



Office for People With
Developmental Disabilities

Strategies for Crisis Intervention and Prevention – Revised

Refresher

Introduction

- Who are we?
- What is a behavior support
- What is SCIP-R?
- OPWDD Mission Statement
- Agency Mission Statement

OPWDD Mission and Vision

- **OPWDD Mission**

- “We help people with developmental disabilities live richer lives.”

- **OPWDD Vision**

- “People with developmental disabilities enjoy meaningful relationships with friends, family, and others in their lives, experience personal health and growth and live in the home of their choice and fully participate in their communities.”



Reactive Interventions



Guidelines

- Use of Personal Intervention Techniques
 - Grouping of techniques: Core, Specialized, Restrictive
 - SCIP-R Gradient
 - Monitoring and documenting

Guidelines

- Health and Safety
 - Health and safety must always be considered and monitored

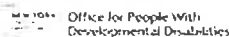
Health and Safety Issues

- Possible pre-existing medical conditions that may affect and contraindicate the use of Personal Interventions (to be determined with medical personnel on planning team):
 - Cardiac conditions – previous heart attack, congestive heart failure, severe hypertension, angina, severe vascular defects
 - Respiratory conditions – Chronic Obstructive Pulmonary Disease, history of fractured ribs, temporary tracheotomy
 - Gastrointestinal conditions – hiatal hernia, gastroesophageal reflux, recent abdominal surgery, those with colostomies, ileostomies, G-tubes
 - Other – severe scoliosis, recent fractures, surgical history, elderly frail, Down's Syndrome, Head Trauma, pregnancy



Health and Safety Issues

- Some signs and symptoms to be observed for and immediate remedial action taken during an intervention:
 - Cyanosis
 - Mottling
 - Hyperventilation
 - Hypoventilation
 - Vomiting
 - Broken bones
 - Unresponsiveness
 - Seizure during intervention
 - Excited delirium
 - Helmets - refer to 633.16 and Helmet Safety Alert dated 02/17/2011



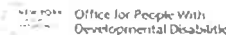
Health and Safety Issues

- The use of any personal intervention must be terminated immediately if the person shows signs of physical distress such as: sudden change of color, hyperventilation, difficulty breathing, or vomiting.



Questions

- How could you wait longer before using a personal intervention?
- How could you eliminate the need for personal intervention?
- What would you do if you could not use a personal intervention (e.g., if it was medically contraindicated)?
- When are you obligated to use a personal intervention?



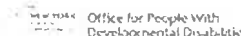
Avoid

- The preferred method of avoiding injury is to avoid any physical contact entirely. Here are the basic principles of avoidance:
 - Feet – should be spread about shoulder-width apart with one foot somewhat in front of the other.
 - Body weight – should be centered between the feet and rotated slightly upward on the balls of the feet. Knees should be slightly flexed to allow for smooth and rapid movement of body weight.
 - Movements – should be made in circular patterns so that the energy of an attack is deflected off the edge of a moving circle rather than absorbed by a stationary target. The feet are moved in coordination with the hands in a manner similar to a tennis player preparing to receive the ball.



Deflect

- When deflecting blows, physical contact is only momentary, there is no attempt to hold or control the aggressive individual
 - The goal of deflection in conjunction with a proper stance is to use the force of the attack to provide part of the necessary momentum in moving away. Spring back on to the side to allow contact to pass by.



Protect

- When a physical confrontation cannot be avoided or deflected, the defender attempts to cover everything that won't heal quickly while at the same time moving away
 - While turning from away from the person, cover ear with fist so that forearm covers side of face to protect eyes, nose and mouth area
 - Head is tucked so elbow reaches chest/rib area
 - Opposite arm wraps around ribs and fisted hand
 - Crouch body to decrease exposed and therefore, vulnerable areas

Stabilize

- When a challenging behavior results in a capture such as hair-pulling, biting, scratching, pinching and choking, the defender moves his/her body weight quickly toward the point of capture to minimize the risk of injury prior to attempting an escape

Judgment

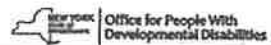
- Judgment implies careful consideration of the situation and choosing wisely between several possible responses.

Following a Physical Intervention Meeting Everyone's Needs – Individual, Self and Others

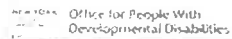
- Medical Needs – Examine the individual, self and others subsequent to the use of personal interventions for evidence of injury. Notify the appropriate medical personnel, as appropriate.
- Physical Needs – Ask or assess for these needs (i.e. sweaty-provide change of clothes, give drink, offer use of bathroom, etc.).

Reporting

- Be timely
- Be thorough
- Be specific

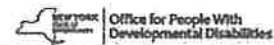


Understanding Behavior



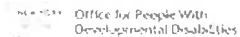
Behaviors

- Behaviors are often learned
- In general, behavior is seen as purposeful (functional and useful)
- behavior may communicate something
- Look at the environment where the behavior occurs
- Interpersonal relationships are important in understanding behavior.



