



Safety Crisis Plans

The Basics for Everyone Presented by the Tier 3 Team





Housekeeping

- Webinar will be posted on the DMH site under previous Webinars
 - https://dmh.mo.gov/devdisabilities/webinar/previo us
- Participants and those who registered will receive the PowerPoint and the recording
- Put all questions/comments in the chat box and we will acknowledge and address them throughout the presentation



Agenda

Part 1

a. Safety Crisis Plan Overviewb. Crisis Cycle

Part 2

a. Safety Crisis Plan Templateb. Case Study

MISSOURI TIERED SUPPORTS INTENSIVE STRATEGIES





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Poll for You What is a Safety Crisis Plan?

- A. A plan developed only by the hospital
- B. A plan developed only by the support coordinator
- C. A plan developed by the team
- D. A plan developed only by the behavior analyst



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What is a Safety Crisis Plan?

C. A plan developed by the team









 9 CSR 45-3.090 requires a Safety Crisis plan be developed and implemented after first use of a reactive strategy, or when there is a likelihood reactive strategies may be used.

About the Safety Crisis Plan

 Developed by the team when there is a history of the potential need for a reactive strategy or the actual use of a reactive strategy that is restrictive



What are some other considerations you can think of?

Type Your Response in the Chat

About the Safety Crisis Plan

- Is it used in response to an undesirable behavior?
- Is the aim to immediately change the environment, situation, or behavior?

Reactive Strategies

Classifying Strategies



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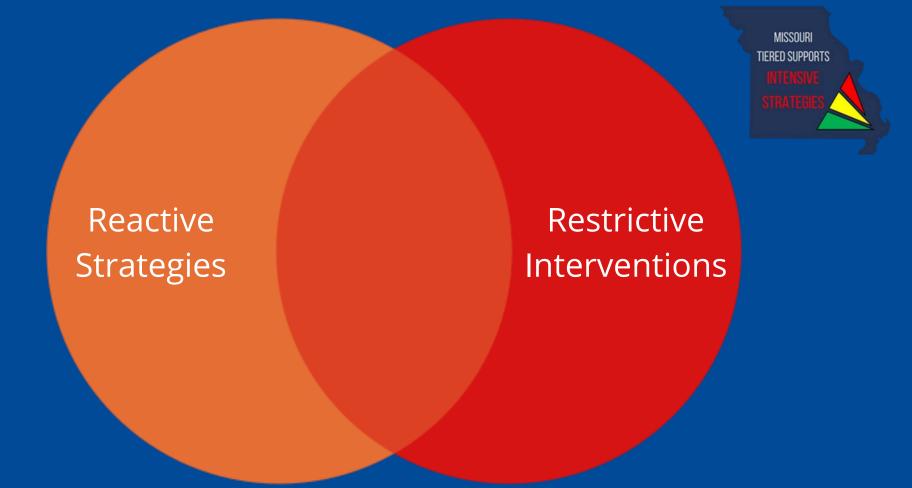
- Does it restrict movement, access to other individuals, locations, activities, or personal objects?
- Does it restrict rights?
- Is it aversive?



Classifying Strategies

All restrictive interventions require that the person be afforded Due Process





Reactive Strategies and Restrictive Interventions



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A reactive strategy cannot be a restrictive intervention and cannot be a rights restriction

A. True B. False

Type Your Response in the Chat







A reactive strategy cannot be a restrictive intervention and cannot be a rights restriction

B. False



SOS

Can Physical Crisis Management Procedures be used in an emergency?

A. NoB. Yes

Type Your Response in the Chat

Emergency Interventions





Can Physical Crisis Management Procedures be used in an emergency?



