

Crisis Intervention

Crisis intervention procedures may be used only when an individual has not shown this behavior in the past which is now creating the crisis situation or there has not been enough time to develop a specialized intervention plan to reduce the behavior causing the crisis. This would be considered an “emergency” situation.

The previous unit: Positive Approaches to Challenging Behaviors – Non Aversive Techniques should always be reinforced and be considered the primary focus on learning to work with individuals who display challenging behaviors. The more the Direct Support Professional understands the concepts taught in Unit 10 the less chance that “Crisis Intervention” will happen at all.

If the individual requires repeated or prolonged use of crisis intervention procedures the licensee needs to contact the individuals designated representative as stated in their person centered plan along with the responsible agency. If there is not a responsible agency in place such as a Community Mental Health Board, a “licensed professional” who is certified and knowledgeable should assist the licensee with making appropriate recommendations which would involve a review process to evaluate positive alternatives or the need for a specialized intervention plan.

Crisis Intervention may be used for the following reasons:

- To provide for self-defense or the defense of others
- To prevent an individual from causing self harm
- To stop a disturbance that threatens physical injury to any person
- To obtain possession of a weapon or any dangerous object that is in possession of the individual causing the crisis
- To prevent “serious” property destruction

Crisis Intervention will only be used with as little control as necessary and only for as little amount of time needed to help the person regain their self-control. The crisis intervention should only be used after other less restrictive methods have been tried and failed.

Crisis Intervention techniques should be used with minimum discomfort to the person both physically and mentally. This should allow for the greatest possible comfort and avoid physical injury and mental distress.

Crisis Intervention should never be used as a regular routine!

Any time a crisis intervention method/technique is used it must be documented in the individual’s record and on an incident report. The documentation should include the following:

- The type of crisis intervention that was used (with as many details on the actual incident as possible...be descriptive!)
- How long (amount of time) the intervention took to implement from beginning to end

- The “reasons” why the intervention was used. Have good justification for your decision to use the crisis intervention.
- Be specific and list all the less restrictive alternatives that were tried, how long they were tried, how many times, and what kind of results were received by trying to use them.
- Always include all names of the direct support professionals who were involved in the crisis incident and the actions they took. Include the name of the person who authorized the use of the crisis intervention.
- Be sure to include the times and date that the crisis intervention was used and the name of the DSP who implemented the crisis intervention.

A licensee shall make available reports of all uses of crisis intervention when requested by the individual or their designated representative, the responsible agency or the Department of Community Health. There should be reporting guidelines in place from your designated agency (Community Mental Health for Central Michigan) that you are required to follow when these types of incidents occur.

A licensee or Direct Support Professional are not allowed to use the specific crisis intervention techniques described in this unit without proper training. Training must be approved by the responsible agency which will receive approval from the Department of Community Health.

The Crisis Intervention techniques described in this unit are the techniques approved and trained by Community Mental Health for Central Michigan. The Techniques to Protect Yourself and Others and Techniques Used to Assist With Regaining Self Control are only to be taught by “certified trainers” who have approval to teach these techniques from Community Mental Health for Central Michigan. There should be documentation in place to verify the Trainer is certified by Community Mental Health for Central Michigan.

Things to know about crisis intervention & emergency physical intervention techniques

The Four A’s: Decision Steps for Intervening are outlined below if an individual is becoming agitated the DSP should think and plan for the intervention using these steps.

Awareness

- Physical environment
- Your emotional state
- Other people and staff present
- Outside resources available

Assess/Analyze

- What does the situation mean?
- Does the person need something?

- What should happen?
- Do I need to do anything?

Anticipate

- What is the person likely to do next?
- What is likely to happen if I do something?
- What is likely to happen if I do nothing?

Act

- Make a conscious choice to intervene
- OR, make a conscious choice NOT to intervene

Cautions To Be Observed During Physical Intervention used in a crisis situation

WHEN TO STOP PHYSICAL INTERVENTION:

DSP staff performing physical intervention during a crisis situation should be alert for signs and symptoms of a problematic physical condition, especially in the presence of unusual behavior changes. These signs or symptoms may be, but are not limited to:

- Breathlessness, difficulty or cessation in breathing
- Severe coughing
- Significant change in skin color
- Vomiting
- Complaints of chest pain or pressure
- Bleeding from body orifice (other than a minor lip injury)
- Seizure activity
- Incontinence of bowel or bladder

DSP staff who know the individuals they work with should be aware of any unusual signs and symptoms exhibited during physical intervention.

