Physical restraint procedures for managing challenging behaviours presented by mentally retarded adults and children

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Authors' objectives
To examine the efficacy of using physical restraint procedures in the management of challenging behaviours presented by mentally retarded adults and children.

Searching
Database of British Institute of Learning Disabilities Current Awareness Service was searched for reports published between 1974 and 1994 (keywords: control, restraint). Also additional sources were traced from citations in books and journal papers.

Study selection
Study designs of evaluations included in the review
The designs of the studies were not explicitly stated. Most were single case.

Specific interventions included in the review
Three types of physical restraint: one or more person holding another; use of a mechanical device fitted to limit movement or reduce injury; voluntary application of a personal or mechanical restraint.

Participants included in the review
Mentally retarded adults and children with a mean age of 17.7 years were included.

Outcomes assessed in the review
The outcomes included changes in behaviour and side-effects such as SIB (self inflicted behaviours), changes in social interaction, head-hitting, kicking, slaps, play patterns and movement suppression

How were decisions on the relevance of primary studies made?
The author does not state how the papers were selected for the review, or how many of the reviewers performed the selection.

Assessment of study quality
The author does not state that they assessed validity.

Data extraction
The author does not state how the data were extracted for the review, or how many of the reviewers performed the data extraction.

Methods of synthesis
How were the studies combined?
A narrative review was undertaken.

How were differences between studies investigated?
The results were presented by type of restraint, and design and methodology issues were discussed.

Results of the review
Twenty-five reports detailing 32 separate studies (73 participants) were included. Twenty-one studies were single case (40 participants).

Outcomes for continuous (noncontingent) restraint: mechanical restraints reduce the frequency of specific challenging behaviours while they are being worn. They also lead to reductions in the occurrence of self-restraint, but, unless systematic fading is introduced, this lasts only while the devices are in place.

Outcomes for restraint applied contingently: most published reports indicate that when personal restraint is applied contingently to achieve movement suppression, it does result in significant reductions in the frequency of target behaviours.

Authors’ conclusions
Restraint as a treatment procedure for challenging behaviours is poorly understood. Data indicating how interventions may be manipulated to achieve beneficial outcomes while minimising the risk of undesirable side-effects is scarce and inconsistent. There is no coherent theoretical analysis of the impact of restraint on individual/environment interactions. Restraint is clearly not a benign procedure providing temporary respite from environmental contingencies, but is an intrusive form of intervention which can have both positive and negative consequences.

This review is based upon reports of clinical research involving carefully planned and monitored interventions. The implications for service delivery in settings which have neither the resources nor the expertise to conduct similar treatment programmes are, therefore, somewhat tenuous. No research is available on current use of physical restraint procedures in services for adults and children with learning disabilities. Further research is needed to provide evidence about current practice, the characteristics of effective treatment programmes, and the mechanisms which determine outcomes.

CRD commentary
The review adequately states its objectives, interventions, participants, outcomes, search strategy and results. It lacks sufficient detail on methods of data extraction, combining of results and assessment of differences between the studies. No information was reported on the process by which inclusion criteria were applied. The search strategy was limited to one specific electronic database. The results reflect the evidence presented but should be treated with caution, as the primary research was mostly single-case studies and the review lacks information about the methods used.

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MeSH
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AccessionNumber
Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.