File: A-30

LAKE COUNTY BOARD OF DD/DEEPWOOD

BOARD POLICY

Reviewed and Adopted by the Board:
Date: May 23, 2016

Signature on File
Elfriede Roman, Superintendent

I. SUBJECT: THE USE OF THERAPEUTIC INTERVENTION TECHNIQUES

II. PURPOSE:

A. To establish consistent Board policy with the following specific objectives:
   1. To provide therapeutic intervention as necessary to protect the individual from injuring himself or others.
   2. To delineate the parameters of acceptable intervention techniques that provide for the best care, welfare, safety, and security of individuals.
   3. To recognize the different disruptive and/or risk behavior and the acceptable interventions for each.
   4. To encourage the use of positive intervention techniques.
   5. To ensure the best care, welfare, safety and security for all persons involved.

III. REFERENCES:

42 CFR § 483.450 Condition of Participation for Long-Term Care Facilities: Facility Staff and § 483.130 Resident Behavior and Facility Practices
Ohio Revised Code § 5123.62 Bill of Rights for Persons with a Developmental Disability
O.A.C. 5123:2-2-06 Behavioral Support Strategies that Include Restrictive Measures

LCBDD/DEEPWOOD Policy A-10 Reporting and Handling of Unusual Incidents
LCBDD/DEEPWOOD Policy A-17 Individual Abuse/Neglect/Mistreatment
LCBDD/DEEPWOOD Policy A-20 Human Rights Committee
LCBDD/DEEPWOOD Policy A-21Positive Intervention Policy
LCBDD/DEEPWOOD Policy B-4 Staff Development
Commission on Accreditation of Rehabilitation Facilities (CARF), Standards Manual
Nonviolent Crisis Intervention Instructor Manual (2013 and 2015)

IV. POLICY:

A. The Lake County Board of Developmental Disabilities/Deepwood (hereafter referred to as the Board) hereby adopts the use of the Crisis Prevention Institute's (hereafter referred to as CPI) interventions as put forth in the CPI Instructor and Participant Manuals as the primary therapeutic intervention strategy to be implemented throughout Board programs.

1) The International Association of Nonviolent Crisis Intervention requires that CPI Instructors provide Nonviolent Crisis Intervention training only within the facility or organization in which they work. It is recommended that the Nonviolent Crisis Intervention program be tailored to address the unique situations that may occur within an organization; therefore, LCBDD/DEEPWOOD will only accept training completed by a Lake County Board of DD/Deepwood CPI Instructor.
2) Special Olympics/Recreation Department relies on volunteers to assist in activities. All volunteers are trained in Crisis Prevention Intervention (CPI) as part of volunteer orientation. Special Olympics/Recreation staff will designate volunteers that will be trained at the employee level of CPI.
3) Providers may employ alternative physical crisis intervention methods, providing policy and procedures are in place with that agency. These policies and procedures describe training and documentation of their approved intervention methods. Information regarding these methods must be provided to Positive Intervention Committee and Human Rights Committee to support requirements of the Behavior Support Rule.

B. Crisis intervention is a small segment of time in which staff members must intervene with another person to address behavior that may escalate into a disruptive or even violent incident. The goal of staff is to intervene in a way that provides for the *Care, Welfare, safety, and security of all who are involved in a crisis situation.* In order to accomplish this goal, staff members must ask themselves questions such as: *How do I recognize the early warning signs that a person's behavior may escalate? How can I intervene effectively before the person's behavior becomes dangerous? If a person does become violent, how can I control the violence while still providing* Care, Welfare, Safety and Security *for all involved?*

C. Consistent with Board Policy B-4 "Staff Development Program", all employees will receive the 10 Hour Nonviolent Crisis Intervention Training Program in their orientation program. CPI Refresher courses are conducted regularly and attendance is defined by specific departments according to their needs.

D. Board employees will employ the CPI Prevention and Deceleration Strategies Techniques as described and taught from the CPI participant workbook unless individualized procedures are specified in the Individual's Plan hereafter referred to as IP (see definition). CPI Preventative Technique objectives are:

1. Identify the behavior levels that contribute to the development of a crisis and choose an appropriate staff intervention for each level.

