

Behavior Intervention and Support Guidance

Massachusetts Department of Public Health

Bureau of Substance Addiction Services

Office of Youth and Young Adult Services



Overview:

The Department of Public Health (DPH) and the Bureau of Substance Addiction Services (BSAS) are committed to building a comprehensive and effective system of care for youth and young adults and their families. Among the services offered are Co-Occurring Youth Residential Programs which are designed to provide comprehensive, integrated mental health and substance addiction services in one setting. The BSAS realizes this higher level of service requires the capacity to respond to behavioral acuity of some youth who are referred for this specialized treatment. Under specific conditions, this capacity may include the use of physical restraint.

The Massachusetts Department of Public Health is committed to minimizing the use of restraint or seclusion in its youth residential facilities and programs. This goal is consistent with other mental health systems within the Commonwealth that treat people with dignity, respect, and mutuality, protects their rights, provides the best care possible, and supports them in their road to recovery. The use of physical restraint should only occur in extreme circumstances.

This Behavior Intervention and Support Guidance was developed to align with the Department of Children and Families (DCF) and Department of Mental Health (DMH) guidelines and the Department of Early Education and Care (EEC) regulations and policies as it relates to youth residential programs. Agencies providing Co-Occurring Youth Residential services are responsible for staying current regarding any changes in the governing standards and updating their program and organization's policies accordingly.

Definitions:

De-escalation: Strategies used to defuse a volatile situation and assist a resident to regain behavioral control, and to prevent the use of physical restraint.

Mechanical Restraint: The use of any device or equipment to restrict the movement of a resident or the movement or normal function of a portion of his or her body. Mechanical Restraint does not include an adaptive or protective device recommended by a physician and consented to by the parent when used as recommended by the physician for protection of a resident from serious self-injury or to promote normative body positioning and physical functioning.

Medication Restraint: The administration of medication to temporarily control behavior.

Monitoring: Observation of a resident's physical, verbal, and behavioral responses for signs of distress or signs of behavioral calming while being physically restrained.

Physical Escort: A temporary touching or holding, without the use of force, of the hand, wrist, arm, shoulder, or back to proactively encourage a resident who is agitated to walk to a safe location.

Physical Restraint: Direct physical contact that prevents or significantly restricts a resident's freedom of movement. Physical Restraint does include providing brief physical contact, without force, to promote resident safety or limit self-injurious behavior, providing physical guidance or prompting when teaching a skill, redirecting attention, providing comfort, or a physical escort.

Processing/Debriefing: A sensitive learning process and discussion between staff and a resident who was restrained to help both the staff and the resident review the restraint episode, learn what could be done differently, and put a plan in place to prevent the use of restraint in the future.

Prone Restraint: A restraint in which a resident is placed face down on the floor or another surface, and physical pressure is applied to the resident's body to keep the resident in the prone position.

Positional Asphyxiation: Positional asphyxia occurs when a person is placed in a position that prevents or impedes the mechanism of normal breathing.

Release: Ending the physical restraint of a resident.

Restraint: The use of any force, physical device, medication, or seclusion as a means to temporarily control behavior.

Restraint Coordinator: An Agency staff member who is responsible for the oversight of all matters related to restraint use, including oversight and documentation of training; ensuring that restraints are only used as an emergency procedure of last resort in the event of imminent danger; the restraint method taught is implemented correctly; data collection, data analysis; restraint reporting; and a review of all restraint data with the restraint safety committee as well as restraint data and staff/resident safety information.

Restraint Follow-up: Part of the debriefing process between program management and involved staff of each restraint as part of a debriefing and feedback/quality assurance process.

Seclusion: The involuntary confinement of a resident alone in a room or area from which the resident is physically prevented from leaving or believes he/she is prevented from leaving.

Seclusion does not include permissible group separation.

Organization:

Each agency will maintain written policies and procedures for behavior support and crisis intervention, including the use of restraint. The documents should include safeguards for residents' emotional, physical, and psychological stability and well-being.

