken, Death by Restraint, *Canadian Medical Association Journal*, vol. 158 (12) (June 16, 1998) (citing research studies); B. Patterson, Deaths Associated with Restraint Use in Health and Social Care, in the UK: The Results of a Preliminary Survey, *Journal of Psychiatric and Mental Health Nursing*, 2003, 10, 3-15; Fisher, W. A. (1994). Restraint and Seclusion: A Review of the Literature. *American Journal of Psychiatry*, 151, 1584-1591.

⁴ The Hartford Courant's 1998 series, Deadly Restraint: A Nationwide Pattern of Death. The authors compiled a database (available online) of about 10 years of individual restraint deaths. <http://web.archive.org/web/20040610180722/www.copaa.net/newstand/data.html> (links to each of five installments). See <http://www.neurodiversity.com/restraints.html> (collecting citations to news reports and professional literature, including links to sources); <http://nurseweek.com/news/00-03/032000i.html> (14 year old boy with autism dies at San Antonio, TX mental health center while being physically restrained; 2d death of a child in a month in a San Antonio hospital, the earlier one being of a 9 year old) <http://inclusiondaily.com/news/crime/parchment.htm> (on first day of school, 6' 165 lb. 15 year old was held down on his stomach in restraint and died).

organizations have pressed the issue, taking positions and issuing white papers.⁶ The National Technical Assistance Center for State Mental Health Planning (NTAC) issued just weeks ago a detailed “white paper” on the subject.⁷ HHS, Substance Abuse & Mental Health Services Administration (SAMHSA) has weighed in as well. Legislation on restraints is in place or in process.⁸ Web sites are now devoted to the issue,⁹ and there is an organization named, “Children Injured by Restraint and Aversives” and one sponsored by multiple national groups to end the use of seclusion and restraints.¹⁰

⁵ U.S. General Accounting Office (1999). Improper Restraint or Seclusion Use Places People At Risk. (GAO publication HEH-99-176). Washington, D.C.: USGAO.

⁶ E.g., American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics (AACAP), American Psychiatric Association (APA), American Association of Child and Adolescent Psychiatry (AACAP), International Society of Psychiatric-Mental Health Nurses (ISPN); National Alliance for the Mentally Ill (NAMI), Autism National Committee, Child Welfare League, National Mental Health Association. New Jersey Council on Developmental Disabilities, <http://www.njddc.org/positions.htm>,

⁷ Stephan Haimowitz, Jenifer Urff & Kevin Ann Huckshorn, White Paper, Restraint and Seclusion: A Risk Management Guide (September 2006).

⁸ Children’s Health Act of 2000, P.L. 106-310. Massachusetts, Colorado, Illinois, Connecticut and Texas have passed legislation on restraint in schools. A Wisconsin bill recently failed to pass. An effort is pending in New York.

⁹ E.g., Restraint/Asphyxia Library, <http://www.charlydmiller.com/RA/RAlibrary.html#intro>

¹⁰ <http://users.1st.net/cibra/>. <http://www.aprais.org/>