

FACILITATOR GUIDE

SECTION 5: CRISIS PREVENTION AND INTERVENTION AS PART OF THE SUPPORT TEAM

Developed by



Section 5

Crisis Prevention and Intervention as Part of the Support Team

Objectives:

After this training, participants will understand the Crisis Cycle and the role it plays in helping an individual during periods of heightened emotions.

- Participants will be able to identify different underlying causes of disruptive behaviors.
- Participants will be able to develop and utilize individualized crisis prevention and intervention plans for clients with I/DD.
- Participants will be able to identify potential triggers and signs of escalation using the Crisis Cycle framework.
- Participants will be able to apply appropriate de-escalation techniques for individuals with I/DD experiencing accelerating behaviors.
- Participants will be able to recognize and respond to trauma triggers in individuals with I/DD.
- Participants will be able to implement effective communication strategies during crisis situations with individuals who have I/DD.

Section Files:

[PowerPoint](#)

[Script](#)

Rise Module

Participant Resources

Activity Resources

01 Introduction to Intellectual and Developmental Disabilities

02 Trauma-Informed Care for Individuals with I/DD

03 Assessing and Treating Mental Health Issues in Individuals with I/DD

04 Navigating Appointments with Individuals with I/DD

05 Crisis Prevention and Intervention

Other Sections in Series:

Outline:

1) Introduction

- a) Behaviors as Communication
- b) Impulse Control Disorders versus Disruptive Behaviors
- c) The Crisis Plan and Using the Crisis Cycle to be Aware of Potential/Impending Crisis

2) Crisis Cycle

a) Stimulation/Trigger

- i) Sensory Overload
- ii) Cognitive Overload
- iii) Trauma Triggers

b) Agitation and Acceleration

- i) **Communication During Crisis**
- ii) **De-escalation Techniques**
 - (1) General Tips
 - (2) Co-Escalating or Co-Regulation

iii) Working with the Support Team

c) Full Blown Crisis

- i) When to Seek Additional Help
- ii) Asking the Support Team to Step In
- iii) Law Enforcement

d) Recovery/Post-Crisis Drain

- i) Your Role
- ii) The Role of the Support Team and Supporting the Support Team

e) Set up for Success

- i) Continuation and Adherence to Treatment Plan
- ii) Setting up the Next Visit to be Successful
- iii) Training for the Family and/or Support Professional

3) Case Studies and Practice

Section 5 Facilitation Schedule – 60 mins total

Break: 5/10 mins between Course 4 and Course 5

Presentation **40 mins**

Case Studies **10 mins**

Conclusion - Q&A **10 mins**

Sticky Note Activity: Take down any remaining sticky notes that have been answered

Materials & Prep

Materials Needed:

- ☐ Case Studies, at the back of this guide

General Prep:

- ☐ Case Studies are a continuation from the previous section. If the trainings are all being done in the same day, then they would get the Section 5 sheet and the Safety Plan after this section. If the trainings are being done separately, determine how to do the case studies. It is possible to adapt them by removing some of the questions for section 3 & 4.
- ☐ Q&A can be built into this session at the discretion of the trainer.

Quick Guide: Crisis Prevention and Intervention

Big Idea: Using the Crisis Cycle to monitor an individual's behavior helps us intervene in potential crisis situations and prevent them from escalating into full-blown crises.

The Crisis Cycle serves as a framework that helps us watch and understand how someone behaves, making it easier to spot potential problems early and intervene in situations that could develop into crises. By implementing this proactive approach, we can identify warning signs early and take appropriate steps to prevent situations from intensifying into more serious incidents.

Through understanding behavioral triggers and their underlying causes, combined with the systematic application of Trauma-Informed Care principles and Universal Design strategies, we can create an environment that minimizes potential stressors and supports positive behavioral outcomes. This comprehensive approach enables us to effectively prevent crisis situations and, when necessary, implement appropriate de-escalation techniques before challenging situations become unmanageable.

