

**2006 CARF Behavioral Health Standards Manual: Section 2.F. Seclusion  
and Restraint/*Nonviolent Crisis Intervention*<sup>®</sup> Training Program**

# Alignment

<b>2006 CARF Behavioral Health Standards Manual: Section 2.F. Seclusion and Restraint</b>	<b><i>Nonviolent Crisis Intervention</i><sup>®</sup> Training Program</b>
<p>Programs strive to avoid the use of seclusion and restraint, and only resort to using either intervention as a last recourse to de-escalate aggressive or life-threatening behavior toward self or others.</p>	<p>The <i>Nonviolent Crisis Intervention</i><sup>®</sup> training program focuses on preventative techniques to avoid the use of restraint and seclusion by equipping staff with strategies to intervene through verbal and nonverbal means to create a respectful environment promoting <i>Care, Welfare, Safety, and Security</i><sup>SM</sup>.</p>
<p><b>Definition of Restraint:</b> The use of physical, mechanical, or other means to temporarily subdue an individual or otherwise limit a person's freedom of movement. It is used when there is an immediate risk of harm to self or others, and it is determined as the only means to de-escalate the threatening behavior.</p>	<p>The <i>Nonviolent Crisis Intervention</i><sup>®</sup> training program provides instruction in the use of <i>CPI Personal Safety Techniques</i><sup>SM</sup> and physical restraint techniques. The restraint techniques are viewed as emergency procedures to be used as a last resort, only when an individual is an imminent danger to self or others.</p>
<p><b>Standard 2.F.1:</b> The organization has a policy that identifies whether or not:</p> <ul style="list-style-type: none"> <li>a. It will use emergency intervention in response to assault or aggression.</li> <li>b. Seclusion or restraint is used within the programs it provides.</li> </ul>	<p><b>CPI recommends that all facilities develop policies and procedures addressing behavior management, restraint, and seclusion. Facilities should ensure policies and procedures are in compliance with applicable state and federal laws, as well as appropriate regulatory bodies such as CARF. CPI's Instructor Services can help organizations develop new policies and procedures or improve existing policies and procedures.</b></p>
<p><b>Standard 2.F.2:</b> Procedures for the use of emergency intervention, seclusion, or restraint include protocols for:</p> <ul style="list-style-type: none"> <li>a. Adults.</li> <li>b. Children and adolescents.</li> <li>c. Persons with special needs.</li> </ul>	<p>The <i>Nonviolent Crisis Intervention</i><sup>®</sup> training program teaches several personal safety techniques and restraint techniques. Staff are instructed to choose the appropriate techniques to respond to the emergency while considering the needs of the particular person in crisis such as age, size, and special needs.</p>



**Crisis Prevention Institute, Inc.**

3315-H North 124th Street • Brookfield, WI 53005 USA  
1-800-558-8976 • 1-888-758-6048 TTY (Deaf, hard of hearing, or speech impaired)  
www.crisisprevention.com • info@crisisprevention.com

© 2007 Crisis Prevention Institute, Inc.

07-CPI-LEG-029 06/07

Page 1

**2006 CARF Behavioral Health Standards Manual:  
Section 2.F. Seclusion and Restraint**

***Nonviolent Crisis Intervention®  
Training Program***

**Standard 2.F.3:** In the event that a physical hold is used as a time-limited emergency measure until the appropriate law enforcement, safety, or other emergency service providers arrive on site, the organization implements policies and procedures that:

- a. Identify the emergency circumstances under which a physical hold will be used.
  
- b. Provide staff training on de-escalation and safe physical management.
- c. Direct that the emergency intervention procedure is restricted to time-limited, approved physical holds by designated, trained, and competent personnel.
  
- d. Identify the process by which law enforcement, safety, or other emergency service providers will be summoned.
  
- e. Provide a review for continued need for the physical hold every 15 minutes.
- f. Limit the time for which the physical hold may be used to the time that it takes for law enforcement, safety, or other emergency service providers to arrive (however, not to exceed 45 minutes).
  
- g. Provide for the ongoing observation of the person in the physical hold by at least one additional person.

