




Safe Crisis Management Training

Commitment ☆ Caring ☆ Consistency ☆ Competency ☆ Courage

Provided by: Division of Special Education, GDOE

INTRODUCING SAFE CRISIS MANAGEMENT

Objective: ***Understand the JKM Training philosophy. Identify training requirements & objectives.***

SCM Training Program

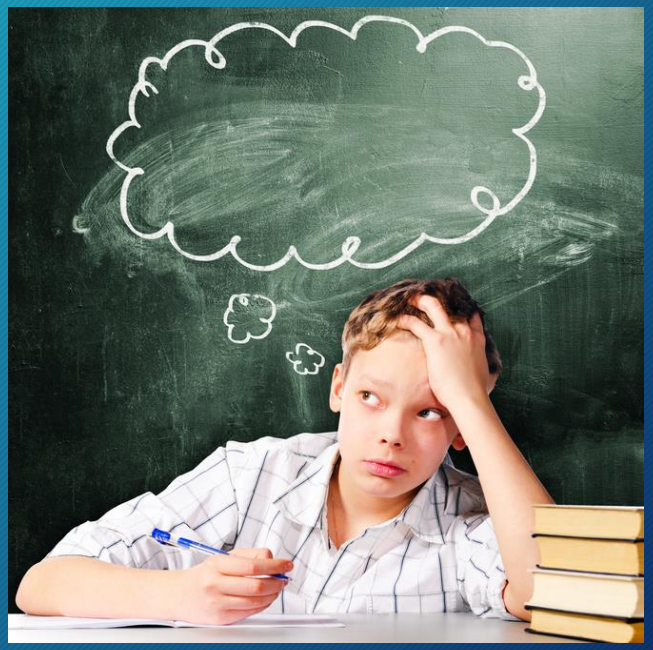
I. Introducing SCM
II. Rationale for Training
III. Understanding Individuals
IV. Identifying & Understanding Behaviors of Concern
V. Universal Principles & Practices
VI. Prevention Strategies
VII. De-escalation Strategies
VIII. Emergency Safety Interventions
IX. After Incident Procedures

Introducing SCM

I. Class Requirements

II. Training Objectives

III. JKM Philosophy



Class Requirements

- **Attendance**
- **Professional Behavior**
  - Attitude
    - Open-minded & Willing to learn
  - Respect of others
    - Mute Microphone While Presenters Speak/Video Remains On During Training
- **Competency in the SCM Curriculum**
  - Written test – 80%
  - ESPI skill out- 80%

Class Requirements

- **Guidelines for physical skills practice**
  - Follow the instructor's directions
  - Be responsible for safety (including environment)
  - Use only SCM techniques
  - Use only 5% resistance
  - Do not engage in horseplay
  - Do not engage in physical competiti
  - Report any past or current injuries
  - Dress comfortably/appropriately

Training Objectives

- Identify & understand the Rationale for SCM Training.
- Better Understand the Individuals in your care by being able to identify & understand the factors which influence an individual's growth capacity & behavior.
- Identify & Understand the common sources, characteristics & types of Behaviors of Concern.

Training Objectives

- Identify, understand & utilize:
  - Universal Principles & Practices which should be consistently implemented.
  - Prevention Strategies designed to avoid escalating behaviors while creating a culture of positive growth & support.
  - De-escalation Strategies when a behavior of concern occurs.

Training Objectives

- Identify, understand & utilize:
  - Emergency Safety Interventions based on the “least restrictive alternative”.
  - After Incident Procedures when an incident has been de-escalated & returned to normal.

JKM Philosophy

- We are COMMITTED to the welfare & the positive growth & development of individuals.
- We CARE about individuals.
- We know organizations which provide CONSISTENCY achieve better outcomes regarding staff retention, staff performance & growth of individuals.
- We believe staff must be COMPETENT when working with individuals.
- We believe in professional COURAGE:
  "Doing what's right, even when it's difficult".

Rationale for Training

Objective:
To identify the reasons why you should be trained in Safe Crisis Management.

"I have come to a frightening conclusion. I am the decisive element in the classroom. It is my personal approach that created the climate. It is my daily mood that makes the weather.

As a teacher, I possess tremendous power to make a child's life miserable or joyous. I can be a tool of torture or an instrument of inspiration. I can humiliate or humor, hurt or heal.

In all situations it is my response that decides whether a crisis will be escalated or de-escalated and a child humanized or dehumanized."

~ Dr. Haim Ginott

“Never believe you are ‘just a teacher.’ You are a Life-Changer and very well might be the reason a child wants to succeed.”

-Unknown

Surveillance camera shows teacher, nurse dragging boy with autism in Kentucky school - YouTube

Rationale for Training

I. Safety

II. Reality of Individuals

III. Liability

IV. Professional Performance

V. Creating & Maintaining a Culture of Care

Safety

1. Organization/school's mission statement
2. Professional responsibility for the individual's emotional/psychological & physical safety
   – the first priority
3. Professional responsibility for the safety of colleagues, yourself & the environment
4. Least restrictive alternative (LRA) supports emotional & psychological safety; using the least amount of restriction necessary to manage the individual's behavior

Reality of the Individuals

Behavior can be examined as

1. Coping Mechanisms or Techniques
2. Spontaneous
3. Manipulative
4. Learned
5. Potentially Dangerous

Liability

Legal Issues

- Laws / Acts
- Simple or gross negligence
- Informed consent
- Rights & due process
- Types of Abuse
- Mandatory reporting of abuse
- Assault

Professional Performance

1. Adhere to “Best Practice Guidelines”
2. Create & Maintain a Positive Normative Culture
3. Provide On-going Training & Supervision
4. Perform as Trained

Creating & Maintaining a Culture of Care

1. Positive Beliefs
   - All individuals have strengths & can be motivated
   - Failure to demonstrate strengths does not mean they do not exist or cannot be developed
   - A strength-based approach to treatment, education & behavior support planning leads to better outcomes
   - All types of interventions need to be positive
   - Positive beliefs promote feelings of safety & trust
   - Peer support

Creating & Maintaining a Culture of Care

2. Trauma Informed Care – Delivery of services in a manner that seeks to…
   - Identify & consider each individual's trauma history
   - Is appropriate to the special needs of trauma survivors
   - Understands & accommodates the vulnerabilities of trauma survivors
   - Avoids re-traumatization

Creating & Maintaining a Culture of Care

3. Culturally Sensitive/Awareness
   - Includes interpersonal skills, knowledge, openness & flexibility which enables you to understand, appreciate & work with individuals from different cultures.
   - Acknowledge biases, prejudices & become aware of cultural norms, attitudes & beliefs.
   - Culturally sensitive staff demonstrate respect for an individual's experiences, beliefs & values.

Quiz – Rationale for Training

1. The five rationales for training are: safety, reality, liability, professional performance & creating & maintaining a culture of care.
2. Strength-based strategies & interventions focus on the strengths of the individual instead of his/her deficits.
3. I can refuse to provide an individual with a grievance at my discretion.
4. I can be charged with negligence for failing to supervise and/or meet the needs of individuals.
5. The SCM curriculum focuses primarily on the safety of the staff.

Understanding Individuals

Objective:
To identify & understand the factors which influence an individual's developmental growth capacity & behavior.

Tasks

Feel a need, Displeasure

Express Need

Need Not Satisfied

Feel Anxious, Restless, Fearful

Tasks

Feel a need, Displeasure

Express Need

Need Satisfied

Feel Relaxed

- Trust
- Security
- Attachment

Dysfunctional Pathway

Dysfunction in the Home Environment

Poor Social Skills

Behaviors of Concern

Peer & Adult Rejection & Failure

Affiliation with similar situation peers

Corrupt Subculture

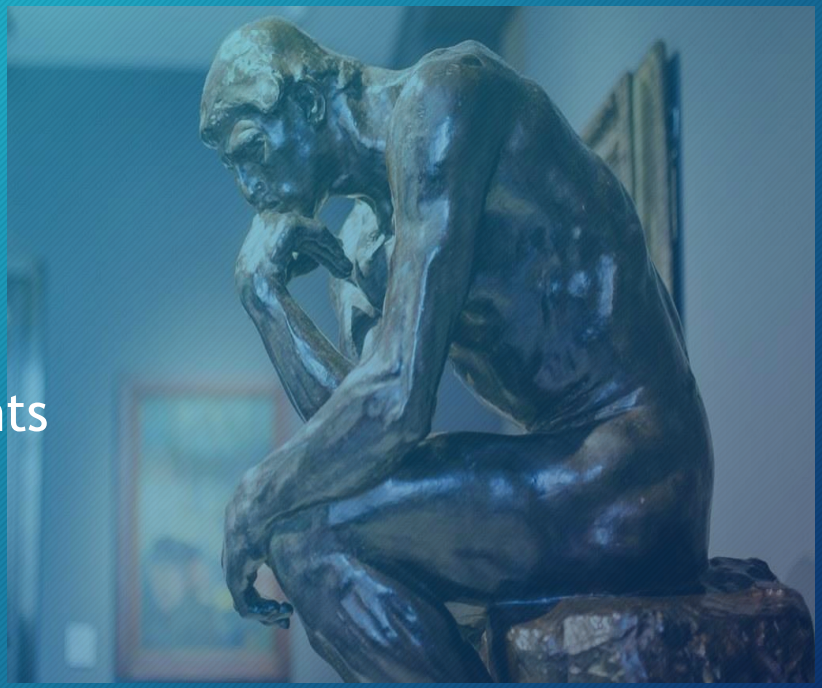
Variables Influencing Development & Behavior

