

The Continuum of Intervention

Oftentimes, human service workers, education professionals, and others who provide positive supports for people with disabilities, find themselves in situations where there is a need to intervene physically on behalf of those they serve. A dilemma often arises when there are conflicting ideas and opinions as to what are the best course of action. This article attempts to clarify the thought process that ought to go into the determination of when the continuum of intervention actually begins. Through experience, we at PMT have learned that the best way to exemplify a point is to use real-time, real-world scenarios to enhance the participants understanding of the key learning points.

Typical Scenario: *Someone you are responsible for wanders into the middle-of-the-road. This person could be a client, consumer, child, spouse, elderly parent or a perfect stranger.*

Facts:

- It's a clear day with blue skies
- We're in a rural country setting.
- There are open fields on both side of the road.
- It is a public road.
- You can see down the road in, either direction, for 2 miles.
- There are no cars coming.

Question: Is there a danger? Y N Raise your hand, if you think yes.

Of course, the answer is yes. There is always a danger when standing in the middle of a road. Whether the danger is clear and present or not is irrelevant. The point is, there is really no good time to stand in the middle-of-the-road. Hence, we cannot allow the person to stay in the middle-of-the-road. If they choose to do so we will need to attempt to move them.

In the above example, it is clear that that the continuum of intervention has begun. The situation above is much different than a scenario where we would describe someone standing in the middle of foyer, where there is no danger or of someone standing in the middle of an empty hallway. In the foyer and hallway examples, theoretically, the individual of concern would have a choice to stay where they are, assuming there were no objections from someone else. So in cases where there is no danger...technically speaking, the physical continuum of intervention does not start.

The following are three in areas in which one would have to consider initiating the continuum of intervention.

1. Danger
2. Programmatic intervention
3. Authoritative directive

Danger:

When there is danger present, and the individual of concern is incapable of making a proper decision for him or herself, then the person who is responsible for their safety must act. In keeping with the idea of using the least restrictive intervention or alternatives available, the intervener would only use of that amount of force or technique as would be required to move the individual to an area of safety. For example, in the road scenario, since we don't see any cars coming for 2 miles in either direction, we would most likely not want to do a full floor control technique while in the middle-of-the-road. Doing so would actually make the situation more dangerous and now we would face the prospect of having to lift and carry the individual. Instead, we might use a verbal directive or light physical prompt.

On the other hand, if we could see tiny headlights in the distance two miles away, the sense of urgency to move the individual increases. In this case, we may be more compelled to use a higher level of technique in order to move the individual quickly to an area of safety. The point is, when danger is of concern, the individual has no choice but to move and anyone who witnessed the episode or who understood the scenario once explained, would ultimately agree with the actions of the responsible person, i.e., staff.

2. Programmatic intervention:

Behavior plans, support plans, behavior supports, whatever term is used, whether written or assumed understood, is generally an agreement by consensus to act on behalf of the consumer/client or student. That is, there may be some history regarding a particular individuals behavior or judgment, under certain scenarios. The use of programmatic interventions to assist someone in non-dangerous situations are generally reviewed by all parties concerned, everyone has signed off on or been consulted on the process, whether they agree with the process or not, and the procedure to be used is documented.

Programmatic interventions may or may not involve danger. For example, suppose Billy often stands in the middle of the hallway for extended periods of time. In this scenario there is no danger to Billy so the point of moving Billy has to be for some reason other than personal harm (i.e. Danger.) Those who have concerns for Billy may decide that allowing him to stand in the middle of a hallway for extended periods of times on a daily basis is not beneficial to him or anyone else, and therefore attempts should be made to involve Billy in activities that offer him opportunities to learn and also provide opportunities for staff to reinforce his positive behaviors. In most cases, the use of a

programmatic intervention of this nature would be paired with the use of prompts and/or timelines. That is, if one observes Billy standing in the middle of the hallway, perhaps he would be allowed to do so for a certain amount of time before any physical intervention is attempted. After the allotted time and a certain number of prompts, Billy would then be moved whether he or she wanted to move or not.

The point here is that the moving of Billy is not done arbitrarily, on the contrary, everyone who is concerned with Billy's welfare is aware of the process, staff are trained in the use of the process, and it becomes part of Billy's Support Plan as described above.

3. Authoritative Directive:

This is the trickiest scenario to describe and also the most difficult for staff involved to determine which course of action is correct. Simply put, an Authoritative Directive is one in which someone who has more authority (***Real or Perceived***) directs you to physically move an individual, whether you agree with the process or not.

Real authority is easier to understand than perceived authority. Real authority means, a senior employee (Director, Manager, Supervisor, etc.) within your organization gives you a direct order to act. In these circumstances, staff is almost always compelled to respond, unless there are other extenuating circumstances in which case, the employee would make a decision to either respond or not respond. The determination of whether to respond or not, if you are being directed by superior, is a personal/professional one and not one that can be ferreted out and discussed in any great detail in a training program such as this.

By contrast, perceived authority is the one that causes most people the greatest amount of concern in these Directive Authority situations. Example: someone who actually has authority in a particular environment may be exerting that authority over you, however, they are not your direct employer or supervisor. For instance, suppose you are with someone who refuses to leave the movie theater at the conclusion of the show, the proprietor of the movie theater approaches and issues an Authoritative Directive for you to please remove them from the theater. You attempt to explain the situation. Unfortunately, the proprietor is not concerned with your problem and threatens to call the authorities.

In circumstances like these, the responsible (staff) person may decide to go against the authority of the perceived authority figure and chance the consequences of their doing so if it would avoid a physical altercation. However there may be situations where that would be unwise, for example if the consumer wandered into someone's back yard and started eating food off the picnic table. In this case, the employee or responsible person may be compelled to initiate the continuum...starting with of course with the least restrictive intervention.

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