



Reducing Restrictive Practices Checklist

A self-assessment tool to help organisations ensure that the use of coercive and restrictive practice is minimised and the misuse and abuse of restraint is prevented.

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Checklist Overview

INTRODUCTION

The following self-assessment tool is intended for use by organisations who have joined the Restraint Reduction Network™ and made a clear public commitment to work together with service users, families, leaders, managers and frontline staff to ensure coercive and restrictive practice is minimised and the misuse and abuse of restraint is prevented.

Self-assessment is one of a number of helpful ways to enable an organisation to better understand its performance. The tool has been designed to help member organisations identify and think about those aspects of performance that can be celebrated and shared, and to understand which aspects of performance are weaker or not fully implemented. By undertaking this assessment it is hoped that this information can be used to inform the organisation's improvement/development plans.

In addition to informing organisational learning and improvement, the self-assessment tool has been developed to enable organisations to share their performance so that service users and families, frontline staff, commissioners and regulators can easily see what is happening: what is **going well** and what aspects are **being improved**. Some organisations may also wish to use the findings of the self-assessment tool to benchmark their service with other members of the Restraint Reduction Network™ (RRN). However, organisations should note that there is no 'pass' or 'fail' score, and there is no 'league table' which provides evidence to suggest that one organisation is performing better than another.

ASSESSMENT

Assessment and feedback are essential to organisational learning and improved performance and can be used to examine any aspect of service delivery at any level within an organisation. Whilst the assessment process can be undertaken by service users; families; frontline staff or managers; or small teams made up from a cross section of people/stakeholders within the organisation, the key to assessment is to focus on those aspects of service delivery which matter most to service users, families and those staff employed to deliver safe, effective and compassionate services. Regardless of approach, assessors need to be mindful that observer bias can influence findings so it is important that the process is valid, reliable, transparent and authentic to ensure that the assessment gives clear insight into organisational performance. When undertaking an assessment it is important to consider:

Validity	The extent to which the assessment reflects accurately what is observed and reported and how well this shows an approach aligned to the assessment criteria or evidence base.
Reliability	The extent to which the assessment is fair and consistent.
Transparency	The extent to which the assessment is clear to others so everyone knows what is expected/ what evidence is needed.
Authenticity	The extent to which the assessment is relevant to the workplace and the evidence identified is valued by stakeholders (e.g., service users and families, staff, regulators/commissioners).

Before undertaking the assessment, organisations may want to consider a few key questions:

1. What is the purpose of the observation/assessment?
2. Who is best placed to undertake the observation/assessment?
3. Do assessors need any preparation and/or support?
4. How and when will the observation/assessment take place?
5. How will the summary of findings be collated and shared?
6. How will areas for improvement be agreed upon and implemented?

If your organisations requires assistance in completing the checklist, analysing or interpreting the results and outcomes, or implementing changes as a result of completing the tool, please contact CPI for consultancy options: Geoff Turner, CPI (Crisis Prevention Institute). Email: gturner@crisisprevention.com. Tel: +44 (0)161 929 9777.

Whilst all observation methods have particular strengths and weaknesses, the self-assessment tool does not specify any particular approach as it is the organisation's responsibility to consider which approach will best fit their circumstances and services. A number of methods can be used to assess performance including direct observations; oral questions, surveys or interviews; written reports, policies or guidance; service user information such as behaviour support plans, advance directives or person-centred plans; case studies; training records; internal audits; and regulatory inspection reports. Assessors should be prepared to use a mixture of assessment methods and should endeavour to triangulate evidence using two or more sources so that there is a degree of confidence in relation to any specific aspect of organisational performance identified.

LAYOUT

Based on a review of published literature between 2004 and 2010, the self-assessment tool is presented in the form of a simple checklist structured around Huckshorn's Six Core Strategies (2005) which have been shown to enable organisations to eliminate or significantly minimise coercion and restrictive practices.

When undertaking the assessment, there is a criteria statement under each of the Core Strategies against which observed evidence is gathered or established so that the assessor can give a rating. The rating should be seen as a confidence 'score' which illustrates the extent to which the assessor believes the organisation implements a specific approach. It is important to note that during the assessment, it is not the role of the assessor to determine what, if and how any improvements can or should be made as this responsibility lies with the team, department or organisation.

PROCESS

Organisations should consider a suitable approach to assessing performance which best reflects the needs of their service. Whilst the self-assessment checklist provides the assessment criteria for assessors to observe or ask questions, organisations should also consider who to ask, how to ask, when to ask, factors that may positively or negatively influence the responses people give or the observations made, as well as how the assessment information will be collated and used in feedback.

When undertaking the assessment, a number of approaches can be used including:

1. Self-Assessment

Individual teams or departments can be asked to undertake a self-assessment in order to give greater control and responsibility by engaging with the assessment criteria, becoming more active in their learning and taking ownership of their performance.

Self-assessment and developing effective reflective skills are essential elements of restraint reduction that can help teams or departments to have a better understanding of exactly what is expected so that they can clearly identify what they do well (and can be celebrated) and what they may wish to improve.

2. Peer Assessment

Peer assessment involves one team or department taking responsibility for assessing the performance of another team or department. It is a powerful way to increase motivation and engagement. Peer assessment can encourage deeper understanding and learning of the assessment criteria and can allow departments to gain an understanding of how their peers implement or operationalise different approaches. Whilst peer assessors are often the harshest critics, they are also very good at identifying good practice and everyday examples of positive outcomes that their peers may overlook.

3. Service User and Family Assessment

Working together to increase understanding of service users' and families' experiences and ensuring the differing views of service users and families are collected and used to improve performance is a considerable challenge but one which brings many benefits to organisations. Gaining service user and family feedback on performance can have an effect on how services are planned, organised and delivered, which in turn can have a positive effect on care outcomes by making services more responsive to people's individual needs.

The National Centre for Involvement (2008) provides a number of guiding principles for service user involvement but in particular emphasises that honesty, in terms of what can and can't be changed, and feedback are two critical elements in the process.

SCORES

A simple assessment score is used to determine how well the organisation is perceived to be implementing a particular approach based on the assessor's observations and triangulation of evidence. Once a judgement is made, the score is entered against the criteria and an overall score is calculated for each section. The score can be taken from each section of the assessment tool and collated at the end to give an overall picture of the organisation's performance:

Criteria	Ranking	Score
This score is given to illustrate that the assessors believe that a particular approach is fully embedded into everyday working practice, values and culture. It would be an exception to find this approach not being implemented.	Yes	5
This score is given to illustrate that the assessors believe that some or all of a particular approach does happen, but it is not fully embedded into working practice, values and culture.	Partly	3
This score is given to illustrate that the assessors believe that a particular approach has been newly implemented and is not embedded in working practice, values and culture.	No	1
This score is given to illustrate that the assessors believe that a particular approach does not happen; or is not relevant to this team, department, organisation or service user group.	N/A	0

FEEDBACK

Once the assessment is complete, the organisation should consider how they will report the findings to stakeholders and how they will decide to identify those areas of performance which will become part of an improvement plan. Giving feedback is important and has greater credibility and validity to stakeholders (e.g., service users and families, staff, regulators and commissioners) when provided immediately after the assessment. Careful consideration should be given to when feedback is given and to whom, as well as how feedback is presented. Immediate or real-time feedback to stakeholders provides organisations with the opportunity to increase responsiveness by outlining how improvements will be made in order to drive quality and keep the focus on continuous improvement.