Timing: 30-40 mins

The following slides can be covered pretty quickly for this section

- Behaviors and Triggers
- De-escalation
- Crisis Protocol
- Recovery
- Debrief and Support

Wrap-up 10mins: Case Studies

Part 3: Crisis Prevention and Intervention		Timings: 30-40 mins total	
1) Introduction	4 slides	10 mins	<u>AM/PM</u>
2) Crisis Cycle	21 slides	25 mins	
a) Stimulation/Trigger	8 slides		
i) Sensory Overload			
ii) Cognitive Overload			
iii) Trauma Triggers			
b) Agitation and Acceleration	7 slides		
i) Communication During Crisis			
ii) De-escalation Techniques			
iii) Working with the Support Team			
c) Full Blown Crisis	1 slide		
i) When to Seek Additional Help			
ii) Asking the Support Team to Step In			
iii) Law Enforcement			
d) Recovery/Post-Crisis Drain	3 slides		
3) Set up for Success	4 slides	5 mins	
Case Studies		10 mins	<u>AM/PM</u>

01 OPENING SLIDE

Facilitator's Notes

If being used in the same session as previous sections, skip this and the following slide

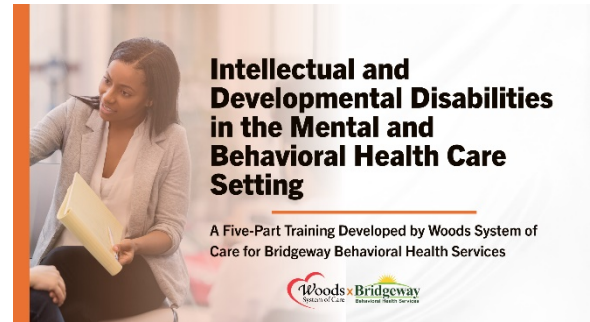
Slide Text:

Welcome to our five-part training on working with individuals with an Intellectual and Developmental Disabilities diagnosis.

Introduce self:

This training was developed by Woods System of Care under a grant funded by NJCDD to provide insight, guidance, and recommendations for providing safe, thoughtful care to individuals with IDD.

Timing: .5 min



Do:

- This slide should be up as participants are entering and getting settled.
- Consider having some music playing in the background.
- Welcome Participants.

Material Notes

Throughout the facilitator's guide, in this section we will include additional information and references so that you can continue to learn and be able to provide participants with additional information as needed.

Trainer Notes:

02 COURSE TITLES

Facilitator's Notes

If being used in the same session as previous sections, skip this and the following slide

Slide Text:

This training will be broken into 5 one-hour sections.

Section 1: Understanding Intellectual and Developmental Disabilities (I/DD)

Section 2: Trauma-Informed Care for Individuals with I/DD

Section 3: Assessing and Treating Mental Health Issues in Individuals with I/DD

Section 4: Navigating the Appointment

Section 5: Crisis Prevention and Intervention as Part of the Support Team

By the end of this training, we hope that you will feel more confident working with individuals with I/DD and have concrete ideas for making the appointment go smoothly, creating and communicating a treatment plan, and utilizing resources for broadening your understanding of this community.

Timing: .5 min



Do:

This slide should just be briefly touched on or skipped

Material Notes

Throughout the facilitator's guide, in this section we will include additional information and references so that you can continue to learn and be able to provide participants with additional information as needed.

03 TITLE SLIDE

Facilitator's Notes

Speaker Script:

Crisis Prevention and Intervention - In this section, we will focus on how to work and engage with individuals with I/DD during heightened emotional states, when they are triggered, and when they are headed towards a full crisis state.

Timing: .25 min



Do:

Material Notes:

The Link Center has lots of good resources for Crisis Prevention and Response

<https://acl.gov/TheLinkCenter/CrisisPreventionAndResponse>

Trainer Notes:

04 AGENDA

Facilitator's Notes

Speaker Script:

We will use the Crisis Cycle as shown in Course 1 to walk through the different stages of a crisis. First, we will look at underlying causes and triggers, then we will discuss de-escalation strategies, and how to set up for success. As clinicians, you have training and experience in crisis prevention. This training and background is the same starting point for individuals with I/DD as it is for the other individuals you work with. It's also important to follow your agency or clinic's Crisis Management plan. As we go through this, consider what you already have in place and where questions might remain about what crisis prevention and intervention looks like when engaging with individuals with I/DD.

Timing: .5 min



Do:

Material Notes:

Trainer Notes:

05 OBJECTIVES

Facilitator's Notes

Speaker Script:

Participants will be able to:

- Identify different underlying causes of disruptive behaviors.
- Develop and utilize individualized crisis prevention and intervention plans for clients with I/DD.
- Identify potential triggers and signs of escalation using the Crisis Cycle framework.
- Apply appropriate de-escalation techniques for individuals with I/DD experiencing accelerating behaviors.
- Recognize and respond to trauma triggers in individuals with I/DD.
- Implement effective communication strategies during crisis situations with individuals who have I/DD.

