

Ψ Grey Matters Ψ

Notes from the Support Approach Team

Responding to Behavioural “Emergencies”

As a service provider specializing in supporting individuals diagnosed with intellectual and development disabilities with complex support needs, we put a great deal of effort into understanding risk and planning behavioural support strategies. Our support plans are developed with input from direct service teams, written in the “Client Profile”, authorized by a “qualified person”, and consented to by independent adults or legal guardians. Supervisors, and when required, Support Approach Consultants provide training for direct support staff to implement the planned approaches. Even though we do all this to prepare staff to respond effectively to the needs of each individual in service, behaviour patterns can change and individuals may act in ways that we did not anticipate or expect.

When the unanticipated happens you are not without resources. CET Standards and agency policy requires that we prepare staff to act in behavioural emergencies. The training you received at orientation on “Positive Approaches and Restrictive Procedures” and “Nonviolent Crisis Intervention” forms the basis of this training. Your instructors talked about the delicate balance of providing service in a manner that is respectful of the rights of an individual, yet limits significant risk of harm. In a previous issue of Grey Matters (Spring 2015) the topic of Restrictive Procedures was discussed. The procedure document found in your service area Procedures Binder, entitled “Support Approach Guidelines” provides further description of the agency’s process for responding to behaviour of concern. An additional and equally important aspect of your training includes appropriate use of the “Crisis Response” system in your service area (formerly referred to as “On-Call”).

In the Spring 2015 issue you learned that “any limits imposed on the individual’s rights (restrictions) must not be entered into lightly”. The decision to use a restrictive procedure (limiting a person’s rights and freedoms) in an emergency situation (a planned response has not been developed and authorized) should focus on the level of risk present in the situation.

If you are in a situation where a behaviour of concern is happening your first consideration is: What does the client’s Profile say you need to do? If the behaviour you are seeing is addressed with a support plan in the profile, follow your training and use the authorized strategies in that plan. If a risk of harm is likely and a plan of support is not yet in the client’s Profile (sometimes called an emergency or crisis situation) then you have to make a decision about how to support the individual and other members of your team. You are empowered to act within your training

up to and including procedures that we define as “restrictive”. In any behavioural emergency once you have acted and the situation has returned to “normal” you must contact a supervisor and complete an Incident Report.

It is generally best practice to find ways to intervene in a behavioural emergency that don't require a “hands-on” approach. With the safety of all concerned in mind, including yourself, try to ensure that your actions are the “least restrictive alternative” yet effective in limiting risk. This means that your choice should be an approach that is both effective in limiting risk in the situation and least impacts the rights and freedoms of the individual.

Your choice of action in the emergency is in part based on the stage of escalation you encounter. Is the current risk primarily to property; or is the individual approaching, but not yet certainly at risk of hurting themselves or others; what is the severity of the risk to self or others? Based on your knowledge of the individual, others present, the environment you are in, and the availability of immediate back-up from co-workers you need to decide: Can I interrupt the behaviour with my voice (e.g., providing clear, brief, directive prompts; or using a surprising vocal distraction (e.g., drawing attention to something away from the target; singing a song))? Can I interrupt or eliminate the most critical risk by changing the environment (e.g., object placement to create space; or to distract; creating separation from risk (e.g., using a door))? Can I briefly block the individual from continuing in the direction of the target or continuing to strike the target and get both myself and the target person to safety? Do I have back-up support if I have no choice but to use a physical hold to prevent continued harm? If I must use a hold, will a brief hold be sufficient to allow both myself and the target person to move to safety? With training and practice, including discussions in Team Meetings, reviewing these questions rapidly and making a safe choice will become more fluid.

Why do we need you to document what happened in a behavioural emergency? There are several reasons, including transparency, managing risk, managing liability, developing more effective planned support strategies, supporting client growth and development, and enhancing staff training. Transparency means making sure that everyone who should reasonably expect to know or needs to know what is happening in the client's life, and an employees' work day are properly informed (within the boundaries of confidentiality, consent, and service agreements). This includes guardians, supervisors, consultants, funders, and Human Resources personnel.

Sometimes, in the face of a behavioural emergency staff may hesitate or fail to act. Failing to act may put the client, themselves, or others at greater risk. It is not uncommon for an individual to freeze in a crisis situation. The way that we overcome the likelihood of freezing is through training, review of material in team meetings, understanding agency policy and procedure, and discussion with supervisors. Rehearsal of problem-solving scenarios is an important part of assisting teams to develop the skills and confidence to act. In some cases there may be a perception that because the choice before me may well include using an unauthorized “restrictive procedure” that I can do nothing. This is a misinterpretation of the agency's policy and

procedure. When risk is sufficient (in terms of likelihood, immediacy, and impact (severity)) staff are empowered to act to limit risk. Agency Policy supports this decision. The choice of actions needs to be consistent with your training. If you are alone with an individual physical intervention should be minimized (e.g., using CPI Personal Safety skills; move, block, release) while using environmental separation and verbal/ vocal supports. If no other option is available, and only if you would not put yourself at risk, would you consider using the briefest physical hold (e.g., CPI “pull-through” to escape or change direction).

Remember, you are part of a team, a team that is larger than the co-workers and supervisors in your immediate work setting. You have support to problem-solve and enhance your skills in handling behavioural emergencies in a professional manner. You can enlist the support of your team by documenting incidents when they happen (Incident Reports); by talking with your supervisor; and by participating in constructive discussion at team meetings, about the complex support needs of the individuals in your care.

- Doug Milloy, Ph.D. R. Psych.
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