

## **10A NCAC 28D .0302 INTRUSIVE INTERVENTIONS**

When a client or his legally responsible person refuses treatment or habilitation utilizing interventions specified in Section .0200 of this Subchapter in a non-emergency situation, the following process shall be followed for both voluntary and involuntary clients:

- (1) The responsible professional shall speak to the client or legally responsible person, if applicable, and attempt to explain his assessment of the client's condition, the reasons for recommending the intervention, the benefits and risks, and the advantages and disadvantages of alternative courses of action. If the client or his legally responsible person still refuses to participate and the responsible professional still believes that these interventions are a necessary part of the client's treatment or habilitation plan:
  - (a) The responsible professional shall tell the client and the legally responsible person, if applicable, that the matter will be discussed at a meeting of the client's treatment/habilitation team;
  - (b) If the client's condition permits, the responsible professional shall invite the client and the legally responsible person, if applicable, to attend the meeting of the treatment/habilitation team; and
  - (c) The responsible professional shall suggest that the client and the legally responsible person, if applicable, discuss the matter with a person of his own choosing such as a relative, friend, or internal client advocate.
- (2) If a voluntary client or his legally responsible person still refuses the intervention after the process in Paragraph (1) of this Rule has been followed and if the use of the intervention is still determined to be essential to the treatment or habilitation of the voluntary client by the treatment/habilitation team and no alternative procedures are appropriate, the treatment/habilitation team shall make a determination as to whether the client meets the requirements for involuntary commitment.
  - (a) If the client meets the requirements for involuntary commitment, as specified in G.S. Chapter 122C, Article 5, the treatment/habilitation team may make a written recommendation to the State Facility Director requesting the initiation of commitment proceedings.
  - (b) If the client does not meet the requirements for involuntary commitment, as specified in G.S. Chapter 122C, Article 5, the treatment/habilitation team may make a written recommendation to the State Facility Director requesting the discharge of the client.
  - (c) The State Facility Director may designate a group to investigate the circumstances and to recommend appropriate action. Such a group shall include, but not be limited to, representatives from the Human Rights Committee, client advocates, and qualified professionals in supervisory positions.
- (3) Interventions as specified in Rules .0203 through .0206 of this Subchapter shall not be administered to a voluntary client in a non-emergency situation if the client or his legally responsible person refuses the intervention.
- (4) If an involuntary client or his legally responsible person, if applicable, refuses treatment or habilitation utilizing interventions specified in Rules .0203 through .0206 of this Subchapter in a non-emergency situation, after the process in Paragraph (1) of this Rule has been followed and if the use of the intervention is still determined to be essential to the treatment or habilitation of the involuntary client by the treatment/habilitation team and no alternative approaches are appropriate, the treatment/habilitation team shall meet to review the involuntary client's or his legally responsible person's response and assess the need for the intervention as follows:
  - (a) If the client or legally responsible person is present, the treatment/habilitation team shall attempt to formulate a treatment or habilitation plan that is acceptable to both the client or legally responsible person and the treatment/habilitation team. The client or legally responsible person may agree to participate in the treatment or habilitation program unconditionally or under certain conditions that are acceptable to the treatment/habilitation team.
  - (b) If the client or legally responsible person is not present, the treatment/habilitation team shall review its previous recommendations and the client's response and shall document their decision in the client record.

- (5) If, after reassessing the need for the interventions, the treatment/habilitation team still believes that the interventions are a necessary part of the involuntary client's treatment or habilitation plan and the client or his legally responsible person, if applicable, still refuses, the client's treating physician and another physician, who may be the Clinical Director or his designee, shall interview the client and review the record. If both physicians determine that the intervention is essential, in accordance with G.S. 122C-57(e), the intervention may be administered as part of the client's documented individualized treatment or habilitation plan.
- (6) The treating physician shall document the decision relative to the utilization of the intervention in the client record. Such documentation shall also include consideration of negative effects related to the specific treatment/habilitation measure.

*History Note: Authority G.S. 122C-51; 122C-57; 131E-67; 143B-147;  
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