1. Diagnosed Mental Health Condition or Disability
   - Symptoms
   - Awareness of predictable behavior
   - Behavioral / academic effects
   - Intervention guidance

2. Psychotropic Medications & Side Effects
   - Purpose
   - Effectiveness
   - Risks

Variables Influencing Development & Behavior

3. Cognitive Ability
   - Sensory processing
   - I.Q.
   - Traumatic Brain Injury (TBI)
   - Confused/disorganized thoughts
   - Attention/concentration
   - Developmental disorders



Variables Influencing Development & Behavior

4. Emotional Capacity
   - Trauma history
   - Grief & loss
   - Attachment issues
   - Self-esteem
   - Cultural variables
   - Melodramatic

Variables Influencing Development & Behavior

5. Physical Factors
   - Chronic illness
   - Fine & gross motor skills
   - Size
   - Hygiene
   - Physical disabilities
   - Nutrition

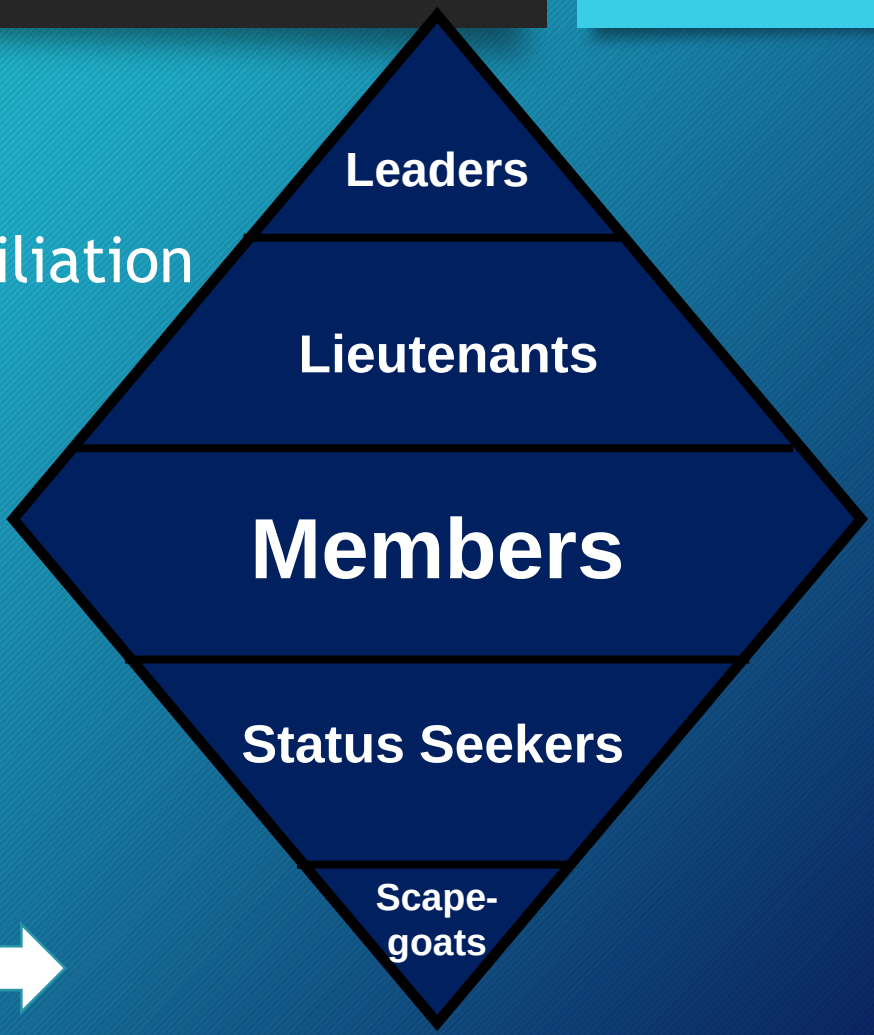
Variables Influencing Development & Behavior

6. Social Experiences
   - Home environment/family dynamics
   - Economic conditions
   - Neighborhood/gangs
   - Role models
   - Peer affiliation
   - Social opportunities/experiences
   - Cultural beliefs
   - Group dynamics
   - Bullying issues

Social Experience

- Group Interactions
  - Social Variables
    - Power, achievement & affiliation

Polsky's Diamond



Quiz – Understanding Individuals

1. I should communicate with every individual the same regardless of variables influencing behavior.
2. The three social variables identified in Polsky's Diamond include: power, achievement, and affiliation.
3. When a student has not had successful developmental experiences, the resulting adolescent often has selfish values and demands immediate gratification.
4. A newer individual who is routinely trying to impress peers & gain recognition is a status seeker.
5. When an individual feels a need, expresses the need, and the need is satisfied, that individual will then feel anxious, restless, and/or fearful.

Identifying & Understanding Behaviors of Concern

Objective:

To identify & understand the common sources, characteristics & types of behaviors of concern.

Behaviors of Concern

I. Common Sources
   - Carry in
   - Carry over
   - Tune in

II. Characteristics
   - Cyclical
   - Potentially aggressive
   - Temporary & Sequential

Common Sources

1. **Carry In**

Behavior motivated by stimuli located outside of the organization/school

i.e. gang/neighborhood conflicts, legal issues, family relationships

2. **Carry Over**

Unresolved behavioral issues that are generated from within the program

i.e. prevention strategy deficiencies, bullying, over-stimulation, peer to peer, staff to peer

3. **Tune In**

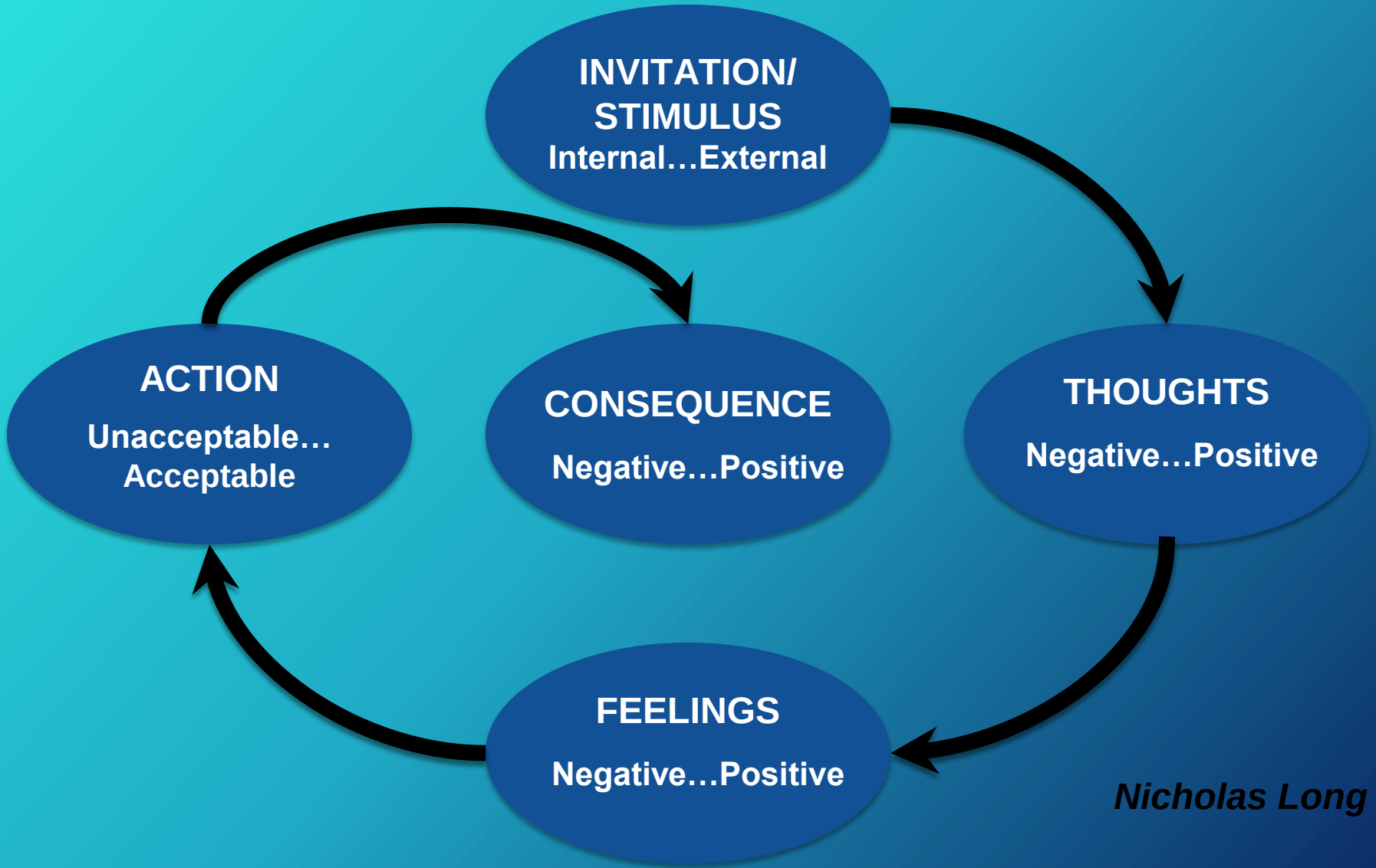
Behavior occurs when an individual is reminded of past traumatic experience

i.e. smells, sights, appearances, sounds, interactions, transitions

Behavior Characteristics

They are Cyclical

"The Behavior Cycle"



They are Potentially Aggressive

Aggression is often fueled by anger, which can be

Cumulative

& Transferable.

