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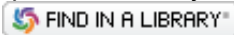
Article Document 1

Holmes, Dave; Murray, Stuart J

Civilizing the 'Barbarian': a critical analysis of behaviour modification programmes in forensic psychiatry settings.

Journal of nursing management 2011 Apr; 19(3): 293-301

Abstract: Drawing on the works of Erving Goffman and Michel Foucault, this article presents part of the results of a qualitative study conducted in a forensic psychiatry setting.



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Article Document 2

Bowler, N; Williams, M

Reply to 'Civilizing the "Barbarian": a critical analysis of behaviour modification programmes in forensic psychiatry settings'.

Journal of nursing management 2011 Apr; 19(3): 302-4

Abstract: To consider ethical propositions relating to nursing in UK forensic settings.



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Article Document 3

Gallagher, Ann

Ethical issues in patient restraint.

Nursing times 2011 Mar 8-14; 107(9): 18-20

Abstract: This article examines the ethical issues that arise in relation to restraint in mental health, dementia care and stroke care. The themes can, however, be applied to all areas of healthcare. The article also discusses how "four quadrants" of practice situations--medical indications, patient preferences, quality of life and contextual features--can be used to analyse three different restraint situations.



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Article Document 4

Printz, Anders; Sunesson, Per-Anders

[Locked doors in dementia homes and fixation of a patient's hands: "Boxing gloves" allowed--in certain cases]. = Lösta dörrar på demensboenden och fixering av en patients händer. "Boxhandskar" tillåtet--i vissa fall.

Läkartidningen 2011 Mar 16-22; 108(11): 581



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Book Document 5

Vohs, Kathleen D. and Baumeister, Roy F.

HANDBOOK OF SELF-REGULATION: RESEARCH, THEORY, AND APPLICATIONS

New York: Guilford Press, 2011. 592 p.

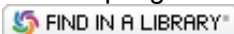


Article Document 6

Butel, Jacques

[What changes in perspective in view?]. = Quels changements de perspective en vue?

Krankenpflege. Soins infirmiers 2011; 104(6): 44-7



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Article Document 7

Birger, Moshe; Bergman-Levy, Tal; Asman, Oren

Treatment of sex offenders in Israeli prison settings.

The journal of the American Academy of Psychiatry and the Law 2011; 39(1): 100-3

Abstract: The number of incarcerated sex offenders in the Israeli prison system has steadily increased during the past decade. While treatment of sex offenders is complex, treatment of those in prison seems to be more challenging. This publication presents major considerations and dilemmas, clinical as well as ethics-related, derived from the experience of the psychiatric division in the Israeli prison service in treating sex offenders in this special setting. The psychiatrist treating the incarcerated offender must always maintain a sensitive balance between the needs and wishes of his patient and the potential threat to society stemming from recidivism.



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Article Document 8

Strout, Tania D

Perspectives on the experience of being physically restrained: an integrative review of the qualitative literature.

International journal of mental health nursing 2010 Dec; 19(6): 416-27

Abstract: Publications providing information on the safe use of physical restraints, guidelines for restraint use, and journal articles on the care of mental health patients are frequently devoid of information regarding patients' perspectives on physical restraint. As physical restraint is a common procedure in many settings, the purpose of this review is to examine and summarize the qualitative literature on patients' perspectives on being physically restrained, from 1966 through to 2009. A formal integrative review of existing qualitative literature on patients' perspectives of physical restraint was conducted. Studies were critiqued, evaluated for their strength, and analysed for key themes and meanings. Twelve studies were ultimately identified and included in the review. Four themes emerged from the review, including negative psychological impact, retraumatization, perceptions of unethical practices, and the broken spirit. While little qualitative research on patients' perceptions of physical restraint exists, findings within the current literature reveal serious implications for patients and nurses alike. Additional research into physical restraint implications for the patient-nurse dyad is needed, and nurses should approach the use of physical restraint with caution and awareness of their potential psychological impact.



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Article Document 9

Godfrey, Alexandra; Bushardt, Reamer L

Is it ethical to substitute restraints for adequate treatment resources?



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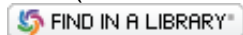


Article Document 10

Fagenholz, Peter J

When is restraint appropriate? An American view.

BMJ (Clinical research ed.) 2010 September 7; 341: c4702



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Article Document 11

Sokol, Daniel K

When is restraint appropriate?