IF PHYSICAL INTERVENTION HAS BEEN STOPPED DUE TO PHYSICAL DISTRESS:

- Immediately implement First Aid or CPR as indicated by the observed symptoms
- Contact 911/Emergency Medical System as necessary
- Notify on-call personnel

Points to Remember when using Physical Intervention:

- Remain Calm. Time is on your side
- Whenever possible, get other people out of the way. If this is not possible try to direct the action away from their view
- Don't use physical intervention alone, unless you have no alternative. Even having another DSP observing will provide support.

- Communicate! Keep people informed. Give directions to others if needed.
- Know individuals well “before” you get in a crisis situation with them
- After any crisis intervention, debrief with the person (if they are able) and others that were present about what happened.
- Defuse yourself...take time to unwind and get the right “mind set” before you document
- Always report and document the incident in as much detail as possible so everyone has a clear picture of what happened.

Inappropriate Uses of Physical Intervention:

- Using a physical intervention when other less restrictive techniques have not been tried first.
- To make individuals follow the rules, as a form of discipline, to threaten, to show who’s boss, and to vent feelings of anger.
- Using physical intervention when you don’t know the individual
- Using physical intervention when there is a great size and/or strength difference between you and the individual.
- Using physical intervention because you are embarrassed by the individual’s behavior.
- When you know using physical intervention will only make the situation worse.
- Using Direct Support Professionals who have not been “trained” to assist! Everyone must be trained to work with crisis situations.
- When the individual has a weapon with the intent to cause harm.

Physical Intervention should ALWAYS be used as a last resort!!!

There are two categories of techniques which have been approved for use in an emergency: “Techniques to protect yourself and others” and “Techniques to transport and assist in regaining self control”.

“Techniques to protect yourself and others” are defensive physical maneuvers to keep staff and others from being injured when someone becomes aggressive. They allow the person time to regain self-control. These interventions are always used in conjunction with other strategies, such as, Confrontation Avoidance Techniques (CAT) and proactive options. All of the techniques are based on the principles of body mechanics; balance, quickness, and protection of vulnerable body parts.

Blocks are defensive techniques that protect you from injury when people hit or throw things.

Blocks, the least restrictive techniques, must be used in conjunction with CAT and proactive option intervention strategies learned earlier to assist the individual in regaining self-control.

Keep the following principles in mind to effectively use blocks when interacting with an aggressive person:

- Stay one step ahead of the person.

- Remain alert and observant, so that aggressive moves can be anticipated.
- Do not corner the person or allow yourself to be cornered.
- Maintain your balance and protect vulnerable body parts. Body position and stance are critical. Maintain balance by keeping your feet slightly apart and your body and hands relaxed. Turn your body slightly to one side to protect your midsection.
- Your physical and emotional posture should convey a message of willingness to help the person regain self-control.
- Stay sensitive to the message conveyed by your stance and position.
- Open palms and relaxed hands and arms express openness and a willingness to listen and be helpful.

Techniques to transport and assist in regaining self control are an intrusion into the other person's "space." As a result, there are more cautions associated with their use:

- Intrusions into anyone's space limits their rights to free movement and choice.
- Techniques that physically control increase the risk of injury to staff and the person.
- The use of physical control as a response to behavior often has negative, unpredictable side-effects. It may take a way from a good relationship, or make worse an already poor relationship. It may force anger to be held in until a person explodes. It may decrease self-esteem. It may be humiliating, insulting, and dehumanizing.

Transport techniques **MUST** always be used as a last resort. They may only be used when all other intervention strategies have been tried and have failed. Techniques must:

- Maintain the safety and dignity of staff and the person they are working with.
- Help the person regain and learn self-control.
- Minimize the potential for misuse, abuse, and injury.

What are "Transport Techniques?"

Transport techniques are physical maneuvers that allow the DSP to physically control the actions and movements of an individual who threatens to harm them self, others, or severe property destruction. They are used to keep a person in one spot, to move a person to a safer area, or control a person's actions by controlling body position and movement. They enable the DSP to protect themselves and others from the aggressive actions of an individual and allow the person to regain self-control.