They are Potentially Aggressive

- Aggression Theories
  - Innate: It is instinctual
    (Freud/Lorenz)
  - Frustration: It is a function of unmet needs
    (Dollard)
  - Learned: It is developed through experiences
    (Bandura/Sleg)

They are Potentially Aggressive

- Aggression Types
  - Active physiological responses that prepares the body for fight or flight (deeper respiration, dilated pupils, etc.)
  - Passive expression of negative feelings, resentment & aggression in an unassertive passive way (procrastinates, stubborn)
  - Counter human instinct that occurs when individuals join in with acting-out individuals by internalizing their aggression “road rage”

They are Temporary & Sequential "Behavior Curve"

Behaviors of Concern

Peak

Out-of-Control Period

Logical cognitive process & decision making is impaired (EGO Collapse) & behavior is impulsive.

Period of Escalation

Individual (EGO) calls upon existing coping skills to resolve the problem or to reduce anxiety.

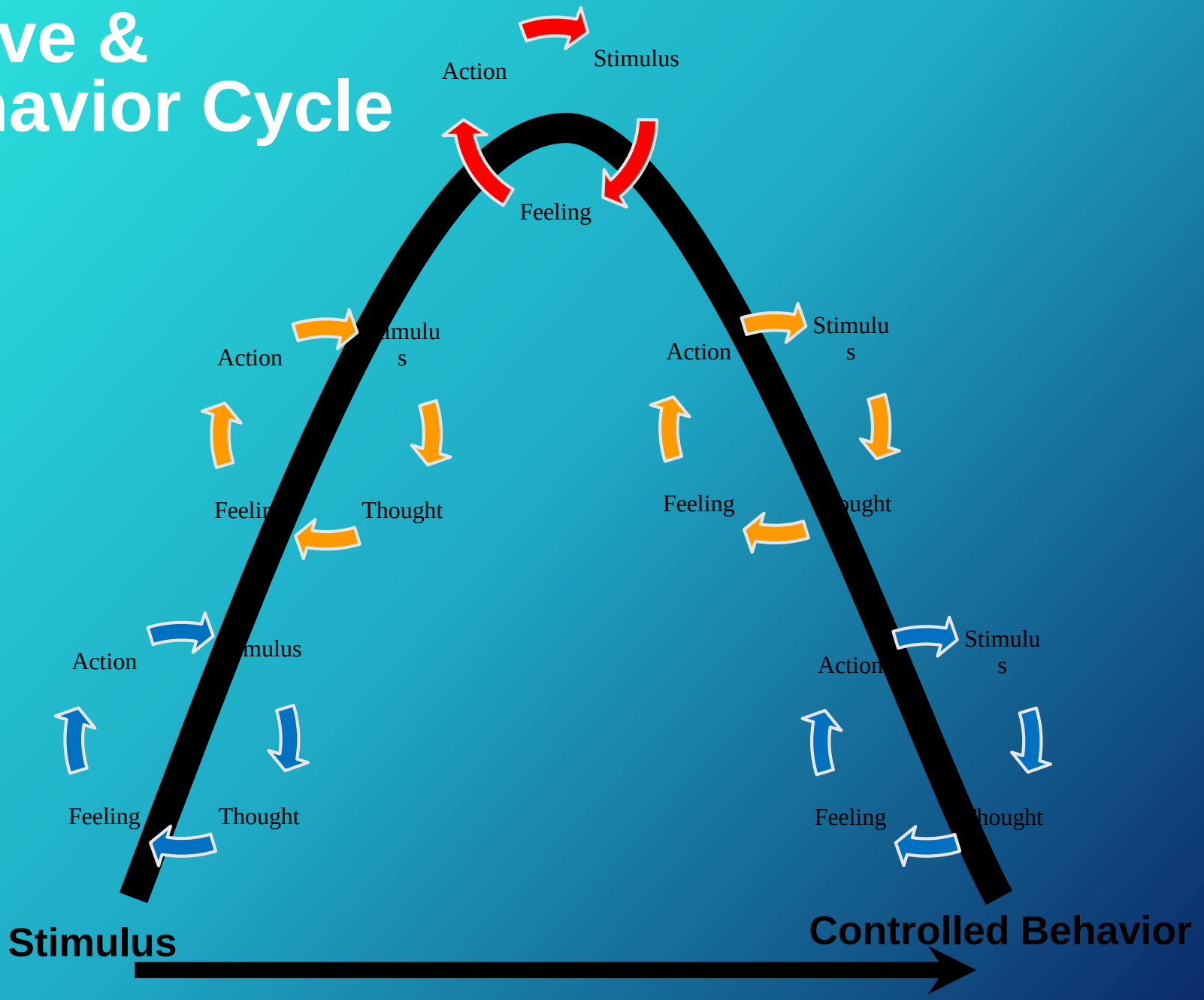
Period of De-escalation

EGO directs withdrawal. Acceptable behavior is starting to return.

