Techniques to Reduce Behaviors of Concern and Crisis Behavior Displayed by Individuals with Autism

Seth Clark, MA, BCBA

Co-Creator and Program Manager, Marcus Crisis Prevention Program

Marcus Autism Center, Children's Healthcare of Atlanta

Marcus AUTISM CENTER
NIH Autism Center of Excellence

Children's Healthcare of Atlanta

What are we Talking about Today?

Strategies to Respond to Behaviors of Concern and Crisis Behaviors

- Aggression
- Tantrums
- Self-injury
- Disruptive behavior
- Property Destruction
- Elopement
- Noncompliance*

Severity ranges from mild to very severe

Defining Behaviors of Concern (BOC)

Some common descriptions include:

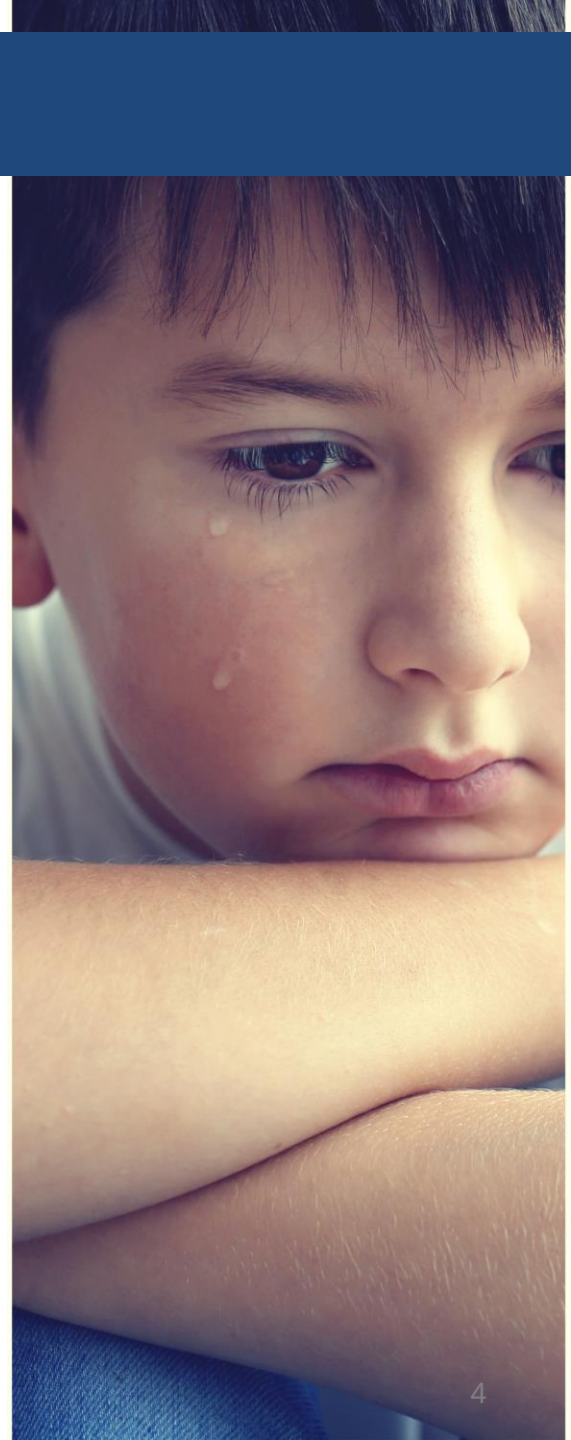
- A behavior that impacts a client's ability to **ACCESS CARE**.
- A behavior that threatens the **QUALITY** of life and/or the physical **SAFETY** of the client or others.

Defining Behaviors of Concern (BOC) and Crisis Behaviors

It is also important to identify that I define or describe BOC and crisis behaviors differently.

For example, I may define a behavior of concern as a behavior targeted for intervention.

Whereas, a crisis can be a onetime event, a BOC that creates an unsafe environment or a BOC that occurs in a new context.



