Crisis Intervention and De-escalation

Presented by:
Kaleidoscope Family Solutions, Inc.

Objectives

Participants will be able to:

- Explain the importance of assessing and planning for potential crisis.
  - Recognizing crisis situations
- Describe the various safety issues and strategies for working in your environment.
  - Precautions to take
- Learning and Implementing De-escalation Techniques.

What is Crisis?

- Individual presents a significant physical threat to the safety and welfare of **others**
- Individual presents a significant physical threat to the safety and welfare of **him/herself**

Why is Crisis Intervention and De-escalation Important?

Safety for individuals and Direct Support Staff

Decrease the risk of injury for the individual and others

What Can We Do To Avoid and Be Prepared for Crisis?

- Environmental Factors
  - Have another person present when possible
    - Co-worker, Family member, Behavior Specialist, etc.
  - Cell phone charged
    - With numbers programmed in of who you can call for back-up/help (supervisor, family member, mobile crisis, Behavior Specialist, etc.)
    - Have an “In Case of Emergency” contact listed in your phone as “ICE”.
      - This helps the police to identify who can be contacted for you if you are not responsive.

What Can We Do To Avoid and Be Prepared for Crisis?

- Environmental Factors *(continued)*
  - Be familiar with the environment
    - Where are harmful objects (knives, heavy objects, etc.)
    - Every day objects can be used as weapons
    - Always have an escape plan
      - Know where all of the exits are
      - You should know more than one way in and out of every neighborhood, building, and room
    - Be aware of any potential dangers in the area (room, building, neighborhood, etc.)
    - Know the community that you are in with your individual
      - Where is the local hospital, police station, etc.
      - Are there any police or security guards positioned nearby?
    - Pay attention to other people
      - Where are other people located in the environment?
      - Body language of the individual and others

What Can We Do To Avoid and Be Prepared for Crisis?

- Environmental Factors *(continued)*
  - Travel and work during daylight when possible
  - Your positioning
    - Avoid backing yourself into a corner
    - Avoid sitting somewhere that you do not have more than one direction of escape or where it would be hard to get up
      - Ex: arm chair or sofa
    - Have easy access to 2 or more exits

What Can We Do To Avoid and Be Prepared for Crisis?

- Clothing attire
  - No flowy/extra loose fitting clothes that could be grabbed easily
  - Avoid necklaces and lanyards
    - Use Velcro lanyards so they will break apart if grabbed and pulled
  - No scarves
    - Scarves could be a choking hazard if grabbed and pulled
  - Wear sneakers or other shoes you can easily move quickly in

What Can We Do To Avoid and Be Prepared for Crisis?

- Prior Knowledge
  - Know the individual's Individual Support Plan (ISP) or Individualized Education Plan (IEP)
    - What does the individual enjoy (may help to distract or de-escalate)?
    - How does the individual communicate best?
  - Know the steps to the individual's Crisis Intervention Plan (CIP) if they have one
    - What should you do and who should you contact if a crisis occurs?
  - Know the individual's Behavior Support Plan (BSP) if they have one
    - What are potential triggers to behaviors?
    - What behaviors are on the BSP?
    - How can you potentially deescalate the individual?

What Can We Do To Avoid and Be Prepared for Crisis?

- Ensure that someone else is aware of your schedule and knows where you are going
- Call someone in the individual's home prior to your visit
  - Listen to any potential background noise
    - Do you hear any noises in the background that you should be aware of such as the individual making noises like he is upset or any arguments taking place?
  - Check in to see how the individual's day is going so far and if the individual has any plans for the rest of the day

What Can We Do To Avoid and Be Prepared for Crisis?

- Know about past incidents of violent behavior
  - What triggered the behavior?
  - How was someone able to de-escalate the individual?
  - What were the behaviors that were displayed?
  - Where did past incidents occur?
  - How long did past incidents occur for?
  - What actions were taken after the incident to hopefully avoid the incident from reoccurring?

What Can We Do To Avoid and Be Prepared for Crisis?

- Other aspects to consider:
  - Work within your skillset
  - Consider your prior experience in similar situations
  - Think about what could go wrong
    - Anticipating the unexpected may help you to prepare for what may actually happen
  - Be ready and alert for work
    - Consider if you are in good health and awake enough to work

Assessing Crisis

Learn to avoid, recognize and diffuse potential crisis situations.

In the following slides we will review:
Factors Precipitating Crisis

Environmental
Psychiatric
Physiological
Psychological

Know the Frequency, Intensity and Duration (FDI) of each if any apply to your individual

Environmental Factors Precipitating Crisis

- Be aware of any conflicts in the home
  - Have you noticed any arguments taking place while you're present or have you noticed any tension?
  - Has your individual made you aware of any conflicts that have occurred at home?
- What triggers may be present?
  - Holidays
  - Extra people in the home
  - Financial stress
  - Crowds, changes in routine or anything else that impacts the individual's sensory concerns
  - What potential triggers are listed in the individual's Behavior Support Plan?
- Is there any active alcohol or drug use in the home?
- Be aware of any weapons on the premise

Psychiatric Factors Precipitating Crisis

- Be aware of any Mental Health and Emotional Disorders your individual may have
  - These can be found in the individuals ISP, IEP or through other team members that know about the individual
- Be aware of any substance abuse
- Be aware of any active psychotic symptoms
  - Hallucinations
  - Delusions
  - Listen to and take note of what your individual is saying and may be experiencing