Stimulus

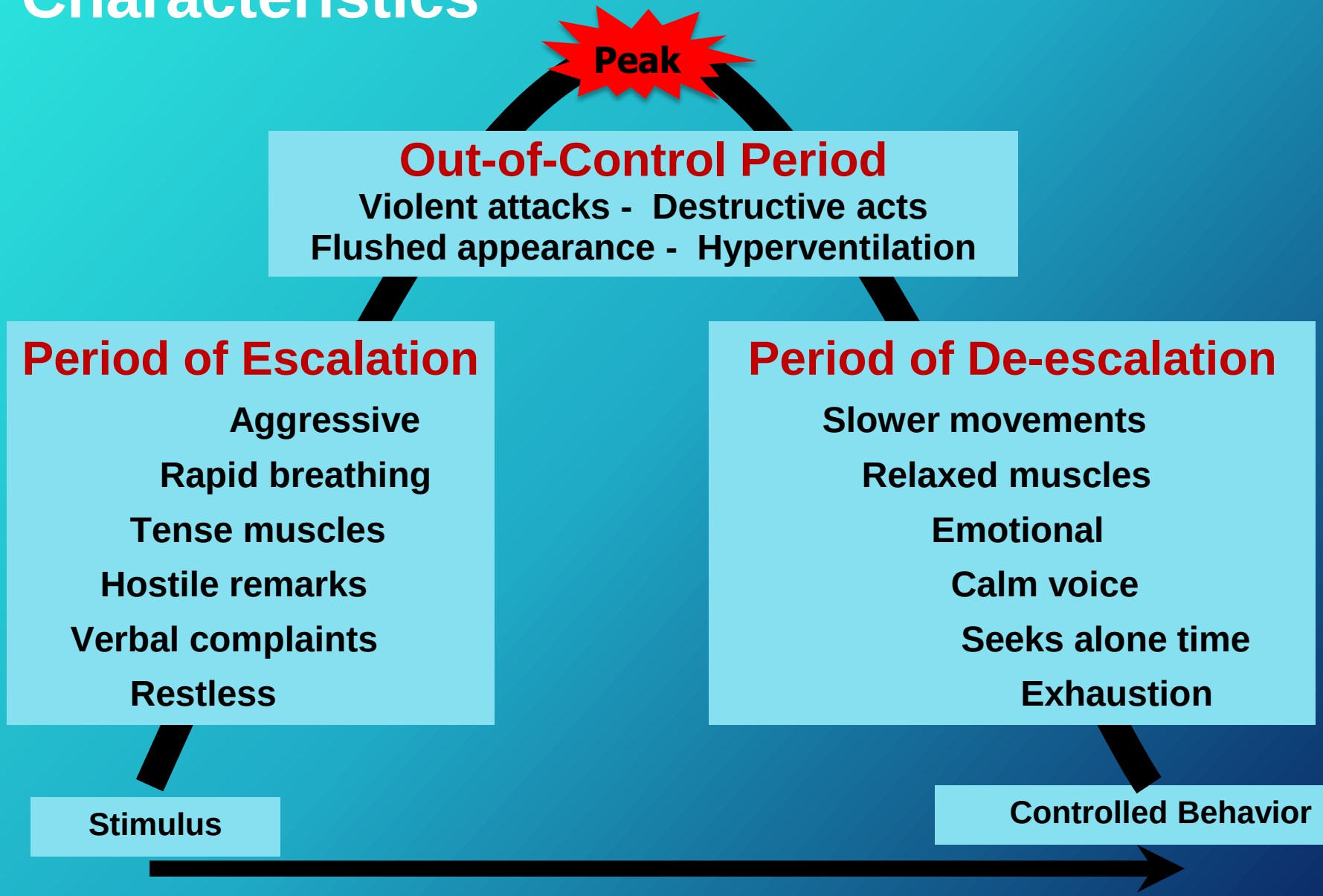
Controlled Behavior

Behavior Curve & Behavior Cycle

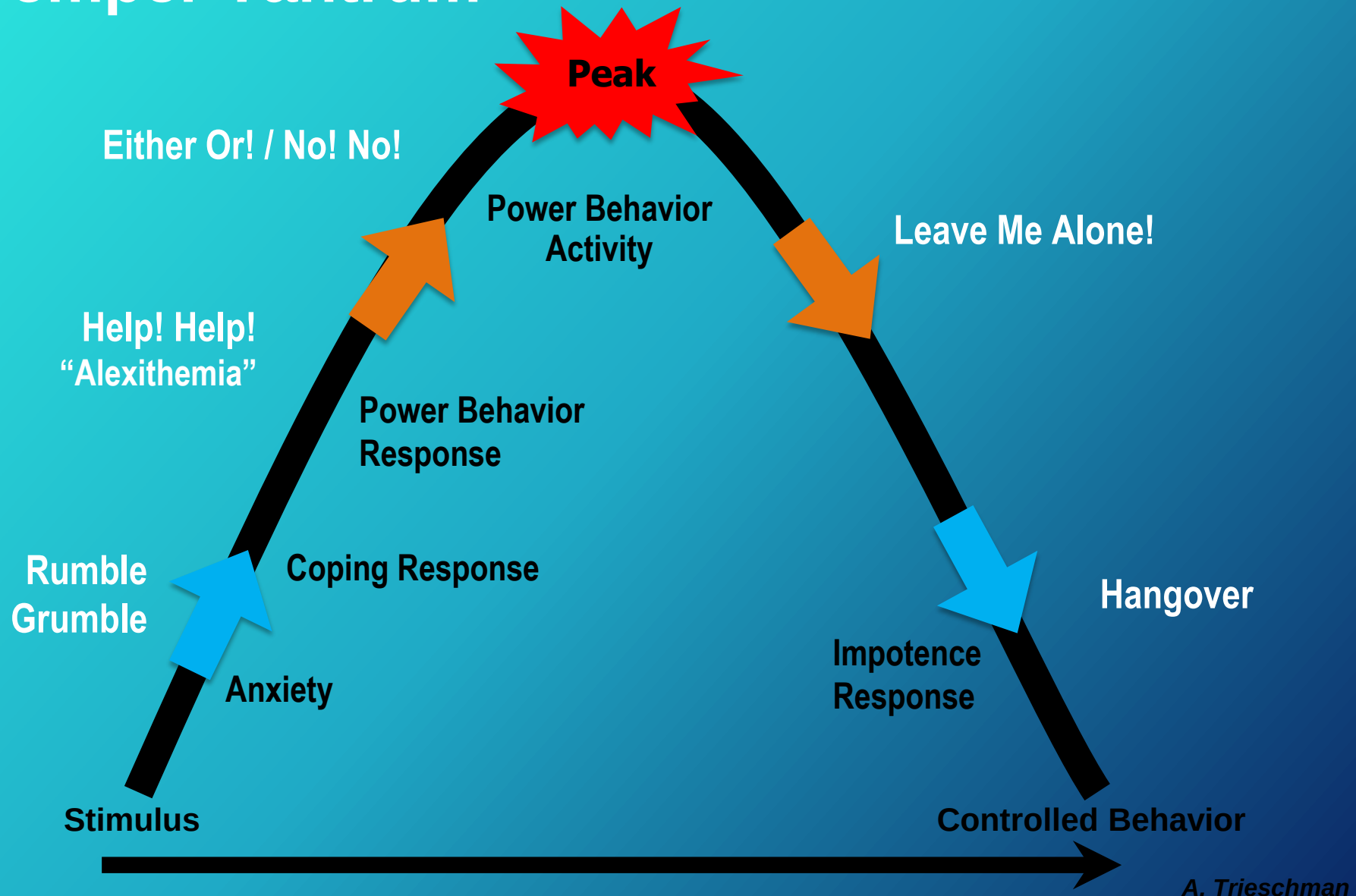


Behavior Curve – Physical Characteristics

Behaviors of Concern



Behavior Curve – Temper Tantrum



A. Trieschman

Temper Tantrum

- "Rumble, Grumble"
  - Non-verbal actions, angry expressions, verbal complaints, hostile remarks, etc.
- Help! Help!
  - Threatening statements, rule breaking, acts of defiance, etc.
- Either, Or! & No! No! statements
  - Harmful acts, acts of destruction, etc.
- Leave Me Alone! & Hangover
  - Exhausted appearance, non-communicative, withdrawn, etc.

Quiz – Identifying & Understanding Behaviors of Concern

1. An issue that was stimulated from within the program is a carry over behavior.
2. I should wait until the action stage to intervene during the behavior cycle.
3. I should appease the individual during “either/or” comments in order to avoid further escalation.
4. All behaviors of concern are temporary.
5. Anger can be described as cumulative & transferable.

Universal Principles & Practices

Objective:
To identify, understand & apply the principles & practices which should be universally & consistently implemented

Universal Principles & Practices

I. Professional Boundaries

II. Communication

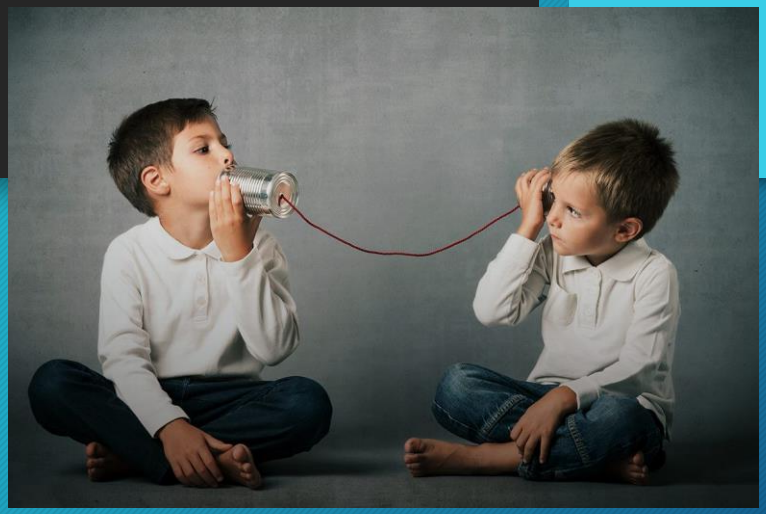
III. Environmental Awareness

IV. Self-Management

Professional Boundaries

1. Respect
2. Personal Space
3. Relationship Limits
4. Level of Affection
5. Follow Through
6. Model Acceptable Behavior
7. Privacy

Communication



1. Be Encouraging
2. Use Silence
3. Use Appropriate Tone, Rate, Volume of Voice
4. Use Developmentally Clear Language
5. Demonstrate Openness
6. Use “I” & “We” Message

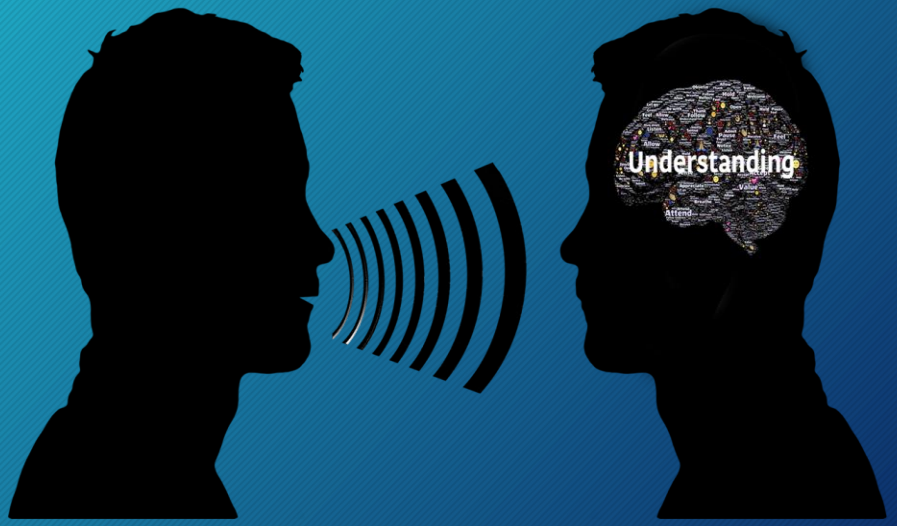
"I" & "We" vs. "You" Messages

I know you can do this.	vs.	You better do this!
I'd like to hear more.	vs.	Explain why you did that?
Help me understand what is going on.	vs.	What is wrong with you?
We can work this out.	vs.	You need to calm down!
Can I help you?	vs.	You re doing this all wrong!
I want you to succeed, so we can have a good day.	vs.	If you don't follow the rules, it will be a bad day!

