



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

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COMMISSIONER

STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH & ADDICTION SERVICES

Effective Date: Monday, May 6, 2002

**COMMISSIONER'S POLICY STATEMENT NO. 22F: PATIENT PERSONAL SAFETY
PREFERENCES FOR PREVENTING AND MANAGING BEHAVIORAL
DYSCONTROL**

It is the expectation of the Office of the Commissioner that each facility shall have a written policy and procedure for documenting each patient's personal preferences for therapeutic and emergency safety interventions to prevent and manage behavioral dyscontrol. This policy statement serves as the guideline to be used in the drafting of a policy, procedure or related forms by the individual facilities. (*See related Commissioner's Policies 22 A, B, C, D, and E*)

POLICY:

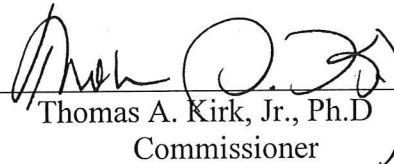
The Department of Mental Health and Addiction Services is committed to providing all patients with comprehensive, individualized psychiatric and substance abuse care that occurs within the context of therapeutic relationships and cultural environments that fosters respect, dignity, collaboration, and self-determination

To achieve this, as part of the Clinical Assessment process, each patient/client shall be assessed to determine the potential for behavioral dyscontrol. For those patients/clients with no history or potential for behavioral dyscontrol, the Assessment should identify adaptive coping skills, which are incorporated into the patient/clients Individual Treatment Plan.

For those patients/clients with a history or potential for behavioral dyscontrol, the Assessment should identify the specific factors that are known by the patient to increase the potential for behavioral dyscontrol. Specific factors identified should include, but are not limited to clinical, environmental, and social behavior factors. Following the identification of precursors to behavioral dyscontrol, the patient/client shall be assessed to determine what measures i.e., techniques, methods, or tools are known to be clinically safe and effective to prevent the occurrence of behavioral dyscontrol and should dangerous behavior occur, the preferred emergency safety measures to manage dangerous behavioral dyscontrol.

These measures represent the patient's Personal Safety Preferences, which are incorporated into the patient's Individual Treatment Plan. Personal Safety Preferences include therapeutic and emergency safety interventions identified as preferred by an individual patient for use in preventing behavioral dyscontrol and should behavioral dyscontrol occur, what emergency safety interventions are preferred. The use of Personal Safety Preferences is considered at the time of each behavioral episode in the context of the clinical, environmental, and social factors present in collaboration with the patient. In the event that the patient is unable to collaborate at the time of the behavioral event, the staff shall implement the specific preference that is known, from the past experience, to be the most clinically safe and effective in similar circumstances. In a behavioral emergency, should the Personal Safety Preferences identified fail to be effective or when safety issues require an immediate response, the final determination of what safety intervention to use shall be made by a Licensed Independent Practitioner or a Registered Nurse after obtaining a verbal order from Medical Doctor.

Personal Safety Preferences are updated at the time of the Individual Treatment Plan review or as determined by the treatment team.



Thomas A. Kirk, Jr., Ph.D
Commissioner