2. Identify useful nonverbal techniques that can help prevent acting-out behavior.

3. Use verbal techniques to de-escalate behavior associated with crisis situation.

4. Demonstrate CPI's Principles of Personal Safety to avoid injury if behavior escalates to risk behavior level. Provide for the *Care, Welfare, Safety, and Security*[SM] of everyone involved in a crisis situation.

5. Use the Decision Making Matrix to categorize risk behaviors, considering likelihood and outcomes linking perceptions of risk to Rational Detachment, Integrated Experience and fear and anxiety.

F. Board employees will employ the CPI Therapeutic Non Violent Physical Interventions as described in the CPI Workbook. CPI Therapeutic Non Violent Physical Intervention objectives are:

1. Understand and develop team intervention strategies and techniques.

2. Recognize the importance of staff attitudes and professionalism in responding effectively to those in their care.

3. Demonstrate physical control and restraint positions to be implemented when physical control is necessary as a last resort due to an individual's dangerous behavior.

4. Provide for the *Care, Welfare, Safety, and Security*[SM] of everyone involved in a crisis situation.

5. Use suitable and acceptable physical interventions to reduce or manage risk behavior.

6. Therapeutic post-vention provides an opportunity to work toward change and growth for individuals who have engaged in risk behavior, as well as staff members.

G. Non violent Physical Crisis interventions should be employed in the following manner:

1) CPI Therapeutic Non Violent Physical Intervention is only recommended as a last resort when all verbal and para-verbal (see definition) techniques have been exhausted, and when the individual presents a danger to him/herself and/or to others and is physically acting out (see definition). If/when a physical intervention or holding skill is employed; it is used in such a way as to allow the individual an opportunity to calm down at his/her own pace. These techniques will be used only for the duration necessary for the individual to gain control of his/her behavior or as specified by the IP.

2) CPI Therapeutic Non Violent Physical Intervention is an integral part of an IP and is intended to lead too less restrictive means of managing and eliminating the behavior for which the physical intervention is applied. Written informed Consent for these interventions must be obtained from the individual or his/her guardian, and the Human Rights Committee before implementation and are valid for a period not to exceed one year.

3) In an emergency situation where an unanticipated behavior requires immediate protection of the individual or others, the technique chosen must be the least restrictive appropriate technique possible. For ICFDD the individual's personal physician must be notified. . Physical intervention and holding skills are used only when the behavior places an individual or others in imminent danger requiring immediate protection of the individual or others.

a. If an emergency measure is employed, the IP Team MUST convene within 7 calendar days, review the intervention, and address the emergency situation to develop an ongoing plan as needed.

b. MUI rule and Policy A-10 and A-17 require notification of guardians and an administrative review of the use of CPI emergency measures.

c. Authorization to extend Emergency Measures must be approved by the Superintendent or designee in accordance with the guidelines of 42 CFR 483.450(b) (1) (iii).

H. Prohibited interventions shall never be used in the daily course of activity or as part of a program plan. No techniques to manage behavior may be used for disciplinary purposes, for staff convenience, or as a substitute for active treatment. Prohibited abusive interventions are to be reported as Major Unusual Incidents according to the administrative code and agency policy A-17 and A-10.

Prohibited interventions shall include, but not be limited to the following procedures and shall not be tolerated:

1) Any physical abuse of an individual such as striking, spitting on, scratching, shoving, paddling, spanking, pinching, corporal punishment, or any action to inflict pain.
2) Actions that result in the loss of dignity
3) Idiosyncratic aversives that are frightening to the individual
4) Sexual abuse of an individual.
5) Medically or psychologically contraindicated procedures
6) Any psychological/verbal abuse such as threatening, ridiculing, or using abusive or demeaning language.