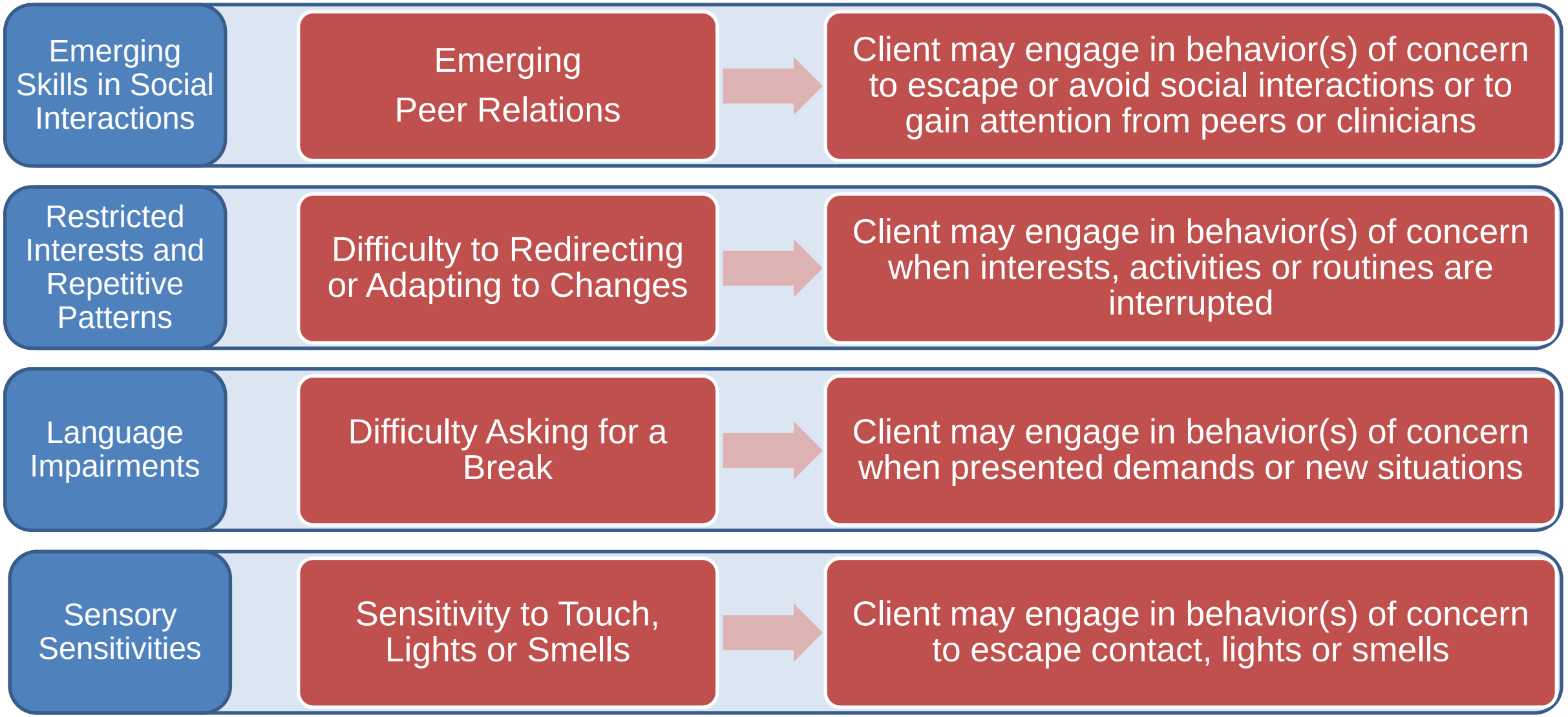
BOC and Crisis Behavior and Autism Spectrum Disorder (ASD)

Although prevalence estimates vary (15%-65%)[1,2,3], behaviors of concern are more common in individuals with autism spectrum disorder (ASD) than same age peers.

- Children with ASD have high rates of communication deficits, anxiety, hyperactivity, and problem behaviors such as tantrums, aggression, and self-injury[3,4,5,6]

[1] Kanne & Mazurek, 2011: [2] Hill et al., 2014; [3]Emerson, 2011; [4]Anderson et al., 2012; [5]Kim, Szatmari, Bryson, Streiner, & Wilson, 2000; [6]Mazurek, Kanne Wodka, 2013

How Could Characteristics of Developmental Delays (e.g., Autism) Relate to Behavior(s) of Concern?



The Impact of BOC and Crisis Behaviors

Impact on the Individual

- Greater need for intensive services and support.
- Higher likelihood of injury.[1]
- Exclusion from community services and peers[2] and stigma.
- Can lead to removal from the home.

