ALIGNMENT

cpi
nonviolent crisis intervention®

Texas Title 25. Health Services Part 1. Department of State Health Services Chapter 415. Provider Clinical Responsibilities–Mental Health Services

Correlation to Crisis Prevention Institute (CPI) *Nonviolent Crisis Intervention*® training program

cpi
10850 W. Park Place, Suite 600, Milwaukee, WI 53224 USA
800.558.8976 • 888.758.6048 TTY (Deaf, hard of hearing, or speech impaired)
info@crisisprevention.com • **crisisprevention.com**

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CPI commends the Texas Department of Health and Human Services on behalf of the Department of State Health Services for its comprehensive and well-written rule. Since 1980, CPI has supported organizations that strive to become restraint-free. Not only will the *Nonviolent Crisis Intervention*® training program meet the expectations outlined in this new Chapter, the program and its family of advanced programs also offer a comprehensive array of curriculums that can meet all the needs an organization has for supporting best practices in behavior management. Backed by unmatched customer service, support, and resources, CPI's philosophy of providing for *Care, Welfare, Safety, and Security*SM can help transform cultures of care that are supported by an organization's leadership and commitment to becoming restraint-free.

The following chart is designed to assist you in identifying some of the ways in which CPI's *Nonviolent Crisis Intervention*® training program can help your facility meet the revisions adopted in relation to the use of physical restraint procedures in a mental health facility in the state of Texas. It will also assist you in identifying areas that may require a review and/or revision in your facility's policies and procedures.

Program Alignment

§25 TAC 415.251 - Purpose	Correlation With *Nonviolent Crisis Intervention*® Training Program
The purpose of this subchapter is to reduce the use of restraint and seclusion as much as possible and to ensure that:	All physical restraints involve some possibility of injury to the person being restrained and to the staff. There is also a psychological danger in using restraints. Being restrained can be a frightening—even traumatic—experience. The *Nonviolent Crisis Intervention*® training program includes discussion on how to monitor for signs of physical or psychological distress while a person is being restrained. CPI advocates for making this determination based on several factors, including the student's medical and psychological conditions.
(1) the least restrictive methods of intervention are used and that, wherever possible, alternatives are first attempted and determined ineffective; and	(1) The *Nonviolent Crisis Intervention*® training program emphasizes that physical interventions should be used only as a last resort when the danger presented by the acting-out person's behavior outweighs the risks of physical restraint use.
(2) the rights and well-being of individuals are protected during the use of restraint or seclusion.	(2) Interventions should be grounded in knowledge of the individual's medical and mental health history, with current information on any contraindications to their use. Whenever possible, a person-centered approach should be implemented and consideration should always be taken regarding the individual's preferences should a restraint become necessary.

§25 TAC 415.253 - Definitions

(3) Chemical restraint—The use of any chemical, including pharmaceuticals, through topical application, oral administration, injection, or other means, for purposes of restraining an individual and which is not a standard treatment for the individual's medical or psychiatric condition.

(7) Continuous face-to-face observation—An in-person line of sight that is maintained in an uninterrupted manner and is free of distraction.

(13) Face-to-face—Describes a contact with an individual that occurs in person. Face-to-face does not include a contact made through the use of video or telecommunication conferencing or technologies, including telemedicine.

(14) Facility—An entity to which this subchapter applies as identified in §415.252 of this title (relating to Application).

(15) Individual—Any person receiving mental health services from a facility.

(16) Initiate—The first overt act to restrain or seclude an individual.

(18) Mechanical restraint—Any device, material, or equipment that immobilizes or reduces the ability of the individual to move his or her arms, legs, body, or head freely.

(20) Non-violent, non-self-destructive behavior—Behavior related to a non-psychiatric medical condition or symptom that indicates the need for an intervention to protect the individual from harm.

(21) Personal restraint—Any manual method by which a person holds or otherwise bodily applies physical pressure that immobilizes or reduces the ability of the individual to move his or her body or a portion of his or her body.

(27) Restraint—The use of any personal restraint or mechanical restraint that immobilizes or reduces the ability of the individual to move his or her arms, legs, body, or head freely.

(28) Seclusion—The involuntary separation of an individual from other individuals for any period of time and or the placement of the individual alone in an area from which the individual is prevented from leaving.

(31) Staff member—A person directly involved in an individual's care, including professionals who are credentialed and granted privileges by the facility, full-time and part-time employees, and contractors.

