



Council on Accreditation (COA)—Behavior Support and Management Standards (BSM)

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, foster parents, and service recipients safe; and
- b. minimize the use of restrictive behavior management interventions.

BSM 1.01

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

BSM 1.02

Behavior support and management policies cover:

- a. practices used to maintain a safe environment and prevent the need for restrictive behavior management interventions;
- b. whether isolation, manual or mechanical restraint, or locked seclusion are permitted as emergency safety measures;
- c. other practices that may be used and under what circumstances; and
- d. prohibited practices.

BSM 1.03

The CEO and senior management conduct regular reviews of the use of behavior support and management interventions and:

- a. review how organization practices compare with current information and research on effective practice;
- b. use findings from quarterly risk management reviews of restrictive behavior management 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 restrictive behavior management interventions.

Crisis Consultant Group, LLC Response

1: CCG, LLC’s mission is to provide the safest, most effective, least restrictive and realistic crisis intervention training in the industry. We believe the safety of staff is imperative in order to be able to keep the client safe. Our verbal de-escalation trainings offer a multitude of interventions in order to use the least restrictive intervention possible during a crisis situation.

1.01: CCG bases training programs on the practices and standards outlined by a variety of regulatory agencies and bodies. CCG recommends each organization develop policies and procedures both represent best practices within the organization and comply with all federal, state, and local regulatory requirements.

1.02: CCG teaches that the only time manual restraint is to be used is when the client is at imminent risk of harming himself or herself or someone else. CCG trains staff to use preventative measures in order to maintain safety in the work environment for both staff and clients. CCG defers to individual company/organization policies related to other types of restraints utilized during a crisis situation.

1.03: CCG instructors constantly are seeking information related to the effectiveness of all training programs and interventions in order to remain the leader in crisis intervention services. Instructors seek the most updated research and information on delivering services that are in line with best practices outlined by various regulatory entities. CCG offers many levels of crisis intervention trainings, an online newsletter, and staff is available via a toll free line for questions, concerns, and support.



<p>BSM 1.04 The program or clinical director is notified following each use of locked seclusion or manual or mechanical restraint, and each incident is administratively reviewed no later than one working day following an incident.</p>	<p>1.04: CCG provides a comprehensive guide of procedures for staff to utilize following a crisis situation where the use of restraint or seclusion was necessary. This guide addresses the key components necessary to thoroughly review the events that occurred pre-crisis, during the crisis, and post-crisis. Staff is encouraged to review the information with senior management in order to improve the organization's policies and procedures relating to all situations where restraints of some sort were utilized.</p>
<p>BSM 2: Behavior Support and Management Practices A culture and structure exists within every facility and foster home that promotes respect, healing, and positive behavior and prevents the need for restrictive behavior management interventions.</p> <p>BSM 2.01 The organization:</p> <ul style="list-style-type: none"> 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; 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. has procedures that address harassment and violence towards other service recipients, personnel, and, as applicable, foster parents; d. 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 e. when the service recipient is a minor, notifies the parents or legal guardians promptly when manual restraint, mechanical restraint, or locked seclusion were used. <p>BSM 2.02 Personnel and foster parents support positive behavior by:</p>	<p>2: CCG's philosophy promotes interventions that encourage the resolution of crisis situations using the least restrictive measures possible while maintaining professionalism, respect and dignity for the individual, and promotes recovery and resiliency practices.</p> <p>2.01: CCG provides innovative, new and effective tools to their instructors in order to allow agencies and organizations to be able to integrate these requirements into organizational policies and procedures. All of CCG's training programs focus on maintaining the safety of staff and clients, identifying precursors to crisis in order to provide a safe environment for everyone with the ultimate goal of preventing the need for restrictive behavior management. This focus allows organizational leadership to understand, support, and present the behavior management philosophy and procedures being utilized to service recipients and their parents/legal guardians as a safe and effective method of intervention and behavior management.</p> <p>2.02: CCG's philosophy endorses the belief that relationships are what help individuals to change and promote recovery and resiliency. All our training</p>

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- a. developing positive relationships with service recipients;
- b. building on strengths and reinforcing positive behavior; and
- c. responding consistently to all incidents of harassment or violence.

BSM 2.03

The organization prohibits:

- a. the use of restrictive behavior management interventions by service recipients, peers, or any person other than trained, qualified staff, or foster parents;
- b. chemical restraint;
- c. excessive or inappropriate use of behavior management interventions as, for example, a form of discipline or compliance, or for the convenience of staff or foster parents; and
- d. use of restrictive behavior management interventions in response to property damage that does not involve imminent danger to self or others.

