ALIGNMENT

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nonviolent crisis intervention®

The *Nonviolent Crisis Intervention*® Training Program and the 2012 CARF Behavioral Health Standards Manual: Section 2.F. Seclusion and Restraint

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Program Alignment

2012 CARF Behavioral Health Standards Manual: Section 2.F. Nonviolent Practices	*Nonviolent Crisis Intervention*® Training Program
Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to the physical environment, implementation of meaningful and engaging activities, redirection, active listening, etc. On the rare occasions when these interventions are not successful and there is imminent danger of serious harm, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort. The use of seclusion and restraint must always be followed by a full review, as part of the process to eliminate the use of these in the future. The goal is to eliminate the use of seclusion and restraint in behavioral health, as the use of seclusion and restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or those who witness the practice. **Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.**	CPI shares CARF's goal of eliminating seclusion and restraint. The *Nonviolent Crisis Intervention*® training program equips staff with the tools necessary to create restraint-free environments. The curriculum provides a wide array of strategies for preventing and de-escalating crisis situations. Strategies for offering support or redirection through changes to the environment, listening, limit setting, conducting engaging activities, and recognizing the impact of staff attitudes and behaviors are taught throughout. The program teaches that physical restraints should be used only as a last resort when there is an imminent danger of serious harm to the individual or others. Additionally, all physical interventions should be discontinued at the earliest possible moment when the person served is no longer an imminent danger to self or others. The curriculum offers a debriefing model to assess each crisis moment to ensure that future incidents of risk behavior are prevented. CPI supports the goal of a seclusion-free and restraint-free environment. This occurs when organizations train staff as an ongoing process that includes staff and client debriefing that ensures the *Care, Welfare, Safety, and Security*SM of everyone involved in a crisis.

2012 CARF Behavioral Health Standards Manual Section: 2.F. Nonviolent Practices—Key Definitions	
Restraint: The use of physical force or mechanical means to temporarily limit a person's freedom of movement. *(Restraints used as an assistive device for persons with physical or medical needs are not considered restraints for the purposes of this section. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior or injury to self, or holding a person's hand or arm to safely guide him or her from one area to another is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.)* **Chemical restraint**: The involuntary emergency administration of medication, in immediate response to a dangerous behavior. **Seclusion**: The restriction of the person served to a segregated room with the person's freedom to leave physically restricted. *(Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion if freedom to leave the segregated room is denied.)* Seclusion or restraint by trained and competent personnel is used only when other less restrictive measures have been found to be ineffective to protect the person served or others from injury or serious harm. Peer restraint is not considered an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation.	
Standard 2.F.1: The organization has a policy that identifies: a. How all personnel employed by the organization will be trained on the prevention of workplace violence. b. How it will respond to aggressive or assaultive behaviors. c. Whether, and under what circumstances: (1) Seclusion is used within the programs it provides. (2) Restraints are used within the programs it provides.	Providing for the *Care, Welfare, Safety, and Security*℠ of all individuals in an organization is everyone's responsibility. To assist everyone in meeting this goal, CPI recommends that all facilities develop policies and procedures addressing behavior management, restraint, and seclusion. Facilities should ensure that policies and procedures are in compliance with applicable state and federal laws, as well as appropriate regulatory bodies such as CARF. CPI can help organizations develop new policies and procedures or improve existing policies and procedures. Staff and persons served can navigate crisis situations more confidently when guided by comprehensive and consistent policies and procedures.

