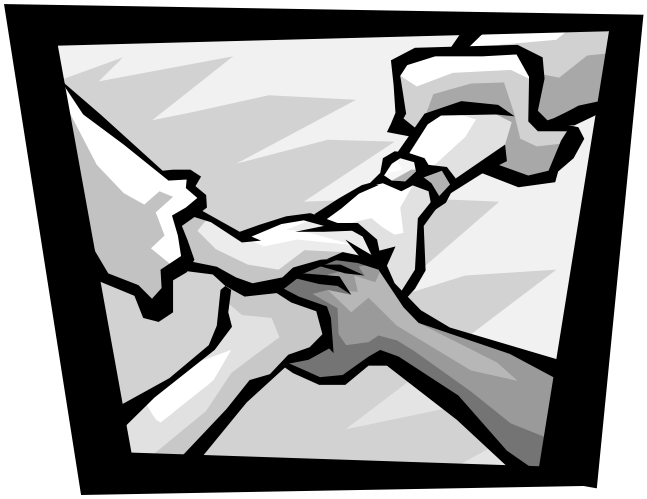
My Name: _____

Today's Date: ___/___/___

P.M.T.

Physical/Psychological Management Training

...helping people succeed.



PMT PARTICIPANT WORKBOOK

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INSTRUCTOR NAME(S)

P.M.T.
Physical/Psychological Management Techniques

TRAINING OUTCOME WILL FOCUS ON BUT NOT BE LIMITED TO THE FOLLOWING:

- How to recognize warning signs of agitation and how to implement effective de-escalation techniques.
- Important issues of verbally managing interpersonal conflict and anger.
- Effective personal safety techniques and legal passive physical intervention techniques.
- How to be an effective Physical crisis intervention team member.
- Guidelines for proper documentation, reporting and crisis debriefing.
- Legal and ethical issues of using physical restraint techniques.

LEARNING OBJECTIVES:

- acquire a basic knowledge of the importance of ***REAL PREVENTION***.
- have an understanding of one's own style of coping with differences and managing conflict.
- develop greater self confidence in crisis situations through skill building drills and role-play.
- increase one's range of response options when encountering the manifestly violent person.
- learn to manage one's own stress and reflexive responses in high pressure/high stress situations.

EFFECTIVE USE OF PMT REQUIRES…

Sensitivity to others. Who are the others?

1. 3. 5.
2. 4. 6.

- **Dedication to a *Therapeutic* approach:** _____ or_____

☐ Am I doing the best I can for this person _____***?***

☐ Being therapeutic doesn't mean the upset individual has to _____*!*

☐ Develop the investigative reporter or youtube mind-set.

- **Technical skill in crisis intervention:**

As your _____and _____ increases in an activity, your _____level decreases.

THE THREE "P's":

Prevention 

☐

*"**Real** prevention includes all the positive steps we take before a behavioral crisis occurs"*

Key aspects of real prevent are:

1. Planning ahead
2. Taking care of the little things
3. Knowing the people you serve
4. Being honest with yourself
5. Be Pro-Active
6. Prepare to React

Prediction 

☐

In order to accurately predict future behavior, we need the following:

1. Historical data
2. Confirmation of historical data
3. An understanding of the context of the behavior

Protection 

☐

It's important to identify the hierarchy of safety within the work environment

_____ Staff

_____ Individuals

_____Others

THE FOUR STAGES:

*(A **TEAM** PROBLEM SOLVING TOOL)*

Prevention	*Escalation*	*Aggression/violence*	*Post-Incident*
__ **Important**	__ **Most dangerous**	__ **Most Manageable**	__ **Most important**
__ Training	__ Unpredictable	__ Teamwork	__ Education
__ Networking	__ Intuition & judgment	__ Quick action	__ Debriefing
__ Staffing	__ De-escalation	__ Coordination	__ Documentation
__ Policies & Procedures	__ Calming Techniques	__ Communication	__ Changes
__ Programming	__ Redirection Techs.	__ Safety for all	__ Support
__ Recognize strengths	__ Verbal Diffusion	__ Clarity of purpose	__ Resolution

Communication

The first step toward preventing a physical crisis is to skillfully use verbal techniques whenever possible. One such technique, EFFECTIVE LISTENING is probably the most effective tool available for establishing good communication and strong rapport with clients.