Assessment Criteria

Strategy 1: LEADERSHIP AND GOVERNANCE > The organisation develops a mission, vision and set of guiding values which promote non-coercion and the avoidance of restrictive practices.				
Criteria	Score			
	Yes	Partly	No	N/A
The organisation has a current restraint reduction strategy which outlines a range of multi-strategic approaches to reduce coercive approaches and to prevent the misuse and abuse of restraint.				
The restraint reduction strategy supports the organisation's mission, vision and values and emphasises the importance of person-centred care, compassion and dignity.				
The restraint reduction strategy directly evidences approaches which meet national, service-specific and regulatory guidelines and standards.				
The restraint reduction strategy is based around the RRN's Six Core Strategies and addresses restraint reduction across the entire organisation (service, department, team, individual service user).				
Service user and family views are considered and integrated into the reduction plan.				
The restraint reduction strategy is communicated across the organisation and shared with stakeholders (service users and families, staff, commissioners, regulators).				
Restraint reduction is supported by strong, visible leadership. A senior manager is named as a lead for restraint reduction, and service users and families know who to speak to if they have concerns.				
The organisation's Senior Management Team and Board receives regular reports on the organisation's performance in relation to restraint reduction.				
There is an effective governance framework and policy in relation to the use of restrictive practices to ensure restraint is not misused or abused.				
There is a clear and transparent complaints procedure specific to the use of restrictive practices which enables service users, families and staff to raise concerns regarding the use of restraint.				
The organisation's policy on the use of restrictive practices provides clear and unambiguous criteria outlining when restrictive practice may be considered an appropriate and reasonable intervention.				
Leaders and managers promote a culture of care and compassion and inspire staff to build open and positive relationships with service users and families.				
The prevailing culture in the organisation emphasises that the use of restraint is a 'treatment failure'. Whenever restrictive practices are implemented, there is a clear approach which shows how staff will attempt to ensure further restraint is avoided in the future.				
The misuse and abuse of restrictive practices is consistently addressed by leaders and managers.				
TOTAL SCORE Add all scores above for Raw Score. Divide by 14 for Mean.	Raw		Mean (Raw/14)	

AREAS FOR IMPROVEMENT

Strategy 1: LEADERSHIP AND GOVERNANCE > In order of priority, list the potential areas for improvement.
1.
2.
3.

Strategy 2: PERFORMANCE MANAGEMENT > The organisation uses a 'systems thinking' approach and identifies the key performance measures.

Criteria	Score			
	Yes	Partly	No	N/A
The organisation clearly sets out the measures that are used to determine the level of performance in relation to restraint and restraint reduction.				
The measures used are valid and the data captured takes account of the varying number of users accessing the service (e.g., incident rates are expressed as a rate per number of service users; rates per number of care hours/days delivered).				
The measures used capture the use of all restrictive practices to ensure a reduction in one method of restrictive intervention is not substituted for an increase in another.				
The organisation has an approach to incident reporting and recording which accurately captures measures of performance.				
Data is captured and used to inform the organisation about performance in relation to the specified measures.				
Data is shared at all levels within the organisation so that everyone is aware of the organisation's performance (organisational, department, team and individual level).				
Data is used non-punitively to understand organisational performance and to highlight achievements and successes so that good practice is shared.				
Data is used non-punitively to understand organisational performance and to identify potential areas for improvement.				
Data is used non-punitively to identify potential areas of conflict that lead to restrictive practices being used so that preventative measures can be maintained or implemented in order to avoid or minimise such conflict.				
Data is provided to and used by staff to help them understand the needs of each person they support.				
TOTAL SCORE Add all scores above for Raw Score. Divide by 10 for Mean.	Raw		Mean (Raw/10)	

AREAS FOR IMPROVEMENT

Strategy 2: PERFORMANCE MANAGEMENT > In order of priority, list the potential areas for improvement.

1
2.
3.

Strategy 3: LEARNING AND DEVELOPMENT > The organisation ensures its workforce has the necessary knowledge and skills to improve workplace performance.

Criteria	Score			
	Yes	Partly	No	N/A
The organisation has a workforce development plan which sets out the training required to develop and maintain the knowledge and skills staff need to support service users effectively.				
As part of the workforce development plan, staff receive an appropriate level of training in person-centred values, recovery and restraint reduction.				
As part of the workforce development plan, staff receive an appropriate level of training in Positive Behaviour Support.				
As part of the workforce development plan, staff receive training in a range of preventative measures which focus on conflict avoidance and resolution including: <ul style="list-style-type: none"> • Understanding the nature and cause of conflict, aggression and violence. • Effective interpersonal skills. • Effective listening skills. • Verbal de-escalation. • Trauma-informed care. • Delivering person-centred support. • Collaborative problem solving. • Risk assessment and positive risk taking. • Debriefing. 				
As part of the workforce development plan, staff receive training in crisis prevention and management, including the use of physical interventions where required.				
Staff training is accredited and/or linked to national or sector-specific guidance.				
Staff training provides evidence of competence which enables the organisation to deliver outcomes which meet national, regulatory or sector-specific guidance.				
Staff receive effective ongoing supervision, support and workplace coaching to ensure learning is transferred into practice.				
The organisation implements an ongoing training cycle which ensures that staff maintain their competencies and continue to develop their knowledge and skills.				
Staff receive workplace support which enables them to apply their learning to the specific needs of individuals they support.				
TOTAL SCORE Add all scores above for Raw Score. Divide by 10 for Mean.	Raw		Mean (Raw/10)	

AREAS FOR IMPROVEMENT

Strategy 3: LEARNING AND DEVELOPMENT > In order of priority, list the potential areas for improvement.

1.
2.
3.

Strategy 4: PERSONALISED SUPPORT > Staff focus on providing personalised support that 'works' for individuals using services.				
Criteria	Score			
	Yes	Partly	No	N/A
Service users are fully involved in planning their individualised care and support.				
Each service user has an individual behaviour support plan which outlines how flexible and responsive support is provided at a primary and secondary preventative level so that potential conflict or crisis situations can be avoided.				
The primary and secondary interventions in each service user's support plan focus on approaches which help the person to address factors that impact on their behaviour (e.g., physical and mental well-being; personal, social and environmental factors; coping strategies; occupation).				
A formal risk assessment is used to determine those individuals who are likely to present crisis behaviour which is a risk to self or others.				
Where risk behaviours are identified, each service user's behaviour support plan outlines how flexible and responsive crisis intervention and post-crisis support will be delivered.				
Where restrictive practices are used to manage crisis behaviour, individual service user risks assessments are completed to ensure the welfare, safety and dignity of the individual is maintained.				
Staff are routinely briefed on each user's behaviour support plan and know how to implement the service user's preferred strategies to avoid or minimise conflict and how to safely implement restrictive practices if required.				
Behaviour support plans are trauma-sensitive and trauma-informed so the specific needs of each service user are identified and supported.				
All restrictive practices are considered and planned around the needs of individual service users in order to maintain their welfare, safety and dignity. Universal or blanket restrictions are not applied unless supported by a risk assessment and appropriate guidance which considers the welfare, safety and dignity of all users; e.g. restricting materials which pose a fire hazard (matches, cigarette lighters).				
The environment promotes a culture of care, welfare, safety and collaboration. There is a calm and positive culture which promotes interpersonal connections between service users and staff.				
Service users have access to quiet areas or sensory rooms where they can go as an alternative to seclusion.				
All incidents of restrictive practice are reviewed by the team in partnership with the service user so that everyone gains a better understanding of what happened and what can be addressed in the future so that conflict can be avoided and future restrictive interventions minimised.				
There is a non-punitive external review* of all incidents which helps everyone to gain a better understanding of performance in order to improve personalised support so that the use of restrictive practices can be avoided in the future. *The term 'external review' is used to indicate that the review involves someone not directly involved in the incident. This can be another team member, line manager or advocate; or it may include individuals or teams from external departments or agencies.				
TOTAL SCORE Add all scores above for Raw Score. Divide by 13 for Mean.	Raw		Mean (Raw/13)	

AREAS FOR IMPROVEMENT

Strategy 4: PERSONALISED SUPPORT > In order of priority, list the potential areas for improvement.
1.
2.
3.

