ALIGNMENT

The *Nonviolent Crisis Intervention*® Training Program and Minnesota HF 2 (2010) Section 11 [125A.0942] Standards for Restrictive Procedures

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15-CPI-LEG-031 11/15

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The following chart is designed to assist you in identifying ways in which CPI's *Nonviolent Crisis Intervention*® training program can help your facility meet the restraint and seclusion standards imposed by the 2010 Minnesota Omnibus Education Bill. The requirements put forth in the bill will take effect on August 1, 2011. This chart will assist you in identifying areas that may require a review and/or revision of your facility's policies and procedures.

Program Alignment

Section 11 [125A.0942] Standards for Restrictive Procedures	Correlation With *Nonviolent Crisis Intervention*® Training
Subd. 3. Physical holding or seclusion	
Physical holding or seclusion may be used only in an emergency. A school that uses physical holding or seclusion shall meet the following requirements:	The *Nonviolent Crisis Intervention*® program philosophy is that physical restraints be used only when an individual is an imminent danger to self or others. Additionally, physical restraint should be used only when the danger presented by the risk behavior outweighs the risks of using physical restraint.
(1) the physical holding or seclusion must be the least intrusive intervention that effectively responds to the emergency;	The emphasis in *Nonviolent Crisis Intervention*® training is on the prevention of situations that may require the use of physical restraint. For situations in which physical restraint is required as a last resort, CPI teaches a spectrum of interventions with varying degrees of restrictiveness. The program teaches the importance of utilizing the least restrictive intervention possible.
(2) physical holding or seclusion must end when the threat of harm ends and the staff determines that the child can safely return to the classroom or activity;	It is a guiding principle of *Nonviolent Crisis Intervention*® training that restraints should be terminated at the earliest possible moment when the individual is no longer an imminent danger to self or others.
(3) staff must directly observe the child while physical holding or seclusion is being used;	*Nonviolent Crisis Intervention*® training stresses the importance of having an auxiliary staff member present during every restraint—someone who is not involved in performing the actual physical hold. This person should be assigned the responsibility of monitoring physical signs of distress and obtaining medical assistance. All Instructors receive vital information in their Instructor Guides regarding monitoring for signs of distress.

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Section 11 [125A.0942] Standards for Restrictive Procedures	Correlation With *Nonviolent Crisis Intervention®* Training
Subd. 3. Physical holding or seclusion (cont.) (4) each time physical holding or seclusion is used, the staff person who implements or oversees the physical holding or seclusion shall document, as soon as possible after the incident concludes, the following information: (i) a description of the incident that led to the physical holding or seclusion; (ii) why a less restrictive measure failed or was determined by staff to be inappropriate or impractical; (iii) the time the physical holding or seclusion began and the time the child was released; and (iv) a brief record of the child's behavioral and physical status;	Documentation is addressed in the program as part of Unit 10: Postvention. Participants are provided with information on documentation that will help them use documentation as a proactive tool to help prevent similar occurrences in the future.
Subd. 4. Prohibitions The following actions or procedures are prohibited: (1) engaging in conduct prohibited under section 121A.58; (2) requiring a child to assume and maintain a specified physical position, activity, or posture that induces physical pain; (3) totally or partially restricting a child's senses as punishment; (4) presenting an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment; (5) denying or restricting a child's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the child's functioning, except when temporarily removing the equipment or device is needed to prevent injury to the child or others or serious damage to the equipment or device, in which case the equipment or device shall be returned to the child as soon as possible; (6) interacting with a child in a manner that constitutes sexual abuse, neglect, or physical abuse under section 626.556; (7) withholding regularly scheduled meals or water; (8) denying access to bathroom facilities; and	The threshold for physical restraint and seclusion is clear in the *Nonviolent Crisis Intervention®* training program. Physical intervention is an emergency procedure used only as a last resort when a person is a danger to self or others and the potential danger of intervening is eclipsed by the imminent danger of the crisis moment. Restraint and seclusion should never be used as corporal punishment and should not be intended to inflict pain on a student. As discussed in part (3) through part (8), staff should never use aversive, abusive, or coercive techniques in attempts to control student behavior.

