The following are three examples of Behavioral Crisis Intervention Plans that utilize a graduated response model and formatting. The most important factors to consider when formulating these types of plans are:

* Utilize a group meeting/process to compile the information with Direct Support Personnel having primary input and the BSC leading the meeting/organizing the information and then writing the final document. In general, the more people/team members present and contributing to this process, the better. Perspectives from DSPs, managers, family members, the case manager, guardian, and other DDW therapies add a depth and consensus aspect that is irreplaceable.
* BBS staff can assist in leading these plan building meetings in order to model the format we have found to be most effective. Typically, these planning meetings take about 2 hours.
* PRN Medication and Emergency Physical Restraint recommendations may appear in the BCIP but within which ‘level’ of presentation varies by individual. For example – for some individuals a PRN medication may be most effective in the ‘lower’ stages of escalation after other attempts at calming have been ineffective. For others, PRN medication may best come into play at higher stages.
* The response style of staff/family should *match the individual’s current level of presentation*. If the individual is calm, then the response style should be at that same level rather than continuing a crisis style tone/attitude/style from an earlier incident. We can often create/continue/reignite crisis by continuing to act as if one is occurring when it has already ended. This is like continuing to give someone the Heimlich maneuver after the item has been dislodged – you are probably doing more harm than good and everyone ends up confused.
* Be sure to embed ideas for family/staff to use to calm themselves during these events. Practicing deep breathing, taking a break, switching out, thinking/considering before acting are all methods that can be effective.

Most importantly – as with the rest of the BSC documents – this is a ‘living’ and fluid document. Every incident should be used to add onto and create a more in-depth and personalized plan.

|  |  |  |
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| **BEHAVIOR** |  | **OUR OPTIONS/RESPONSE** |
| * INJURES HIMSELF OR SOMEONE ELSE
* IS IN IMMANENT DANGER OF CAUSING HARM TO SELF OR OTHERS
 | **911** | * CALL 911; CONTACT AGENCY NURSE, SUPERVISORS ACCORDING TO APPROPRIATE PROTOCOLS
 |
| * STARTS TO HIT THINGS (WALLS, DOORS, FURNITURE)
* YELLS AT STAFF (“LEAVE ME ALONE!”)
* MILD SIB (SLAPPING FACE)
* POSTURING
* SEEKING ISOLATION
* IGNORING STAFF; REFUSING TO LISTEN
 | **ACTION** | * OFFER SPACE/QUIET SURROUNDINGS/ALONE TIME
* OFFER RELAXATION ROOM
* REASSURANCE (“ITS OKAY,” “YOU’RE SAFE,” “I’M NOT GOING ANYWHERE”)
* DO NOT YELL OR BECOME FORCEFUL
 |
| * IRRITATED (“DON’T BOTHER ME”)
* BEGINS TO TALK FASTER; HARD TO UNDERSTAND
* LOUDER
* AGGRESSIVE/STRESSED AFFECT
* PSYCHOMOTOR AGITATION (RUBBING FACE AND HEAD, PACING)
* DELUSIONS BECOME MORE VIOLENT
 | **ALERT** | * REASSURANCE (“IT’S GOING TO BE OKAY,” “YOU’RE NOT IN TROUBLE”)
* FIRM TONE; RESPECTFULLY REDIRECTING
* OFFER PHYSICAL ACTIVITIES (PUSH-UPS, WALKS, BILLIARDS, COLLECTING CANS)
* DISTRACT/REFOCUS (“CHECK OUT THAT CAR,” “ISRAEL, TELL ME ABOUT \_\_\_\_\_\_\_”)
 |
| * REFUSING MEDICATION AND OR DAY-HAB
* BECOMES “NEEDY” (REQUIRES MORE HELP W/ ADLs)
* DELUSIONS BECOME MORE ELABORATE
* STARTS FIXATING QUICKLY
* BECOMES MORE APOLOGETIC
 | **AWARE** | * ENCOURAGE PARTICIPATION
* CONTINUE OFFERING/ PROVIDING ACTIVITIES
* SWITCH STAFF
* CHECK-IN (“HOW ARE YOU FEELING ISRAEL?”)
* LET HIM KNOW WHAT TO EXPECT FROM TASKS/SCHEDULE/ACTIVITY
* POINT TO THE CALENDAR
 |
| * COOPERATIVE/COMPLIANT/AGREEABLE
* ACTIVE
* SEEKS OUT 1:1 INTERACTIONS
* LESS SOCIAL WHEN THERE ARE LOTS OF PEOPLE
* CAN WITHDRAW; WANT TO SLEEP; SEEK ISOLATION
* IS TALKATIVE WITH FAMILIAR STAFF AND PEERS
 | **GENERAL SUPPORT** | * SIT WITH HIM
* OFFER ACTIVITIES
* REFOCUS/REDIRECT CONVERSATIONS ABOUT DELUSIONS
* WRITE DOWN PHYSICAL COMPLAINTS
* ENGAGE AND PARTICIPATE IN ACTIVITIES AND TASKS WITH HIM
* KEEP A SCHEDULE AND STAY BUSY
 |