B. Yes



Emergency Interventions





Part I b. Crisis Cycle



Medical Causes



Quality of Life



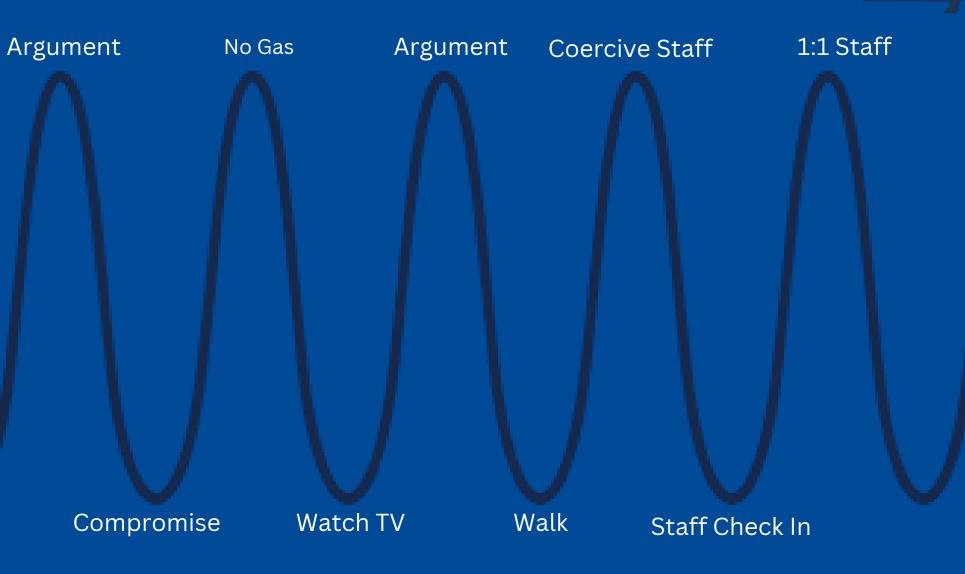


Trauma



Things to Consider First







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Which of the following would lead you to escalate?

- A. Someone cutting you off in traffic
- B. A flat tire
- C. A family member becoming sick
- D. Spilling your coffee

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Baseline



Escalation





Stabilization



Individual engages in behavior that typically precedes challenging behavior. Focus for supports should be using interventions to prevent further escalation.

> **Trigger** Individual may be tired, hungry, bored, or asked to do something. Focus for supports should be to avoid trigger events.



Crisis

Individual engages in challenging behavior. Focus for supports should be on maintaining safety during this stage.

Baseline

Individual engages in typical every day behavior. Focus for supports should be on skillbuilding.



De-Escalation

Individual engages in less intense behavior which signal a return to baseline. Focus for supports should be on calming strategies.

Stabilization

Individual demonstrates calm, relaxed, and engaged behaviors. Focus for supports should be on problem solving.





- Typical every day behavior.
- Supports should focus on skillbuilding.





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De-Escalation

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Stabilization

Individual demonstrates calm, relaxed, and engaged behaviors. Focus for supports should be on problem solving.





- Individual bored, hungry, tired, asked to do disliked tasks.
- Supports focus on avoiding trigger events.











What is the definition of a trigger?

- A. Anything that makes a person happy
- **B.** Anything the creates a worsening for a person
- C. Anything that can help the person be successful
- D. Anything that creates skills for the person

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What is a definition of a trigger?

B. Anything the creates a worsening for a person



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De-Escalation

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Stabilization

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- Precursor behaviors
- Supports focus on implementing interventions to prevent further escalation.







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Crisis

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De-Escalation

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- Challenging Behavior.
- Supports should focus on safety.











MISSOURI TIERED SUPPORTS INTENSIVE STRATEGIES

A crisis always happens the same way?

A. TrueB. False

Type Your Response in the Chat







A crisis always happens the same way?

B. False



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> **Trigger** Individual may be tired, hungry, bored, or asked to do something. Focus for supports should be to avoid trigger events.



Crisis

Individual engages in challenging behavior. Focus for supports should be on maintaining safety during this stage.

Baseline

Individual engages in typical every day behavior. Focus for supports should be on skillbuilding.



De-Escalation

Individual engages in less intense behavior which signal a return to baseline. Focus for supports should be on calming strategies.