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Section 11 [125A.0942] Standards for Restrictive Procedures	Correlation With *Nonviolent Crisis Intervention®* Training
Subd. 4. Prohibitions (cont.)	
(9) physical holding that restricts or impairs a child's ability to breathe.	The physical restraints taught in the *Nonviolent Crisis Intervention®* training program are specifically designed to maximize safety for students and staff. Inherent in all physical restraint techniques is an element of physical and psychological risk. The techniques taught in the program are designed to minimize these risks, including the potential for restriction of or impairment of a child's ability to breathe.
Subd. 5. Training for staff (a) To meet the requirements of subdivision 1, staff who use restrictive procedures shall complete training in the following skills and knowledge areas:	
(1) positive behavioral interventions;	*Nonviolent Crisis Intervention®* training is often used in conjunction with school-wide implementation of Positive Behavioral Interventions and Supports (PBIS). Staff learn to model appropriate behaviors, allowing children to learn better methods to regulate their own behaviors. In addition, organizations may also choose to utilize a Participant Workbook available from CPI that integrates PBIS concepts.
(2) communicative intent of behaviors;	CPI teaches that behavior is a form of communication. *Nonviolent Crisis Intervention®* training allows staff to better understand the real meaning behind behaviors.
(3) relationship building;	Relationship building is a thread woven throughout the *Nonviolent Crisis Intervention®* training program. If staff have strong relationships with the individuals they serve, they are more likely to be successful in recognizing anxiety, avoiding power struggles, and setting limits that will be meaningful for a specific individual. Relationship building is addressed most directly in the sections of the program on Empathic Listening and the Integrated Experience (the concept that the behaviors and attitudes of staff affect the behaviors and attitudes of students and vice versa).
(4) alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior;	Prevention and early intervention is the primary focus of *Nonviolent Crisis Intervention®* training. Participants learn to identify Precipitating Factors, or internal/external causes of behavior. In addition to stressing the importance of recognizing early warning signs and precipitants to risk behavior, the program also addresses the continued use of disengagement skills as alternatives to the use of restraint and seclusion.
(5) de-escalation methods;	The *Nonviolent Crisis Intervention®* training program addresses both verbal and nonverbal de-escalation strategies. Three-fourths of the program focus on steps to take toward de-escalation and learning to prevent future occurrences of risk behavior.

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Subd. 5. Training for staff (cont.)	
(6) standards for using restrictive procedures;	The *Nonviolent Crisis Intervention®* training program teaches the use of restrictive procedures only as a last resort. Additionally, CPI recommends that all staff regularly practice all skills taught throughout the program, including the use of physical restraint.
(7) obtaining emergency medical assistance;	Throughout the program, team interventions are discussed. One of the duties of auxiliary team members is to recognize the need for additional assistance and to summon appropriate assistance, which may include medical personnel.
(8) the physiological and psychological impact of physical holding and seclusion;	Training is designed to help participants understand the physiological and psychological impact of restraint in several ways: 1) In the course of learning the techniques, participants are placed in physical holds by their classmates, and Instructors talk with participants about what this feels like and what it may feel like for those in their charge. 2) Participants come to understand the reasons for avoiding floor restraints and the specific dangers to be aware of if a restraint attempt ends up on the floor. 3) The program discusses in considerable detail the need for re-establishing Therapeutic Rapport following a crisis, as well as the importance of understanding the emotions and potential psychological trauma that a person may feel after being restrained—such as anger, fear, and shame.
(9) monitoring and responding to a child's physical signs of distress when physical holding is being used; and	In Units 8 and 9: Physical Interventions, there is a comprehensive discussion of the risks of restraint use and the importance of monitoring for signs of distress. In their teaching materials, Instructors have access to a list of signs of distress to watch for. Auxiliary team member duties include monitoring for signs of distress so an intervention can be terminated should any signs arise.
(10) recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used.	Auxiliary staff members are used to monitor the physical and psychological well-being of the individual being restrained, as well as the staff members involved in the restraint. Staff are taught how to recognize when an individual is in distress. The *Nonviolent Crisis Intervention®* Participant Workbook includes a comprehensive discussion of restraint-related positional asphyxia.

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