



Behavior Support and Management

INTRODUCTION

Effective behavior support and management practices center around preemptive interventions, such as identifying challenging behaviors and working with the service recipient and their support systems to create practical solutions in order to minimize the need for crisis interventions (including, but not limited to, restrictive interventions) to the greatest extent possible. A culture that promotes respect, healing, and positive behavior, and provides individuals with the support they need to manage their own behaviors, can help prevent the need for crisis interventions. Involving the service recipient and appropriate family members or support systems early on, by identifying triggers and previous successes in coping with escalating behaviors creates a collaborative approach to behavior support management and helps provide personnel and the individual early insight to challenging behaviors. Training for personnel is an essential component of maintaining a safe work and service environment. Training also prevents injuries and deaths in crisis situations, including those that warrant the use of restrictive interventions as a last resort. Organizations that maintain a process for reviewing incidents when they do occur have the opportunity to make changes in their practices to support the safest environment possible and further reduce the use of restrictive interventions.

Interpretation: *Throughout these standards, the phrase "crisis interventions" and "challenging behaviors" are used. Challenging behaviors refers to harassing, violent, or out of control behaviors that threaten the safety of oneself or others. Crisis intervention include restrictive interventions or, for organizations that prohibit such interventions or other "last resort" options (e.g., calling the police or removing the individual from the program). When the standards are addressing restrictive interventions, it will be explicit and the standard will have an NA for organizations that prohibit restrictive interventions.*

Interpretation: *Timeout or isolation are colloquial terms that may or may not include restrictive interventions. For the purpose of these standards, any instance where a service recipient is placed in a room separate from others and cannot voluntarily leave said room (whether the door is locked or staff is preventing the individual to leave) will be referred to as seclusion and considered a restrictive intervention.*

Research Note: *The challenging behaviors that invoke crisis interventions are often times rooted in the individual's personal trauma and crisis interventions, whether or not they are restrictive, run the risk of retraumatizing the individual. The literature on trauma informed care*

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.



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identifies six core strategies for reducing the need for crisis interventions: leadership toward organizational change, use of data to inform practice, workforce development, use of restraint and seclusion reduction tools, improved the service recipient's role, and debriefing techniques.

Note: *All organizations are required to complete BSM 1, BSM 2, and BSM 3. Any service that uses isolation, manual or mechanical restraint, and/or locked seclusion in facilities. BSM 4, BSM 5, and BSM 6 are not applicable in organizations that prohibit the use of restrictive behavior management interventions. Restrictive behavior management interventions are those that restrict, limit, or curtail a person's freedom of movement and include isolation, manual restraint, mechanical restraint, and locked seclusion. Related definitions can be found in COA's glossary.*

Note: *BSM does not apply to FEC programs, but in organizations providing multiple services, including FEC, the Standards will apply and must be implemented in the non-FEC programs.*

Note: *Organizations that permit foster homes to employ manual restraints will complete all the standards in this section, as applicable, as well as FKC 20.*

Note: *Organizations that work with populations with developmental delays and utilize protective clothing, such as protective helmets, will address those intervention in CR 4.05 and TS 5.02.*

Note: *Restrictive interventions are those involuntarily restrict, limit, or curtail a person's freedom of movement and include manual restraint, mechanical restraint, and seclusion. Federal guidelines consider any restriction of an individual's movement a restrictive intervention. Related definitions can be found in COA's glossary.*

Note: *Some organizations serving youth involved with the juvenile justice system and accredited under COA's Juvenile Justice Residential Services (JJR) service system may lock youth in their rooms for routine purposes (e.g., during sleep periods), as opposed to in response to an incident. Although this practice does restrict a person's freedom of movement, it differs from the types of restrictive behavior management interventions addressed in this section insofar as it is utilized on a routine, ongoing, basis, rather than in response to a specific incident. Accordingly, this practice is addressed in JJR 15, and standards referencing "seclusion," or "restricted behavior management interventions" do not apply.*

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Note: Please see [BSM Reference List](#) for a list of resources that informed the development of these standards.

Table of Evidence

Self-Study Evidence

- Describe your organization's approach to behavior support and management and how it is implemented in practice to promote positive behavior (e.g., Our organization operates a residential treatment program for adjudicated youth who have a history of violence and aggressive behavior. We have taken the following steps to promote a positive, therapeutic environment and ensure the safety of our service recipients and staff...).
 - a. Include the full spectrum of behavioral support interventions that your organization utilizes (e.g., point programs, level systems, time out, manual restraint, etc.).
 - b. If your organization uses any restrictive interventions (e.g., manual restraint, seclusion, and mechanical restraint), provide your organization's rationale for their use.
- Does your organization use restrictive behavior management under any circumstances?
- Identify a part of your behavior support and management policies and practices that have been:
 - a. the most difficult to advance, and indicate the reasons why; and
 - b. the least difficult to advance, and indicate the reasons why (e.g., Changes in state regulations have increased the number of adolescents admitted with a history of sexually acting out behavior. Consequently, we've had to modify our behavior support and management practices to include...).
- Does your organization use any established behavior support and management interventions, e.g., The Therapeutic Crisis Intervention System (TCI)?
- Provide any additional information about your organization's behavior support and management policies and procedures that would increase the Peer Team's understanding of how the practice(s) support a safe environment and reduce the need for restrictive interventions.

On-Site Evidence

No On-Site Evidence

On-Site Activities

No On-Site Activities

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The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.



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(FOC) BSM 1: Philosophy and Organization Policy

The organization's governing body and management promote a safe and therapeutic environment and provide necessary supports and resources to:

- a. keep staff and service recipients safe;
- b. enhance the service recipient's quality of life;
- c. teach, strengthen, and expand upon positive behaviors; and
- d. minimize the use of crisis interventions.