Although functioning as a good listener sounds easy, human nature teaches us that we tend to forget the most simple and obvious of solutions. While it is beyond the scope of this workbook to provide a course in a full range of psychotherapeutic verbal interventions, we will present the essentials for helping you develop positive communication skills.

Effective listening is not a technique you can turn on and off. It requires a solid commitment on your part to step into the other's shoes and view the world from their unique perspective. Too often as health care professionals, we tend to ignore the valuable information available to us when we set aside our own opinions and judgments and genuinely listen. If you are the type of individual who has little tolerance for opinions, which are different from your own, you may find it considerably difficult to "effective listen." If this is the case, we recommend you seek out an adult education course that will provide you with hands on experience in effective listening skill building.

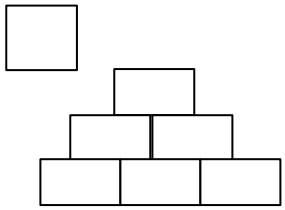
Effective Listening is an extremely effective tool for opening and maintaining efficient lines of communication not only with clients but with fellow staff members as well. While on first impression it may appear to "take time," it is generally less time consuming than unknowing mis-communications, which frequently arise from poor listening practices.

There are numerous roadblocks to listening and communicating effectively. We all use some or all of these behaviors in various situations and with certain types of people. While some of the behaviors may be appropriate in certain situations or settings, they detract from your ability as a good listener when that is your primary goal. By becoming aware of your listening habits, you can become a more effective communicator with some practice.

EFFECTIVE COMMUNICATION SKILLS

Non-verbal Communication (How you say it) ___%	**Verbal Communication (What you say)** ___%
Body Language:_____	
Style of Delivery:_____	

Are you a good listener? PMT Listening Test: **(Fill in the last word of the sentence)**



The Vision
(our mission)

BUILDING BLOCKS WE NEED IN OUR LIVES!

Freedom to make choices-Do we teach and empower the individuals to make choice and decision in their lives?

Health and safety-Are we all aware of health and safety concerns? Do we arrange the environment with safety in mind? Do we effectively implement preventive and de-escalation strategies? Do all team members know their duties if an individual becomes actively aggressive?

Warm, caring, emotional atmosphere-Are we likable people? Do we communicate through our actions that we care about the individuals that we serve? Do we remember that it is their home, their classroom, their day program, their hospital room,…their life? Do we live up to the 'sixty minutes' mindset?

Respect and dignity-Are we role modeling respect for the individual? Do we advocate for their rights? Do we strive to keep their dignity intact as they behave in a less than dignified way?

Social system-Are we looking at ways that the individual could actively involve themselves in the community? Ways that provide opportunity and potential enjoyment? As we look at the social system we need to keep a focus on all the other boxes and pay special attention to health and safety and respect and dignity. We need to spend time educating the individual so he or she will be successful, while broadening their social system, and learning to form relationships.

Opportunity to learn-We must fit our teaching to the individual's learning style. Based on their diagnosis, history, and communication challenge we must alter our strategies and interaction style to teach in an effective way. Whether it is curriculum, daily living skills, or social skills we must strive to arrive at therapeutic strategies for each individual.

In order to keep the vision alive, caregivers, teachers and teams need to be flexible and creative.

Why we are here…. What is your agency's mission statement?

Positive Behavioral Supports

Overview

While it is important to learn how to manage our own personal behavior as well as the behavior of others while under stress, there are many ways in which we, as staff, can act and behave that will greatly reduce the likelihood of naturally occurring low level frustrations and upsets from becoming full blow behavioral crisis. Below are a few fundamental concepts that when used in conjunction with the rest of today's class, will help to guide your decision making when managing upset individuals.

It is generally accepted that all human behavior has the potential of carrying hidden communicative meaning. Oftentimes, when someone is behaving in a manner that seems uncooperative, it may be an attempt to communicate something else.