[1]Davis and Gavidia-Payne , 2009; [2]Hall, Bouldin, Andresen, & Ali, 2012

Impact on Family and Staff

- Places additional stress on family and increases in financial strain.
  - Poorer family functioning.[1]
  - Lower marital satisfaction.[1,2]
  - Higher rates of behaviors of concern in siblings.[3,4]
  - Parental unemployment.[5,6]
- Increased rates of staff and caregiver injuries.
- Increase use of restraint techniques or seclusion.

[1]Davis and Gavidia-Payne , 2009; [2]Hall, Bouldin, Andresen, & Ali, 2012; [3]Sikora et al., 2013; [4]David & Gavidia-Payne, 2009; [5]Hartley, Barker, Baker, Seltzer, & Greenberg, 2012; [6]Hastings, 2007

Statement of Need

Given the increased likelihood of individuals with ASD displaying BOC and Crisis Behaviors, it is important that staff working with these individuals receive adequate training.

Improve **knowledge** of a client's support needs.

Boost staff **confidence** and create of a **culture of safety**.

Decrease risk of **injury** and **restraint**, as well as any risk of subsequent trauma.

Current State

Function Based Intervention

Behavior Intervention

a set of procedures that will decrease (over time) the frequency of a targeted behavior.

Crisis Prevention, Intervention or Response

Crisis Prevention

a set of techniques to avoid crisis situations all together.

Averting Crisis

trying to prevent further escalation or minimize harm to people and/or the environment.

De-escalation

taking actions to stop a crisis and minimize harm to people and/or the environment.

Physical Management

a physical strategy that will decrease the impact of escalating or crisis behavior in the moment.

Current State

Function Based Intervention

Crisis Prevention, Intervention or Response

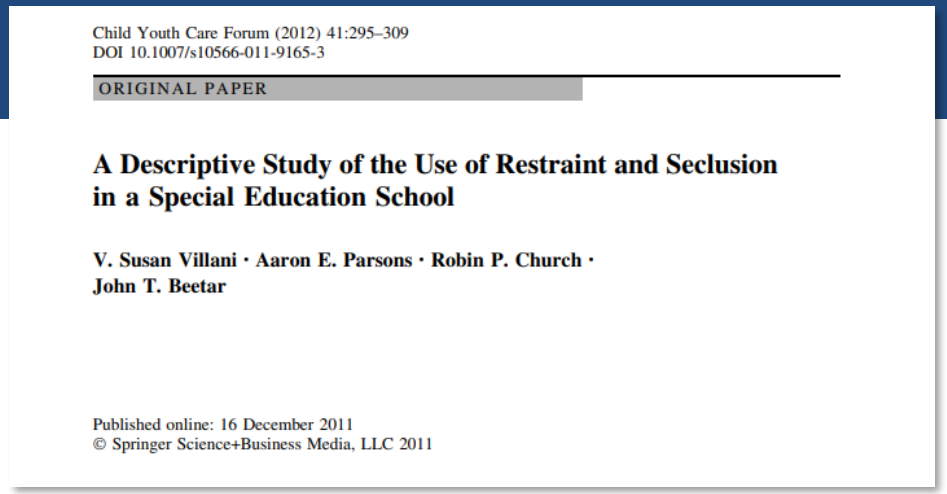
Use of Restraint

Promoting Inclusion Through Evidence-Based Alternatives to Restraint and Seclusion

Research and Practice for Persons with Severe Disabilities
2017, Vol. 42(2) 75–88

DOI: 10.1177/1540796917698830
journals.sagepub.com/home/rps
SAGE

Barbara Trader[1], Jennifer Stonemeier[1], Tricia Berg[2], Christen Knowles[2], Michelle Massar[2], Manuel Monzalve[3], Sarah Pinkelman[4], Rhonda Nese[2], Traci Ruppert[2], and Robert Horner[2]



Child Youth Care Forum (2012) 41:295–309
DOI 10.1007/s10566-011-9165-3

ORIGINAL PAPER

A Descriptive Study of the Use of Restraint and Seclusion in a Special Education School

