

**Emergency Non-Violent Intervention 4 Hours**  
**Instructor: Eric Brotman PHD**

**Aggressive act to self or others or destruction of property**

Non-Violent intervention refers to technique of intervention that protects the safety and dignity of the resident.

**Most emergency situations are associated with**

Physical or Verbal Aggression toward another person(s)  
Aggression toward self  
Property destruction.

**Handling the Immediate Crisis**

Managing the crisis.

CPI techniques are the standard and required by most Regional Centers.  
Involuntary Commitment 5150

**Behavior Intervention Systems**

Focus on understanding the meaning of the behavior and prevention.  
Pro Act  
Made System  
Positive Behavior Support

**Abuse Report**

Determine if abuse has occurred to client?  
From another client or staff?  
Is intent on the part of client to client abuse relevant?  
Follow abuse reporting protocol

**First Aid or Medical**

Assess for physical/medical injury  
Is the skin broken or minimal scratch  
Administer first aid if necessary or call 911 for emergency treatment

**Involuntary Commitment 5150**

**Is the person danger to self or others as a result of a mental disorder?**

**Some Possibilities:**

Intermittent Explosive Disorder  
Autism  
Psychosis  
Major Depression

**When and Who to Call for 5150**

If client is acting in aggressive dangerous manner and you and your clients safety is threatened.  
If you're in doubt and wondering if you should call then you should call.

**LA County: Psychiatric Mobile Response Team**

Dept. of Mental Health clinical staff that initiate hold.

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**Law Enforcement Teams:**

DMH clinician and law enforcement officer for high risk violent individuals  
Better to call emergency response teams with mental health clinician.  
Unincorporated small cities police may not readily initiate a 5150. They may tell you it is your problem.  
Visit your local police department and develop relationship with community policing dept.  
Learn you best options re 5150 response.

**Handout:** LA County Emergency Outreach

[http://file.lacounty.gov/SDSInter/dmh/186287\\_EOBBrochureRev082011.pdf](http://file.lacounty.gov/SDSInter/dmh/186287_EOBBrochureRev082011.pdf)

**5150 Points**

Person initiates the hold may use historical information  
Anyone who violates commitment statues is liable in civil code.  
Writer of 5150 may not be held civilly or criminally for actions of person released before the 72 hour hold ends  
Safeguarding personal property of client on 5150

**Handout:** LPS Training Manual

<http://lacdmh.lacounty.gov/>

**Handout:** LA County Application For Assessment

<http://www.psi-ceu.com/wp-content/uploads/2015/09/ei-5150.pdf>

**Video: 1 Minute:**

“California Rampage Shows Gaps in Mental Health Law.”

Uploaded YouTube, May 28, 2014, Wichita.

<https://www.youtube.com/watch?v=Hyl7yh2Vg-4>

**Special Incident Reporting**

SIR report with Community Care Licensing

**Handout:** Unusual Incident Report Form LIC 624

<https://cchp.ucsf.edu/sites/cchp.ucsf.edu/files/LIC624.pdf>

**Regional Center SIR**

Regional Center file report with Regional Center  
Each Regional Center has unique reporting form.  
Ultimate purpose of SIR is to prevent similar incident in future

**Handout:** NLARC SIR Reporting Form

<http://www.nlacrc.org/Home/ShowDocument?id=339>

**Pro Act** seeks to move away from focus on client's motivation and attitude and instead look at creating a humane safe environment

**Employee:** attire, mobility, precaution, observation and self control

Reduce avoidable risks in environment

Specific verbal and response techniques:

### **Risk of Working in Residential Care with Mentally Ill or Developmentally Disabled**

Individuals may injure themselves

Employees will be injured due to an assault

Employees contribute to avoidable injury by responding to an assault with excessive force

Lack of supervision and staffing may contribute to injury

Injury may result in permanent disability disfigurement or death

### **Professional Crisis Management Association**

Provides training and certification for behavior management

PCMA Certification Services

Free webinars

Behavior tools (see handout)

