

Program Alignment

2009 CARF Child and Youth Services Standards Manual: Section 2.G Nonviolent Practices & *Nonviolent Crisis Intervention*® Training Program

“The goal is to eliminate the use of seclusion and restraint in child and youth services, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or to those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.”

2009 CARF Child and Youth Services Standards

2009 CARF Child and Youth Services Standards Manual: Section 2.G Nonviolent Practices	<i>Nonviolent Crisis Intervention</i> ® Training Program
<p>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.</p>	<p>The <i>Nonviolent Crisis Intervention</i>® training program focuses on preventive 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>SM.</p> <p>In the <i>Nonviolent Crisis Intervention</i>® training program, physical restraint is recommended only when all less-restrictive methods of intervening have been exhausted and when the individual presents a danger to self or others.</p>
<p>Definition of Restraint: Restraint is the use of physical or mechanical means to temporarily limit a person’s freedom of movement.</p> <p>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.</p>	<p>The <i>Nonviolent Crisis Intervention</i>® training program provides instruction in the use of CPI <i>Personal Safety Techniques</i>SM 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>Standard 2.G.1: The organization has a policy that identifies:</p> <ol style="list-style-type: none"> 1. How it will respond to aggressive or assaultive behaviors. 2. Whether and under what circumstances: <ol style="list-style-type: none"> a. Seclusion is used within the program it provides. b. Restraints are used within the programs it provides. 	<p>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.</p>



Standard 2.G.2:

1. As applicable to the population served, all direct service or frontline 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 interaction, including how personnel interact with each other and with the children/youth served, may impact the behaviors of the children/youth 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.

Nonviolent Crisis Intervention[®] Certified Instructors are authorized to train direct service or frontline personnel employed by their organization. CPI has resources available to support initial training and an ongoing, competency-based training process. CPI maintains records of all training that is documented and submitted to CPI.

- a./b./c. *Nonviolent Crisis Intervention*[®] training program specifically addresses identification of warning signs, antecedents, and Precipitating Factors of disruptive behavior, promotes the understanding of unique circumstances of each individual, and discusses how staff behaviors and responses may impact the behaviors of individuals served.
- d. Physiological/psychological causes of aggressive behavior are one specific category of Precipitating Factors that is covered in the *Nonviolent Crisis Intervention*[®] program.
- e. Prevention and de-escalation are key focus points of *Nonviolent Crisis Intervention*[®] training. A continuum of alternatives to the use of restraint is presented in *Nonviolent Crisis Intervention*[®] training.
- f. Prevention is a primary focus of *Nonviolent Crisis Intervention*[®] training.
- g. One portion of the *Nonviolent Crisis Intervention*[®] program focuses on Postvention which provides an opportunity to work toward change and growth for individuals who have acted out, as well as for staff members. By working to re-establish communication following a crisis, staff members can aid service users with recovery/wellness.
- h. All strategies taught are based on the philosophy of providing for the best possible *Care, Welfare, Safety, and Security*SM of everyone involved in a crisis situation.

Standard 2.G.3:

3. All personnel involved in the direct administration of seclusion or restraint receive documented initial and ongoing competency-based training, provided by persons 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 child/youth 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.

By successfully completing a competency-based Instructor Certification Program conducted by CPI, *Nonviolent Crisis Intervention*[®] Certified Instructors become qualified to train personnel employed by their organization in the *Nonviolent Crisis Intervention*[®] program. CPI has resources available to support initial training and an ongoing, competency-based training process. CPI maintains records of all training that is documented and submitted to CPI.

- a. *Nonviolent Physical Crisis Intervention*SM involves the use of safe, nonharmful control and restraint positions to safely control an individual until he can regain control of his behavior. These are only to be used as a last resort when a person is a danger to self or others.
- b. 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 *Nonviolent Crisis Intervention*[®] Instructor Manual includes a chart outlining signs of distress to be monitored during the use of restraint or seclusion.
- c. All participant workbooks contain information on the risks of restraint. The information stresses that there are risks (medical and psychological) involved in any physical intervention.
- d. *Nonviolent Crisis Intervention*[®] training includes information on the risks of restraints; therefore, CPI is supportive of this requirement.
- e. 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.
- f. 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 *Personal Safety Techniques*SM. The CPI *Interim Control Position*SM can be used for a brief period of time when waiting for team arrival.
- g. The *Nonviolent Crisis Intervention*[®] Instructor Manual includes practical information on team intervention. CPI also recommends that the individuals implementing restraint practice as a team during training under the supervision of a Certified Instructor.