Timing: 5 mins



Objectives

Participants will be able to:

- Identify different underlying causes of disruptive behaviors.
- Develop and utilize individualized crisis prevention and intervention plans for clients with I/DD.
- Identify potential triggers and signs of escalation using the Crisis Cycle framework.
- Apply appropriate de-escalation techniques for individuals with I/DD experiencing accelerating behaviors.
- Recognize and respond to trauma triggers in individuals with I/DD.
- Implement effective communication strategies during crisis situations with individuals who have I/DD.

Do:

This slide can be skipped

Material Notes:

Trainer Notes:

06 INTRODUCTION

Facilitator's Notes

Speaker Script:

One of the things we have touched upon repeatedly is that behaviors are communicating something. They are communicating something about the individual's current state or are providing the individual with some sort of regulation. It is helpful to remember this as we talk about the crisis state. These individuals aren't willfully going into triggered states. Their actions aren't personal towards you; they are a response to something either external or internal. As you build your relationship with the individual, you will begin to develop a fuller picture of what different behaviors indicate and what they might be signaling.

Timing: .5 min



Do:

Material Notes:

Trainer Notes:

07 IMPULSE CONTROL

Facilitator's Notes

Speaker Script:

From all that we have covered so far, it should be clear that maladaptive behaviors in individuals with I/DD are not necessarily an issue of impulse control. They are behaviors that could indicate any number of underlying causes. The behaviors (*that are not a result of medical issues*) should be included as part of the treatment plan, with the aim of working to change or eliminate behaviors that are standing in the way of the individual's goals. This takes time as you build the relationship with the individual.

If behaviors are distracting or bothersome to others, but not inherently harmful or problematic, consider what accommodations might be made for them. Maybe they have a separate waiting area. Maybe you need to remind and educate other clients that you serve everyone, and to be respectful of other individuals' issues that have brought them there. Meeting the individual where they are at, building the relationship, and learning what their goals and dreams are will go a long way to helping you work successfully with the individual and avoid crises.

If you suspect that the behaviors are resulting from a medical condition, it's important to refer them to their Primary Care doctor so they can be evaluated. An example of a maladaptive behavior which could be communicating an underlying medical issue is an individual who withdraws and doesn't want to get out of bed, and it becomes clear that it isn't depression, but migraines and the light bothers them. For another example, if an individual begins banging their head without any reason, it could be that they have an ear infection or other pain in their head, and banging it is the way they are communicating this pain.

Timing: 1.5 min



Do:

Material Notes:

Trainer Notes:

08 STIMMING

Facilitator's Notes

Speaker Script:

There are also behaviors that arise from compulsions or stimming. We will now watch a video on stimming in individuals with Autism. Stimming can range in intensity, and this video provides some unique insight into stimming, its function, and reducing or redirecting maladaptive stimming.

(Agony Autie, 2022)

Timing: 6.5 min



Do:

Material Notes:

Video link:

<https://www.youtube.com/watch?v=p4tcVy22WG8&t=5s>

Trainer Notes:

09 CRISIS PLAN

Facilitator's Notes

Speaker Script:

One thing that is important during the initial intake and assessment is to make sure you have a Crisis or Safety Plan for the individual. There are many different varieties available for download if the individual doesn't have one already. If the individual already has one, it may or may not include a lot of information depending on whether they have had a crisis before or not. Typically, these plans include how the individual's behavior escalates, what de-escalation strategies work best, how to minimize damage, who to call if a crisis happens, how to prevent the person and others from getting hurt, and how to help after a crisis. All of these things are very helpful not only in dealing with a crisis, but also to form the full picture of the individual that you are working with during the initial assessment. (Katy Kunst, 2022)

Timing: 1 min



Do:

Material Notes:

Trainer Notes:

10 USING THE CRISIS CYCLE

Facilitator's Notes

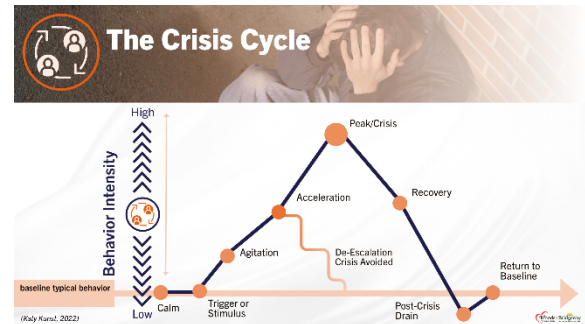
Speaker Script:

The Crisis Cycle helps to show the emotional state of an individual. We want an individual to be at their “baseline” normal emotional state; this is where the individual is in control of their emotions and feels “stable.” However, we all know that no one stays in the same state all the time. While a typical client might have better regulation skills, for a variety of reasons, individuals with I/DD might find it much harder to regulate their emotional states and move more quickly into an escalated state. Individuals with I/DD might also find it much more difficult to communicate that something is beginning to trigger them, and once in a crisis state, as we will talk about soon, language can become literally impossible.

Using the Crisis Cycle to recognize the different stages can help you to be proactive in de-escalating situations and creating a positive environment for the individual. The goal is to prevent a crisis from building by removing triggers while they are still calm, or to de-escalate before a full-blown crisis occurs.

As a side note, this cycle is also useful for all of us witnessing or involved in an escalating crisis. These are highly charged situations, and anyone else around can also find themselves being triggered and escalated into their own crisis. Remember to watch your emotions carefully and co-regulate – don't co-escalate!
(Katy Kunst, 2022)

Timing: 1.5 min



Do:

Material Notes:

Trainer Notes:

11 ENVIRONMENT

Facilitator's Notes

Speaker Script:

As we begin to talk about stimulation and triggers and the ensuing escalation, it is important to note your safety is paramount. This is not to be alarmist or to say that you will face violence when dealing with Individuals with I/DD. Hopefully and likely you won't, but it's also important to be realistic and to be ready for a wide range of outcomes. Ensure that your office is set up so that you have an easy escape if necessary. The individual should not be between you and the door, and you should stay out of the individual's immediate reach. Know who you can call to step in if things are escalating. Also, take the individual at their word. If they say they want to hurt you, they do, and removing yourself from the situation is appropriate.

Timing: 1 min



Do:

Boxes appear on click

Material Notes:

Trainer Notes:

12 TRIGGERS

Facilitator's Notes

Speaker Script:

There can be any number of different reasons a person is set off, and only through knowing the individual you are working with, as well as their history and situation, will you know what might be causing the escalation. The ultimate goal of de-escalation is the same, but the process for getting there might be different depending on whether it is triggered by sensory or cognitive overload, or by past trauma or mental illness.

Whatever you see on the surface is just the tip of a much more complex picture that is important to understand. Figuring out the underlying issues causing unwanted behaviors will allow for a more effective, long-term treatment plan that will help the individual increase their self-regulation in the face of triggers. (Lear, 2021)

Timing: 1.5 min



Do:

Material Notes:

Trainer Notes:

13 SENSORY OVERLOAD

Facilitator's Notes

Speaker Script:

Sensory Concerns

Now, we are going to look at Sensory Overload and its potential role in crises. While changes to sensory processing are common in ASD, anyone can experience an alteration in perception.

Hypo vs Hypersensitivity

Sensory processing differences in individuals can fall into two categories: Hypersensitivity and Hyposensitivity. Hypersensitivity is when an individual is overstimulated by sensory things that a neurotypical person wouldn't find overwhelming. Typical (common) sounds such as: light music, a printer, keyboards clicking, etc. might be unbearable for them. Additionally, certain textures in foods and the environment might cause distress, and smells might be overpowering. Hyposensitivity means that they don't respond to normal sensory stimuli. Loud noises might not register for them, or they might not feel sharp items and might not recognize if they have hurt themselves. They might not feel hunger, fullness, or the need to use the bathroom. They often don't react with behaviors the same way a hypersensitive person might. (Hanyu, 2023)

Trainer Notes:

Timing: 1 min



Do:

Material Notes:

14 SENSORY OVERLOAD

Facilitator's Notes

Speaker Script:

Sensory overload occurs when one or more of the body's senses experiences overstimulation from the environment.

This can look like:

- Agitation,
- Changes in behavior
- Getting quiet
- Self stimulation (stimming)
- Crying
- Elopement
- Physical aggression
- Self-injury

Timing: .5 min



Do:

Material Notes:

Trainer Notes:

15 SENSORY OVERLOAD

Facilitator's Notes

Speaker Script:

How can we help?