- a. **CPI recommends that physical restraint only be used as a last resort when the individual is a danger to self or others and alternative intervention strategies are not effective in resolving the situation. Because all physical interventions involve a level of risk, these methods are to be used only when the risks associated with the acting-out behavior are greater than the risks inherent in the use of physical intervention.**
  
- b./c. **Prevention and de-escalation are the primary focus of the *Nonviolent Crisis Intervention®* training program. Safe physical management (*Nonviolent Physical Crisis Intervention<sup>SM</sup>*) is taught as well. Physical intervention is to be discontinued at the earliest possible moment when the individual is no longer a danger to him/herself or others. The goal of all physical intervention is to protect the individual in crisis and assist him/her in regaining self-control.**
  
- d. **The *Nonviolent Crisis Intervention®* training program instructs participants in recognizing when additional assistance is needed. CPI further recommends that this be detailed in policies and procedures.**
  
- e./f. **CPI recommends that restraints be continually monitored for appropriate use and be discontinued at the earliest possible moment when the individual is no longer a danger to him/herself or others or when staff monitoring the restraint identify signs of physical or psychological distress. CPI recommends all facilities develop policies and procedures that comply with applicable federal and state laws, as well as appropriate regulatory bodies such as CARF.**
  
- g. **The *Nonviolent Crisis Intervention®* training program includes information on the duties of the Auxiliary Team Members. These additional team members, not involved in the restraint, will provide ongoing observation of the physical and psychological status of the individual in crisis.**

**2006 CARF Behavioral Health Standards Manual:  
Section 2.F. Seclusion and Restraint**

***Nonviolent Crisis Intervention®  
Training Program***

**Standard 2.f.4:** If the organization uses seclusion or restraint, there are policies and procedures governing its use that specify that:

- a. Seclusion or restraint is used only for intervention in an individual's emergency situation and to prevent harm to him/herself or others.
- b. Appropriate interaction with staff occurs as an effort to de-escalate the crisis.
- c. The medical history of the person served is reviewed to determine whether seclusion or restraint can be administered without risk to health and safety.
- d. When possible the behavioral health history of the person served is reviewed for identification of prior trauma.
- e. The use of seclusion or restraint is ordered by a physician or designated, trained, and competent qualified behavioral health practitioner.
- f. Seclusion or restraint is administered in a safe manner, with consideration given to the physical, developmental, and abuse history of the person served.
- g. Seclusion or restraint is administered by behavioral health personnel who are trained and competent in the proper techniques of applying and monitoring the form of seclusion or restraint ordered.
- h. When physical, mechanical, or material restraints are used, personnel are trained, qualified, and competent to administer them.
- i. When seclusion is used, personnel are trained to monitor for the unique needs of a person in seclusion.

- a. **CPI's restraint techniques are taught only as a last resort, when other less-restrictive interventions have failed and the individual is a danger to him/herself or others.**
- b. **The CPI *Crisis Development Model*<sup>SM</sup> identifies different behavior levels of a crisis situation. The model also gives examples of how staff can appropriately and effectively respond to each level of a crisis situation.**
- c. **All individuals served should have documented medical histories on site. Staff should be made aware of any conditions which may contraindicate the use of restraint in any individual served.**
- d. **Behavioral health histories for each individual should be reviewed for any sort of trauma which may contraindicate the use of restraint. Prior traumatic experiences may lead to psychological distress when an individual is restrained or secluded.**
- e. **Seclusion or restraint should be ordered by a trained and competent qualified behavioral health practitioner familiar with the type of restraints being used and the risks of those restraints.**
- f. **CPI's restraint techniques are designed to be as safe as possible, and can be used effectively on clients with various physical, developmental, and abuse histories. CPI stresses the importance of reviewing patient history for conditions that would contraindicate the use of restraint.**
- g./h. **CPI requires all Certified Instructors to demonstrate their competencies in teaching the physical components of our program. In turn, Certified Instructors may use competency-based testing to ensure their staff are correctly administering restraints in the safest way possible. *Nonviolent Crisis Intervention®* training also includes extensive information on how to monitor an individual in a restraint for signs of physical and psychological distress.**
- i. **The restraint monitoring techniques taught in *Nonviolent Crisis Intervention®* training can be applied to monitoring an individual in seclusion.**

