



**Community
Mental Health**
FOR CENTRAL MICHIGAN

Emergency Interventions

Presented By:

Jane Gilmore-ORR

Karen Bressette-Provider Network

Intervention Trainings Available

Supportive Approaches to Intervention

Effective Communication

ABC's of Behavior & Positive Behavior Supports

BTC Requirements + Provider Support

Collecting Behavioral Data

All trainings on the cmhcm website @

www.cmhcm.org > provider tab > Training



Communication, Prevention, Early Intervention

Brief Do's



Rewards, "good behaviors, Positive Attitude, Be Proactive!

Confrontation Avoidance



Prevention & Early Intervention = De-escalation

Define Intervention



Decision to act to help people maintain/modify behavior

The Four A's



Decision Steps for intervening: Awareness, Assess, Anticipate, Act

Non-Physical Interventions



Strategies to Help a person calm before a situation escalates



Intervention: Emergency Physical Intervention

Purpose:

To prevent or stop injury to self, others, or serious property damage.

When to Use:

When **ALL** other non-physical interventions have been tried and failed to work.

1. Emergency = injury to self, others, or serious property damage has or will occur
- OR**
2. An approved Behavior Treatment Plan includes the use of physical intervention for specific target behaviors.



Safety

What Can Hurt You?

Stabbing?

Slashing?

Thrown Objects?

Others?

What Can Help You?

1.

2.

3.

4.



Cautions Emergency Physical Intervention

Physical Intervention is Not a magic bag of tricks

Should Not be used to make people follow the rules

Size and strength differences matter

Should Not be used as a consequence or as discipline

Should Not be used if you don't know how the person will respond or

You Don't know the person

Staff must be trained to implement emergency physical intervention

The Best Physical Intervention is.... Not ever having to use it!



Approved Emergency Physical Interventions

Two Categories of Techniques

1. Technics to protect yourself and others

- Defensive physical maneuvers to keep yourself & others from being injured
- Always used with Confrontation Avoidance, Proactive Options, & Non-Physical Interventions
- Based on principles of body mechanics, balance, quickness, & protection of vulnerable body parts

Approved Emergency Physical Interventions

2. Techniques to transport and assist in regaining self control

- Intrusive technics-Intrusions into anyone's space limits their rights to free movement and choice
- Technics that physically control increase the risk of injury to staff & person
- The use of physical control as a response to behavior has negative & unpredictable side effects

What are potential negative side effects?



Approved Emergency Physical Interventions

- Emergency Physical Interventions are the most restrictive of all interventions.
- Used as a last resort after all other less restrictive techniques have been tried and failed.
- Only used in an emergency.

Technics must:

1. Maintain the safety and dignity of the person and staff
2. Help the person regain and learn self control
3. Minimize the potential for misuse, abuse, and injury.



After Emergency Physical Intervention

Three D's

1. Decompress- Take time as soon as possible after the use of emergency physical intervention to unwind/decompress.
2. Debrief- staff discuss and analyze the incident.
3. Document-what happened before & after, techniques used, injuries. An incident report is required.



Approved Emergency Physical Interventions

Protective Techniques:

Blocks

Hands Prompt

One Person Come A Long- used to protect someone from falling when ambulating

Transporting and Assisting in Regaining Self Control:

Come A Longs- one person and Two person

Wrap Arouns- Front Wrap Around and Back Wrap Around



Process for Training

1. Contact Case Manager- Begin completing ABC Data
2. CM refers to BTC Team for consultation and feedback
3. If emergency intervention training and/or specific techniques are recommended. BTC/Madison/Deb will refer to me.
4. I will work with the provider to train/certify the home manager/lead staff.
5. I will continue to provide consultation & observation (in conjunction with the clinical team) of the training to assure the techniques are performed accurately.



Policies & Resources

MDHHS Behavior Treatment Plan Review Committee (BTPRC)

Frequently Asked Questions (FAQ) &

Behavior Treatment Plans Technical Requirement (Updated 6/28/23) available on the MDHHS website

CMHCM Provider Policies

www.cmhcm.org > Provider Tab > Policies > Chapter 2, Section 200, 001
Behavior Treatment

Each Provider Agency should have policies and procedures on the use of physical intervention.



Questions?