Strategy 5: CUSTOMER INVOLVEMENT > The organisation fully involves the people who use services and establishes a clear understanding of their needs.

Criteria	Score			
	Yes	Partly	No	N/A
Organisations clearly communicate the range of restrictive practices authorised and approved for use within the service. Clear information is given to service users and families which outlines the circumstances when restrictive practices can be used, including how to complain when service users and families are unhappy about the use of restraint.				
Organisations involve service users and families in developing their restraint reduction strategy.				
Organisations ensure that best practice in restraint reduction focuses on the specific needs of individuals and ensures that the potential for discriminatory bias (e.g., as a result of age, gender, race, religion) in the use of restrictive practice is avoided.				
Service users are recruited as advocates, experts by experience and workplace champions to promote the restraint reduction strategy within the service.				
Organisations implement strategies which engage and empower service users to determine the care and support they need so that conflict and the use of restrictive practices are avoided.				
Service users are involved in the co-delivery of training to staff on the use of restrictive practices.				
Service users are involved in establishing communal rules which enable people living in shared environments to avoid or minimise conflict.				
Debriefing is always offered/provided to service users when any restrictive practice is implemented.				
Where it is difficult for the service user to engage in debriefing, debriefing is augmented to the needs of the individual.				
Outcomes of debriefing are used to enable collaborative action with service users and staff to develop more effective personal support and behavioural management strategies.				
Organisations share their performance with service users and families so that everyone knows the successes achieved and any key areas for improvement.				
TOTAL SCORE Add all scores above for Raw Score. Divide by 11 for Mean.	Raw		Mean (Raw/11)	

AREAS FOR IMPROVEMENT

Strategy 5: CUSTOMER INVOLVEMENT > In order of priority, list the potential areas for improvement.

1.
2.
3.

Strategy 6: CONTINUOUS IMPROVEMENT > The organisation adopts a culture of reflection and learning in order to improve how it operates.

Criteria	Score			
	Yes	Partly	No	N/A
The organisation has a systematic process and management method for improving, building and sustaining performance in relation to conflict avoidance and restraint reduction.				
Continuous improvement in relation to conflict avoidance and restraint reduction occurs at an organisational, team and individual service user level.				
The organisation's governance arrangements ensure the use of all restrictive practices is scrutinised so that efforts to prevent or minimise restrictive practices are continually implemented and evaluated.				
The organisation uses assessment tools which give an indication of staff attitudes towards restraint reduction and the level of care and compassion afforded to service users subject to restrictive practices.				
Project teams are established to help the organisation find successful improvement strategies to reduce conflict and the use of restrictive practices.				
The organisation provides staff with simple tools and techniques to understand workplace performance and how to make improvements to the quality of service delivered.				
There is a culture of candour. The organisation accepts when things go wrong and shows a commitment to improve.				
TOTAL SCORE Add all scores above for Raw Score. Divide by 7 for Mean.	Raw		Mean (Raw/7)	

AREAS FOR IMPROVEMENT

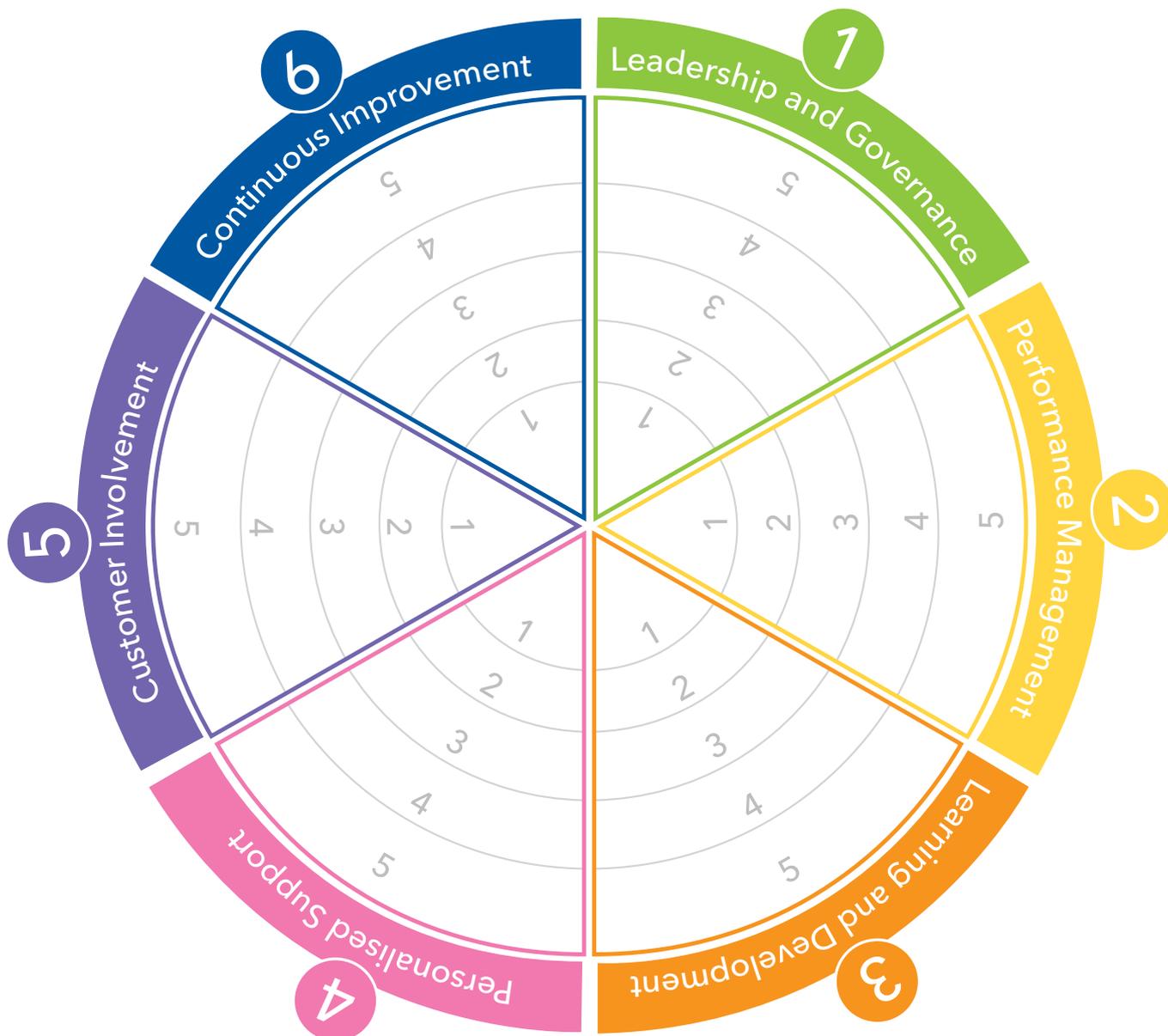
Strategy 6: CONTINUOUS IMPROVEMENT > In order of priority, list the potential areas for improvement.

1.

2.

3.

Shade in the approximate mean score for each strategy in the chart below.