Communication

7. Active Listening

- Attending
  - **S** how awareness & interest
  - **O** pen posture
  - **L** ean towards the sender
  - **E** ye contact considered
  - **R** elax while attending
- **Attuning**



Ineffective Communication

- Inappropriate posture
- Judging
- Moralizing
- Sarcasm
- Interrupting
- Ordering
- Warning
- Threatening
- Advising
- Nagging
- Using “Why?” & “You!”
- Shaming
- Diagnosing
- Using closed communication
- Public correction
- Ridiculing
- Commanding

Environmental Awareness

1. Monitoring
    - Strategic positioning
    - Use movement
    - See & hear all individuals
    - Communication devices
    - Exits

Environmental Awareness

2. Considerations
   - Potential hazards
   - Temperature
   - Lighting
   - Sound
   - Floor surface
   - Inside or outside
   - Public or private

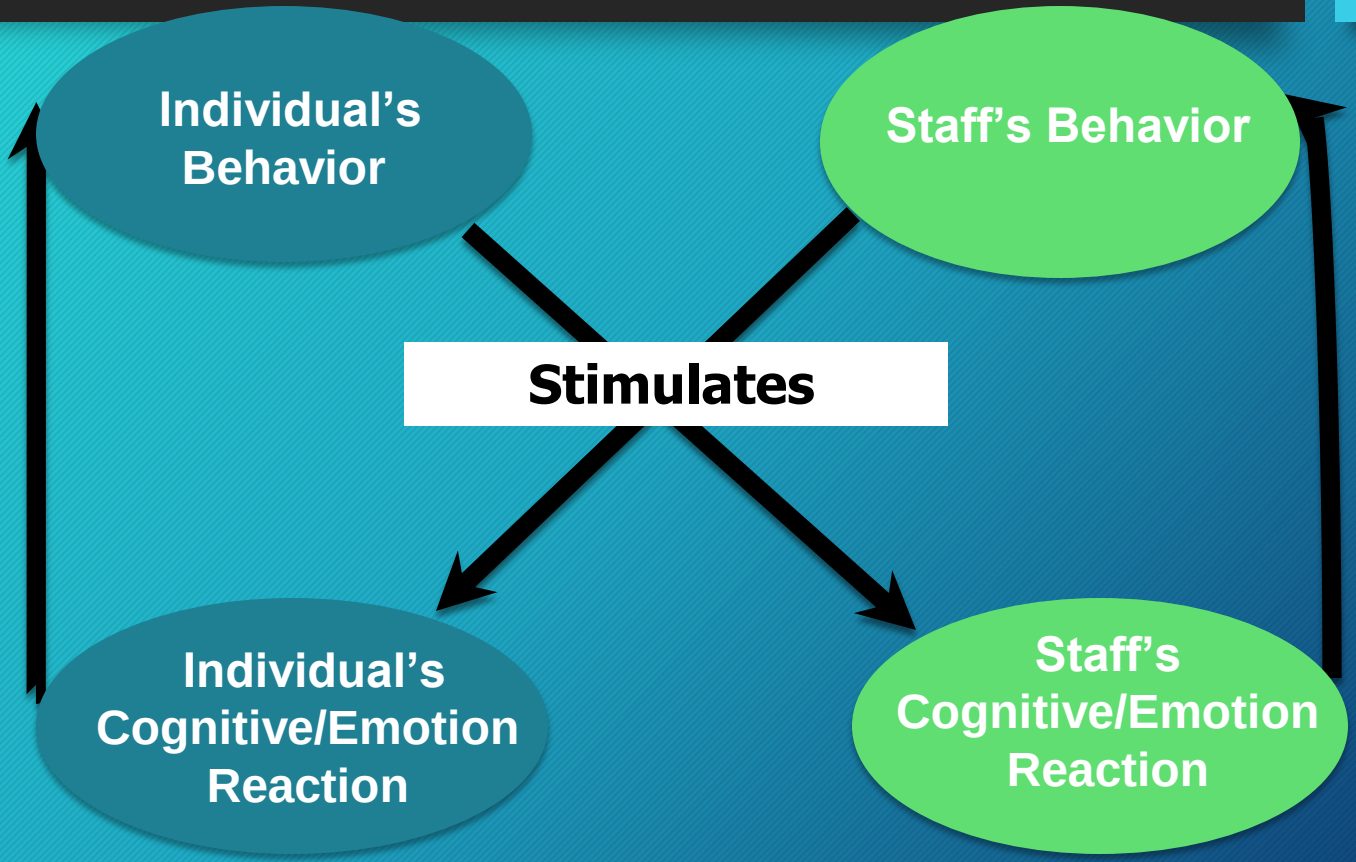
Self-Management

1. **Negative Responses**
   - Freezing
   - Overreacting
   - Disrupted motor response
   - Irrational thought process
   - Aggression (passive, counter and/or active)

Self-Management

2. Factors that Influence Your Response
    - Mood
    - Unmet professional expectations
    - Feelings of rejection and/or helplessness
    - Violation of staff's personal values & beliefs
    - Prejudging individuals
    - Unfinished psychological business
    - Caught up in an individual's own Interaction Cycle

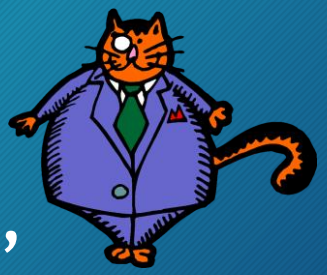
Interaction Cycle



Moving from negative interactions towards positive interactions

Self-Management

3. Insult Behavior…The common targets:



- Your Characteristics
  "Physical appearance/mannerisms"

- Your Home & hearth
  "What you value"

- Your Professionalism
  "How you do your job"

Self-Management

4. Oppositional & Defiant Behavior
   - Making deals
     - *Do not bargain*
   - Needing to have the last word
     - *Let them have it if possible*
   - Blatant rule violation
     - *Temporarily ignore the behavior*
   - Constantly questioning "Why?"
     - *Agree to answer during THEIR time*

Self-Management

4. Oppositional & Defiant Behavior
   - Playing one staff against another
     - *Follow the schedule & communicate with colleagues*
   - Refusal to comply
     - *Review their choices*
   - Loopholes
     - *Provide specific instruction*

Self-Management

5. Positive Responses "Professional Courage"

- Ignore inconsequential behavior
- Walk away then re-engage
- Share feelings
- Script a response
- Remain focused on individual's behavior
- Self-talk

Self-Management

- Components of Self-Talk
  - Perception
  - Interpretation
  - Behavior
- Guiding Self-Talk
  - Stop
  - Think
  - Analyze
  - Respond

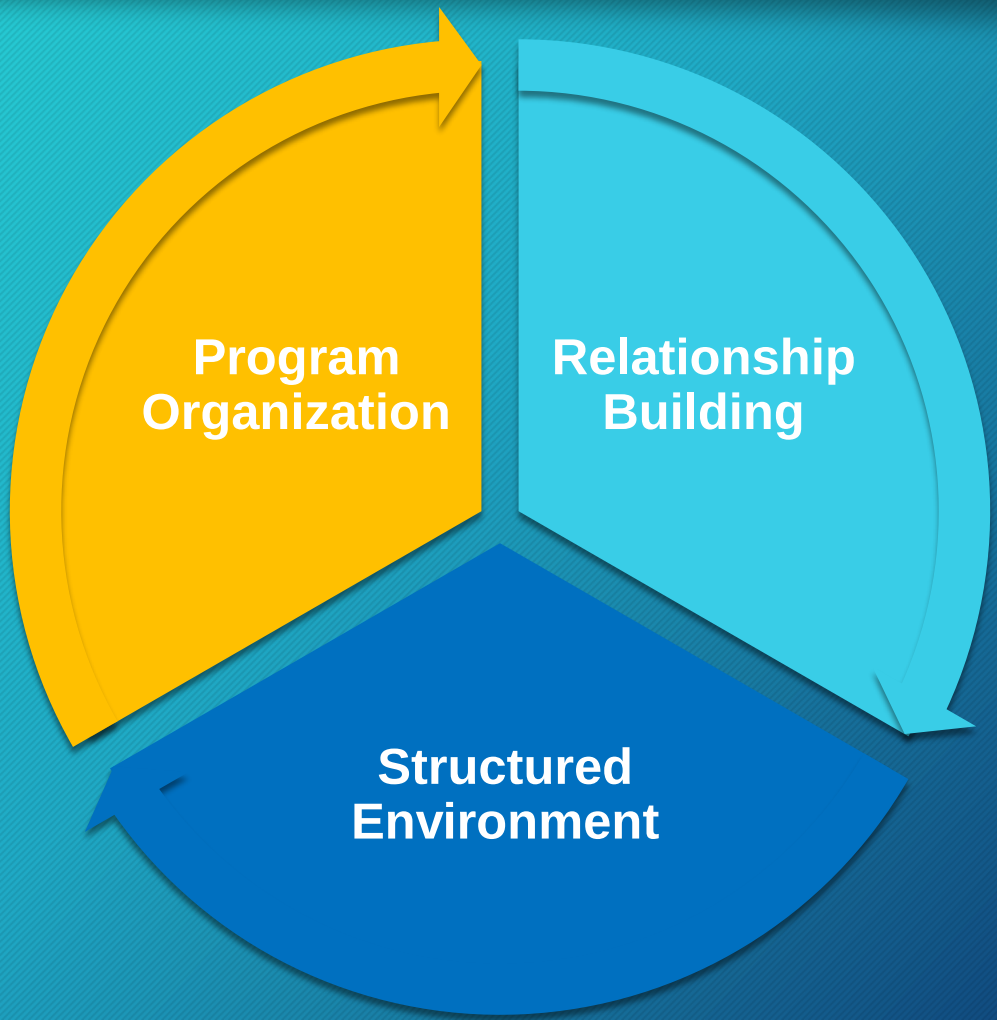
Quiz – Universal Principles & Practices

1. Sharing feelings is most effective when there is already tension between you & the individual.
2. You should always be aware of the location of other staff & each individual.
3. Appropriate self-talk analyzes potential responses & outcomes prior to responding to an individual's behavior of concern.
4. You should consider the timing with which you confront oppositional behaviors.
5. Staff who routinely demonstrate frustration and/or intimidation have mastered the skill of affect.