Physiological Factors Precipitating Crisis

- Drug use
- Alcohol use
- Medications
  - Know the potential side effects to the medications that your individual is taking
  - Know about any medication changes and look up how those medication changes could impact the individual
    - Remember that medications will impact each person differently!
  - Ask other team members who are familiar with that individual for additional information in regards to the medications
- Fatigue
  - Ask your individual how they slept last night and if they feel well rested or tired
- Illness/Pain
  - Ask your individual how they are feeling at the beginning of your shift with them

Psychological Factors Precipitating Crisis

- Fear
  - Be aware of any fears that your individual may have and try to avoid encountering triggers for those fears
- Guilt
  - Help your individual to process why they may feel guilty and brainstorm ways to help them to not feel that way
- Loss of Control
  - Help your individual feel as though they are in control of certain aspects of their life
    - Let them choose what clothes they want to wear, where they want to go for lunch, what activity they would like to do, etc.
    - Prepare your individual for possible unexpected changes to the schedule or plan for the day
- Social Situations
  - Be aware of the individual's culture because this could play a role in how the individual reacts to various social situations
    - This could especially play a role if the individual's culture differs from the society's definition of "social norms"
  - Be aware of any daily stressors that the individual may come across
  - Help the individual to feel as though they are receiving adequate positive attention
  - Assist the individual with communicating their needs and ensure that individual feels as though he is being heard

Crisis & Mental Illness

- The majority of crises are not the direct result of mental illness
- Most crisis are a result of a combination of factors:
  - Opportunity
  - Expectation of Reward
  - Expectation of Impunity (exemption from consequences of an action)

Avoid, Recognize, and Diffuse Potential Crisis Situations

- Limit opportunities or the appearance of opportunities for the individual to create a crisis situation
- Look at situations for any vulnerability
- There is strength in numbers
  - Have other people present when possible
- Use all your senses to prevent being a victim of a crisis
  - What do you see, hear, smell, feel

Three Main Characteristics of Crisis Situations

- They are temporary
- There is usually aggressive behavior
- There is usually a pattern

The Crisis Cycle

- Stimulation
  - What are the triggers?
  - How should you respond?
- Escalation
  - What are the behaviors?
  - What are your options?
- Crisis – Out of Control
  - What are the behaviors?
  - Use the least restrictive means to manage the situation.
- De-escalation
- Stabilization
- Baseline Behavior or Post-Crisis Drain
- Back to Crisis – Out of Control

Safety Issues and Strategies

- Be aware of your own body language
  - Ensure that you are not giving off any aggressive signals with your own body language as this could trigger the individual to become defensive
  - Have a natural stance
    - Stand with arms at your side
    - Hands need to be open – not bent to look like fists
    - Feet should be shoulder length apart
    - Knees should be slightly bent
  - Keep a calm facial expression at all times

Non-Verbal Body Language Communication

- Verbal Communication – using words to communicate
  - Writing, speech typing, etc.
- Non-Verbal Communication – any mode other than words that conveys a message
  - Tone of voice
  - Body language
  - Gestures
  - Eye contact
  - Facial expression
  - Proximity of one person to another person or thing
  - Etc.

Non-Verbal Body Language Communication

- Eyes
  - Too much staring at a person can make them feel uncomfortable
  - Too little staring at a person can make it seem as though you are not interested
  - Eye rolling can indicate someone is annoyed
- Head
  - Bad hair days could indicate that someone is stressed
  - Raising your eyebrows could indicate that you're feeling discomfort
- Neck
  - Having the head held up straight by the neck displays confidence
  - Having the neck pointing the neck at the floor or at the ceiling sends off poor body language signals

(Whitbourne, 2012)

Non-Verbal Body Language Communication

- Torso
  - An aligned posture with the back straight and shoulders straight gives off the signal of confidence
  - Sagging slightly in the shoulders and back gives off the signal of needing help
  - Chronic sagging gives off the signal that someone is not confident
- Arms
  - Crossing one's arms shows that someone is "closed off" or crossing the arms tightly shows that someone is angry
  - Standing with hands on the hips and elbows out displays arrogance
- Hands
  - Fidgeting gives off the signal that someone is anxious or bored

(Whitbourne, 2012)

Non-Verbal Body Language Communication

- Legs
  - Crossing them tightly while sitting shows that someone is "closed off"
  - Splaying your legs wide open while sitting gives the signal that someone is "too open"
  - Leg shaking shows that someone may be anxious or irritable
- Feet
  - Tapping toes can show that someone is anxious or impatient
  - Scuffling and not having a steady stride can display that someone is not happy
  - A strong and steady stride portrays confidence
- Breathing
  - Fast paced breathing could be an indication of anxiety
  - Slow paced breathing could be an indication of calmness

(Whitbourne, 2012)

Safety Issues & Strategies

During a Crisis Control your Emotions!

- STOP
  - **S**top – slow down the action and avoid panic driven decisions
  - **T**hink – think logically based on situations and your abilities
  - **O**bserve – observe alternate solutions
  - **P**lan – plan your response

Safety Issues & Strategies

- Control the situation, not the individual
- Be prepared for confrontation
  - Keep hands open and up
    - Do not close your hands to ensure that it doesn't look like you're putting up fists
  - Have a plan
  - Take a 45 degree stance to increase your balance
  - Lower your voice
  - Be aware of other people in the environment

Responses to Crisis

- Follow the individual's Crisis Intervention Plan (CIP)
- Call for back-up
  - Family member, Behavior Specialist, co-worker, mobile crisis, 911
- Follow your agency's policies and procedures
  - If restraints are allowed, they must be used as a last resort only and you must be properly trained!