Stabilization

Individual demonstrates calm, relaxed, and engaged behaviors. Focus for supports should be on problem solving.





- Behavior is less intense.
- Supports should focus on calming strategies.





De-escalation





A person may cycle between De-escalation and Crisis?

- A. True
- B. False

Type Your Response in the Chat





A person may cycle between De-escalation and Crisis?

A. True



Escalation

Individual engages in behavior that typically precedes challenging behavior. Focus for supports should be using interventions to prevent further escalation.

> **Trigger** Individual may be tired, hungry, bored, or asked to do something. Focus for supports should be to avoid trigger events.



Crisis

Individual engages in challenging behavior. Focus for supports should be on maintaining safety during this stage.

Baseline

Individual engages in typical every day behavior. Focus for supports should be on skillbuilding.



De-Escalation

ndividual engages in less intense behavior which signal a return to baseline. Focus for supports should be on calming strategies.

Stabilization

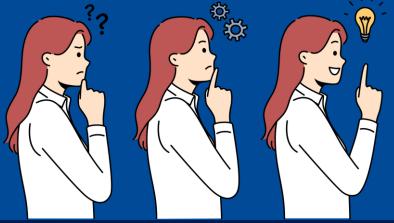
Individual demonstrates calm, relaxed, and engaged behaviors. Focus for supports should be on problem solving.





- Behaviors are calm, relaxed, and engaged.
- Supports should focus on problemsolving









Poll for You

You should call 911 every time you think there might be a crisis.

A. True B. False

Type Your Response in the Chat



MISSOURI TIERED SUPPORTS INTENSIVE STRATEGIES



You should call 911 every time you think there might be a crisis.

B. False







Part 2 a. Safety Crisis Plan Template



Demographics and Identification

Name: Click or tap here to enter text. here to enter text Date of Plan Development: Click or tap here to enter text. Supports/Provider/Program: Click or tap here to enter text. Team members developing plan: Click or tap here to enter text. Parent or guardian involved in developing plan: Click or tap here to enter text. Consent to use the plan given by (individual/ parent/guardian signature): Click or tap here to enter text. Date parent/guardian provided consent to use: Click or tap to enter a date.







DMH ID: Click or tap

MISSOURI TIERED SUPPORTS INTENSINE STRATECHES

Crisis Safety Assessment Results: Click or tap here to enter text.

Need(s) (Specific statement related to Necessity): (Example _______ needs help to interact with others without physical or verbal aggression. In the past these actions have resulted in (describe most severe results of episodes, list dates of most recent episodes): Click or tap here to enter text.

Support Plan Goal: ______ (Example: will meet and participate in the after school program with no episodes of physical or verbal aggression) Click or tap here to enter text.





Problem Behaviors: (specific. measureable, observable along with identification of frequency, intensity and duration): Click or tap here to enter text.

Possible Trigger Events: (what might happen that could result in it more likely that he will become upset and engage in the problem behavior?)

Click or tap here to enter text.

Possible precursor behaviors: (What might he do that tells you he is getting upset?) Click or tap here to enter text.

Criteria for directly addressing the problem behavior and Criteria for escalating safety intervention: (when do you move from prevention/de-escalation to trying to directly intervening or seeking assistance? Click or tap here to enter text.





Documentation and Communication

Documentation of implementation of plan: (describe how use of any of safety crisis plan will be documented): Click or tap here to enter text.

Communication of use of plan to other members of the team, including parents and support coordinator: (describe how and by whom the use of plan will be communicated): Click or tap here to enter text.