BSM 2.04

Each service recipient participates in an assessment of the potential risk of harm to self or others to determine the need for behavior support and management interventions.

BSM 2.05

Service recipients identified as being in need of restrictive behavior management interventions are assessed for:

- a. antecedents to harassing, violent, or out-of-control

programs include strategies and techniques for building healthy, therapeutic relationships with all services recipients. CCG believes the majority of crisis situations can be resolved using verbal de-escalation skills. We only endorse the use of restrictive behavior management when the individual is at imminent risk of harming himself or herself or someone else and all other options have been exhausted. CCG's training programs train staff to consistently respond to incidents of harassment, violence, and other crisis situations by promoting teamwork development through communication, continual observation, and collaboration.

2.03: CCG only allows for those who are certified in the use of physical restraint to use the restraints. CCG discourages the use of physical restraint as a means of responding to issues of discipline, compliance, convenience, or property damage. CCG teaches staff to only use physical restraints when individuals are at imminent threat to themselves or others and all other methods of interventions has been exhausted.

2.04: CCG recommends in line with best practices, that service recipients and their parent/guardians when applicable, are included in the development of an individualized safety/crisis plan. This plan should document what factors may precipitate crisis situations and what responses are helpful in order to reduce the need for a more restrictive type of behavior management.

2.05: CCG teaches all staff to continually observe service recipients and their environment in order to plan for potential crisis building situations. CCG endorses the use of individualized assessments for service recipients in order to gain knowledge about

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- behavior;
- b. the effectiveness of previous uses of behavioral interventions;
- c. psychological and social factors that can influence use of such interventions; and
- d. medical conditions or factors that could put the person at risk.

BSM 2.06

A behavior support and management plan is based on assessment results and:

- a. identifies 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;
- c. is modified as necessary; and
- d. is developed and signed by the person, his/her parent or legal guardian, and the foster parent or personnel, as appropriate.

what prior interventions have been successful and what interventions have been unsuccessful. CCG addresses the psychological, social, and cultural factors that could impact the outcome of a crisis situation. Furthermore, given the documented risk of potential injuries during physical restraints, CCG provides suggestions for documenting service recipients who may be at greater risk for injury due to existing medical conditions. None of CCG's physical restraints ever put a service recipient in a prone position.

2.06: CCG provides a framework that teaches staff to identify and intervene at the different levels of crisis an individual may experience. The interventions are based on a strength based model which encourages the transfer of skill to the service recipient whenever possible. This model allows for service recipients and their parent/legal guardian to be actively involved and partners with the organization in promoting recovery and self-regulating behavior. CCG recommends staff partner with the service recipient and parents/guardians to review medical and psychological conditions in order to determine what levels of intervention are safe, appropriate and most effective. CCG addresses the risks of physical restraints at length and train staff members to assess which positions to utilize with individuals who have special conditions. Debriefing is another intervention following the crisis situation. CCG recommends the process include the service recipient and their parent/guardian, the staff involved, and any ancillary staff /management personnel in order to address, assess, and evaluate the incident. Debriefing presents the opportunity to acknowledge what went well, areas to improve upon, and allows for the recipient, parent/guardian, and treatment team to make changes to the safety/crisis plan in order to prevent future incidents.

BSM 3: Safety Training

Personnel and foster parents receive behavior support training that promotes a safe work and service environment, and a reduction in emergency situations.

3: The mission of CCG is to provide the safest, most effective and realistic training in the industry. Our commitment to safety reduces injuries to staff and service recipients by teaching techniques and skills for the successful resolution of crisis situations using the

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BSM 3.01

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

BSM 3.02

Personnel and foster parents receive training that includes:

- a. recognizing aggressive and out-of-control behavior, psychosocial issues, medical conditions, and other contributing factors that may lead to a crisis;
- b. understanding how staff behavior can influence the behavior of service recipients; and
- c. limitations on the use of physical techniques.

BSM 3.03

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

- a. listening and communication techniques, such as negotiation 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. time out to 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.

least restrictive intervention necessary.

3.01: CCG provides a variety of training programs to meet the needs of the organization. The Train the Trainer Course allows for staff at the organization to provide training in verbal de-escalation and physical restraint. CCG also offers 2-3 day training for all staff to be certified by CCG Instructors. CCG encourages organizations to offer booster trainings in order for staff to practice skills. CCG also requires annual re-certification for all trainings in physical restraint in order to keep organizations in compliance with regulatory mandates and best practices.