Alternatives to Restraints

- Make adjustments in the environment to help the individual de-escalate
- Accept the individual for where he/she is
- Try to help the individual understand the motives, perceptions, feelings and needs of others
- Provide the individual with opportunities to learn and practice proper communication and social skills
- Use manners and apologize if you're wrong
- Acknowledge the individual's needs/requests, even if they cannot be immediately/realistically met
- Provide constructive activities
- Be flexible; offer choices
- Give the individual space to work out the problem
- Give the individual additional time to process options

Alternatives to Restraints *(continued)*

- Let the individual know that you are there to provide support or assistance, if needed
- Assist the individual in generating alternative solutions
- Use relaxing strategies (deep breathing, journaling, drawing)
- Offer your assistance (“How can I help?”)
- Remind the individual of an upcoming preferred activity or diversion
- Direct others to leave the area
- Provide clear, calm and concise directions for expected safe behavior
- Model appropriate behavior
- Redirect the individual to another activity or topic

Restrictive Procedure Regulations for Community Homes for Individuals with an Intellectual Disability

- **Restrictive Procedure** – a practice that limits an individual's movement, activity or function; interferes with an individual's ability to acquire positive reinforcement; results in the loss of objects or activities that an individual values; or requires an individual to engage in a behavior that the individual would not engage in given freedom of choice.
- Must be used as a last resort
- Least intrusive methods must be used first
- Restrictive measures can only be used if there is a written restrictive procedure plan for a particular individual
- Staff who may use restrictive procedures must have training
- See chapter 6400 for more details

Restrictive Procedure Regulations for Community Homes for Individuals with an Intellectual Disability

- Types of Restrictive Procedures:
  - Chemical Restraint – a drug used to control acute, episodic behavior that restricts the movement or function of an individual
    - Administration of a chemical restraint is prohibited except for the administration of drugs ordered by a licensed physician on an emergency basis.
    - Refer to chapter 6400 for more details
  - Mechanical Restraint – a device used to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual's body. Examples of mechanical restraints include anklets, wristlets, camisoles, helmets with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, restraining sheets and similar devices.
    - The use of a mechanical restraint is prohibited except for use of helmets, mitts and muffs to prevent self-injury on an interim basis not to exceed 3 months after an individual is admitted to the home.
    - Refer to chapter 6400 for more details
  - Manual Restraint– Manual restraint is a physical hands-on technique that lasts more than 30 seconds, and is used to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual's body, such as basket holds and prone or supine containment.
    - Manual restraint shall be used only when necessary to protect the individual from injuring himself or others.
    - Manual restraint shall be used only when it has been documented that other less restrictive methods have been unsuccessful in protecting the individual from injuring himself or others.
    - An individual shall be released from the manual restraint within the time specified in the restrictive procedure plan not to exceed 30 minutes within a 2-hour period.

Restrictive Procedures for Child Residential and Day Treatment Facilities

- **Restrictive Procedures** – includes chemical restraint, exclusion and manual restraint and for secure care, mechanical restraint and seclusion.
- Must be used as a last resort
- Least intrusive methods must be used first
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    - The use of a mechanical restraint is prohibited
    - Devices used to provide support for functional body position or proper balance and a device used for medical treatment, such as sand bags to limit movement after medical treatment, a wheelchair belt that is used for body positioning and support or a helmet used for prevention of injury during seizure activity, are not considered mechanical restraints.
    - Refer to chapter 3800 for more details
  - Manual Restraint– a physical hands-on technique that lasts more than 1 minute, that restricts the movement or function of a child or portion of a child's body. A manual restraint does not include a manual assist of any duration for a child during which the child does not physically resist or a therapeutic hold for a child who is 8 years of age or younger for less than 10 minutes during which the child does not physically resist
    - Manual restraints that apply pressure or weight on the child's respiratory system are prohibited.
    - Refer to chapter 3800 for more details

De-escalation Strategies

- Communication is key to de-escalate an individual in crisis
- Give the individual undivided attention
  - Giving undivided attention helps the individual to feel validated and important
- Be Nonjudgmental
  - Body language and spoken words can show that you may be judging someone for what they are saying. This could cause them to become upset again.
- Focus on Feelings
  - Ask questions like, “What does that feel like?”
  - This shows that you are listening and understand what the individual is explaining

(Institute, 2017)

De-escalation Strategies

- Allow Silence
  - Give the individual time to think about the answer to your question or what to say next
  - Silence also often encourages the other person to stop talking because silence is uncomfortable for most people
- Clarify Messages
  - Do not assume that you understand what a person is trying to say
  - Restate what you believe the individual is trying to say and ask the individual if your interpretation is correct

(Institute, 2017)

De-escalation Strategies

- Develop a Plan
  - This should occur before a crisis occurs as it is more likely to be rational
  - This could also happen after a crisis occurs but wait to ensure that you are not reacting based on emotions
- Use a Team Approach
  - Use support and back up as often as possible
  - Using the support of others helps you to stay professional

(Institute, 2017)

De-escalation Strategies

- Use Positive Self-Talk
  - Believe in yourself, your abilities and your training
  - Tell yourself, “I can handle this”
  - Do not tell yourself, “I can not handle this”
  - This will help you to handle the situation in a professional manner
- Recognize Personal Limits
  - Let another professional take over if you recognize that you are at your limit

(Institute, 2017)

De-escalation Strategies

- Verbal De-escalation
  - Do not take anything the individual says personally
  - Listen and hear what the person is saying and expressing
  - Remain calm and avoid over-reaction
  - Pay attention to your tone of voice
  - Be aware of words you use
    - Do not use the word “you” and accuse the individual of anything
    - Instead, use the word “I” and explain how the situation made you feel
  - Don’t be afraid to use silence

De-escalation Strategies

- Verbal De-escalation (continued)
  - What to say when helping an individual de-escalate
    - "I want to be sure I heard you correctly when you said…"
    - Reframe what they are telling you without using jargon
    - Try to clarify – ask questions
    - You must set limits
      - "I am not going to let you hurt someone else, so let's figure out what we can do moving forward about…"

De-escalation Strategies

Do not get into power struggles!