Related: OST 3

Interpretation: *For organizations that permit restrictive interventions, minimizing the use of interventions includes prioritizing a reduction in restraints/seclusions. For organizations that prohibit the use of restrictive interventions, this would result in reduction in the application of their crisis plans or "last resort" interventions (e.g. removing the individual from the program or calling the police).*

Research Note: *Research shows that leadership and organizational policy place a significant role in the reduction of crisis interventions and in creating more trauma informed-care. By developing policies that emphasizes a reduction in crisis interventions and using pre-identified, individualized means of de-escalation a more therapeutic environment can be developed.*

Rating Indicators

- 1) The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the BSM 1 Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the BSM 1 Practice standards.
- 3) Practice requires significant improvement, as noted in the ratings for the BSM 1 Practice standards.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the BSM 1 Practice standards.

Table of Evidence

Self-Study Evidence

- A description of the organization's BSM philosophy in BSM Narrative Question 1 including:
 - a. programmatic and preventive approaches

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- b. the spectrum of BSM interventions
- c. procedures/ interventions prohibited by the organization
- Aggregate of the two most recent quarterly reviews of incidents requiring restrictive behavior management interventions
- BSM policy and procedures
- Incident review procedures

On-Site Evidence

- For organizations using restrictive behavior management interventions, provide documentation of clinical director notification of restrictive behavior management interventions
- Documentation of compliance with applicable laws or regulations

On-Site Activities

- Interview:
 - a. Clinical or program directors
 - b. Supervisors
 - c. Personnel
 - d. Persons served
 - e. Parents/legal guardians

BSM 1.01

The organization's behavior support and management policies and practices comply with federal, state, and local legal and regulatory requirements.

Interpretation: *The Public Health Service Act, as amended by the Children's Health Act of 2000 and the Use of Restraint and Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services to Individuals Under Age 21 are federal regulations that govern the use of behavior management in the United States. Organizations serving youth involved with the juvenile justice system may be subject to different laws and regulations.*

Research Note: *Per the federal standards, deaths must be reported promptly. Facilities must also report to agencies designated by the Secretary of the Department of Health and Human Services each death that occurs while a resident is restrained or in seclusion and each death that occurs within 24 hours after the person has been released from the restraints and seclusion or where it is reasonable to assume the death was the result of the restraints and seclusion. The designated agencies are likely to include protection and advocacy systems, which have unique federal*

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authority to investigate and legally pursue instances of abuse and neglect in facilities. The notification must be provided within 7 days of the death of the individual.

Note: COA recognizes that the laws or regulations governing organizations serving youth involved with the juvenile justice system may sometimes authorize practices that conflict with the standards to which COA holds other organizations, and has addressed some of the potential discrepancies throughout the standards in BSM.

Note: The organization is required to comply with the more stringent standard or regulation.

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - The organization generally complies with all legal and regulatory requirements, with only minor exceptions noted in reports.
- 3) Practice requires significant improvement; e.g.,
 - The organization does not comply with requirements in at least one major area and is remedying this under the direction of appropriate authorities.
- 4) The organization has a pervasive problem of non-compliance.
 - Implementation of the standard is minimal or there is no evidence of implementation at all.

BSM 1.02

Behavior support and management policies address:

- a. practices used to maintain a safe environment and prevent the need for crisis interventions;
- b. the use of individualized, proactive interventions to identify challenging behaviors, their antecedents, and how to help the service recipient cope and de-escalate;
- c. safety measures to be taken when crisis situations arise, including whether isolation, locked seclusion, manual or mechanical restraint are permitted as emergency safety measures or, when prohibited, other crisis intervention strategies;
- d. other practices that may be used and under what circumstances; and

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- e. prohibited practices, including chemical restraint when the organization is responsible for medication administration.

Related: BSM 2.02, FKC 7.06, FKC 19.06

Interpretation: *In regards to element (c), organizations that do not permit any of the restrictive interventions listed should address procedures for when de-escalation techniques do not work and the service environment no longer remains safe for the individual or others (e.g. removal from program or calling the police).*

Interpretation: *In relation to element (e), chemical restraint does not include situations when a psychopharmacological drug:*

- a. *is used according to the requirements for treatment authorized by a court; or*
- b. *is provided using specified criteria in a person's approved treatment plan as per a physician's order to provide medical treatment for a specific diagnosis and known progression of symptoms, such as in cases of a PRN; or*
- c. *is administered in an emergency to prevent immediate, substantial, and irreversible deterioration of a person's mental status when prescribed by a physician or other qualified medical practitioner.*

Medications are treatment for targeted symptomatology and should not be considered an intervention for challenging behaviors. Other prohibited practices include, but are not limited to, corporal punishment, behavioral control methods that interfere with the individual's right to human care, etc.

Interpretation: *Organizations serving youth involved with the juvenile justice system may also be legally authorized to use restrictive interventions to prevent escapes, or protect property, in order to maintain safety, security, and order. However, they should still only employ restrictive interventions when absolutely necessary, as referenced throughout these standards.*

Note: *For organizations that have resource parents providing restrictive interventions, those standards can be found throughout FKC, however the organization needs to clearly outline in the policy the interventions resource parents are permitted to apply and under what circumstances.*

Note: *Refer to COA's glossary for a definition of chemical restraint.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,

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- One of the elements needs greater specificity or clarity in policy and/or procedures.
- 3)** Practice requires significant improvement; e.g.,
 - Two of the elements need greater specificity or clarity in policy and/or procedures; Å or
 - Policies and/or procedures are too vague to provide guidance to personnel.
- 4)** Implementation of the standard is minimal or there is no evidence of implementation at all.
 - One of the elements is not implemented.

