

**STRATEGIES  
FOR  
CRISIS  
INTERVENTION  
& PREVENTION**

**REVISED**

**REFRESHER - REVIEW  
NOTES**

# AWARENESS



- The focus of SCIP-R is on providing behavior supports versus consumer control. **Behavior support meets the needs and wants of the individual.**
- Behavior support is always proactive.
- Statewide programs such as B-MAC and SCIP were developed to:
  - 1) Decrease the number of injuries to everyone;
  - 2) Improve reactions of care providers when responding to crisis situations;
  - 3) Decrease incidents of abuse;
  - 4) Establish an effective and humane training program for addressing challenging behaviors;
  - 5) Fulfill the need for a training program that focuses on a proactive, least-restrictive approach;
  - 6) Increase awareness of the negative effect of institutionalization.

SCIP-R was developed to further extend staff abilities in dealing with challenging behavior and crisis situations from a position of behavior support and person-centered services.

**The three past practices used to control challenging behavior were:**

1. Chemical Interventions/Restraints:

- other alternatives should be tried first.
- May be used when prescribed.
- Long term use can result in side effects.
- Masks challenging behavior

2. Mechanical Restraints:

- time and energy required to apply
- straight jacket restraints can cause problems

3. Non-Programmatic Responses:

- reactions based on staff upbringing
- staff may personalize the situation

**No method of intervention should ever be considered or used as:**

- Convenience to staff
- Intimidation
- Punishment
- Substitution for proactive approaches

**• Common emotional reactions that may be experienced during a crisis may include:**

Panic	Fear
Disappointment	Helplessness
Anger	Annoyance
Confusion	Embarrassment

**Common physical reactions that may be experienced during a crisis may include:**

Increased blood pressure  
Increased heart rate  
Sweaty palms  
Muscular twitching

Tightness in stomach  
Lump in throat  
Headache  
Adrenaline rush

### **Signs of Stress and Burnout**

Fatigue  
Increased illness  
Irritability  
Loss of interest in job  
Change in work performance  
Change in eating habits

**Employees, volunteers and family care providers shall not engage in any activity that constitutes abuse of people receiving services as defined in the regulations of OMRDD.**

**Abuse defined:** The maltreatment or mishandling of a person receiving services which would endanger the physical or emotional well-being of the person through the action or inaction on the part of any individual, including an employee, volunteer, consultant, contractor, visitor, or others, whether or not the person is or appears to be injured or harmed. The failure to exercise one's duty to intercede in behalf of a person receiving, services also constitutes abuse.

- **Physical Abuse**
- **Sexual Abuse**
- **Psychological Abuse**
- **Seclusion**
- **Unauthorized or Inappropriate use of Restraint**
- **Unauthorized or Inappropriate use of Aversive Conditioning**
- **Unauthorized or Inappropriate use of Time-Out**
- **Violation of Person's Civil Rights**
- **Mistreatment**
- **Neglect**

# UNDERSTANDING



- **Behavior, even challenging behavior, is purposeful.** People use behavior to achieve personal outcomes.

**Functional analysis is a way of determining the intended outcome of a person's behavior.**

To plan interventions, we must know the function of the behavior. Staff's view of challenging behaviors and its purpose is key to the use positive strategies:

- 1) Problem behaviors are largely learned through a history of interactions between the person and the environment.
- 2) In general, behavior is seen as purposeful (functional and useful) within the context of the environment in which the behavior occurs.
- 3) Problem behavior may communicate something about a person's unmet wants and needs.
- 4) Behavior is a function of the person interacting with the environment.
- 5) Behavior is more likely to change when the environment changes.
- 6) A group of problem behaviors may be members of a single response class (Attention, Sensory, Tangible, Escape).

**What is a functional analysis?**

- A) The process of looking at relationships between behavior and the environment.
- B) A full range of strategies used to identify the antecedents and consequences that control behavior.
- C) An assessment process for gathering information that can be used to build effective behavioral support plans.

Challenging behavior usually occurs for one (or more) of four functional reasons or responses classes:



**Escape:** avoidance of a request, task or activity

**Attention:** want another person to spend time

**Tangible:** wants access to an item, service or food

**Sensory:** looks, sounds, feels, smells or tastes



#### **Four requirements for a functional analysis:**

- 1) Challenging behaviors are specifically defined;
- 2) Events are identified that predict when the behavior is likely or not likely to occur;
- 3) Hypothesis or ideas are developed as to the function(s) of the behavior;
- 4) Data is collected to confirm whether the events that predict the behavior are accurate and the hypothesis about the function of the behavior are correct.

- Conditions or antecedents which may contribute to a person’s behavior can be internal to the individual and those that are external or a part of the environment.