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Standard 2.F.2: As applicable to the population served, all direct service or front-line personnel employed by the organization receive documented initial and ongoing competency-based training in: a. The contributing factors or causes of threatening behavior, including training on recovery and trauma-informed services and the use of personal safety plans. b. The ability to recognize precursors that may lead to aggressive behavior. c. How interpersonal interactions, including how personnel interact with each other and with the persons served, may impact the behaviors of the persons served. d. Medical conditions that may contribute to aggressive behavior. e. The use of a continuum of alternative interventions. f. The prevention of threatening behaviors. g. Recovery/wellness oriented relationships and practices. h. How to handle a crisis without restraints, in a supportive and respectful manner.	CPI's *Nonviolent Crisis Intervention*® training program curriculum covers all of the aspects outlined in Standard 2.F.2. The majority of the curriculum focuses on equipping staff with the skills to recognize the early warning signs of potential crisis moments and to de-escalate the situation as quickly and effectively as possible using the least restrictive intervention possible. In addition to de-escalation strategies, the curriculum also addresses staff members' roles in the crisis and how their behaviors and attitudes can affect the outcome of the crisis situation. Interventions fall on a continuum from least to most restrictive, beginning with supporting individuals demonstrating signs of anxiety and adapting the environment whenever possible, listening, limit setting, and redirecting, on up to safe, nonharmful physical restraint techniques with varying degrees of restrictiveness. CPI teaches that restraints should be used only as a last resort and only after less restrictive interventions have been deemed ineffective or inappropriate. All interventions are grounded in a philosophy of providing the best possible *Care, Welfare, Safety, and Security*SM for everyone involved.
Standard 2.F.3: All personnel involved in the direct administration of seclusion or restraint receive documented initial and ongoing competency-based training, provided by person or entities qualified to conduct such training, on: a. When and how to restrain or seclude while minimizing risk. b. Recognizing signs of physical distress in the person who is being restrained or secluded. c. The risks of seclusion or restraint to the person served or personnel, including: (1) Medical risks. (2) Psychological risks. d. First Aid and CPR. e. How to monitor and continually assess for the earliest release. f. The practice of Intervention done by an individual. g. The practice of Intervention done by a team.	In order to maximize learning transfer, training should be conducted as an ongoing process. The initial course should be supported by formal refreshers every 6 to 12 months, as well as practices, rehearsals and drills, situational applications, and policy reviews. The *Nonviolent Crisis Intervention*® training program curriculum covers all aspects of Standard 2.F.3 (except First Aid and CPR). CPI teaches safer standing restraint positions, and it teaches that the restraint should end at the earliest possible moment when the person served is no longer dangerous to self or others. Additionally, CPI teaches that all instances of restraint and seclusion should be continuously monitored by a staff member who is not directly involved and who can assess for signs of physical, emotional, and psychological distress. CPI provides each new Certified Instructor of the *Nonviolent Crisis Intervention*® training program with a competency-based tool kit for assessing competencies with the physical interventions. The best-practice standard calls for formal refreshers with re-testing at least annually.

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Standard 2.F.4: If the organization uses seclusion and/or restraint, a plan is implemented to minimize or eliminate the use of restraints and/or seclusion that includes: a. Identification of the role of leadership. b. Use of data to inform practice. c. Development of workforce attitudes, skills, and practices that support recovery. d. Identification of: (1) Specific strategies to prevent crisis. (2) Timelines to reduce the use of seclusion and restraint. e. Identification of roles for persons served and advocates in determining if crisis procedures and practices are implemented in a positive and proactive fashion. f. A review of the role of the debriefing process in supporting the reduction of the use of seclusion or restraint.	CPI advocates for organizations to create a restraint-free and seclusion-free culture of care. There are many variables that assist an organization in reaching this goal. The components listed in Standard 2.F.4 are some of the more important variables found in success stories of restraint-free and seclusion-free environments. CPI, through our unmatched customer service and support, can assist organizations with the culture change required to eliminate the use of restraint and seclusion. From policy development to data collection tools, from a debriefing process to conversations with leadership, CPI can support all organizations utilizing our *Nonviolent Crisis Intervention*® training program.
Standard 2.F.5: A written status report on the plan for minimization or elimination of the use of seclusion and/or restraint: a. Is prepared annually. b. Includes: (1) Goals and timelines. (2) Progress made. (3) Areas still needing improvement. (4) Factors impeding elimination of the use of seclusion or restraint.	A solid feedback loop is a necessary variable for culture change. All staff need to be aware of successes and failures as they relate to achieving the goal of becoming restraint and seclusion free. One consistent variable in all success stories is that of mandatory staff debriefing following every incident. The data collected during these debriefings accentuates positive results with crisis response and further informs decision making when staff are unsuccessful with a particular situation or person served. It is often much easier to initially get staff to change their behavior while you work to positively reinforce desired behaviors in the person being served by the organization. Debriefing, data collection, and feedback loops ensure that all members of the organization are aware of the progress the organization is making toward their goals of becoming restraint free, and can celebrate that success.