V. Susan Villani · Aaron E. Parsons · Robin P. Church · John T. Beetar

Published online: 16 December 2011

Use of Restraint and Seclusion in Psychiatric Settings

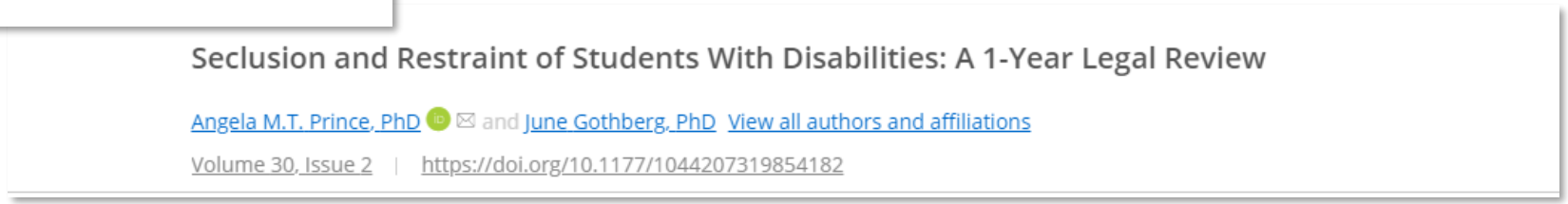
A Literature Review

Obay A. Al-Maraira, PhD, RN; and Ferial A. Hayajneh, PhD

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES VOLUME 46, NUMBER 2: 154–165 | APRIL 2008

Human Services Restraint: Its Past and Future

David Ferleger



Seclusion and Restraint of Students With Disabilities: A 1-Year Legal Review

Angela M.T. Prince, PhD and June Gothberg, PhD View all authors and affiliations

Volume 30, Issue 2 | https://doi.org/10.1177/1044207319854182

Impact of Restraint

Original Investigation | Emergency Medicine

January 24, 2020

Experiences of Individuals Who Were Physically Restrained in the Emergency Department

Ambrose H. Wong, MD, MSEd[1]; Jessica M. Ray, PhD[1]; Alana Rosenberg, MPH[2]; et al

» Author Affiliations | Article Information

JAMA Netw Open. 2020;3(1):e1919381. doi:10.1001/jamanetworkopen.2019.19381

Special Section on Seclusion and Restraint

Patients' Reports of Traumatic or Harmful Experiences Within the Psychiatric Setting

B. Christopher Frueh, Ph.D.
Rebecca G. Knapp, Ph.D.

Subjective Distress After Seclusion or Mechanical Restraint: One-Year Follow-Up of a Randomized Controlled Study

Tilman Steinert, Prof. Dr. med.

Restraint and Seclusion: A Review of the Literature

Fisher, William A. **The American Journal of Psychiatry; Washington** Vol. 151, Iss. 11, (Nov 1994): 1584-91.

THE AMERICAN JOURNAL OF PSYCHIATRY

Could this be Solved with Standardized Training?

These training gaps appear to be prevalent even in settings that are required by Joint Commissions to receive adequate crisis management training.

- Salvatore, et al. (2022) providers and physician trainees reported:
  - Limited knowledge of treating/supporting patients with ASD.
  - Limited knowledge of the procedural variations and policies around the use of restraint.
  - Limited practical ASD experience or experience varying by department.
  - Experience with, but limited knowledge with alternative strategies to restraint

What Would a Different Approach Look Like?

Function Based Intervention + **Crisis Prevention, Intervention or Response**

Stevenson, Wood, and Iannello (2019)

FBA | BI | Calm (prevention + reinforcement + extinction) | Triggers (prevention + reinforcement + extinction) | Agitation (prompting + blocking, reinforcement + extinction) | Acceleration (prompting + redirection, blocking + reinforcement + extinction) | Peak (prompting + redirection, blocking + reinforcement + extinction) | Recovery (prevention + reinforcement + extinction)

?

A More Well-Rounded Approach is Warranted

1	**Strong Foundation**	An **interdisciplinary approach** towards crisis prevention that incorporates behavioral intervention, the needs of the **Whole Person** and **Trauma Informed Practices.**
2	**Safety**	Techniques designed to be safe for the **Client** and **Staff**, that never involve joint manipulation, uncomfortable positioning or placing a client off balance.
3	**Less Invasive**	Training focused on **minimizing** and even **eliminating** the need for **restraint**.
4	**Flexible**	Designed to be **flexible** across the system and **adaptable** your setting's needs.
5	**Fluency**	Training that is **individualized** and focused on **realistic** hands-on training that generates **fluency** and **communication**.