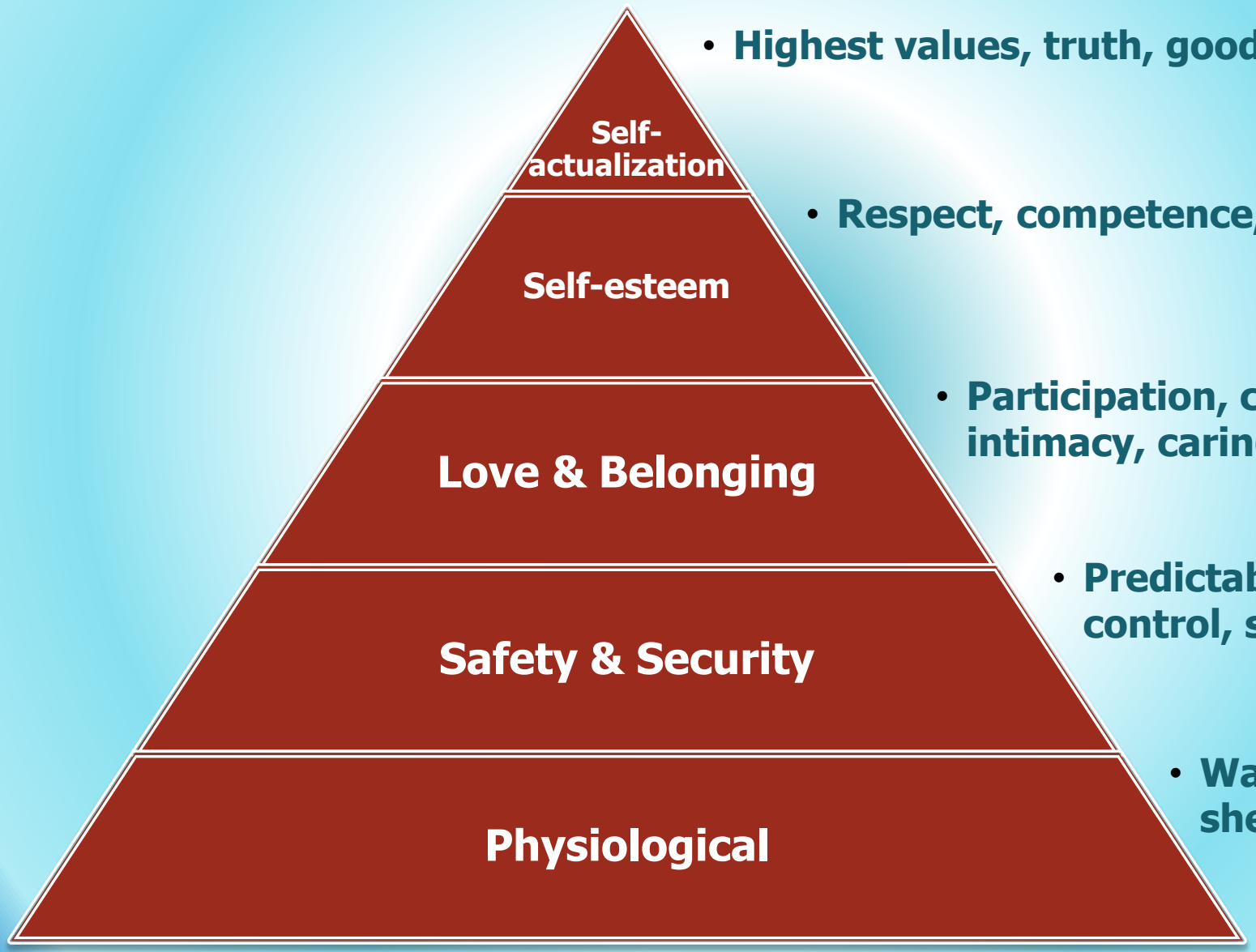
Prevention Strategies

Objective:
Identify, understand & utilize prevention strategies designed to avoid escalating behaviors while creating a culture of positive growth & support.

Prevention Strategies



Maslow's Hierarchy of Needs



- Highest values, truth, goodness
- Respect, competence, efficacy
- Participation, closeness, intimacy, caring
- Predictability, control, structure
- Water, food, shelter, sleep

Program Organization

Establish Rules

- Encourage appropriate/desired behaviors
- Promote immediate & long-term positive growth
- Consistently enforced

Establish Consequences

- Have meaning
- Easily understood
- Able to be enforced
- Restorative
- Teaching opportunity for life skills

Program Organization

Effective Treatment/Education/Initial Planning

- Developed with individuals prior to any behavior incident
- Based on information available at the time of enrollment
- Should specify
  - Behaviors of concern
  - Existing program options
  - Additional supports
  - Medical and/or mental health concerns
  - Considerations when promoting positive growth & behavior and/or intervening with the individual

Structured Environment

1. Consistency & Routines
   - Consistent schedules
   - Consistency between classes/shifts
   - Flexible for needs of individuals
   - Normalizing
   - Balances individual & group needs
   - Basis for consistency across a variety of adults
   - De-personalized basis for limit-setting
   - Segments the day into identifiable/manageable parts
   - Restructure when necessary/adaptable

Structured Environment

2. Transitions
   - Planning successful transitions
     - Consider changes the individual has experienced
     - Place to place
     - Activity to activity
     - Eliminate idle time
     - Start transition prior to completion
   - Executing transitions effectively
     - Remind individuals of expectations
     - Demonstrate confidence
     - Communicate clearly
     - Keep moving
     - Praise & acknowledge

Relationships

1. Meet & greet
2. Interest relating
3. Random positive connections
4. Praise
5. Utilize appropriate humor
6. Teach acceptable behavior
7. Recognize milestones
8. Be aware of events
9. Share mealtimes
10. Participate in daily activities
11. Differential reinforcement
12. Positively correct behavior
13. Engage individuals in developmentally appropriate act planning

Quiz – Prevention Strategies

1. Prevention strategies do not require consistency among staff.
2. An intervention is more likely to be effective when I have established a relationship with the individual.
3. It is appropriate for each staff to develop his/her transition plan with the individuals.
4. Rules & consequences are less likely to be effective when shared in advance & routinely repeated.
5. Staff who praise positive behavior more frequently than they make negative comments are using differential reinforcement.

De-Escalation Strategies

Objective:
Identify, understand & utilize de-escalation strategies when a behavior of concern occurs.

De-escalation Strategies

I. Evaluate the Situation

II. Non-verbal Interventions

III. Verbal Interventions

IV. Intervention Judgment

Evaluate the Situation

1. Assess the Individual(s)

- Appearance
- Eyes
- Level of escalation
- Mood
- Body language
- Respiration
- Voice (tone, rate & volume)
- Variables influencing behavior
- Purpose of the behavior
- History & pattern of behavior
- Medications

Evaluate the Situation

2. Self-Assessment

- Emotional state
- History & relationship
- Communication
- Initial plan/behavior support plan

Evaluate the Situation

3. **Assess Available Resources**
   - Other staff
   - Other resources
4. Assess the Environment
   - Communication devices
   - Exit strategies
   - Potential weapons
   - Other individuals

Non-Verbal Interventions

1. Planned Ignoring
2. Signals
   - Eye contact
   - Facial expressions
   - Body language
   - Gestures
3. Environmental Prompts
4. Proximity Prompt
5. Touch prompt (selective/positive)
6. Sensory Strategies

Verbal Interventions

1. Paraverbal Communication
   - Tone
   - Rate
   - Volume

Para Verbal Communication

- Sit down.
- Sit down.
- Sit down.

"It's not what you say but HOW you say it."

