Crisis Prevention Training

Senior Behavioral Health
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Crisis Prevention Training

- Goal: To provide the best care, welfare, safety and security for the individuals in your charge, even in violent moments.

Presented by:

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1. Systemic Steps Involved In Planning for Behavioral Management

- Society/Community
- Corporation
- Facility
- Staff
- Individual
- Patient

2. Facility Based Risk Factors

- Maslow Hierarchy of Needs
- Layout
- Color/design
- Ambiance
- Staff Training
- Recreation Staff
- Engagement

3. Personal Influences

- Age
- Culture
- Religion
- Size
- Gender
- History of Trauma
- Education
- History
- Socioeconomic Factors
- Mental Illness and Anger Management
- Coping Skills

4. Safety Positions

- CPI Supportive Stance
- Kinetics
- Proxemics
- Para Communication

5. Environment of Care Options

- Sensory Programming and Engagement
- Perception Modalities-sound, touch, taste, sight and smell
- Techniques-aroma therapy, music, visual stimulation, massage, blankets, tactile stimulation/items
- Equipment
- Supplies

The CPI Development Model

- **Crisis Development/Behavior**
  1. **Anxiety**

  A noticeable increase or change in behavior, (e.g., pacing, finger drumming, wringing of the hands, staring).

- **Staff Attitudes/Approach**
  1. **Supportive**

  An empathic nonjudgmental approach attempting to alleviate anxiety.

CPI Development Model

- **Crisis Development/Behavior**
  1. Anxiety
  2. **Defensive**

  The beginning stage of loss of rationality. At this stage, an individual often becomes belligerent and challenges authority.

- **Staff Attitudes/Approach**
  1. Supportive
  2. **Directive**

  An approach in which a staff member takes control of a potentially escalating situation by setting limits.

  - *Limit setting*: a verbal intervention technique in which a person is offered choices and consequences.

CPI Development Model

- **Crisis Development/Behavior**

1. Anxiety
2. Defensive
3. **Acting-Out Person (AOP)**

Total loss of control which often results in a physical acting-out episode

- **Staff Attitudes/Approach**

1. Supportive
2. Directive
3. **Nonviolent Physical Crisis Intervention**

Safe, non-harmful control and restraint techniques used to control an individual until he can regain control of his behavior.

- These techniques should be utilized as a last resort, when an individual presents a danger to self or others.

CPI Development Model

- **Crisis Development/Behavior**

1. Anxiety
2. Defensive
3. Acting-Out Person (AOP)
4. **Tension-Reduction**

Decrease in physical and emotional energy which occurs after a person has acted out, characterized by the regaining of rationality.

- **Staff Attitudes/Approach**

1. Supportive
2. Directive
3. Nonviolent Physical Crisis Intervention (NPCI)
4. **Therapeutic Rapport**

Attempt to reestablish communication with an individual who is experiencing Tension-Reduction.

- Building relationships with individuals in our care.

Nonverbal Behavior

- ***Proxemics*: personal space**
- ***Kinesics*: body posture and motion**
- **CPI Supportive Stance**
  1. Communicates respect
  2. Non-threatening/non-challenging
  3. Staff personal safety/escape route

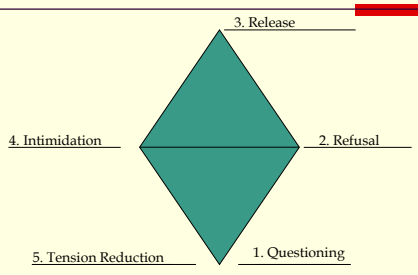
Paraverbal Communication

- ***Paraverbal Communication***: The vocal part of speech, excluding the actual words one uses.
  - ***Tone***: Try to avoid inflection of impatience, condescension, etc.
  - ***Volume***: Keep volume appropriate for distance and situation
  - ***Cadence***: Deliver your message using an even rate and rhythm.