- What not to say when helping an individual de-escalate
  - “Don’t talk to me that way…”
  - “Stop being disrespectful…”
  - “I am not going to talk to you, if you keep cursing…”
  - “I am not going to listen to you if…”
  - “No wonder nobody wants you…”
  - “Nobody loves you, I am all you have, so you better…”

De-escalation Strategies

- What not to do:
  - Approach when an individual is still displaying aggressive behaviors
  - Invade personal space
    - Keep an arm and a half distance between you and the individual

De-escalation Strategies

- If the Client is Anxious…
  - Staff can be Supportive
- If the Client is Angry…
  - Staff can be Kind and be able to Listen
- If the Client is Defensive…
  - Staff can be Directive
- If the Client is Depressed…
  - Staff can be Reflective and Empathetic
- If the Client is Acting Out Physically…
  - Staff may have to act with a Physical Response (physically moving yourself out of harms way)
- If a Client is Non-compliant…
  - Staff can Re-enforce expectations

Individual Debriefing After a Crisis

- Ensure that the individual has an opportunity to discuss his/her behavior and feelings with staff
- Debriefing should occur soon after the incident, but not until the individual is calm and receptive to participating in this process
- The debriefing process should be modified in consideration of an individual's cognitive abilities and communication system
- The purpose of debriefing is to determine why the individual exhibited the challenging, crisis behavior through functional behavioral assessment and then putting antecedent strategies in place that help the individual learn better ways to get his/her needs met.

("Safe", 2013)

Individual Debriefing After a Crisis

I.E.S.C.A.P.E

- I – Isolate
- E – Explore
- S – Share
- C – Connect
- A – Alternative
- P – Plan
- E – Enter

("Safe", 2013)

Individual Debriefing After a Crisis

I.E.S.C.A.P.E

- I – Isolate the individual from the problem situation
  - Has the individual calmed down and regained self-control?
    - The debriefing process should occur soon after the incident, but do not proceed until the individual is calm enough and receptive to participating in the process
  - Did you provide the individual with a non-stimulating environment free from distractions and stress?
  - Does the individual understand that the debriefing session is not intended as punishment but rather to provide support to the individual for an improved outcome in the future?

("Safe", 2013)

Individual Debriefing After a Crisis

I.E.S.C.A.P.E

- E – Explore the individual's point of view
  - Did you as the individual his/her point of view regarding why/how the situation occurred?
  - Was the individual able to explain his/her concerns and feelings about the incident?
  - Was the individual able to identify what his/her reasons/goals and choices were and whether they were good goals/choices?
  - Were you able to discuss the incident with the individual in a non-judgmental way without interrupting or disagreeing?

("Safe", 2013)

Individual Debriefing After a Crisis

I.E.S.C.A.P.E

- S – Share your point of view
  - Did you share your own viewpoint of what happened only after the individual shared his/her point of view?
  - Did you share your views on the factors that caused the incident?
  - Were you able to share your observations and thoughts about the individual's feelings, goals and choices?
  - Were you honest, direct and clear with you views and observations?

("Safe", 2013)

Individual Debriefing After a Crisis

I.E.S.C.A.P.E

- C – Connect the individual's behaviors to other situations
  - Did you connect this situation for the individual to other situations the individual has experienced? Did you help the individual connect his/her behaviors to his/her De-Escalation Plan?
  - Did you identify feelings (frustration, disappointment, hurt, loneliness, etc.) that the individual may have experienced in the past and how, when feeling that way under similar circumstances, he/she chose to respond in ways that were negative and unsafe?
  - Did you identify for the individual times in the past when he/she chose to respond in ways that were positive and safe?

("Safe", 2013)

Individual Debriefing After a Crisis

I.E.S.C.A.P.E

- A – Alternative behaviors are discussed
  - Refer the individual to his/her Crisis Intervention Plan and discuss whether or not the strategies in the Plan were helpful
    - Help the individual choose what strategies could have been used in this situation
  - Did you conclude this step with the individual having a clear sense of what he/she could or should do in future problem situations?

("Safe", 2013)

Individual Debriefing After a Crisis

I.E.S.C.A.P.E

- P – Plan for implementation of alternative behaviors
  - Did you help the individual develop a plan for his/her implementation of the alternative behavior/strategy that was selected in the previous step?
  - Did you identify as a part of the plan how and when the individual will use the alternative behavior/strategy that was selected
  - Did you identify as part of the plan what supports, reinforcements, relaxation techniques or alternative skill teaching will be needed in order for the individual to be successful with the plan?
  - Did you identify roles for yourself or other staff members within the plan (such as: coach, alternative skills teacher, de-escalator, debriefer, etc.)?

("Safe", 2013)

Individual Debriefing After a Crisis

I.E.S.C.A.P.E

- E – Enter the individual back into the program
  - Was the individual able to return to the program?
  - Was the individual able to deal with any consequences that resulted from the incident?
  - Were any additional supports needed to enable the individual to rejoin the group or return to his/her typical routine?
  - Did you reinforce the individual's positive behaviors when he/she is back in the program?

