

Juvenile Justice Use of Force Continuum

CODE OF PRACTICE

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Office of Juvenile Justice and Delinquency Prevention (OJJDP)

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Introduction

Juvenile justice leaders, facility administrators, and staff are responsible for the proper and safe supervision of youth, establishing clear rules and expectations that are fairly and consistently enforced, offering programs and services that meet youths' needs, and creating a nurturing and supportive environment in which youth can thrive. When staff are trained to reinforce prosocial behaviors and assist youth in de-escalating potentially volatile situations, safety is enhanced.

Policies, practices, and procedures must be developmentally appropriate and consider each youth's physical, emotional, mental health, educational, social, and familial needs. They must also be applied in a manner that is culturally relevant, trauma-informed, and gender-responsive to enhance youth's engagement and skill attainment. The following guidelines are designed to assist juvenile justice administrators in establishing policies, procedures, and practices that help create a safe environment for youth and staff. The intent of these guidelines is to provide guidance and evoke discussion within jurisdictions regarding existing practices and alignment with research-supported practices. Jurisdictions should consider these guidelines in the context of their unique juvenile justice system structure, state and local mandates, risk tolerance level, and other individual needs.

This document is divided into five primary sections: (1) general policy considerations; (2) training; (3) de-escalation and nonphysical interventions; (4) physical interventions; and (5) after-action reviews. The "General Policy Considerations" section is presented first to provide guidance on how agencies should create and educate staff on their use of force continuum. Agency policies and procedures¹ establish expectations and clearly define acceptable staff behaviors when a use of force incident occurs. The subsequent sections are explained in a prescribed order, as proper staff training on de-escalation, physical interventions, and conducting after-action reviews are all essential to maintaining and restoring (post-incident) a safe environment. By displaying the sections in this sequence, the intention is to reinforce to readers that each section is dependent on the others and that each component is necessary. The document concludes with a section of definitions followed by resources.

¹ Throughout these policy considerations the acronym "PP" is used. This stands for "policy *and/or* procedure."

General Policy Considerations

It is important that staff remain engaged with youth to build positive and respectful relationships. When a youth trusts and feels respected by staff, they are more likely to respond positively to strategies aimed at de-escalating negative youth behaviors. This in turn, reduces the need and/or likelihood for physical interventions. Staff should be intentional and genuine when engaging youth and use their focused awareness and observation skills to intervene at the earliest sign of escalating behavior. Doing so, reinforces the positive staff-to-youth relationship and may prevent staff from having to resort to more aggressive intervention techniques.

The following information is recommended for inclusion in agency policy:

- Describe the importance and the intention of the policy, including how it connects with the agency's overall mission and core values.
- Clearly define all key concepts covered in the policy. This includes, but is not limited to, defining physical interventions and detailing specific physical management techniques/behaviors that are prohibited.
- Include specific information regarding how staff will be trained on relevant topic areas (e.g., new employees, refresher trainings, and ongoing training).
- Describe an effective quality assurance process such as conducting quarterly case file reviews, annual on-site audits, regular performance evaluations from supervisors, coaching from managers and supervisors, and staff skill assessments and training.
- Describe how the agency will use data to ensure it is meeting its desired targets in each of the areas outlined in the policy (e.g., indicators of success, industry benchmarks, how often these data will be reviewed, who will review the data, how the data will be used to drive improvements).
- Ensure policies are readily available to staff for review.
- Require identified policies to be reviewed by staff at least annually. The agency policy coordinator should also have a schedule for reviewing all agency policies periodically and making modifications based on new research and information obtained. Having an established process for reviewing agency policies ensures that policies are aligned with best practices.
- Review and update agency training curricula annually to ensure the most recent agency policy and practices are reflected in staff training materials (e.g., new employee and ongoing training).

Training

Providing formal quality training is an essential component to ensuring success inside juvenile justice facilities. Training should cover at a minimum, various de-escalation techniques and a trauma-informed care approach. Training should also include competency skills assessments and performance testing to identify areas in which staff need additional support to successfully meet agency expectations. For training to be effective, staff must be provided with new hire training and annual refresher sessions on the approved use of force intervention continuum techniques and related policies. In addition to regular training, staff should be provided with the opportunity to build their skills and competencies through on-the-job coaching and regular supervision.