- Remove sensory input when possible
- Remove individual from area
- Implement soothing techniques (ask family or DSP for preferred activities)
- Give the individual time and space to self-regulate and recover
- Physical activity can help to refocus. Offer a walk, jumping jacks, any form of movement
 - Give other sensory input, such as:
 - Weighted blanket
 - Sour candies
 - Cold drink
 - Ice pack
 - Tactile items - Fidget items

This might take longer than you think it should, and it might require continuing therapy on a different day. Ensure that the individual doesn't feel penalized or punished if they need to try again another day. This is part of the de-escalation stage.

Trainer Notes:

Timing: 1.5 min



Do:

Material Notes:

16 COGNITIVE OVERLOAD

Facilitator's Notes

Speaker Script:

In the previous section, we discussed cognitive overload. This is closely tied to sensory overload, but in addition to just sensory inputs being overloaded, this also involves how much they are cognitively being asked to do. In combination with other triggers, if they feel like they can't answer questions correctly, or feel like they don't understand the questions or directions, they might feel overloaded and be triggered.

Timing: .5 min



Cognitive Overload

Too much input or too many questions for the brain to handle, leaving the person unable to process any more information.



Do:

Material Notes:

Trainer Notes:

17 TRAUMA TRIGGERS

Facilitator's Notes

Speaker Script:

Trauma triggers are typically deeply tied to the traumatic event. An individual may or may not have the language to articulate this; they may not even know what their triggers are or have the ability to comprehend that they are being triggered by previous trauma. Understanding or discovering what triggers them might come from a long time of observations. If you know the individual's trauma history, then there might be clear triggers that can be avoided.

Physical abuse → restraints

Verbal abuse → teasing, labels, judgement

Sexual abuse → physical touch

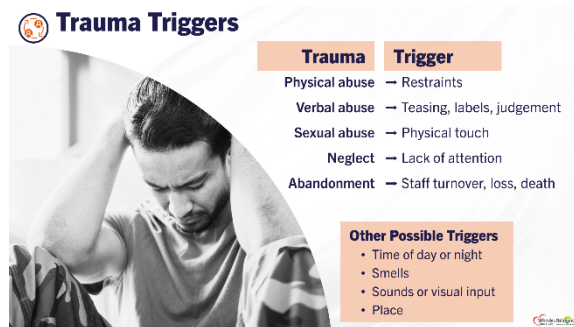
Neglect → lack of attention

Abandonment → staff turnover, loss, death

These are the more obvious triggers, and not all of these triggers can be avoided. Less obvious triggers are the ones that an individual has associated with the trauma, such as a time of night or the dark if a person was consistently sexually abused at night. It could be a smell if an abuser wore a certain perfume or cologne, or pictures or places if it recalls past trauma. These are triggers that might only become clear as you build a picture of the individual's history.

Trainer Notes:

Timing: 2 min



Trauma Triggers

Trauma	Trigger
Physical abuse	→ Restraints
Verbal abuse	→ Teasing, labels, judgement
Sexual abuse	→ Physical touch
Neglect	→ Lack of attention
Abandonment	→ Staff turnover, loss, death

Other Possible Triggers

- Time of day or night
- Smells
- Sounds or visual input
- Place

Do:

Material Notes:

18 ESCALATION

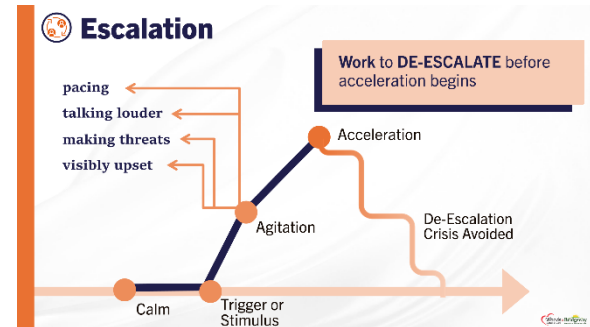
Facilitator's Notes

Speaker Script:

Once an individual has been overstimulated or triggered, escalation will happen. Sometimes this stage is broken down into two further stages: agitation and acceleration. The goal at this point is to help de-escalate before a full-blown crisis occurs. This is typically easier during the agitation period if you are able to recognize the triggers and remove them.

Knowing the initial signs of agitation is important. These can be varied, but could include being visibly upset, making threats, talking louder, or pacing. Once acceleration begins, it is harder to de-escalate. There are many ways to help de-escalate and we will touch on those now. Also, during the intake and assessment, it can be important to find out what escalation looks like for that individual and what their preferred ways of de-escalation are.