Verbal Interventions

2. Techniques
   - Encouragement
   - Discussion
   - Direction

Verbal Intervention - Encouragement

- Indicate concern
- Use clear language
- Offer assistance
- Attempt to divert focus
- Recommend alternative behavior
- Offer choices
- Acknowledge / Praise

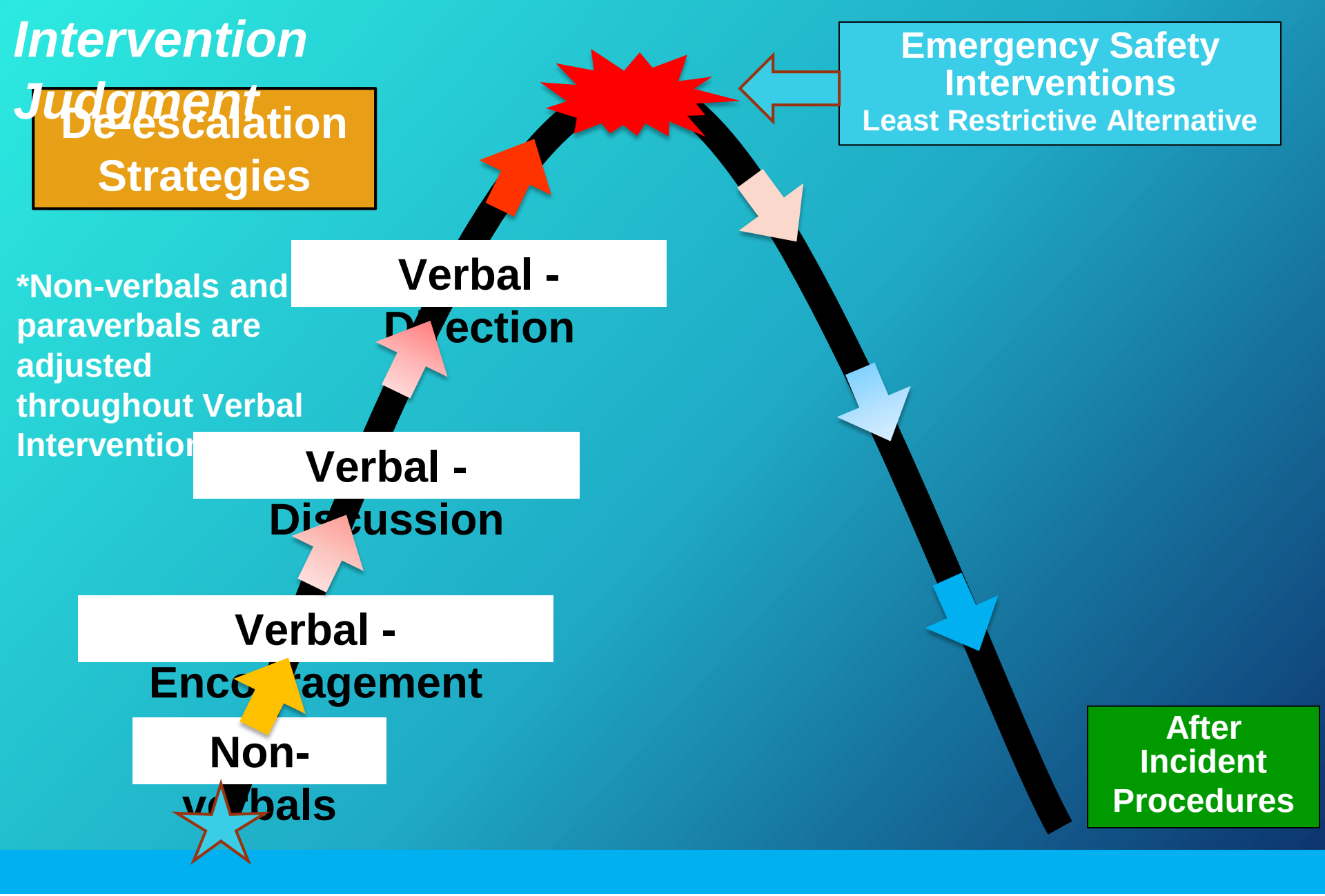
Verbal Intervention – Discussion

- Paraphrase
- Reflect feelings
- Validate
- Use minimal encouragers
- Use pauses
- Redirect
- Open-ended questions & phrases
- Provide feedback
- Summarize

Be patient, allow for venting, avoid deals, request clarification, be aware of your non-verbals & paraverbals

Verbal Intervention – Direction

- Direct appeal
- Positive problem-solving
- Benign confrontation
- Redirection
- Positive correction (praise sandwich)
- Limit setting
- Consequence reminder



Universal Practices & Prevention Strategies

Quiz – De-escalation Interventions

1. I can attempt to reduce the audience influence on behavior by either removing the individual from the group or removing the group from the individual.
2. The least restrictive alternative does not apply to de-escalation interventions.
3. Encouragement techniques are likely to be effective for "either/or" comments.
4. Direction techniques are frequently used because they require the most amount of thought by the individual.
5. Directly confronting a behavior without directly confronting the individual is known as benign confrontation.

Emergency Safety Interventions

Objectives:

Understand when to use ESIs based on the "Least Restrictive Alternative". List & define the risk/safety factors associated with ESIs. Clearly identify the monitoring responsibilities required during ESIs.

Emergency Safety Interventions (ESI)

I. Least Restrictive Alternative

II. Types of ESIs

III. Evaluate the Situation

IV. Monitoring, Recording & Time Limit Guidelines

Least Restrictive Alternative

Emergency Safety Interventions may only use the minimum amount of intervention necessary to ensure a safe outcome.

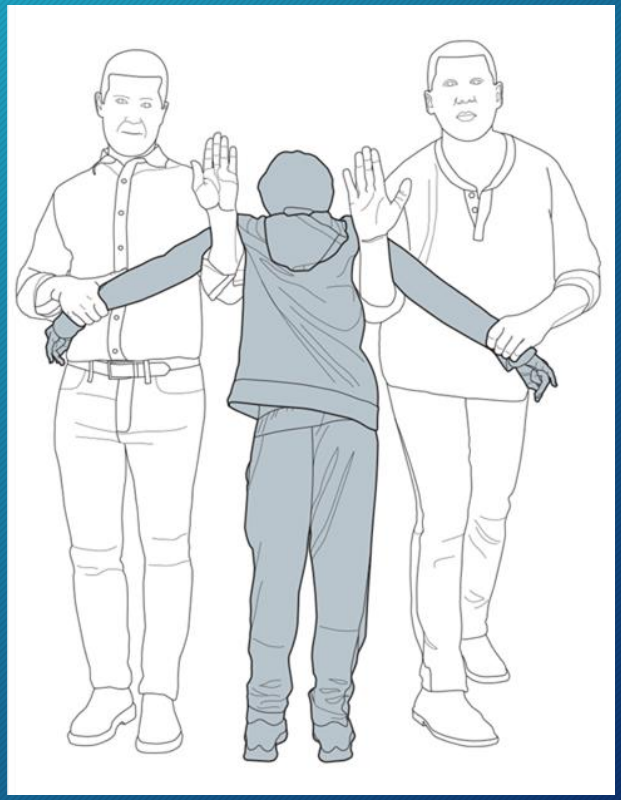
SCM Emergency Safety Physical Interventions Do Not employ the use of pain compliance, bone locks or body weight.

Types of ESIs

1. Timeout
   - Individuals learn to calm themselves while not participating in the current routine or activity
2. Seclusion
3. Mechanical Restraint
4. Chemical Restraint
5. Emergency Safety Physical Interventions (ESPI)

Physical Principles

- Evasion, deflection and/or escape, self-protection
- Sequence
- Location/position
- Balance
- Communication during ESPIs



Communication

- Leader is primary coordinator
- Leader provides guidance & direction to staff
- Leader speaks calmly & clearly
- If not communicator, assigns communicator who should:
  - Be only staff speaking with individual
  - Part of the intervention
  - Speak clearly & calmly – using “I” & “We” messages
  - Prompt de-escalation
- Leader assigns staff to monitor intervention

Types of ESPIs

- Standing Assists (single or multiple)
- Seated/Kneeling Assists (single or multiple)
- Floor Assists (single or multiple) NOT USED IN GDOE
- Escorts/Transports (single or multiple)

Duration

- ESPIs must end when an individual's behavior indicates there is no longer a danger to self or others.
- **Recommended all other ESPIs end within 10 minutes.**
  - Exceeding 10 minutes should only occur when the individual continues to be a harm to self or others
  - If past 10 minutes, ESPI technique should transition to a different assist to ensure holding points are not stressed.
- Organizations, instructors & staff are expected to make real effort to reduce duration of their ESPIs.