**2006 CARF Behavioral Health Standards Manual:  
Section 2.F. Seclusion and Restraint**

***Nonviolent Crisis Intervention®  
Training Program***

- j. Removal from seclusion or restraint occurs as soon as the threat of harm has been safely minimized.
- k. Seclusion or restraint is not used as coercion, discipline, convenience, or retaliation by the personnel in lieu of adequate programming.
- l. Standing orders are not issued to authorize the use of seclusion or restraint.
- m. Contributing environmental factors that may promote maladaptive behaviors are identified and actions taken to minimize those factors.
- n. Procedures for the use of seclusion or restraint are explained to and discussed with each person served in a manner that is understandable to him or her.
- o. There is documentation that the person served has been consulted regarding alternatives he or she prefers prior to the use of seclusion or restraint, when possible.
- p. The simultaneous use of seclusion and restraint is prohibited unless a staff member has been assigned for continual face-to-face monitoring.
- q. The physical plant can safely and humanely accommodate the practice of seclusion or restraint.

- j. **CPI teaches that restraints must be released as soon as an individual is no longer a danger to him/herself or others.**
- k. **CPI teaches that restraint should only be used as a last resort, when an individual is a danger to him/herself or others, and other less-restrictive interventions have been ineffective. Restraint should never be used as coercion, discipline convenience, retaliation, or any reason other than to protect the individual or others from imminent harm.**
- l. **Because CPI teaches that restraint should only be used as a last resort in emergency situations, CPI does not support standing orders on the use of restraint.**
- m. **The *Nonviolent Crisis Intervention®* training program discusses Precipitating Factors, underlying factors (environmental or otherwise) that may precipitate escalating behaviors. Certified Instructors are also taught to problem-solve how to minimize these factors.**
- n. **CPI recommends that organizations include a method of informing service users of restraint and seclusion practices in their policies and procedures.**
- o. **CPI recommends that staff be made aware of any mental health advance directives or other documentation regarding preferences prior to the need to implement restraint or seclusion. Certified Instructors can incorporate common preferences in training, and can inform staff of where these documents are located.**
- p. **Because of the risks inherent in restraint and seclusion, CPI advocates for face-to-face monitoring any time restraint or seclusion is used.**
- q. **CPI recommends that all facilities survey their site for any environmental or physical factors which may be unsafe when utilizing restraint or seclusion during a crisis situation.**

**2006 CARF Behavioral Health Standards Manual:  
Section 2.F. Seclusion and Restraint**

***Nonviolent Crisis Intervention®  
Training Program***

**Standard 2.F.5:** The procedures for the use of seclusion or restraint adhere to the following:

- a. Documentation demonstrates that all 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 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 not 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.

- a. **The *Nonviolent Crisis Intervention®* training program discusses documentation of incidents, and recommends that all less-restrictive interventions are documented. CPI also has additional resources available to Certified Instructors on how to effectively and comprehensively document incidents.**
- b. **CPI recommends that organizations include medical evaluation requirements, in line with state and federal laws and accrediting body standards, in organizational policies and procedures.**
- c./d./e. **Restraint and seclusion should be discontinued as soon as safely possible. Organizations should check with state and federal regulations, as well as with accrediting body standards, for time limits on the use of restraint and seclusion and renewal orders. Organizations should then include this information in their policies and procedures.**
- f. **The *Nonviolent Crisis Intervention®* training program teaches participants to monitor for physical and psychological distress in individuals being restrained. *Nonviolent Crisis Intervention®* training also teaches participants how to recognize when restraint or seclusion is no longer needed.**
- g./h. **Documentation is a key aspect of the *Nonviolent Crisis Intervention®* training program. CPI recommends that all documentation of incidents take place as soon as possible.**
- i. **The philosophy of the *Nonviolent Crisis Intervention®* training program is *Care, Welfare, Safety, and Security*<sup>SM</sup>. To keep in line with the philosophy of the program, CPI recommends that all individuals served continuously receive proper monitoring of vital signs and other needs.**
- j. **See the importance CPI places on documentation in g./h.**