<p>Standard 2.G.4:</p> <p>4. If the organization uses seclusion and/or restraint, a plan is implemented to minimize or eliminate the use of restraint and/or seclusion that includes:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 1. Specific strategies to prevent crises. 2. Time lines to reduce the use of seclusion and restraint. e. Identification of roles for children/youth 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. 	<p>CPI recommends that all facilities develop policies and procedures addressing behavior management, restraint, and seclusion, including plans to minimize or eliminate the use of restraint and/or 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 has assisted many organizations with minimizing or eliminating the use of restraint and/or seclusion. The <i>Nonviolent Crisis Intervention</i>[®] program content can be integral in developing workforce attitudes, skills, and practices that support recovery and specific strategies to prevent crises. The Postvention process discussed in Unit X of the <i>Nonviolent Crisis Intervention</i>[®] program provides an opportunity to work toward change and growth for individuals who have acted out as well as for staff members. This content will help facilities utilize the debriefing process to support the reduction of seclusion or restraint use.</p>
<p>Standard 2.G.5:</p> <p>5. A written status report on the plan for minimization or elimination of the use of seclusion and/or restraint:</p> <ul style="list-style-type: none"> a. Is prepared annually. b. Includes: <ul style="list-style-type: none"> 1. Goals and time lines. 2. Progress made. 3. Areas still needing improvement. 4. Factors impeding elimination of the use of seclusion and restraint. 	<p>CPI supports this standard and recommends that this requirement be addressed in each facility's policies and procedures. CPI stresses the importance of implementing an ongoing training process which correlates to this standard.</p>

<p>Standard 2.G.6:</p> <p>6. If the organization uses seclusion or restraint, written procedures for the use of specific interventions include protocols for:</p> <ul style="list-style-type: none"> a. Adults. b. Children and adolescents. c. Persons with special needs. d. Team interventions, including: <ul style="list-style-type: none"> 1. Defining team leadership. 2. Assigning team duties. 	<ul style="list-style-type: none"> a./b./c. The <i>Nonviolent Crisis Intervention</i>[®] training program teaches several <i>Personal Safety Techniques</i>SM 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. d. 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.
<p>Standard 2.G.7:</p> <p>7. If a personal safety plan exists for the child/youth served, it is readily available for immediate reference.</p>	<p>CPI recommends that this requirement is addressed in policies and procedures and that all staff are made aware of where these plans are located.</p>
<p>Standard 2.G.8:</p> <p>8. An organization that uses seclusion or restraint has policies that specify that:</p> <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> a. The CPI <i>Crisis Development Model</i>SM 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. 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. 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 physical restraints in the safest way possible. c. 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. d. Restraint should never be used as coercion, discipline convenience, retaliation, or any reason other than to protect the individual or others from imminent harm.

Standard 2.G.9:

9. An organization that uses seclusion or restraint implements written procedures that specify that:

- a. The intake evaluation of the child/youth served includes:
 - 1. A review of the medical history to determine whether seclusion or restraint can be administered without risk to health and safety.
 - 2. An assessment of physical, sexual, and emotional abuse, neglect, trauma, and exposure to violence.
- 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. 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.
 - 2. It is administered in a safe manner, with consideration given to the physical, developmental, and abuse/neglect history of the child/youth served.
 - 3. Personnel are trained to monitor for the unique needs of a person in seclusion or restraint.

- a. CPI supports this standard and recommends that this requirement is addressed in each facility's policies and procedures. *Nonviolent Crisis Intervention*[®] training includes information on risks of restraint and on internal or external factors, such as abuse, neglect, trauma, and exposure to violence which might cause acting-out behavior.
- b. *Nonviolent Crisis Intervention*[®] training provides staff with skills to help them de-escalate threatening situations.
- c. 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.
- d. The *Nonviolent Crisis Intervention*[®] training program provides instruction on identifying Precipitating Factors which would include contributing environmental factors that may promote maladaptive behavior.
- e. Because of the risks inherent in restraint and seclusion, CPI advocates for face-to-face monitoring any time restraint or seclusion is used.
- f. 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.
- g. CPI recommends:
 - 1. Seclusion or restraint should be ordered by a trained and competent qualified behavioral health practitioner familiar with or trained in the type of restraints being used and the risks of those restraints.
 - 2. 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.
 - 3. Restraint monitoring techniques taught in *Nonviolent Crisis Intervention*[®] training can also be applied to monitoring an individual in seclusion.

4. As soon as the threat of harm is no longer imminent, the person is removed from seclusion or restraint.
5. 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.
6. When seclusion or restraint is used, a trained staff member must be assigned for continual monitoring.
7. Immediate medical attention is made available for any injury resulting from seclusion or restraint.
8. As soon as possible after a person has been placed in seclusion or restraint, the treating physician/psychiatrist/psychologist, an advocate (when feasible), and the parent/legal guardian or significant other must be notified unless otherwise determined.