Timing: 1 min



Do:

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Material Notes:

Trainer Notes:

19 COMMUNICATION

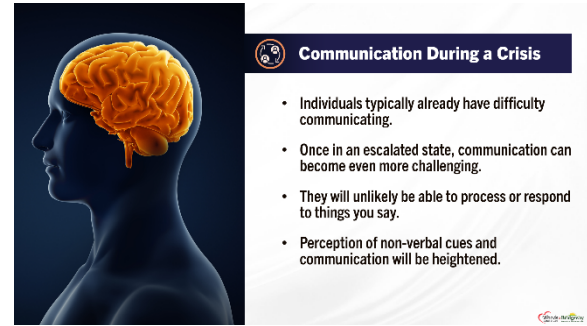
Facilitator's Notes

Speaker Script:

One thing that is essential during a crisis is to recognize that communication begins to break down at this stage. When a person is going into a crisis, their ability to process and produce language is significantly impacted. At this stage, it is important to limit speech, recognizing they will unlikely be able to respond or understand what you say.

Their perception of non-verbal cues and communication will also heighten during this time. Be conscious of what your non-verbal and body language is communicating.

Timing: .5 min



Do:

Each stage appears on click

Material Notes:

Trainer Notes:

20 DE-ESCALATION TIPS

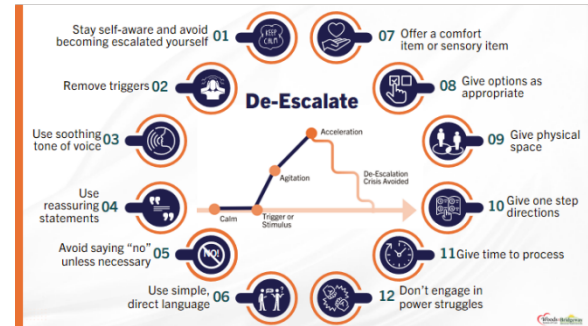
Facilitator's Notes

Speaker Script:

There are many ways of de-escalating, and this is where having a crisis plan can be helpful. If you have a crisis plan, then start by using the de-escalation techniques the individual prefers. If you don't have a crisis plan, use the knowledge you have of the individual to remove the triggers you can and implement the following strategies as appropriate. A lot of these de-escalation tools may already be in your toolkit. Consider what has worked for you in the past and which ones are new to you.

- **Stay self-aware and avoid becoming escalated yourself** – your body language and tone of voice go a long way in helping to promote a calm environment.
- **Remove triggers** - turn off the lights, give sound cancelling headphones, etc. (but let them know you're going to). What are other triggers that could be removed during a potential crisis situation in your current environment?
- **Use soothing tone of voice** - it's not what you say, it's how you say it; remember to convey your message not just in your words but in your tone and cadence. Example: saying "I'm fine" in multiple different tones of voice.
- **Use reassuring statements** - validation is so important. Think about when you're upset and someone says, "you are right" or "you are allowed to be upset about this." Again, we want to meet the person we serve where they are at, and if they are feeling insecure, scared, etc., using reassuring statements and words can really help calm the situation.
- **Avoid saying "No" unless necessary** - finding alternatives to "no" such as offering alternatives,

Timing: 5 min



Do:

Each tip appears on click

Material Notes:

replacements, and pointing out the naturally occurring consequences.

- **Use simple, direct language** - use language that the person you're communicating with will understand
- **Offer a comfort item or a sensory item** - such as a weighted blanket or turning on music; always make sure to communicate (in any way needed) what you're offering before just jumping to that suggestion.
- **Give options as appropriate** - when you give someone a choice, you give them their power back. Often times, crisis situations come from feeling a loss of power or personal control. When we offer options, this allows the person to regain control of the outcome - for example, "we don't have to do this right now, how about trying again in 5 minutes?" This will give them the option to work on emotional regulation now or to give them space.
- **Give physical space** - if you see body language such as shrugging away or even directly saying to leave them alone, just give the person space. Give them time to process – the time they need, not the time you think they need. If the person is not hurting themselves, anyone else, or engaging in property destruction that could hurt themselves or someone else, then just give them some space and let them try to work this out for themselves.

An important note is that often when someone is in distress, our first instinct is to move in, to be closer, and provide comfort. But if an individual is going into crisis, they need the exact opposite. They need physical (and emotional) space. Move 2 arms lengths away rather than moving in.