This year we are committed to improving the following aspects of our service:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Bibliography and Resources

- Allen, M.H. & Currier, G.W. 2004, "Use of restraints and pharmacotherapy in academic psychiatric emergency services", *General Hospital Psychiatry*, vol. 26, no. 1, pp. 42-49.
- Amering, M., Stastny, P. & Hopper, K. 2005, "Psychiatric advance directives: Qualitative study of informed deliberations by mental health service users", *The British Journal of Psychiatry*, vol. 186, no. 3, pp. 247-252.
- Ashcraft, L. & Anthony, W. 2008, "Eliminating seclusion and restraint in recovery-oriented crisis services", *Psychiatric Services*, vol. 59, no. 10, pp. 1198-1202.
- Azeem, M.W., Aujla, A., Rammerth, M., Binsfeld, G. & Jones, R.B. 2011, "Effectiveness of six core strategies based on trauma informed care in reducing seclusions and restraints at a child and adolescent psychiatric hospital", *Journal of Child & Adolescent Psychiatric Nursing*, vol. 24, no. 1, pp. 11-15.
- Badger, F. & Mullan, B. 2004, "Aggressive and violent incidents: Perceptions of training and support among staff caring for older people and people with head injury", *Journal of Clinical Nursing*, vol. 13, no. 4, pp. 526-533.
- Barton, S.A., Johnson, M.R. & Price, L.V. 2009, "Achieving restraint-free on an inpatient behavioral health unit", *Journal of Psychosocial Nursing & Mental Health Services*, vol. 47, no. 1, pp. 34-40.
- Beech, B. & Leather, P. 2006, "Workplace violence in the health care sector: A review of staff training and integration of training evaluation models", *Aggression and Violent Behavior*, vol. 11, no. 1, pp. 27-43.
- Bellonci, C., Huefner, J.C., Griffith, A.K., Vogel-Rosen, G., Smith, G.L. & Preston, S. 2013, "Concurrent reductions in psychotropic medication, assault, and physical restraint in two residential treatment programs for youth", *Children and Youth Services Review*, vol. 35, no. 10, pp. 1773-1779.
- Benson, R., Miller, G., Rogers, P. & Allen, J. 2012, "Strategies to prevent restraint-related deaths", *Mental Health Practice*, vol. 15, no. 7, pp. 32-35.
- Bonner, G. 2007. *The psychological impact of restraint in acute mental health settings: The experiences of staff and inpatients*. Retrieved from http://vistas.uwl.ac.uk/417/1/Gwen_Bonner_-_Phd.pdf
- Borckardt, J.J., Madan, A., Grubaugh, A.L., Danielson, C.K., Pelic, C.G., Hardesty, S.J., Hanson, R., Herbert, J., Cooney, H. & Benson, A. 2011, "Systematic investigation of initiatives to reduce seclusion and restraint in a state psychiatric hospital", *Psychiatric Services*, vol. 62, no. 5, pp. 477-483.
- Boumans, C.E., Egger, J.I.M., Souren, P.M. & Hutschemaekers, G.J.M. 2014, "Reduction in the use of seclusion by the methodical work approach", *International Journal of Mental Health Nursing*, vol. 23, no. 2, pp. 161-170.
- Bowers, L., Brennan, G., Flood, C., Lipang, M. & Oladapo, P. 2006, "Preliminary outcomes of a trial to reduce conflict and containment on acute psychiatric wards: City Nurses", *Journal of Psychiatric and Mental Health Nursing*, vol. 13, no. 2, pp. 165-172.
- Bowers, L., Alexander, J., Bilgin, H., Botha, M., Dack, C., James, K., Jarrett, M., Jeffery, D., Nijman, H. & Owiti, J. 2013, "Safewards: The empirical basis of the model and a critical appraisal", *Journal of Psychiatric and Mental Health Nursing*.
- Bowers, L., Ross, J., Owiti, J., Baker, J., Adams, C. & Stewart, D. 2012, "Event sequencing of forced intramuscular medication in England", *Journal of Psychiatric and Mental Health Nursing*, vol. 19, no. 9, pp. 799-806.
- Bowers, L. 2014, "A model of de-escalation", *Mental Health Practice*, vol. 19, no. 9, pp. 36-37.
- Bowers, L., Allan, T., Simpson, A., Jones, J. & Whittington, R. 2009, "Morale is high in acute inpatient psychiatry", *Social Psychiatry & Psychiatric Epidemiology*, vol. 44, no. 1, pp. 39-46.
- Bowers, L., Van Der Merwe, M., Nijman, H., Hamilton, B., Noorthorn, E., Stewart, D. & Muir-Cochrane, E. 2010, "The practice of seclusion and time-out on English acute psychiatric wards: The City-128 Study", *Archives of Psychiatric Nursing*, vol. 24, no. 4, pp. 275-286.
- Bowers, L., Van Der Merwe, M., Paterson, B. & Stewart, D. 2012, "Manual restraint and shows of force: The City-128 study", *International Journal of Mental Health Nursing*, vol. 21, no. 1, pp. 30-40.
- Bridgett, D.J., Valentino, K. & Hayden, L.C. 2012, "The contribution of children's temperamental fear and effortful control to restraint and seclusion during inpatient treatment in a psychiatric hospital", *Child Psychiatry and Human Development*, vol. 43, no. 6, pp. 821-836.
- Browne, V., Knott, J., Dakis, J., Fielding, J., Lyle, D., Daniel, C., Bruce, M. & Virtue, E. 2011, "Improving the care of mentally ill patients in a tertiary emergency department: Development of a psychiatric assessment and planning unit", *Australasian Psychiatry*, vol. 19, no. 4, pp. 350-353.
- Butterworth, R. & Harbison, I. 2011, "Restraint and never events: An opportunity for change", *Mental Health Practice*, vol. 15, no. 1, pp. 30-32.
- Carson, G. 2010, "Restraint put on hold", *Community Care*, no. 1837, pp. 20-21.
- Champagne, T. & Stromberg, N. 2004, "Sensory approaches in inpatient psychiatric settings: Innovative alternatives to seclusion & restraint", *Journal of Psychosocial Nursing & Mental Health Services*, vol. 42, no. 9, pp. 34.
- Chan, C. & Chung, C. 2005, "A retrospective study of seclusion in an emergency department", *Hong Kong Journal of Emergency Medicine*, vol. 12, no. 1, pp. 6-13.
- Chandler, G. 2012, "Reducing use of restraints and seclusion to create a culture of safety", *Journal of Psychosocial Nursing & Mental Health Services*, vol. 50, no. 10, pp. 29-36.
- Chilvers, J., Thomas, C. & Stanbury, A. 2011, "The impact of a ward-based mindfulness programme on recorded aggression in a medium secure facility for women with learning disabilities", *Journal of Learning Disabilities and Offending Behaviour*, vol. 2, no. 1, pp. 27-41.
- Ching, H., Daffern, M., Martin, T. & Thomas, S. 2010, "Reducing the use of seclusion in a forensic psychiatric hospital: Assessing the impact on aggression, therapeutic climate and staff confidence", *Journal of Forensic Psychiatry & Psychology*, vol. 21, no. 5, pp. 737-760.
- Clarke, Z. 2011, "Finding alternatives to restraint: A team of champions in Sheffield, set up to guide service providers on referrals for restraint, has done much to raise awareness of the issues involved. Zara Clarke discusses the progress of the project", *Learning Disability Practice*, vol. 14, no. 2, pp. 21-23.
- Colton, D. 2004, *Checklist for assessing your organization's readiness for reducing seclusion and restraint*. Retrieved July 2014 from <http://www.nm.stir.ac.uk/documents/ld-restraint-reduction-paper.pdf>
- Cummings, K., Grandfield, S.A., & Coldwell, C.M. 2010, "Caring with comfort rooms: Reducing seclusion and restraint use in psychiatric facilities", *Journal of Psychosocial Nursing & Mental Health Services*, vol. 48, no. 6, pp. 26-30.