CPI Verbal Escalation Continuum

1. Questioning
2. Refusal
3. Release
4. Intimidation
5. Intimidation Reduction

Verbal Escalation Continuum



Verbal Escalation Continuum

1. **Questioning**:
   - *Information-seeking*: a rational question seeking a rational response.
   - *Challenging*: questioning authority or being evasive; attempting to draw staff into a power struggle
- *Intervention*
  1. Give a rational response.
  2. Stick to topic (redirect) and/or ignore challenge
  3. Set Limits if individual persists

Verbal Escalation Continuum

2. **Refusal**: Noncompliance, slight loss of rationality

- *Intervention*
  - Set limits
  1. Simple
  2. Enforceable
  3. Reasonable

Verbal Escalation Continuum

3. **Release**: Verbal acting out, emotional outbursts, loss of rationalization; blowing off steam, screaming, swearing, high-energy output.

- *Intervention*:

A.) Allow them to let off steam, if possible.
B.) Remove audience or acting out person from area.
C.) When individual begins to quiet down, state directives that are non-threatening.
D.) Use an understanding, reasonable approach.
E.) Be prepared to enforce any limits you set.

Verbal Escalation Continuum

4. **Intimidation**: Individual is verbally and/or nonverbally threatening staff in some manner.

Hands-on approach at this time may trigger physical acting-out behavior.

- *Intervention:*

A. Seek assistance and wait for team to intervene, if possible.

B. Try to avoid individual intervention, as this is more likely to jeopardize the safety and welfare of both staff and the AOI.

Verbal Escalation Continuum

5. **Tension-Reduction**: A drop in energy, which occurs after every crisis situation, whether it is after a low-level defensive behavior or after intimidation.

- *Intervention*:
  - Establish *Therapeutic Rapport*: reestablish communication with the individual

Setting Limits

Keys to Setting Limits

When you set limits, you are offering a person choices, as well as stating the consequences of those choices.

- Offer positive choice and consequences first, then negative choices and consequence.
- You cannot force individuals to act appropriately. Trying to force a person to act in a certain way often results in a nonproductive power struggle.
- Simple/clear, reasonable and enforceable

Verbal Intervention Tips

- **DO**
  - Remain calm
  - Isolate situation
  - Be professional
  - Enforce limits
  - Listen
  - Be aware of non-verbals
  - Be consistent
- **DON'T**
  - Overreact
  - Get in a power struggle
  - Make false promises
  - Fake attention
  - Be threatening
  - Use jargon

Empathic Listening

- **Empathic listening is an active process to discern what a person is saying.**
  - Remain nonjudgmental
  - Give undivided attention
  - Listen carefully to what the person is really saying (focus on feelings not facts)
  - Allow silence for reflection
  - Use restatement to clarify messages

Precipitation Factors, Rational Detachment, and Integrated Experience

- **Precipitating Factors**:
  - Internal or external causes of an acting-out behavior over which staff members have little or no control
    - Loss of personal power
    - Need to maintain self-esteem
    - Fear
    - Medications
    - Attention-seeking
    - Displaced anger
    - Psychological/physiological causes

Rational Detachment

The ability to stay in control of one's own behavior and not take behavior personally

- Key Points
  - Staff may not be able to control precipitating factors, but they can control their own response to the acting-out behaviors which result.
  - A professional attitude must be maintained so that we can control the situation without overreacting or acting inappropriately.
  - Staff need to find positive outlets for the negative energy absorbed during a crisis.

Integrated Experience

Behaviors and attitudes of staff impact the behaviors and attitudes of those in their care and vice versa.

- Individuals do not act out in a vacuum. Their behavior affects staff and vice versa staff affects patients.
- If we stay in control when we encounter a disruptive individual, we can display a positive action which will not escalate the person's behavior.
- Staying in control and being positive will allow us to offer the best possible care, welfare, safety and security to the individuals in our facilities.

Fear and Anxiety

Fear and anxiety are universal human emotions. Our response to them is both psychological and physiological.

- **A <u>negative</u> reaction to fear/anxiety include**:
  - ***Freezing*:** inability to react to situation (e.g., stage fright)
  - ***Overreacting:***
    - *Psychologically* – perceiving a situation as worse than it really is.
    - *Physiologically* – motor skills do not function normally
  - ***Responding inappropriately:***
    - *Verbally* - saying things that are not pertinent to the situation; using obscene or inappropriate language.
    - *Physically*- striking out at someone; not being able to control our actions.