BSM 1.03

A committee comprised of all levels of staff conducts regular reviews of the use of behavior support and management interventions and:

- a. compare how organization practices compare with current information and research on effective practice;
- b. use findings from quarterly risk management reviews of crisis interventions to inform staff about current practice and the need for change;
- c. revise policies and procedures when necessary;
- d. determine whether additional resources are needed; and
- e. support efforts to minimize the use of crisis interventions.

Related: PQI 4.03

Interpretation: *For organizations that prohibit restrictive interventions, information regarding staff's response to crisis situation should still be collected and reviewed, including the frequency of using last resort intervention (e.g., removal from program or calling the police).*

Interpretation: *Element (d) should include considerations for continuing staff training and education, when appropriate.*

Research Note: *Agreement has been reached among experts that the best way to reduce injuries and deaths is to minimize the use of restraints to the greatest extent possible, with leadership creating a shared vision in order to adopt organization wide policies. Reductions in the use of seclusion and restraint can improve both staff morale and treatment outcomes by mitigating burnout, lower staff turnover, and avoid traumatization and*

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retraumatization.

Research Note: *Using data on crisis interventions and their outcomes is helpful in monitoring the progress of organization towards achieving overall treatment outcomes and identifying when more supportive resources are needed. One form of analyses that may be effective to use during regular review is root cause analysis, a systematic process for identifying root causes of problems or events and an approach for responding to them. It acknowledges that prevention is often not achieved with a single intervention and strives for continuous improvement. This form of analysis is particularly well-suited for behavior support management due to its complex nature and need for re-evaluation on both an individual-level and organization wide.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - One of the elements needs to be reviewed more regularly; or
 - Elements (a) or (e) is not consistently done.
- 3) Practice requires significant improvement; e.g.,
 - Two of the elements are not reviewed regularly ; or
 - Reviews are not done sufficiently often to monitor practices.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
 - Three of the elements are not reviewed regularly.

BSM 1.04

The program or clinical director is notified following each use of a crisis intervention, including seclusion or manual or mechanical restraint, and each incident is administratively reviewed no later than one working day following an incident.

Interpretation: *The review includes examining any preemptive measures taken to avoid crisis interventions, whether or not the individual's behavior support and management plan was followed, and the measures' effectiveness.*

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Interpretation: *For organizations that permit restrictive behavior management, this would include each use of seclusion or manual or mechanical restraint. For organizations that prohibit restrictive behavior management, this would include strategies utilized in response to crisis interventions, such as calling the police or removal from the program.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Notification and administrative review regularly occur, however procedures need clarifying; or
 - Notification has occasionally exceeded one working day.
- 3) Practice requires significant improvement; e.g.,
 - There have been instances where notification or administrative review did not occur; or
 - Procedures need significant strengthening.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
 - Notification or review does not regularly occur.

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(FOC) BSM 2: Behavior Support and Management Practices

A culture and structure exists within every facility that promotes respect, healing, and positive behavior of the service recipient and prevents the need for crisis interventions.

Rating Indicators

1) The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the BSM 2 Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the BSM 2 Practice standards.

3) Practice requires significant improvement, as noted in the ratings for the BSM 2 Practice standard; and/or

- One of the BSM 2 Fundamental Practice Standards received a 3 or 4 rating.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the BSM 2 Practice standards; and/or

- Two or more of the BSM 2 Fundamental Practice Standards received a 3 or 4 rating.

Table of Evidence

Self-Study Evidence

- Copy of written behavior support and management philosophy and procedures provided to service recipients and/or parents/legal guardians
- Procedures that address harassment and violence towards other service recipients and personnel
- Protocol for obtaining consent
- Procedures for conducting organization-wide assessments regarding behavior management support and management interventions and related reports
- For organizations using restrictive behavior management interventions, procedures for developing behavior management plans

On-Site Evidence

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- Protocol for notifying parents/guardians of incidents and use of restrictive interventions

On-Site Activities

- Interview:
 - a. Parents/legal guardians
 - b. Persons served
 - c. Relevant personnel
- Case record review

BSM 2.01

Personnel support positive behavior by:

- a. developing positive relationships with service recipients;
- b. being trauma-informed;
- c. building on strengths and reinforcing positive behavior; and
- d. responding with appropriate consistency to all incidents that challenge the safety of service recipients.

Related: BSM 3.02, JJR 8.02, JJR 13.02, FKC 19.06, PA-CFS 25.05

Note: *Staff training on the organization's approach to promoting positive behavior is addressed in BSM 3.02.*

Rating Indicators

- 1)** The organization's practices reflect full implementation of the standard.
- 2)** Practices are basically sound but there is room for improvement; e.g.,
 - One of the elements is not fully addressed but training is being offered to personnel.
- 3)** Practice requires significant improvement; e.g.,
 - Two of the elements are not fully implemented and training is not sufficient or consistently provided.
- 4)** Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
 - One of elements is not addressed at all.

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(FP) BSM 2.02

The organization prohibits the use of restrictive interventions:

- a. by service recipients, peers, or any person other than trained, qualified staff;
- b. as a form of punishment or discipline;
- c. for the convenience of staff;
- d. in response to property damage that does not involve imminent danger to self or others; and
- e. when contraindicated in the individual's service or behavior plan.