- Curran, S.S. 2007, "Staff resistance to restraint reduction: Identifying and overcoming barriers", *Journal of Psychosocial Nursing & Mental Health Services*, vol. 45, no. 5, pp. 45.
- Dahan, S., Levi, G., Behrbalk, P., Melamed, Y. & Bleich, A. 2007, "Born to be free: The influence of raising the awareness of the nursing staff to the reduction of the use of physical restraints on restraint orders, hours of restraint and the numbers of patients restrained – a retrospective study", *BMC Psychiatry*, vol. 7, pp. 1-1.
- Day, A., Daffern, M., & Simmons, P. 2010, "Use of restraint in residential care settings for children and young people", *Psychiatry, Psychology and Law*, vol. 17, no. 2, pp. 230-244.
- Dean, A.J., Duke, S.G., George, M. & Scott, J. 2007, "Behavioral management leads to reduction in aggression in a child and adolescent psychiatric inpatient unit", *Journal of the American Academy of Child & Adolescent Psychiatry*, vol. 46, no. 6, pp. 711-720.
- Delaney, K.R. 2006, "Evidence base for practice: Reduction of restraint and seclusion use during child and adolescent psychiatric inpatient treatment", *Worldviews on Evidence-Based Nursing*, vol. 3, no. 1, pp. 19-30.
- Deveau, R. & McDonnell, A. 2009, "As the last resort: Reducing the use of restrictive physical interventions using organisational approaches", *British Journal of Learning Disabilities*, vol. 37, no. 3, pp. 172-177.
- Donat, D.C. 2005, "Special section on seclusion and restraint: Encouraging alternatives to seclusion, restraint, and reliance on PRN drugs in a public psychiatric hospital", *Psychiatric Services*, vol. 56, no. 9, pp. 1105-1108.
- Donat, D.C. 2006, "Impact of a clinical-administrative review procedure on reducing reliance on psychotropic PRN medication", *Psychiatric Rehabilitation Journal*, vol. 29, no. 3, pp. 215-218.
- D'Orio, B.M., Purselle, D., Stevens, D. & Garlow, S.J. 2004, "Reduction of episodes of seclusion and restraint in a psychiatric emergency service", *Psychiatric Services*, vol. 55, no. 5, pp. 581-583.
- Downes, M.A., Healy, P., Page, C.B., Bryant, J.L. & Isbister, G.K. 2009, "Structured team approach to the agitated patient in the emergency department", *Emergency Medicine Australasia*, vol. 21, no. 3, pp. 196-202.
- Downey, L.V., Zun, L.S. & Gonzales, S.J. 2007, "Frequency of alternative to restraints and seclusion and uses of agitation reduction techniques in the emergency department", *General Hospital Psychiatry*, vol. 29, no. 6, pp. 470-474.
- Duxbury, J., Aiken, F. & Dale, C. 2011, "Deaths in custody: The role of restraint", *Journal of Learning Disabilities and Offending Behaviour*, vol. 2, no. 4, pp. 178-189.
- Duxbury, J. & Paterson, B. 2005, "The use of physical restraint in mental health nursing: An examination of principles, practice and implications for training", *Journal of Adult Protection*, vol. 7, no. 4, pp. 13-24.
- Dye, S., Brown, S. & Chhina, N. 2009, "Seclusion and restraint usage in seven English psychiatric intensive care units (PICUs)", *Journal of Psychiatric Intensive Care*, vol. 5, no. 02, pp. 69-79.
- Farrell, G. & Cubit, K. 2005, "Nurses under threat: A comparison of content of 28 aggression management programs", *International Journal of Mental Health Nursing*, vol. 14, no. 1, pp. 44-53.
- Flannery Jr, R.B., Farley, E., Rego, S. & Walker, A.P. 2007, "Characteristics of staff victims of psychiatric patient assaults: 15-year analysis of the Assaulted Staff Action Program (ASAP)", *Psychiatric Quarterly*, vol. 78, no. 1, pp. 25-37.
- Gaskin, C.J., Elsom, S.J. & Happell, B. 2007, "Interventions for reducing the use of seclusion in psychiatric facilities: Review of the literature", *The British Journal of Psychiatry*, vol. 191, pp. 298-303.
- Gaskin, C.J., McVilly, K.R. & McGillivray, J.A. 2013, "Initiatives to reduce the use of seclusion and restraints on people with developmental disabilities: A systematic review and quantitative synthesis", *Research in Developmental Disabilities*, vol. 34, no. 11, pp. 3946-3961.
- Georgieva, I., de Haan, G., Smith, W. & Mulder, C.L. 2010, "Successful reduction of seclusion in a newly developed psychiatric intensive care unit", *Journal of Psychiatric Intensive Care*, vol. 6, no. 1, pp. 31-38.
- Georgieva, I., Mulder, C.L. & Whittington, R. 2012, "Evaluation of behavioral changes and subjective distress after exposure to coercive inpatient interventions", *BMC Psychiatry*, vol. 12.
- Gerolamo, A.M. 2006, "The conceptualization of physical restraint as a nursing-sensitive adverse outcome in acute care psychiatric treatment settings", *Archives of Psychiatric Nursing*, vol. 20, no. 4, pp. 175-185.
- Gibson, R., Novakovic, A., Francis, K., McGilloway, K., Adkin, A., & Odekunle, S. 2008. "Service evaluation of multidisciplinary therapy on an acute psychiatric ward", *The Mental Health Review*, vol. 13, no. 3, pp. 32-39.
- Gold, H. A. 2011, "Restraining restraints: Decreasing the use of restraints on individuals with special needs". Retrieved from <http://csus-dspace.calstate.edu/handle/10211.9/1312>
- Greene, R., Ablon, J.S., Hassuk, B., Regan, K.M., & Martin, A. 2006, "Innovations: Child & adolescent psychiatry: Use of collaborative problem solving to reduce seclusion and restraint in child and adolescent inpatient units", *Psychiatric Services*, vol. 57, no. 5, pp. 610-612.
- Griffiths, J. & Wilcox, D. 2013, "Positive behaviour support in a medium secure environment", *Mental Health Practice*, vol. 16, no. 10, pp. 24-27.
- Happell, B. & Harrow, A. 2010, "Nurses' attitudes to the use of seclusion: A review of the literature", *International Journal of Mental Health Nursing*, vol. 19, no. 3, pp. 162-168.
- Hoekstra, T., Lendemeijer, H. & Jansen, M. 2004, "Seclusion: The inside story", *Journal of Psychiatric & Mental Health Nursing*, vol. 11, no. 3, pp. 276-283.
- Hollins, L. & Stubbs, B. 2011, "Managing the risks associated with physical intervention: A discussion paper", *The British Journal of Forensic Practice*, vol. 13, no. 4, pp. 257-263.
- Holstead, J., Lamond, D., Dalton, J., Horne, A. & Crick, R. 2010, "Restraint reduction in children's residential facilities: Implementation at Damar Services", *Residential Treatment for Children & Youth*, vol. 27, no. 1, pp. 1-13.
- Huckshorn, K. 2008, "Six Core Strategies for Reducing Seclusion and Restraint Use". Alexandria, VA: NASMHPD (National Association of State Mental Health Program Directors).
- Huckshorn, K. 2006, "Re-designing state mental health policy to prevent the use of seclusion and restraint", *Administration and Policy in Mental Health and Mental Health Services Research*, vol. 33, no. 4, pp. 482-91.
- Huckshorn, K.A. 2004, "Reducing seclusion & restraint use in mental health settings: Core strategies for prevention", *Journal of Psychosocial Nursing & Mental Health Services*, vol. 42, no. 9, pp. 22.
- Huf, G., Coutinho, E.S.F. & Adams, C.E. 2012, "Physical restraints versus seclusion room for management of people with acute aggression or agitation due to psychotic illness (TREC-SAVE): a randomized trial", *Psychological Medicine*, vol. 42, no. 11, pp. 2265-73.
- Hyde, S., Fulbrook, P., Fenton, K. & Kilshaw, M. 2009, "A clinical improvement project to develop and implement a decision-making framework for the use of seclusion", *International Journal of Mental Health Nursing*, vol. 18, no. 6, pp. 398-408.