<b>2006 CARF Behavioral Health Standards Manual: Section 2.F. Seclusion and Restraint</b>	<b><i>Nonviolent Crisis Intervention®</i> Training Program</b>
<p>k. The family of the person served is notified, if applicable and permitted, as soon as possible but at least within eight hours of the initial use of seclusion or restraint.</p>	<p>k. <b>CPI recognizes the need to keep a client’s family members informed of his/her behavior. CPI has resources available for Certified Instructors containing information specifically tailored to parents and other family members. CPI has found that informing parents and other family members of and involving them in behavioral intervention plans is beneficial to the individual served, the family, and to staff.</b></p>
<p><b>Standard 2.F.6:</b> The use of seclusion or restraint always:</p> <ul style="list-style-type: none"> <li>a. Is documented as an incident.</li> <li>b. Results in a review, and, as appropriate, revision of the treatment plan or program model for the person served.</li> </ul>	<p>a./b. <b>The CPI <i>COPING Model</i><sup>SM</sup> offers a debriefing model to be used to review a crisis incident. The model provides a process for documenting the incident, establishing the facts about the incident, and evaluating the facts to identify patterns in behavior. The model also requires that staff investigate the alternatives to the current treatment plan or program to minimize the occurrence of the acting-out behavior.</b></p>
<p><b>Standard 2.F.7:</b> Following the use of seclusion or restraint, the person served, his or her family, when appropriate, and personnel discuss the reasons for the use of seclusion or restraint. The discussion is documented and addresses:</p> <ul style="list-style-type: none"> <li>a. The incident.</li> <li>b. Its antecedents.</li> <li>c. The reasons for the use of seclusion or restraint.</li> <li>d. The person’s reaction to the intervention.</li> <li>e. Actions that could make future use of seclusion or restraint unnecessary.</li> <li>f. When applicable, modifications made to the treatment plans to address issues or behaviors that impact the need to use seclusion or restraint.</li> </ul>	<p><b>Following the physical restraint (or even a crisis that is de-escalated without restraint), the <i>Nonviolent Crisis Intervention®</i> training program teaches staff to utilize the <i>CPI COPING Model</i><sup>SM</sup>, which provides a structure for reviewing the episode with both the person in crisis and staff members involved. This model may also be used to debrief with witnesses and to inform family members. The <i>CPI COPING Model</i><sup>SM</sup> allows for orienting and establishing the facts of the incident from the clients’ perspective. Patterns of past behavior and triggers of the behavior for the person served, as well as staff responses are examined. Individuals served assist in defining alternatives to the inappropriate behavior and identifying resources that can be helpful in making behavioral change. Changes to treatment plans are agreed upon by staff and the individual served.</b></p>
<p><b>Standard 2.F.8:</b> The chief executive or designated management staff member reviews and signs off on all uses of seclusion and restraint after every occurrence.</p>	<p><b>CPI recommends that the organization’s administration receive <i>Nonviolent Crisis Intervention®</i> training. This will allow management to effectively review all incidents of seclusion and restraint.</b></p>
<p><b>Standard 2.F.9:</b> The use of seclusion or restraint is recorded in the information system and reviewed for:</p> <ul style="list-style-type: none"> <li>a. Analysis of patterns of use.</li> <li>b. History of use by personnel.</li> <li>c. Environmental contributing factors.</li> <li>d. Assessment of program design contributing factors.</li> </ul>	<p><b>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.</b></p>