Rarely is an incident “Just and incident.” often, we can anticipate the likelihood of someone getting upset by knowing enough about their history. However, it would be a mistake to simply operate under the limited information retrieved from just knowing about an individual’s past . We also need to examine the historical context of those behaviors that may shed a light as to why the behavior occurred. Later on in the program we will explore this in greater detail.

One of the most important aspects of managing disruptive behavior is to have a plan of action before during and after the incident. Prior to the incident, staff should be vigilant in making sure that we are flexible in our scheduling as well as be vigilant as to how the environment may be adversely effecting the individuals we are working with. This includes but is not limited to social interaction, low level demands and instructional expectations.

Even if you have heard this before, the following statement is worth saying again, “When behavioral crisis occur, all systems have failed.”This means that the only time we should ever place hands on someone else in order to manage their aggressive behavior is when all other strategies have failed. When a physical management intervention is implemented, there should always be a follow up review of the process to determine if we could have done something different or better.

Remember again that difficult behavior is often an attempt at communication. If we aren’t careful as staff, we may unintentionally create a negative environment where physical aggression is seen/interpreted/experienced by the individual as the only way to get attention, be respected or have their ideas thoughts and preferences taken seriously.

And finally, in order to be effective at creating a positive environment that is supportive of the individuals we serve, we must be open to and advocate for any and all possible options that would be in the best interest of the consumer.

Let's take a trip

Common Causes of Aggressive/violent Behavior

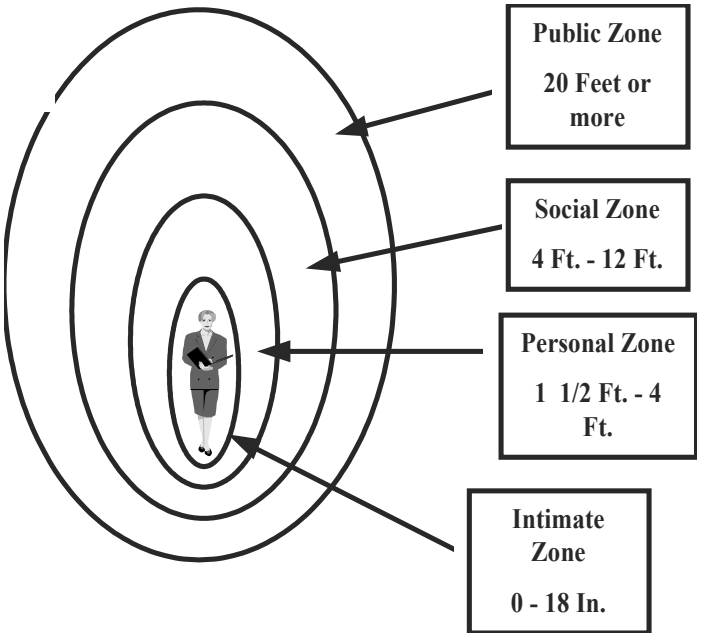
Personal Space

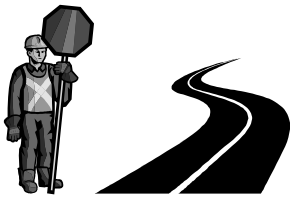
When people feel threatened they may react with:

1_____

2_____

3_____





SIGNS OF AGITATION:

Behavioral **Road Signs of Aggression**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Situational **Road Signs of Aggression**

1. When the upset person is _____, _____ or _____.
2. Following the denial of a real or perceived _____.
3. Following an _____ or _____.
4. When strong _____ are made of the upset person.
5. When unrealistic _____ are placed on the upset person.

Notes:

_____

_____

_____

Personal Safety Techniques

____ Stances	Stand at a 45 degree angle, less of a target, maintain balance, knees bent, keep feet shoulder width apart.
____ Blocks	Arms are used as shields, don't swing arms to block punch. Close hand to protect fingers, palms facing out. Protection.
____ P*A*rry	Redirect punch to non-effective area, don't grab arm. Think of wax-on-wax-off concept or analogy of bullfighter.
____ Wrist releases	Answer the phone***, LSD*** principles, go in direction of thumb or direction of least resistance, (where the fingers meet) thumb = 1/3 of the gripping strength of the hand.
____ Choke releases	Tuck chin, protect airway so you can breathe raise arms high, touch fingers together, step forward in rear choke and backward in front choke, turn to release hold.
____ Bite releases	Push in, press masticator muscles, or pull in toward body.
____ Hair pulls	Stabilize your neck and spinal column. Release thumb and two other fingers first. Immobilize the assaultive person against wall, etc. Escape only if you have tried the above.