BMJ (Clinical research ed.) 2010 341(): c4147



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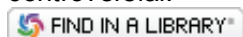


Article Document 12

Priebe, Stefan; Sinclair, Julia; Burton, Alexandra; Marougka, Stamatina; Larsen, John; Finn, Mike; Ashcroft, Richard
Acceptability of offering financial incentives to achieve medication adherence in patients with severe mental illness: a focus group study.

Journal of medical ethics 2010 Aug; 36(8): 463-8

Abstract: Offering financial incentives to achieve medication adherence in patients with severe mental illness is controversial.



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Article Document 13

Cleary, Michelle; Hunt, Glenn E; Walter, Garry

Seclusion and its context in acute inpatient psychiatric care.

Journal of medical ethics 2010 Aug; 36(8): 459-62

Abstract: In acute inpatient mental health services, patients commonly demonstrate extreme behaviours. A number of coercive practices, such as locked doors, enforced medication and seclusion, are used in these settings to control such behaviours. The aim of this report is to explore briefly some of the contemporary debates pertaining to seclusion. A perusal of the literature reveals a clarion call to end the practice of seclusion, without consideration of feasible alternatives. It is hoped that this brief report will encourage further evidence-based discussion and research initiatives on this important ethical topic.



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Article Document 14

Mohr, Wanda K; LeBel, Janice; O'Halloran, Ronald; Preustch, Christa

Tied up and isolated in the schoolhouse.

The Journal of school nursing : the official publication of the National Association of School Nurses 2010 Apr ; 26(2): 91-101

Abstract: In 1999, the United States General Accountability Office (USGAO) investigated restraints and seclusion use in mental health settings and found patterns of misuse and abuse. A decade later, it found the same misuse and

abuse in schools. Restraints and seclusion are traumatizing and dangerous procedures that have caused injury and death. In the past decade, restraints and seclusion have gone from being considered an essential part of the psychiatric mental health toolkit to being viewed as a symptom of treatment failure. In most mental health settings, the use of restraints and seclusion has plummeted due to federal regulations, staff education, and concerted effort of psychiatric national and local leadership. The purpose of this article is to provide a background to and an overview of the present imbroglio over restraints and seclusion in public and private schools, articulate their dangers, dispel myths and misinformation about them, and suggest a leadership role for school nurses in reducing the use of these procedures.



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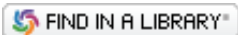
Article Document 15

Hull, Ken; Clarke, Dave

Restraining children for clinical procedures: a review of the issues that continue to challenge children's nursing.

British Journal of Nursing 2010 March 25-April 7; 19(6): 346-350

Abstract: The aim of this discussion is to explore the issue's procedural restraint of children raises for nursing staff caring for children, from both a policy and a research perspective. Specifically the discussion defines the various terms that describe the process of restraint and proceeds to examine the issues that continue to challenge nursing practice in this area: the professional and policy context; professional considerations; parental perceptions; and involvement. Whilst recognizing the difficulties faced by student nurses when involved in restraint. The pivotal role played by the child's nurse will determine the quality of the service experienced; whilst acting as the child's advocate they are the health professional most directly involved in care. The discussion closes by highlighting the main issues nurses face when deciding to restrain and child and thoughts for future practice.



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Article Document 16

Behrman, Sophie; Dunn, Michael

Physical restraint of medical inpatients: unravelling the red tape

Clinical Ethics 2010 March; 5(1): 16-21



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* **Article** Document 17

Grubin, Don; beech, Anthony

Chemical castration for sex offenders [commentary]

BMJ: British Medical Journal 2010 February 27; 340(7744): 433-434



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<http://www.bmj.com> (link may be outdated)



Article Document 18

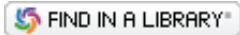
Mohr, Wanda K.

Restraints and the code of ethics: An uneasy fit.

Archives of Psychiatric Nursing 2010 February; 24(1): 3-14

Abstract: This article examines the use of physical restraints through the four broad principles of ethics common to all helping professions. It asks whether the continued use of physical restraints is consistent with ethical practice through the lens of those principles. It also examines where the necessity to use restraints in the absence of empirically supported alternatives leaves professionals in terms of conflicts between ethical principles and makes

recommendations for changes in education and clinical practice. It concludes that an analysis through a bioethics lens demonstrates that the use of restraints as a tool in psychiatric settings is a complex and multifaceted problem. Principles of ethics may often be in conflict with each other in instances where patients must be physically restrained.



