



# Use of Restraint or Containment in Enhanced Behavioral Supports Homes and Community Crisis Homes

# Introduction

**Enhanced Behavioral Supports Homes (EBSH) and Community Crisis Homes (CCH)** are community living models designed to support the needs of individuals (children, adolescents, and adults) with complex psychiatric and behavioral needs.



# Principles



- The principles behind the Restraint Guidelines derive from:
  - Person Centered Planning
  - Positive Behavior Support
  - Trauma Informed Care

# Principles: Person Centered Planning

- From a person-centered perspective, services and supports should address the balance between what is *important to* and what is *important for* a person.
- The person centered planning process includes the Functional Behavior Assessment (FBA) and Behavior Plan
- Supports are designed to assist the consumer in reaching their potential and enhancing quality of life.



# Principles: Positive Behavior Support

With positive behavior supports, individuals are supported in changing behaviors that:

- Pose a health and safety risk for themselves or others,
- Interfere with their personal relationships,
- Interfere with their growth as individuals,
- Interfere with their decision-making abilities, and/or
- Result in being prescribed behavior-modifying medications.

# Principles: Trauma Informed Care

- Recognizes any traumas an individual has experienced
- Should be included in the FBA and Behavior Plans
- Addressed when recommending support strategies
- Past incidents of restraint
- Psychiatric hospitalizations should be recognized as potentially traumatic experiences.
- Serious traumatic events (also referred to as – big T trauma)
- Traumatic experiences at a personal level (little t trauma)

# Delayed Egress System

When a Delayed Egress System and a Secured Perimeter is required:

- All staff must be trained in individual rights with regards to the delayed egress system
- All staff must understand that individuals retain the personal right to come and go from their home.
- The EBSH model affords individuals the opportunity to live in a less restrictive environment without having to move.
  - For example, as a person develops safety awareness, coping and tolerance skills, the door alarm or delayed egress may be turned off
  - Or the person may learn how to use the code independently,
  - Or there may be a decrease in the intensity of staff support.

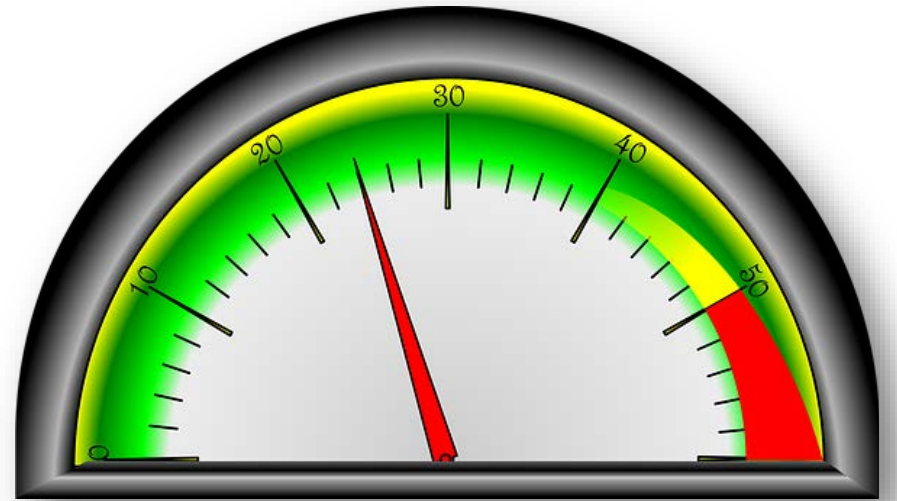
# Emergency Intervention Plans

- EBSH and CCH providers are required to develop *both* the Emergency Intervention Plan (EIP) and Individual Emergency Intervention Plans (IEIP)
- The Emergency Intervention Plan (EIP) is a written plan addressing:
  - Implementation of emergency procedures
  - Prevention of injury
- The regulations that guide the use of restraint in EBSHs/CCHs focus heavily on the:
  - Definition of restraint
  - Parameters of its use



# Emergency Intervention Plans

- The Emergency Intervention Plan must address the following:
  - The least restrictive or non-physical de-escalation methods that must be used.