("Safe", 2013)

Steps for Staff After a Crisis

- Process the crisis
  - Debrief with supervisor and other co-workers who you are authorized to talk about your individual with
- Critique the crisis
  - What went well?
  - What could have been done differently?
  - What is the follow-up? (follow company policy)

Steps for Staff to Debrief After a Crisis

D.E.B.R.I.E.F

- D – Determine
- E – Establish facts
- B – Background notes
- R – Recommendations
- I – Identified resources
- E – Emotional support
- F – Final thoughts

("Safe", 2013)

Steps for Staff to Debrief After a Crisis

D.E.B.R.I.E.F

- D – Determine
  - Supervisor should determine whether the staff is calm
  - The debriefing process is not meant as punishment, but rather to provide support for improved future outcomes

("Safe", 2013)

Steps for Staff to Debrief After a Crisis

D.E.B.R.I.E.F

- E – Establish Facts
  - Staff gives a verbal account of the incident
  - The goal is to explain what occurred prior to and during the crisis

("Safe", 2013)

Steps for Staff to Debrief After a Crisis

D.E.B.R.I.E.F

- B – Background Notes
  - Should discuss if the individual has a Behavior Support Plan or a Crisis Intervention Plan and whether or not the plan was implemented
  - If a plan for the individual was implemented, was it effective?

("Safe", 2013)

Steps for Staff to Debrief After a Crisis

D.E.B.R.I.E.F

- R – Recommendations
  - Staff should provide recommendations of what to do moving forward to prevent future crisis situations
  - Discuss any possible changes to the individual Behavior Support Plan or Crisis Intervention Plan
  - Discuss any recommendations for the staff's actions and interventions
  - Discuss any recommendations for changes to the individual's environment
  - Discuss recommendations for the relationship between the staff and the individual moving forward

("Safe", 2013)

Steps for Staff to Debrief After a Crisis

D.E.B.R.I.E.F

- I – Identified Resources
  - Discuss resources that may help the staff improve their handling of future crisis events
    - Stress management training
    - Familiarization with the individual's Behavior Support Plan, Crisis Intervention Plan, Individual Support Plan, etc.
    - Performance monitoring
    - Coaching of staff
    - Etc.

("Safe", 2013)

Steps for Staff to Debrief After a Crisis

D.E.B.R.I.E.F

- E – Emotional Support
  - Staff should be offered support and assistance with dealing with the feelings associated with the crisis incident

("Safe", 2013)

Steps for Staff to Debrief After a Crisis

D.E.B.R.I.E.F

- F – Final Thoughts
  - Conclude the debriefing process for staff with a sense of closure and a positive outlook
  - Review any recommendations for moving forward

("Safe", 2013)

6400 Community Homes for Individuals with an Intellectual Disability: Restrictive Procedures

§ 6400.191. Definition of restrictive procedures.

A restrictive procedure is a practice that limits an individual's movement, activity or function; interferes with an individual's ability to acquire positive reinforcement; results in the loss of objects or activities that an individual values; or requires an individual to engage in a behavior that the individual would not engage in given freedom of choice.

§ 6400.192. Written policy.

A written policy that defines the prohibition or use of specific types of restrictive procedures, describes the circumstances in which restrictive procedures may be used, the persons who may authorize the use of restrictive procedures, a mechanism to monitor and control the use of restrictive procedures and a process for the individual and family to review the use of restrictive procedures shall be kept at the home.

§ 6400.193. Appropriate use of restrictive procedures.

(a) A restrictive procedure may not be used as retribution, for the convenience of staff persons, as a substitute for the program or in a way that interferes with the individual's developmental program.

(b) For each incident requiring restrictive procedures:

(1) Every attempt shall be made to anticipate and de-escalate the behavior using methods of intervention less intrusive than restrictive procedures.

(2) A restrictive procedure may not be used unless less restrictive techniques and resources appropriate to the behavior have been tried but have failed.

§ 6400.194. Restrictive procedure review committee.

(a) If a restrictive procedure is used, there shall be a restrictive procedure review committee.

(b) The restrictive procedure review committee shall include a majority of persons who do not provide direct services to the individual.

(c) The restrictive procedure review committee shall establish a time frame for review and revision of the restrictive procedure plan, not to exceed 6 months between reviews.

(d) A written record of the meetings and activities of the restrictive procedure review committee shall be kept.

6400 Community Homes for Individuals with an Intellectual Disability: Restrictive Procedures

§ 6400.195. Restrictive procedure plan.

(a) For each individual for whom restrictive procedures may be used, a restrictive procedure plan shall be written prior to use of restrictive procedures.

(b) The restrictive procedure plan shall be developed and revised with the participation of the program specialist, the individual's direct care staff, the interdisciplinary team as appropriate and other professionals as appropriate.

(c) The restrictive procedure plan shall be reviewed, and revised, if necessary, according to the time frame established by the restrictive procedure review committee, not to exceed 6 months.

(d) The restrictive procedure plan shall be reviewed, approved, signed and dated by the chairperson of the restrictive procedure review committee and the program specialist, prior to the use of a restrictive procedure, whenever the restrictive procedure plan is revised and at least every 6 months.

(e) The restrictive procedure plan shall include:

(1) The specific behavior to be addressed and the suspected antecedent or reason for the behavior.

(2) The single behavioral outcome desired stated in measurable terms.