Staff should always avoid using aggressive retaliatory moves to escape from situations involving individuals. If you are in the unfortunate position of having to escape from some type of aggressive hold or grab, think **"ESCAPE, ESCAPE, ESCAPE."**

Notes on "Dressing for Safety" Draw yourself head to toe below	Zone 1- Head and Neck Zone 2- Torso (includes arms) Zone 3- Below the waist

HAIR PULLS:

"The primary concern when having your hair pulled is the prevention of neck and spinal injuries."

There is more to be concerned about than losing hair when being grabbed by the hair! The possibility of a serious neck and spinal cord injury is a major concern. To avoid neck injury, the first and foremost step is to avoid pulling your hair away from the aggressor. Rather, you should move with the aggressor and try to remove their hand from your hair, as follows:

- **Step one**

Place your hand on top of the aggressor's hand. This stabilizes your neck and shoulders.

- **Step Two**

Move toward the aggressor. This stabilizes the aggressor.

- **Step Three**

Remain calm. Getting excited may positively reinforce the aggressor to continue grabbing.

- **Step Four**

Escape only if possible. The following are a few ways you may possibly escape:

1. After having done steps one, two and three, you free yourself.
2. You've done steps one, two and three and someone assists you in getting free.
3. You've done steps one, two and three and the aggressor lets you go.
4. You can't get out and you simply wait it out.

NOTES:

BITE RELEASES:

There are basically three types of bites staff should be aware of.

1. Bite and run away.
2. Bite and reflexive pull away.
3. The sustained bite or bite and hold.

- **Bite and runaway** - This occurs when an aggressor quickly bites someone and immediately releases the bite on their own and then moves away. ***The bite is over, seek medical attention.***

- **Bite and reflexive pull away** - The person being bitten is occupied with something else and doesn't see the bite coming and reflexively pulls his/her arm away. ***The bite is over, seek medical attention.***

- **The sustained bite** - Is the bite most staff are concerned with. The aggressor not only bites but also hangs on...perhaps even trying to rip the skin with their teeth. The following suggestions may work with this type of bite:

1. Always push in - pulling away actually contributes to soft tissue damage.
2. Blow a puff of air toward the aggressor's face - this may cause the aggressor to reflexively let go.
3. Cover the aggressor's eyes - many aggressors bite with their eyes open.
4. Press the jaw muscle that operates the hinge joint connecting the upper and lower jaw.
5. Carefully push upward on the philtrum - located just under the nose of the aggressor.
6. If bitten on your chest, stomach, etc., pull the aggressor into you as firmly as you can.
7. Pinching the nose as you push in.

Many of the above techniques cause discomfort to the aggressor. While PMT techniques are generally designed to be non-punitive, the purpose of the techniques mentioned above is to simply cause the person to release their bite. Staff's response in this situation may seem aggressive to some. However, one must realize that the person being bitten will do almost anything to free himself/herself from the excruciating pain of the bite. The techniques listed give staff other alternatives to escape rather than using more harmful natural reflexive responses to free themselves.

A.R.M.E.D

A = **Assess** - Type of weapon, backup, intent

R = **Respect** - your capacity to be injured. Don't be a hero.

M = **Move** - with commitment. Once decided, you must act, act with purpose.

E = **Expand** - your concept of what a weapon is. Traditional vs Improvised

D = **Disarm** - only if you have no other choice. Block-trap-take-away concept.

- ***Shields*** - Items small enough to pick up and deflect objects
    1. Books
    2. Clip Boards
    3. Small garbage cans
    4. Other ideas

Note: Remember, if you use any of the above items in a menacing or threatening Way, <u>you</u> could be accused of using a weapon.