§25 TAC 415.254 - General Requirements for Use of Restraint or Seclusion	Correlation With *Nonviolent Crisis Intervention®* Training Program
(b) Use of personal or mechanical restraint or seclusion. The use of personal or mechanical restraint . . . is permissible on the facility's premises . . . and . . . permissible for transportation of an individual only if implemented:	(b) The *Nonviolent Crisis Intervention®* training program does not teach to the use of seclusion or mechanical restraint.
(2) when less restrictive interventions (such as those listed in the safety plan if there is one) are determined ineffective to protect other individuals, the individual, staff members, or others from harm;	(2) CPI's *Nonviolent Crisis Intervention®* training is grounded in a philosophy of *Care, Welfare, Safety, and Security℠* for all staff and students; therefore, we support that restraint should be used only as a last resort when an individual presents an imminent risk of physical harm to self or others and when less restrictive interventions have been tried and have failed. Additionally, due to the high risks associated with the use of restraint, CPI teaches that restraint should be used only when the danger being presented by the acting-out behavior outweighs the risks associated with the use of restraint.
(3) in accordance with, and using only those safe and appropriate techniques as determined by the facility's written policies or procedures and training program as specified in subsection (e) of this section;	(3) Because of the inherent danger in using any restraint, the *Nonviolent Crisis Intervention®* training program provides extensive information on safe restraint use. The program teaches participants which positions are most dangerous, how to monitor for injury or distress, and when to disengage from a physical restraint.
(4) by staff members who have been trained in accordance with the applicable requirements specified in §415.257 of this title (relating to Staff Member Training);	(4) *Nonviolent Crisis Intervention®* training offers a solid foundation to structure prevention and intervention approaches based on a philosophy of providing the best possible *Care, Welfare, Safety, and Security℠* for staff and those they are responsible for—even during crisis situations. A commitment to reviewing the use of restraint and seclusion practices and evaluating their use as part of an ongoing Training Process will help organizations reduce or eliminate the use of restraint and seclusion within an organization. CPI also recommends that once Instructors are authorized to deliver the *Nonviolent Crisis Intervention®* curriculum, they conduct formal refreshers with staff once every 6 to 12 months.
(5) in connection with the applicable evaluation and monitoring requirements specified in §415.266 of this title (relating to Observation, Monitoring, and Care of the Individual in Restraint or Seclusion Initiated in Response to a Behavioral Emergency);	(5) CPI teaches that all episodes of restraint and seclusion should be continuously monitored by a staff member not directly involved in the restraint or seclusion. This individual can help assess for signs of Tension Reduction and ensure that the restraint is ended at the earliest possible moment.

§25 TAC 415.254 - General Requirements for Use of Restraint or Seclusion	Correlation With *Nonviolent Crisis Intervention®* Training Program
(7) in accordance with any alternative strategies and special considerations documented in the treatment plan pursuant to §415.259(c) of this title (relating to Special Considerations, Responsibilities, and Alternative Strategies);	(7) CPI further expands verbal de-escalation and alternative strategies to cover a wide array of defensive behaviors and includes strategies such as limit setting and Empathic Listening, which are discussed throughout the curriculum.
(8) when the type or technique of restraint or seclusion used is the least restrictive intervention that will be effective to protect the other individuals, the individual, staff members, or others from harm; and	(8) The physical restraints taught in the *Nonviolent Crisis Intervention®* training program are designed to minimize risk and maximize safety.
(9) is discontinued at the earliest possible time, regardless of the length of time identified in a physician's order.	(9) A guiding principle of *Nonviolent Crisis Intervention®* training states restraints should be terminated at the earliest possible moment when the individual is no longer an immediate danger to self or others.
(c) Facility requirements. A facility's use of restraint and seclusion is prohibited unless: (1) the facility adopts, implements, and enforces written policies and procedures, in accordance with this subchapter, governing the use of restraint and seclusion; (2) the facility adopts, implements, and enforces a staff member training program that meets the requirements of §415.257 of this title; and	(c)(1-2) The strategies taught in the *Nonviolent Crisis Intervention®* training program provide stakeholders with a proven framework for decision making and problem solving to prevent, de-escalate, and safely respond to disruptive or assaultive behavior. Furthermore, the philosophy relating to *Care, Welfare, Safety, and Security*℠ expands throughout the continuum of interventions necessary when working toward reduction or elimination of restraint use. The program realistically addresses the serious issue of physical intervention through careful assessment of risks and an evaluation of what may be considered "last resort." CPI's disengagement and holding principles and dynamics are taught, recognizing the critical importance of staff confidence and ability to safely respond to dangerous situations. CPI Postvention strategies assist staff teams in recognizing opportunities to learn prevention strategies in the aftermath of a crisis.
(3) staff members of the facility are trained and have demonstrated competence in the use of restraint and seclusion in accordance with the facility's written policies and procedures and training program before assuming direct care duties and before performing restraint and seclusion on the individual.	(3) CPI emphasizes that training is an ongoing process that should include, at a minimum, annual re-training for all staff. CPI also encourages organizations to create pass/fail criteria for the course that includes attendance; agreement with the program philosophy; written and physical competency testing; and demonstration and participation in nonverbal, verbal, and physical de-escalation strategies. Competencies should be consistent with other organization protocols.