(3) Methods for modifying or eliminating the behavior, such as changes in the individual's physical and social environment, changes in the individual's routine, improving communications, teaching skills and reinforcing appropriate behavior.

(4) Types of restrictive procedures that may be used and the circumstances under which the procedures may be used.

(5) A target date for achieving the outcome.

(6) The amount of time the restrictive procedure may be applied, not to exceed the maximum time periods specified in this chapter.

(7) Physical problems that require special attention during the use of restrictive procedures.

(8) The name of the staff person responsible for monitoring and documenting progress with the plan.

(f) The restrictive procedure plan shall be implemented as written.

(g) Copies of the restrictive procedure plan shall be kept in the individual's record.

6400 Community Homes for Individuals with an Intellectual Disability: Restrictive Procedures

§ 6400.196. Staff training.

(a) If restrictive procedures are used, there shall be at least one staff person available when restrictive procedures are used who has completed training within the past 12 months in the use of and ethics of using restrictive procedures including the use of alternate positive approaches.

(b) A staff person responsible for developing, implementing or managing a restrictive procedure plan shall be trained in the use of the specific techniques or procedures that are used.

(c) If manual restraint or exclusion is used, a staff person responsible for developing, implementing or managing a restrictive procedure plan shall have experienced use of the specific techniques or procedures directly on themselves.

(d) Documentation of the training program provided, including the staff persons trained, dates of training, description of training and training source shall be kept.

§ 6400.197. Seclusion.

Seclusion, defined as placing an individual in a locked room, is prohibited. A locked room includes a room with any type of door locking device, such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut

§ 6400.198. Aversive conditioning.

The use of aversive conditioning, defined as the application, contingent upon the exhibition of maladaptive behavior, of startling, painful or noxious stimuli, is prohibited

6400 Community Homes for Individuals with an Intellectual Disability: Restrictive Procedures

§ 6400.199. Chemical restraints.

(a) A chemical restraint is a drug used to control acute, episodic behavior that restricts the movement or function of an individual.

(b) Administration of a chemical restraint is prohibited except for the administration of drugs ordered by a licensed physician on an emergency basis.

(c) If a chemical restraint is administered as specified in subsection (b), the following apply:

(1) Prior to each incidence of administering a drug on an emergency basis, a licensed physician shall have examined the individual and given a written order to administer the drug.

(2) Prior to each readministration of a drug on an emergency basis, a licensed physician shall have examined the individual and ordered readministration of the drug.

(d) If a chemical restraint is administered as specified in subsection (c), the following apply:

(1) The individual's vital signs shall be monitored at least once each hour.

(2) The physical needs of the individual shall be met promptly.

(e) A Pro Re Nata (PRN) order for controlling acute, episodic behavior is prohibited.

(f) A drug ordered by a licensed physician as part of an ongoing program of medication is not a chemical restraint.

(g) A drug ordered by a licensed physician for a specific, time-limited stressful event or situation to assist the individual to control the individual's own behavior, is not a chemical restraint.

(h) A drug ordered by a licensed physician as pretreatment prior to medical or dental examination or treatment is not a chemical restraint.

(i) A drug self-administered by an individual is not a chemical restraint.

(j) If a drug is administered in accordance with subsection (b), (f), (g) or (h) there shall be training for the individual aimed at eliminating or reducing the need for the drug in the future.

(k) Documentation of compliance with subsections (b)—(i) shall be kept.

6400 Community Homes for Individuals with an Intellectual Disability: Restrictive Procedures

§ 6400.200. Mechanical restraints.

(a) A mechanical restraint is a device used to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual's body. Examples of mechanical restraints include anklets, wristlets, camisoles, helmets with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, restraining sheets and similar devices.

(b) The use of a mechanical restraint is prohibited except for use of helmets, mitts and muffs to prevent self-injury on an interim basis not to exceed 3 months after an individual is admitted to the home.

(c) If a mechanical restraint is used as specified in subsection (b), the following apply:

(1) The use of a mechanical restraint may not exceed 2 hours, unless a licensed physician examines the individual and gives written orders to continue use of the restraint. Reexamination and new orders by a licensed physician are required for each 2-hour period the restraint is continued. If a restraint is removed for any purpose other than for movement and reused within 24 hours after the initial use of the restraint, it is considered continuation of the initial restraint.

(2) A licensed physician shall be notified immediately after a mechanical restraint is used.

(3) The restraint shall be checked for proper fit by a staff person at least every 15 minutes.

(4) The physical needs of the individual shall be met promptly.

(5) The restraint shall be removed completely for at least 10 minutes during every 2 hours the restraint is used, unless the individual is sleeping.

(6) There shall be training for the individual aimed at eliminating or reducing the need for the restraint in the future.

(7) Documentation of compliance with subsection (b) and paragraphs (1)—(6) shall be kept.

(d) A device used to provide support for functional body position or proper balance and a device used for medical treatment, such as sand bags to limit movement after medical treatment, a wheelchair belt that is used for body positioning and support or a helmet for prevention of injury during seizure activity, are not considered mechanical restraints.

6400 Community Homes for Individuals with an Intellectual Disability: Restrictive Procedures

§ 6400.201. Use of personal funds and property.

(a) An individual's personal funds or property may not be used as reward or punishment.

(b) An individual's personal funds or property may not be used as payment for damages unless the individual consents to make restitution for the damages.

§ 6400.202. Manual restraints.

(a) Manual restraint is a physical hands-on technique that lasts more than 30 seconds, and is used to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual's body, such as basket holds and prone or supine containment.