It is recommended that agencies include the information in the following list when creating and updating training policies and procedures for new employee and annual trainings. In addition, the following information can serve as guidance for agencies when selecting trainers and identifying areas for skill development.

Onboarding/Annual Training

- New employees, including full-time, part-time, and temporary staff, who work directly with youth should be provided a general orientation to key agency policies, the organizational structure, program types and purpose, and specific state and agency regulations and expectations.
- Before working alone with youth, employees should be required to complete specific mandated trainings, including nonphysical interventions, crisis intervention, physical interventions, and behavior management techniques.
- Staff training and supervision should meet all required legal, ethical, and regulatory standards and mandates.
- A developmental and trauma-informed care approach to working with youth as well as the agency's mission and core values should be emphasized throughout the trainings.
- All full-time employees who work in direct and continuing contact with residents should receive training on the following topics (at a minimum) during their first year of employment:
 - Crisis intervention
 - Facility's philosophy for addressing negative youth behaviors (e.g., fighting, noncompliance with rules, aggression)
 - Building positive human relationships
 - Effective communication

- Physical restraint procedures
- Problem solving and conflict resolution
- Rights and responsibilities of residents
- Security procedures
- Significant legal issues
- Working with specialized youth populations (e.g., behavioral health issues, medical issues, mental health challenges, physical disabilities, sensory challenges)
- Effective supervision of youth in juvenile justice facilities (e.g., routine head counts)
- Employee training files should include documentation that the required training was completed through employee signature or electronic verification.

Selecting Trainers

Employee trainers should have formal training and experience (and applicable certifications) related to the topics on which they train other staff. All designated trainers should be required to participate in annual refresher courses related to the training topics on which they provide instruction. This ensures trainers remain up to date and aligned with the most recent best practices (e.g., curricula for de-escalation, physical interventions). Agencies should be strategic and thoughtful when selecting staff trainers. It is important that staff who are provided with an opportunity to train have completed initial workshops on adolescent brain development and adult learning theory and have consistently demonstrated the temperament and leadership to fulfill their role. In addition

- agencies must have a robust quality assurance system in place to ensure instructors are delivering training consistently and with fidelity across the agency, and
- training personnel should obtain information from training participants for the purpose of improving the quality of future trainings. Agency policies should require trainers to incorporate recommendations and address concerns gathered from training evaluations (e.g., youth, parents/guardians, employees, managers, and quality assurance personnel).

Skill Development. Staff trainings should include exercises in which employees are required to practice and demonstrate competency in using interventions along the continuum (e.g., preventing incidents, early intervention, nonphysical/de-escalation, and physical intervention techniques). It is imperative that these trainings include specific strategies for identifying potentially volatile situations early and employing nonphysical interventions immediately to help deter youth behaviors from escalating. All staff training sessions should be supported using a standardized curriculum and syllabus. Participants should be required to demonstrate proficiency in all areas. For example, a training curriculum for behavior interventions should include, but not be limited to, the following components:

- An overview of the intervention continuum
- Nonphysical interventions, including de-escalation, mediation, conflict resolution, active listening, and verbal redirection and observation
- Physical interventions (*Note: Agencies should include a multiple-person/team intervention training as a companion to individual physical intervention skills.*)
- Verbal de-escalation skills
- Behavior Motivation/Management System (BMS) matrix
- Appropriate responses to behavior
- Understanding and using the agency's BMS
- Trauma and its impact on youth behavior
- Staff signature demonstrating skills acquisition in all areas

De-Escalation and Nonphysical Interventions

De-escalation and nonphysical interventions should be a major focal point for juvenile justice systems and leaders. It is necessary to train and reinforce the de-escalation and nonphysical intervention techniques with all staff at the time of employment and throughout an employee's tenure. Staff should be driven by the guiding principle that in all cases, the least restrictive intervention/interaction should be used to garner cooperation from a youth. To reach this goal, staff must be supported in developing both observation and intervention skills to effectively de-escalate youth and ultimately, prevent more serious incidents.