Related: BSM 1.02, RTX 1.03, GLS 1.03, MHSU 1.03, PSR 1.03, JJD 3.03, JJR 3.03, WT 4.03, BSM 5, DTX 5.03, DDS 5.03

Interpretation: *As referenced in BSM 1.02, organizations serving youth involved with the juvenile justice system may also be authorized to use restrictive interventions to prevent escapes or protect property, but should only do so when absolutely necessary, as referenced throughout these standards.*

NA *The organization prohibits the use of restrictive behavior management interventions.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - There have been a few instances of prohibited interventions, but corrective action was implemented immediately.
- 3) Practice requires significant improvement; e.g.,
 - There have been a few instances of prohibited interventions, and no evidence of immediate and appropriate corrective action.
- 4) One or more of the prohibited intervention is consistently being used.

(FP) BSM 2.03

The organization:

- a. provides an explanation for and offers a copy of its written behavior support and management philosophy and procedures to service recipients or their parents or legal guardians at admission;

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- b. informs service recipients or parents or legal guardians of strategies used to maintain a safe environment and prevent the need for restrictive behavior management interventions;
- c. obtains the service recipient's or parent's or legal guardian's consent when restrictive behavior management interventions are part of the treatment modality; and
- d. when the service recipient is a minor, notifies the parents or legal guardians promptly when the minor is involved in an incident involving harassment or violence or when a restrictive intervention was used.

Interpretation: *COA recognizes that it may be difficult for organizations providing residential juvenile justice services to involve youths' parents or legal guardians, especially when youth are placed outside of their communities and far from their families; however, organizations should still strive to involve families to the extent possible. In any instance when promptly notifying parents or legal guardians in the wake of an intervention proves difficult, the organization should document its efforts to initiate contact in the case record. See JJR 4.03 for guidance on ways to minimize barriers to family participation.*

Interpretation: *Consent should be reviewed on an annual basis. The service recipient, and/or parent or legal guardian, has the right to refuse consent to treatment and the organization may determine that the individual cannot be served as a result of refusal. When an organization serves youth involved with the juvenile justice system and services are involuntary, obtaining consent may not be relevant.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Procedures need minor clarification; or
 - One of the required elements is not fully addressed.
- 3) Practice requires significant improvement; e.g.,
 - Two of the elements are not fully addressed; or
 - One element is not addressed at all; or
 - Annual consents as delineated in the interpretation are not consistently obtained; or
 - Parents or legal guardians are frequently not notified.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

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- Three or more of the elements are not fully addressed; or
- Two of more of the elements are not addressed at all.

(FP) BSM 2.04

The organization conducts an organization-wide assessment of its service population to determine the potential risk and appropriate crisis interventions to employ.

Related: JJD 1.02, JJR 1.04, FKC 2.01, RPM 2.02, JJR 2.04

Interpretation: *An organization-wide assessment includes, but is not limited to, descriptive statistics of the service population, their needs, services provided, and risks associated with serving them; reviewing data on the use of behavioral intervention or crisis response in the past year; as well as the annual critical incident reports and any corrective action taken in response. The resulting report should clearly describe the service population and the organization's behavior and support management needs.*

Note: *Organizations can include reports and data aggregates they create in RPM 2.02, elements b-e, or information about service recipients they receive through the screening and intake process.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - The screening assessment needs clarifying.
- 3) Practice requires significant improvement; e.g.,
 - Screening practices are not consistently done for all clients; or
 - The organization prohibits the use of restrictive behavior management interventions but does not conduct a program-wide assessment as delineated in the interpretation.
- 4) The organization does not prohibit the use of restrictive behavior management interventions and each service recipient does not have a screening and/or have documentation of a screening in the case record.

(FP) BSM 2.05

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The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.



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Organizations utilizing restrictive behavior management interventions collaborate with the service recipient and/or parents or legal guardian to assess for:

- a. the individual's perception of emotional and physical safety;
- b. past experiences with restrictive behavior management interventions;
- c. antecedents, emotional triggers, and the resulting challenging behaviors;
- d. previous successes in utilizing strategies and coping skills to mitigate need for restrictive behavior management interventions;
- e. psychological and social factors that can influence use of such interventions, including trauma history; and
- f. medical conditions or factors that could put the person at risk.

Related: JJD 1.02, JJR 1.04, FKC 2.01, RTX 12.05

Interpretation: *Medical factors may include issues related to use of medications, such as an insulin imbalance. Psychological and social factors may include psychosis, history of abuse or other trauma, or claustrophobia.*

Interpretation: *This standard is typically related to BSM 2.04. However, when organizations serving youth involved with the juvenile justice system also use restrictive behavior management interventions for other purposes (such as to prevent escapes during transport), any youth who might be subject to these interventions should be assessed for the factors listed in this standard, regardless of whether the screening addressed in BSM 2.04 indicates risk of harm to self or others.*

Research Note: *A common traumatic element is the massive control of one person over another. For individuals with a history of abuse or other trauma, undergoing a restrictive behavior management intervention can be extraordinarily retraumatizing.*

NA *The organization prohibits the use of restrictive behavior management interventions.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Procedures need clarifying or do not adequately address one of the elements.
- 3) Practice requires significant improvement; e.g.,
 - Procedures related to two of the elements need clarifying.
- 4) Implementation of the standard is minimal or there is no evidence of

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implementation at all; e.g.,

- Behavioral assessments do not address one of the elements.

BSM 2.06

A behavior support and management plan is based on assessment results, identifies proactive interventions to prevent the potential need for crisis interventions, and:

- a. identifies strengths-based strategies that will help the person de-escalate their behavior and prevent harassing, violent, or out-of-control behavior;
- b. specifies interventions that may or may not be used, taking the individual's trauma history into account;
- c. is modified as necessary; and
- d. is developed in collaboration with the service recipient and is signed by the person, his/her parent or legal guardian, and personnel, as appropriate.

