

Crisis Prevention and Management Plan ³ for Adults with Developmental Disabilities (DD) at Risk of or During Behavioural Crises

A *Crisis Prevention and Management Plan* for an adult patient with DD addresses serious behaviour problems and helps prevent, or prepare for, a crisis. It describes how to recognize the patient with DD's pattern of escalating behaviours. It identifies responses that are usually effective for this patient to prevent (if possible) a behavioural crisis, or to manage it when it occurs. The *Crisis Prevention and Management Plan* is best developed by an interdisciplinary team.

- Describe stage-specific signs of behaviour escalation and recommended responses.
- Identify when to use "as needed" (PRN) medication.
- Identify under what circumstances the patient with DD should go to the Emergency Department (ED).

Crisis Plan for: _____ **DOB:** _____ **Date** _____

Problem behaviour: _____

Stage of Patient Behaviour	Recommended Caregiver Responses
Normal, calm behaviour	Use positive approaches, encourage usual routines
Stage A: Prevention (Identify early warning signs that signal increasing stress or anxiety.)	Be supportive, modify environment to meet needs (Identify de-escalation strategies that are helpful for this patient with DD).
Stage B: Escalation (Identify signs of the patient with DD escalating to a possible behavioural crisis.)	Be directive (use verbal direction and modelling), continue to modify environment to meet needs, ensure safety
Stage C: Crisis (Risk of harm to self, others, or environment, or seriously disruptive behaviour, e.g., acting out.)	Use safety and crisis response strategies
Stage R: Post-crisis resolution and calming	Re-establish routines and re-establish rapport

Individual responsible for coordinating debriefing after any significant crisis, and for regularly updating the Crisis Plan:

Name: _____ **Tel. #:** _____
Name, Designation, Agency

³ See next page for example of completed Crisis Prevention and Management Plan

Crisis Prevention and Management Plan

Overview – Escalation Stages and Recommended Interventions for Agitated or Aggressive Patients with Developmental Disabilities ¹

Stage	Intervention
A: Prevention: Anxiety or Agitation	Ensure safety of patient and staff. Strengthen environmental supports, decrease stressors.
B: Escalation: Defensive/Verbal Threats	Be Directive - Verbal de-escalation and modelling As above, modify environment to meet patient's needs and ensure safety for everyone.
C: Crisis: Acting Out/Overt Aggression	Crisis Intervention and Safety Strategies: <ul style="list-style-type: none"> • Continue attempts at verbal de-escalation. • Use physical interventions. • Get PRN medication if ordered and indicated. • Consider calling for help or calling 9-1-1.
R: Post-Crisis Calming: Crisis Resolution	Support patient's return to normal behaviour and activities. Document, and debrief with patient, caregivers, team.

Management of crises and abnormal behaviour may be different for patients with DD than for patients in the general population.

- Patients with DD may behave atypically or unpredictably. For example, attempts to de-escalate the situation verbally may worsen the patient's agitation.
- Approaches to interviewing adapted to patients with DD generally help to engage them and avoid further escalation. (See *Communicating Effectively with People with Developmental Disabilities*.)
- At each stage of your interaction with the patient with DD, make use of the caregivers' knowledge and experience of this individual. Caregivers often have a protocol and recommendations for managing out-of-control behaviour, and protocols may be uniquely tailored to specific individuals. Ask about these and apply them if this can be done safely.

Overview of Behaviours and Recommended Responses → P.79

Template: Crisis Prevention and Management Plan → P.80

Example of completed Crisis Prevention and Management Plan → P.81

See also:

- *Initial Management of Behavioural Crises in Family Medicine*
- *A Guide to Understanding Behavioural Problems and Emotional Concerns in Adults with Developmental Disabilities*
- *Communicating Effectively with People with Developmental Disabilities (DD)*

¹Bradley E, Lofchy J. Learning disability in the accident and emergency department. *Advances in Psychiatric Treatment* 2005, 11:45-57.

