

**Council on Accreditation (COA)—Behavior Support and Management
Standards/*Nonviolent Crisis Intervention*® Training Program**

Alignment

COA—BSM Standards	<i>Nonviolent Crisis Intervention</i> ® Training Program
<p>BSM 1: Philosophy and Organization Policy The organization’s governing body and management promote a safe and therapeutic environment and provide necessary supports and resources to:</p> <ul style="list-style-type: none"> a. keep staff, foster parents, and service recipients safe; and b. minimize the use of restrictive behavior management interventions. 	<p>The Crisis Prevention Institute, Inc.’s (CPI) <i>Nonviolent Crisis Intervention</i>® training program promotes a philosophy of <i>Care, Welfare, Safety, and Security</i>™ for both staff and clients. The focus of the program is on verbal de-escalation techniques. Restrictive behavior management interventions such as physical restraint are only taught as a last resort, when an individual is a danger to self or others and other less restrictive interventions have been tried and failed.</p>
<p>BSM 1.01 The organization’s behavior support and management policies and practices comply with federal, state, and local legal and regulatory requirements.</p>	<p>CPI recommends that each organization develop policies and procedures that not only represent best practices within the organization, but that also comply with all federal, state, and local rules and regulations. CPI provides a number of resources organizations can use to assist them in establishing these policies and procedures.</p>
<p>BSM 1.02 Behavior support and management policies cover:</p> <ul style="list-style-type: none"> a. practices used to maintain a safe environment and prevent the need for restrictive behavior management interventions; b. whether isolation, manual or mechanical restraint, or locked seclusion are permitted as emergency safety measures; c. other practices that may be used and under what circumstances; and d. prohibited practices. 	
<p>BSM 1.03 The CEO and senior management conduct regular reviews of the use of behavior support and management interventions and:</p> <ul style="list-style-type: none"> a. review how organization practices compare with current information and research on effective practice; b. use findings from quarterly risk management reviews of restrictive behavior management to inform staff about current practice and the need for change; c. revise policies and procedures when necessary; d. determine whether additional resources are needed; and e. support efforts to minimize the use of restrictive behavior management interventions. 	<p><i>Nonviolent Crisis Intervention</i>® Certified Instructors receive continuous updates on current information and best practices in the field of crisis prevention and behavior management through the <i>Instructor Forum</i>, CPI’s quarterly newsletter, and through the <i>Journal of Safe Management of Disruptive and Assaultive Behavior</i>, a professional journal published by CPI. CPI offers a variety of additional resources to Certified Instructors, including advanced training courses, on-site consultations, free access to CPI’s Professional Staff Instructors through a toll-free line, and various print materials.</p>



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07-CPI-LEG-028 06/07

Page 1

COA—BSM Standards	<i>Nonviolent Crisis Intervention</i> [®] Training Program
<p>BSM 1.04 The program or clinical director is notified following each use of locked seclusion or manual or mechanical restraint, and each incident is administratively reviewed no later than one working day following an incident.</p>	<p>CPI provides a detailed model of procedures for staff to utilize following an incident that requires the use of restraint or seclusion. This model addresses the key components necessary to properly review the events that occurred before, during, and after the incident and encourages staff to utilize this information to improve the organization's policies and procedures relating to such incidents.</p>
<p>BSM 2: Behavior Support and Management Practices A culture and structure exists within every facility and foster home that promotes respect, healing, and positive behavior and prevents the need for restrictive behavior management interventions.</p>	<p>The philosophy of the <i>Nonviolent Crisis Intervention</i>[®] training program is <i>Care, Welfare, Safety, and Security</i>SM for all individuals affected by crisis—staff and client. One of the program's primary focuses is verbal de-escalation strategies that are intended to defuse a situation from escalating to the point where restrictive behavior management interventions are required.</p>
<p>BSM 2.01 The organization:</p> <ol style="list-style-type: none"> provides an explanation for and offers a copy of its written behavior support and management philosophy and procedures to service recipients or their parents or legal guardians at admission; informs service recipients or parents or legal guardians of strategies used to maintain a safe environment and prevent the need for restrictive behavior management interventions; has procedures that address harassment and violence towards other service recipients, personnel, and, as applicable, foster parents; obtains the service recipient's or parent's or legal guardian's consent when restrictive behavior management interventions are part of the treatment modality; and when the service recipient is a minor, notifies the parents or legal guardians promptly when manual restraint, mechanical restraint, or locked seclusion were used. 	<p>CPI provides effective tools to <i>Nonviolent Crisis Intervention</i>[®] Certified Instructors for integrating these requirements into organizational policies and procedures. The <i>Nonviolent Crisis Intervention</i>[®] training program focuses on assisting staff in providing a safe environment with the goal of preventing the need for restrictive behavior management. This focus allows organizational leadership to confidently present the behavior management philosophy and procedures to service recipients and parents/legal guardians as a safe and effective method of behavior management. CPI also provides tools designed to assist leadership in delivering the appropriate message to caregivers.</p>
<p>BSM 2.02 Personnel and foster parents support positive behavior by:</p> <ol style="list-style-type: none"> developing positive relationships with service recipients; building on strengths and reinforcing positive behavior; and 	<p>a., b. The <i>Nonviolent Crisis Intervention</i>[®] training program includes positive behavior support strategies and focuses on relationship building with service recipients. The program also teaches restrictive behavior management interventions only as a last resort, when positive behavior supports and verbal de-escalation do not work, or the situation has escalated beyond circumstances in which less restrictive interventions may be safely used.</p>