- Jankovic, J., Richards, F. & Priebe, S. 2010, "Advance statements in adult mental health", *Advances in Psychiatric Treatment*, vol. 16, no. 6, pp. 448-455.
- Janssen, W., Noorthoorn, E., Linge, R.V. & Lendemeijer, B. 2007, "The influence of staffing levels on the use of seclusion", *International Journal of Law and Psychiatry*, vol. 30, no. 2, pp. 118-126.
- Johnson, M.E. 2010, "Violence and restraint reduction efforts on inpatient psychiatric units", *Issues in Mental Health Nursing*, vol. 31, no. 3, pp. 181-197.
- Jones, E., Allen, D., Moore, K., Phillips, B. & Lowe, K. 2007, "Restraint and self-injury in people with intellectual disabilities: A review", *Journal of Intellectual Disabilities: JOID*, vol. 11, no. 1, pp. 105-118.
- Jones, P. & Kroese, B.S. 2007, "Service users' views of physical restraint procedures in secure settings for people with learning disabilities", *British Journal of Learning Disabilities*, vol. 35, no. 1, pp. 50-54.
- Jonikas, J.A., Cook, J.A., Rosen, C., Laris, A. & Kim, J. 2004, "Brief reports: A program to reduce use of physical restraint in psychiatric inpatient facilities", *Psychiatric Services*, vol. 55, no. 7, pp. 818-820.
- Kelley, E.C. 2014, "Reducing violence in the emergency department: A rapid response team approach", *Journal of Emergency Nursing*, vol. 40, no. 1, pp. 60-64.
- Keski-Valkama, A., Sailas, E., Eronen, M., Koivisto, A. M., Lönnqvist, J., & Kaltiala-Heino, R. 2010. "The reasons for using restraint and seclusion in psychiatric inpatient care: A nationwide 15-year study". *Nordic Journal of Psychiatry*, vol. 64, no. 2, pp. 136-144.
- Khadivi, A.N., Patel, R.C., Atkinson, A.R. & Levine, J.M. 2004, "Association between seclusion and restraint and patient-related violence", *Psychiatric Services*, vol. 55, no. 11, pp. 1311-1312.
- Kindy, D., Petersen, S. & Parkhurst, D. 2005, "Perilous work: Nurses' experiences in psychiatric units with high risks of assault", *Archives of Psychiatric Nursing*, vol. 19, no. 4, pp. 169-175.
- Knox, D.K. & Holloman, G.H., Jr 2012, "Use and avoidance of seclusion and restraint: Consensus statement of the American association for emergency psychiatry project Beta seclusion and restraint workgroup", *The Western Journal of Emergency Medicine*, vol. 13, no. 1, pp. 35-40.
- Kontio, R., Välimäki, M., Putkonen, H., Cocoman, A., Turpeinen, S., Kuosmanen, L. & Joffe, G. 2009, "Nurses' and physicians' educational needs in seclusion and restraint practices", *Perspectives in Psychiatric Care*, vol. 45, no. 3, pp. 198-207.
- Kontio, R., Välimäki, M., Putkonen, H., Kuosmanen, L., Scott, A. & Joffe, G. 2010, "Patient restrictions: Are there ethical alternatives to seclusion and restraint?" *Nursing Ethics*, vol. 17, no. 1, pp. 65-76.
- Kronstorfer, R. 2007, *Definition and use of coercive measures in old age psychiatry settings in Germany and Wales*, BioMed Central.
- Kynoch, K., Wu, C. & Chang, A., M. 2011, "Interventions for preventing and managing aggressive patients admitted to an acute hospital setting: A systematic review", *Worldviews on Evidence-Based Nursing*, vol. 8, no. 2, pp. 76-86.
- Laker, C., Gray, R. & Flach, C. 2010, "Case study evaluating the impact of de-escalation and physical intervention training", *Journal of Psychiatric and Mental Health Nursing*, vol. 17, no. 3, pp. 222-228.
- Larue, C., Dumais, A., Ahern, E., Bernheim, E. & Mailhot, M. 2009, "Factors influencing decisions on seclusion and restraint", *Journal of Psychiatric and Mental Health Nursing*, vol. 16, no. 5, pp. 440-446.
- LeBel, J., Nunno, M. A., Mohr, W. K., & O'Halloran, R. 2012. "Restraint and seclusion use in US school settings: Recommendations from allied treatment disciplines", *American Journal of Orthopsychiatry*, vol. 82, no. 1, p. 75.
- LeBel, J. 2014, "First randomised controlled-trial research on seclusion and restraint reduction achieves intent", *Evidence-Based Mental Health*, vol. 17, no. 2, pp. 40-41.
- Lee, S., Gray, R. & Gournay, K. 2012, "Comparing the outcomes of the application of C&R (general service) and SCIP in the management of disturbed behaviour in mental health care", *Journal of Mental Health*, vol. 21, no. 3, pp. 307-317.
- Lepping, P., Steinert, T., Needham, I., Abderhalden, C., Flammer, E. & Schmid, P. 2009, "Ward safety perceived by ward managers in Britain, Germany and Switzerland: Identifying factors that improve ability to deal with violence." *Journal of Psychiatric and Mental Health Nursing*, vol. 16, pp. 629-635.
- Letizia, M., Babler, C. & Cockrell, A. 2004, "Repeating the call for restraint reduction", *MEDSURG Nursing*, vol. 13, no. 1, pp. 9-13.
- Lewis, M., Taylor, K. & Parks, J. 2009, "Crisis prevention management: A program to reduce the use of seclusion and restraint in an inpatient mental health setting", *Issues in Mental Health Nursing*, vol. 30, no. 3, pp. 159-164.
- Luiselli, J.K. 2009, "Physical restraint of people with intellectual disability: A review of implementation reduction and elimination procedures", *Journal of Applied Research in Intellectual Disabilities*, vol. 22, no. 2, pp. 126-134.
- Luiselli, J.K., Dunn, E.K. & Pace, G.M. 2005, "Antecedent assessment and intervention to reduce physical restraint (protective holding) of children and adolescents with acquired brain injury", *Behavioral Interventions*, vol. 20, no. 1, pp. 51-65.
- Lundström, M., Antonsson, H., Karlsson, S. & Graneheim, U. 2011, "Use of physical restraints with people with intellectual disabilities living in Sweden's group homes", *Journal of Policy & Practice in Intellectual Disabilities*, vol. 8, no. 1, pp. 36-41.
- MacDaniel, M. 2009, "Comfort rooms", New York State Office of Mental Health, Office of Quality Management. Retrieved 1.7.14 from https://www.omh.ny.gov/omhweb/resources/publications/comfort_room/
- Macpherson, R., Dix, R. & Morgan, S. 2005, "A growing evidence base for management guidelines: Revisiting guidelines for the management of acutely disturbed psychiatric patients", *Advances in Psychiatric Treatment*, vol. 11, no. 6, pp. 404-415.
- Maguire, T., Young, R. & Martin, T. 2012, "Seclusion reduction in a forensic mental health setting", *Journal of Psychiatric & Mental Health Nursing*, vol. 19, no. 2, pp. 97-106.
- Markwell, S.K. 2005, "Long-term restraint reduction: One hospital's experience with restraint alternatives", *Journal of Nursing Care Quality*, vol. 20, no. 3, pp. 253-260.
- Marrow, M.T., Knudsen, K.J., Olafson, E. & Bucher, S.E. 2012, "The Value of Implementing TARGET within a Trauma-Informed Juvenile Justice Setting", *Journal of Child & Adolescent Trauma*, vol. 5, no. 3, pp. 257-270.
- Martin, A., Krieg, H., Esposito, F., Stubbe, D. & Cardona, L. 2008, "Reduction of restraint and seclusion through collaborative problem solving: A five-year prospective inpatient study", *Psychiatric Services*, vol. 59, no. 12, pp. 1406-1412.
- Mental Health Commission, Ireland. 2012. "Seclusion and Physical Restraint Reduction. Knowledge Review and Draft Strategy". Retrieved July 2014 from www.mhcirl.ie/File/SecandPPR_KnowRev.pdf
- McClellan, B., Dench, C., Grey, I., Shanahan, S., Fitzsimons, E., Hendler, J. & Corrigan, M. 2005, "Person Focused Training: A model for delivering positive behavioural supports to people with challenging behaviours", *Journal of Intellectual Disability Research*, vol. 49, no. 5, pp. 340-352.