Preventing Crisis by Supporting the Needs of the Whole Person

We believe that both staff and clients deserve a

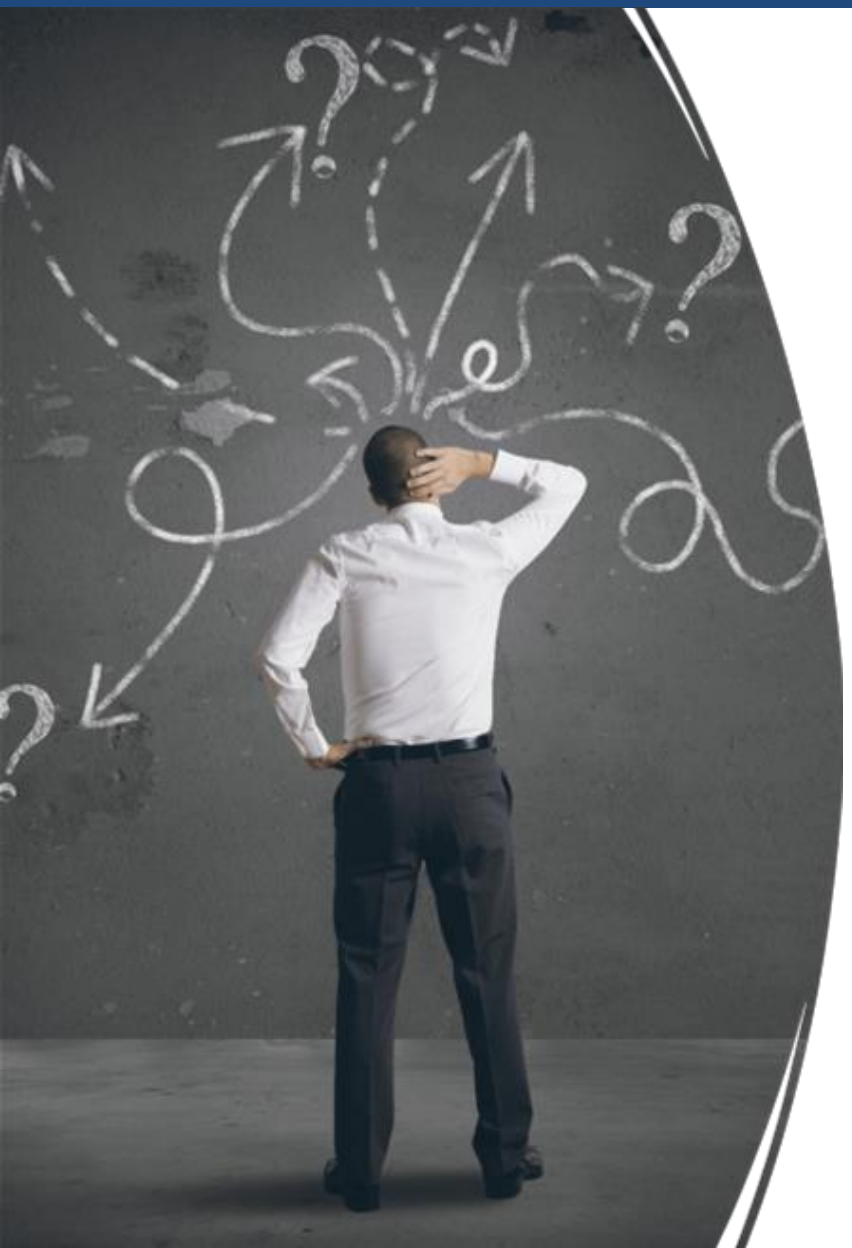
Safe and Positive Environment of Care

- Establishing Staff Resiliency
- Expanding our Definition of Whole Person Care
- Creating Individualized and Flexible Plans
- Utilizing Adaptable De-escalation Strategies
- Focusing on Communication and De-Briefing