Crisis Cycle Elements

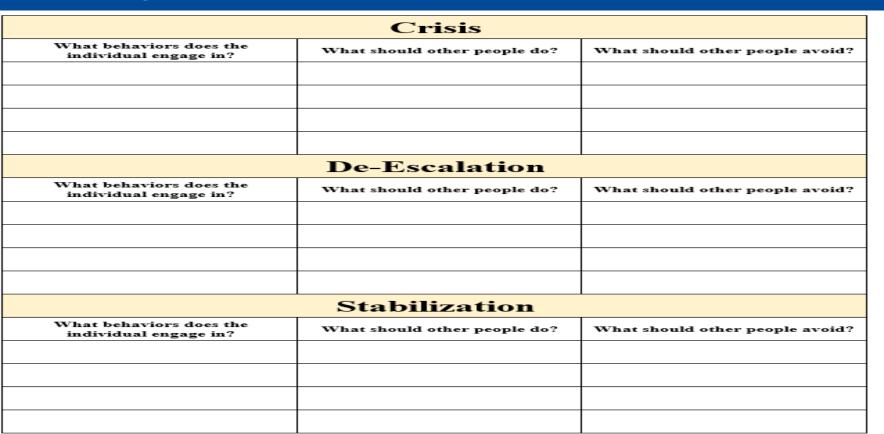


Baseline				
What behaviors does the individual engage in?	What should other people do?	What should other people avoid?		
Triggers				
What are some trigger events? (list each one)	What should other people do?	What should other people avoid?		
Escalation				
What behaviors does the individual engage in?	What should other people do?	What should other people avoid?		

Putting it all together



Crisis Cycle Elements



Putting it all together







Part 2 a. Case Study



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How to communicate with Person 1:	Use a calm, nice tone of voice
	Do not yell
	Give her a timeframe for her to complete tasks so she can go at own pace
	Show her respect
What are Person 1's triggers?	Being told what to do
	Questioning her in an accusatory way
	People yelling
	Technology problems/Internet going out
	Being touched without asking
Other important information to know	• She likes to tease and joke, but establish a relationship with her first so she knows when you are teasing
about Person 1:	• She has a stuffed animal, "Bun-Bun" that makes her feel better
	• Person 1 doesn't like when staff are on their phone instead of paying attention to her
	• She is not a morning person so don't place demands on her when she first wakes up other than taking medications.
What a good day looks like	What a bad day looks like
Listening to music	People yelling
• Gets to stay home	• She doesn't want to get out of bed
Watching videos or wrestling	Not listening to staff
• Experiences no struggles with	
staff	

Putting it all together A Case Study <u>– About the Individual</u>



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Important to Person 1:

Person 1's family is important to her - brother, mother, father, and stepmother vital tPerson 1 is allowed to visit with them and talk to them on the phone regularly. Person 1 has a stuffed animal, "Bun-Bun," that was given to her by her grandfather that she treasures. She likes holding Bun-Bun to feel happier and safer. Person 1 says it is important for her to have working internet. She also stated that it is important for her to watch wrestling. Her favorite wrestling group is the Riott Squad.

Important for Person 1:

Person 1 does not like being bossed around. Sometimes she becomes upset with what she calls nagging. Using a calm voice works best in these situations. It is better to make requests than demands. Person 1 has difficulty being motivated and needs repetitive prompts to complete household and/or personal care tasks. It is recommended that staff give her a timeframe to complete chores such as "Sweep by 3:00 p.m." then allow Person 1 to do it at the time she wants. Staff can give her reminders every hour or so about how much time is remaining before the task should be done.

Putting it all together A Case Study – About the Individual





It is important for Person 1 that she has alone time. She is currently working on knowing her breaking point, however, when she reaches her breaking point it is important that she can go to her room by herself to calm down. Staff should always knock before entering Person 1's room to respect her privacy and personal space. Some coping skills she found to be helpful include listening to music, jumping on her bed, reading, coloring, and writing stories, and poems.

Person 1 works best with staff who she has begun to know. Person 1 and her guardian both prefer her to work with female staff. She enjoys people who take the time to get to know her and who have a good sense of humor

Altered Levels of Supervision or Restrictions: Restriction: Person 1 receives 1:1 staffing for 24 hours a day.