Duration

- Asphyxia
- Excited delirium
- Sickle cell trait
- Osteopenia

Release Process

- Sequential release (gradual release)
  - Reversal of the techniques
  - Verbalize what is about to occur, including expectations
  - Release one limb at a time
  - Once released, you & individual move to agreed upon area
- Timed release
  - Clear direction given
  - Release & create distance from individual
  - Assume non-threatening leading trailing stance
  - Position yourself in a location to maintain safety

Evaluate the Situation

1. Conditions for ESPIs
    - Imminent threat and/or danger to self or others
    - Intervention should only last as long as the behavior indicates

Evaluate the Situation

2. Assess the Individual
   - Size
   - Medications
   - History of abuse
   - History of ESIs
   - Respiration
   - History & pattern of behavior

Evaluate the Situation

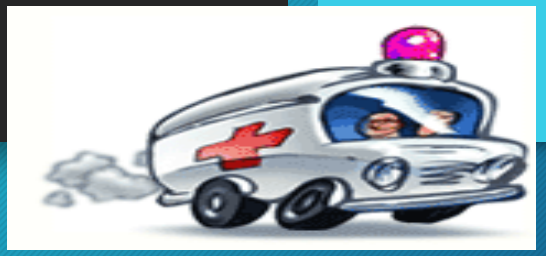
3. Self-Assessment
   - Emotional state
   - History & relationship
   - Communication
   - Behavior support plan
   - Available assistance

Evaluate the Situation

4. Assess Available Resources
   - Other staff
   - Other resources

5. Assess the Environment
   - Communication devices
   - Exit strategies
   - Potential weapons
   - Other individuals

Monitoring, Recording & Time Limits



1. **Circulatory**
   - Extremities cold to the touch
   - Blue tinge to nail beds & area around mouth
   - Flushed or ashen face

2. **Gastrointestinal**
   - Vomiting
   - Constipation
   - Diarrhea

3. **Respiratory**
   - Rapid shallow breathing
   - Panting or grunting
   - Blue tinge to nail beds & area around mouth
   - Absence of breathing
   - Nasal flaring

4. **Muscular – Skeletal**
   4. Joint swelling
   5. Bruising
   6. Redness
   7. Pain

5. **Neurological**
   4. Confusion/disorientation
   5. Seizure
   6. Vomiting
   7. Difficulty breathing
   8. Unconsciousness
   9. Unequal pupil size
   10. Headaches

ESPIs - Potential Risks

Standing Assists

- Restricted breathing, cardiac and/or respiratory arrest
- Bruises, strained muscles, other musculoskeletal injuries
- Self-harm
- Misuse of body weight & bone locks

Seated / Kneeling Assists

- Restricted breathing, cardiac and/or respiratory arrest
- Bruises, strained muscles, other musculoskeletal injuries
- Back or neck injuries
- Self-harm
- Misuse of body weight & bone locks

ESPIs - Potential Risks

Floor Assists

- Restricted breathing, cardiac and/or respiratory arrest
- Bruises, strained muscles, other musculoskeletal injuries
- Back or neck injuries
- Self-harm
- Misuse of body weight & bone locks

Escorts/Transports

- Restricted breathing, cardiac and/or respiratory arrest
- Bruises, strained muscles, other musculoskeletal injuries
- Back or neck injuries
- Self-harm
- Misuse of body weight & bone locks

Quiz – Emergency Safety Interventions

1. Harm to self, harm to others, & defiance are all justifications for the use of ESPIs.
2. During an ESI, as many staff as possible should attempt to verbally de-escalate the individual.
3. It is expected the ESPI release process begin at or before 10 minutes of duration.
4. Monitors are required to communicate any changes that should be made during an ESI.
5. The risk for negative outcomes is elevated the longer an ESI lasts.

After Incident Procedures

Objective:
Identify, understand & implement after incident procedures when an incident has been de-escalated & returned to normal.

After Incident Procedures

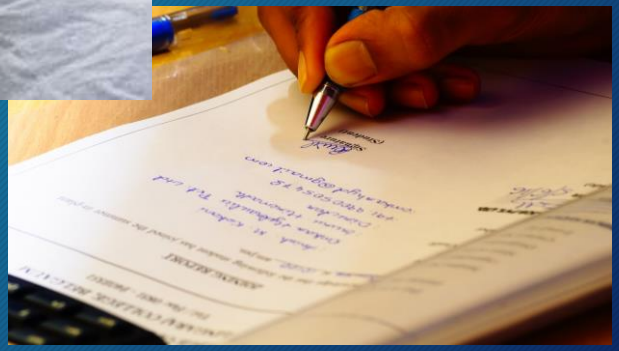
I. Medical Assessment

II. Mental Health Assessment

III. Debriefing

IV. Documentation

V. Incident Review



Medical Assessment

Intervention leader prompts the following process…

1. Individual is visually observed for movement, respiration, skin coloring, external injuries, responsiveness, orientation & cognitive functioning.
2. Individual is asked if they are injured or need medical care.
3. Second staff asks if they are injured or need medical care.
4. If medical professional is present, they always supersede & perform a formal medical assessment.
5. If individual is injured or indicating, appropriate medical attention is sought in timely fashion.
6. Entire process is thoroughly documented.

Mental Health Assessment

A mental health assessment must occur if individual shows signs of psychological distress (e.g. self-harm, trauma, detachment, etc.).

Schools

1. Contact appropriate personnel for immediate follow-up
2. Recommend guardian consider taking student to a qualified mental health provider for immediate risk assessment
3. Comply with policies, procedures & regulations

***If abuse is suspected, follow policies & procedures & contact Child/Adult Protective Services**

Debriefing

1. Debriefing with Individual
2. Debriefing with Group/Observers
3. Debriefing with Staff
4. Debriefing with Family
5. If Required, Outside Agencies are Notified

Individual Debriefing: Adapted from Fritz Redl's "Life Space Interview"

	Procedure	Specifically
1.	Interview begins when you & individual are calm.	▪ "Please tell me what happened."
2.	Allow individual to describe the incident as they experienced it. You should: a. Listen b. Refrain from judgments & corrections c. Ask questions that help individual communicate	▪ Explore their thoughts. ▪ How were they feeling? ▪ What were they trying to achieve?
3.	Share your perception of the incident. Discuss areas of agreement or disagreement.	▪ Provide a reality base.
4.	Connect incident to a pattern of individual's behavior (if one exists).	▪ Clarify patterns of their behavior.
5.	Explore alternative ways to handle the issue.	▪ What do they suggest? ▪ What suggestions can you offer?
6.	Develop an action plan or contract **S**pecific **M**easurable **A**greed Upon **R**ealistic & Restorative **T**ime Based	▪ Elicit their commitment to plan. ▪ Assure them of your commitment to support & monitor. ▪ Discussion of consequences for the behavior is appropriate. ▪ Discussion of restorative actions.
7.	Return to scheduled program	

Debriefing with Group/Observers

- When group has been negatively impacted, group debriefing needs to occur prior to return of individual.
- Debriefing should provide:
  - Opportunity for those impacted to express concerns/ask questions
  - Resolution of identified issues
  - Review process & expectations for when the individual returns

Debriefing with Staff

- Prior to debriefing, staff's physical & emotional condition should be assessed & treated if necessary.
- Review the incident.

Debriefing with Family

- Avoid communicating blame & stay focused on the facts of the incident
- Invite family to participate in further discussion on the incident

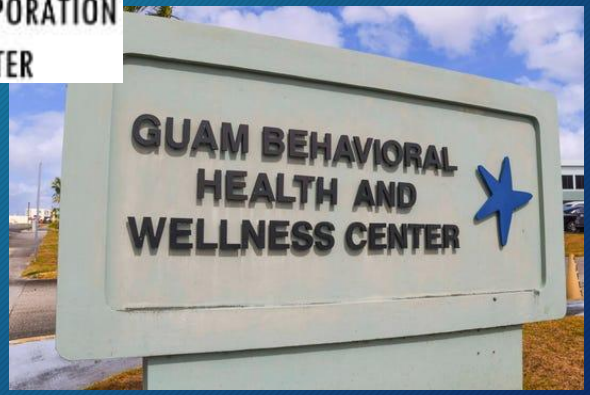
Outside Agencies

- If required, outside agencies should be notified of the incident.

DYA
Department of Youth Affairs

GUAM LEGAL SERVICES CORPORATION
DISABILITY LAW CENTER

CPS
Child Protective Services



Documentation

1. Suggestions
   - You should not document when emotional
   - Do not document as a group
   - Avoid speculation
   - Be truthful
   - Avoid organizational jargon
   - Complete before the end of shift/day
   - Use names instead of pronouns
   - Use legal & legible signatures
   - Proofread before final submission
   - Use SCM terminology

Documentation

2. Quality (the five W's)
   - Who – individual & all staff involved
   - What
     - Chronological narrative
     - Specific behaviors requiring intervention
     - Strategies, interventions & procedures implemented
     - Appropriate assessment recorded (medical, mental health, etc.)
     - Dates & times (duration)
     - Physical condition of individual after the event
     - Immediate follow-up plan
   - When – date & time, beginning & end
   - Where – exact locations
   - Why – reasons for emergency safety

Incident Review

1. Reviewing
    - Performance of staff involved in incident
    - Submission of required documents
    - Correctness of documents
    - Implementation of BSP
    - Justification of ESPIs
    - Compliance with policies & procedures

Quiz – After Incident Procedures

1. Documentation should include medical care provided if an injury was indicated.
2. Debriefing should include closure between the individual & the staff involved in the incident.
3. Documentation should be completed & submitted prior to the end of the shift/day.
4. Incident review does not include the provision of feedback to the staff involved.
5. Documentation should include why the staff think the individual was engaged in inappropriate behavior.

Questions