Crisis Prevention and Management Plan ²

Overview of Behaviour Stages and Recommended Responses

Stage of Patient Behaviour	Recommended Caregiver Responses
<p>Normal, calm behaviour</p>	<p>Use positive approaches, encourage usual routines</p> <ul style="list-style-type: none"> • Structure, routines • Programs, conversation, activities, antecedent interventions, reinforcement
<p>Stage A: Prevention (Identify early warning signs that signal increasing stress or anxiety.)</p> <p>Anxiety may be shown in energy changes, verbal or conversational changes, fidgeting, sudden changes in affect, attempting to draw people into a power struggle.</p>	<p>Be supportive, modify environment to meet needs</p> <ul style="list-style-type: none"> • Encourage talking, be empathetic, use a non-judgemental approach, be supportive, increase positive feedback, offer choices. • Use calming object or usual calming approach (e.g., deep breathing) • Use distraction and environmental accommodation (e.g., noise stimuli, personal space).
<p>Stage B: Escalation (Identify signs the patient with DD is escalating into possible behavioural crisis.)</p> <p>Increasing resistance to requests, refusal, questioning, challenging, change in tone and volume of voice, sense of loss of control, increasing physical activity, loud self talk, swearing to self.</p>	<p>Be directive (use verbal direction and modelling), continue to modify environment to meet needs, ensure safety</p> <ul style="list-style-type: none"> • Use verbal intervention techniques, set limits, remember distance. Use visual aids if helpful. • Reassure, discuss past successes, show understanding. • Describe what you see, not your interpretation of it. • If the patient with DD is able to communicate verbally, identify his/her major feeling state (angry, frustrated, anxious), provide answers to questions, generate discussion, state facts, ask short clear questions. • For a non-verbal patient with DD, adjust responses to him/her.
<p>Stage C: Crisis (Risk of harm to self, others, or environment, or seriously disruptive behaviour, e.g., acting out.)</p> <p>Verbal threats of aggression, or aggression:</p> <ul style="list-style-type: none"> • Swearing at people • Explosive, threatening • Using threatening gestures to others or self <p>Physical aggression to self or others:</p> <ul style="list-style-type: none"> • Hurting self • Kicking, hitting, scratching, choking • Using objects to hurt self or others 	<p>Use safety strategies</p> <ul style="list-style-type: none"> • Ensure your own safety, safety of others, and safety of individual. • Use personal space and supportive stance. • Remove potentially harmful objects. • Use clear, short, calm and slow statements. • Remind the patient with DD of pre-established boundaries; remind him/her about the consequences of his/her behaviour but do not threaten him/her. • Get assistance to keep safe. <p>Use crisis response strategies</p> <p>Everyone should agree on a plan for what happens at the time of a crisis and the follow-up. For example:</p> <ul style="list-style-type: none"> • Phone 9-1-1 • In Toronto: call the Mobile Crisis Unit 416-289-2434 • Have caregiver accompany distressed patient to Emergency <p>Take the patient to ED with the following:</p> <ul style="list-style-type: none"> • List of medications from pharmacy • Essential information for Emergency Department • Crisis Prevention and Management Plan
<p>Stage R: Post-crisis resolution and calming</p> <ul style="list-style-type: none"> • Stress and tension decrease • Decrease in physical and emotional energy • Regains control of behaviour 	<p>Re-establish routines and re-establish rapport</p> <ul style="list-style-type: none"> • Attempt to re-establish communication and return to “calm” and normal routines.

²Based on Nonviolent Crisis Intervention® Training (NVCIT) from Crisis Prevention Institute – www.crisisprevention.com

• Staff working in agencies serving persons with Developmental Disabilities must be trained in crisis intervention.
 • Input provided by Caroll Drummond, Behaviour Therapist, Surrey Place Centre

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Name: _____ **Tel. #:** _____
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³ See next page for example of completed Crisis Prevention and Management Plan

Example of Completed Crisis Plan

A Crisis Prevention and Management Plan for an adult patient with DD addresses serious problem behaviours and helps prevent, or prepare for, a crisis. It describes how to recognize the patient with DD's pattern of escalating behaviours. It identifies responses that are usually effective for this patient to prevent (if possible) a behavioural crisis, or to manage it when it occurs. The Crisis Prevention and Management Plan is best developed by an interdisciplinary team.