7) Total elimination of room illumination
8) Subjecting the individual to damaging or painful sound
9) Denial of breakfast, lunch, or dinner
10) Squirting an individual with any substances.
11) Time out in a time out room exceeding one hour for any one incident, and exceeding more than two hours in a twenty-four hour period.
12) Behavioral restraints (systematic, planned interventions using manual or mechanical restraint) shall not be used contingently except for behaviors that are destructive to self, others, or property and only when all other required conditions are met.
13) Medications for behavior unless prescribed by and under the supervision of a licensed physician involved in the interdisciplinary process.
14) Unsupervised seclusionary time out.
15) Consumers disciplining consumers
16) Requiring the individual to stand.
17) Prone Restraints where an individual's face and /or frontal part of his or her body is placed in a downward position touching any surface for any amount of time.
18) Disabling an individual's communication device
19) Subjecting an individual to any humiliating or derogatory treatment.

The use of any of these interventions toward any individual served through the Lake County Board of DD/Deepwood shall not be tolerated by the Board, shall result in immediate administrative investigation, and may result in appropriate disciplinary action if charges are substantiated.

I. The use of Physical Interventions other than the CPI Therapeutic Non Violent Physical Interventions by County Board staff and Special Olympic Volunteers, may be utilized only when the use of CPI Therapeutic Non Violent Physical Intervention Techniques have been ineffective in providing for the care, welfare, safety, and security of individuals. In these circumstances, the procedure listed below must be followed: (Attachment B)

1) Board employees must document the CPI intervention problems on a Consumer Incident Reporting Form.
2) The Consumer Incident Reporting Form involving CPI implementation will be reviewed by the Habilitation Manager/QDDP.
3) The Habilitation Manager/QDDP shall review the intervention with the employees and a Senior or Master level CPI Instructor.
4) Habilitation Manager/QDDP and Senior or Master Level CPI Instructor will observe the intervention in use.
5) Habilitation Manager/QDDP and Senior or Master level CPI Instructor review the observed interventions with employees involved and offer suggestions to correct inaccuracies or refine techniques.
6) If the Habilitation Manager/QDDP determines that the CPI interventions have been properly employed and are still ineffective in maintaining care, welfare,

safety, and security of the individual, then the problem will be addressed via the Individual Planning (IP) team.

7) If the IP team reaches a consensus that the CPI interventions are ineffective, the IP team may explore alternate interventions. The IP team in conjunction with a CPI Instructor may implement a formal trial period not to exceed one month in duration in order to baseline alternate interventions for known behaviors.

8) Any alternate intervention or revisions to a behavior plan proposed must have the written informed consent of the individual or his/her guardian, and the Human Rights Committee.

J. Documentation of Interventions shall be as indicated below.

1) All Interventions will be documented according to LCBDD/DEEPWOOD Policy A-10 Reporting and Handling of Unusual Incidents and LCBDD/DEEPWOOD Policy A-17 Consumer Abuse/Neglect/Mistreatment as follows:
   a. On program data sheets if CPI Therapeutic Physical Intervention is part of the IP.
   b. On a Consumer Incident Form if CPI Therapeutic Physical Intervention is not part of an IP.
   c. On a Consumer Incident Reporting Form if CPI Therapeutic Physical Intervention is used and something out of the ordinary happens during the intervention or there is an injury as a result of the intervention.
   d. Interventions used in emergency situations. Must be documented on a Consumer Incident Reporting Form and reported to the IP Team Leader and parent/guardian.
   e. In certain program areas, additional documentation of behavioral interventions may be required.
   f. The individual will be seen by a nurse and will be monitored with visual checks at least once every 15 minutes for one hour following the use of high risk level *physical intervention-holding skills.
2) Approved alternate interventions will be documented as follows:
   a. On program data sheets
   b. On a Consumer Incident Reporting Form if an alternate intervention is used and something out of the ordinary happens during the intervention or there is an injury as a result of the intervention.
3) Anyone using or observing the use of an unapproved technique is responsible for reporting this on a Consumer Incident Reporting Form.
4) Following use of Non-violent Physical Crisis Intervention the individual needs to be monitored for at least 1 hour at 15 minute intervals to check for signs of physical distress following the restraint.

V. DISTRIBUTION:

Board Members
All Management Staff
All Staff (via Department Managers)
LEADD President

VI. REVIEWED:

4/16, 4/15, 2/13, 2/11, 11/08, 4/08, 3/06, 4/04, 5/03, 3/02, 2/01, 6/99, 7/96, 6/93, 3/92

APRC REVIEWED:
2/14

ATTACHMENT A
DEFINITIONS

Acting Out Person/ Risk Behavior
The third crisis development behavior level. Total loss of control, which results in a risk behavior.

