EthxWeb Search Results

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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.

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.

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.

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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Document 5
Vohs, Kathleen D. and Baumeister, Roy F.
HANDBOOK OF SELF-REGULATION: RESEARCH, THEORY, AND APPLICATIONS

Document 6
Butel, Jacques
[What changes in perspective in view?]. = Quels changements de perspective en vue?
Krankenpflege. Soins infirmiers 2011; 104(6): 44-7

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.

Document 8
Strout, Tania D
Perspectives on the experience of being physically restrained: an integrative review of the qualitative literature.
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.

Document 9
Godfrey, Alexandra; Bushardt, Reamer L
Is it ethical to substitute restraints for adequate treatment resources?
Document 10
Fagenholz, Peter J
When is restraint appropriate? An American view.
BMJ (Clinical research ed.) 2010 September 7; 341: c4702
Georgetown users check Georgetown Journal Finder for access to full text

Document 11
Sokol, Daniel K
When is restraint appropriate?
BMJ (Clinical research ed.) 2010 341(): c4147
Georgetown users check Georgetown Journal Finder for access to full text

Document 12
Priebe, Stefan; Sinclair, Julia; Burton, Alexandra; Marougka, Stamatis; Larsen, John; Firn, Mike; Ashcroft, Richard
Acceptability of offering financial incentives to achieve medication adherence in patients with severe mental illness: a focus group study.
Abstract: Offering financial incentives to achieve medication adherence in patients with severe mental illness is controversial.
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Document 13
Cleary, Michelle; Hunt, Glenn E; Walter, Garry
Seclusion and its context in acute inpatient psychiatric care.
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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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.

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.

Behrman, Sophie; Dunn, Michael

Physical restraint of medical inpatients: unravelling the red tape

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

Grubin, Don; beeoh, Anthony

Chemical castration for sex offenders [commentary]

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

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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* 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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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

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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.
Document 22
Hughes, Rhidian, ed.
RIGHTS, RISK, AND RESTRAINT-FREE CARE OF OLDER PEOPLE: PERSON-CENTRED APPROACHES IN HEALTH AND SOCIAL CARE
Call number: RC954.3 .R54 2010

Document 23
Walker-Renshaw, Barbara
Restraint to facilitate treatment: is it compatible with least restraint principles?
http://www.jemh.ca/ (link may be outdated)

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

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.

Document 26
Hughes, Rhidian, ed.
REDUCING RESTRAINTS IN HEALTH AND SOCIAL CARE: PRACTICE AND POLICY PERSPECTIVES
Call number: RT87 .R47 R44 2009
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Mohr, Wanda K.
Perilous omissions and misinformation.
Archives of Psychiatric Nursing 2008 December; 22(6): 315-317
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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)

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Ashcraft, Lori; Anthony, William
Eliminating seclusion and restraint in recovery-oriented crisis services
Psychiatric Services 2008 October; 59(10): 1198-1202
Georgetown users check Georgetown Journal Finder for access to full text

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
Georgetown users check Georgetown Journal Finder for access to full text

Document 31
Griffith, Richard; Tengnah, Cassam
British Journal of Community Nursing 2008 October; 13(10): 487-489
Georgetown users check Georgetown Journal Finder for access to full text

* Document 32
Hughes, Rhidian
Human rights and restraints.
British Journal of Hospital Medicine 2008 September; 69(9): 494-495
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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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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)

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)

Document 36

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

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

Georgetown users check Georgetown Journal Finder for access to full text

Document 37

Borenstein, Jeffrey

Teaching tool to reduce restraint and seclusion
Psychiatric Services 2008 April; 59(4): 448

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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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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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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

Georgetown users check Georgetown Journal Finder for access to full text

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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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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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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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

Document 45
Rollnick, Stephen; Miller, William R.; and Butler, Christopher C.
MOTIVATIONAL INTERVIEWING IN HEALTH CARE: HELPING PATIENTS CHANGE BEHAVIOR
Call number: R727.4 .R65 2008

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

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

Document 48
Mackenzie-Davies, Naomi; Mansell, J.
Assessment and treatment units for people with intellectual disabilites and challenging behaviour in England: an exploratory survey
Journal of Intellectual Disability Research 2007 October; 51(10): 802-811

Document 49
Fox, Douglas
Remote control brains
New Scientist 2007 July 21-27; 195(2613): 30-34

Document 50
**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.