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| **WHAT IS JOE DOING?** |  | **WHAT ARE OUR ACTIONS/OPTIONS?** |
| * SEVERE **ATTEMPTS TO INJURE** OTHERS

HITTING, PULLING HAIR, GRABING, PUSHING* DRAWN BLOOD
* CAUSED SIGNIFICANT INJURY
 | **911** | * **CALL THE POLICE/ AMBULANCE**
 |
| * **PHYSICAL** EVENTS

(TOWARDS ITEMS, PEOPLE, AND SELF0* HARM TO SELF (PUNCHING SELF IN HEAD)

**MILD TO MODERATE** | **ACTION** | * **STIMULUS CHANGE**
* **PRN**
* INVOLVED, BUT FROM A DISTANCE

GIVE BLAIR SPACE* LOW AROUSAL (QUIET, CALM VOICE, FEW PEOPLE)
* GEOGRAPHIC POSITIONING
 |
| * HAND RUBBING
* ZERO EYE CONTACT
* **BEGINS TO FOLLOW, DECREASE DISTANCE**
* INSISTANT AVOIDANCE
* **LOUD TONE**
 | **ALERT** | * **DECREASE STRESS**
* PROVIDE ACTIVITIES OF LOW STRESS (BATH, MUSIC, ROCKING CHAIR)
* CONSIDER PRN MEDICATION IF APPROPRIATE
 |
| * DECRESED EYE CONTACT
* **ANGRY/UPSET AFFECT**
* CONFUSED LOOK
* **INCREASE IN VOLUME**
* BEGINS TO PACE
* WILL SAY “SHUSH!”
 | **AWARE** | * **TAKE DEEP BREATHS (CALM YOURSELF)**
* POSITIVE MESSAGES
* OFFER DESTRESSING OPTIONS
* ASK QUESTIONS
* CONSIDER PRN DEPENDING ON CIRCUMSTANCES
* **TANGIBLE RULES (SCHEDULE, CALENDAR, PLANNER)**
* SMALLER MENU OF OPTIONS
 |
| * SMILING
* **HAPPY AFFECT**
* ENGAGED
* SITTING CALMLY
* **VOLUME WITHIN NORMAL LIMITS**
* LIMITED ECHOLALIA
 | **GENERAL SUPPORT** | * OUT IN COMMUNITY (SHOPPING, EATING)
* TALKING WITH BLAIR
* **NOTICING BEHAVIOR WE WANT TO INCREASE**
* **TAKING THE OPPORTUNITY TO TEACH/MODEL**
* SETTING THE STAGE FOR WAYS TO MANAGE FRUSTRATION LATER
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| **WHAT SAM DOES** |  | **WHAT WE DO** |
| * SLAMMING DOORS
* **SHUTTING DOWN**
* PUNCHING WALLS
* **MAY PUT SELF IN DANGER (STEPPING INTO TRAFFIC)**
* EYES ARE BIG (HYPERVIGILANT/SCARED)
 | **ACTION/External Supports** | * **HANG IN THERE; DON’T SHOW AVOIDANCE**
* LINE OF SIGHT
* PROVIDE **REASSURANCE** (I’M NOT MAD, YOU’RE NOT IN TROUBLE)
* CONTINUE TO SET **LIMITS** AND BOUNDARIES
* MAY NEED TO INTERVENE PHYSICALLY IF HE BECOMES VIOLENT WITH ANOTHER PERSON
* CREATE REASONABLE **DISTANCE**
* CONTACT MGMT OR NURSE
* 911 IF NECESSARY
 |
| * **THREATENING**/ POSTURING
* SCREAMING/SWEARING
* **ARGUING**
* INCREASED CUSSING/ CALLING NAMES
* TRYING TO GET AWAY FROM PEOPLE
 | **ALERT** | * ASK: “DO YOU NEED SOME SPACE?”
* **USE FEWER WORDS WHEN TALKING TO HIM**
* LINE OF SIGHT
* MOVE TO A PLACE WITH **LESS PEOPLE**
* GIVE HIM **SPACE**
* REMIND HIM OF THE ACTIVITIES HE HAS PLANNED
* REASSURE HIM
 |
| * USES FIRM TONE; STARTS RAISING VOICE
* **NERVOUS MOVEMENT (PACING, HAND WRINGING)**
* EYE-BROWS DOWN; LOOKS MEAN/ANGRY
* STARTS TO TAKE THINGS PERSONALLY/ MORE SERIOUS
* VISIBLE CHANGE IN MOOD
 | **AWARE** | * CHECK-IN, IDENTIFY PROBLEM, HELP THINK THINGS THROUGH
* REASSURANCE (EVERYTHING IS GOOD)
* DISTRACTING/ REDIRECTING/REFOCUSING
* **OFFER ACTIVITIES**
* GO PLACES WITH LESS PEOPLE
 |
| * TALKING
* **INTERACTING** WITH PEOPLE
* **SMILING**
* RESPECTFUL
* PROACTIVE AND MOTIVATED
* COOPERATIVE
 | **GENERAL SUPPORT** | * **ENGAGE** POSITIVELY
* SHOW INTEREST
* OFFER A HUGE MENU OF THINGS HE CAN DO
* PROVIDE **POSITIVE FEEDBACK**
* BE SUPPORTIVE AND INTERESTED
 |