It can be important and extremely effective to develop a Crisis Awareness Response Effort (CARE) Team to provide support to direct care staff and to youth by identifying alternative paths to reducing violence, the use of force techniques, or isolation/room confinement. The purpose of a CARE Team is to de-escalate the situation, attempt to resolve the youth's issue, and assist youth in regulating their emotions. CARE Team staff members should be carefully selected. Staff who have developed positive relationships with youth, possibly those staff who have rarely needed to engage in the use of force, may be potential candidates. Effective CARE Team members are often successful in their intervention approaches and can prevent the need for physical interventions.

When creating policy and procedures to address de-escalation and nonphysical intervention efforts, it is recommended that agencies include the following:

- Create a therapeutic, homelike environment (e.g., dress, furniture, murals, paint colors, motivational language displayed in signs, posters, plants, rugs). This homelike environment

must be consistent throughout the facility, from the intake to each of the housing/living units. The agency and facility should be thoughtful and aware to avoid environmental triggers for youth such as loud noises, yelling, a chaotic environment, physical touching, etc.

- Describe the characteristics of a homelike environment in the policies and explain how these environments contribute to creating a calming atmosphere.
- Create calming rooms in each living unit or area for youth to use for emotional self-regulation (when requested by youth or suggested by staff). In the absence of physical space for a calming room, a safe space should be identified to allow youth to calm down and provide time and distance away from peers.
- Describe the process for informing youth and staff about the comfort/calming room's purpose including how/when the room should be utilized, how to monitor youth while in the room, and the process for returning youth to regular programming.
- Use increased staff awareness, positive staff and youth relationships, and alternatives to physical interventions to prevent escalating events.
- Provide youth, at the time of admission or soon thereafter, a written, verbal, and/or a video orientation about the facility's BMS. Staff should check for understanding and have the youth sign a document attesting to the understanding. For youth with disabilities or suspected disabilities, staff shall work with the youth individually, ensuring youth understand the BMS. For youth who have a language barrier, facility staff should be provided access to translation services.
- Include a system of positive behavior interventions and supports, referred to as behavior management/motivation system (BMS). The policy should outline the interventions, supports, and program rewards and incentives. All youth should receive training in how the BMS works and receive a written copy. The BMS matrix should be written at a reading level consistent with the youth population. Posters of the BMS should be posted throughout the facility and made readily available through other means (i.e., youth and family handbooks). The agency should have systems in place to ensure the BMS is understood by all youth and staff (i.e., translating materials into other languages for youth for whom English is a second language learners).
- Require designated staff to develop individualized behavior plans to assist youth in identifying potential triggers and effective self-regulation tools. All direct care staff who supervise these youth should be familiar with these plans and fully aware of unique youth triggers. A policy related to individualized behavior plans should include the following components:
 - A designated multidisciplinary team that works collaboratively to develop the individualized youth behavior plans. The team should include, but not be limited to,

facility and community staff (e.g., mental health staff, credible messengers, parole/probation officers, educators, case managers, mentors), the youth, and designated members of the youth's family.

- A description of the process for documenting the reason for the plan and efforts taken to regularly address specific youth behaviors.
- Required facility administrator (or other designated supervisory staff) approval prior to implementing the plan.
- A description of the appropriate specialized programs and targeted interventions provided to address the youth's unique needs.
- Specifications for how frequently the plan will be reviewed and by whom.
- A defined target timeframe for completing the plan and a description of the extension process.
- A directive that the youth, family, and facility staff should be notified of the plan and involved, as appropriate, in its development and any modifications made.

Agencies should develop and implement a structure and process (i.e., quantitative data, youth and staff surveys) for measuring the effectiveness of de-escalation policies and practices. Reviewing these data will provide insight into current skill levels of staff and allow agencies to identify avenues to more effectively interact with youth whose behaviors are escalating. In addition, agencies should develop internal outcome measures that can provide facility leaders and supervisors with regular data, allowing them to monitor effectiveness of various approaches to working with youth.