COA—BSM Standards	<i>Nonviolent Crisis Intervention</i> [®] Training Program
<p>c. responding consistently to all incidents of harassment or violence.</p>	<p>c. The <i>Nonviolent Crisis Intervention</i>[®] training program teaches staff to consistently respond to incidents of harassment, violence, and other crisis situations by providing staff members with the tools necessary to develop and implement appropriate response procedures.</p>
<p>BSM 2.03 The organization prohibits:</p> <ul style="list-style-type: none"> a. the use of restrictive behavior management interventions by service recipients, peers, or any person other than trained, qualified staff, or foster parents; b. chemical restraint; c. excessive or inappropriate use of behavior management interventions as, for example, a form of discipline or compliance, or for the convenience of staff or foster parents; and d. use of restrictive behavior management interventions in response to property damage that does not involve imminent danger to self or others. 	<p>Because of the risks inherent in physical restraints used as restrictive behavior management interventions, CPI advises against using physical restraint in cases of discipline, compliance, convenience, or property damage. The <i>Nonviolent Crisis Intervention</i>[®] training program teaches participants that physical restraints should only be used when an individual is a threat to self or others. <i>Nonviolent Crisis Intervention</i>[®] Certified Instructors are taught to safely and effectively administer physical restraint as a form of restrictive behavior management intervention only when other, less restrictive forms of behavior management have been exhausted and when an individual is a danger to self or others.</p>
<p>BSM 2.04 Each service recipient participates in an assessment of the potential risk of harm to self or others to determine the need for behavior support and management interventions.</p>	<p>CPI recommends that each of these factors be documented in service recipients' behavior management plans. These factors affect the safety of the individual should restrictive behavior interventions be necessary. The <i>Nonviolent Crisis Intervention</i>[®] training program teaches participants how to recognize antecedents to harassing, violent, or out-of-control behavior, and psychological, social, and medical factors that can limit the use of certain interventions on particular individuals due to the increased risk for injury.</p>
<p>BSM 2.05 Service recipients identified as being in need of restrictive behavior management interventions are assessed for:</p> <ul style="list-style-type: none"> a. antecedents to harassing, violent, or out-of-control behavior; b. the effectiveness of previous uses of behavioral interventions; c. psychological and social factors that can influence use of such interventions; and d. medical conditions or factors that could put the person at risk. 	
<p>BSM 2.06 A behavior support and management plan is based on assessment results and:</p> <ul style="list-style-type: none"> a. identifies strategies that will help the person de-escalate their behavior and prevent harassing, violent, or out-of-control behavior; 	<p>a. The <i>CPI Crisis Development Model</i>SM provides a framework that matches different levels of crisis that an individual may experience with appropriate staff responses. This model, combined with staff members' knowledge of the individuals in their care, will form the basis by which staff will create strategies to de-escalate the service user and prevent harassing, violent, and out-of-control behavior.</p>