Preventing Crisis by Supporting the Needs of the Whole Person

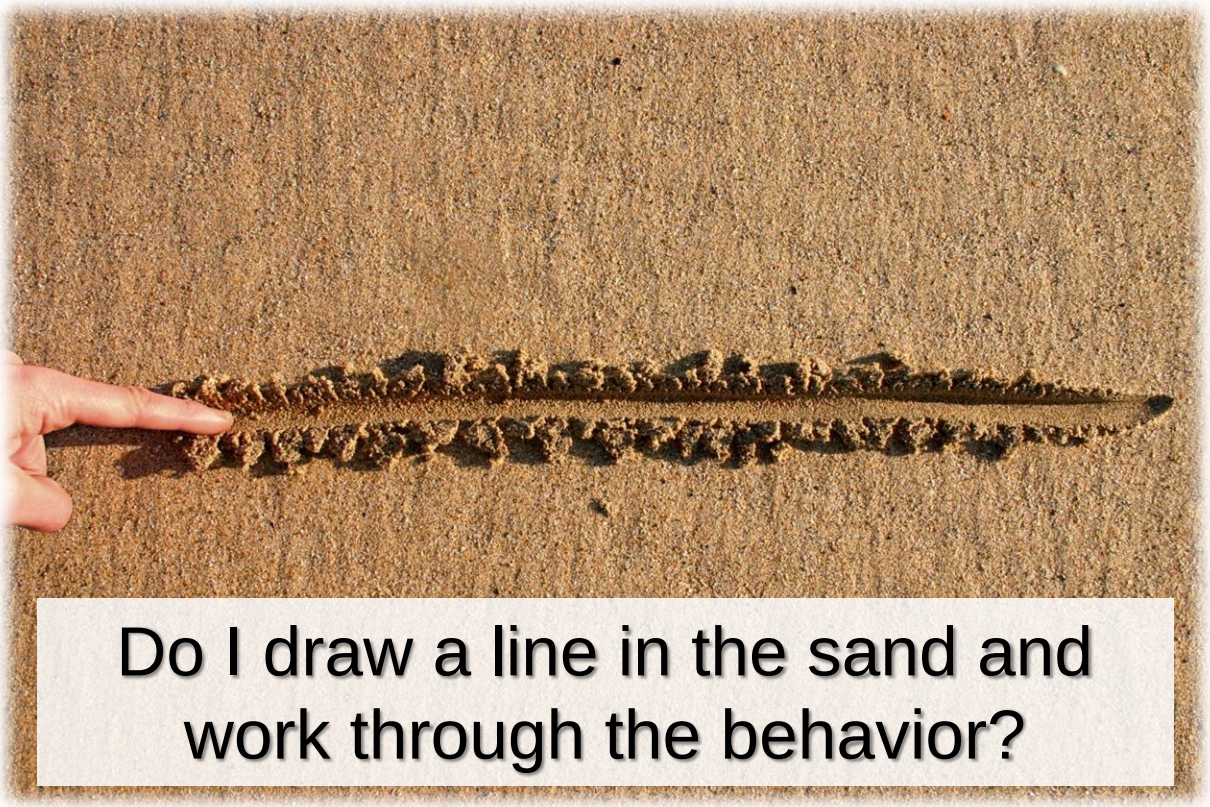
- Taking steps towards making the setting feel **less intimidating** and **supporting** the **Whole Person** by incorporating their needs into our approach towards care.
- Preventing escalating or crisis situations by using an **anticipatory approach**, **creating a safe space** and **promoting** the use of **coping skills**.

What to Do When the Previously Mentioned Strategies Don’t Work



When a client displays escalated or **crisis behaviors**, determining what to do can be a hard decision impacted by many factors.

Starts by Identifying Your Goal(s)



Crisis Management

If the situation is safe and you have the resources, return to your previously created plan.

Behavioral Intervention

Crisis Prevention

De-Escalation

Behavioral Intervention Strategies

When treatment is disrupted and our safety feels jeopardized, you may find that previous steps may have been skipped, support needs may have been missed or environmental safety may have been de-prioritized.

- **If a previous plan exists,** try to get things back on track by using **Personal Protective Procedures™** to maintain safety while you return to behavioral intervention strategies / protocols.

Crisis Management

If the situation is safe, and no plan exists, attempt to avert crisis by developing a plan or trying to promote communication, empathy and coping skills.

Behavioral Intervention

Crisis Prevention

De-Escalation

Crisis Prevention Strategies

If a plan **does not exist**, try to get things back on track by returning to the crisis prevention strategies previously discussed.

- Provide access to distractors.
- Less is more and respect personal space.
- Consider environmental sensitivities.
- Honor requests and offer choices
- Promote coping skills and communication

Also, take a moment to examine your body language.

Crisis Management and De-escalation

When there is no clear plan or the situation is unsafe, we would recommend creating a safe environment, promoting communication, and moving to de-escalation.