Physical Interventions

When a staff member determines a physical intervention is necessary to protect the youth, staff, and/or others, staff should be required to only use the approved physical techniques set forth in formal policy and training. All techniques should be performed consistent with training and be responsive to the youth's medical, emotional, and developmental needs. Staff should receive regular training from an instructor certified in physical interventions to help ensure proper application of these techniques and decrease the likelihood of staff and/or youth injury. Training on these types of interventions should also address special requirements for youth with disabilities or special needs such as pregnant youth (consistent with the Americans with Disabilities Act and the federal Juvenile Justice Reform Act of 2018). Restraint tactics must be safe and effective, using body mechanics and leverage to achieve control over youth who are presenting a physical threat to themselves and others. Appropriate staff responses should be determined by the type of threat presented, meaning that techniques are adjusted based on

the dynamics of the situation being managed. In addition, physical and mechanical restraints, if determined necessary, should only be used for the least amount of time necessary to effectively stabilize a youth's behaviors. Prolonged use of restraints greatly raises the potential for serious injuries or death and can trigger past traumas for youth.

Even with all precautions taken to prevent the use of physical interventions, juvenile justice facilities will encounter situations that warrant the use of these types of interventions. During those occasions, actions should be driven by clear policies and procedures that include the following information and directives:

- Physical interventions will only be used as a last resort when the safety of youth or staff is at risk, when a youth or staff is in imminent danger, or when the security of the facility or critical facility property is compromised. These interventions may be used only when less restrictive techniques or procedures have been tried and are determined to be insufficient in restoring safety.
- Physical interventions, when employed, should be discontinued immediately once the risk of injury to self or others is diminished and safety can be restored.
- Only certified trained staff should be permitted to use approved physical interventions.
- Staff should be provided with an intervention continuum and utilize techniques appropriate to the level of threat involved. Staff should consider a youth's means and ability to carry out the threat of harm.
- The policy should require staff to be acutely aware of time limits for specific interventions. Injury and abuse are highly related to physical interventions that last longer than the prescribed time.
- The policy and training should describe specific situations in which physical restraints may be warranted (e.g., to separate youth in a physical altercation, to prevent an escape, to prevent serious bodily harm).
- Techniques such as chokeholds, strangulations, hogtie, techniques that impair breathing, strikes, torque techniques, and pain compliance should be strictly prohibited.
- The use of mechanical restraints or external controls (e.g., restraint chairs, wraps, strait jackets) should require authorization from a designated facility manager (e.g., superintendent) with the authority to approve these techniques as governed by agency policy.
- Medical and mental health professionals should be a part of the restraint authorization process to prevent exacerbating existing medical/mental health conditions (e.g., asthma, respiratory conditions, under the influence of substances, pregnancy).
- Staff who have violated agency use of force policies and procedures should be appropriately disciplined, and if still employed, re-trained and counseled accordingly.

- The policy should require the presence of a monitor for all planned physical interventions and whenever possible for spontaneous events.

Known Pregnant Youth and Restraints

The Juvenile Justice Reform Act of 2018, required that,

states must, within 1 year of enactment of the JJRA (by December 21, 2019), include in their juvenile crime analysis a plan to eliminate the use of restraints on known pregnant juveniles in secure juvenile detention and correctional facilities during labor, delivery, and post-partum recovery unless credible, reasonable grounds exist to believe the detainee presents an immediate and serious threat of hurting herself, staff, or others and eliminate the use of abdominal restraints, leg and ankle restraints, wrist restraints behind the back, and four-point restraints on known pregnant juveniles unless credible, reasonable grounds exist to believe the detainee presents an immediate and serious threat of hurting herself, staff, or others; or reasonable grounds exist to believe the detainee presents an immediate and credible risk of escape that cannot be reasonably minimized through any other method.

Therefore, all policy and procedures relating to pregnant youth should prohibit the use of restraints on known pregnant youth during labor, delivery, and post-partum recovery unless credible, reasonable grounds exist to believe the youth presents an immediate and serious threat of hurting themselves, staff, or others.

