Crisis Management Programs

In this document we provide a model for identifying and describing recommended trainings for agencies providing services in the assessment, treatment, and management of challenging behavior. Each agency should identify and develop the trainings they will need and these should be mindful of the applicable federal, state, and local statutes and regulations that they operate under. There are a number of existing crisis management programs that are available to care providers and families. Organizations with the expertise may also develop their own crisis management program. Crisis management programs consist of training on crisis prevention, physical management techniques, debriefing, documentation, and reporting.

Crisis prevention training includes information on the population receiving services, the functions of challenging behavior, identifying precursor behavior and setting events, and empirically validated techniques for preventing, managing, and redirecting challenging behavior to avert crisis episodes.

Physical management training includes a variety of techniques that may be used to safely redirect or contain challenging behavior. This training includes when each technique(s) should or should not be used and safety considerations for each technique. Training on debriefing, documentation, and reporting may occur during the crisis prevention and/or physical management training or as separate trainings.

Crisis management training should be provided to all staff who work with individuals who present with challenging behavior or a subset of staff may receive this training and function as the "crisis management team". Whichever model is employed, agencies should also include administrators, professional staff, and direct care staff in these trainings and should identify who should receive additional trainings as appropriate (e.g., restraint reduction initiatives, peer review, additional information on reporting, etc.). Many agencies may also invest in further training to enable some employees (i.e., trainers) to train other employees.

Crisis Management Trainings

1. **Crisis Prevention**
    a. ***Purpose***. The purpose of this training is to provide trainees with the information and skills to prevent and redirect escalated behavioral episodes before such episodes become a "crisis".
    b. ***Content.*** Crisis prevention trainings are most effective when they are directed towards the needs, communication styles, and cultural differences of specific populations and include a functional approach to understanding the causes of challenging behavior. Crisis prevention trainings focus on how the challenging behavior functions in the environment

and how making changes to the environment before, during, and after challenging behavior can minimize challenging behavior and support adaptive behavior that meets the individual's needs.

c. ***Training Format and Competencies.*** Crisis prevention trainings typically consist of a knowledge-based format combined with some role play and feedback. We recommend that crisis prevention trainings have a knowledge-based test (e.g., written or online) and that redirection techniques are trained through role plays and feedback and require completion of a skill-based competency test (i.e., live demonstration of the skills).

d. ***Regulations and Policies.*** Regulations may specify that training on prevention and the specific population served are required.

e. ***Target Audience.*** Direct care staff and clinicians (i.e., professional staff). We highly recommend that a representative(s) from the administrative also be familiar with the training.

2. **Crisis Management (Techniques**)

a. ***Purpose*.** The purpose of training on crisis management techniques is to provide trainees with a set of skills that can safely manage dangerous behavior. Safety is the primary concern of crisis management training and a general rule is that the techniques that are trained should never be more dangerous than the behavior they are used to manage.

b. ***Content.*** Crisis management trainings include training on some or all of the following techniques: (a) physical management interventions including protective positioning, redirection and/or deflection, physical escorts, and physical restraint, (b) exclusion procedures such as time out, (c) use of protective equipment for both direct caregivers and clients, and (d) mechanical restraint or medically prescribed interventions such as the application and use of arm limiters. In addition, these trainings include when and when not to use each technique as well as safety considerations of using each technique. Finally, these trainings typically include information on documentation, reporting, and debriefing, although some or all of these topics may be addressed in more depth in separate trainings (see below).

c. ***Training Format and Competencies*.** The format of this training is one primarily of practice with feedback until competency is demonstrated. Each technique is broken down into component parts and these parts are practiced to fluency. Role plays combining different techniques are used to train fluency and teamwork and test

application of safety guidelines. Each trainee plays the role of the client during each procedure. These trainings require a written test and physical competencies.

a. ***Regulation and Policies.*** Some techniques may be specifically prohibited under any circumstances (e.g., choke holds, half or full-nelsons, etc.). Some techniques may be generally prohibited but allowed under certain conditions. For example, currently in Massachusetts, prone restraint is not permitted with adults with special needs but is permitted with a waiver for students with special needs under 22 years of age. Some techniques may be designated for "emergency use" only, often defined as imminent harm to the individual or others. Regulations may require a minimum amount of training time and a minimum amount of time for annual refreshers. Regulations may require that specific topics are reviewed in the training. Examples of topics include signs of physiological distress, reporting the use of techniques, debriefing procedures, and so on. Regulations may require specific competencies such as written tests and/or physical competencies.

d. ***Target Audience.*** Direct care staff and clinicians (i.e., professional staff). We highly recommend that at least a representative for administration also be familiar with the training.