Related: JJD 2.04, RTX 12.05, FKC 13.05

NA *The organization prohibits the use of restrictive behavior management interventions.*

Note: *The behavior support plan, sometimes called a crisis plan, can be part of, and reviewed with, the overall service or treatment plan.*

Note: *Organizations serving youth involved with the juvenile justice system should refer to the Interpretation in BSM 2.01 regarding the involvement of youths' parents or legal guardians.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - One of the elements needs strengthening; or
 - There are a few instances where signatures were missing.
- 3) Practice requires significant improvement; e.g.,
 - Two of the elements need strengthening or one of the elements is not addressed; or
 - There is no evidence that the plans, once developed, are rarely reviewed or updated; or
 - Most plans are not signed.

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4) Implementation of the standard is minimal or there is no evidence of implementation at all.

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(FOC) BSM 3: Safety Training

Personnel receive behavior support training that promotes a safe and therapeutic service environment, is responsive to individual triggers, and takes a trauma-informed approach.

Related: JJCM 8.01, JJD 12.01, JJR 18.01, FKC 19.06

Note: Refer to ASE for standards regarding safety in the service environment.

Rating Indicators

1) The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the BSM 3 Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the BSM 3 Practice standards.

3) Practice requires significant improvement, as noted in the ratings for the BSM 3 Practice standard; and/or

- One of the BSM 3 Fundamental Practice Standards received a 3 or 4 rating.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the BSM 3 Practice standards; and/or

- Two or more of the BSM 3 Fundamental Practice Standards received a 3 or 4 rating.

Table of Evidence

Self-Study Evidence

- Table of contents for personnel BSM training curriculum
- List of personnel required to receive competency based training, and the dates training was received

On-Site Evidence

- Training curriculum for personnel and foster parents that addresses:
 - a. Recognizing and responding to behavior management issues
 - b. De-escalation
- Training records that document BSM training

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On-Site Activities

- Interview:
 - a. Relevant personnel

(FP) BSM 3.01

All personnel receive initial and ongoing competency-based training, appropriate to their responsibilities, on the organization's behavior support and management intervention policies, procedures, and practices.

Interpretation: *For example, non-direct service personnel should be trained on how to appropriately respond to incidents of out-of-control behavior that they may observe or ways they can help create a more therapeutic environment even they work indirectly with service recipients. This does not mean non-direct service personnel, such as administrative staff, participate in hands on interventions or necessitate that level of training.*

Interpretation: *Organizations that do not permit restrictive interventions should train their personnel on how to respond to behaviors that threaten the safety of service recipients and personnel and procedures for the last resort measure in order to maintain a safe and therapeutic environment (e.g., policies and procedures outlining when it is necessary to call the police).*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - The curriculum is not fully developed or lacks depth; or
 - A few personnel have not been trained.
- 3) Practice requires significant improvement; e.g.,
 - A significant number of staff have not been trained.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

(FP) BSM 3.02

Personnel receive training that includes:

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- a. practices that promote positive behavior;
- b. recognizing challenging behaviors that are a threat to self or others, psychosocial issues, and medical conditions;
- c. the impact of the physical environment and other contributing factors that may lead to a crisis;
- d. understanding the impact of staff behaviors and responses on the behavior of service recipients; and
- e. limitations, including the potential of retraumatization, on the use of restrictive interventions.

Related: BSM 2.01

Interpretation: *Training should also address management of age-appropriate, but potentially dangerous behavior, for example, ways to protect a child who runs into the street so as not to harm him/her.*

Interpretation: *Psychosocial issues should include the role a service recipient's trauma history may play in their challenging behaviors and reactions to crisis interventions.*

Research Note: *Research regarding trauma-informed approaches to address service recipients' challenging behaviors highlights the importance of including trauma in the staff training, specifically looking at the long-lasting effects of trauma on behavior, its prevalence in the relevant service population, and strategies for hope and recovery.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - The curriculum related to one of the elements is not fully developed or lacks depth; or
 - A few personnel have not been trained but only work with clients under the oversight of trained personnel.
- 3) Practice requires significant improvement; e.g.,
 - The curriculum related to two of the elements is not fully developed or lacks depth; or
 - Training does not address one of the elements at all; or
 - A significant number of staff have not been trained.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.



Behavior Support and Management

(FP) BSM 3.03

Training addresses methods for de-escalating volatile situations, including:

- a. listening and communication techniques, such as negotiation, centering strengths, and mediation;
- b. involving the person in regaining control and encouraging self-calming behaviors;
- c. separation of individuals involved in an altercation;
- d. offering a voluntary escort to guide the person to a safe location;
- e. voluntary withdrawal from the group or milieu allow the person to calm down; and
- f. other non-restrictive ways of de-escalating and reducing episodes of aggressive and out-of-control behavior.

Interpretation: *In regards to element (f), organizations that create individualized behavior plans should include some of the non-restrictive ways of de-escalating identified in those plans as part of their training.*

Research Note: *Literature indicates that when staff are trained and supported in the use of alternate methods in crisis situations, the use of seclusion and restraint is reduced dramatically.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - The curriculum related to one of the elements is not fully developed or lacks depth; or
 - A few personnel have not been trained but only work with clients under the oversight of trained personnel.
- 3) Practice requires significant improvement; e.g.,
 - The curriculum related to two of the elements is not fully developed or lacks depth; or
 - Training does not address one of the elements at all; or
 - A significant number of staff have not been trained.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.



Behavior Support and Management

(FOC) BSM 4: Restrictive Behavior Management Intervention Training

Personnel who use restrictive behavior management interventions are trained and evaluated on an annual basis.

Related: JJCM 8.01, JJD 12.01

Interpretation: *COA recommends that organizations evaluate training programs and models to select a comprehensive and safe curriculum for use with personnel and service recipients.*

NA *The organization prohibits the use of restrictive behavior management interventions.*

Rating Indicators

1) The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the BSM 4 Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the BSM 4 Practice standards.