- A. The agency has an updated Resident and Parent and/or Legal Guardian Handbook(s) (if they are separate), which includes an outline of the Behavior Support Plan and Restraint Policy.
- B. The agency has an updated Employee Handbook which includes an outline of the Behavior Support / Restraint Policies and Procedures.
- C. Documents included in this policy:
 - i. Process for tracking each resident's progress and growth (e.g., behavior chart, crisis intervention plan).
 - ii. Clearly defined expectations and restrictions.
 - iii. The strategies used in supporting behavioral distress and potential responses to behavioral difficulty (e.g., use of calming plan; use of sensory interventions; additional staff support; time-in with leadership; taking a break/time-out; separation from the group; change in schedule/loss of off-site activity).
 - iv. The technique or strategies used to incentivize positive behavior (e.g., staff support, positive praise; physical activity; reinforcement of positive behavior).
 - v. The form of restraint used as a last resort in the event of imminent danger and the measures used to prevent/avoid/reduce the use of physical restraint (e.g., primary prevention/early intervention strategies and secondary prevention strategies to de-escalate difficult situations).
 - vi. The circumstances in which a physical restraint can only be used (e.g., resident is physically aggressive and there is imminent danger to staff and primary and secondary interventions are not possible).
- D. The agency will have an identified Restraint Coordinator.
- E. The agency must have an established Restraint Safety Committee (RSC). The RSC should be a multi-disciplinary team (e.g., administration, clinical, nursing, direct care). A roster including the name and title of each representative should be available to DPH/BSAS staff upon request.
- F. At minimum, RSC meetings must be held on a weekly basis to review patterns of behavior and/or intervention. The agency will keep documentation of RSC meetings. Notes from meeting should include:
 - i. Case(s) reviewed
 - ii. Current trends
 - iii. Corrective action including any required staff remediation training
- G. The agency will keep a Restraint log which includes:

- i. date and time of each incident; name or initials of resident(s) involved;
 - ii. type and length of restraint; behavior that prompted restraint;
 - iii. staff involved in restraint and staff behavior that supported de-escalation or contributed to the restraint;
 - iv. administrator(s) notified of the incident and the time in which they were notified;
 - v. Dates and time of when parent/guardian/legally authorized representative was notified and if they participated in the restraint processing/debriefing.
- H. The agency administration will conduct an internal investigation as directed by the Department when any reports related to abuse, maltreatment, or neglect are filed. The investigation should take place per the current 164.061: Internal Incident Investigation and Reporting. An internal investigation must be completed within forty-eight (48) hours of incident to ensure the safety of residents, protect the rights of all involved parties, and minimize program disruption.

Operations:

The agency will only utilize physical restraint as an emergency procedure of last resort and shall only be used when a resident's behavior poses a threat of imminent, serious, physical harm to self or others and the resident is not responsive to verbal and non-verbal interventions or other less intrusive behavioral interventions.

The agency will ensure that staff are trained in crisis prevention through the Crisis Prevention Institute (CPI) and in trauma-informed approaches (e.g., early intervention, dispute resolution, negotiation mediation, problem solving, de-escalation, and motivational interviewing strategies) to support avoiding physical restraints when resident and/or staff safety is not at risk. In this regard:

- A. The agency will ensure that all staff are fully trained within sixty (60) days of hire in the use of primary prevention, secondary prevention (de-escalation techniques), and physical restraint(s). Staff should not supervise activities (alone) until they are fully trained in crisis prevention and de-escalation strategies and have demonstrated strong relational and de-escalation skills within the milieu as documented in ongoing supervision.
- B. The agency will have a minimum of two (2) staff on site for each shift who are trained in a BSAS approved behavior support model (e.g., CPI).
- C. The agency will ensure that all staff are trained in physical restraint(s) procedures before engaging in the use of any form of physical restraint including physical escort(s).
- D. The agency will uphold, at minimum, an initial training of no less than sixteen hours (two days). Training material must include proactive measures such as de-escalation training to avoid the use of physical restraints. In addition, physical restraint techniques

must be taught in accordance with the guidelines and protocols of the certifying or licensing organization (e.g., CPI). De-escalation training alone is not considered training in full and will preclude staff from engaging in the use of physical restraint and/or supervising group activities without being accompanied by a staff member who is fully certified in a BSAS approved restraint method.