3.02: All of CCG's programs assist organization staff in being able to quickly identify and intervene in escalating circumstances. Staff is trained to understand how trauma, medical conditions and cultural factors influence crisis. CCG's programs all contain curriculum that addresses professional development and encourages staff to examine how their behavior influences crisis situations either positively or negatively. Staff is trained to recognize the limitations of physical techniques and how they are to be used as a last resort.

3.03: CCG trains staff in the art of listening; this includes active listening, empathy, and negotiation skills. CCG believes strongly in the ability of the individual to learn how to de-escalate with the support of staff. This transfer of skill is essential in supporting individuals on their recovery journey. CCG also teaches staff how to intervene when two individuals are involved in a crisis situation in order to promote safety of the service recipients, visitors, staff and others in the area. CCG's physical restraint techniques are designed to assist the individual to a safe place using the least amount of contact whenever possible. CCG works collaboratively with organizations to ensure the use of time out is productive and in compliance with other regulatory standards. CCG firmly believes in taking an active role in exhausting all types of non-restrictive interventions such as planning for crisis, constant assessment of potential crisis building situations, verbal interventions, and



	offering choices when appropriate
<p>BSM 4: Restrictive Behavior Management Intervention Training Personnel who use restrictive behavior management interventions, and foster parents who use manual restraint, are trained and evaluated on an annual basis.</p> <p>BSM 4.01 Personnel designated to use restrictive behavior management interventions, and foster parents who use manual restraint, receive ongoing training on permitted interventions, including: a. proper and safe use of interventions; b. understanding the experience of being placed in seclusion or a restraint; c. signs of distress; and d. response techniques to prevent and reduce injury.</p> <p>BSM 4.02 Training for personnel authorized to conduct assessment and evaluation of individuals undergoing a restrictive behavior management intervention covers recognizing and assessing: a. physical and mental status, including signs of physical distress; b. nutritional and hydration needs; c. readiness to discontinue use of the intervention; and d. when medical or other emergency personnel are needed.</p> <p>BSM 4.03 Personnel and foster parents who receive training on restrictive behavior management interventions receive a post-test and are observed in practice to ensure competency.</p>	<p>4: CCG requires all staff that are trained in CCG’s physical restraint interventions are recertified annually in both the verbal de-escalation techniques and the physical restraints. All staff is required to pass a written test and to demonstrate both the verbal and physical interventions to the CCG trainer in order to be recertified.</p> <p>4.01: In all of CCG’s programs every participant learns about the importance of utilizing a team approach to interventions as well as the risks of injury when implementing a physical restraint. During the training, staff participates in exercises that place them in the role of staff and service recipient. The training also includes handouts for staff to be able to refer to which addresses the signs of distress and how to prevent and reduce injury. CCG encourages organizations to adopt policies and procedures which address what protocol staff is to follow when signs of distress appear.</p> <p>4.02: CCG trains staff to recognize the physical signs of distress in individuals in crisis. This includes warning signs for positional asphyxia. CCG also assists staff in recognizing when service recipients are in significant emotional distress and how to respond using skills gathered from recovery and resiliency models, Trauma Informed Care, and strength based interventions. CCG teaches staff to only utilize the restraint while the client remains at risk of imminent harm to self or others. CCG recommends organizations follow the standards set forth by regulating agencies related to nutritional and hydration needs, and seeking medical treatment or notifying other emergency personnel.</p> <p>4.03: CCG administers post-tests that must be graded by CCG instructors before certification cards are issued. CCG instructors also complete a skill evaluation of competencies that assist them in determining staff that may require additional training. All staff trained in the physical restraint techniques</p>