Putting it all together A Case Study – About the Individual



Behavioral and Mental Health:

One of Person 1's biggest triggers is being told what to do, especially by staff. Person 1 has difficulty knowing when she is reaching her breaking point and will often have a breakdown after being told what to do. When Person 1 has a break down she will yell, stomp her feet, slam doors, and sometimes hit walls. In the past Person 1 would run away during a breakdown. Over the past year Person 1 worked on creating a list of coping skills to help her decompress. Some coping skills she found to be helpful include listening to music, jumping on her bed, reading, coloring, and writing stories and poems. Person 1's staff noticed she will have a breakdown when she is stalling and wanting to get out of doing something, such as her chores.

Verbal Aggression: Person 1 has a history of becoming upset and yelling/cursing, making detailed threats, intimidating, and bullying. Person 1's threats can include threats of bodily harm, threats toward roommate and staff, and threats to destroy their personal property. Staff will attempt to pivot her toward a desired activity and remove her from what is making her mad.

Property Destruction: Person 1 will occasionally hit walls when she is upset.

Triggers: Person 1 is triggered when she is told what to do by staff or her roommate. Person 1 does not like when people yell or when they're aggressive. Person 1 does not like having constant reminders to complete a task.

Staff can attempt to help Person 1 calm down by talking calmly to her and encouraging her to use one of her coping skills. Person 1 enjoys listening to music, jumping on her bed, reading, coloring, and writing stories and poems when she is upset. It is important for staff to allow Person 1 to have space to calm down.

Putting it all together A Case Study – About the Individual



Demographics and Identification

Name: Person 1

DMH ID : 12345

Date of Plan Development: 9.1.2023 Supports/Provider/Program: Lotus ISL Team members developing plan: Person 1/Lotus ISL staff/SC Jane/Step Mom Parent or guardian involved in developing plan: PA Carbon County Consent to use the plan given by (individual/ parent/guardian signature): *PA Carbon County* Date parent/guardian provided consent to use: 10.1.2023





Crisis Safety Assessment Results:

There are no identified health issues related to medications. Health issues would NOT preclude the individual from being physically restrained. Emergency service interactions of been minimal at this point in time (2 ED visits in the past year and 1 LE contact. Restraint occurs on average 3 times per month. What to do – Allow her to complete things in her own time frame. Use supportive questioning (I.E. – Tell me more, Can you give me a better understanding of what is/was happening, ask before making physical contact/touching). Use a voice volume that could be identified as an "inside" voice. Try to regulate rate of speech at a moderate level. Be sure to check for understanding when interacting with her. More access to community services are needed in the area of identifying a counselor that is a good match for the individual. She has had competitive employment in a wedding shop in the past, the store went out of business and she is working with an employment specialist to find a similar position in a smaller retail store. Access to music and Bun-Bun are key to de-scalation and for avoiding escalation. Staff phones are to stay out of site and out of use.



Need(s) (Specific statement related to Necessity): (Example _______needs help to interact with others without physical or verbal aggression. In the past these actions have resulted in (describe most severe results of episodes, list dates of most recent episodes):

Person 1 needs supports to identify what her triggers might be, what calming strategies are helping her to stay regulated so that she does not escalate to property destruction and verbal aggression especially in a community setting.

In the past year there were

NOTE: Provide summary information and data as there is limited value added to recreating information from monthly summaries or EMT reports





Support Plan Goal: ______ (Example: will meet and participate in the after school program with no episodes of physical or verbal aggression)

Person 1 will participate in community activities (shopping for personal items and groceries and during Special Olympics activities) with less than 10 incidents of verbal aggression and less than 2 incidents of property destruction for 3 consecutive months.

Person 1 will use her identify coping skills of keeping "Bun-Bun" with her, listening to music, jumping on her bed, reading, coloring, and writing stories, and poems, "Pick 5 and choose" or of "Name 3 thing that..." to support her to interact with others and to maintain property in tact (as it exists)

Person 1 is will identify the behaviors she can associate with her "breaking" point – Clenched teeth, heavy breathing, yelling, stomping her feet, slamming doors, hitting walls and ...