3) Practice requires significant improvement, as noted in the ratings for the BSM 4 Practice standard; and/or

- One of the BSM 4 Fundamental Practice Standards received a 3 or 4 rating.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the BSM 4 Practice standards; and/or

- Two or more of the BSM 4 Fundamental Practice Standards received a 3 or 4 rating.

Table of Evidence

Self-Study Evidence

- Table of contents for personnel restrictive behavior management training curriculum
- Training schedules
- Procedures for analyzing the effectiveness of each segment of training

On-Site Evidence

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.



Behavior Support and Management

- Training curriculum that addresses BSM 4.01
- Documentation of restrictive behavior management training provided

On-Site Activities

- Interview:
 - a. Clinical or program directors
 - b. Supervisors
 - c. Relevant personnel

(FP) BSM 4.01

Personnel designated to use restrictive behavior management interventions receive annual training on permitted interventions, including:

- a. proper and safe use of interventions, including when it is appropriate to use a restrictive intervention and time limits for use;
- b. understanding the experience of being placed in seclusion or a restraint, including the medical and therapeutic risks related to restrictive interventions and the resulting consequences of the misuse of restrictive interventions, including trauma and retraumatization;
- c. response techniques to prevent and reduce injury;
- d. evaluating and assessing physical and mental status, including signs of physical distress, vital indicators, and nutritional, hydration, and hygiene needs;
- e. readiness to discontinue use of the intervention;
- f. when medical or other emergency personnel are needed; and
- g. documentation and debriefing.

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - The curriculum related to one of the elements is not fully developed or lacks depth; or
 - A few personnel have not been retrained within 12 months but are scheduled to be retrained within 30 days.
- 3) Practice requires significant improvement; e.g.,
 - The curriculum related to two of the elements is not fully developed or lacks depth; or
 - More than a few personnel have not been retrained within 15 months but

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.



Behavior Support and Management

are scheduled to be retrained.

4) Implementation of the standard is minimal or there is no evidence of implementation at all.

- The curriculum related to three or more of the elements is not fully developed or lack depth; or
- One of the elements is not covered at all; or
- More than a few personnel have not been retrained within 15 months and there is no schedule for retraining; or
- Personnel consistently do not receive training.

(FP) BSM 4.02

Personnel who receive training on restrictive behavior management interventions receive a post-test and are observed in practice to ensure competency.

Rating Indicators

1) The organization's practices reflect full implementation of the standard.

2) Practices are basically sound but there is room for improvement; e.g.,

- Competency procedures need minor clarification; or
- Staff have been trained but a few did not receive a post-test.

3) Practice requires significant improvement; e.g.,

- A significant number of staff did not receive a post-test; or
- A few were not observed in practice.

4) Implementation of the standard is minimal or there is no evidence of implementation at all;

- Staff do not routinely receive a post-test or are not observed in practice.

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.



Behavior Support and Management

(FOC) BSM 5: Restrictive Behavior Management Interventions

Restrictive behavior management interventions are used in a manner that protects the safety and well-being of service recipients and personnel in crisis situations when less-restrictive measures have proven ineffective.

Related: BSM 2.02

Interpretation: *This standard prohibits the use of seclusion, and manual or mechanical restraint for the purposes of routine discipline, compliance, or convenience.*

The use of mechanical restraints is prohibited for public or private non-medical, community-based facilities that serve children and youth according to the Public Health Service Act, as amended by the Children's Health Act of 2000. As referenced in BSM 1.01, organizations serving youth involved with the juvenile justice system may be subject to different laws and regulations, and should familiarize themselves with any laws and regulations addressing the behavior management interventions they are permitted to employ.

NA *The organization prohibits the use of restrictive behavior management interventions.*

Rating Indicators

1) The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the BSM 5 Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the BSM 5 Practice standards.

3) Practice requires significant improvement, as noted in the ratings for the BSM 5 Practice standard; and/or

- One of the BSM 5 Fundamental Practice Standards received a 3 or 4 rating.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the BSM 5 Practice standards; and/or

- Two or more of the BSM 5 Fundamental Practice Standards received a 3 or 4 rating.

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.



Behavior Support and Management

Table of Evidence

Self-Study Evidence

- Authorization and reauthorization procedures including qualifications of authorized personnel
- Procedures for continuous monitoring during a restrictive intervention

On-Site Evidence

- Incident reports
- Behavior management logs
- Documentation of compliance with legal requirements
- Documentation of continuous monitoring during a restrictive intervention

On-Site Activities

- Interview:
 - a. Authorizing personnel
 - b. Direct service personnel
 - c. Supervisory personnel
 - d. Persons served
- Seclusion room observation

BSM 5.01

Qualified personnel authorize each restrictive behavior management intervention, in accordance with any applicable federal or state requirements.

Related: BSM 5.07

Interpretation: *Personnel are qualified through annual training and evaluation.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Authorization procedures need clarifying.
- 3) Practice requires significant improvement; e.g.,
 - There have been instances of restrictive intervention without

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.



Behavior Support and Management

- authorization by qualified personnel but corrective action is occurring; or
- Documentation is weak.

4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- There have been instances of restrictive intervention without authorization by qualified personnel and corrective action has not been initiated; or
- Practices are in violation of applicable legal requirements; or
- Written procedures do not address use of qualified personnel.

(FP) BSM 5.02

Service recipients are monitored continuously, face-to-face, and assessed at least every 15 minutes for any harmful health or psychological reactions.

Note: Refer to BSM 5.06 for the maximum time allowed for a restrictive intervention.