Adaptation
A modification to a CPI Classroom Model to accommodate special circumstances that may be related to the conditions of the environment or population served. Adaptations should be taught only if the following conditions are met: 1) there is a unique situation that needs to be addressed. 2) basic CPI classroom models have been learned and practiced. 3) the adaptations are consistent with the philosophy of Care, Welfare, Safety and Security. 4) the adaptations are supported by the company and identified in company policies /procedures and 5) the adaptations are documented in treatment and/or behavior plans.

Anxiety
A noticeable increase or change in behavior. A non-directed expenditure of energy; e.g., increased pacing, finger drumming, wringing of the hands, staring, etc.

Assaultive Action
The sequence of weapons used in an assault. Weapons are typically used against a target one weapon at a time with one weapon following the other.

Control
The Phase of the Nonviolent Physical Crisis Intervention [sm] Continuum in which staff transition from Entry into a physical restraint or control position. Team intervention and communication should always be a part of the intervention during Control. A major part of this phase is the continuous assessment of the control.

CPI Classroom Models
A standardized way of demonstrating personal safety and Nonviolent Physical Crisis Intervention methods in order to show the application of basic principles.

CPI Instructor
A person who has received training in the instruction and implementation of CPI interventions. This person is certified and authorized to teach by the Crisis Prevention Institute, Inc. They must fulfill renewal requirement as designated by the CPI's *IANCICI, International Association of Nonviolent Crisis Intervention Instructors.*

CPI Coping Model
A model that staff members can use to guide them through the process of establishing Therapeutic Rapport with an individual after a crisis incident. The CPI Coping model is also used as a way to structure staff debriefing.

CPI - Crisis Prevention Institute, Inc.
The Institute, which has trained human services providers since 1980 in techniques of nonviolent crisis intervention. This institute is based in Brookfield, Wisconsin and has a copyright on the model of therapeutic interventions presented in their manuals. The Institute verifies training completion with the issuance of a training card and maintains participant rosters. The Institute personnel act as a resource when questions involving CPI interventions arise.

Defensive Behavior Level
The second step in the escalation of crisis development. The defensive individual is beginning to lose his/her rationality at this point, oftentimes challenging you, your facility, or the authority you represent. Verbal acting out behavior is often apparent during the defensive level.

Directive Staff Attitude
Recommended staff response to the defensive behavior level. The directive staff member takes control of a situation when an individual is beginning to lose control by setting limits. Limits that are imposed should be clear, concise and above all, enforceable *and reasonable.*

Emergency Situations -Behavior by the individual that is unanticipated and severely aggressive or destructive. This behavior places an individual or others in imminent danger requiring immediate protection of the individual or others.

Entry
The Phase of the Nonviolent Physical Crisis Intervention ^{sm} Continuum in which staff are either assessing or positioning to move into a physical intervention or are in the process of entering physical control. It is important to recognize that disengaging at any point is always an option.

Forceful Prone Restraint
A prohibited act of placing an individual's body chest down on a surface and applying pressure to parts of the body to keep the individual in the chest down position, despite the individual's efforts to move out of that position.

Individual
Any person receiving services from the Lake County Board of Developmental Disabilities/Deepwood

IP
An Individual Program plan. This includes the IEP (Individual Education Plan), the IHP (Individual Habilitation Plan), the IFSP (Individual Family Service Plan), ITP (Individual Transition Plan) and the ISP (Individual Service Plan).

Nonviolent Physical Crisis Intervention [sm]
Used only as a last resort when a person is a danger to self or others. This involves the use of safe non-harmful control and restraint positions to safely control an individual until he can regain control of his behavior.

Nonviolent Physical Crisis Intervention [sm] Continuum
A model that identifies four phases of physical intervention and guides staff through the application of Nonviolent Physical Crisis Intervention [sm]

Para-verbal Communication
The inflection of one's voice, which determines how a message is perceived by nuances in tone, volume, and cadence of the voice.

Positional Asphyxia
A fatal condition that occurs when the position of a person's body interferes with respiration and results in asphyxia or suffocation.