- McCue, R.E., Urcuyo, L., Lili, Y., Tobias, T. & Chambers, M.J. 2004, "Reducing restraint use in a public psychiatric inpatient service", *Journal of Behavioral Health Services & Research*, vol. 31, no. 2, pp. 217-224.
- McKenzie, K., Powell, H. & McGregor, L. 2004, "The impact of control and restraint training on nursing students", *Learning Disability Practice*, vol. 7, no. 9, pp. 34-37.
- Miller, G., Paterson, B., Benson, R. & Rogers, P. 2007, "Violence reduction in mental health and criminal justice: Recent and current developments", *The Journal of Mental Health Training, Education and Practice*, vol. 2, no. 1, pp. 28-41.
- Miller, J.A., Hunt, D.P. & Georges, M.A. 2006, "Reduction of physical restraints in residential treatment facilities", *Journal of Disability Policy Studies*, vol. 16, no. 4, pp. 202-208.
- National Centre for Involvement. 2008, Retrieved from healthwatchgloucestershire.co.uk/docs/nci%20governance.pdf
- National Institute for Health and Care Excellence. 2014, "ESUOM28: Rapid tranquillisation in mental health settings: promethazine hydrochloride". Retrieved from <https://www.nice.org.uk/guidance/esuom28/resources/rapid-tranquillisation-in-mental-health-settings-promethazine-hydrochloride-54116459008294597>
- National Mental Health Working Group. 2005, *National safety priorities in mental health: A national plan for reducing harm*, Health Priorities and Suicide Prevention Branch, Department of Health and Ageing, Commonwealth of Australia, Canberra.
- Nishimura, C.F. 2011, "Eliminating the use of restraint and seclusion against students with disabilities", *Texas Journal on Civil Liberties & Civil Rights*, vol. 16, no. 2, pp. 189-231.
- O'Hagan, M., Divis, M. & Long, J. 2008, "Best practice in the reduction and elimination of seclusion and restraint: seclusion time for change", *Auckland: Te Pou Te Whakaaro Nui: the National Centre of Mental Health Research, Information and Workforce Development*.
- Paterson, B. 2009, "Control and restraint: changing thinking, practice and policy", *Mental Health Practice*, vol. 13, no. 2, pp. 16-20.
- Paterson, B., Mcintosh, I., Wilkinson, D., Mccomish, S. & Smith, I. 2013, "Corrupted cultures in mental health inpatient settings. Is restraint reduction the answer?" *Journal of Psychiatric & Mental Health Nursing*, vol. 20, no. 3, pp. 228-235.
- Pollard, R., Yanasak, E.V., Rogers, S.A. & Tapp, A. 2007, "Organizational and unit factors contributing to reduction in the use of seclusion and restraint procedures on an acute psychiatric inpatient unit", *Psychiatric Quarterly*, vol. 78, no. 1, pp. 73-81.
- Prescott, D.L., Madden, L.M., Dennis, M., Tisher, P. & Wingate, C. 2007, "Reducing mechanical restraints in acute Psychiatric care settings using rapid response teams", *Journal of Behavioral Health Services & Research*, vol. 34, no. 1, pp. 96-105.
- Price, O. & Baker, J. 2012, "Key components of de-escalation techniques: A thematic synthesis", *International Journal of Mental Health Nursing*, vol. 21, no. 4, pp. 310-319.
- Prinsen, E.J. & van Delden, J.J. 2009, "Can we justify eliminating coercive measures in psychiatry?" *Journal of Medical Ethics*, vol. 35, no. 1, pp. 69-73.
- Putkonen, A., Kuivalainen, S., Louheranta, O., Repo-Tiihonen, E., Ryyänen, O., Kautiainen, H. & Tiihonen, J. 2013, "Cluster-randomized controlled trial of reducing seclusion and restraint in secured care of men with schizophrenia", *Psychiatric Services*, vol. 64, no. 9, pp. 850-855.
- Quinn, A. & Shera, W. 2009, "Evidence-based practice in group work with incarcerated youth", *International Journal of Law and Psychiatry*, vol. 32, no. 5, pp. 288-293.
- Raboch, J., Kališová, L., Nawka, A., Kitzlerová, E., Onchev, G., Karastergiou, A., Magliano, L., Dembinskas, A., Kiejna, A. & Torres-Gonzales, F. 2010, "Use of coercive measures during involuntary hospitalization: Findings from ten European countries", *Psychiatric Services*, vol. 61, no. 10, pp. 1012-1017.
- Roberton, T., Daffern, M., Thomas, S. & Martin, T. 2012, "De-escalation and limit-setting in forensic mental health units", *Journal of Forensic Nursing*, vol. 8, no. 2, pp. 94-101.
- Robson, D. & Gray, R. 2007, "Serious mental illness and physical health problems: A discussion paper", *International Journal of Nursing Studies*, vol. 44, no. 3, pp. 457-466.
- Romijn, A. & Frederiks, B.J.M. 2012, "Restriction on restraints in the care for people with intellectual disabilities in the Netherlands: Lessons learned from Australia, UK, and United States", *Journal of Policy & Practice in Intellectual Disabilities*, vol. 9, no. 2, pp. 127-133.
- Russell, M., Maher, C., Dorrell, M., Pitcher, C. & Henderson, L. 2009, "A comparison between users and non-users of Devereux's Safe and Positive Approaches Training Curricula in the reduction of injury and restraint", *Residential Treatment for Children & Youth*, vol. 26, no. 3, pp. 209-220.
- Ryan, J.B., Peterson, R., Tetreault, G. & Hagen, E.V. 2007, "Reducing seclusion timeout and restraint procedures with at-risk youth", *Journal of At-Risk Issues*, vol. 13, no. 1.
- Sailas, E., & Wahlbeck, K. 2005. "Restraint and seclusion in psychiatric inpatient wards", *Current Opinion in Psychiatry*, vol. 18, no. 5, pp. 555-559.
- Sanders, K. 2009, "The effects of an action plan, staff training, management support and monitoring on restraint use and costs of work-related injuries", *Journal of Applied Research in Intellectual Disabilities*, vol. 22, no. 2, pp. 216-220.
- Scanlan, J. 2010, "Interventions to reduce the use of seclusion and restraint in inpatient psychiatric settings: What we know so far a review of the literature", *International Journal of Social Psychiatry*, vol. 56, pp. 412-423.
- Schreiner, G.M., Crafton, C.G. & Sevin, J.A. 2004, "Decreasing the use of mechanical restraints and locked seclusion", *Administration and Policy in Mental Health and Mental Health Services Research*, vol. 31, no. 6, pp. 449-463.
- Sclafani, M.J., Humphrey, I., Frederick, J., Repko, S., Ko, H.S., Wallen, M.C. & DiGiacomo, A. 2008, "Reducing patient restraints: A pilot approach using clinical case review", *Perspectives in Psychiatric Care*, vol. 44, no. 1, pp. 32-39.
- Shelton, D., Kesten, K., Zhang, W. & Trestman, R. 2011, "Impact of a Dialectic Behavior Therapy-Corrections Modified (DBT-CM) Upon Behaviorally Challenged Incarcerated Male Adolescents", *Journal of Child and Adolescent Psychiatric Nursing*, vol. 24, no. 2, pp. 105-113.
- Singh, N.N., Lancioni, G.E., Winton, A.S., Singh, A.N., Adkins, A.D. & Singh, J. 2009, "Mindful staff can reduce the use of physical restraints when providing care to individuals with intellectual disabilities", *Journal of Applied Research in Intellectual Disabilities*, vol. 22, no. 2, pp. 194-202.
- Sivak, K. 2012, "Implementation of comfort rooms to reduce seclusion, restraint use, and acting-out behaviors", *Journal of Psychosocial Nursing & Mental Health Services*, vol. 50, no. 2, pp. 24-34.
- Smalls, Y. 2004, *Utility of the implementation of programmatic systems to reduce and eliminate restraint use for the treatment of problem behaviors with individuals with mental retardation*.