3. Documentation

a. ***Purpose.*** To ensure proper documentation of the use of crisis management techniques for regulatory and organizational purposes.

b. ***Content.*** For direct care staff, the main content of this training is on how to correctly complete all the required documentation for specific procedures. This includes the rationale for documentation and regulatory requirements. Additional content may be provided for individuals responsible for summarizing the documentation and reporting to regulators.

c. ***Training Format and Competences.*** This training is knowledge-based and typically includes practice scenarios for documentation that are reviewed in the training. Competencies may include a written test and/or successful completion of sample scenarios.

d. ***Regulation and Policies.*** Regulations may require specific types of documentation and/or specific forms be used. For example, regulations may require the names of all involved, the time, the location, a description of the episode, who the episode was reported to, what was happening immediately prior to the episode, where it occurred, and so on.

e. ***Target Audience.*** Direct care staff and anyone responsible for overseeing and/or reporting documentation (e.g., professional staff, administrators).

4. Reporting

a. ***Purpose.*** The use of crisis management techniques often represents situations in which severe challenging behavior occurred; reporting this behavior and use of crisis management techniques is important to identify any trends or issues and respond accordingly. Thus, organizations have specific reporting guidelines consistent with federal and state regulations.

b. ***Content.*** This training consists of who and when to report an incident to and what information to share. For direct care staff, reporting will typically be to a supervisor or administrator in the organization. Administrators and professional staff may have additional training on reporting to families and/or regulatory bodies.

c. ***Training Format and Content***. This training is suitable for a knowledge-based format and a written competency.

d. ***Regulation and Policies***. Regulations may require reporting of specific crisis management techniques such as restraint. Reporting guidelines may vary considerably depending on many factors, such as the setting (e.g., school, residential setting, hospital setting), time of day or night, specific crisis management technique involved, etc. Regulations cover what must be reported, when it must be reported, and whom it must be reported to.

e. ***Target Audience***. Direct care staff and anyone responsible for reporting.

5. Debriefing

a. ***Purpose.*** The purpose of debriefing is to ensure that everyone involved in an episode is physically and emotionally recovered. A second purpose is to analyze a given episode and determine if changes can be made to training, programming, and/or the environment to prevent or better respond to further episodes. An additional purpose to debriefing is to ensure that restrictive procedures are being used only as needed.

b. ***Content.*** This training reviews the general formats and timelines for debriefing as well as any required or recommended elements of debriefing.

c. ***Training Format and Competencies.*** This training is suitable for a knowledge-based format and role play.

d. ***Regulations and Policies***. Regulations may cover when and how debriefing procedures should be conducted as well as criteria for initiating more extensive reviews such as peer review.

e. ***Target Audience***. Direct care will typically be informed of debriefing processes during the crisis management techniques training but may not have a separate training on debriefing; professional staff and/or administrators may have a more extensive training on how and when to conduct debriefings.

6. Oversight

a. ***Purpose.*** Crisis management programs require oversight to be implemented ethically and safely. Oversight includes an emphasis on consistent review, high levels of supervision, immediate and complete reporting, comprehensive training, and collaborations and effective communication across departments and agencies. For example, oversight includes access to peer review systems that ensure all restrictive programs are reviewed in terms of efficacy, appropriateness, and safety on a regular basis and emergency cases can be reviewed promptly. Human Rights Committees should review the use of restrictive procedures periodically to ensure that such procedures are in the best interest of the individuals they are used for. Administrators should review data on restrictive procedures regularly to ensure that the use of restrictive procedures meets all of the relevant guidelines. Organizations and/or regulators may require that physicians approve the use of specific procedures for their patients, or at the very least note that the patient has no known underlying medical conditions that preclude the use of any procedures.

b. ***Content.*** For direct care staff, information on oversight systems will typically be included across specific trainings – this information will typically be limited to the existence and purpose of oversight committees and procedures. Members of committees and those responsible for carrying out procedures and policies will receive more specific training on the relevant procedures. For example, clinicians involved in peer review will receive training on what, when, and how to present programs and data to other committee members.

c. ***Training Format and Competencies.*** This training is suitable for a knowledge-based format.

d. ***Regulations and Policies.*** Some oversight committees and procedures may be required by regulations. For example, many states may require that restraints are reviewed by a

peer review committee if they meet specific criteria. Other committees and procedures may not be required by regulations but may still be best practice.

e. ***Target Audience.*** The target audience includes direct care staff, who should be aware of general policies and procedures, as well as clinicians and administrators who participate and/or oversee oversight committees and procedures.

