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.
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;
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);
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