Problem Behaviors: (specific. measureable, observable along with identification of frequency, intensity and duration):

Verbal Aggression as evidenced by yelling/cursing, making detailed threats, (threats can include threats of bodily harm, threats toward roommate and staff, and threats to destroy their personal property) intimidating, and bullying.

Property Destruction as evidenced by the willful destruction of items or property NOTE: Data should be provided here



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Possible Trigger Events:(what might happen that could result in it more likely that he will become upset and engage in the problem behavior?)

Being told what to do Questioning her in an accusatory way People yelling Technology problems/Internet going out Being touched without asking

Possible precursor behaviors: (What might he do that tells you he is getting upset?) Clenched teeth Heavy breathing Yelling Stomping her feet Slamming doors Hitting walls





Criteria for directly addressing the problem behavior and Criteria for escalating safety intervention: (when do you move from prevention/de-escalation to trying to directly intervening or seeking assistance?

If there is continuous yelling accompanied by stomping of feet, slamming doors and hitting walls for greater than 30 minutes then staff should change assignments. If this continues for an additional 30 minutes then call the program manager for additional coaching.

Intervene in behavioral interactions that has become aggressive and the behavior of an individual poses a threat of imminent harm to themselves and/ or others.



Documentation and Communication

Documentation of implementation of plan: (describe how use of any of safety crisis plan will be documented): Staff will take data on the following on the attached data sheets: Use of coping strategies Use of identifying breaking point behaviors and asking for assistance Frequency and duration of events where there is yelling combined with other elements in excess of 15 minutes in duration Events where property destruction exceeds 100.00

Communication of use of plan to other members of the team, including parents and support coordinator: (describe how and by whom the use of plan will be communicated):

There will be a debriefing for each event that is in excess of 15 minutes or that results in property destruction in excess of 100.00 |



Crisis Cycle Elements



Baseline				
What behaviors does the individual engage in?	What should other people do?	What should other people avoid?		
Listening to music	Ask to enjoy the music with her, Respect her space is she wants to enjoy music alone	Commenting on the music choice, changing the music		
Watch wrestling	Sit with her and cheer on her selected person	Don't cheer on the opponent, don't indicate she cannot watch it, don't comment that it is not real		
Triggers				
What are some trigger events? (list each one)	What should other people do?	What should other people avoid?		
The internet is down	Help her go through the checklist for internet operations that is on the refrigerator	Don't discredit the validity of her concern		
Family member cannot come to visit	Have an alternative plan in place of a different activity to pursue	Don't "do" nothing		
Escalation				
What behaviors does the individual engage in?	What should other people do?	What should other people avoid?		
Stomping feet	Suggest to her to listen to music Make sure she has Bun-Bun	Telling her to stop		
Yelling	Suggest to her to listen to music Make sure she has Bun-Bun	Telling her to stop		



Crisis Cycle Elements



Crisis				
What behaviors does the individual engage in?	What should other people do?	What should other people avoid?		
If there is continuous yelling accompanied by stomping of feet, slamming doors and hitting walls for greater than 30 minutes then staff should change assignments	Switch off with other staff Give her space	Avoid a power struggle with her with the door trying to get her to stop Avoid being to close and hovering		
De-Escalation				
What behaviors does the individual engage in?	What should other people do?	What should other people avoid?		
Listening to music at a volume higher than normal	Give her space	Turning the music down, asking her to turn the music down		
Stabilization				
What behaviors does the individual engage in?	What should other people do?	What should other people avoid?		
Listening to music at an "normal" volume	Ask to enjoy the music with her, Respect her space is she wants to enjoy music alone	Commenting on the music choice, changing the music		



Email: <u>BAT@dmh.mo.gov</u>

Tier 3 Webpage: <u>https://dmh.mo.gov/dev-</u> <u>disabilities/tiered-supports/tier-3</u>

