

Policy Rationale and Philosophy

Prevention of Assaultive Behavior

A CHECKLIST FOR:

Writing Policies and Procedures

Crisis Intervention Training

Procedure for Documenting

Crisis Intervention For



Crisis Prevention Institute, Inc.

3315-K North 124th Street, Brookfield, WI 53005 USA

1-800-558-8976 V/TDD • Fax: 1-262-783-5906

Email: info@crisisprevention.com • Website: www.crisisprevention.com

A Checklist for Writing Policies and Procedures

With adequate knowledge of standards, regulations and research findings, the actual process of developing or reviewing policies can begin. At a minimum, the following components should be included in an organization's policies and procedures relating to crisis intervention.

Policy Rationale and Philosophy

An introductory statement should be made to communicate the organization's values, philosophy and intent to respect individuals and to provide the best *Care, Welfare, Safety and Security*SM in all situations. This should be explained in detail to clearly communicate its application to service delivery.

Prevention of Assaultive Behavior

Watching for early warning signs is essential. Strategies for early intervention and de-escalation and interruption of escalating behaviors should be outlined. This may involve Individualized Education Plans, Individualized Care Plans or Individualized Service Plans. Identify and explain all systems in place to prevent assaultive behavior.

Promoting the Well-Being of the Service User

There are inherent risks associated with the use of physical interventions. If they must be used as a last resort, considerations must be given to factors that will make the process as safe as possible for everyone involved, particularly for the individual needing physical intervention.

- While safety is always the priority, preserving the dignity of the individual should also be considered.
- Nonphysical interventions are always preferred.
- Physical interventions are never used to punish or coerce.
- Physical interventions are intended to be pain free.

- Physical interventions are never used as a convenience for staff.
- The least amount of force necessary should be used, and for the least amount of time necessary.
- Physical intervention should be combined with other approaches that will help the individual learn more adaptive behavior (diminishing the need for physical intervention in the future).

The Use of Physical Interventions

Within each facility, issues must be addressed to promote the safest possible use of physical interventions. Again, this may involve Individualized Education Plans, Individualized Care Plans or Individualized Service Plans.

- Under what specific circumstances are physical interventions to be used?
- Exactly what methods are authorized to be used?
- Which staff members are authorized to use physical interventions?

It is recommended (if appropriate) that physical intervention policies clearly state:

- Staff members are not to use any physical intervention for which they have not been trained.
- The use of physical interventions not specifically authorized by the organization will be grounds for disciplinary action.
- Floor restraints should not be used.
- Physical interventions which compromise safety or impair the individual's ability to breathe should not be used.
- During the use of physical interventions, staff must closely monitor the well-being of the individual.
- Following the use of physical intervention, the individual should be assessed for injury or psychological distress and monitored for 24 hours following the incident.

Build Teamwork ■ Increase Confidence ■ Reduce Liability

A Team Approach

This section of an organization's policy should address the protocol of using a team approach to prevent and intervene in crisis situations. This is the best method of ensuring *Care, Welfare, Safety and Security*SM for everyone involved.

- Who will respond to requests for help when a situation is escalating?
- How will the Team Leader be determined and identified?
- Under what circumstances should security personnel be contacted?
- Under what circumstances should law enforcement be contacted?

Crisis Intervention Training

It is imperative that staff members responsible for preventing and intervening in crisis situations are well trained. Training should emphasize proactive and early intervention strategies and skills so that the use of physical intervention is truly minimal. Training standards should be set identifying the specific program and skills that are to be learned, practiced and implemented.

- How many hours of training should staff receive? When?
- How frequently (and for how long) should staff review and practice program content and skills?
- What provisions are in place for Team Members to conduct drills and rehearsals?
- How will the quality of training be met, monitored and assessed?
- How will ongoing training needs be monitored and assessed?
- How frequently should staff's skills be assessed and how frequently should staff be re-trained?
- What is the protocol for training new staff members?
- Do certain categories of staff receive different levels and frequency of training?

Procedure for Documenting Critical Incidents

It may be necessary to clearly define the term "critical incident," so that staff understand what types of situations/interventions should be documented. At a minimum, all situations requiring physical interventions should be documented, as well as any that resulted in injury to any party involved. A sample of the organization's Critical Incident Report Form should be included in policies and procedures to show what information is recorded. Guidelines for completion of the form should also be included, outlining:

- Who writes Critical Incident Reports?
- What is the time frame for getting statements, completing and submitting the report?
- To whom is the report submitted and what is the usual course of action for follow-up?

Crisis Intervention Follow-Up and Accountability

The time following any intervention is an opportunity for everyone to learn from the situation. A process should be outlined for follow-up that provides a learning experience for all parties involved.

- The individual should be provided Therapeutic Rapport. This is a time for re-establishing communication and identifying alternative behaviors for the future. Individualized Education Plans, Individualized Care Plans or Individualized Service Plans may be reviewed and revised with input from the individual. Therapeutic Rapport is a means of giving responsibility back to the individual in a way that communicates continued support and respect.

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- Staff members must debrief. This is a time to examine different perspectives on the situation and evaluate the strategies implemented. It involves exploring options for earlier detection and earlier intervention, as well as identifying effective and ineffective patterns of interventions with this individual or in this type of situation. It is an opportunity to plan and prepare for the future—to become even more skilled at providing the best *Care, Welfare, Safety and Security*SM. It may involve reviewing and re-assessing policies and procedures, the use of a team approach, training needs, etc.
- Bystanders to the incident also need closure. Witnessing an incident can cause anxiety. Without a source of support during this time of uncertainty about what has happened or what will happen, subsequent escalations may follow. It is important to have a system in place for determining who will follow-up with bystanders, so this important aspect of postvention is not overlooked.

Reviewing Policies and Procedures

It is strongly recommended that each facility has a committee to review policies and procedures regularly. The committee members must closely monitor changes to governmental legislation as well as licensing standards. As regulations and standards change, so must policies and procedures.

In addition, committee members must monitor the execution of policies and procedures. This can be done by observing staff performance and reviewing all Critical Incident Report Forms. The following questions should be raised following all crises:

- Were policies and procedures followed?
If not, why not?
- If the procedures were followed, were they effective in maximizing safety? If not, why not?

Frequently, when procedures are not being used, or they seem ineffective, it is due to staff's lack of knowledge, skill or confidence. When this is the case, changing policies and procedures will not improve interventions. Instead, additional training and practice for staff are necessary. Consider these facts:

- Staff can only follow policies and procedures when they know what they are.
- Staff are more inclined to follow policies and procedures when they understand it is their professional responsibility. Failing to follow policies and procedures can result in undesirable outcomes for the organization, the staff and those in their charges.
- Staff must be trained to apply the theory of written policies and procedures to real-life circumstances. It must be demonstrated and role modeled.
- Staff need considerable practice applying policies and procedures in a safe learning environment. This will improve their understanding and skill. This practice will also give them confidence to utilize the procedures in real life and allow for problem solving.

Conclusion

To be successful in achieving and maintaining a climate of *Care, Welfare, Safety and Security*SM within an organization, the *Nonviolent Crisis Intervention*[®] training program must be an ongoing process. Further, the ongoing Training Process must be supported by well-written policies and procedures providing structure and guidance congruent with what staff are learning in training. These policies and procedures, when reviewed regularly, build teamwork, increase confidence and reduce liability. They are essential for supporting staff and maximizing safety in any organization.



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