

Implications for Changing Our Practice: New Information About the Use of Restraints and Seclusion

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Patients in psychiatric treatment continue to die when placed in restraints, yet the practice continues. More than 14 children and adults died in the first four months of this year alone [2000]. The use of restraints as a therapeutic intervention is not supported by research and in fact the scant research available demonstrates that the use of restraints is not only not therapeutic, but could be very harmful. In fact, the procedure does not fit the criteria for therapeutic intervention and should be more properly thought of as a security measure. Staff on psychiatric units have not been found to have the knowledge about the use of restraints, nor the skill to assess or intervene, before using restraints to facilitate the safe care of patients.

A recent review of the use of restraints finds evidence that the use of restraints has the potential to cause detrimental psychological effects, and also to be lethal. Placing an individual in restraints can initiate a cascade of physiological reactions that can result in immune system depression, cardiac crisis, respiratory distress, and other permanent traumatic sequelae. The outcome of these sequelae is far too often death.

For further information concerning the use of restraints that is evidence based, please see forthcoming articles in *Scholarly Inquiry in Nursing Practice* (Mohr & Finke); *American Journal of Orthopsychiatry* (Mohr & Kennedy); and *Nursing Ethics* (Mohr & Horton-Deutsch). Other articles are under review on this topic in *Archives of Psychiatric Nursing* (Mohr & Mohr); and in *Psychiatric Services* (Mohr, Petti, & Mohr).