Fear and Anxiety

- **<u>Productive</u> reactions to fear/anxiety include**:
  - *Increase in speed and strength* – additional adrenaline released into the bloodstream causes an almost superhuman increase in speed and strength.
  - *Increase in sensory acuity* – special alertness or sharpness of our senses take place.
  - *Decrease in reaction time* – we take less time to react than we would under normal circumstances.

Fear and Anxiety

- **Ways to control fear and anxiety**
  - Understand what makes us afraid.
  - Use techniques to protect both ourselves and the acting-out individual in a crisis.
  - Use a team approach – don't respond alone.
  - Learn nonviolent physical intervention techniques to manage acting-out individuals, if necessary.

Philosophy of Nonviolent Physical Crisis Intervention

- **Physical intervention should be used only as a last resort when an individual is a danger to self or others.**
- Even at those moments, conduct an assessment to determine the best course of action to maintain the **care, welfare, safety and security** of all involved.
- There is risk involved in ***any*** physical intervention, therefore, physical intervention should be considered only in those moments where the danger being presented by the acting-out individual outweighs the risk inherent in physical interventions.

Nonviolent Physical Crisis Intervention Techniques

- **Nonviolent Physical Crisis Intervention techniques are designed to be non-harmful and allow for a *Therapeutic Rapport* to be reestablished with the individual who lost control**.
- Key elements of Nonviolent Physical Crisis Intervention response include:
  - Assessment of pain involved
  - Attempts to calm down individual
  - Individual not restrained on the floor, reducing risks of restraint-related positional asphyxia and other injuries
  - Team interventions are used
  - Used only as a last resort when someone presents a danger – used to protect not to punish
  - By using physiological principles that do not rely on matching strength, staff involved are not in a "competitive" mindset
- The goal is to continually assess signs of tension-reduction and use opportunities to reestablish a therapeutic rapport with the individual.

CPI Personal Safety Techniques

- Two types of personal attacks:
  1. *Grab*: control or destruction of a part of one's anatomy
  2. *Strike*: a weapon coming in contact with a target

Personal Safety

- Use physiological advantage by using:
  - The weakest point of the grab
  - Leverage
  - Momentum
- Gain a psychological advantage by:
  - Staying calm
  - Having a plan
  - Using the element of surprise or distraction

Team Intervention

Team versus Solo Intervention

- **Why team intervention?**

  1. Safety – two people can handle an acting-out individual more safely than one person can.

  2. Professionalism – team members can lend support to one another during a crisis situation.

  3. Litigation - having another person on the scene provides a witness to the intervention.

- **Team Leader**
  - When a team leader arrives on the scene, he/she should take control. The team leader can be any person on the team:
    1. The first person on the scene
    2. A team member with confidence and competence in handling crisis situations
    3. A team member who has rapport with the acting-out individual

Team Intervention

Team Leader Duties

- **During a crisis situation, the team leader's duties are to:**
  - Assess the situation. What steps are necessary?
  - Plan the intervention.
  - Instruct or cue the other team members.
  - Communicate with the acting-out individual. To avoid confusion, one person should talk with the acting-out person.

- **Auxiliary Team Duties**
  - Check:
    - Psychological status of the disruptive individual.
    - Safety of the environment/remove dangerous objects.
  - Address:
    - What needs to happen to de-escalate the crisis

Postvention CPI Coping Model

- ***Postvention***:

  Provides an opportunity to work toward change and growth for individuals who have acted out, as well as for staff members.

  Without the post-vention process such as the COPING model, crises are likely to occur over and over again.

Postvention

- The COPING Model for both Client and Staff Perspectives
  - Control
  - Orient
  - Patterns
  - Investigate
  - Negotiate
  - Give

For More Information

- Inpatient and Intensive Outpatient behavioral health services: Adults age 18 and over
  - General Adult
  - Crisis Stabilization
  - Medical Detox and Chemical Dependency Treatment
  - Geriatric Unit
  - Men's and Women's Military Programs- Strong Hope

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