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| **WHAT MIKE DOES** |  | **WHAT WE DO** |
| * ACTIVELY TRYING TO INJURE HIMSELF OR SOMEONE ELSE
 | **External Supports** | * CALL NON-EMERGENCY LINE (242-COPS)
* CALL POLICE
* CALL AMBULANCE IF THERE IS AN INJURY
 |
| * THROWING ROCKS
* DESTROYING PROPERTY
* TARGETING PEOPLE
* PUNCHING WALLS
* KICKING
* ACTIVELY TRYING TO GET AWAY
* SCREAMING
 | ACTION | * CREATE SAFE CONTAINMENT/ DISTANCE
* REMOVE ROOMATES FROM AREA
* USE FIRM VOICE AND TELL HIM TO “STOP”
* TELL HIM “WE’RE HERE TO HELP”
* TAKE DEEP BREATHS AND TELL HIM TO DO THEM WITH YOU
* DO NOT ASK QUESTIONS
* LEAD BY EXAMPLE (SHOW HIM HOW TO CALM DOWN)
* REMIND HIM OF DAILY RITUALS
 |
| * INCREASED VOLUME
* HITTING WALLS
* YELLING
* PCING BECOMES FASTER
* FIXATES ON ROOMMATES/STAFF
* TALKS ABOUT POLICE
* THREATENS TO LEAVE
* EATING FASTER
* CALLING FAMILY
* TRYING TO GET AWAY FROM STAFF
 | **ALERT** | * REMIND HIM THAT “NO ONE IS MAD AT YOU”
* “I JUST WANT TO HELP”
* INCLUDE HIM IN CALMING DOWN STRATEGIES
* REASSURE HIM
* BE NURTURING AND COMFORTING
* TRY TO DISTRACT HIM WITH ACTIVITIES
* OFFER MUSIC, WALKS WITH SOMEONE, WATERING PLANTS
* REMIND HIM OF THE RITUALS
 |
| * PACING
* BECOMES WHINY
* POSTURE CHANGES (BECOMES MORE HUNCHED)
* EASILY FIXATES
* ISOLATES HIMSELF
* TROUBLE PAYING ATTENTION
* DISSOCIATES FROM FOUTINE AND RITUALS
* HANDS BECOME CLAMY
* STARTS SPEAKING LOUDLY
* WANTS TO WALK
 | **AWARE** | * CHECK-IN WITH HIM (HOW ARE YOU?)
* STAY ENGAGED WITH HIM (DON’T LET HIM BE BY HIMSLEF FOR LONG PERIODS WITHOUT CHECKING-IN WITH HIM)
* DISTRACT HIM WITH ACTIVITY
* REMIND HIM OF PLANNED CALLS (FROM BSC, CM, SC, GUARDIAN etc)
* ORIENT HIM TO THE STRUCTURE AND RITUALS OF THE DAY
* REMIND HIM OF EXPECTATIONS
 |
| * TAKING CARE OF HIMSELF
* DOING ‘HOMEWORK’
* SMILING
* ENGAGED IN ROUTINE
* DEMONSTRATES GOOD MEMORY
* ENGAGING
* PLEASANT
* SHAKING HANDS (HANDS FEEL WARM)
* SOCIALLY ENGAGED (LISTENS, CAN REPEAT WHAT WAS SAID TO HIM
 | **GENERAL SUPPORT** | * ENGAGING WITH HIM
* REMAIN WARM AND NURTURING
* ENCOURAGE HIM TO ENGAGE
* OFFER AT LEAST 4 ACTIVITY OPTIONS (DANCING, 1:1 GAME, WALK, HOMEWORK)
* ASK ABOUT HIS OPIONS AND GIVE HIM CHOICES
* DO ‘HOMEWORK’ WITH HIM
* USE TERMS OF ENDEARMENT/NICKNAMES
* STAY CALM
 |