# Emergency Intervention Plans

- The Emergency Intervention Plan must address the following:  
(continued)
  - Identify and prevent behaviors that could lead to the use of restraint.
  - Specify those strategies that might be used in an emergency.
  - Identify procedures for maintaining care and supervision and reducing the trauma of other individuals with disabilities in the area when staff are required to use emergency interventions simultaneously;

# Emergency Intervention Plans

- The Emergency Intervention Plan must address the following:  
(continued)
  - Identify procedures for crisis situations, when more than one individual requires the use of emergency interventions simultaneously; and
  - Identify procedures for re-integrating the individual into their daily routine after the need for an emergency intervention has ceased.
  - The staff qualifications sufficient to implement the EIP;
  - A statement that if prone containment is included as a potential emergency intervention in the EIP, it must only be used in compliance with Health and Safety Code §1180.4(f);

# Emergency Intervention Plans

- **Remember:**

- Use of restraint is never a substitute for a comprehensive positive behavior support plan.
- Emergency interventions are only used when an individual presents an imminent danger to self or others.
- More restrictive interventions can **ONLY** be used *after* less restrictive strategies have been determined to be ineffective.
- No person with a developmental disability shall be placed in seclusion as stated in Title 17 CCR § 50515(a)

# Individual Emergency Intervention Plan

- In addition to the Facility Emergency Plan, providers must develop Individual Emergency Intervention Plans (IEIP) for the individuals they serve.
- An IEIP is a written plan addressing:
  - The prevention of injury
  - The implementation of emergency intervention techniques by the licensee
  - How it will be used for a specific client

# Individual Emergency Intervention Plan



- The plan shall be developed in consultation with a Qualified Behavior Modification Professional.
- With input from the client.
- If available, someone whom he or she desires to provide input in accordance with Health and Safety Code §1180.4(a).

# Individual Emergency Intervention Plan



- The plan shall include:
  - Client-centered problem solving strategies
  - That diffuse and safely resolve emerging crisis situations
  - Strategies to minimize time spent in physical restraints or containment

# Individual Emergency Intervention Plan

- Also included in the plan are the following:
  - Medical conditions
  - Physical limitations
  - Trauma history
  - Psychological conditions
  - Medical contraindications to particular emergency interventions, including restraint
  - De-escalation - Identifying signs that indicate when imminent risk no longer exists
  - More restrictive strategies are discontinued as soon as safely possible.



# Restraint and Containment

- Restraint or containment limits a person's voluntary movement.
- Restraint is solely used for the purpose of keeping the person from causing serious harm to self or others.
- The terms **Manual Restraint** and **Behavioral Restraint** are used synonymously within Title 17 and Title 22 regulations, as well as in Health and Safety Code.
- A multitude of laws and regulations exist with regards to the use of physical restraint or containment.

# Restraint and Containment

- Restraint is always a last resort safety measure
  - When there is an imminent threat to the health and/or safety of the individual or others.
  - When there is a real possibility of serious physical harm or death to someone's life, health or safety if no action is taken.
  - Only when less restrictive methods have been ineffective in resolving a crisis situation safely and rapidly.



# Restraint and Containment

- Restraint may only be used by support staff who are trained.
- There also must be documented evidence that less restrictive and non-physical strategies were attempted first and without success.
- A trained staff not involved in the restraint should be constantly assessing and monitoring the individual's physical and psychological status.
  - This staff should also monitor the situation to determine when imminent danger no longer exist or whether the community emergency services need to be called.

# Use of Restraint

## When RESTRAINT is used:

- It needs to be kept at an **absolute minimum in terms of frequency and force necessary** for the **shortest period of time**.
- It should not be used for more than 15 consecutive minutes.
  - Refer to Title 17 and 22 regulations if the use of restraint will exceed the time limit of 15 consecutive minutes.
- It should only be used while an unsafe situation continues and imminent danger remains.

# Restraint and Containment Effects



- Each time restraint is used, it should be recognized as a potential trauma to the individual.
- It's use can affect an individual's relationship with the support staff.
- It may have a short- or long-term effect/s on the person's mental health.

# Prohibited Emergency Interventions

Restraint used for punitive purposes, discipline, staff convenience, retaliation or coercion is considered **ABUSE.**



# Prohibited Emergency Interventions

**The following are emergency interventions and practices that are prohibited in all EBSHs and CCHs:**

- Mechanical restraint;
- Restraint as an extended procedure when imminent risk is no longer present;
- Emergency interventions that rely on punishment, discipline, harassment, humiliation, coercion, retaliation, verbal abuse or physical threats for control;

# Prohibited Emergency Interventions

**The following are emergency interventions and practices that are prohibited in all EBSHs and CCHs: (continued)**

- Emergency interventions that rely on pain for control;
- Restraint that restricts breathing;
- Restraint that holds a person's hands behind the back;
- Restraint in which a staff member places pressure on a person's back or places his/her body weight against the person's torso or back;





# Prohibited Emergency Interventions

**The following are emergency interventions and practices that are prohibited in all EBSHs and CCHs: (continued)**

- Placement of an item that covers a person's head or face (padding under the head to prevent injury is permitted if it does not impair breathing);
- The use of behavior modifying drugs in a manner prohibited by Health and Safety Code §1180.4(k);

# Prohibited Emergency Interventions

**The following are emergency interventions and practices that are prohibited in all EBSHs and CCHs: (continued)**

- Emergency interventions, including restraints, that are medically contraindicated;
- Isolation in an area from which a person cannot leave voluntarily.