COA—BSM Standards	<i>Nonviolent Crisis Intervention</i>[®] Training Program
<p>b. specifies interventions that may or may not be used;</p> <p>c. is modified as necessary; and</p> <p>d. is developed and signed by the person, his/her parent or legal guardian, and the foster parent or personnel, as appropriate.</p>	<p>b. CPI recommends that staff review medical and psychological conditions of all individuals in their care to determine which interventions are appropriate. The <i>Nonviolent Crisis Intervention</i>[®] program covers the risks of restraints in great detail and will assist staff members in determining which positions may be unsafe for individuals with certain conditions.</p> <p>c., d. An important part of CPI's discussion of Postvention is debriefing. The recommended debriefing process includes meeting with the individual who was in crisis, the staff member(s) involved in the crisis incident, and any other individual who needs to be involved to discuss the incident and ways to prevent similar incidents in the future. The individual's behavior support plan should be modified if new intervention strategies are established during the debriefing process.</p>
<p>BSM 3: Safety Training Personnel and foster parents receive behavior support training that promotes a safe work and service environment, and a reduction in emergency situations.</p>	<p>The philosophy of the <i>Nonviolent Crisis Intervention</i>[®] training program is <i>Care, Welfare, Safety, and Security</i>SM. This philosophy is reflected in every aspect of the program to promote a safe work and service environment, which includes an effort to reduce the number of emergency situations. In addition, CPI promotes consistency in the application of <i>Nonviolent Crisis Intervention</i>[®] program standards for all caregivers of a particular individual.</p>
<p>BSM 3.01 All personnel and foster parents receive initial and ongoing competency-based training, appropriate to their responsibilities, on the organization's behavior support and management intervention policies, procedures, and practices.</p>	<p>CPI recommends all staff receive training in accordance with their organizational responsibilities. CPI recommends staff attend an 8–16 hour initial competency-based training course and receive, at a minimum, an annual refresher training at least three hours in length. Resources for both initial and refresher training are available through CPI.</p>
<p>BSM 3.02 Personnel and foster parents receive training that includes:</p> <ul style="list-style-type: none"> a. recognizing aggressive and out-of-control behavior, psychosocial issues, medical conditions, and other contributing factors that may lead to a crisis; b. understanding how staff behavior can influence the behavior of service recipients; and c. limitations on the use of physical techniques. 	<p>The <i>Nonviolent Crisis Intervention</i>[®] program specifically addresses Precipitating Factors, Rational Detachment, and the Integrated Experience. These topics center around the factors that may lead to a crisis and understanding how staff behavior influences the behavior of the individual in crisis. In addition, the entire course addresses methods of de-escalation.</p>
<p>BSM 3.03 Training addresses methods for de-escalating volatile situations, including:</p> <ul style="list-style-type: none"> a. listening and communication techniques, such as negotiation and mediation; 	<p>a. Empathic listening is an important foundation of the <i>Nonviolent Crisis Intervention</i>[®] training program. Additional resources on topics such as mediation are available to Certified Instructors.</p>