(b) Manual restraint shall be used only when necessary to protect the individual from injuring himself or others.

(c) Manual restraint shall be used only when it has been documented that other less restrictive methods have been unsuccessful in protecting the individual from injuring himself or others.

(d) An individual shall be released from the manual restraint within the time specified in the restrictive procedure plan not to exceed 30 minutes within a 2-hour period.

6400 Community Homes for Individuals with an Intellectual Disability: Restrictive Procedures

§ 6400.203. Exclusion.

(a) Exclusion is the removal of an individual from the individual's immediate environment and restricting the individual alone to a room or area. If a staff person remains with the individual, it is not exclusion.

(b) Exclusion shall be used only when necessary to protect the individual from self-injury or injury to others.

(c) Exclusion shall be used only when it has been documented that other less restrictive methods have been unsuccessful in protecting the individual from self-injury or injury to others.

(d) An individual shall be permitted to return to routine activity within the time specified in the restrictive procedure plan not to exceed 60 minutes within a 2-hour period.

(e) Exclusion may not be used for an individual more than 4 times within a 24-hour period.

(f) An individual in exclusion shall be monitored continually by a staff person.

(g) A room or area used for exclusion shall have at least 40 square feet of indoor floor space, with a minimum ceiling height of 7 feet.

(h) A room or area used for exclusion shall have an open door or a window for staff observation of the individual.

(i) A room or area used for exclusion shall be well lighted and ventilated.

§ 6400.204. Emergency use of exclusion and manual restraints.

If exclusion or manual restraint is used on an unanticipated, emergency basis, § § 6400.194 and 6400.195 (relating to restrictive procedure review committee; and restrictive procedure plan) do not apply until after the exclusion or manual restraint is used for the same individual twice in a 6-month period.

6400 Community Homes for Individuals with an Intellectual Disability: Restrictive Procedures

§ 6400.205. Restrictive procedure records.

A record of each use of a restrictive procedure documenting the specific behavior addressed, methods of intervention used to address the behavior, the date and time the restrictive procedure was used, the specific procedures followed, the staff person who used the restrictive procedure, the duration of the restrictive procedure, the staff person who observed the individual if exclusion was used and the individual's condition following the removal of the restrictive procedure shall be kept in the individual's record.

§ 6400.206. Notification.

The individual's day service facility shall be sent copies of the restrictive procedure plan and revisions of the plan. Documentation of transmittal of the restrictive procedure plan shall be kept.

3800 Child Residential and Day Treatment Facilities: Restrictive Procedures

§ 3800.201. Restrictive procedure.

A restrictive procedure includes chemical restraint, exclusion and manual restraint and for secure care, mechanical restraint and seclusion.

§ 3800.202. Appropriate use of restrictive procedures.

(a) A restrictive procedure may not be used in a punitive manner, for the convenience of staff persons or as a program substitution.

(b) With the exception of exclusion as specified in § 3800.212 (relating to exclusion), a restrictive procedure may be used only to prevent a child from injuring himself or others.

(c) For each incident in which use of a restrictive procedure is considered:

(1) Every attempt shall be made to anticipate and de-escalate the behavior using methods of intervention less intrusive than restrictive procedures.

(2) A restrictive procedure may not be used unless less intrusive techniques and resources appropriate to the behavior have been tried but have failed.

(3) A restrictive procedure shall be discontinued when the child demonstrates he has regained self-control.

3800 Child Residential and Day Treatment Facilities: Restrictive Procedures

§ 3800.203. Restrictive procedure plan.

(a) For each child for whom restrictive procedures will be used beyond unanticipated use specified in § 3800.204 (relating to unanticipated use), a restrictive procedure plan shall be written and included in the ISP specified in § 3800.226 (relating to content of the ISP), prior to use of restrictive procedures.

(b) The plan shall be developed and revised with the participation of the child, the child's parent and, if applicable, the child's guardian or custodian, if available, any person invited by the child and the child's parent, guardian or custodian, child care staff persons, contracting agency representative and other appropriate professionals.

(c) The plan shall be reviewed every 6 months and revised as needed.

(d) The plan shall be reviewed, approved, signed and dated by persons involved in the development and revision of the plan, prior to the use of a restrictive procedure, whenever the plan is revised and at least every 6 months. The child, the child's parent and, if applicable, the child's guardian or custodian shall be given the opportunity to sign the plan.

(e) The plan shall include:

(1) The specific behavior to be addressed, observable signals that occur prior to the behavior and the suspected reason for the behavior.

(2) The behavioral outcomes desired, stated in measurable terms.

(3) The methods for modifying or eliminating the behavior, such as changes in the child's physical and social environment, changes in the child's routine, improving communications, teaching skills and reinforcing appropriate behavior.

(4) The types of restrictive procedures that may be used and the circumstances under which the restrictive procedures may be used.

(5) The length of time the restrictive procedure may be applied, not to exceed the maximum time periods specified in this chapter.

(6) Health conditions that may be affected by the use of specific restrictive procedures.

(7) The name of the staff person responsible for monitoring and documenting progress with the plan.

(f) The plan shall be implemented as written.

(g) Copies of the plan shall be kept in the child's record.

3800 Child Residential and Day Treatment Facilities: Restrictive Procedures

§ 3800.204. Unanticipated use.

If restrictive procedures are used on an unanticipated basis, § 3800.203 (relating to restrictive procedure plan) does not apply until after any type of restrictive procedure is used four times for the same child in any 3-month period.

§ 3800.205. Staff training.

