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CHAPTER 15: BEH	HAVIOR MANAGEMENT SYSTEM	
	STATE of MAINE	PROFESSIONAL
ARTMENT	DEPARTMENT OF CORRECTIONS	STANDARDS:
AT A A A		
CORRECTIONS	Approved by: Martin Magnusson	See Section VII
EFFECTIVE DATE:	LATEST REVISION:	CHECK ONLY IF
February 1, 2002	March 29, 2006	APA[]

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in Title 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Departmental Juvenile Facilities

III. POLICY

An appropriate and critical component of behavior control and a de-escalation technique is the temporary separation of residents from the situation or circumstances that are causing the problem. The temporary separation of a resident from any program or activity to aid the resident regaining behavioral control or composure is considered a time out. A time out shall take place in the least restrictive setting and only for the period of time necessary for the resident to regain behavioral control and return to normal programs and/or activities.

IV. CONTENTS

Procedure A: Time Out, General Procedure B: Time Out, Staff Controlled Procedure C: Time Out, Resident's Room Procedure D: Time Out, Time Out Room or Other Area

V. ATTACHMENTS

Attachment A: Time Out/Incident Report - Staff Directed Time Out

VI. PROCEDURES

Procedure A: Time Out, General

- 1. Any staff may temporarily place a resident on time out when, in the staff's opinion, it is necessary to separate the resident from any program/activity because the resident is agitated and is in danger of escalation of behavior that may cause harm to self or others or may disrupt the program or activity in which the resident is engaged. Time outs are not considered a sanction for inappropriate behavior but are only a tool to aid the resident in controlling or calming their own behavior.
- 2. When a resident is removed from a program/activity on time out, the staff making that decision shall explain the rationale to the resident and outline a plan of expected behavioral change which must occur in order for the resident to resume the program or activity.
- 3. The staff making the decision to impose a time out shall specify the degree of time out separation (as outlined below) based on the nature of the problem, the resident's acceptance of the plan, and other factors leading up to the decision to impose the time out.
- 4. The staff making the decision to impose a time out shall decide the length of time out based on the resident's ability to regain control of behavior, but time out shall not exceed one (1) hour.
- During a time out, staff shall make continual attempts to assist the resident to regain control, unless this intervention upsets the resident. When intervention upsets the resident, staff shall provide a period of time of no longer than fifteen (15) minutes for the resident to gather composure.
- 6. If the staff that placed the resident on time out is unable to resolve the problem, another staff person not associated with the incident or time out decision may be used to assist the resident in regaining control.
- 7. Any time a time out is imposed, it shall be documented on the resident's Daily Behavior Card by the staff that placed the resident on time out. Staff shall ensure the time out is also documented on the resident's Daily Progress Notes.
- 8. Staff shall not lock a resident into a room during a time out or otherwise use physical means to keep the resident in the room during a time out, unless the resident's behavior escalates to the point that there is a high likelihood of imminent

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harm to self or others, or a substantial and imminent threat of destruction of property.

9. In that case, the resident shall be considered for placement on Observation Status. While authorization for placement on Observation Status is being sought, physical means, including locking the door, may be used to keep the resident in a room.

Procedure B: Time Out, Staff Controlled

- The time out with the lowest degree of separation involves directing the resident to cease the program/activity and locating the resident in close proximity to and under observation of staff (e.g., seated in the same general area but apart from other residents). Generally, these are short periods of 5 – 10 minute duration, do not involve the removal of the resident from the program/activity area, and when behavior control is achieved the resident usually is allowed to resume the program/activity.
- 2. During a time out, staff shall make continual attempts to assist the resident to regain control, as outlined in procedure A.5 of this Policy.
- 3. Should a resident's behavior escalate while on a staff controlled time out, staff may relocate the resident to another area, which may include the resident's room or a time out room.

Procedure C: Time Out, Resident's Room

- 1. A resident's room may be used as a time out area when in the opinion of staff other less restrictive means have been or would be ineffective.
- 2. When a resident's room is used, staff may need to temporarily remove items to ensure the resident's safety or the safety of others or to prevent the destruction of property.
- 3. During a time out, staff shall make continual attempts to assist the resident to regain control, as outlined in procedure A.5 of this Policy.
- 4. When behavior control is achieved, the resident usually is allowed to leave the resident's room.

Procedure D: Time Out, Time Out Room or Other Area

- 1. A specialized time out room or other area may be used when, in the opinion of staff, other less restrictive means have been or would be ineffective.
- 2. While in a specialized time out room, the resident shall be under constant

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monitoring by staff.

- 3. Staff shall make continual attempts to assist the resident in regaining control as outlined in Procedure A. 5. of this policy.
- 4. When behavior control is achieved, the resident is allowed to leave the time out room.

VII. PROFESSIONAL STANDARDS

ACA: 3-JTS-3C-08

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