COA—BSM Standards	<i>Nonviolent Crisis Intervention®</i> Training Program
<p>b. involving the person in regaining control and encouraging self-calming behaviors;</p> <p>c. separation of individuals involved in an altercation;</p> <p>d. offering a voluntary escort to guide the person to a safe location;</p> <p>e. time out to allow the person to calm down; and</p> <p>f. other non-restrictive ways of de-escalating and reducing episodes of aggressive and out-of-control behavior.</p>	<p>b. The <i>CPI Crisis Development Model</i>SM and subsequent units expanding on that information provide staff with a number of strategies to assist the individual in regaining self-control.</p> <p>c. CPI addresses strategies for separating individuals involved in an altercation in the <i>Nonviolent Physical Crisis Intervention</i>SM and Team Intervention unit. CPI also has a video/DVD specific to breaking up fights available for all Certified Instructors of the program.</p> <p>d., e. <i>Nonviolent Crisis Intervention®</i> training can help facilities establish appropriate policies and procedures related to the use of time-out interventions within the context of the other interventions the organization employs.</p> <p>f. Various verbal and nonverbal de-escalation strategies along with <i>CPI Personal Safety Techniques</i>SM are taught in order to avoid restrictive behavior interventions.</p>
<p>BSM 4: Restrictive Behavior Management Intervention Training Personnel who use restrictive behavior management interventions, and foster parents who use manual restraint, are trained and evaluated on an annual basis.</p>	<p>CPI recommends that those trained in the <i>Nonviolent Crisis Intervention®</i> program receive refresher training (including competency-based testing in administering physical restraints) every 6-12 months.</p>
<p>BSM 4.01 Personnel designated to use restrictive behavior management interventions, and foster parents who use manual restraint, receive ongoing training on permitted interventions, including:</p> <p>a. proper and safe use of interventions;</p> <p>b. understanding the experience of being placed in seclusion or a restraint;</p> <p>c. signs of distress; and</p> <p>d. response techniques to prevent and reduce injury.</p>	<p>In the <i>Nonviolent Crisis Intervention®</i> program all participants learn about the importance of team intervention, and the risks of restraint use. During the training staff are given the opportunity to take part in exercises both from the staff member and acting-out individual perspective.</p> <p>The training also recommends that organizations create policies and procedures to address the following issues:</p> <ul style="list-style-type: none"> • What signs should staff look for? • How will staff be trained to monitor these signs? • What protocol is to be followed if signs of distress appear?
<p>BSM 4.02 Training for personnel authorized to conduct assessment and evaluation of individuals undergoing a restrictive behavior management intervention covers recognizing and assessing:</p> <p>a. physical and mental status, including signs of physical distress;</p> <p>b. nutritional and hydration needs;</p> <p>c. readiness to discontinue use of the intervention; and</p> <p>d. when medical or other emergency personnel are needed.</p>	

COA—BSM Standards	<i>Nonviolent Crisis Intervention</i>[®] Training Program
<p>BSM 4.03 Personnel and foster parents who receive training on restrictive behavior management interventions receive a post-test and are observed in practice to ensure competency.</p>	<p>Post-tests are included in all workbooks and must be graded by the Certified Instructor before completion cards can be issued. Additionally, competency-based testing tools are available to Certified Instructors to assist them in assessing the competency of their staff for all physical components taught within the program.</p>
<p>BSM 5: Restrictive Behavior Management Interventions Restrictive behavior management interventions are used only when less-restrictive measures have proven ineffective and in emergency or crisis situations to keep service recipients and personnel safe and protect individuals from harming themselves or others.</p>	<p>The <i>CPI Crisis Development Model</i>SM provides staff with verbal responses to acting-out behavior. <i>Nonviolent Physical Crisis Intervention</i>SM techniques should be used only as a last resort when an individual is a danger to self or others. This involves the use of safer, nonharmful control and restraint positions to safely control an individual until he/she can regain control of his/her behavior.</p>
<p>BSM 5.01 Qualified personnel authorize each restrictive behavior management intervention in accordance with federal or state requirements.</p>	<p>Because requirements on restrictive behavior management interventions vary from state to state, CPI recommends that each organization develop policies and procedures related to authorization of restrictive behavior management interventions that are in compliance with applicable federal, state, or provincial requirements, as well as with appropriate regulatory bodies such as COA.</p>
<p>BSM 5.02 Service recipients are monitored continuously, face-to-face, and assessed at least every 15 minutes for any harmful health or psychological reactions.</p>	<p>The <i>Nonviolent Crisis Intervention</i>[®] training program contains information about monitoring individuals being restrained and recommends individuals in restraint be assessed continuously for signs of distress.</p>
<p>BSM 5.03 Procedures address safe methods for escorting individuals to seclusion rooms and placing them in seclusion.</p>	<p><i>Nonviolent Physical Crisis Intervention</i>SM techniques include the <i>CPI Transport Position</i>SM which staff can use as a safer means of transporting individuals to a seclusion room.</p>
<p>BSM 5.04 Isolation and seclusion rooms conform to existing licensing and/or fire safety requirements and are limited to one person at a time.</p>	<p>CPI recommends writing isolation and seclusion room requirements into policies and procedures and ensuring the policies and procedures conform to licensing and fire safety requirements.</p>
<p>BSM 5.05 During a restrictive behavior management intervention staff assess the service recipient's need for food, water, and use of bathroom facilities and provide access when safe and appropriate.</p>	<p>CPI strongly recommends that auxiliary team members provide ongoing observation and assessment of the physical and psychological status of the individual in crisis. The individual should be released from a restraint as soon as he/she is no longer a danger to self or others.</p>