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Standard 2.F.6: If the organization uses seclusion or restraint, written procedures for the use of specific interventions include protocols for: a. Adults. b. Children or adolescents. c. Persons with special needs. d. Team Interventions, including: (1) Defining team leadership. (2) Assigning team duties.	Policy review is an essential component of the ongoing Training Process. CPI recommends that all organizations consider special populations and environments when drafting and updating policies. Policies should be reviewed annually to ensure that staff are aware of the policies and that they are able to successfully implement the policies and procedures in their daily practice. CPI's curriculum includes a unit that addresses Physical Interventions – Holding Skills to reinforce the organization's policy on defining team leadership and assigning team duties.
Standard 2.F.7: If a personal safety plan exists for the person served, it is readily available for immediate reference.	Staff should have immediate access to information specific to each individual in their care as it relates to crisis intervention. A list of optimal strategies for de-escalation and any contraindications to the use of restraint or seclusion should be listed and available to all staff.
Standard 2.F.8: An organization that uses seclusion or restraint has policies that specify that: a. All attempts will be made to de-escalate crises and use seclusion or restraint only as a safety intervention of last resort. b. Seclusion or restraint (whether physical, mechanical, or chemical) is administered by behavioral health personnel who are trained and competent in the proper techniques of administering or applying and monitoring the form of seclusion or restraint ordered. c. Seclusion or restraint is used only for intervention in an individual's emergency situation and to prevent harm to him/herself or others. d. Seclusion or restraint is not used as coercion, discipline, convenience, or retaliation by personnel in lieu of adequate programming or staffing.	CPI's *Nonviolent Crisis Intervention*® training program teaches that restraint should be used only as a last resort when the danger presented by the individual's behavior outweighs the risks of using physical restraint. Furthermore, CPI teaches that all physical restraints should be used only for behavioral emergencies—never as coercion or discipline or for convenience or retaliation. Restraint and seclusion should be utilized only by staff who have current training in the organization's approved interventions. CPI recommends that all staff receive a formal refresher training program every 6 to 12 months.

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Standard 2.F.9: An organization that uses seclusion or restraint implements written procedures that specify that: a. The intake evaluation of the person served: (1) Includes: (a) A review of the medical history to determine whether seclusion or restraint can be administered without risk to health or safety. (b) An assessment of physical, sexual, and emotional abuse, neglect, trauma, and exposure to violence. (2) Identifies contraindications to be considered prior to the use of seclusion or restraint. b. Appropriate interaction with staff occurs as an effort to de-escalate threatening situations. c. Standing orders are not issued to authorize the use of seclusion or restraint. d. Immediate assessment of contributing environmental factors that may promote maladaptive behaviors are identified and actions taken to minimize those factors. e. The simultaneous use of seclusion and restraint is prohibited unless a staff member has been assigned for continual face-to-face monitoring. f. The physical plant can safely and humanely accommodate the practice of seclusion or restraint. g. When seclusion or restraint is used: (1) Documentation confirms that identified contraindications were taken into consideration prior to the use of seclusion or restraint. (2) It is ordered by a physician or designated qualified behavioral health practitioner who has training and competence in the prevention and management of behaviors that are a danger to self or others. (3) It is administered in a safe manner, with consideration given to the physical, developmental, and the abuse/neglect history of the person served. (4) Personnel are trained to monitor for the unique needs of a person in seclusion or restraint. (5) As soon as the threat of harm is no longer imminent, the person is removed from seclusion or restraint. (6) Staff communicate to the person being secluded or restrained their intention to keep them and others safe, and how the specific procedure being used will keep them and others safe. (7) When seclusion or restraint is used, a trained staff member must be assigned for continual monitoring. (8) Immediate medical attention is made available for any injury resulting from seclusion or restraint.	CPI encourages organizations to embed the curriculum language into the procedures listed in Standard 2.F.9. Reviewing contraindications to the use of restraint and seclusion and taking a comprehensive trauma history at intake are discussed in several units of the curriculum as strategies for preventing crisis situations and safely de-escalating those that may occur. CPI's curriculum also works nicely with the Positive Behavioral Interventions and Supports (PBIS) strategies used throughout facilities accredited by CARF—strategies such as recognizing and setting limits around the function of the person's behavior. These elements help ensure that a more appropriate intervention is utilized. While CPI recognizes that restraint and seclusion are used as part of a continuum of intervention strategies, we caution that the action of physically moving someone to a seclusion area can be a trigger for more aggressive behavior and should be considered only if seclusion is the preferred intervention identified by the person being served and/or staff. CPI teaches that, following an episode of restraint and/or seclusion, the incident should be documented as quickly as possible, and that debriefing with the person being served and the staff members involved should take place as quickly as possible as well. Restraint and seclusion use is a serious behavioral intervention that requires continual assessment by the staff employing the intervention. The determination of "last resort" should include the elements in Standard 2.F.9.g. These standards should guide the decision making throughout the emergency situation. CPI's curriculum reinforces the power of verbal de-escalation throughout the process, even during the use of restraint and/or seclusion, unless clinical guidance suggests that the communication is a contributing factor to escalation versus de-escalation. Finally, CPI recommends that all individuals involved in an episode of restraint and/or seclusion should be continuously monitored for up to 24 hours. Medical attention should be provided for any injuries sustained during the incident. All injuries should be documented and treated immediately.