- E. The agency will be required to re-certify each staff member in the BSAS approved behavior support model in accordance with the guidelines and protocols of that model or, at minimum, within one year of the date of the most recent certification, whichever is the higher standard. The agency will uphold, at minimum, a recertification training of no less than sixteen hours (two days). Training material must include proactive measures such as de-escalation training to prevent/avoid/reduce the use of physical restraints. In addition, physical restraint techniques must be taught in accordance with the guidelines and protocols of the certifying organization (CPI). Any staff member who has gone beyond their expiration date or has gone beyond one year since the date of their last certification will be considered untrained.
- F. As a part of regular and ongoing training and supervision, all staff will demonstrate their knowledge of and skill in the use of both de-escalation techniques and the proper execution of physical restraints as they relate to the BSAS approved restraint method (e.g., CPI). Training logs and supervision notes will reflect routine discussion in this regard.
- G. The agency will provide remedial and corrective training to any staff member who has been found in violation of agency or organization protocol as it relates to the BSAS approved behavior support model. This training must be, at minimum, four hours in length and cover both de-escalation techniques and the proper execution of physical restraints as they relate to the BSAS approved behavior support model. Any staff person requiring this level of training will not be allowed to engage in the use of physical restraint and/or supervise group activities without being accompanied by a staff member who is fully certified in a BSAS approved behavior support model until this remedial training has been successfully completed.
- H. Documentation of all training will be maintained in both the staff's personnel file and the agency's training log.
- I. The agency will be responsible for providing updates to BSAS, residents, parents, staff, and stakeholders after any significant changes are made to policies that would impact the identified youth (e.g., amendments made to the handbook or daily operations).
- J. The agency will ensure the employee handbook and training indicate that no resident shall be subjected to abuse or neglect, cruel, unusual, severe, or corporal punishment including the following practices:
 - i. any type of physical pain inflicted in any manner upon the body;

- ii. requiring or forcing the resident to take an uncomfortable position such as squatting or bending or requiring or forcing the resident to repeat physical movements, when used as punishment; punishments which subject the resident to verbal abuse, ridicule, or humiliation;
 - iii. denial of visitation or communication privileges with family, when used as punishment;
 - iv. denial of sufficient sleep;
 - v. denial of shelter, bedding, food, or bathroom facilities;
 - vi. Extensive separation from the group.
- K. The agency will ensure that if a resident is restrained it is because of imminent danger and a last resort. At no time will a resident be restrained solely for non-compliance with a program rule, staff directive, or expectation.
- L. Upon admission to the program, each resident must be screened by medical and/or clinical staff to ensure that there are no medical and/or psychological contraindications to the use of physical restraints. This assessment, along with the resulting clinical recommendation(s), must be clearly documented in the resident's chart and agency staff must be made aware of any contraindications to the use of physical restraint.
- M. The agency will ensure that the method of restraint used is minimally intrusive and with the intent of protecting the resident, other residents, and staff. The use of pressure points, chokeholds, or any technique to inflict pain, is strictly prohibited.
- N. The agency will ensure the resident shall be placed in a position that allows airway access and does not compromise respiration (to avoid positional asphyxiation) when physical restraint is used.
- O. The agency will not use prone restraint.
- P. The agency staff shall immediately release a resident who exhibits any sign of significant physical distress during restraint and shall immediately provide the resident medical assistance as needed.
- Q. The agency staff will release a resident from restraint at the first indication of calming and safe to do so.
- R. If a resident is restrained for a period longer than five (5) minutes, approval from the senior administrator and/or designee on site shall be obtained. Such approval shall be based upon the resident's continued unsafe behavior justifying the need for continued restraint. If the senior administrator and/or designee is involved with the physical hold, approval shall be obtained from the next level of administration or designated on-call supervisor.
- S. The agency administrator and/or designee shall be notified by the shift supervisor or senior staff member on duty immediately whenever a physical restraint is initiated. The

administrator and/or designee shall have governing responsibility for each physical restraint at the program and its subsequent restraint follow-up plan.