§25 TAC 415.255 - Prohibited and Restricted Practices	Correlation With *Nonviolent Crisis Intervention®* Training Program
(a) The following practices are prohibited: (1) a personal or mechanical restraint shall not be used that: (A) obstructs the individual's airway, including a procedure that places anything in, on, or over the individual's mouth or nose; (B) impairs the individual's breathing, including applying pressure to the individual's torso or neck; (C) restricts circulation; (D) secures an individual to a stationary object while the individual is in a standing position; (E) causes pain to restrict an individual's movement (pressure points or joint locks); and (F) inhibits, reduces, or hinders the individual's ability to communicate; and (2) a chemical restraint.	(a)(1) The *Nonviolent Crisis Intervention®* training program does not teach the use of mechanical restraint. (A-F) CPI supports that physical interventions that compromise safety or impair the individual's ability to breathe should not be used. During the use of physical interventions, staff must closely monitor the well-being of the individual. The physical restraints taught in the *Nonviolent Crisis Intervention®* training program are designed for safety and allow for a Therapeutic Rapport to be re-established with the individual who has lost control. Key elements of the interventions include: • No element of pain is involved. • The intent is to calm the individual. • The individual is not restrained on the floor, thus reducing the risks of restraint-related positional asphyxia and other injuries. (2) The *Nonviolent Crisis Intervention®* training program does not teach the use of chemical restraint.
(b) A prone or supine hold shall not be used during a personal restraint. Should an individual become prone or supine during a restraint, then any staff member involved in administering the restraint shall immediately transition the individual to a side lying or other appropriate position.	(b) CPI acknowledges that some restraint positions are more dangerous than others. Therefore, CPI's *Nonviolent Crisis Intervention®* program teaches only standing restraint positions. While we support the prohibition of the use of prone restraint, we also support the Department's position on allowing a transitional hold to be utilized in emergency situations in which a restraint either goes to the ground or begins on the ground. CPI addresses this very emergency within our *Applied Physical Training*℠ program—in which we teach a transitional hold. The emergency floor procedures taught within this program are designed to be utilized to gain control of an individual who drops to the floor or injures themselves on the floor and staff determines that disengaging is not an option. Because the floor is a dangerous place to be when restraining someone, the use of a transitional hold should always be viewed as an interim position with the goal being to return the individual to a safer standing position as soon as possible.
(c) Neither restraint nor seclusion shall be used: (1) as a means of discipline, retaliation, punishment, or coercion; (2) for the purpose of convenience of staff members or other individuals; or (3) as a substitute for effective treatment or habilitation.	(c)(1-3) Due to the high risks associated with the use of restraint, CPI teaches that restraint should be used only when the danger being presented by the risk behavior outweighs the risks associated with the use of restraint. Restraint should never be used as compensation for a lack of sufficient staff, as a substitute for treatment, as punishment, or as retaliation.

§25 TAC 415.257 – Staff Member Training	Correlation With *Nonviolent Crisis Intervention®* Training Program
(a) The facilities to which this subchapter applies shall ensure that staff members are informed of their roles and responsibilities under this subchapter and are trained and demonstrate competence accordingly.	(a) CPI emphasizes that training is an ongoing process that should include, at a minimum, annual re-training for all staff. CPI also encourages organizations to create pass/fail criteria for the course that includes attendance; agreement with the program philosophy; written and physical competency testing; and demonstration and participation in nonverbal, verbal, and physical de-escalation strategies. Competencies should be consistent with other organization protocols.
(b) The training program shall be consistent with the requirements of this subchapter and shall: (3) emphasize the importance of reducing and preventing the use of restraint and seclusion;	(b)(3) Every effort should be made to prevent the need for the use of restraint and seclusion. A non-aversive effective behavioral system used to create a safe environment for individuals and staff which promotes the use of evidence-based behavioral interventions has been found to promote better social behavioral outcomes for all.
(4) be evaluated annually, which shall include evaluation to ensure that the training program, as planned and as implemented, complies with the requirement of this section; (5) incorporate evidence-based best practices;	(4-5) CPI emphasizes that training is an ongoing process that should include, at a minimum, annual re-training for all staff. CPI also encourages organizations to create pass/fail criteria for the course that includes attendance; agreement with the program philosophy; written and physical competency testing; and demonstration and participation in nonverbal, verbal, and physical de-escalation strategies. Competencies should be consistent with other organization protocols.
(c) Before assuming job duties involving direct care responsibilities, and at least annually thereafter, staff members other than physicians must receive training and demonstrate competence in at least the following knowledge and applied skills that shall be specific and appropriate to the population(s) the facility serves:	(c) CPI's curriculum teaches that only staff who have been trained and demonstrated competency in the implementation of a restraint technique should apply restraint techniques. CPI also promotes that all staff should complete training in de-escalation and crisis intervention as part of their initial orientation process and receive in-service training annually with individuals or organizations with specific expertise in de-escalation, crisis intervention skills, and the safe use of physical restraints.
(5) identifying how . . . elements of trauma-informed care, including history of abuse or trauma and prior experience with restraint or seclusion, may influence behavioral emergencies and affect the individual's response to physical contact and behavioral interventions;	(5) Through the *Nonviolent Crisis Intervention®* offering of Trauma-Informed Care: Implications for CPI's *Crisis Development Model*℠, an organization can support a trauma-informed environment with trauma-informed practices for behavior management through developing an understanding of critical concepts specific to trauma-informed care and assisting staff in understanding the influence of trauma on a person's behavior. Through identification of potential changes to adapt to the environment, such as staff communication, skill sets, and responses which are based on a trauma-informed perspective, staff learn support strategies that foster resilience and help individuals in care who have been impacted by trauma develop self-regulation, coping skills, and compensatory skills.

