

P.M.T.

Physical/Psychological Management Training

...helping people succeed.



PMT Associates, Inc.

100 Riverview Center, Suite 140

Middletown, CT 06457

Phone (860) 347-1347

Fax (860) 344-1540

www.pmtassociates.net

Refresher Booklet

Name: _____

Date: ____/____/____

Valid for 12 months

Instructors Name: _____

Instructor Initials: _____

Verbal Interventions & De-escalation Strategies?

Occasionally, an individual may be upset about something you have little or no control over. Below are a few rules of verbal intervention and de-escalation.

General Tips

- Take a deep breath and stay calm.
- Try and remove the upset individual from the area or remove the target person.
- Allow the individual plenty of space.
- Allow the individual to be angry.
- Be careful to avoid clever word plays (Ex: No need to cry over spilled milk).
- Don't hesitate to be animated in your response (While still remaining calm inside).
- Never embarrass the individual.
- Work for win-win situations.
- Constantly scan your environment.
- Know who is behind you.
- Don't let other individuals get involved in the conflict.
- Be sure you have alerted others if the situation appears out of control.

Stay Focused

- Use the upset person's name, but use it sparingly.
- Keep verbal interactions short and to the point.
- Avoid introducing too many demands or directives.
- Give the individual the words to use, don't evaluate the behavior at this point.
- Never threaten or issue unenforceable ultimatums.
- Avoid sarcasm and oblique humor.
- Stay focused on the issue at hand. Avoid bringing up old issues or past incidences.

Verbal Directives

- Tell them what to do rather than ask if they want to do something.
- Give one directive at a time.
- Directives should focus on moving the individual TOWARD a positive outcome rather than FROM a negative situation.
- Save the word please for high likelihood compliance. In other words, use please sparingly in confrontational situations.
- If the individual doesn't comply, make a second request and increase the strength of the directive. Remember: YouWe....Me....
- Look for opportunities to acknowledge cooperative behavior.
- If the individual still refuses to cooperate, avoid issuing threats. Remind him/her of the consequences of his/her behavior (ex: Logical consequences vs Natural consequences).
- If the individual's behavior begins to escalate, set limits and be ready to enforce them.

Possible Reasons for Hands On Intervention

1. Danger:

- ___ Imminent Danger (Clear & Present, Emergency)
- ___ Health Safety Danger (Needs our attention but not urgent)

2. Programmatic:

- ___ Written plan of action (Support plan, Behavior plan, Med. plan, etc.)
- ___ Procedural (Schedules, Time-lines, Activities)

Note: *Programmatic suggests that the document or activity may be provoking the incident.*

3. Authoritative Directive:

- ___ Real Authority (Police, Admin, Supervisors, etc.)
- ___ Perceived Authority (Support staff, Consultants, Guardians, etc.)

Note: *Sometimes it may be necessary to move an individual because of social/emotional reasons.*

Moving an Upset Individual

Escorts: The target individual is walking, one foot in front of the other under their own power with a staff member nearby.

Physical Assists: The individual is walking with some to little resistance. No aggression directed toward others.

Transports: Individual is physically resisting, aggressive toward others. They or others are in danger. Individual's feet are touching the floor.

Lift & Carry: Only used as a last resort.

Transports & Lifts and Carry's:

Distance: 10-20 feet (Danger to Safety vs. Danger to Destination).

Weight: 60:1- Factor 60 pounds per staff member to lift and carry.

Stairs: DON'T DO IT!! If on the stairs, work toward nearest landing.

Drills: Have a plan, practice and follow the plan.

Emergency: Activate the plan, make real-time adjustments as needed.

Personal Safety Techniques

___ Stances

Stand at a 45-degree angle, makes less of a target, maintains balance, keep 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. Think protection.

___ Pivot and Parry

Re-direct punch, shove or grab to non-effective area, don't grab arm.

___ Wrist releases

LSD principles = Leverage, Speed/Surprise, Directionality. Always 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 arm(s) high, touch fingers together, step forward in rear choke and backward in front choke, turn to release hold. In round choke, up is out.

___ Bite Releases

Push in, press masticator muscles, or pull in toward body, cover the eyes, puff of air. (these are Discomfort Techniques).

___ Hair pulls

Stabilize your neck and spinal column. Release thumb and two other fingers first. Immobilize the agitated person against wall, etc.

___ A. R.M.E.D.:

1.) A= Assess 2.) R= Respect 3.) M= Move 4.) E= Expand 5.) D=Disarm

___ Dressing For Safety:

1.) Head zone ___ 2.) Torso zone___ 3.) Below waist zone___

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

Protective Holds and Escorts

(Continuum of Intervention)

— **Implied Touch:**

Positive guidance statements: Name, logic, and gesture. No touch involved.

— **Physical Prompt:**

Positive guidance statements: Name, logic, gesture light touch (depending on urgency of situation, etc.)

— **Guide-a-long:**

Designed to function as an escort or physical assist, can be experienced as restraint if used improperly. Effective 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.

— **Parallel Hold: (Side-by-Side)**

Can be used solo or as a two person protective hold.

— **Limited Security Hold:**

Control one arm, gives more leverage, can use two staff. Effective with large and small upset individuals.

— **Full Security hold:**

Make sure hands are positioned under the upset person's arms. Best used for solo or two person **emergency** interventions with smaller, weaker individuals.

— **Reverse Cradle Position:**

1. Transport_____ 2. Turn them_____ 3. Floor assist_____

— **PMT Floor Control:**

Four to Two staff. Individual is in supine (Face up) position.

NOTE: AVOID FACE DOWN HOLDS

— **Logical Release Procedure:**

1. Head 2. Legs 3. Arms

— Monitor for signs of physical distress _____ psychological trauma