These are the most restrictive of all interventions and may be used only as a last resort in an emergency situation.

AFTER PHYSICAL INTERVENTION

1. DECOMPRESS

2. DEBRIEF

3. DOCUMENT

DECOMPRESS:

Take time as soon as possible after the use of physical intervention to "unwind" or decompress. When you have been in an intense situation, adrenaline flows.

Decompression means relieving pressure or to get things back to normal. You need to take some time to relieve the pressures created by the confrontation. If this is not done, the pressures or negative feelings may get worse until they interfere with your ability to

work effectively with that person and / or others who live and work in the licensed residential setting.

Before taking time to decompress make sure the confrontation is over. Has the person regained self-control? Has the environment returned to normal? The safety and well-being of the people living in the home is your first priority.

There are many ways to decompress. Learn what will work best for you. When choosing a decompressing activity, one that uses up physical energy works best. Some people decompress with a brisk, short walk. Others may sit and get some fresh air, do stretching or relaxation exercises, do some deep breathing, meditate, drink a glass of water, etc.

DEBRIEF:

Debriefing occurs when the DSP staff discuss and analyze information gathered during an incident. Because everyone sees things from a different angle and we want to avoid another incident, this is an important follow-up after using any physical intervention technique. Debriefing can also help staff decompress by sorting out thoughts and feelings about the incident. Other DSP staff can help you get a more complete and clear picture of what really happened. Discuss what happened before, during, and after the confrontation occurred. Plan for future interventions. If physical confrontations occur often, the individual's person centered planning team should meet to review the plan and possibly revise it to reflect what is happening with the individual.

Answer these questions during the debriefing:

- How did I feel before, during, and after the physical confrontation?
- What was the person doing before, during, and after the confrontation?
- What signs of agitation did I or others observe before the confrontation?
- What non-physical intervention techniques were used?
- What happened as a result?
- Was the physical intervention technique effective?
- Was the technique used the least restrictive one possible in the situation?
- Was the technique done correctly?
- Did other staff assist? If "no" why?
- If "yes" was communication clear between staff? Were actions coordinated?
- Were other people present? Were they removed from the area/made safe?
- If the incident happened again, what would I do?
- How will this affect interactions with this individual in the future?

Debrief with the person involved in the confrontation, if appropriate, after he or she has calmed down and re-established self-control.

DOCUMENT:

All physical injuries, unusual behavior, and physical intervention techniques must be documented on an Incident Report.

Documentation of agitated and aggressive behavior, as well as physical intervention techniques used provides important information. Documentation will tell if the individual is making progress. Remember the DSP must be descriptive not evaluative when documenting. Write down what you see, not what you think those actions mean.

The following should be documented after the use of physical intervention:

- The date, time, and length of the incident.
- The specific location and the DSP staff and other people involved and/or present.
- What happened before, during, and after the intervention? Note the specific behaviors that occurred by everyone involved in the incident including other staff.
- The non-physical interventions used. Physical interventions are justified only when other interventions have failed, or in an emergency. If no other techniques were used state why this was an emergency.
- What physical intervention techniques were used? Name the specific techniques used.
- What was done following the physical intervention? If there were injuries, who, was the incident reported to? What was done to help the person calm down?
- If you debriefed with the person, what were his or her thoughts and feelings about what happened?

This information documented in the individual's record and be communicated to other DSP staff and the case manager.

The emergency physical intervention "Protective" techniques which have been approved for use

are: Blocks

Hands Down

One Person Come-A-Long (used to protect someone from falling during ambulation)

The emergency physical intervention "Transporting & Assisting in Regaining Self Control" techniques which have been approved for use are:

Come-A-Longs- One person and Two person

Wrap Arouds- Front wrap around and wrap around from behind

You will receive training in the emergency physical intervention techniques from a "Qualified" trainer. Frequent practice of the techniques, effective communication and coordination with other DSP staff will help you to implement these techniques safely in an emergency situation.

Remember, the goal is to diffuse the situation and not have to implement emergency physical intervention. If you develop good relationships with the individuals you support you may never need to use emergency physical intervention.