- T. The agency staff will notify on-call within five (5) minutes of an incident if the administrator is not on site.
- U. The agency will not use medication restraint and/or seclusion, as this is strictly prohibited.
- V. The use of mechanical restraint is prohibited in BSAS licensed programs.
- W. Contrary to EEC guidelines, the Department of Public Health prohibits locked bedroom doors.
- X. If the agency identifies a designated reflective room and/or space, the door shall not be locked and shall be physically safe and free of hazards, which compromise any resident or staff safety.
- Y. The agency administrator and Restraint Coordinator, along with the assigned care team when available, shall conduct a daily review of restraint data to identify any resident that has been restrained multiple times and develop a plan to reassess the level of care and update the residents Behavior Intervention Plan.

Behavior Support Delivery:

Upon intake:

- A. The agency will provide each resident a copy of the Behavior Support Policy.
- B. The agency will provide the resident's parent(s) and/or Legal Guardian a copy of the Behavior Support Policy the same day of admission, except for emergency admission (in this case agency will provide this policy to parent(s) and/or legal guardian within seventy-two (72) hours).
- C. The agency will have a maximum of seventy-two (72) hours to provide these documents to residents -in the event of emergency admissions.
- D. The agency will keep a signed acknowledgment form as evidence that all parties received the Behavior Support Policy (e.g., resident, parent, and/or legal guardian signature). Documentation must be stored and accessible in each resident's chart.

Behavior Support Planning:

- A. The agency will identify behavior support options with the resident and family to maximize or enhance the growth and development of the resident via appropriate therapeutic interventions within twenty-four (24) hours of intake.
- B. When identifying responses to escalating behavior, the agency will ensure that they are applied judiciously, with time and space for de-escalation and prevention of restraint use. No adverse consequence can be implemented without administration approval (e.g. Supervisor review and signature for behavior support or treatment plan changes).

- C. If a resident needs to be separated from the milieu or group, the agency will have a designated staff person provide supervision and support with continued one-on-one activities and/or observation [observing resident at minimum every fifteen (15) minutes].
- D. A verbal and written plan for the resident to sensitively and safely reintegrate back into the milieu and participate in scheduled daily activities shall be developed with the clinical team, resident and parent/legal guardian. A copy of this plan will be shared with the resident's parent (s) and/or legal guardian prior to full implementation.
- E. Parent(s) and/or Legal Guardian shall be invited to and included in treatment reviews related to a resident's care. Changes made as a result of this treatment review process shall require Parent(s) and/or Legal Guardian consent for residents under the age of eighteen (18).
- F. All changes in a resident's treatment/services shall be documented in the resident's service plan and reviewed with and agreed to by the resident and Parent (s) and/or Legal Guardian.

Reporting:

Physical Restraint Data Reporting Form: Agencies are obligated to complete a required notification per current DPH regulations for each incident which includes a physical restraint and provide a detailed notification to agency leadership (e.g., program director), the resident's parent(s), and/or Legal Guardian and key stakeholders (e.g., DCF; DPH/BSAS) using the required notification Physical Restraint Data Reporting Form.

Details Required in Outline:

- A. The agency will identify the date, start time, and end time of the physical restraint.
- B. The agency will identify the location of the incident (e.g., address and where in the building or outdoors).
- C. The agency will identify number of residents involved and does not share identifying information.
- D. The agency will identify all staff involved in restraint including neutral observer(s).
- E. The agency will describe events leading up to the use of restraint.
- F. The agency will identify efforts used to de-escalate the situation.
- G. The agency will provide a description of behavior that led to the staff decision to use restraint.
- H. The agency will describe any injury and/or damage incurred by the resident or staff and the treatment provided.
- I. The agency will share a description of restorative practices used to reintegrate residents back into the milieu.

- J. The agency will provide the date and time of notifications to agency leadership (e.g., program director).
- K. The agency will notify Stakeholders (e.g., Parent(s) and/or Legal Guardian; DPH/BSAS) detailing the above-listed information regarding the incident within twenty-four (24) hours of the incident.