- Smith, G.M., Davis, R.H., Bixler, E.O., Lin, H., Altenor, A., Altenor, R.J., Hardentstine, B.D. & Kopchick, G.A. 2005, "Special section on seclusion and restraint: Pennsylvania State Hospital System's seclusion and restraint reduction program", *Psychiatric Services*, vol. 56, no. 9, pp. 1115-1122.
- Steckley, L. 2010, "Containment and holding environments: Understanding and reducing physical restraint in residential child care", *Children and Youth Services Review*, vol. 32, no. 1, pp. 120-128.
- Steinert, T., Eisele, F., Goeser, U., Tschoeke, S., Uhlmann, C. & Schmid, P. 2008, "Successful interventions on an organisational level to reduce violence and coercive interventions in in-patients with adjustment disorders and personality disorders", *Clinical Practice and Epidemiology in Mental Health*, vol. 4, pp. 27.
- Steinert, T., Lepping, P., Bernhardsgrütter, R., Conca, A., Hatling, T., Janssen, W., Keski-Valkama, A., Mayoral, F. & Whittington, R. 2010, "Incidence of seclusion and restraint in psychiatric hospitals: A literature review and survey of international trends", *Social Psychiatry and Psychiatric Epidemiology*, vol. 45, no. 9, pp. 889-897.
- Stewart, D., Van der Merwe, M., Bowers, L., Simpson, A. & Jones, J. 2010, "A review of interventions to reduce mechanical restraint and seclusion among adult psychiatric inpatients", *Issues in Mental Health Nursing*, vol. 31, no. 6, pp. 413-424.
- Stubbs, B., Leadbetter, D., Paterson, B., Yorston, G., Knight, C. & Davis, S. 2009, "Physical intervention: A review of the literature on its use, staff and patient views, and the impact of training", *Journal of Psychiatric & Mental Health Nursing*, vol. 16, no. 1, pp. 99-105.
- Sturmey, P., Lott, J., Laud, R. & Matson, J. 2005, "Correlates of restraint use in an institutional population: A replication", *Journal of Intellectual Disability Research*, vol. 49, no. 7, pp. 501-506.
- Sturmey, P. 2009, "It is time to reduce and safely eliminate restrictive behavioural practices", *Journal of Applied Research in Intellectual Disabilities*, vol. 22, no. 2, pp. 105-110.
- Substance Abuse and Mental Health Services Administration. 2005, *Roadmap to seclusion and restraint free mental health services*. HHS Pub. No. (SMA) 05-4055. Retrieved from store.samhsa.gov/product/SMA06-4055
- Sullivan, A.M., Bezmen, J., Barron, C.T., Rivera, J., Curley-Casey, L. & Marino, D. 2005, "Reducing restraints: Alternatives to restraints on an inpatient psychiatric service—Utilizing safe and effective methods to evaluate and treat the violent patient", *Psychiatric Quarterly*, vol. 76, no. 1, pp. 51-65.
- Sullivan, M. & Ghroum, P. 2013, "Incident reporting to improve clinical practice in a medium-secure setting", *Mental Health Practice*, vol. 16, no. 7, pp. 16-20.
- Sutton, D., Wilson, M., Van Kessel, K. & Vanderpyl, J. 2013, "Optimizing arousal to manage aggression: A pilot study of sensory modulation", *International Journal of Mental Health Nursing*, vol. 22, no. 6, pp. 500-511.
- Swanson, J.W., Swartz, M.S., Elbogen, E.B., Van Dorn, R.A., Wagner, H.R., Moser, L.A., Wilder, C. & Gilbert, A.R. 2008, "Psychiatric advance directives and reduction of coercive crisis interventions", *Journal of Mental Health*, vol. 17, no. 3, pp. 255-267.
- Taylor, T.L., Killaspy, H., Wright, C., Turton, P., White, S., Kallert, T.W., Schuster, M., Cervilla, J.A., Brangier, P. & Raboch, J. 2009, "A systematic review of the international published literature relating to quality of institutional care for people with longer term mental health problems", *BMC Psychiatry*, vol. 9, no. 1, pp. 55.
- Tekkas, K. & Bilgin, H. 2010, "[Professional containment methods used in psychiatry wards: justifications for their utilization, types, international practices, and perceptions]", *Türk Psikiyatri Dergisi = Turkish Journal of Psychiatry*, vol. 21, no. 3, pp. 235-242.
- van de Sande, R., Nijman, H.L.I., Noorthoorn, E.O., Wierdsma, A.I., Hellendoorn, E., van der Staak, C. & Mulder, C.L. 2011, "Aggression and seclusion on acute psychiatric wards: Effect of short-term risk assessment", *The British Journal of Psychiatry*, vol. 199, no. 6, pp. 473-478.
- Van Doeselaar, M., Slegers, P. & Hutschemaekers, G. 2008, "Professionals' attitudes toward reducing restraint: The case of seclusion in The Netherlands", *Psychiatric Quarterly*, vol. 79, no. 2, pp. 97-109.
- Wale, J.B., Belkin, G.S. & Moon, R. 2011, "Reducing the use of seclusion and restraint in psychiatric emergency and adult inpatient services- improving patient-centered care", *The Permanente Journal*, vol. 15, no. 2, pp. 57-62.
- Williams, D.E. 2010, "Reducing and eliminating restraint of people with developmental disabilities and severe behavior disorders: An overview of recent research", *Research in Developmental Disabilities*, vol. 31, no. 6, pp. 1142-1148.
- Williams, D.E. & Grossett, D.L. 2011, "Reduction of restraint of people with intellectual disabilities: An organizational behavior management (OBM) approach", *Research in Developmental Disabilities*, vol. 32, no. 6, pp. 2336-2339.
- Witte, L. 2008, "Reducing the use of seclusion and restraint", *Behavioral Healthcare*, vol. 28, no. 4, pp. 54-57.