4. CPI teaches that restraints must be released as soon as an individual is no longer a danger to him/herself or others.
5. The *Nonviolent Crisis Intervention®* program includes training on team leader and auxiliary team member duties to communicate with the acting-out person.
6. The *Nonviolent Crisis Intervention®* program provides instruction on monitoring, and CPI advocates for continual monitoring.
7. Unit VIII outlines the duties of the Auxiliary Team Members. One of these duties is assessing the status of the person being restrained for signs of physical distress. A related duty is recognizing when additional assistance is needed such as medical attention.
8. Unit X of the *Nonviolent Crisis Intervention®* program stresses the need to communicate with other “stakeholders,” including other staff members, bystanders, peers, or family members of the acting-out individual.

Standard 2.G.10:

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 face-to-face evaluation of the child/youth 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.

- a. The *Nonviolent Crisis Intervention®* training program discusses documentation of incidents, and CPI recommends that all less-restrictive interventions are also documented. CPI 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. Appropriately trained personnel continually assess, monitor, and re-evaluate the child/youth served to determine whether seclusion or restraint is still needed.
- g. All orders are entered into the record of the child/youth 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.
- k. There is the documentation that the family or significant other(s), legal guardian, advocate, and/or treating practitioner of the child/youth served is notified, if applicable and permitted, as soon as possible but a least within ten hours of the initial use of seclusion or restraint.

- 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*SM. 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./k. 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.

Standard 2.G.11:

11. A room designated for the use of seclusion or restraint has:
- a. A focus on the comfort of the child/youth 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, directly or through escort.
 - 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 child/youth served.

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.

Standard 2.G.12:

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 child/youth served for the purpose of:
 - 1. Hearing from the child/youth served what they experienced and/or their perspective.
 - 2. Informing them as to why the restraint/seclusion was used.
 - 3. Returning control to the child/youth served.
- b. Involved staff members.
- c. Others observing the incident, when permitted.
- d. Others (family/guardian/significant others) requested by the child/youth 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 person's reaction to the intervention.
 - 6. Actions that could make future use of seclusion or restraint unnecessary.
 - 7. When applicable, modifications made to the treatment plan to address issues or behaviors that impact the need to use seclusion or restraint.

- a. The CPI *COPING Mode*SM taught in Unit X includes instruction on listening to the perspective of the individual who acted out. The *COPING Mode*SM also provides an opportunity to discuss the overall crisis episode including the reason why restraint/seclusion was used. It is also stressed that staff members need to return control to the person who acted out.
- b. The CPI *COPING Mode*SM also includes instruction on how team members should meet to discuss the intervention and their own behaviors following a crisis. This helps foster constructive dialog between professionals on how to improve future crisis situations.
- c. Unit X of the *Nonviolent Crisis Intervention*[®] program stresses the need to communicate with others observing the incident including other staff members, bystanders, and peers.
- d. CPI recognizes the need to keep a client's family/guardian/significant other informed of his/her behavior and involved in debriefing when possible (unless clinically contraindicated). CPI also 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 (unless clinically contraindicated) to the individual served, the family, and to staff.
- e. The CPI *COPING Mode*SM taught in Unit X includes instruction on orienting to the basic facts of the incident; determining patterns, including antecedents and various contributing factors; reviewing staff response to crisis situations, including reasons for particular responses; gaining the perspective of the individual who acted out; identifying appropriate alternatives to the inappropriate behavior; and selecting ways to improve the plan in order to prevent future similar situations and improve staff responses.

<p>Standard 2.G.13:</p> <p>13. The use of seclusion or restraints is always documented as a critical incident.</p>	<p>CPI places great emphasis on documentation and recommends that the use of seclusion or restraints is always documented as a critical incident.</p>
<p>Standard 2.G.14:</p> <p>14. The chief executive or designated management or supervisory staff member reviews and signs off on all uses of seclusion or restraint:</p> <ul style="list-style-type: none"> a. After every occurrence. b. Within a designated time frame. c. To determine conformance with applicable policies/procedures. 	<p>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.</p>
<p>Standard 2.G.15:</p> <p>15. The use of seclusion or restraint is:</p> <ul style="list-style-type: none"> a. Recorded in the information system. b. Reviewed for: <ul style="list-style-type: none"> 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. 	<p>CPI places great importance on recording data on the use of seclusion and restraint. CPI's Instructor Services can help organizations develop systems to track patterns such as the history of use by personnel, environmental contributing factors, and program design contributing factors. The patterns that are identified can then be used for performance improvement.</p>