

CRISIS PREVENTION EXAMPLE

Note: This is an example of a crisis prevention training tool used during onsite training sessions with staff members in a residential home. The woman described in this document, Ann, engaged in severe self injury and self restraint. Self restraint is a behavior that is primarily associated with self injury as it appears the individual is attempting to stop themselves from hurting him or herself. Examples of self-restraint include sitting on hands, holding objects, wrapping limbs in clothing, furniture and other people's clothing. Ann ripped her sleeves making a loop, she placed her hands behind her back and then used tied the loop tightly around her fingers. During the initial intervention, Ann had almost lost several fingers due to the severity of her self restraint behavior, her fingers were permanently swollen and disfigured, and her self injury (striking, pulling and scratching her neck and ears) had resulted in chronic wounds on her neck and a part of her right earlobe being torn completely away.

Another form of self restraint that developed was related to a helmet that was used to protect Ann when her behavior had become severe and her earlobe was ripped. After she had worn the helmet for some time, Ann reacted to the helmet being removed in the same way that she did when her loop was unavailable (self injury). One of the later PBS interventions was to fade the helmet by providing Ann with a hat for longer and longer periods of time. Ann, an older woman, loved wearing hats and enjoyed seeing herself in mirrors wearing big floppy hats.

Ann's functional assessment and functional analysis indicated that she engaged in problem behavior to escape demands. However, another function maintaining her behavior was physiological. Ann became highly anxious when she was not in her self restraint position, her breathing would increase and other behavioral signs of panic were evident. The "Emergency Management Guidelines" were created to help the lead staff members within Ann's home trouble shoot if Ann's problem behavior escalated. Most of the ideas within the guidelines are the result of the team experiencing these issues and problem solving solutions. The team met and together created the ideas that are contained in this document.

EMERGENCY MANAGEMENT GUIDELINES TRAINING PACKAGES- 26/12/91

There will be times when Ann hits herself and/or refuses to untie. Ann has a long history of self injury and self restraint; consequently, it will take time for any interventions to have lasting long term effects. It is important to develop ways of coping with these periods especially since Ann has been doing so well. Try not to feel downhearted in these times and remember how much Ann has gained. When Ann is self restraining and/or engaging in high levels of self injury, look for things which may be triggering the behaviors. Remember often there may be more than one problem occurring at a time.

Engagement Style

- Is everyone using the engagement style correctly (i.e. decreased eye contact when making requests, expectation in voice, telling Ann exactly what is coming next etc.)?
- Are people rushing through tasks and sounding anxious when they work with Ann?

- Are people giving Ann time so that she has a chance to untie?
- Are people forcing Ann to comply with tasks (i.e. “If you don’t put your apron on you can’t have any dinner!”)?

Procedure

- Is everyone following the procedures consistently and correctly?
- Does the procedure need to be adjusted?

Blocking

- Is everyone blocking Ann when she hits herself?
- Is everyone blocking correctly?

The Loop

- Is the loop broken?
- Is the length of the loop bothering Ann because it is too short?
- Is the loop made of the correct material (i.e. cotton)?

Shaping Procedure

- Has the reinforcement been changed?
- Is everyone following the shaping procedure correctly?
- Is the data being written down every session?
- Is anyone bribing Ann with the chocolate (i.e. “Untie your hands Ann and I’ll give you this chocolate.”)?

Training

- Has everyone working with Ann been fully trained and passed on the interventions?
- Has the training included reading the interventions, discussing them, having the new person watch a trained staff then in turn been observed working with Ann competently?
- Do the designated trainers understand the interventions and are they able to run them competently?

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The following section describes situations which may occur and suggestions for coping with them.

If the loop breaks...

- Block in the traditional manner (i.e. standing behind with your elbows just about Ann’s shoulders covering her ears and your hands covering the top of her head.

- If there is someone nearby, calmly ask for help.
- If no one is around, encourage Ann to walk with you telling her that the loop is broken and that you need to go get a new one.
- If this doesn't work, look for something Ann can temporarily use to bind her hands (i.e. shoelace, string etc.).
- If there is nothing available and you can't get Ann to move, don't leave her alone. Rip her clothing or something nearby into a loop that she can use.
- Encourage Ann to put her hat back on herself, to hold things for you and to do anything which requires the use of her hands. Ann does not self injure if she is holding an object in both of her hands.

If Ann refuses to eat...

- Leave her completely alone (i.e. no staff in the room, no residents etc.).
- Ensure that there is a staff member just outside the room who can run in and block if he/she hears Ann hit herself.
- Give Ann plenty of time to eat before taking the food away.
- If anyone is in the room with Ann make sure they do not give her any eye contact or talk to her.

If Ann has bad scratches on her face...

- Immediately check her fingernails because they may need cutting.
- If they were cut recently, check for sharp edges.

If Ann hits herself really hard and she is getting out of control...

- Block in the traditional manner (i.e. stand behind Ann with your elbows above her shoulders and your arms wrapped over her heads so that her ears and most of her head is protected).
- Make sure there is a back up person. Return to having two people in the room during demand times (bathing, mornings and dressing the fingers).

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Conclusion

There are some key issues which are important to Ann. When there are times of trouble check to see that these needs are being met.

Security

- Ann needs to feel that you are calm. She is very good at knowing how other people are feeling. If you sound nervous or rush through activities, she will become even more anxious and this may lead to self injury.

- Ann needs to know that no matter what, you will protect her when she self injures. If you don't block her when she hits herself she begins to become anxious and may self injure more.

Predictability

- Ann feels more secure when she knows what is coming next. By setting up procedures in the stressful periods of her day, Ann knows exactly what will be happening and when it will end.
- These routines also help the people who work with Ann so that everyone is working consistently and as a team.

Control

- Ann has lived all her life under the control of other people. She cherishes the small amount of control that she does have over others. By giving her the chance to do something on her own, you are giving her the freedom to choose and she will be more likely to comply with your request.
- If you force Ann to do something, she will become agitated and will be less likely to untie.
- Ann does not like bribery since it is also a form of control.
- In the long run, giving Ann the freedom to choose to untie her hands will result in her using her hands more often. If you force or bribe her, however, she may spend even less time with her hands untied.

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Information based upon the team meeting held on December 12, 1991