COMMONWEALTH OF PENNSYLVANIA
Department of Public Welfare

SPECIAL TRANSMITTAL

SUBJECT: **Title 55 Pa. Code, Chapter 3800.201 - 3800.213**
(relating to restrictive procedures)

TO: **Child Residential and Day Treatment Facilities**
State Youth Development Centers/Youth Forestry Camps
County Chief Juvenile Probation Officers
County Children and Youth Social Service Agencies
County Mental Health/Mental Retardation Offices
Juvenile Court Judges

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PURPOSE:

The purpose of this transmittal is to provide guidance to child residential and day treatment programs that are licensed by the Department of Public Welfare (DPW) under Title 55 Pa. Code Chapter 3800 (relating to child residential and day treatment programs) to assist in the implementation of strategies and practices that lead to the reduction of restraints and that promote violence and coercion free environments through safe and best practice management of children.

The use of restraint is a high risk, problem prone intervention for both children and staff and is to be avoided whenever possible. Restraint will be used only in the face of imminent danger and when unavoidable. The content of this special transmittal seeks to underscore the DPW commitment to restraint prevention across all populations and service providers.

BACKGROUND:

The use of a restraint as an intervention continues to be a concern within Pennsylvania and nationally. This concern is based upon the risk of serious injury and/or death of the child, youth or staff; emotional harm and trauma to the child, youth, or staff; and the disruption of the

relationships between the youth, family members, peers and provider staff, as a result of restrictive procedure use. As such, DPW seeks to support child residential and day treatment providers in promoting environments that enhance a child or youth's quality of life and ensures the safety of the youth and provider staff. DPW through a cross system stakeholder workgroup is developing technical assistance and training options that can be accessed by providers. As information becomes available it will be disseminated to providers.

DISCUSSION:

DPW believes that restraints are to be utilized only as an emergency measure of last resort in order to ensure the safety of all children and provider staff. DPW is encouraging providers to use positive practices, prevention and early intervention techniques and trauma informed care to reduce the use of restraints and/or other restrictive procedures. The use of child-focused approaches and implementation of individualized plans by staff has proven to be effective in helping children and youth to develop self-monitoring and self-control skills. These positive approaches bring about more positive reactions thereby creating a culture of mutual respect between the youth and provider staff.

DPW firmly believes that restrictive procedures should only be used after appropriate, less restrictive behavioral techniques have been employed. Less restrictive interventions include the use of de-escalation techniques by trained staff, such as, reducing environmental stimuli, providing a quiet room and allowing time for the individual to verbalize concerns. In addition, at times it may be appropriate to situationally suspend certain facility rules when a child is dealing with a difficult emotional situation and behaviors may escalate to the point of use of a restrictive procedure. This is not to imply that rules should not be followed, but instead that we should strike a balance toward changing the environmental rules, if and when, certain situations may jeopardize the health and safety of other children and staff. For example, often children experience medication changes as they progress through treatment which may have different side effects. If a medication change results in a child becoming drowsy, consideration should be given to allow a child to sleep when the facility has a rule that does not permit a child to sleep during the day. This may assist the child to maintain future self-control. Observation of our youth and knowledge of their history and triggers should lead staff to engage in early intervention of escalating behaviors which remains our best tool for prevention of restraints.

Restraints or restrictive procedures should only be used by trained staff in emergency situations. Emergency situations are defined as situations which require the use of a restraint to maintain the safety of the child, staff members and other residents when there is imminent danger of bodily harm present. Restrictive procedures that respect the dignity of the child or youth should be properly applied by trained staff. Staff should be attentive to the individual's history, underlying needs and ability to regain control.

Through utilization of the strategies and best practices, outlined in this transmittal,

providers can continue to: improve their intake screening and assessment processes, case documentation and restrictive procedure planning; increase data collection to show utilization trends; increase the quality and quantity of training provided to staff; and increase the use of effective debriefing of incidents with the child, the child's family and provider staff. As these best practices are implemented the following objectives can be more strategically achieved:

- Eliminate the unnecessary use of restrictive procedures;
- Eliminate the risk of death;
- Reduce injuries and trauma to youth and staff; and
- Reduce the costs which are often incurred by the use of restrictive procedures, such as staff absence, staff turn-over, property damage and workman's compensation claims.

Severe, chronic trauma in childhood and adolescence often leads to emotional, cognitive, behavioral and a host of other problems. These problems adversely affect a child's development. Therefore, children who display inappropriate behaviors may only be displaying adaptive responses to the life-threatening experiences or trauma that they have faced. Children need to be involved in systems which can provide trauma informed care and utilize positive and proactive approaches. Providers that employ trauma informed care make it a priority to listen to children and their families more carefully, so that they can better understand their lives and the challenges they are facing. When children's lives are understood, children can be more successful in overcoming inappropriate behaviors and behavioral health issues.