- ***Barriers*** – Items you can get behind on or under
    1. Desks or tables
    2. Chairs
    3. Counters
    4. Other ideas

NOTES:

Reasons for Hands On Intervention:

Danger:_____

Programmatic:_____

Authoritative Directive:_____

PMT Technique Categories:

Level of Physical Aggression:

- Passive Resistance- (Jelly Fish, Gumby) – Explain danger to staff/Individual
- Passive/Active Resistance – (Leave me alone or else…) –Explain oxymoron
- Assaultive Aggression – (Your going to pay for this, it's not personal) – Don't take personally

Escorts:
Definition or Salient Features: The upset person is moving forward, one foot in front of the other under their own power with staff nearby. Staff may or may not have hands on the upset person. They may be argumentative and/or protesting but they are moving under their own power. They are not necessarily moving forward ***willingly*** (explain). The following techniques function well as Escorts:

Implied Touch
Physical Prompt
Guide along
Lower Figure 4
Side by Side Hold Single

Physical Assists: (School Systems and DDS behavior Support plans only)
Definition or Salient Features: The upset person is moving forward but with *some/a* little resistance. Staff has hands on. Individual is not targeting staff with assaultive behavior or twisting squirming in unsafe ways. The intention of the assist is to move the individual from one place to another and to release them upon arrival at the desired location. Otherwise, the entire process would be considered a restraint. The following techniques can also be used as Physical Assists:

- ❑ Physical Prompt
- ❑ Guide along
- ❑ Lower Figure 4
- ❑ Side by Side Hold (Optional)

Passive Protective Holds:
Definition or Salient Feature: Passive protective holds are generally initiated by one or two staff to facilitate a short emergency physical intervention. The individual is potentially causing harm to self/others or is engaged in major property destruction that could potentially lead to harm to self or others. Typically, passive holds are done in a free standing upright position.

1. Limited security hold (One staff)
2. Full Security Hold (One or two staff)
3. Side-by-Side Hold (One staff)

Transports:
Definition: A tactic or Strategy used to move an upset person form one area to another area. Generally, the upset individual is not cooperating and may be aggressive/assaultive. In transports, the individual being transported must have their feet on the floor. The focus of a transport should be to move the individual ***FROM DANGER TO SAFETY, NOT FROM DANGER TO DESTINATION***. Unfortunately, in some instances, the destination may be the safest place. (Give examples and explain). The following techniques are best used for transport situations:

1. Full Security Hold (One or two staff)
2. Side-by-Side parallel hold (Two staff)
3. Reverse Cradle (Two Staff)
4. Forward Cradle Transport
5. Others

Lifts and Carry's:
Definition: A Lift and carry is defined as any technique where the upset person's feet are not on the floor. We generally recommend against the use of Lifts and Carry's as a behavior management tool. Risk to both the individual and staff is increased during lifts and carry.

1. The following applies to both Transports and lifts and carries;
2. No Transporting or lifting and carrying up/down stairs
3. To determine if you should lift/carry use the 60:1 ratio. One staff member to every 60lbs.

Immobilization holds: (Take-downs, etc.)
These types of holds prevent the upset individual from moving freely and involve immobilizing head arms and legs.

1. Security Hold and variations
2. PMT Basic Floor Control (Min 2 people, max 7)
3. Face -up Back to back (2-4 staff) ***(NO PRONE HOLDING ALLOWED)***
4. PMT Approved Techniques

At no time in any PMT technique should a staff member be directed or be permitted to sit on an upset person or rest direct staff body weight on the upset person's torso or place the individual in a prone position. Prone holding has bee shown to lead to Positional Asphyxiation death.

ESCORTS,TRANSPORTS, and PROTECTIVE Holds

ESCORTS

____ Implied Touch	Positive guidance statements: Name, logic, and gesture. Limit choices. Don't ask, direct. No touch involved.
____ Prompt	Use positive guidance statements: Name, logic, gesture light touch (depending on urgency of situation, etc.)
____ Guide-a-long	Designed to function as an escort, can be experienced as restrictive if used improperly. Use with one or two staff.
____ Lower Figure Four	Designed as an escort, can also be experienced as restrictive. Make sure to grasp your own wrist. To be used as a two staff escort.

TRANSPORTS

____Side by Side Parallel Hold	Staff's arms are crossed behind the individuals back.
____Reverse Cradle Transport	Thumb up, scoop under and walk backward, fast.