QDDP
Qualified Developmental Disabilities Professional as defined in the Federal Register Standard 483.430

Restraint-related positional asphyxia
Occurs when the person being restrained is placed in a position in which he cannot breathe properly and is not able to take in enough oxygen. Death can result from this lack of oxygen and consequent disturbance in the rhythm of the heart.

Safety
The Phase of the Nonviolent Physical Crisis Intervention [sm] Continuum in which staff are utilizing preventive techniques and early intervention strategies learned in the Nonviolent Crisis Intervention© Program. Staff have not moved to gain physical control of the acting out person.

Supportive Staff Attitude
Recommended staff attitude to be utilized during the anxiety behavior level. The supportive staff attitude is an emphatic understanding approach attempting to alleviate or reduce anxiety.

Therapeutic Rapport/ Postvention

The stage where the individual appears calmer and physical actions have subsided. The staff member aids the individual in examining alternative behaviors to acting out and helps him/her to understand that he/she has the responsibility to control his/her own behavior. Staff members should recognize the importance of documentation as a learning tool and use the CPI Coping Model as a review tool for future practice and as a means to minimize future physically acting out behavior.

ATTACHMENT B
MODIFIED RESTRAINT CHECK SHEET

Consumer Name: _____Behavior Support Plan Date: _____
Program Area: _____
Target Behavior resulting in restraint: _____
Senior or Master Level Instructor: _____

Designated Instructor's review date: _____

Summary analysis of CPI Intervention problems documented on Incident Report, observed and from interviews with assigned staff during postvention debriefing:

Checklist

1) Supportive stance? Yes/No
   Para verbal communication appropriate? Yes/ No comments:
2) Crisis development model level one:
   a. What anxious behaviors did the team identify for that consumer?
   b. What supportive responses did the team use?
   c. 'If/then or first then' icons or communication techniques used?
3) Level two
   a. How did the team identify that the consumer had become defensive?
   b. What directive prompts did the team use?
   c. Where limits set appropriately?
4) Level Three Risk Behavior
   a. Were the Principles of Safety used correctly? Yes/No
   b. Were the following strategies for safe and effective team intervention applied?
      1) Assessing the environment
         Did they identify potential hazards and an escape route?
         Outcome of Decision Making Matrix used?
      2) Establishing Team Strategies
         Did everyone know when to put hands on?
         Were staff in the correct or optimum positions to put hands on?
         Did all team members know their roles in the intervention?
      3) Using Psychological distractions prior to physical entry?
         (Nonverbal, Verbal and Surroundings) What options were used?
   c. Control Dynamics of Team control used correctly
      1) Back incline Yes/No Comments
      2) Arms/ legs Yes/No Comments
      3) Hips Yes/No Comments
   d. Other options discussed

ATTACHMENT B
MODIFIED RESTRAINT CHECK SHEET

5) Was Therapeutic Rapport done?
   a. Using the COPING model for staff debriefing, what changes were made to the use of Non violent Crisis Interventions?

Summary of Alternative methods systematically implemented and documented as unsuccessful:

Description of potential risks of the behavior that outweigh the risks of restraint:

ATTACHMENT C**

Guidelines for Consumer Name (title of Modified Restraint)

This Modified Restraint is to be utilized only for consumer name that has it listed in an approved behavior program. Use for any other consumer will result in an incident report being written and filed as a Major Unusual Incident (MUI). An investigation will be conducted.

All other means of positive intervention must be utilized up to and including the CPI Team Control **prior to use of the (Modified Restraint). Any physical intervention must be used only as a last resort for **actual** acts of physical aggression to self or others. There are risks associated with the use of the Floor Restraint, including death due to Positional Asphyxiation. Staff must be trained by a certified CPI Instructor prior to being able to implement the modified restraint.

Insert Clear description of restraint, modifications and safety considerations

Modified Restraint Photos
Insert Clear photos of the modified restraint.

**Ann and Katie do you want to keep this as an option?

Modified Restraint Support Plan
Staff Training Documentation

Consumer name: _____

Program year: _____

Type or title of modification: _____

Certified Trainer:

Date	**Name**	Signature	Trainer/initials