To achieve trauma informed care, providers and their staff need to:

- Be inclusive of the child/survivor's perspective and not see themselves as only rule enforcers;
- Recognize that residential and substitute care environments can also be a source of trauma to children;
- Be educated and committed to providing care sensitive to the child's history of past trauma and current needs;
- Understand that trauma can be measured through the use of various assessment tools; and
- Recognize that programmatic changes within the organization may be necessary in providing successful trauma informed care.
- Understand that staff are the professionals and children who have been exposed to trauma will often provoke staff to get attention.

PRACTICE STRATEGIES AND CONSIDERATIONS:

55 Pa. Code, Chapter 3800 establishes minimum requirements necessary for residential and day treatment facilities. Facilities will still be reviewed for compliance with the regulations; however, DPW provides the following information to enhance provider efforts to reduce

restraints. DPW recognizes that many 3800 licensed program s are already using best practice tools to reduce restraints and provide trauma informed care. The following six best practice strategies will help facilities to focus on improving the provision of care for children and youth resulting in the reduction of restraints and coercive practices. At a provider's annual inspection or during other site visits, DPW program representatives will discuss with provider representatives how it is using this guidance to reduce restraints.

1. **Leadership must support organizational change, and adhere to best practice standards**.

   Management and leadership within DPW licensed facilities are responsible for the attitude and culture in their facilities and have the authority to make the changes that are necessary for achieving success in reducing the use of restraints. Consideration should be given to establishing a committee consisting of management and line staff , youth and families to review policy and restrictive procedure use within the facility. Managers must motivate and train staff to implement needed changes and must establish clear policy on the use of restrictive procedures. The policy should restrict the use of restraints to emergency situations when the safety of children or staff is jeopardized.

   Agency policy should also address the threshold that exists for behaviors that result in restraint and the duration of restraints. For example, in order to avoid the risk of serious injury and/or death of the child, youth or staff; emotional harm and trauma to the child, youth or staff; and the disruption of the relationships, best practice recommends that a restrictive procedure last no more than 3 minutes. Recognizing that restrictive procedures may last longer than 3 minutes, agency policy should include parameters for intensive monitoring of the child's vital signs. However, the Department firmly believes that in most situations a restrictive procedure should not last longer than 10 minutes. In addition, agency policy should include criteria for referral for a clinical evaluation if a child's behavior is not modified or escalates as a result of the restrictive procedure. This may include an evaluation by in-house clinical staff, an outpatient provider or at times, a crisis intervention evaluation to determine the need for inpatient hospitalization. Training on agency policy should be provided to staff outlining when to initiate a clinical evaluation.

   The agency's policies may need to be revised to reflect that the child or youth not be required to submit to unreasonable expectations in order for the restraint to end. The individual must be released immediately from the restraint when there is no longer a threat or risk to the individual or provider staff, even in the event that the individual does not immediately comply with staff instructions.

   Consideration must be given to ensuring effective communication among staff during and across shift changes. When the child's restrictive procedure plan changes, staff must be

informed of these changes in a timely manner. Child specific assessments must be conducted to determine effective alternatives to the use of restrictive procedures and the types of restrictive procedures to be used that minimize the potential for additional trauma. The outcome of these assessments must be reflected in the child's record. In addition, medications that are used as part of the child's treatment plan may change during the course of treatment. As a result of the medication change, a child's behavior may change based upon the potential side effects. Direct care staff must be aware of the medication change, in addition to, the potential side effects.

Staff must be trained on agency policy and should demonstrate the ability to effectively transfer the application of policy and procedure to their direct care work with children and youth. In addition, family members and youth should be oriented to the planning processes that are utilized within the facility to ensure that they are aware that responses to youth may vary according to their individual needs.

2. Use of Data to inform practice change.

Some 3800 facilities have begun to collect data on the use of restraints. Data collection is an essential component in developing quality improvement protocols. Thorough analysis of utilization trends including: staff training, prevention steps, the associated antecedents, type of restraint, duration, injuries to youth or staff, and debriefing practices is necessary to implement effective systemic change within the facility. DPW is currently working with providers to determine what data elements are being collected so that a common set of elements can be used to measure the reduction of restraints, statewide.

3. Workforce development and training for all staff.

Staff must first be aware of the facility's internal guidelines regarding the use of restraint and other restrictive procedures. Each staff person must be trained on the facility's interventions for specific behaviors. In addition, training must offer alternatives to the use of restrictive procedures. Staff members must be trained to recognize a child's specific triggers, warning signs, and how to identify strategies of calming the child, all of which can aid in avoiding the use of restraint. These triggers and strategies must be discussed with the child and family beginning at the assessment period and continuing thereafter recognizing that triggers may change over time as a child progresses through provider programming.