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* Article Document 19

Kontio, Raija; Välimäki, Maritta; Putkonen, Hanna; Kuosmanen, Lauri; Scott, Anne; Joffe, Grigori

Patient restrictions: are there ethical alternatives to seclusion and restraint?

Nursing Ethics 2010 January;17(1): 65-76

Abstract: The use of patient restrictions (e.g. involuntary admission, seclusion, restraint) is a complex ethical dilemma in psychiatric care. The present study explored nurses' (n = 22) and physicians' (n = 5) perceptions of what actually happens when an aggressive behaviour episode occurs on the ward and what alternatives to seclusion and restraint are actually in use as normal standard practice in acute psychiatric care. The data were collected by focus group interviews and analysed by inductive content analysis. The participants believed that the decision-making process for managing patients' aggressive behaviour contains some in-built ethical dilemmas. They thought that patients' subjective perspective received little attention. Nevertheless, the staff proposed and appeared to use a number of alternatives to minimize or replace the use of seclusion and restraint. Medical and nursing staff need to be encouraged and taught to: (1) tune in more deeply to reasons for patients' aggressive behaviour; and (2) use alternatives to seclusion and restraint in order to humanize patient care to a greater extent.



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Article Document 20

Kontio, Raija; Välimäki, Maritta; Putkonen, Hanna; Kuosmanen, Lauri; Scott, Anne; Joffe, Grigori

Patient restrictions: are there ethical alternatives to seclusion and restraint?

Nursing Ethics 2010 January; 17(1): 65-76

Abstract: The use of patient restrictions (e.g. involuntary admission, seclusion, restraint) is a complex ethical dilemma in psychiatric care. The present study explored nurses' (n = 22) and physicians' (n = 5) perceptions of what actually happens when an aggressive behaviour episode occurs on the ward and what alternatives to seclusion and restraint are actually in use as normal standard practice in acute psychiatric care. The data were collected by focus group interviews and analysed by inductive content analysis. The participants believed that the decision-making process for managing patients' aggressive behaviour contains some in-built ethical dilemmas. They thought that patients' subjective perspective received little attention. Nevertheless, the staff proposed and appeared to use a number of alternatives to minimize or replace the use of seclusion and restraint. Medical and nursing staff need to be encouraged and taught to: (1) tune in more deeply to reasons for patients' aggressive behaviour; and (2) use alternatives to seclusion and restraint in order to humanize patient care to a greater extent.



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Article Document 21

Normann, C.; Boldt, J.; Maio, G.; Berger, M.

[Options, limits and ethics of pharmacological neuroenhancement] = Möglichkeiten und Grenzen des pharmakologischen Neuroenhancements.

Der Nervenarzt 2010 January; 81(1): 66-74

Abstract: Pharmacological neuroenhancement is an attempt to increase cognitive performance in healthy humans. Learning and memory, attention and vigilance or mood and social interaction are targeted by a modulation of brain plasticity. Firstly, an analysis of the current state of research shows that, until now, clinical trials of neuroenhancing drugs have demonstrated only limited efficacy and long-term side effects remain largely unexplored. Secondly, we argue that, from an ethical perspective, neuroenhancement differs from socially mediated methods of learning. Pharmacological neuroenhancement is based on notions of efficacy and control that threaten to undermine other important aspects of mental capacities.



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* **Book** Document 22

Hughes, Rhidian, ed.

RIGHTS, RISK, AND RESTRAINT-FREE CARE OF OLDER PEOPLE: PERSON-CENTRED APPROACHES IN HEALTH AND SOCIAL CARE

London/Philadelphia: Jessica Kingsley Publishers, 2010. 224 p.

Call number: [RC954.3 .R54 2010](#)



* **Article** Document 23

Walker-Renshaw, Barbara

Restraint to facilitate treatment: is it compatible with least restraint principles?

Journal of Ethics in Mental Health [electronic] 2009 April; 4(1): 1-3

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<http://www.jemh.ca/> (link may be outdated)



Article Document 24

Moylan, Lois Biggin

Physical restraint in acute care psychiatry: a humanistic and realistic nursing approach.