Behavioral Intervention

Crisis Prevention

De-Escalation

De-escalation

The process of de-escalation often involves:

- **Step 1: Identify the Cause**
- **Step 2: Eliminate The Cause**

Crisis Management and De-escalation

When there is no clear plan or the situation is unsafe, we would recommend creating a safe environment, promoting communication, and moving to de-escalation.

Behavioral Intervention

Crisis Prevention

De-Escalation

De-escalation

We often get asked if using de-escalation means that you are rewarding bad behavior.

We do not see it this way. Instead, we see it as:

- Promoting Coping Strategies
- Avoiding Power Struggles
- Avoiding Potential Trauma and Restraint
- Creating an Immediate Safe Space for Staff

Crisis Management and De-escalation

When there is no clear plan or the situation is unsafe, we would recommend creating a safe environment, promoting communication, and moving to de-escalation.

Behavioral Intervention

Crisis Prevention

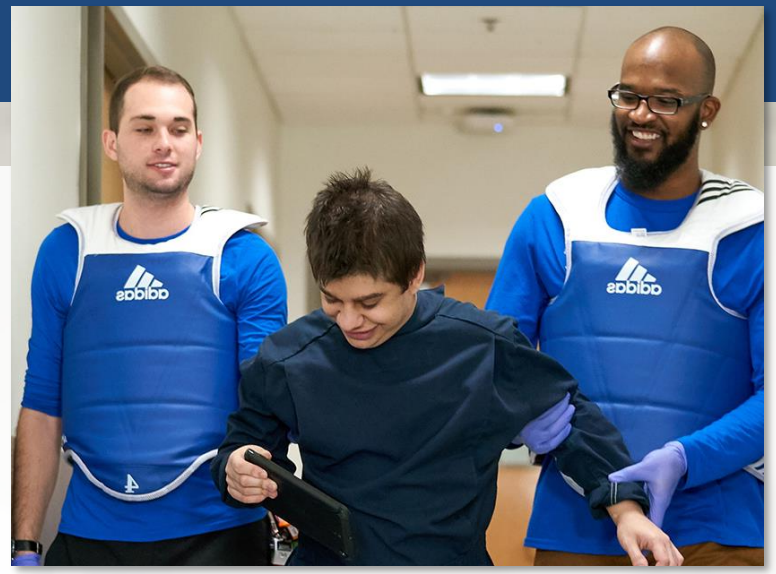
De-Escalation

De-escalation

We also frequently get asked about verbal de-escalation.

- Although frequently taught, verbal de-escalation strategies may not be the best first step.
- Verbal de-escalation may be ineffective for some clients or caregivers.
- Additionally, for some clients it may be a triggering event.

Behavior Management



When using crisis managements and de-escalation strategies, it can be helpful to use basic behavior management strategies to safely work through escalating/crisis behavior and get things back on track.

- For us, we teach **Personal Protective Procedures (PPP)**
- Follows a general outline of **didactics**, **demonstration**, and **practice**.
- Practice is as **realistic** as possible so that it becomes **muscle memory**.

Levels of Intrusiveness

Staff should always use the least intrusive procedure possible to ensure both staff and client safety

It is important that staff always remember that they should attempt less intrusive procedures first and only move up as necessary

Preventing Future Crisis Through Debriefing

“Crisis should only happen once, after that we should be prepared.”

What MCPP Customers Are Reporting

Quality Improvement Manuscript

The Development and Acceptability of a Comprehensive Crisis Prevention Program for Implementation in Health Care Settings

Journal of the American Psychiatric Nurses Association
1–10

DOI: 10.1177/10783903221093578
journals.sagepub.com/home/jap
SAGE

Alec M. Bernstein[1], Seth B. Clark[2], Amy E. Pattishall[3], Claudia R. Morris[4], Andrea McCarter[5], Colin S. Muething[6], Alexis C. Pavlov[7], Thomas Chun[8], and Nathan A. Call[9]

- Improved **knowledge** of student support needs.
- Improved student **experience** and **engagement**.
- Improved **communication**.
- Boosts in staff **confidence** and the creation of a **culture of safety**.
- Improved staff **resiliency**.
- **Decreases** in risks of **injury** and **restraint**.

Contact Information

For additional information regarding training, materials, and certification, please contact:

Seth Clark
Marcus Crisis Prevention Program
1920 Briarcliff Rd. NE
Atlanta, GA 30329
Seth.clark@choa.org
MCPP@choa.org
+1 (404) 785-9463