PROTECTIVE HOLDS

____ Limited Security Hold (solo technique)	Only controls one arm, staff needs to make sure their head is behind the arm they are controlling.
____ Full Security Hold (solo technique)	Make sure hands are locked under the aggressor's elbows. Security holds are only recommended as an ***emergency intervention***.
____ Reverse Cradle Takedown to..	This is a two person procedure. Safely take down aggressor to a *face up position* with their arms palm down. One staff may control the legs by crossing them at the ankles. Another staff can perform head control with their palm on forehead with the lightest of contact and both of staff's knees on the floor cradling the head.
____ PMT Floor control	
____ Back to Back (2 STAFF)	Staff are sitting back to back. No staff weight on chest. **NO PRONE HOLDING ALLOWED**
____ Release Procedures	1. Head 2. Feet 3. Arms

Use of Protective Holds

"IF A PROTECTIVE HOLD IS INEFFECTIVE, OR THE INDIVIDUAL IS IN MEDICAL DISTRESS, ABORT THE PROCEEDURE IMMEDIATELY "

- Regardless of whether an intervention is initiated by a single staff or a team, all protective holds should begin swiftly and end in as short a time as possible. Medical considerations take precedence over behavioral physical holding In other words, if the upset child demonstrates any medical distress while holding, such as skin color changes, convulsion activity, vomiting and changes in breathing patterns as well as other known and/or sudden medical indicators including verbalizations, physical holding should be discontinue and medical intervention should begin..

- Swift action during a physical intervention will help in preventing unnecessary struggling, which increases the risk of injury to individual and staff.

- Limiting the time during which staff are actually physically holding a individual will also conserve staff's energy, thus preventing possible injury which is commonly associated with an over-fatigued and hence, careless staff member.

- During physical holding procedures it is essential that when staff holds an individual's limb, they hold it next to a major joint and thus avoid locking a joint. When executed properly, you will have limited the individual's capacity to gain the benefit of leverage and prevented the risk of dislocation or fracture to the extremity.

- Remember, "hands on" holding is only one way of providing behaviorally aggressive individuals with necessary controls in order to create a safe environment for the social community.

- Protective holds are designed for the security and safety of both individuals and staff and are never to be portrayed as punitive. Techniques are always to be employed from the principles of least amount of force necessary and selected from the continuum of intervention's list of least restrictive technique for safely containing the individual.

General Statement Regarding Prone Holding (Face Down)

Only techniques taught during the PMT Program are approved for use. PMT Associates, Inc. ***recommends against*** and ***does not teach*** the use of prone techniques for managing upset individuals. When approved for medical reasons, prone holds should only be applied as a means to bring the highly combative/historically dangerous individual under control until an appropriate number of staff are present. While it is often argued that the prone position provides a safer intervention position for staff and provides less stimulus to the individual, it is our opinion, that the risk of chest compression (which can lead to ***Positional Asphyxiation and Cardiac arrest*** far out weigh any perceived gains through the use of Prone holding.

Again, even though we do not teach or endorse prone holding, it is worth mentioning a few areas of concern that staff should also be aware of during any holding procedure.

At no time, in any technique, should a staff place any direct body weight on a student that would constrict airway or that would compress the child chess. Also, the use of items that restrict the "natural flow of the airway" to manage behavior like spitting should be avoided unless approved by a medical physician and then be reviewed by the Protection and Advocacy Committee.

LEGAL/ETHICAL ISSUES

When using physical management techniques, always be aware of and follow your agency guidelines for proper documentation. Remember: WHEN IN DOUBT, WRITE IT OUT! Never use more force than necessary and never use protective holds as punishment or for staff convenience.

PROTECTIVE HOLD: ***"Physically holding an individual to restrict movement or to prevent the individual from harming himself or others."***

In addition to the obvious risks associated with the use of restraint or other physically intrusive interventions, there are certain legal and ethical considerations, which must be taken into account. Whenever we curtail another person's freedom, especially by physically restricting movement or mobility, we are intruding.