Training should focus on trauma informed care and encourage staff to reduce the use restrictive procedures wherever possible. Facility management is responsible to ensure that direct care staff are transferring the knowledge gained in training to practice at the provider. Despite thorough training of staff, DPW recognizes that restrictive procedures may still need to be used in emergency situations for safety reasons therefore, training in

the appropriate use of restrictive procedures must occur periodically. This training/certification must be reviewed annually to avoid technique erosion.

Technique erosion is when a specific technique is learned in training and over the course of time personal adaptations to the technique are applied making the technique unsafe. For example, there should be no contact with an individual that restricts their breathing during a restrictive procedure. However, over time a staff person may stray from the proper technique and use personalized maneuvers that restrict breathing. Technique erosion is very dangerous and can cause injury or even death to the child or youth as well as cause severe injury to the staff applying the technique.

Appropriate topical areas for training include:

- Child development;
- Trauma informed care;
- Prevention and de-escalation techniques;
- Neurobiological/psychological effects of trauma;
- Intake and screening processes (interviewing and observation for triggers of aggression);
- Relationship building, negotiation and problem solving skills;
- Alternatives to restraint (use of reduction tools);
- Matching behaviors with interventions;
- Psychological effects of restraint and seclusion;
- Signs of physical distress;
- Legal issues;
- Positional asphyxia;
- Addressing problematic restraints;
- Documentation;
- Debriefing and follow-up with youth and staff;
- Investigating injuries and complaints; and
- Data collection.

4. Use of restraint reduction tools.

For the purpose of best practice, it is recommended that all facilities review their admission and intake assessment tools to determine if changes are needed. A thorough assessment of each child will aid staff in: gaining valuable knowledge about the child's history; attending to the child's daily needs; avoiding future trauma or re-traumatization; and the development of a restrictive procedure or crisis management plan. Involvement of the youth and family in the early identification of child specific triggers and approaches to mitigate these triggers are essential in our restraint reduction efforts.

5. Include the child and family in organizational change.

Families and children and youth are essential members of the organization change team. By learning from their experiences we are better able to identify agency strengths and gaps. A thorough analysis of the identified gaps provides the facility with information that is critical in improving practice. Selecting evidence-based practices that match identified gaps will lead to improved provider outcomes for children, families and staff.

6. Debriefing techniques

Debriefing requires rigorous analysis of the critical event and should work to reverse or minimize the negative effects of the use of restraint and help management and staff to revise or develop additional strategies to prevent future restrictive procedure use. Generally there are two types of debriefing, post acute and formal debriefing. Post acute debriefing should occur immediately after an incident to stabilize the environment and determine why the incident happened and what could have been done differently, by both staff and the child to improve the outcome. Depending upon the situation, post acute debriefing may need to occur separately for the staff involved and the child. In this case, the staff debriefing should be led by the on-duty supervisor and should allow staff the opportunity to express their feelings regarding the incident.

Formal debriefing is the "formal" review of the incident and includes a broader scope of people. Formal debriefing should occur within 48 hours after the use of a restrictive procedure. Each agency must develop and document, in writing, an internal review process for formal debriefing. The formal debriefing process will aid staff, the child, family members and other involved partners in determining ways of preventing future episodes and decreasing the frequency of restrictive procedure use. Formal debriefing will aid facilities and programs in providing the best services possible to children and youth and may lead to identification of staff training needs and necessary revision to provider policy and procedure.

Attendance at the formal debriefing must include representation from the following individuals and/or groups: staff who implemented or witnessed the restrictive procedure, supervisory/management/executive staff (with at least on representative who has the authority to make operational and programmatic changes), clinical staff assigned to the youth (clinical lead, therapist, psychiatrist, etc.), the youth involved in the incident and family members and child advocates (if available). During the debriefing the restrictive procedure record, as defined in Title 55 Pa. Code, § 3800.213 (relating to restrictive procedure records), shall be reviewed. In addition to the restrictive procedure record, it is recommended that the following items also be addressed:

- a thorough discussion about the event which addresses the events precipitating the

restrictive procedure;
- changes to the child's plan to determine behavioral management alternatives to avoid crisis for similar situations;
- skills or methods to prevent a future crisis;
- skills to decrease the length of the restrictive procedure which was used;
- recommendations and outcomes (i.e. additional staff training, operational and programmatic changes);
- developing new methods of interacting with individuals; and
- methods to rebuild the relationship between the child and staff as a result of the restraint.

Questions regarding this protocol should be directed to the appropriate OCYF regional office or Ms. Lora Casteline at 717-787-7759.

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