

# NON-VIOLENT CRISIS INTERVENTION / CRISIS INTERVENTION / COMMITMENT TO POSITIVE BEHAVIOR SUPPORTS

## NON-VIOLENT CRISIS INTERVENTION

Core Services teaches CPI Non-Violent Crisis Intervention procedures to give staff the tools they need to directly intervene in crisis situations and teach staff de-escalation techniques. The goal of this training is to help staff learn decision-making skills to match the level of response to the risk of the crisis. The goal of the training is for staff to recognize the stages of an escalating crisis and learn evidence -based techniques to appropriately de-escalate a crisis.

**In keeping with the Core Services policy and commitment to positive supports, Core Services prohibits the use of restraints or take-downs and staff are advised of this policy during training.**

Staff are selected for CPI training by program supervisors based on their work assignments and need. This training can be requested by any agency employee and management will decide enrollment need based on class availability and employee assignment.

## POSITIVE BEHAVIOR SUPPORTS

Core Services adheres to person-centered principles and a model of positive behavior supports. When positive behavior supports are implemented and people direct their own lives, behavior support plans, particularly those that are restrictive, are rarely needed. This model is disseminated into agency culture and practice through the following processes:

Core Services is committed to training staff on personal outcome measures and person-centered practices to promote a culture of positive behavior support.

Core Services is committed to:

* all DSP and management staff completing Person Centered Thinking training
* a goal of Personal Outcome Measure interviews every 2-3 years
* all staff completing Personal Outcome Measures training
* DIDD facilitated Personal Planning meetings attended by the person and those most familiar with the person in attendance
* PCSP meetings attended by the person, members of management, family and natural support and DSP staff most familiar with the person.
* Regular follow up and monitoring of PCSP implementation by management to ensure that person centered wishes are identified, documented, implemented and monitored for effectiveness

Core Services prohibits:

* The restriction of rights without a thorough review of environmental and situational factors leading to the restriction (see Rights Restriction Process)
* The use of restraints devices or restraint procedures, including floor restraints “take downs”
* The use of time out rooms
* The use of psychotropic medications as a chemical restraint
* The use of highly intrusive behavior interventions or punishment for the convenience of staff and others
* The use of corporal punishment, seclusion, noxious or aversive stimuli, forced exercise, as needed orders for psychotropic medications and denial of food or liquids that are part of a persons’ nutritionally adequate diet
* Standing policies and practices that restrict a person’s rights
* The use of a restrictive or intrusive medical or behavioral intervention without prior informed consent
* Implementation of behavioral support plans without first ruling out physical and environmental issues contributing toward the persons behavior

Before restricting a person’s rights the following process will be followed (see attached process map). A request to restrict rights will be brought to the Case Manager who will lead an investigation answering the following questions:

* + What is the issue?
  + Is it a health or safety concern?
    - No- How can we support the person to live their idea of a best life?
    - Yes – Management team conducts a probe
      * Who is proposing the strategy?
      * Why is this being proposed?
      * What does the person say?
      * Is this a recent change?
      * Have there been changes in staffing/environment?
      * Can changes be made to staffing/environment to produce a change?
      * Have changes been tried?
  + If the probe and changes do not produce the desired effect and a health or safety concern exists:
    - Discuss issue and proposed restrictions at PRERTS, with person supported, and with COS
      * Develop a rights restriction reduction plan
    - Seek HRC committee approval
    - Implement restriction
    - Monitor and re-evaluate in an effort to remove the restriction as soon as possible
  + Documentation of the process will be completed by the Case Manager on a Case Manager Note in PHS

Before Behavior Analyst Services are requested the following process will be followed (see attached process map). A request for BA Services will be brought to the Case Manager who will lead an investigation answering the following questions:

* Management team conducts thorough probe. If this is a legitimate concern:
  1. Have environment/staffing changes been tried
  2. If environment/staffing changes do not produce the desired change, COS, PCP, or POM interview held to support ways to support person’s best life
     1. Alternative strategies implemented, evaluated and reviewed at PRERTS
  3. If alternative strategies are still not producing desired effect can the person/team recommend other strategies?
     + YES – repeat step b.
     + NO – Referral for BA Services
* Documentation of the process will be completed by the Case Manager on a Case Manager Note in ECM System.

## CRISIS INTERVENTION

Staff will follow a general set of guidelines when responding to a person who is in imminent danger of hurting himself or others, or when the staff supporting the person feel that the situation is “out of control” and do not know how to support the person in the typical or planned manner. These procedures are in addition, or supplemental, to the Individual Behavior Support Plans and Cross-System Crisis Plan which will be developed for individuals who have been approved for this service or are identified as being in need of such a plan.

It is the policy of Core Services of Northeast Tennessee that PRN psychotropic drugs will not be used and outside resources (Hospital ER, Mental Health Crisis Team, etc.) will be accessed should a need be indicated.

If an individual is becoming agitated the DSP should think and plan for the intervention using these steps.

**Awareness**

* Physical environment
* Your emotional state
* Other people and staff present
* Outside resources available

**Assess/Analyze**

* What does the situation mean?
* Does the person need something?
* What should happen?
* Do I need to do anything?

**Anticipate**

* What is the person likely to do next?
* What is likely to happen if I do something?
* What is likely to happen if I do nothing?

**Act**

* Make a conscious choice to intervene
* OR, make a conscious choice NOT to intervene

PROCEDURE

1. Staff’s initial response is to protect everyone in the situation by separating the person from other individuals and staff.
2. After removing all others from immediate risk of harm, notify supervisor as specified on the emergency call list. Staff should be cognizant of modes of communication during crisis and avoid actions that may agitate the person
3. Back-up staff will be available if needed and coordinated by the On-Call
4. Attempt to de-escalate the behavior by distracting or redirecting the individual. Offer the individual something that is known to be a highly desired reinforcer on a non-contingent basis.
5. Attempt to remove all objects that have the potential for being used to inflict harm on oneself or others.
6. Supervisory and Management staff will determine whether to access outside resources i.e. Police, Mental Health Crisis Team, emergency hospital visit.
7. A call to law enforcement will be made if needed
8. In the event of an emergency room visit staff must monitor the person’s status and remain close until it is clear the person has been admitted to the hospital.
9. If the person is sent from the emergency room to a psychiatric hospital for evaluation staff will remain close until a final decision is made to admit the person.