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Standard 2.F.10: Organizations using seclusion or restraint implement written procedures to require that: a. Documentation demonstrates that less restrictive intervention techniques were used prior to the use of seclusion or restraint. b. A designated, qualified, and competent physician or licensed independent practitioner provides a face-to-face evaluation of the person served within one hour of the order for seclusion or restraint being given. c. An order for seclusion or restraint is time limited and does not exceed four hours for an adult. For a child or adolescent, the order does not exceed one hour. d. Orders for seclusion or restraint may be renewed for a total of up to 24 hours. Orders for renewal may only occur following a face-to-face assessment by a designated, trained, and competent qualified behavioral health practitioner. e. After 24 hours, a new order is required following a face-to-face evaluation by a designated, qualified and competent physician or licensed independent practitioner. f. Appropriately trained personnel continually assess, monitor and re-evaluate the person served to determine whether seclusion or restraint is still needed. g. All orders are entered into the record of the person served as soon as possible but no more than two hours after implementation. h. The designated and qualified personnel sign the order within the time period mandated by law. i. Face-to-face attention, including attention to vital signs and the need for meals, liquids, bathing, and use of the restroom, is given to a person in seclusion or restraint at least every 15 minutes by authorized personnel. j. Documentation of re-evaluations and face-to-face attention is entered into the record. k. As applicable and permitted, there is documentation that the family or significant other(s), legal guardian, advocate, and/or treating practitioner of the person served is notified as soon as possible but at least within ten hours of the initial use of seclusion or restraint.	CPI reviews the components outlined in Standard 2.F.10 throughout the curriculum. We often work with organizations to embed program language throughout policy and documentation or reporting tools. CPI supports CARF's requirements by recommending continuous observation during any episode of restraint and seclusion. CPI also supports that restraint and seclusion should not be a standing order at any time. Each event should be assessed to ensure that the use of restraint or seclusion in that moment is indeed a last resort, not a consequence based on previous behavior or a reaction to past behaviors. In Appendix 2 of the *Nonviolent Crisis Intervention*® Certified Instructor Guide and Participant Workbook, CPI provides a chart for the continual assessment of signs of distress. The chart reviews things an observer might hear or see and draws a correlation to which system of the body could be in distress as a result of the intervention.