Consulting

Software

Based on positive behavior support

**Source:** ProAct Web Site

<https://www.proacttraining.com/>

### **MANDT System Training Foundation**

5 day training program - one day workshop

Focus on managing emotions of provider not client

Aligned with positive behavior support

Focus on learning social skills, cooperation and building relationships

Integrates neuropsychology findings e.g. sensory processing disorders

Neurobiological understanding of effects of trauma

Effect of stress on cognitive and emotional reasoning

Understanding primary emotions people feel under stress

Source: The Mandt System First

<https://www.amazon.com/System-Putting-People-Student-INTRODUCTION/dp/B007YK158K>

**Source:** Mandt Web Site

<http://www.mandtsystem.com/>

### **Crisis Program Institute (CPI)**

**The training you will probably take. Required by most Regional Centers**

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Early intervention and nonphysical methods for prevention and management of disruptive behavior.

Identify behavior that lead to crisis

How to use verbal and nonverbal techniques to defuse hostile behaviors and resolve crisis before it turns violent.

How to cope with your fear and anxiety

Assessing risk levels

Using CPI disengagement skills to avoid injury

Learn when it is appropriate to physically intervene

How to develop team interventions

Maintaining rapport with acting out client

**Handout:** Podcast: *Unrestrained* download from iTunes or CPI website

<https://itunes.apple.com/us/podcast/unrestrained-a-cpi-podcast/id903455978?mt=2>

**Video:** 8.39 minutes

**“Non-Violent Crisis Intervention Training Program.”**

Youtube Uploaded Oct 11, 2010 CPI

<https://www.youtube.com/watch?v=DZwMLGb0M48>

**Video 3.45 minutes:**

**“Verbal Intervention: How To Defuse Challenging Behavior.”**

Uploaded Youtube, May 18, 2012 by CPI.

<https://www.youtube.com/watch?v=46JP5iby7yM&index=7&list=PL7FB042DE67C78544>

**Video: 6 minutes**

**“De-escalation Techniques.”** Uploaded Dec 16, 2010 by CPI.

<https://www.youtube.com/watch?v=pBe4A32fpyI>

**Handout:** CPI Website

<https://www.crisisprevention.com/>

**Video: 27.57 minutes**

**“Restraint and Seclusion.”** Youtube Uploaded by CPI, May 30, 2013

<https://www.youtube.com/watch?v=pD4U0mQL2uI>

**Professional Assault Crisis Training Pro Act**

Relies on approach and principles rather than specific techniques.

Pro Act goal enhance personal safety in context of individual rights

Having a disability that manifests as assault behaviors does not automatically depressive individual of their rights to “life liberty and pursuit of happiness”

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Problem solving - learn to ask right questions  
Augments existing intervention plan  
Provide thinking and movement skills  
Emphasizes team skills not individual skills.  
Heroes put themselves in trouble.  
One to techniques often end in disaster.

### **Seatbelts are Not Restraint**

Seat belts in cars are required by California State Law for public safety and are not considered physical restraints.

### **Public Response to developmentally disabled and mentally ill individuals**

Police Response to Mental Health and Disability (Each Mind Matters)  
Often lack understanding mental illness and autistic behaviors  
Individuals with autism/mental illness died and injured in police custody  
2009 Mohammad Chaudhry killed by LAPD 2009

### **Law Enforcement Response to Mental Illness**

In some jurisdictions one third of police calls are mental health related

### **LAPD Mental Health Evaluation Unit**

April 13, 2016

<http://www.cdcr.ca.gov/COMIO/Uploadfile/pdfs/2016/April20/MEU%20Program%20Outline%20updated%20UPDATED%204-13--2016.pdf>

### **LAPD Mental Health Intervention Training**

Expanded Course Outline

<https://pmhctoolkit.bja.gov/ojpasset/Documents/LAPD%20Expanded%20Course%20Outline.pdf>

### **“1.7 Million Awarded to Family of Man Killed by LAPD Officer.”**

January 27, 2011

Los Angeles Times

<http://homicide.latimes.com/post/family-man-killed-ex-officer-awarded-over-1-million/>