COA—BSM Standards	<i>Nonviolent Crisis Intervention®</i> Training Program
<p>BSM 5.06 Restrictive behavior management interventions are discontinued as soon as possible and are limited to the following maximum time periods per episode:</p> <ul style="list-style-type: none"> a. 15 minutes for children aged nine and younger, for all restrictive behavior management interventions; b. 30 minutes for individuals aged ten and older, undergoing manual or mechanical restraint; c. 30 minutes for individuals aged ten to thirteen in isolation or locked seclusion; and d. one hour for individuals aged fourteen and older in isolation or locked seclusion. 	<p><i>Nonviolent Crisis Intervention®</i> training does not recommend time lengths for episodes of restraint. Restraint is viewed as an emergency situation, only used as a last resort when the individual is a danger to self or others, and only as long as that condition continues. When the person is no longer a danger, the restraint is discontinued. CPI recommends that time limits should not be used, but rather the length of restraint should be solely based on the response of the individual in restraint.</p>
<p>BSM 5.07 Reauthorization by a physician or another qualified clinician is required for each instance of locked seclusion or mechanical restraint that exceeds the maximum time limit.</p>	<p>CPI does not teach seclusion or mechanical restraint procedures, but recommends that an individual be released from seclusion or mechanical restraint as soon as he/she is no longer a risk to self or others.</p>
<p>BSM 6: Documentation and Debriefing The organization assesses restrictive behavior management incidents and effects to reduce future preventable occurrences and untoward consequences.</p>	<p>After every crisis situation, CPI recommends that staff involved in the crisis situation hold a debriefing session. The <i>CPI COPING Model</i>SM outlines the steps for this debriefing process, one of which is to discuss the incident and ways to prevent future occurrences from requiring restrictive behavioral interventions.</p>
<p>BSM 6.01 The use of restrictive behavior management interventions is documented, including:</p> <ul style="list-style-type: none"> a. the clinical justification, use, circumstances, and length of application in the individual's case record; and b. names of the service recipient and personnel involved, reasons for the intervention, length of intervention, and verification of continuous visual observation in a log. 	<p>CPI believes that it is important to thoroughly document every instance of restrictive behavior management and intervention. This documentation should be utilized when reviewing individualized behavior plans and should contain information required by federal, state, or provincial laws and information required by regulating bodies such as COA.</p>
<p>BSM 6.02 Debriefing occurs in a safe, confidential setting within 24 hours of the incident and includes the service recipient, appropriate personnel, the foster parents, and parents or legal guardian to:</p> <ul style="list-style-type: none"> a. evaluate physical and emotional well-being; b. identify the need for counseling or other services related to the incident; c. identify antecedent behaviors and modify the service plan as appropriate; and d. facilitate the person's reentry into routine activities. 	<p>The <i>CPI COPING Model</i>SM of the <i>Nonviolent Crisis Intervention®</i> training program, incorporates all of these factors into the debriefing process.</p>

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<p>BSM 6.03 Personnel and foster parents involved in the incident are debriefed to assess:</p> <ul style="list-style-type: none"> a. their current physical and emotional status; b. the precipitating events; and c. how the incident was handled and necessary changes to procedures and/or training to avoid future incidents. 	<p>The CPI <i>COPING Model</i>SM has two different formats, one for staff debriefing and one for re-establishing Therapeutic Rapport with an individual after he/she has acted out. The CPI <i>COPING Model</i>SM that is appropriate to the witness or other individuals involved in the incident can be used as a guide to incident debriefing.</p>
<p>BSM 6.04 Any other person involved in or witness to the incident is debriefed to identify possible injuries and emotional reactions.</p>	