# Debriefing After the Use of Restraint

## **Immediately after each use of restraint:**

- A post-event analysis must be conducted;
- The individual's needs should be assessed by the Administrator or Administrator's designee;
- Potential physical injury must be assessed;
- Identify what led to the incident and what factors contributed to it leading to the use of restraint;
- Assess alternative methods of responding to the incident that may have avoided the use of restraint;

# Debriefing After the Use of Restraint

## **Immediately after each use of restraint: (continued)**

- Evaluate whether staff used emergency interventions consistent with the facility's EIP, IBSP, and IEIP, and with staff training;
- Evaluate whether the individual was in restraint for the least amount of time necessary;
- Evaluate the effectiveness of less restrictive de-escalation strategies;
- Determine whether the individual's physical and psychological well-being and right to privacy were addressed appropriately;

# Debriefing After the Use of Restraint

## **Immediately after each use of restraint: (continued)**

- Consider treatment for any trauma that may have been experienced by the individual and/or staff;
- Identify alternative ways of helping the individual avoid or cope with difficult situations such as those that led to the use of restraint;
- Identify the need to do a new FBA, revise or refine the Behavior Plan, Emergency Plan, and/or retraining staff.

# Remember

**The best crisis is the one that doesn't occur at all!**



# Knowledge Check

1. Emergency Intervention Plans prioritize the use of the MOST restrictive and/or PHYSICAL de-escalation methods that may be used for a restraint. True or False?
  - A. **TRUE** – It should be the MOST Restrictive and PHYSICAL de-escalation method
  - B. **FALSE** – It should be the LEAST Restrictive and NON-PHYSICAL de-escalation method

*See the correct answer on the next slide.*

# Knowledge Check

**The correct answer is B. False.**

The Emergency Intervention Plan should prioritize the LEAST restrictive and/or NON-PHYSICAL de-escalation methods that may be used for a restraint.



# Knowledge Check

2. Which statement is correct regarding the use of restraints?
- A. It needs to be kept at an absolute minimum in terms of frequency and force necessary for the shortest period of time.
  - B. It needs to be repeated daily for maximum tolerance and cooperation by the individual.
  - C. It needs to be done by an un-trained staff.
  - D. It needs to be done whenever an individual asks for a snack.

*See the correct answer on the next slide.*

# Knowledge Check

**The correct answer is A.**

Restraints need to be kept at an absolute minimum in terms of frequency and force necessary for the shortest period of time.

# Knowledge Check

3. A prohibited emergency intervention is:
- A. Restraint that restricts breathing
  - B. Restraint that holds a person's hands behind the back
  - C. Emergency interventions that rely on punishment, discipline, harassment, and humiliation
  - D. All of the above

*See the correct answer on the next slide.*

# Knowledge Check

**The correct answer is D. All of the Above.**

Source: [Title 22 CCR § 85102 Emergency Intervention Prohibitions](#)

# Knowledge Check

4. Immediately after the use of restraint, the provider should:
- A. Evaluate the effectiveness of less restrictive de-escalation strategies
  - B. Evaluate whether the individual was in restraint for the least amount of time necessary
  - C. Assess any potential physical injury that may have occurred
  - D. All of the above

*See the correct answer on the next slide.*

# Knowledge Check

**The correct answer is D. All of the Above.**

Source: [Title 22 CCR § 85122 Emergency Intervention Plan](#)

# Knowledge Check

5. Restraint is considered ABUSE if:
- A. It is used for not more than 15 consecutive minutes due to a crisis situation
  - B. It is used for punitive purposes, staff convenience, discipline, or retaliation
  - C. It is applied/used by a well trained staff in emergency interventions
  - D. It was used due to an imminent threat to the health and safety of the individual

*See the correct answer on the next slide.*

# Knowledge Check

**The correct answer is B.**

Restraint used for punitive purposes, discipline, staff convenience, retaliation or coercion is considered **ABUSE**.



End of Presentation