### **Stigma of Mental Health - How It Effects Perception of Consumers**

Events such as Virginia Tech and Sandy Hook  
perpetuate the belief that individuals with mental illness are more dangerous  
National survey 2006 60% public believe people schizophrenics more violent  
More often victims of violence - 1 in 4 experience violence every year  
Prediction of violence is difficult - violent acts are rare - past hx best  
Other stigmas -unpredictable , lazy stupid not productive  
DD sexual predators, dirty, dependent - viewed as mental disordered

Stigma lead to discrimination, isolation, loss of rights

**“Mental Illness and Violence.”**

Harvard Health Publishing

[https://www.health.harvard.edu/newsletter\\_article/mental-illness-and-violence](https://www.health.harvard.edu/newsletter_article/mental-illness-and-violence)

**Emergency Intervention Based on Positive Behavior Support**

*Unifying philosophy of behavior intervention based on dignity and respect.*

*All other systems incorporate and tend to emphasize one aspect over another.*

Aggressive and self injurious behaviors can be prevented.

Emergency or crisis response indicates failure to prevent behavior.

**What are problem behaviors:**

Aggression

Inappropriate touching

Crying, yelling arguing, excessive negotiating

Self-injury - head banging, scratching, biting etc.

Tantrums

Property destruction

**Behaviors interfere with independence and success**

Exclusion from programs school etc.

Impedes social relationships and learning

Reduced quality of life

Multi element assessment and intervention

**How Do we view behavior”**

Function of disability - behaviors are not disability and not permanent

Exists solely within the person who engages in behavior

Indication of emotional disturbance

Traditionally goal to eliminate behavior through techniques and procedures

In the past traditional interventions are reactive

**Consequences**

negative consequences such as withholding cause aggression avoidance

may temporarily suppress behaviors but not long lasting

reactive approaches do not teach new skills. They teach what not to do.

**Positive Behavior Support**

behaviors are learned not part of disability

function of interaction between person and environment

sign of upset or lack of regulation not disturbance

adaptive proactive interventions that prevent the behavior

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## **Key Components**

least intrusive procedure  
focus on success and competence of individual  
best fit

## **Functional Assessment**

look for relationship between behavior and environment  
dignity of person primary concern  
people engage in problem behavior because it seems reasonable to do so  
develop profile of person  
frequency duration and intensity of behavior  
Antecedents  
ecological events that make it more likely to occur  
biological  
physical  
sociocultural

## **Function of Behavior**

Tangibles: food, money, tokens etc.  
attention  
escape  
automatic

## **Support Plan**

change or neutralize the setting events  
change eliminate the antecedent (s)  
teach new skills and/or behaviors that serve same function of behavior  
change the consequences for problem behavior  
new appropriate behavior - goal is to acquire replacement behavior.

## **“Positive Behavior Support Guidelines”**

National Association of Dual Diagnosis  
Division of Mental Retardation and Developmental Disabilities  
Revised March 2008

[http://www.nasdds.org/uploads/documents/MO\\_Pos\\_Behav\\_Support\\_guide08.pdf](http://www.nasdds.org/uploads/documents/MO_Pos_Behav_Support_guide08.pdf)

## **“Trainer Resource Guide”**

Year 1 Session 11 DSP Training  
California Department of Developmental Services  
[http://www.dds.ca.gov/dspt/Trainer/TrainerYear1\\_11.pdf](http://www.dds.ca.gov/dspt/Trainer/TrainerYear1_11.pdf)

## **Emergency Intervention Plan**

Each facility must have an emergency intervention plan that specifies how the facility staff will handle an emergency in which a client becomes aggressive.

2013 California Code Health and Safety Code - HSC Division 1.5. use of seclusion and behavioral restraints in facilities 1180.4

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Emergency Intervention Plan

<http://www.psi-ceu.com/wp-content/uploads/2018/01/emergency-intervention-plan-handout.pdf>

Prepared by Eric Brotman PHD and Maurice Cayman PHD

### **Advanced Health Care Directive**

Advanced directives are also being used in CCL facilities in regard to type of Mental Health Treatment. For example a client may be aggressive due to a mental health condition. The client has a right to specify in an advance directive their choice for how they will receive emergency intervention and treatment.