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Crisis Plan for: Jack Doe **DOB:** February 20, 1952 **Date:** May 13, 2010

Problem behaviour: Verbal threats, swearing, physical aggression

Stage of Patient Behaviour	Recommended Caregiver Responses
<p>Normal, calm behaviour Talks well about work, people, follows routine, enjoys others, laughs, good rapport with peers. Prefers quiet, dislikes loud noises from radio, TV.</p>	<p>Use positive approaches, encourage usual routines Positive instructions (when you do... then you can...); joke with Jack; clear directions; reinforcement for pleasant conversation about work, others; following routine; being proud of himself.</p>
<p>Stage A: Prevention (Identify early warning signs that signal increasing stress or anxiety.)</p> <ul style="list-style-type: none"> • Complaining about work or co-worker or anyone he has had contact with on arrival at the group home. • Says that they shouldn't be able to do that or they didn't follow the rules. 	<p>Be supportive, modify environment to meet needs</p> <ol style="list-style-type: none"> 1. Take Jack to quiet room. Talk with him about what is wrong. (What happened? How does he feel? Illness?) 2. Ask him to develop a solution – what will make it better? (with your help if necessary). 3. Have him write down the problem and solution for later reference when he thinks about it again. Continue to redirect verbally with positive words. 4. Reinforce any calm behaviours. <p>Go to next stage if behaviour escalates.</p>
<p>Stage B: Escalation (Identify signs the patient with DD is escalating to possible behavioural crisis.)</p> <ul style="list-style-type: none"> • Swearing about people or situations in a loud voice and pacing (walking back and forth from one end of the living room or hallway to the other without stopping). 	<p>Be directive (use verbal direction and modelling), continue to modify environment to meet needs, ensure safety</p> <ol style="list-style-type: none"> 1. Ask Jack to sit, sit with him (remember distance). 2. Ask to help him discuss or read the solution he wrote earlier. 3. Ask if there is another problem. Resolve. 4. Have him engage in relaxation techniques, e.g., breathing slowly with you. If he refuses to comply, follow direction or escalates, go to next stage.
<p>*PRN: Administer the PRN if Jack swears and paces for five continuous minutes (Stage B) or refuses to calm down and breathe slowly with staff member (Stage C) after two requests.</p>	
<p>Stage C: Crisis (Risk of harm to self, others, or environment, or seriously disruptive behaviour, e.g., acting out.)</p> <ul style="list-style-type: none"> • Throwing objects at the walls or floors. • Jack's pacing becomes quicker and he begins to dart toward things, grabs them and throws them. • Threatening bodily harm and hitting/ kicking others and saying demeaning words or swearing (e.g., "Get out of my way you _____ or I'll hit you.") 	<p>Use safety and crisis response strategies</p> <ol style="list-style-type: none"> 1. Keep critical distance. Put something between you and Jack; ensure you have an exit. 2. Say "Stop, Jack, time to calm down, breathe with me" (model breathing). If no reduction/refusal, say, "Jack, stop, I'm calling people to help." 3. Remove or tell others to leave the area. 4. Leave the area – call 9-1-1. 5. Have patient taken to ED by ambulance, with Essential Information for ED, Crisis Prevention and Management Plan, list of medications being taken, and accompanied by a staff member.
<p>Stage R: Post-crisis resolution, calming Jack will go to his own room and talk quietly. He will ask politely if he can talk about what happened when he is calm.</p>	<p>Re-establish routines and re-establish rapport When Jack has calmed, talk with him for a few minutes and have him re-engage in his routine as soon as possible. Reinforce Jack's calm activity.</p>

Individual responsible for coordinating debriefing after any significant crisis, and for regularly updating the Crisis Plan:

Name: Michael Smith, Behaviour Therapist, Smalltown Regional Services **Tel. #:** 705 123 4567

Name, Designation, Agency

* In this example a PRN medication had been prescribed. Team and patient agreed on the circumstances and stage of escalation when it should be given. A line was drawn across this chart to make clear to everyone at what stage of escalation to give the PRN.