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Standard 2.F.11: A room designated for the use of seclusion or restraint has: a. A focus on the comfort of the person served, including: (1) Adequate air flow. (2) Comfortable temperature. (3) A safe, comfortable seating and/or lying arrangement. b. An identified plan for emergency exit. c. Access to bathroom facilities. d. Sufficient lighting. e. Observation availability. f. Call capability when ongoing direct observation is not utilized. g. A location that promotes the privacy and dignity of the person served.	While CPI does not speak directly to the use of seclusion practices within the *Nonviolent Crisis Intervention*® training program curriculum, we recognize the use of seclusion as a tool along a continuum of interventions ranging from less restrictive to most restrictive. CPI supports the concept of "advanced directives" as it relates to the use of restraint and seclusion. Giving the person served the opportunity to communicate at intake their preferences around the use of restraint and seclusion allows the organization to minimize the traumatic effects associated with the use of restrictive procedures. CPI cautions that if an individual prefers the use of restraint over the use of seclusion, the act of physically moving an individual into the approved seclusion room may escalate a situation to a higher level of aggression.
Standard 2.F.12: Following the use of seclusion or restraint, a debriefing is conducted as soon as possible (preferably within 24 hours) after the incident. The debriefing includes: a. The person served, for the purpose of: (1) Hearing from the person served what he/she experienced and/or his/her perspective. (2) Informing the person as to why the restraint/seclusion was used. (3) Returning control to the person served. b. Involved staff members. c. Others observing the incident, when permitted. d. Others (family/guardian/significant others) requested by the person served, unless clinically contraindicated. e. A documented discussion that addresses: (1) The incident. (2) Its antecedents. (3) An assessment of contributing factors on an individual, programmatic, and organizational basis. (4) The reasons for the use of seclusion or restraint. (5) The specific intervention used. (6) The person's reaction to the intervention. (7) Actions that could make future use of seclusion and restraint unnecessary. (8) When applicable, modifications made to the treatment plan to address issues or behaviors that impact the need to use seclusion or restraint.	Unit 10 of the *Nonviolent Crisis Intervention*® training program offers a model that can be used for both debriefing of the person served and debriefing with the staff who intervened, or bystanders and witnesses to the event. The steps involve ensuring that all basic needs are met and then giving the parties involved an opportunity to tell their perspectives of the event. This allows staff to identify patterns or triggers of the risk behavior of the person being served, and it allows them to assess their own patterns in responding to crisis moments. On both sides of the debriefing, a plan to prevent future occurrences of risk behavior is developed and control is returned to each individual. Because the use of restraint or seclusion procedures can be traumatizing to the person served, as well as to the staff involved and any witnesses to the event, CPI's debriefing model can be used with all parties involved as a way to mitigate the traumatic effects restraint use creates. This process of debriefing and documenting the event allows the organization to ensure that it is creatively and effectively addressing problem behaviors to reduce the likelihood of future occurrences. Behavior plans can be created or updated using the data collected during the process.

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Standard 2.F.13: The use of seclusion or restraint always is documented as a critical incident.	CPI recommends that documentation of incidents occurs as soon as possible following the event. Details of not only the person's behavior, but staff's attempts to de-escalate, along with any noted injuries, should be recorded and evaluated by a team within the organization. CPI also recommends follow-up with parents/guardians of the person served whenever appropriate.
Standard 2.F.14: The chief executive or designated management or supervisory staff member reviews and signs off on all uses of seclusion or restraint: a) After every occurrence. b) Within a designated time frame. c) To determine conformance with applicable policies/procedures.	CPI recommends that the organization's administration receive *Nonviolent Crisis Intervention*® training. This will allow management to effectively review all incidents of seclusion and restraint.
Standard 2.F.15: The use of seclusion or restraint is: a) Recorded in the information system. b) Reviewed for: (1) Analysis of patterns of use. (2) History of use by personnel. (3) Environmental contributing factors. (4) Assessment of program design contributing factors. c) Used for performance improvement.	CPI recommends post-incident debriefing and data collection to assist in identifying patterns in staff responses and environmental and program design contributors to incidents of restraint and seclusion. Certified Instructors can use the data gathered to adapt curriculum examples to make training more meaningful or to identify the need for re-training if the situation warrants re-training. Competency of both verbal and physical intervention skills can be considered as part of a staff member's job description or performance improvement plan.