### **Advanced health care directives (includes sample directive)**

Disability Rights California

<http://www.disabilityrightsca.org/pubs/508801.pdf>

### **Apply Principles of Positive Behavior Support To Examples**

All examples are drawn from real life events at day program.

Names are changed to protect confidentiality

### **Case Studies of Aggressive Acts**

Prior to a discussion of how to intervene in an emergency the student benefits from overview of common incidents in residential care. Students are encouraged to analyze the incident and the best intervention and why. By drawing out students honest response we can address common misconceptions and bias toward punishment and consequence based interventions.

**Discussion Point:** Is there a link between how staff approach incidents and the discipline techniques the student experienced as a child?

Break into groups depending on size of class and analyze the behavior and come up with a plan with focus on prevention and teaching replacement behavior.

### **Discussion Point:**

Is The Behavior Dangerous or just annoying and disruptive?

Being obnoxious or disrespectful is a right

Noncompliance does not automatically mean pathology

We violate an individual's rights when we:

*Physically force them to stop doing something they want to do and what they want to do is not dangerous*

*Physically force them to start doing something we want them to do.*

*You are not running a finishing school*

### **Utilize the ABC system to organize the event”**



Antecedent:  
Behavior:  
Function:  
Consequence:  
Alternative:

**Case Study:** 26-year-old male client named George is nonverbal with cerebral palsy who likes to go on the computer and view pornographic web sites. His mother his is conservator and has instructed the home not to allow him to visit pornographic web sites or she will remove him from the home. The night staff discovered he was visiting inappropriate web site and removed the computer from his room. George became aggressive and managed to break the window in his room. He then came out into the main room and started throwing books, bowls and kitchen plates. One of the plates hit another consumer in the head. George has a history of coming up to women and smelling their hair and touching them from behind.

**Discussion Points:**

Are George's rights being violated?  
Can a conservator dictate what web sites a client can visit?  
How could you prevent this incident?

**Case study 1:** 22-year-old female client with autism (weighs 98 lbs) scratched and assaulted male consumer on the face and head because she didn't like the fact that he made odd noises and kept pointing to his knee. The male consumer suffered a bloody cut on his ear and began screaming. Female consumer is autistic and her IPP specifies reducing aggressive behaviors.

Is this abuse? If so why or why not. Who do you report to and when?  
How should staff respond? How can you prevent this from happening again?

**Case Study:** 28-year-old male consumer is sitting with house mates at kitchen table engaged in drawing pictures. He notices that staff gave male consumer sitting next to him more colored pencils than he received. He suddenly jumped up and flipped the table and tried to bite the staff person.

Why did this happen? What is a setting event? How can we prevent this from happening again? And who do we report to?

**Case Study:**

Two consumers from home are in van during transportation on the fwy route to Joe's day program. Joe (27 years old) reached out and pulled other housemate's (Julie 29 years old) shirt. She said "stop" and pushed Joe's hand away. A second later, Joe reached over and grabbed Julie's breasts and would not let go of her breast. He was unresponsive to the drivers verbal correction. Julie started screaming in Arabic at Joe. Julie opened her seat belt, turned around and hit Joe repeatedly on his head, arms and hands. The driver managed to exit the freeway and pulled into the parking lot of Burger King.

**Discussion:** What do you do at the moment? Prevention?

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**Backstory:** Julie likes to belly dance in front of Joe and other guys. Joe's mother is an Evangelical pastor and treats and talks to Joe like he is five years old. Joe keeps asking when he is going to get married. Joe has no history of assaulting women.

**Ronnie**

Ronnie has a long history of aggressive behavior. If she is in a bad mood she grabs and hits at people merely because they are in close range. One day she slugs another female peer in the face. Ronnie loves when staff apply nail polish and give her essential oils. She also loves when people read to her.