



# Reducing or Eliminating Behavioral Restraint in Mental Health Settings (1-30-13)

## **What is behavioral restraint?**

Behavioral restraint refers to restraint that is used in emergency situations, such as those involving aggressive or violent behavior that poses an immediate, serious risk of physical harm. Restraint causes a person – an adult or a minor - to lose freedom of movement. This may restrict physical activity or normal access to one's body. It may include physical force or manual holds. It may include a mechanical device, such as straps or leather cuff restraints. Or it may include medications or drugs, known as chemical restraints.

## **Can behavioral restraint cause human suffering and trauma?**

Yes. Behavioral restraint is traumatic and may cause physical injury to the individual as well as staff members. It may cause death even when done "safely" and correctly. It is frightening and degrading and can cause long-term psychological trauma.

## **How can we reduce the use of behavioral restraint?**

The use of behavioral restraint should be a measure of last resort. Yet, studies show that it is often used when an individual is merely being loud, disruptive or not following direction. It can result from a struggle between a facility staff member trying to enforce facility rules or direct the individual's behavior when the

individual is simply expressing personal choice. There are alternatives to using behavioral restraint, such as recovery-oriented crisis services that focus on working with individuals rather than trying to control them.

## **Are there laws to reduce the use of behavioral restraints?**

Yes. All Californians in mental health facilities have a right to be free from harm, including unnecessary use of excessive restraints.<sup>i</sup> Less restrictive crisis response techniques or methods must be used to help the person control his or her behavior.

## **When can behavioral restraint be used?**

Behavioral restraint may only be used:

1. In emergencies to prevent imminent risk of physical harm
2. When other less restrictive approaches have failed
3. For the least amount of time necessary
4. In the least restrictive way<sup>ii</sup>

## **When is behavioral restraint improper?**

Restraint must never be used as a “means of coercion, discipline, convenience, or retaliation.”<sup>iii</sup> It should not be used when there are less restrictive approaches that can effectively resolve the emergency situation. These should be discussed between the individual and the treatment team upon admission to a facility. Restraint can never be used as a standing order (i.e. an order written in advance and in anticipation of a possible emergency event). A new order must be made by a qualified professional (i.e. physician or other licensed professional authorized by the state to write treatment orders) each time it is used. The order for restraint is also time-limited. There must be a timely face-to-face assessment of the person after being restrained. Certain practices are especially risky or are prohibited, such as restraint face down with the person’s hands restrained behind the back. There are also requirements for monitoring or observing a person who is restrained.

## **Is staff trained to prevent the use of behavioral restraint?**

Not always. At most facilities, staff members receive training in alternative interventions to avoid using restraint and, if necessary, how to apply restraints properly. However, training is not required in all mental health settings.

## **Can an advance directive minimize the risk of harm?**

Yes. Facilities are required to discuss a person's preferences for resolving a potential crisis situation upon admission. This includes identifying early warning signs or triggers and the crisis response that is most effective. Prior trauma or medical conditions must be discussed. This assessment must include input from someone whom the person desires to be present, such as a family member, significant other or authorized representative, if available.<sup>iv</sup>

## **Can a discussion after the incident help reduce the use of behavioral restraint?**

Yes. There should be thorough discussion after an incident to:

1. Problem-solve
2. Make changes if there were problems identified
3. Limit or reduce the negative lingering effects
4. Prevent future incidents

## **Are there positive approaches that can minimize the risk of harm?**

Yes. The National Technical Assistance Center has identified six core strategies for reducing the use of restraint:

1. Provide leadership to make positive change
2. Use data about the use of restraint to inform future practices
3. Train staff members

4. Use restraint and crisis-prevention tools
5. Actively recruit and involve consumers
6. Thoroughly discuss all issues following every instance of restraint<sup>v</sup>

Crisis prevention and early intervention should be a team effort involving interactive discussion between the individual and staff members – together you can find better ways to avoid the use of behavioral restraint.

## **Are there grievance procedures for the inappropriate use of restraint?**

Yes. For more information, contact:

1. The County Mental Health Patients' Rights Advocate<sup>vi</sup>
2. California Department of Public Health Licensing & Certification<sup>vii</sup>
3. The County Bar Association<sup>viii</sup>
4. Disability Rights California at: 1-800-776-5746.

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<sup>i</sup> See Welf. & Inst. Code § 5325.1(c).

<sup>ii</sup> See Title 22, Cal. Code of Regulations, § 71545; Title 9, Cal. Code of Regs., §865.2(a).

<sup>iii</sup> See Health & Safety Code § 1180.4(k); Title 9, Cal. Code of Regs., § 865.4(a).

<sup>iv</sup> See Health & Safety Code § 1180.4(a).

<sup>v</sup> See <http://66.147.244.209/~tashorg/wp-content/uploads/2011/01/National-Technical-Assistance-Center.pdf>

<sup>vi</sup> See the following link for a list of County Patients' Rights offices:

[http://www.disabilityrightsca.org/OPR/pr\\_a\\_directory.pdf](http://www.disabilityrightsca.org/OPR/pr_a_directory.pdf)

<sup>vii</sup> See: <http://www.cdph.ca.gov/programs/LnC/Pages/LnCContact.aspx>

<sup>viii</sup> See: [http://california.lp.findlaw.com/ca03\\_associations/cabar.html](http://california.lp.findlaw.com/ca03_associations/cabar.html)

We want to hear from you! After reading this fact sheet please take this short survey and give us your feedback.

English version: <http://fs12.formsite.com/disabilityrightsca/form54/index.html>

Spanish version: <http://fs12.formsite.com/disabilityrightsca/form55/index.html>

***The California Mental Health Services Authority (CaMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CaMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.***