Internal Antecedents-“**Think medical first**”



External Antecedents-“**Think environment**”



Some general external antecedent events and conditions include:

Crowding

Chaos With in the Environment

Noise

Being Caught Doing Something

Being Threatened or Assaulted

Inappropriate

## PROACTIVE INTERVENTIONS



**Proactive**: The prefix “pro” means before in time. Thus, proactive interventions are those which address people’s needs *before* problems arise. If proactive interventions are effective, challenging behaviors should be rare.

**Active**: If needs are not met, problems begin to bubble up as warning signs. Active interventions are designed to help people calm so that needs may be addressed. **Note**: Although active interventions involve calming, in order to truly resolve problems, people’s needs must be ultimately addressed.

**Reactive**: The prefix “re” means back in time. Reactive interventions are those which deal with challenging behaviors as they occur. We must then wait for the person to calm and go back to the point where it is possible to address needs (proactive and active interventions). Reactive interventions include, but are not limited to, the personal (physical) interventions.

**SCIP GRADIENT:** the level of support needed from staff for the person to **regain self control**. The level of restrictiveness a staff person gives during a crisis.

- A “positive environment” is one that is both “functional” and “supportive”. If the environment is structured in a “positive” way it should promote and maintain positive and adaptive behaviors

**Functional environment** refers primarily to the physical environment, such as:



Meets Needs  
Safe  
Organized

**Supportive environment** refers primarily to the social environment, such as:



Patient  
Caring  
Togetherness

- The **Behavior Support Planning Tool** incorporates five major elements into a treatment plan:



**Lifestyle Enrichment:** making positive choices that would enrich ones life

**Environmental Changes:** making modifications to the environment

**Consequences to Behavior:** should be positive and natural

**Teaching Substitute Skills:** teaching positive skills that would have the same or similar outcome, this should be specific one skill for one behavior

**Teaching General Alternatives:** teaching the skills one needs to deal appropriately with a variety of difficult situations.

## DO you have you “C LEGS?”

### **ACTIVE INTERVENTIONS**



- Evaluation for Early Intervention

It is important that staff members KNOW THE INDIVIDUAL with whom they are working in order to accurately recognize early warning signs or behavioral cues.

Early intervention may include placing an individual in another group or area, and/or restructuring an activity to avoid a loss of behavioral control.

**Physical considerations for staff approaching crisis is critical:**

ATTIRE

ENVIRONMENT

**Psychological considerations for staff to keep in mind when approaching a crisis situation:**

Know yourself  
Keep yourself calm  
Competent self-assurance  
Listen  
Be sensitive to a person's self-esteem  
Identify the person's feelings  
Do not create a power struggle  
Provide support

**• NON-VERBAL CALMING TECHNIQUES:**

- A) Redirect to another activity.
- B) Eye contact.
- C) Close proximity.
- D) Touch control.
- E) Effective use of space.
- F) Body posture.
- G) Planned ignoring.
- H) Facial expressions.
- I) Provide access to preferred objectives and environments.

**• VERBAL CALMING TECHNIQUES:**

- A) Ventilation.
- B) Use active listening.
- C) Distraction.
- D) Reassurance.
- E) Understanding.
- F) Modeling.
- G) Humor.
- H) One-to-one.
- I) Encourage alternate coping strategies.

- J) Remind the individual of natural consequences.
- K) Use positive language.
- L) Facilitate relaxation.

## ESCALATORS

Opposite of calming techniques they may ignite the potential for a crisis.  
Avoid the following:

1. Don't plant the suggestion of a misbehavior
2. Don't threaten the consequence of a misbehavior
3. Don't present commands in the form of a question
4. Don't restart the confrontation by immediately demanding emotionally difficult actions
5. Don't rehash the incident in front of the person
6. Don't have more than one staff person give directions to a person
7. Don't ignore attempts at communication

**During the use of any personal interventions, the person's medical condition must be monitored:**

- B - Breathing
- A - Ability to move
- N - Noise
- C - Color

If an individual continues to be held in a **restrictive personal** intervention for **10 minutes**, a supervisor is to be notified.

The application of personal intervention technique shall be done with the minimum amount of force necessary to safely interrupt the behavior, and the duration of the application of a single episode should not exceed **20 minutes**.

### **Important Considerations When Performing Personal Interventions**

- Speed and Control
- Use **STOP POINTS** whenever possible
- Avoid Power Struggles
- Timing
- Document all active and reactive interventions
- Avoid personalizing the behavior

- Judgment
- Don't overreact
- DO NOT PERFORM TECHNIQUES ON A SOFT SURFACE

- **Immediately following the use of a personal intervention:**

Assess Medical Needs

Assess Physical Needs

Think of what could have been done to avoid the crisis

Support self/others who may need reassurance

- **Documentation of the crisis situation:**

Be Timely

Be Thorough

Be Specific

***Remember, your focus when using SCIP-r as direct support professionals should always be to assist individuals in developing self control.***