Behaviors

- Behavior is more likely to change when the environment changes.
- If you want to decrease a behavior, you need to teach a substitute skill (replacement behavior) that will take its place and serve the same function.
- An individual's behavior may be maintained by more than one factor.
- A group of behaviors may serve the same function (attention, sensory, tangible, or escape)



Functional Reasons/Response Classes

- Medical
- Escape
- Attention
- Tangible
- Sensory

Medical

THINK MEDICAL FIRST!

Consider possible medical conditions that may lead to behavior. Often the appropriate treatment of the medical condition may prevent, or reduce the behavior.

Escape

- Behavior can be negatively reinforced by the escape or avoidance of a demand, task, or activity. Demands may be verbal, physical or related to proximity. If behaviors occur more often under demand conditions, it is inferred that the behavior occurs to escape the demand.

Attention

- A person can engage in a behavior to get another person to attend to or spend some time with them. Attention can be verbal, physical, social, or related to proximity (distance from the person). The length of attention can vary.

Tangible

- Want or access to an item, service, food, or activity. Behavior may be positively reinforced by access to materials and activities.

Sensory

- Provides input into one or more sensory-perceptual pathways. Looks, sounds, feels, smells or tastes good or otherwise produces pleasure for the person.

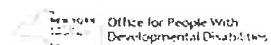
Internal Antecedents and Conditions

THINK MEDICAL
FIRST!



Internal Antecedents

- Acute conditions – sudden illness or pain
- Recurrent conditions – signs or symptoms that have occurred before
- Disability-specific conditions
- Chronic conditions – long term illness or pain
- Age-related conditions – joint pain
- Trauma-related conditions – recent or past physical injury
- Medication-related conditions – adverse reaction to new medications; long term effects of medication

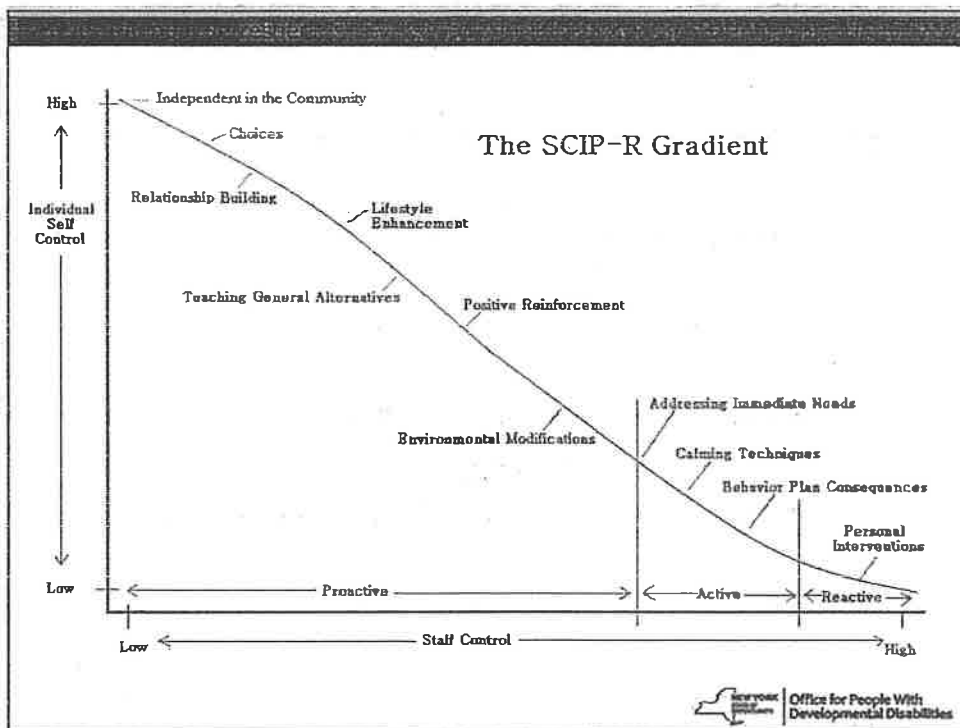


External Antecedents

- Examples of external antecedents and conditions include:
 - Crowding
 - Noise
 - Being threatened or assaulted
 - Chaos within the environment
 - Being caught doing something inappropriate

Guidelines

- Prevention
 - Prevent through positive behavior supports
 - Teach new skills



Discussion

- What types of relationships do we have with persons with developmental disabilities? (i.e. teacher, helper, supervisor, counselor, parent)

Questions to Ask Yourself

- “Think about how you approach developing a new relationship with any person.”
- “What are some things that you do to foster and develop that relationship?”
- “Why do you do those things?”
- “Think about how you would create a Supportive and Functional Culture.”
- “What are some things that you do to create a positive culture?”
- “Why do you do those things?”



“Positive interactions and environments are the best way to prevent challenging behaviors from occurring”



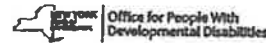
Active Interventions

Early Warning Signs of a Person in Crisis

- Being able to recognize early warning signs that indicate when a person is losing control of his or her behavior, is the critical element involved in intervening before crisis situations arise.