- **Antepartum**
 - Restraints should be avoided throughout pregnancy and used only when there is a compelling reason related to the youth's safety.
 - If a restraint is deemed necessary, it should be applied in the least restrictive manner possible.
 - Abdominal restraints that directly constrict the area of pregnancy should be prohibited by policy and never used.
 - Wrist restraints, if used, should be applied only in the front of the body, in such a way that the pregnant person may be able to protect herself and fetus in the event of a forward fall.
 - Pregnant individuals should not be placed in a facedown/prone position or in a four-point restraint.
 - Leg and ankle restraints should not be used as they increase the risk of a forward fall.
 - Pregnant individuals should not be chained to other incarcerated individuals.

- **Intrapartum**

- Restraints during transport should not be used, except when a serious and real threat of harm to self, unborn child, staff, or others exists.
- Restraints must not be used during labor and delivery.
- The use of mechanical restraints (e.g., abdominal chains, handcuffs) on pregnant female youth including during transports should be strictly prohibited.

- **Postpartum**

- Restraints should be avoided during this time because labor and delivery can result in exhaustion, dehydration, difficulty in urination or defecation, and complications such as hemorrhage.
- The necessary mobility should be provided to the mother to reduce the risk of postpartum blood clots and ensure a rapid response from medical professionals in the event an emergency arises.
- If restraints are required, policy should allow for the mother's safe handling of her infant and mother-infant bonding activities consistent with a community level of care.

Oleoresin Capsicum Spray

Oleoresin capsicum (OC) spray is an inflammatory agent that causes inflammation of mucous membranes and burning of the eyes, nose, throat, and lungs and typically causes temporary blindness. Many juvenile justice agencies in the United States have banned the use of OC spray, and it is no longer a universally accepted practice for responding to youth behaviors. If it is the policy of the agency that OC spray is allowed, it should only be used in extreme situations such as a response to a threat of serious bodily injury/harm or in response to a major mass disturbance or riot.

For those jurisdictions where OC spray has not been banned, it is strongly recommended that a plan is enacted to reduce and eliminate the use of OC spray. Jurisdictions who endorse the use of OC spray should ensure their policy and procedures address the following.

- The use of OC spray is used as a last resort for protection against serious threats of bodily injury/harm.
- The use of OC spray is clearly identified in the agency's approved intervention continuum (if the use of OC spray is permitted).
- Detailed information regarding specific steps for the OC decontamination process are provided to youth who are exposed to the spray (e.g., decontamination wipes, cold rinse showers, change of clothing, specific timeframes).

- Description of the process for decontaminating areas in which exposure occurred (e.g., ventilation of dayrooms).
- A requirement that all facilities have dedicated cold-water decontamination showers readily available for youth and staff who have been directly or indirectly (through cross-contamination) exposed to OC spray.
- A clear process for identifying youth and staff who are medically contraindicated from exposure to OC spray and a description of the process for how staff are made aware of these contraindications.
- Details of how administrative and medical staff are alerted, in a timely manner, to youth who have been exposed to OC spray.
- A requirement for staff to be formally trained to carry and use OC spray, with the policy specifying which staff are eligible to have this responsibility.
- A requirement that all videos of an incident involving the use of OC spray, including events leading up to the deployment of the spray, are downloaded, preserved, and reviewed during the incident review process.
- A requirement for all facilities to continuously identify strategies to reduce the use of and reliance on OC spray.
- A structured system to gather data and monitor the use of OC spray including, but not limited to, a monthly review of OC-related measures (i.e., identifying specific staff who rely most heavily on the use of OC spray and the number of youth who are exposed to OC spray).
- A requirement that all OC cannisters are strictly monitored and weighed prior to the shift, at the end of every shift, and after each use/deployment.