Rating Indicators

1) The organization's practices reflect full implementation of the standard.

2) Practices are basically sound but there is room for improvement; e.g.,

- In a few rare instances there was a lapse in monitoring or assessment but corrective action was taken immediately.

3) Practice requires significant improvement; e.g.,

- In more than a few instances there was a lapse in monitoring or assessment but corrective action was taken immediately; or
- Documentation is weak; or
- Procedures need significant strengthening.

4) Implementation of the standard is minimal or there is no evidence of implementation at all.

- Lapses occur with some frequency and corrective action is not taken; or
- There are no procedures; or
- Procedures are not routinely followed.

(FP) BSM 5.03

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.



Behavior Support and Management

Procedures address safe methods for involuntarily escorting individuals.

Interpretation: *This includes methods such as the backwards escort.*

NA *The organization does not escort individuals or use seclusion.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Procedures need clarifying.
- 3) Practice requires significant improvement; e.g.,
 - Procedures are inadequate; or
 - There have been instances where procedures were not followed; or
 - Documentation is weak.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
 - There are no procedures; or
 - Procedures are not routinely followed.

(FP) BSM 5.04

Seclusion rooms conform to existing licensing and/or fire safety requirements and are limited to one person at a time.

Interpretation: *Seclusion rooms need to be outfitted with a door that easily opens in case of emergency, such as a spring lock door.*

NA *The organization does not use locked seclusion.*

Note: *Please see Facility Observation Checklist - Private, Public, Canadian for additional assistance with this standard.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - The organization does not have evidence of conformance to licensing and/or fire safety requirements for one of its isolation or seclusion rooms, but has initiated a process to obtain it.

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.



Behavior Support and Management

- 3) Practice requires significant improvement; e.g.,
- The organization does not have evidence of conformance with licensing and/or fire safety requirements for one or more of its isolation or seclusion rooms and has not initiated a process to obtain it; or
 - There have been instances where a seclusion or isolation room has been used for more than one person.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

(FP) BSM 5.05

During a restrictive behavior management intervention staff assess the service recipient's need for food, water, and use of bathroom facilities and provide access when safe and appropriate.

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
- Procedures need clarifying.
- 3) Practice requires significant improvement; e.g.,
- Procedures are inadequate; or
 - There have been instances where procedures were not followed, but corrective action has been initiated; or
 - Documentation needs significant strengthening.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
- There are no procedures; or
 - Procedures are not routinely followed.

(FP) BSM 5.06

Restrictive behavior management interventions are used only in crisis situations, when less-restrictive measures have proven ineffective, are discontinued as soon as possible, and are limited to the following maximum time periods per episode:

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.



Behavior Support and Management

- a. 15 minutes for children aged nine and younger, for all restrictive behavior management interventions;
- b. 30 minutes for individuals aged ten and older, undergoing manual or mechanical restraint;
- c. 30 minutes for individuals aged ten to thirteen in seclusion; and
- d. one hour for individuals aged fourteen and older in seclusion.

Interpretation: *If the state law is more stringent in the maximum time periods per episode, then the organization must follow the time frames set by the state law.*

Interpretation: *Restrictive behavior management interventions are discontinued immediately if they produce adverse side effects such as illness, severe emotional or physical stress, or physical injury. Timeframes may be extended on a case-by-case basis, but qualified personnel with the authority to make such decisions must approve all extensions, as referenced in BSM 5.07.*

Interpretation: *As referenced in BSM 1.02, organizations serving youth involved with the juvenile justice system may be authorized to use restrictive interventions to prevent escapes or protect property, but should only do so when absolutely necessary, as referenced throughout these standards.*

Further, although organizations serving youth involved with the juvenile justice system may be authorized to use time limits that exceed those listed in the standard, COA expects these organizations to meet the timeframes outlined in the standard whenever possible. When it is necessary to extend timeframes in order to maintain safety, security, and order (for example, when youth must be transported in mechanical restraints in order to prevent escape, and travel time is greater than 30 minutes), qualified personnel must approve the extension, and the intervention should be discontinued as soon as possible.

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Procedures need clarifying.
- 3) Practice requires significant improvement; e.g.,
 - Procedures are inadequate; or
 - There have been instances where procedures were not followed, but corrective action has been initiated; or

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.



Behavior Support and Management

- Documentation needs significant strengthening.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
 - There are no procedures; or
 - Procedures are not routinely followed.

(FP) BSM 5.07

Reauthorization by qualified personnel is required for each instance of isolation, locked seclusion, manual restraint, or mechanical restraint that exceeds the maximum time limit.

Related: BSM 5.01

Interpretation: *Individuals are qualified to reauthorize a restrictive intervention through training and evaluation and in accordance with any applicable federal or state requirements.*

Note: *See maximum time limits outlined in BSM 5.06.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Procedures need clarifying.
- 3) Practice requires significant improvement; e.g.,
 - Procedures are inadequate; or
 - There have been instances where procedures were not followed, but corrective action has been initiated; or
 - Documentation needs significant strengthening.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
 - There are no procedures; or
 - Procedures are not routinely followed.

BSM 5.08

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.



Behavior Support and Management

The organization has procedures to address the safe removal of individuals in seclusion or mechanical restraint in the event of an emergency evacuation.

Related: ASE 7.01

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Procedures need clarifying.
- 3) Practice requires significant improvement; e.g.,
 - Procedures are inadequate; or
 - There have been instances where procedures were not followed, but corrective action has been initiated; or
 - Documentation needs significant strengthening.
- 4) Practice requires significant improvement; e.g.,
 - Procedures are inadequate; or
 - There have been instances where procedures were not followed, but corrective action has been initiated; or
 - Documentation needs significant strengthening.