Journal of Psychosocial Nursing and Mental Health Services 2009 March; 47(3): 41-47

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* **Article** Document 25

Yamamoto, Miwa; Aso, Yoko

Placing physical restraints on older people with dementia.

Nursing Ethics 2009 March; 16(2): 192-202

Abstract: This study aimed to clarify the coping strategies of nurses working in general wards who face the ethical dilemma of restraining older people with dementia. The participants were 272 nurses working in general wards in the Kansai region of Japan. Coping strategies were measured using a questionnaire consisting of 16 items. A low score of 1-4 points suggested good coping strategies. Factors were difficult to interpret for three of the 16 coping items identified; these items were therefore deleted. Eleven of the remaining 13 items were used for analysis. An explanatory factor analysis revealed three factors concerning coping with ethical dilemma: (1) self-initiated positive cognition and action; (2) negative cognition and action; and (3) choosing not to act, or maintaining the status quo. These findings highlight the need for programs that could disseminate effective coping strategies among nurses faced with the ethical dilemma of restraining older people with dementia.

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* **Book** Document 26

Hughes, Rhidian, ed.

REDUCING RESTRAINTS IN HEALTH AND SOCIAL CARE: PRACTICE AND POLICY PERSPECTIVES

London: Quay Books, 2009. 141 p.

Call number: [RT87 .R47 R44 2009](#)



Article Document 27

Mohr, Wanda K.

Perilous omissions and misinformation.

Archives of Psychiatric Nursing 2008 December; 22(6): 315-317



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Article Document 28

Dakin, P.

Brainwashing: the power of the psychiatrist portrayed in 1960s visual media

Medical Humanities 2008 December; 34(2): 80-83



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<http://www.medicalhumanities.com> (link may be outdated)



Article Document 29

Ashcraft, Lori; Anthony, William

Eliminating seclusion and restraint in recovery-oriented crisis services

Psychiatric Services 2008 October; 59(10): 1198-1202



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Article Document 30

Shoenfeld, Netta; Ulman, Anne-Marie; Weiss, Mordechai; Strous, Rael D.

To lock or not to lock patients' rooms: the key to autonomy?

Psychiatric Services 2008 October; 59(10): 1100-1102



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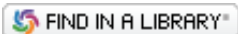


Article Document 31

Griffith, Richard; Tegenah, Cassam

Restraint and the Mental Capacity Act 2005.

British Journal of Community Nursing 2008 October; 13(10): 487-489



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* **Article** Document 32

Hughes, Rhidian

Human rights and restraints.

British Journal of Hospital Medicine 2008 September; 69(9): 494-495



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* Article Document 33

Wilson, C. Ruth

Redefining the relationship: ethical prescribing in a pharmaceutical world.

Canadian Family Physician = Médecin de Famille Canadien 2008 September; 54(9): 1341, 1342



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News Document 34

Carey, Benedict

Calm down or else: unable to handle behavior disorders, many schools use forcible restraint. Is it abuse?

New York Times 2008 July 15; p. F1, F6



<http://www.nytimes.com> (link may be outdated)



* News Document 35

Carey, Benedict

Decades later, still asking: Would I pull that switch?

New York Times 2008 July 1; p. F8



<http://www.nytimes.com> (link may be outdated)



* Article Document 36

van Doeselaar, Marjan; Slegers, Peter; Hutschemaekers, Giel

Professionals' attitudes toward reducing restraint: the case of seclusion in the Netherlands.

Psychiatric Quarterly 2008 June; 79(2): 97-109



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Article Document 37

Borenstein, Jeffrey

Teaching tool to reduce restraint and seclusion

Psychiatric Services 2008 April; 59(4): 448



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* Article Document 38

Sharfstein, Steven S.

Reducing restraint and seclusion: a view from the trenches

Psychiatric Services 2008 February; 59(2): 197



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* Article Document 39

LeBel, Janice

Regulatory change: a pathway to eliminating seclusion and restraint or "regulatory scotoma"?

Psychiatric Services 2008 February; 59(2): 194-196



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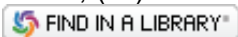


Article Document 40

Vacquin, Monette

Libre propos sur l'avis du CCNE "Sur la situation en France des personnes, enfants et adultes, atteintes d'autisme" [Commentary on the Opinion of the CCNE. "On the situation in France of individuals, children and adults, who are autistic."]