§25 TAC 415.257 – Staff Member Training	Correlation With *Nonviolent Crisis Intervention*® Training Program
(6) explaining how the psychological consequences of restraint or seclusion and the behavior of staff members can affect an individual's behavior, and how the behavior of individuals can affect a staff member;	(6) All physical restraints involve some possibility of injury to the person being restrained and to the staff. There is also a psychological danger in using restraints. Being restrained can be a frightening—even traumatic—experience. The *Nonviolent Crisis Intervention*® training program includes discussion on how to monitor for signs of physical or psychological distress while a person is being restrained. CPI advocates for making this determination based on several factors, including the student's medical and psychological conditions. Also addressed throughout the curriculum, specifically in Unit 1 and Unit 5, is the concept of the Integrated Experience, how the behaviors and attitudes of staff affect the behaviors and attitudes of individuals in their care, and vice versa. Staff are taught how to manage their own anger while maintaining their professionalism at all times.
(7) applying knowledge and effective use of communication strategies and a range of early intervention, de-escalation, mediation, problem-solving, and other non-physical interventions, such as clinical timeout and quiet time; and	(7) CPI's *Nonviolent Crisis Intervention*® training program focuses on recognizing the early warning signs of potential crisis situations and equips staff with safe and effective nonverbal and verbal strategies for de-escalation. CPI further expands verbal de-escalation strategies to cover a wide array of defensive behaviors including questioning, refusal, venting, making threats, and presenting intimidation and other forms of non-compliance. Strategies such as limit setting and Empathic Listening are discussed throughout the curriculum.
(8) recognizing and appropriately responding to signs of physical distress in individuals who are restrained or secluded, including the risks of asphyxiation, aspiration, and trauma.	(8) In all its curriculums, CPI teaches that all use of physical restraint should be monitored continuously with the goal being to disengage or end the intervention at the earliest possible moment once the person is no longer a danger to self or others, or at the first sign of distress. The importance of monitoring for signs of distress is also emphasized within the curriculum.
(d) Before any staff member may initiate any restraint or seclusion the staff member shall receive training and demonstrate competence in: (2) safe and appropriate initiation and application, and use of personal restraint as a last resort in a behavioral emergency;	(d)(2) CPI's *Nonviolent Crisis Intervention*® training is grounded in a philosophy of *Care, Welfare, Safety, and Security*℠ for all staff and students; therefore, we support that restraint should be used only as a last resort when an individual presents an imminent risk of physical harm to self or others and when less restrictive interventions have been tried and have failed.
(i) The facility shall maintain documentation of training for each staff member. Documentation shall include the date that training was completed, the name of the instructor, a list of successfully demonstrated competencies, the date competencies were assessed, and the name of the person who assessed competence.	(i) At the completion of each training event, Certified Instructors submit the post-tests and a training roster to CPI. This allows CPI to provide back-up documentation to an organization of their training rosters should they need the information.

§25 TAC 415.258 - Actions to be Taken to Release from Restraint or Seclusion for an Emergency Medical Condition	Correlation With *Nonviolent Crisis Intervention*® Training Program
(a) Emergency medical condition. If an individual experiences an emergency medical condition while in restraint or seclusion, the staff member providing continuous face-to-face observation of the individual or other staff member must release the individual from restraint or seclusion as soon as possible, as indicated by the emergency medical condition, and the medical condition shall be assessed and treated.	(a) In all its curriculums, CPI teaches that all use of physical restraint should be monitored continuously with the goal being to disengage or end the intervention at the earliest possible moment once the person is no longer a danger to self or others and/or at the first sign of distress. The importance of monitoring for signs of distress is emphasized within the curriculum.