After-Action Reviews

The after-action review process is an important component to help ensure the use of force/restraints are applied consistently with policy and procedures. After-action reviews are formal reviews that aim to ensure that the minimal and necessary use of force was used and that the intervention was justified and appropriate as per agency policy, procedure, and training. The main goal of the review process is to determine areas for improvement and provide the additional guidance, training, and support staff need to prevent future events. During the structured after-action review process, all reports, documents, materials, and videos related to the incident are carefully reviewed by a trained, experienced team. In addition, these documents and materials are preserved in case they are needed as part of an investigatory process and/or in a litigation situation.

The following information is recommended for inclusion in agency policy:

- Define what qualifies as a “critical incident” and include a description of the formal debriefing process that is required after all use of force incidents.
- State that the debriefing process will be conducted as soon as possible after the incident occurs.
- Identify specific timeframes for debriefing (initial, informal debriefing immediately after the incident, and/or administrative formal debriefing within X number of days/hours).
- Require the use of a form to document the summary of the incident reviewed, the debriefing activities, and the findings.
- Outline the debriefing process to include, at a minimum, the following:
 - Review of staff and youth actions preceding the incident
 - Review of actions during the incident
 - Review of the incident’s impact on staff and youth
 - Review of corrective actions taken and those that are outstanding
 - Plans for improvement to avoid future incidents
- State that documents gathered regarding the incident include, but are not limited to, the following:
 - Written narrative (also referred to as incident reports)
 - Videos
 - Photos
 - Medical reports
 - Youth statements

- Staff statements
- Review of the current policy to revise or update, if applicable
- Define and identify which staff will participate in the after-action debriefing sessions (e.g., facility administrator, clinician [medical and/or mental health], staff involved in the incident, and the use of force trainer).
- Explain the debriefing process including identifying what worked and did not work regarding the use of force, factors contributing to the incident, adherence to the policy and/or training, lessons learned, and follow-up actions needed (e.g., training needs, investigation).
- Identify use of force data to be collected, including the frequency, reason for force (e.g., protecting self, youth, others, critical property), time, date, location of incidents, youth and staff involved, and demographic information.
- Detail the process for developing an individualized behavior plan that includes identifying youth triggers and common youth responses.
- Direct staff to complete and submit an after-action debrief form and supplemental documents within designated timeframes.
- Require an administrative review of use of force data.

Conclusion

While the use of physical interventions should be an absolute last resort, it is understood that at times these interventions are needed for the safety of youth and staff in juvenile justice facilities. In these instances, physical interventions should be thoughtful in their execution and should be carried out with the least amount of force required to obtain the desired result—to stabilize the situation and eliminate the immediate threat of harm.

The guidance in this document is designed to provide juvenile justice agencies and staff members a framework for creating safe and effective policies, practices, and procedures for addressing youth behavior prior to, during, and following the application of physical interventions.

Initially, all staff should be trained on the physical intervention continuum prior to directly supervising youth and should receive regular refresher training throughout their career. In addition, it is critical to the safety of youth and staff that staff be immediately aware of the contraindications and compounding factors to using physical interventions on specific youth who may have mental health issues, medical issues, disabilities, and past traumas.

Establishing rapport with youth, creating CARE Teams, and understanding the tools to deescalate a situation are key to limiting the level an intervention will reach. Facilities that can limit the number of physical interventions are safer and, consequently, create stable environments where treatment, programming, and activities are effective and plentiful. Staff should be provided with support from managers and with ample opportunities to improve their skills in the areas of de-escalation, problem solving, and crisis intervention.

When a physical intervention becomes necessary, it is critical that any intervention is conducted in the safest manner possible. Physical Interventions should be used as a last resort and only to prevent serious bodily injury to youth and staff or to prevent devastating damage to a facility. All physical interventions should be conducted for the least amount of time necessary to effectively change the youth's behavior. If mechanical or chemical restraints are used, the agency should have policies in place to clearly direct staff in using these interventions appropriately and ensure that adequate training on the technique is provided at the time of employment as well as follow-up training at regular intervals thereafter.

The best physical intervention continuums include an after-action process to review the steps that lead up to an event and determine whether the amount of force was commensurate with the youth's behavior. Having a clear and formal process for reviewing each use of force incident, including collecting data, is critical for identifying areas of concern and developing strategies for improvement in the future.