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.



Behavior Support and Management

(FOC) BSM 6: Documentation and Debriefing

The organization assesses restrictive behavior management incidents and effects to reduce future preventable occurrences and untoward consequences.

NA *The organization prohibits the use of restrictive behavior management interventions.*

Rating Indicators

- 1) The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the BSM 6 Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the BSM 6 Practice standards.
- 3) Practice requires significant improvement, as noted in the ratings for the BSM 6 Practice standard; and/or
 - One of the BSM 6 Fundamental Practice Standards received a 3 or 4 rating.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the BSM 6 Practice standards; and/or
 - Two or more of the BSM 6 Fundamental Practice Standards received a 3 or 4 rating.

Table of Evidence

Self-Study Evidence

- Debriefing procedures

On-Site Evidence

- Documentation of debriefing
- Documentation of Behavior management/incident reviews
- Behavior management logs

On-Site Activities

- Interview:
 - a. Governing body
 - b. Supervisory/management personnel

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.



Behavior Support and Management

- c. Persons served
- d. Parents/legal guardians
- Case Record Review

BSM 6.01

The use of restrictive behavior management interventions is documented, including:

- a. the justification, use, circumstances, and length of application in the individual's case record;
- b. all attempts made prior to the use of a restrictive behavior management intervention in order to preempt it, including the strategies identified in the individual's behavior management plan; and
- c. names of the service recipient and personnel involved, reasons for the intervention, length of intervention, and verification of continuous visual observation in a log.

Research Note: *For organizations using Root Cause Analyses, documentation could include the "5 Whys" of the incident (asking why an incident happened and then asking why 4 more times) and can be helpful in understanding the reasons why a restrictive intervention was necessitated thus allowing for a more in-depth analysis of all contributing factors and identifying changes needed.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Procedures need clarifying; or
 - In a few instances documentation was not complete.
- 3) Practice requires significant improvement; e.g.,
 - Procedures are inadequate; or
 - Documentation problems are common but corrective action is being taken.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

(FP) BSM 6.02

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.



Behavior Support and Management

Debriefing occurs in a safe, confidential setting within 24 hours of the incident and includes the service recipient, appropriate personnel, and parents or legal guardian, when possible, to:

- a. evaluate physical and emotional well-being;
- b. identify the need for counseling, medical care, or other services related to the incident;
- c. identify antecedent behaviors and modify the service plan as appropriate; and
- d. facilitate the person's reentry into routine activities.

Interpretation: *When organizations serving youth in the juvenile justice system use mechanical restraints to prevent escape during transport, rather than in response to an incident, it may not be relevant to identify antecedent behaviors and modify the service plan, as referenced in element (c) of the standard. However, elements (a), (b), and (d) are still relevant.*

Interpretation: *The organization ensures the service recipient's participation in the debriefing process. In situations where the service recipient initially refuses to participate, the organization should make continued attempts to involve the individual.*

Interpretation: *If the parent or legal guardian is unable to be reached within the 24 hour period, all attempts to reach them should be documented and there should be continued outreach attempts past the 24 hour period to notify them of the incident.*

Interpretation: *Appropriate personnel includes frontline and clinical staff so that both perspectives are represented in any modifications made to the service plan.*

Research Note: *Structured debriefing, with a standard set of questions, can be beneficial in gathering data on restrictive behavior management incidents for future review.*

Note: *Organizations serving youth involved with the juvenile justice system should refer to the Interpretation to BSM 2.01 regarding the involvement of youths' parents or legal guardians.*

Note: *Following each incident of restrictive intervention, Medicaid requires that a physician or other qualified clinician conducts and documents an initial face-to-face assessment and summary review within one hour of the intervention to evaluate the health and safety of client, the appropriateness of the intervention, and necessary changes to the treatment plan.*

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.



Behavior Support and Management

Organizations should review state Medicaid plans for their state's definition of a qualified clinician and a list of specific elements to be included as part of the assessment.

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - One of the elements is not regularly addressed; or
 - In a few instances:
 - Debriefing occurred after 24 hours; or
 - One of the required attendees was absent.
- 3) Practice requires significant improvement; e.g.,
 - Two of the elements are not regularly addressed; or
 - In several instances:
 - Debriefing occurred after 24 hours; or
 - One or two of the required attendees was absent.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all;
 - One of the elements is not addressed at all; or
 - Timeframes are routinely exceeded; or
 - One of the required attendees is routinely excluded.

(FP) BSM 6.03

Personnel involved in the incident are debriefed to assess:

- a. their current physical and emotional status;
- b. the precipitating events; and
- c. how the incident was handled and necessary changes to procedures and/or training to avoid future incidents

Interpretation: *When organizations serving youth in the juvenile justice system routinely use mechanical restraints to prevent escape during transport, rather than in response to an incident, it may not be relevant to assess precipitating events or address how future incidents might be avoided, as referenced in elements (b) and (c) of the standard.*

Rating Indicators

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.



Behavior Support and Management

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - In a few instances one of the elements was not addressed.
- 3) Practice requires significant improvement; e.g.,
 - In several instances one of the elements was not addressed; or
 - In a few instances staff were not debriefed.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all;
 - One of the elements is not addressed at all; or
 - Staff are frequently not debriefed.

(FP) BSM 6.04

Any other person involved in or witness to the incident is debriefed to identify possible injuries and emotional reactions.

Interpretation: *Debriefing can include a discussion of factors that led up to the incident and other appropriate responses for future situations. Emphasis should be placed on returning the environment to pre-incident condition and resuming the normal program routine.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - In a few instances the debriefing did not occur.
- 3) Practice requires significant improvement; e.g.,
 - In several instances debriefing did not occur.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and staff.