**Document 52**
Moore, Kirsten; Haralambous, Betty

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

**Document 53**
Bakalar, Nicholas

**Ad limits seen as way to curb youth smoking and drinking**

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**Document 54**
Simmonds, John

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

**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
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

Document 57
Kayton, Allyson
*Newborn screening: a literature review*
Neonatal Network 2007 March-April; 26(2): 85-95

Document 58
Hine, Karen
*The use of physical restraint in critical care.*

Document 59
Flora, Stephen Ray
*TAKING AMERICA OFF DRUGS: WHY BEHAVIORAL THERAPY IS MORE EFFECTIVE FOR TREATING ADHD, OCD, DEPRESSION, AND OTHER PSYCHOLOGICAL PROBLEMS*
Call number: RC489 .B4 F56 2007

Document 60
Patterson, Brodie
*Developing a perspective on restraint and the least intrusive intervention*

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
**Document 62**
Herrera, C.D.

*Restrain use and autonomy in psychiatric care*

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**Document 63**
Haimowitz, Stephan

*Legal consequences of seclusion and restraint [letter]*
Psychiatric Services 2006 October; 57(10): 1516

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**Document 64**
Dubner, Stephen J.; Levitt, Steven D.

*Selling soap: how do you get doctors to wash their hands?*
New York Times Magazine 2006 September 24; p. 22, 23

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**Document 65**
Seitler, Burton Norman

*On the implications and consequences of a neurobiochemical etiology of attention deficit hyperactive disorder (ADHD)*
Ethical Human Psychology and Psychiatry 2006 Fall-Winter; 8(3): 229-240

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**Document 66**
Karon, Bertram P.

*Can biological and psychological intervention be integrated into the treatment of psychosis? Probably not.*
Ethical Human Psychology and Psychiatry 2006 Fall-Winter; 8(3): 225-228

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**Document 67**
McLoughlin, Kris A.; Geller, Jeffrey L.

*The recovery model and seclusion and restraint [letter]*
Psychiatric Services 2006 July; 57(7): 1045

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Document 68
Use of physical restraints in rehabilitation settings: staff knowledge, attitudes and predictors
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Document 69
Califano, Joseph A. Jr; Sullivan, Louis W.
The flavor of marketing to kids (opinion)
Washington Post 2006 June 29; p. A27

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Document 70
Draper, Heather; McDiarmaid-Gordon, Adam; Strumidlo, Laura; Teuten, Bea; Updale, Eleanor
Virtual ethics committee, case 2: can we restrain Ivy for the benefit of others?
Clinical Ethics 2006 June; 1(2): 68-75
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Document 71
Blyth, Joanne
Witnessing 'barbaric' seclusion provided impetus for reflection
Nursing Standard 2006 May 10-16; 20(35): 27
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Document 72
Greene, Ross W.; Ablon, J. Stuart; Martin, Andrés
Use of collaborative problem solving to reduce seclusion and restraint in child and adolescent impatient units
Psychiatric Services 2006 May; 57(5): 610-612
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Liberman, Robert Paul; Smith, Gregory M.; Altenor, Aidan; Davis, Robert H.; LeBel, Janice; Huckshom, Kevin Ann; Frueh, B. Christopher; Grubaugh, Anouk L.; Robins, Cynthia S.
Elimination of seclusion and restraint: a reasonable goal? [letter and replies]
Psychiatric Services 2006 April; 57(4): 576-578
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Pennsylvania State Hospital system's seclusion and restraint reduction program
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LeBel, Janice; Goldstein, Robert
The economic cost of using restraint and the value added by restraint reduction or elimination
Psychiatric Services 2005 September; 56(9): 1109-1114
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Donat, Dennis C.
Encouraging alternatives to seclusion, restraint, and reliance on PRN drugs in a public psychiatric hospital
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Glover, Robert W.
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Curie, Charles G.
SAMHSA's commitment to eliminating the use of seclusion and restraint
Psychiatric Services 2005 September; 56(9): 1139-1140
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Wright, Evangeline
Mind-control experimentation: a travesty of human rights in the United States
Journal of Gender, Race and Justice 2005 Fall; 9(1): 211-239
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* Document 86
Mercer, J.
Coercive restraint therapies: a dangerous alternative mental health intervention
MedGenMed 2005 August 9; 7(3): 6
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Document 87
Clark, Masharia A.
Involuntary admission and the medical inpatient: judicious use of physical restraint
Medsurg Nursing 2005 August; 14(4): 213-219
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Warner, Melanie
Food industry defends marketing to children
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Folkes, Kathryn
Is restraint a form of abuse?
Paediatric Nursing 2005 July; 17(6): 41-44
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Sturmey, Peter; Lott, J.D.; Laud, R.; Matson, J.L.
Correlates of restraint use in an institutional population: a replication
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Kean, Brian
The risk society and attention deficit hyperactivity disorder (ADHD): a critical social research analysis concerning the development and social impact of the ADHD diagnosis
Ethical Human Psychology and Psychiatry 2005 Summer; 7(2): 131-142
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Cheung, Pracy P.Y.; Yam, Bernard M.C.
Patient autonomy in physical restraint.
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Welles, James F.
Journal of Information Ethics 2005 Spring; 14(1): 79-81
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Colaizzi, Janet
**Seclusion and restraint: a historical perspective**
Journal of Psychosocial Nursing and Mental Health Services 2005 February; 43(2): 31-37
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Tumeinski, Marc
**Problems associated with use of physical and mechanical restraints in contemporary human services [opinion]**
Mental Retardation 2005 February; 43(1): 43-47
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Delaney, Kathleen R.; Fogg, Louis
**Patient characteristics and setting variables related to use of restraint on four inpatient psychiatric units for youths**
Psychiatric Services 2005 February; 56(2): 186-192
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Lemov, Rebecca
**WORLD AS LABORATORY: EXPERIMENTS WITH MICE, MAZES, AND MEN**
Call number: [HM668 .L46 2005](#)

