

LAKE COUNTY BOARD OF DD/DEEPWOOD

BOARD POLICY

Reviewed and Adopted by the Board:
Date: June 22, 2020

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 ICFs/IID and § 483.130 Resident Behavior and Facility Practices
Ohio Revised Code § 5123.62 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 Major Unusual Incidents/Unusual Incidents

LCBDD/DEEPWOOD Policy A-21 Behavior Support Policy
LCBDD/DEEPWOOD Policy B-4 Staff Development
Nonviolent Crisis Intervention Instructor Manual (2013, 2015 and 2017)

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.

USE OF THERAPEUTIC INTERVENTION TECHNIQUES

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 Behavior Support Advisory 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 initial 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.

USE OF THERAPEUTIC INTERVENTION TECHNIQUES

4. Demonstrate CPI's Disengagement Techniques 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.
- E. Board employees will employ the CPI Physical Interventions – Holding Skills 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 intervention and holding skills 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.
- F. Nonviolent 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 techniques have been exhausted, and when the individual presents a danger to him/herself and/or to others and is physically acting out (see Attachment A for definitions). 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

USE OF THERAPEUTIC INTERVENTION TECHNIQUES

protection of the individual or others, the technique chosen must be the least restrictive appropriate technique possible. For ICF/IID 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 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).

- G. 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-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

USE OF THERAPEUTIC INTERVENTION TECHNIQUES

- licensed physician involved in the interdisciplinary process;
14. Unsupervised seclusionary time out;
 15. Individuals disciplining individuals;
 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; or
 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.

- H. 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 has 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 UI/MUI Incident Reporting Form.
2. The UI/MUI Incident Reporting Form involving CPI implementation will be reviewed by the Habilitation Manager/QIDP.
3. The Habilitation Manager/QIDP shall review the intervention with the employees and a Senior or Master level CPI Instructor.
4. Habilitation Manager/QIDP and Senior or Master Level CPI Instructor will observe the intervention in use.
5. Habilitation Manager/QIDP 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/QIDP 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

LCBDD/Deepwood Policy A-30
USE OF THERAPEUTIC INTERVENTION TECHNIQUES

Rights Committee.

I. 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 Major Unusual Incidents/Unusual Incidents as follows:
 - a. On program data sheets if CPI Therapeutic Physical Intervention is part of the IP.
 - b. On a UI/MUI Incident Reporting Form if CPI Therapeutic Physical Intervention is not part of an IP.
 - c. On a UI/MUI 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 UI/MUI 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 UI/MUI 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 UI/MUI 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:

6/20, 5/18, 4/16, 4/15, 2/14, 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