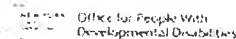
Early Warning Signs of a Person in Crisis

- Increased tension
- Agitation
- Verbal outbursts
- Threatening looks
- Any behavior change
- Person-specific signs



Escalators

- Staff should be aware of the potential negative impact of the following types of statements:
 - Don't plant the suggestion of misbehavior
 - Don't threaten the consequences of a misbehavior which could serve as a dare to the person
 - Don't present commands in the form of a question
 - Don't restart the confrontation by immediately demanding emotionally difficult actions
 - Don't rehash the incident in front of the person
 - Don't have more than one staff member give directions to a person
 - Don't ignore attempts at communication



Non-Verbal Calming Techniques

- Redirect to another activity
- Eye contact
- Close proximity
- Touch
- Effective use of space
- Body posture
- Planned ignoring
- Facial expressions
- Provide access to preferred objects and environments

Verbal Calming Techniques

- Ventilation
- Use active listening
- Distraction
- Reassurance
- Understanding
- Modeling
- Humor
- Facilitate relaxation
- One-to-one
- Encourage alternative coping strategies
- Remind the individual of natural consequences
- Use positive language

Calming Techniques

- While a major goal of “Active Interventions” is to help the person regain emotional control through the use of calming techniques, staff should also be thinking about how people’s needs may be met in the “active” phase. Calming alone generally does not resolve problems.

WHAT CONSTITUTES ABUSE OR NEGLECT?

(Definitions provided by the NY Justice Center)

Terms	Examples
Physical Abuse	Intentional contact (hitting, kicking, shoving, etc.) corporal punishment, injury which can't be explained and is suspicious due to extent or location, the number of injuries at one time, or the frequency over time
Psychological Abuse	Taunting, name calling, using threatening words or gestures
Sexual Abuse	Inappropriate touching, indecent exposure, sexual assault, taking or distributing sexually explicit pictures, voyeurism or other sexual exploitation. All sexual contact between Custodian and a service recipient is sexual abuse, unless the Custodian is also a person receiving services.
Neglect	Failure to provide supervision, or adequate food, clothing, shelter, health care; or access to an educational entitlement.
Deliberate Misuse of Restraint or Seclusion	Use of interventions with excessive force, as a punishment or for the convenience of staff.
Controlled Substances	Using, administering or providing any controlled substance contrary to law.
Aversive Conditioning	Unpleasant physical stimulus used to modify behavior without person-specific legal authorization.
Obstruction	Interfering with the discovery, reporting or investigation of abuse/neglect, falsifying records or intentionally making false statements.

CAUSES OF ABUSE	PREVENTION OF ABUSE
	<ul style="list-style-type: none">• Reframe the situation• Express feelings and emotions• Seek social support• Use physical exercise• Use relaxation techniques• Try humor• Distract yourself/escape• Learn new skills in applicable areas• Focus on here and now• Go to your supervisor for assistance• Avoid personalizing the situation• Take a break• Realize that other staff experience similar reactions to stress• Engage in activities you find pleasurable• Seek additional training• Eat healthy and get enough rest• Self reinforcement

AABR, INC.

Education & Training

SCIP Review

- 1. All techniques including the restrictive techniques are designed to assist the individual regain self-control.**
- 2. Techniques are NEVER used to control an individual's behavior or for staff convenience.**
- 3. A restrictive technique, takedown, is only used to stop a truly dangerous situation, whereby an individual may injure themselves or others.**
- 4. An individual cannot be held in the face down or prone position.**
- 5. Remember the 10-20 rule: restrictive techniques cannot continue past 10 minutes without a supervisor's approval and can only continue for a maximum of 20 minutes with supervisor's approval.**
- 6. In the recovery period, following a crisis, do not return the individual to normal activities immediately. Instead, reduce demands for 1-2 hours, until the individual returns to a calm state.**

Listing of Personal Intervention Techniques:

Core

To be taught to all certified staff

Touch	Bite Release
One Person Escort	One Arm Release
One Person Escort-Seated Variation	Two Arm Release
Two Person Escort	Front Choke Release
Two Person Escort-Seated Variation	Back Choke Release
Arm Support by One Person or With Assistance	Front Hair Pull Stabilization/Release
Standing Wrap	Back Hair Pull Stabilization/Release
Front Deflection	Back Hair Pull Stabilization/Release with Assistance

Specialized

To be taught based on program needs

Blocking Punches	Back Hold Under Arms Release
Seated Wrap	Back Hold Low Over Arms
Approach Prevention	Back Hold High Over Arms
Bite Prevention Front Hold	Chair Deflection
Front Arm Catch	Protection From Chair as a Weapon
Front Choke Release	Protection from Thrown Objects
Head Lock Prevention	One Person Wrap/Removal
Head Lock Release	Two Person Removal
Front Kick Avoidance/Deflection	

Restrictive

To be taught based on program needs

Two Person Take Down