In a limited number of instances, this may be the only way to protect an upset individual from injury. Given that it is sometimes necessary to physically manage a behavioral crisis, we need some basic guidelines to follow. **THERE ARE THREE TYPES OF ERRORS WHICH WE HOPE TO AVOID:**

- Using physical management when it is unnecessary and thereby risking the safety of all involved.
- Not acting quickly enough to safely manage the situation, thereby risking possible escalation of the behavior and endangering others.
- Failure to advocate for those who cannot advocate for themselves.

As staff, you are charged with the responsibility of providing services to the participants of your agency, which protects their physical and emotional health, while enhancing the overall quality of their lives. Unwarranted use of force will likely result in charges of ***ABUSE***, while allowing dangerous behaviors to go unchecked may be seen as ***NEGLECT***.

Effective Use of Restraint & Seclusion In Schools

In some scenarios where the safety and well-being of the child or others is a concern, it may make sense to physically remove an upset child from a danger/Socially unproductive situation. Rationals would be to maintain the learning environment for the other children in the class. Another reason would be to help maintain the safety and dignity of the upset child.

Where agencies often go wrong is in using restrain and seclusion as a behavior management tool in the absence or to the exclusion of other strategies. In addition to the increased risks of injury to all involved and to the psychological well being of the child when this happens, we also have to be mindful of the possible vicarious traumatizations to the other non-involved children who observe these practices.

Restraint should only be used as a last resort and should end as quickly as possible. Children placed in secluded environments must be monitored/observed the entire time and the need to continue the seclusion should be assessed frequently and documented. No child should ever be left alone or unsupervised while in any type of behavior management situation.

It is also a good practice to pre-teach children how to ask for quiet time when the feel the early signals of becoming upset. This way the child has some control of the process which can lead to additional teaching/learning opportunities.

De-escalation Techniques

INTERRUPT → IGNORE → REDIRECT → REWARD

During the Pre-aggression stage of managing aggression, it is often possible for staff to divert the sequence of negative events by relatively non-intrusive methods.

When used individually, the following techniques have limited utility, but when implemented smoothly and in sequence, **INTERRUPT**, **IGNORE**, **REDIRECT**, **REWARD**, can be quite effective and powerful. The developer of this sequential strategy, John Mcgee, has written extensively on the effectiveness of these strategies in the teaching environment.

The first thing to do when trying to break a chain of behaviors is to **interrupt** the flow of events. Sometimes this can be achieved by simply saying the upset person's name or by calling attention to something in the environment.

Ignoring means that the early stages of a negative behavioral sequence is not visibly responded to, in order to avoid inadvertently reinforcing it. It does not mean that the early danger signs are truly ignored and it certainly does not mean that dangerous behaviors are ever ignored.

The effectiveness of ignoring depends, in part, on the strength of the relationship between upset person and staff. We all know what it feels like to be ignored by someone we have a relationship with. It has a much greater emotional impact on us than does being ignored by someone we don't like, don't know very well or could care less about.

Attempting to just stop a behavior usually results in a confrontation that may escalate to a physical crisis. In general, it is easier and safer to manage a potentially dangerous behavior by deflecting or **redirecting** the behavior. In this way, the more appropriate behavior can be reinforced and a cycle of positive exchanges can begin.

If we want to foster new behaviors in the others, we must reinforce them with some kind of **reward**. Remember, what is rewarding to one person may not be rewarding to another. While there may be some "universal" rewards, each person is unique and may have specific preferences.

"Billy is headed toward the window with a large hammer in his hand while mumbling angrily to himself."

Use the I.I.R.R. behavioral sequence discussed above to intervene with Billy:

POST* INCIDENT*:

During a behavioral crisis, especially one involving assault or physical holding, emotions run high. We respond to stressful conditions with our bodies as well as with our minds. Adrenaline is secreted, our muscles tense, breathing is effected, as we automatically prepare for major physical exertion. As a result, during the post-incident stage, it is important to engage in behaviors which allow the mind and body to decompress and return to normal.

RELAX!

Whether or not we actually engage in physical management techniques, our bodies need time to relax following a crisis or even a potential crisis situation. Taking a few minutes after the crisis has passed to walk, drink some juice, or just sit and talk to someone to recharge our batteries enables us to be more effective when we resume our duties. A small amount of time taken in this manner may help us to prevent another crisis a few minutes or hours later. Grandma's law, "A stitch in time saves nine," is probably quite accurate in this respect.