<b>2006 CARF Behavioral Health Standards Manual: Section 2.F. Seclusion and Restraint</b>	<b><i>Nonviolent Crisis Intervention®</i> Training Program</b>
<p><b>Standard 2.F.10:</b> If the frequency of the use of seclusion or restraint changes, the chief executive or a designee investigates the pattern of use and takes action to continuously reduce or eliminate the use or seclusion or restraint.</p>	<p>The <i>Nonviolent Crisis Intervention®</i> training program teaches that after each use of restraint or seclusion, a client's behavioral plan should be reviewed to investigate patterns and ways to eliminate future occurrences of restraint or seclusion.</p>
<p><b>Standard 2.F.11:</b> All personnel involved in the direct administration of seclusion or restraint receive initial and ongoing competency-based training in the following:</p> <ul style="list-style-type: none"> <li>a. The contributing factors or causes of threatening behavior.</li> <li>b. Which chemical conditions may contribute to aggressive behavior.</li> <li>c. How the interactions of personnel may impact the behaviors of persons served.</li> <li>d. The use of alternative interventions, such as mediation, de-escalation, self-protection, and time-out.</li> <li>e. Recognizing signs of physical distress in the person who is being restrained or secluded.</li> <li>f. The re-establishment of communication after a person has been secluded or restrained.</li> <li>g. The prevention techniques of threatening behaviors.</li> <li>h. When and how to restrain or seclude safely.</li> <li>i. Training on how to monitor and continually assess for the earliest release.</li> <li>j. The practice of intervention done by a team.</li> </ul>	<ul style="list-style-type: none"> <li>a./b./c. The <i>Nonviolent Crisis Intervention®</i> training program specifically addresses identification of warning signs and Precipitating Factors, promotes the understanding of unique circumstances of each individual, and discusses how staff behaviors and responses may impact the behaviors of individuals served.</li> <li>d. Prevention and de-escalation are the primary focus of <i>Nonviolent Crisis Intervention®</i> training. Self-protection is also an important component.</li> <li>e. Unit VIII outlines the duties of the Auxiliary Team Members. One of these duties is monitoring for signs of physical distress in the person being restrained. The <i>Nonviolent Crisis Intervention®</i> Instructor Manual includes a chart outlining signs of distress to be monitored for during the use of restraint or seclusion.</li> <li>f. A key component of the program is re-establishing the therapeutic relationship with the client after the incident, which is discussed in the unit on Postvention.</li> <li>g. Prevention is a primary focus of the <i>Nonviolent Crisis Intervention®</i> training program.</li> <li>h. <i>Nonviolent Physical Crisis Intervention<sup>SM</sup></i> teaches restraint techniques to be used as a last resort.</li> <li>i. The Team Leader and Auxiliary Team Members continuously monitor for earliest release. Team Leader and Auxiliary Team Member duties are described in the unit on team intervention.</li> <li>j. The <i>Nonviolent Crisis Intervention®</i> Instructor Manual includes practical information on team intervention. CPI also recommends that those individuals implementing restraint practice as a team during training under the supervision of a Certified Instructor.</li> </ul>

<b>2006 CARF Behavioral Health Standards Manual: Section 2.F. Seclusion and Restraint</b>	<b><i>Nonviolent Crisis Intervention®</i> Training Program</b>
<p>k. The practice of intervention done by an individual.</p>	<p>k. <b>Unit VIII includes a lecture on intervening alone versus with a team. Staff members are taught to summon a team, but are also instructed in CPI's <i>Personal Safety Techniques</i><sup>SM</sup>. The <i>CPI Interim Control Position</i><sup>SM</sup> can be used for a brief period of time when waiting for team arrival.</b></p>
<p><b>Standard 2.F.12:</b> Training is provided by persons or entities who are certified to conduct such training.</p>	<p><b>CPI certifies Instructors, who in turn, may train other employees within their facilities (train-the-trainer program).</b></p>
<p><b>Standard 2.F.13:</b> When a team intervention is conducted, written procedures are available for:</p> <ul style="list-style-type: none"> <li>a. Defining team leadership.</li> <li>b. Assigning team duties.</li> </ul>	<p><b>The <i>Nonviolent Crisis Intervention®</i> training program includes a unit on team intervention which clearly defines Team Leader duties, including assigning duties to other team members. Auxiliary Team Member duties are also defined.</b></p>
<p><b>Standard 2.F.14:</b> If an advance directives plan or crisis intervention plan exists for the person served, it is readily available for immediate reference.</p>	<p><b>CPI recommends that this requirement is addressed in policies and procedures and that all staff are made aware of where these plans are located.</b></p>
<p><b>Standard 2.F.15:</b> A room designated for the use of seclusion or restraint has:</p> <ul style="list-style-type: none"> <li>a. Adequate air flow.</li> <li>b. An identified plan for emergency exit.</li> <li>c. Access to bathroom facilities.</li> <li>d. Sufficient lighting.</li> <li>e. Observation availability.</li> </ul>	<p><b>Because requirements on this topic vary from state to state, CPI recommends that each organization develop policies and procedures related to these requirements that are in compliance with applicable federal and state laws, as well as with appropriate regulatory bodies such as CARF.</b></p>