Les Cahiers du Comité Consultatif National d'Éthique pour les Sciences de la Vie et de la Santé 2008 January-March; (54): 47-48



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Article Document 41

Eliacheff, Caroline

Un avis sur l'avis 102: libre propos [An opinion on Opinion no. 102: commentary]

Les Cahiers du Comité Consultatif National d'Éthique pour les Sciences de la Vie et de la Santé 2008 January-March; (54): 45-46



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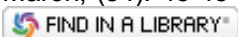


Article Document 42

Kipman, Simon-Daniel

Il y a bien longtemps qu'existait une psychiatrie de la personne: libre propos [Psychiatry of the individual has existed for a long time: commentary]

Les Cahiers du Comité Consultatif National d'Éthique pour les Sciences de la Vie et de la Santé 2008 January-March; (54): 43-45



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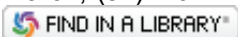


Article Document 43

Delion, Pierre

Au sujet du rapport sur "la situation en France des personnes, enfants et adultes, atteintes d'autisme" du CCNE [Regarding the report on "the situation in France of individuals, children and adults, who are autistic." of the CCNE]

Les Cahiers du Comité Consultatif National d'Éthique pour les Sciences de la Vie et de la Santé 2008 January-March; (54): 40-42



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Article Document 44

Olié, Jean-Pierre

Réflexions à propos de l'avis 102 du CCNE: libre propos [Reflections on Opinion no. 102 of the CCNE: commentary]

Les Cahiers du Comité Consultatif National d'Éthique pour les Sciences de la Vie et de la Santé 2008 January-March; (54): 39



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Book Document 45

Rollnick, Stephen; Miller, William R.; and Butler, Christopher C.

MOTIVATIONAL INTERVIEWING IN HEALTH CARE: HELPING PATIENTS CHANGE BEHAVIOR

New York: Guilford Press, 2008. 210 p.

Call number: [R727.4 .R65 2008](#)



* **Article** Document 46

Bergk, Jan; Einsiedler, Beate; Steinert, Tilman

Feasibility of randomized controlled trials on seclusion and mechanical restraint.

Clinical Trials 2008; 5(4): 356-363



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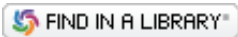


* **Article** Document 47

Walther, Guy

Freiheitsentziehende Maßnahmen in Altenpflegeheimen - rechtliche Grundlagen und Alternativen der Pflege = Restraints in long-term care nursing homes for the elderly - legal aspects and alternatives

Ethik in der Medizin 2007 December; 19(4): 289-300



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Article Document 48

Mackenzie-Davies, Naomi; Mansell, J.

Assessment and treatment units for people with intellectual disabilities and challenging behaviour in England: an exploratory survey

Journal of Intellectual Disability Research 2007 October; 51(10): 802-811



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<http://www.blackwell-science.com/jir> (link may be outdated)

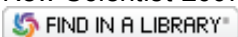


Article Document 49

Fox, Douglas

Remote control brains

New Scientist 2007 July 21-27; 195(2613): 30-34



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Article Document 50

Stefánsson, Halldór

The biology of behaviour: scientific and ethical implications

EMBO Reports 2007 July; 8(Special Number): S1-S2



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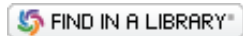
* **Article** Document 51

Paterson, Brodie; Duxbury, Joy

Restraint and the question of validity

Nursing Ethics 2007 July; 14(4): 535-545

Abstract: Restraint as an intervention in the management of acute mental distress has a long history that predates the existence of psychiatry. However, it remains a source of controversy with an ongoing debate as to its role. This article critically explores what to date has seemingly been only implicit in the debate surrounding the role of restraint: how should the concept of validity be interpreted when applied to restraint as an intervention? The practice of restraint in mental health is critically examined using two post-positivist constructions of validity, the pragmatic and the psychopolitical, by means of a critical examination of the literature. The current literature provides only weak support for the pragmatic validity of restraint as an intervention and no support to date for its psychopolitical validity. Judgements regarding the validity of any intervention that is coercive must include reference to the psychopolitical dimensions of both practice and policy.