Realistically, it is not always possible to take a short break immediately following a confrontation. However, you can always remember to take a few cleansing deep breaths. Your first priority is to establish that the individual(s) involved in the confrontation have regained control and that the environment has returned to normal. Once individual(s) and environment are secured, take care of your needs to briefly relax by requesting time from your supervisor to take a few minutes break.

REVIEW!

It is often extremely helpful to share our experience with a colleague. In addition to helping us ventilate some of our emotions, valuable information can be shared at this time. During a crisis, it is difficult to attend to all of the relevant factors surrounding the incident. Also, interventions, which others have found to be successful in the past with a particular individual or in a particular situation, can be communicated. Feedback on our own behaviors can be elicited from others as well. It can be an opportunity to examine the incident in context, rather than simply focusing upon the crisis behaviors. It is an opportunity to learn/grow/improve.

Here are some specific questions to answer while reviewing the incident in detail:

1. How did you feel before, during, and after the confrontation?
2. What was the individual doing before, during and after the confrontation?
3. What signs of agitation did you or others observe before the confrontation?
4. What nonphysical intervention techniques were used? What happened as a result?
5. Was the physical intervention technique effective? Was the technique the least restrictive one possible, given the situation? Was the technique done correctly? Is more training required?
6. Did other staff assist? If not, why? If so, was communication clear between staff? Were staff functioning as an effective team?
7. Were other individuals removed from the area?
8. If the situation reoccurs, what would you do differently? What would you do the same?
9. Are you aware of any patterns in the individual's behavior (such as becoming agitated when tired or hungry)?
10. What are the implications of the above for the future?

After reviewing the incident among staff, it is important to review the incident with the individual(s) involved. This should be done once the individual has regained self-control and in close proximity to the incident. When too much time passes between the incident and debriefing, the individual may have limited recall and be unable to benefit from the review process. In reviewing with the individual, your first goal is to communicate support of him/her AND disapproval of the disruptive behavior(s). Secondly, you want to focus on understanding the individual's needs and problem solve with him/her to find more positive alternative for satisfying those needs.

RECORD!

In each facility, there are protocols for recording and documenting the facts of a behavioral crisis or a restraint procedure. Injuries to staff or individuals need to be accurately documented as soon as possible, as time can erase or distort important details rather quickly.

Some general tips on filling out the report: To the degree possible, record what was happening BEFORE the incident, including the general context and any observable sequence of behaviors by both staff and individual. The actual events DURING the crisis should, or course, be delineated accurately. Finally, describe what occurred AFTER the incident. Often it is the consequences of a behavior that determine the likelihood of its recurrence.

ALWAYS BE BEHAVIORALLY DESCRIPTIVE AND DOCUMENT OBSERVABLE ACTIONS. DO NOT EVALUATE THOSE ACTIONS.

1. What happened before, during and after the physical intervention? Note specific behaviors displayed by the individual and others involved. Did anything trigger the agitated or aggressive behavior? If so, make a note of possible causes.

2. Date, time, duration, specific location and all staff and individuals involved.

3. What nonphysical intervention(s) were used? This information is very important because physical intervention is justified only when nonphysical interventions fail to work or when it is an emergency and there is no time to try intervening nonphysical. If it was an emergency situation, make sure to indicate this and describe why it was an emergency.

4. What physical intervention was used? Note the name of the specific technique(s) used.

5. What was done following the physical intervention? Indicate the presence or absence of physical injuries, who the incident was reported to, and what was done to help the individual calm down.

6. What were the individual's thought and feelings about the incident? Document any significant information obtained from the individual during the staff-individual debriefing/review process.

7. Fully complete your setting's Incident Report.

Written documentation, following a physical intervention is essential. This information is also important to share verbally during staff shift report meetings in order to prepare staff who are coming on duty. Documentation is a form of communication. Communication among staff and between staff and individuals is critical to the continued growth and progress of individuals and the smooth functioning of the therapeutic setting.

Notes:

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