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	<p>must be observed using the techniques in a real time role-play in order to receive certification.</p>
<p>BSM 5: Restrictive Behavior Management Interventions Restrictive behavior management interventions are used only when less-restrictive measures have proven ineffective and in emergency or crisis situations to keep service recipients and personnel safe and protect individuals from harming themselves or others.</p> <p>BSM 5.01 Qualified personnel authorize each restrictive behavior management intervention in accordance with federal or state requirements.</p> <p>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.</p> <p>BSM 5.03 Procedures address safe methods for escorting individuals to seclusion rooms and placing them in seclusion.</p> <p>BSM 5.04 Isolation and seclusion rooms conform to existing licensing and/or fire safety requirements and are limited to one person at a time.</p> <p>BSM 5.05 During a restrictive behavior management intervention</p>	<p>5: CCG utilizes cutting edge training in verbal de-escalation techniques with staff in order to attempt to resolve the crisis situation without having to resort to a physical restraint. CCG trains staff to use physical restraint only when a service recipient is at imminent risk of harming themselves or others. CCG's physical restraints are designed safely manage the individual while simultaneously maintaining the dignity and respect of the individual in crisis. The restraint is only to be used until the individual has demonstrated they have regained control and are no longer a risk to themselves or others.</p> <p>5.01: Since requirements on restrictive behavior management interventions differ from state to state, CCG recommends each organization develop policies and procedures related to authorization of restrictive behavior management interventions which comply with federal and state requirements, as well as with appropriate regulatory bodies such as COA.</p> <p>5.02: CCG's training program contains information about monitoring individuals being restrained and recommends individuals in restraint be assessed continuously for signs of distress or re-escalating behaviors.</p> <p>5.03: CCG teaches a supportive hold which allows for the safe transfer of individuals to a seclusion room or time out area.</p> <p>5.04: CCG recommends ensuring organization policies and procedures conform to licensing and fire safety requirement and that all staff are trained to recognize when safety issues arise and know whom to report concerns about safety so they can be addressed immediately.</p> <p>5.05: In accordance with CCG's philosophy of</p>

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staff assess the service recipient's need for food, water, and use of bathroom facilities and provide access when safe and appropriate.

BSM 5.06

Restrictive behavior management interventions are discontinued as soon as possible and are limited to the following maximum time periods per episode:

- 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 isolation or locked seclusion; and
- d. one hour for individuals aged fourteen and older in isolation or locked seclusion.

BSM 5.07

Reauthorization by a physician or another qualified clinician is required for each instance of locked seclusion or mechanical restraint that exceeds the maximum time limit.

treating every individual with dignity and respect, we recommend that team members provide ongoing support, assessment and interventions in order to address the mental and physical needs of the individual. Again, the individual should be released from a restraint as soon as he/she is no longer at imminent risk of harm to self or others.

5.06: CCG supports organization in compliance with the time limits set forth by licensing and regulatory entities related to the length of time a restraint may be utilized. CCG encourages organizations to only use restraints during emergency situations where the safety of the individual or others is at imminent risk. As soon as the individual no longer poses an imminent risk, the restraint should be released and recovery interventions should begin to be utilized. Staff should be continuously observing the individual through all phases of the intervention.

5.07: CCG does not teach seclusion or mechanical restraint procedures to mental health facilities, residential treatment facilities, foster care, and other like services. CCG does have a course for officers serving in detention centers but defers to the licensing and regulatory boards related to how reauthorization occurs in a seclusion or mechanical restraint situation. CCG firmly believes in releasing an individual from a seclusion or mechanical restraint as soon as that individual poses no risk of imminent harm to self or others.

BSM 6: Documentation and Debriefing

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

6: CCG strongly encourages all organizations to utilize a debriefing model following all crisis situations. Debriefing has shown to have many positive outcomes including reducing staff turnover, identifying preventable precursors to crisis, identifying environmental issues which promote crisis, and assisting the individual in learning self-soothing tools which decreases crisis situations.

BSM 6.01

The use of restrictive behavior management

6.01: CCG supports the requirements outlined by licensing and regulatory entities to thoroughly

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interventions is documented, including:

- the clinical justification, use, circumstances, and length of application in the individual's case record; and
- names of the service recipient and personnel involved, reasons for the intervention, length of intervention, and verification of continuous visual observation in a log.

BSM 6.02

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

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

BSM 6.03

Personnel and foster parents involved in the incident are debriefed to assess:

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

BSM 6.04

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

document every occurrence when restrictive behavior management and interventions are utilized.

Documentation should include information required by both federal and state regulations as well as regulating bodies such as COA.

6.02: CCG's debriefing process is designed to include the service recipient and all other appropriate personnel in order to assess, process, and plan for future events. The service recipient and family/guardian is invited to discuss the events leading up to the crisis situation and to identify and document alternatives in order to modify the service plan. This debriefing includes strategies for assisting the service recipient in re-entering the environment/milieu and establishing rapport and trust with staff and peers.

6.03: CCG's debriefing for personnel and parents/guardians is designed to address the reactions and emotional/physical status of all involved in order to provide support, recognition and feedback. It is viewed as a brainstorming session in order to identify what can be done differently in order to avoid future incidents.

6.04: CCG believes it is essential to also debrief other individuals who may have witnessed the situation in order to assess for emotional distress and physical injuries. This may include peers, visitors and other personnel from the organization and should be conducted by someone who did not participate directly in the intervention.

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