(a) If restrictive procedures are used, each staff person who administers a restrictive procedure shall have completed training within the past year in the use of restrictive procedures.

(b) Training shall include:

(1) Using de-escalation techniques and alternative nonrestrictive strategies and addressing the child's feelings after use of a restrictive procedure.

(2) Child development principles appropriate for the age of the children served, to understand normal behavior reactions to stress at various ages.

(3) The proper use of the specific techniques or procedures that may be used.

(4) Techniques and procedures appropriate for the age and weight of the children served.

(5) Experience of use of the specific procedures directly on each staff person and demonstration of use of the procedure by each staff person.

(6) Health risks for the child associated with use of specific procedures.

(7) A testing process to demonstrate understanding of and ability to apply specific procedures.

(c) A record of the training including the person trained, the date, source, name of trainer and length of training shall be kept.

§ 3800.206. Seclusion.

Seclusion, defined as placing a child in a locked room, is prohibited. A locked room includes a room with any type of door-locking device, such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut.

3800 Child Residential and Day Treatment Facilities: Restrictive Procedures

§ 3800.207. Aversive conditioning.

The use of aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.

§ 3800.208. Pressure points.

(a) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, are prohibited, except as provided in subsection (b).

(b) The use of a pressure point technique that applies pressure at the child's jaw point for the purpose of bite release, is permitted.

§ 3800.209. Chemical restraints.

(a) A chemical restraint is a drug used to control acute, episodic behavior that restricts the movement or function of a child. A drug ordered by a licensed physician as part of ongoing medical treatment, or as pretreatment prior to a medical or dental examination or treatment, is not a chemical restraint.

(b) Administration of a chemical restraint is prohibited except for the administration of drugs ordered by a licensed physician and administered by licensed/certified/registered medical personnel on an emergency basis.

(c) If a chemical restraint is to be administered as specified in subsection (b), the following apply:

(1) Immediately prior to each incidence of administering a drug on an emergency basis, a licensed physician shall have examined the child and given a written order to administer the drug.

(2) Immediately prior to each readministration of a drug on an emergency basis, a licensed physician shall have examined the child and ordered readministration of the drug.

(d) If a chemical restraint is administered as specified in subsection (c), the following apply:

(1) The child's vital signs shall be monitored at least once each hour and in accordance with the frequency and duration recommended and documented by the prescribing physician.

(2) The physical needs of the child shall be met promptly.

(e) A Pro Re Nata (PRN) order for controlling acute, episodic behavior is prohibited.

(f) Documentation of compliance with subsections (b)—(e) shall be kept in the child's record.

3800 Child Residential and Day Treatment Facilities: Restrictive Procedures

§ 3800.210. Mechanical restraints.

(a) A mechanical restraint is a device that restricts the movement or function of a child or portion of a child's body. Examples of mechanical restraints include handcuffs, anklets, wristlets, camisoles, helmets with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets and similar devices.

(b) The use of a mechanical restraint is prohibited.

(c) Devices used to provide support for functional body position or proper balance and a device used for medical treatment, such as sand bags to limit movement after medical treatment, a wheelchair belt that is used for body positioning and support or a helmet used for prevention of injury during seizure activity, are not considered mechanical restraints.

§ 3800.211. Manual restraints.

(a) A manual restraint is a physical hands-on technique that lasts more than 1 minute, that restricts the movement or function of a child or portion of a child's body. A manual restraint does not include a manual assist of any duration for a child during which the child does not physically resist or a therapeutic hold for a child who is 8 years of age or younger for less than 10 minutes during which the child does not physically resist.

(b) Manual restraints that apply pressure or weight on the child's respiratory system are prohibited.

(c) Prone position manual restraints are not permitted for girls who are pregnant.

(d) The position of the manual restraint or the staff person applying a manual restraint shall be changed at least every 10-consecutive minutes of applying the manual restraint.

(e) A staff person who is not applying the restraint shall observe and document the physical and emotional condition of the child, at least every 10 minutes the manual restraint is applied.

§ 3800.211a. Prone position manual restraint—statement of policy.

(a) Prone position manual restraint is a restraint during which a child is held face down on the floor.

(b) Prone position manual restraint is prohibited under § 3800.211(b) (relating to manual restraints) because it applies weight or pressure on the child's respiratory system.

3800 Child Residential and Day Treatment Facilities: Restrictive Procedures

§ 3800.212. Exclusion.

(a) Exclusion is the removal of a child from the child's immediate environment and restricting the child alone to a room or area. If a staff person remains in the exclusion area with the child, it is not exclusion.

(b) Exclusion may not be used for more than 60 minutes, consecutive or otherwise, within a 2-hour period.

(c) Exclusion may not be used for a child more than 4 times within a 24-hour period.

(d) A staff person shall observe a child in exclusion at least every 5 minutes.

(e) A room or area used for exclusion shall have the following:

(1) At least 40 square feet of indoor floor space.

(2) A minimum ceiling height of 7 feet.

(3) An open door or a window for observation.

(4) Lighting and ventilation.

(5) Absence of any items that might injure a child.

§ 3800.213. Restrictive procedure records.

A record of each use of a restrictive procedure, including the emergency use of a restrictive procedure, shall be kept and shall include the following:

(1) The specific behavior addressed.

(2) The methods of intervention used to address the behavior less intrusive than the procedure used.

(3) The date and time the procedure was used.

(4) The specific procedure used.

(5) The staff person who used the procedure.

(6) The duration of the procedure.

(7) The staff person who observed the child.

(8) The child's condition following the removal of the procedure.

Resources

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