Crisis Management Program Checklist. A crisis management program should only be adopted if, at a minimum, it meets the following criteria:

1. The program is informed by and consistent with all federal, state, and local laws as well as applicable regulations. Example of regulations are provided below - it is the responsibility of the provider to know and follow applicable laws and regulations.
    a. Some techniques may be specifically prohibited under any circumstances (e.g., choke holds, half or full-nelsons, etc.).
    b. Some techniques may be generally prohibited but allowed under certain conditions. For example, in Massachusetts, prone restraint is not permitted with adults with special needs, but is permitted with a waiver for students with special needs under 22 years of age.
    c. Some techniques may be designated for "emergency use" only, often defined as imminent harm to the individual or others.
    d. Regulations may require a minimum amount of training time and a minimum amount of time for annual refreshers.
    e. Regulations may require that specific topics are reviewed in the training. Examples of topics include signs of physiological distress, reporting the use of techniques, debriefing procedures, and so on.
    f. Regulations may require specific competencies such as written tests and/or physical competencies.
    g. Regulations may require regular review and/or review contingent upon specific criteria (e.g., more than one physical restraint in a week for the same individual might trigger a review).
2. The procedures employed by the program have been reviewed by the appropriate professionals. This includes regulating agencies, physicians and agency decision-makers (e.g., principals, CEOs, clinicians).

3. The crisis management program must be consistent with best practices (see Note below for currently available crisis management training programs.)
    a. The program must have a clear rationale for the use of the procedures (i.e., safety, doing no harm) that is consistent with the best interest of the client and all relevant regulations
    b. The crisis prevention techniques should be empirically-based

c. The physical management techniques (e.g., escorts, restraints, applying protective equipment to clients, etc.) must be trained to competency using role play and feedback and must be
    i. Prescriptive (what to do, e.g., hold individual's arm above the wrist and below the elbow) and proscriptive (what not to do; e.g., never touch another individual's neck, never place pressure on the chest, etc.)
    ii. Trained with specific guidelines for the use of each procedure including when these procedures are to be used, when they are not be used, guidelines for release, and safety guidelines
    iii. Trained with an emphasis on teamwork and communication
d. A written test on implementation and safety guidelines

4. Documentation of procedures and reporting requirements must meet all relevant regulations and organization standards – this requires training for all staff involved with procedures and additional training for all staff responsible for overseeing the procedures and data (e.g., supervisors, principals)

5. Crisis management programs must include a robust debriefing process to ensure that restrictive techniques are being used only when they are in the best interest of the client, that they are being implemented safely, and that all concerns by the client, staff, and others are heard and addressed
    d. Incorporated into crisis management training
    e. May be additional trainings and requirements for supervisors (e.g., direct care staff need to know how to report a restraint, to check for everyone's safety during and after a restraint, etc.; a supervisor may need to know who and when restraints get reported to outside of the agency, that x number of restraints in a given time period for a given individual trigger a special review process, etc.)
    f. Physical competencies and a written test (CALM-P)
    g. Additional content relevant to population served and/or individual histories (training on population; e.g., additional content on trauma, additional content on safe procedures for individuals who using wheelchairs, etc.)
    h. Often a minimum duration of training (x hours min.; regulatory) and a minimum requirement for refresher trainings (time interval)

6. Training Requirements – approving and monitoring crisis management procedures

a. All relevant legal and regulatory provisions (direct care staff need to be aware of regulations; supervisors need to have additional training for their roles in implementing the regulations (see below for specifics)
b. Reporting requirements (when and to whom procedures must be reported, and in what format) – this training is for direct care staff
c. Review requirements, including how each procedure is reviewed as well as regular and emergency reviews – this training is for supervisors
d. Additional content as appropriate for population served (e.g., DEI training, working with families, secondary trauma, etc.).

7. System Supports [Structural Processes]
    a. Peer Review process
    b. Philosophy of treatment and use of crisis management preventions
        i. Clear guidelines on use of emergency techniques
        ii. Robust debriefing process
        iii. Commitment to using techniques only as needed
    c. System for monitoring and tracking use of intrusive techniques
    d. System for maintaining compliance with all applicable regulation and standards
    e. Informed consent
    f. Proactive promotion of program

Note: Crisis management trainings programs can be developed by service provision agencies but require extensive training and experience to be qualified to do so. There are several established crisis management training programs that offer a variety of training types that focus on crisis prevention and management. Inclusion of links to these programs is not an endorsement of them but is provided as a resource.

Marcus Autism Center:
https://www.marcus.org/autism-training/crisis-prevention-program
https://www.marcus.org/autism-training/crisis-prevention-program/training-prices-and-events

New England Center for Children:
https://www.necc.org/training/calm-p/

Professional Crisis Management Association:
https://crisisintervention.com/
https://www.pcma.cc/training/scheduletraining.aspx