Agencies and facilities are encouraged to use these policy and practice considerations to better ensure the safety of youth and staff in juvenile facilities.

Definitions

Antepartum: Relating to the period before parturition: “before childbirth.”

Behavior Management/Motivation System (BMS): A series of steps taken to help guide individuals to become motivated to change their actions and interactions.

CARE Team: A Crisis Awareness Response Effort (CARE) Team that is made up of individuals responsible for responding to youth in crisis using a therapeutic approach. The purpose of the CARE Team is to de-escalate the situation, attempt to resolve the youth’s issue, and assist youth in regulating emotions. Ultimately, the purpose of this team is to better ensure the safety of all individuals by preventing the use of force incidents and/or the use of isolation/room confinement.

Comfort/calming room: A supportive environment that assists youth in self-regulating by employing self-calming techniques in an environment of relaxation. A calming room is a designated place designed to calm the senses and allow youth to experience calming visual, auditory, and tactile stimuli. The space is open (no door) and is continuously monitored by staff. The calming room is used as a preventative or early intervention tool prior to a youth’s behaviors escalating.

Chokehold:

- **Airway choke:** A hold that places pressure on the front of the neck/throat that decreases or stops the youth’s ability to take in oxygen.
- **Carotid restraint** (also referred to as “blood choke”): A hold that puts pressure on the carotid arteries to diminish blood flow to the brain but may not cut off oxygen. When properly deployed, this technique will render a youth unconscious within seconds.
- **Neck restraint** (nondeadly force): A hold that compresses one or both sides of a youth’s neck with an arm or a leg, without applying direct pressure to the trachea or airway.
- **Conscious neck restraint:** A neck restraint applied with the intent to control a youth, and not render them unconscious, by only applying light to moderate pressure.
- **Unconscious neck restraint:** A neck restraint applied with the intent to render a youth unconscious by applying adequate pressure.

Dangerous or prohibited methods: Methods of physical intervention that are not sanctioned by the agency/department and cause an undue risk of physical and mental harm to the youth.

Environmental triggers: Factors that contribute to juvenile crime and violence that may include being a victim of violence; living in unstable neighborhoods or living conditions; and being exposed to loud noises, physical touch, and/or delinquent peer groups.

Hogtie restraint: A physical restraint in which the youth's wrists are handcuffed behind their back with ankles strapped (hobbled). Also known as the prone maximal restraint position (PMRP).

Intervention continuum: A continuum of interventions/tools used by staff and supported through formal training that are arranged in a progression of staff responses to youth behaviors. An intervention continuum provides employees with guidelines and best practices for responding appropriately to youth behaviors. The continuum should start with employees being present and engaged and incorporate all nonphysical/de-escalation techniques up to approved physical interventions.

Intrapartum: Occurring or provided during the act of birth.

Mechanical restraint: Restraint of a youth by the application of a device to the youth's body, or a limb of the youth, to restrict the youth's movement. Types of mechanical restraints include, but are not limited to, handcuffs, zip ties, helmets, spit hoods, leg restraints, and wrap devices.

Nonphysical intervention: The use of a process or techniques designed to intervene and prevent potentially volatile crisis situations and physical restraints. These techniques/skills are tailored to the youth's individual needs and treatment plans. These techniques include verbal de-escalation, calming skills, mediation, conflict resolution, active listening, and observational methods.

Physical intervention: Making physical contact (e.g., hands, arms, body) with a youth for the purpose of influencing, modifying, or preventing the actions of a youth; *physical intervention* means the use of any physical action to physically redirect or control an individual or others to maintain their health and safety during a potentially dangerous situation.

Postpartum: Occurring in or being the period following childbirth.

Prone restraint: A method of intervention where a youth's face and frontal part of their body is placed in a downward position. The restraint process may involve one or more staff and include the practice of knee placement on the youth's shoulder, neck, or upper torso to control the subject's movements, hands, and arms to facilitate handcuffing. The use of prone techniques should be strictly prohibited as a long-term intervention and should only be used briefly when applying cuffs or other restraints.

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