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Article Document 52

Moore, Kirsten; Haralambous, Betty

Barriers to reducing the use of restraints in residential elder care facilities

Journal of Advanced Nursing 2007 June; 58(6): 532-540



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News Document 53

Bakalar, Nicholas

Ad limits seen as way to curb youth smoking and drinking

New York Times 2007 May 22; p. F5



<http://www.nytimes.com> (link may be outdated)



Article Document 54

Simmonds, John

Holding children in mind or holding therapy: developing an ethical position.

Clinical Child Psychology and Psychiatry 2007 April ; 12(2): 243-251



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Article Document 55

Jones, Edwin; Allen, David; Moore, Kate; Phillips, Bethan; Lowe, Kathy

Restraint and self-injury in people with intellectual disabilities: a review.

Journal of Intellectual Disabilities 2007 March; 11(1): 105-118



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* **Article** Document 56

Chuang, Yeu-Hui; Huang, Hui-Tzu

Nurses' feelings and thoughts about using physical restraints on hospitalized older patients.

Journal of Clinical Nursing 2007 March; 16(3): 486-494



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Article Document 57

Kayton, Allyson

Newborn screening: a literature review

Neonatal Network 2007 March-April; 26(2): 85-95



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* **Article** Document 58

Hine, Karen

The use of physical restraint in critical care.

Nursing in Critical Care 2007 January-February; 12(1): 6-11



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Book Document 59

Flora, Stephen Ray

TAKING AMERICA OFF DRUGS: WHY BEHAVIORAL THERAPY IS MORE EFFECTIVE FOR TREATING ADHD, OCD, DEPRESSION, AND OTHER PSYCHOLOGICAL PROBLEMS

Albany: State University of New York Press, 2007. 184 p.

Call number: [RC489 .B4 F56 2007](#)



* **Article** Document 60

Patterson, Brodie

Developing a perspective on restraint and the least intrusive intervention

British Journal of Nursing 2006 December 14-2007 January 10; 15(22): 1235-1241



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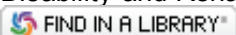


* **Article** Document 61

Gaber, Tarek A-Z. K.

Medico-legal and ethical aspects in the management of wandering patients following brain injury: questionnaire survey

Disability and Rehabilitation 2006 November 30; 28(22): 1413-1416



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* **Article** Document 62

Herrera, C.D.

Restraint use and autonomy in psychiatric care

Journal of Ethics in Mental Health 2006 November; 1(1): E5, 4 p.



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<http://www.jemh.ca/> (link may be outdated)



* **Article** Document 63

Haimowitz, Stephan

Legal consequences of seclusion and restraint [letter]

Psychiatric Services 2006 October; 57(10): 1516



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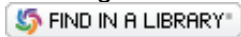


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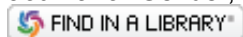


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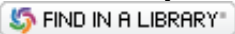


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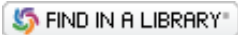


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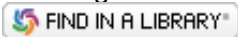


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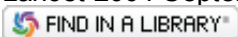


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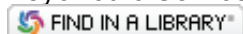


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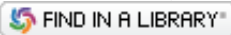
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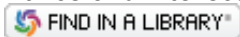


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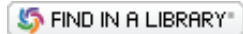


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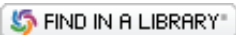
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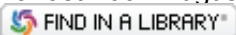


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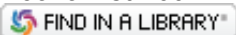
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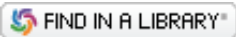


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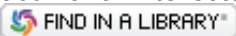


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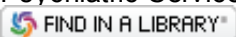


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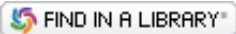


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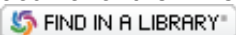


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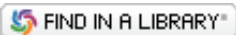


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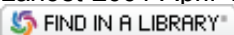


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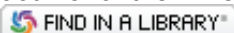


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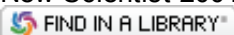


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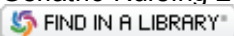


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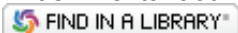


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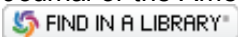


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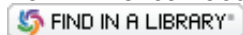


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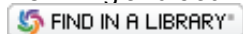


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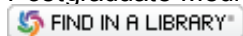


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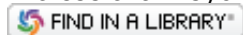


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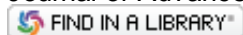


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