Jacobson, John W.; Foxx, Richard M.; and Mulick, James A., eds.
**CONTROVERSIAL THERAPIES FOR DEVELOPMENTAL DISABILITIES: FAD, FASHION, AND SCIENCE IN PROFESSIONAL PRACTICE**
Call number: [RC570.2 .C66 2005](#)
Yates, Kathy; Kunz, Michal; Czobor, Pal; Rabinowitz, Steve; Lindenmayer, Jean-Pierre; Volavka, Jan

A cognitive, behaviorally based program for patients with persistent mental illness and a history of aggression, crime or both: structure and correlates of completers of the program

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Monterosso, John; Royzman, Edward B.; Schwartz, Barry

Explaining away responsibility: effects of scientific explanation on perceived culpability
Ethics and Behavior 2005; 15(2): 139-158

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Hinshaw, Stephen P.

Objective assessment of covert antisocial behavior: predictive validity and ethical considerations

Abstract: Although less observable than the overt actions of fighting and assault, covert antisocial behaviors such as stealing and property destruction comprise an important subclass of externalizing behavior patterns, displaying considerable predictive power toward delinquency in adolescence. I discuss a laboratory paradigm for objective observation of such behaviors in children that has shown impressive concurrent and predictive validity among samples of boys with and without attention deficit hyperactivity disorder. Addressed herein are crucial questions regarding the ethics of tempting children to steal objects and small amounts of money and to deface property as well as the types of informed consent and debriefing procedures utilized in research with this paradigm. Weighing ethical considerations alongside the ability to predict delinquent behavior presents provocative issues for those interested in understanding the development of antisocial behavior.

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Hubbard, Julie A.

Eliciting and measuring children's anger in the context of their peer interactions: ethical considerations and practical guidelines

Abstract: Ecologically valid procedures for eliciting and measuring children's anger are needed to enhance researchers' theories of children's emotional competence and to guide intervention efforts aimed at reactive aggression. The purpose of this article is to describe a laboratory-based game-playing procedure that has been used successfully to elicit and measure children's anger across observational, physiological, and self-report channels. Steps taken to ensure that participants are treated ethically and fairly are discussed. The article highlights recently published data that emphasize the importance of provoking and assessing children's anger across multiple channels using laboratory-based procedures. Finally, it presents preliminary data that suggests that the safeguards taken to protect children were successful in making both children and their parents feel well treated and comfortable.

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Observing anger and aggression among preadolescent girls and boys: ethical dilemmas and practical solutions

Abstract: To understand how children manage anger and engage in various forms of aggression, it is important to observe children responding to peer provocation. Observing children's anger and aggression poses serious ethical and practical challenges, especially with samples of older children and adolescents. This article describes 2 laboratory methods for observing children's responses to peer provocation: 1 involves participants playing a game with a provoking child actor, and the other involves a pair of close friends responding to an actor posing as a difficult play partner. Both methods are described in detail, ethical safeguards are discussed, and evidence is presented to show that children understand their research rights in these types of investigations.

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