- **Give one step directions** - this is a similar concept to using simple and direct language. If we put a string of commands together, a person with I/DD who is not in crisis may have a difficult time processing more than one thing at a time,

especially when in a crisis situation. For example:
“sit down,” “stop yelling,” “don’t touch that” –
these things may get jumbled in their minds and
may escalate the situation further.

- **Give time to process** - sometimes people just need to let off steam in the moment. Other times, people may be able to help calm themselves down. This processing time will probably be at least double the amount of time that you might expect, especially if their ability to communicate has broken down.
- **Don’t engage in power struggles** - we need to meet our individuals where they are; trying to “win” will more than likely not work. Avoiding getting into power struggles is essential, even if you need to take a moment away.

Trainer Notes:

21 VIDEO ON DE-ESCALATION

Facilitator's Notes

Speaker Script:

This video provides a good example of de-escalating a situation.

(Hart, 2015)

Timing: 6 min



Do:

*Play video or skip if not enough time.
Example is from residential setting, so not
as applicable to a clinical setting.*

Material Notes:

Video Link:

<https://www.youtube.com/watch?v=Q4T-x1za6lg>

Trainer Notes:

22 CO-ESCALATION OR CO-REGULATION

Facilitator's Notes

Speaker Script:

During a crisis, it is important for you to check yourself and make sure that you are co-regulating rather than co-escalating. A crisis is not a time to instruct, punish, or attempt to explain consequences. The only goal is to bring calmness, and to do that, you must be calm as well.

When a person begins to escalate and gets louder and more agitated, it can be a trigger for you and cause you to begin to escalate as well. Watch yourself carefully for this.

Some things to consider:

- Is your stress showing?
- What is your body position and language saying?
- How is your vocal tone?

It is important to calm your own nervous system.

Work to empathize and validate.

Offer options to the individual and empower them to make choices.

Trainer Notes:

Timing: 1 min

Co-Escalation vs. Co-Regulation



Do:

Material Notes:

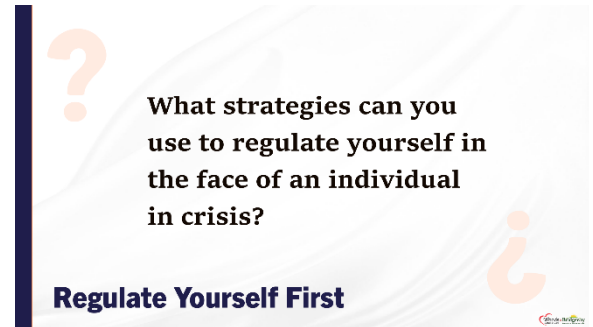
23 WELLNESS STRATEGIES

Facilitator's Notes

Speaker Script:

If you sense yourself escalating then, you need to step back and remove yourself as soon as possible. Take the space you need to ground yourself and use the wellness strategies that help you to calm down. It can also be important to pre-emptively do these things in preparation for a session that you suspect might be more difficult. Remember to “put your oxygen mask on first.”

Timing: 1-2 min



Do:

Material Notes:

Trainer Notes:

24 ACCELERATION

Facilitator's Notes

Speaker Script:

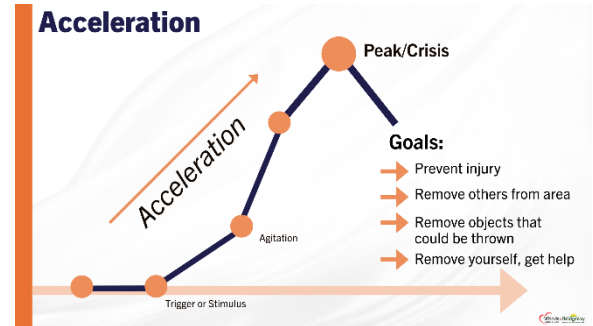
If an individual is not able to de-escalate and it is clear that it is accelerating into a full crisis state, it's important to prevent injury at this stage. This might include removing others from the vicinity, removing yourself, and removing any objects that might be used to cause harm.

When a crisis is imminent, sometimes it is helpful to introduce a new face to redirect attention. Know who to contact if you need that help and also work with the support team. They know the individual intimately in a variety of settings. Allow them to step in if they are available and know how to calm the individual.

What is your clinic's plan for a crisis situation? Sometimes, you may inadvertently be the trigger or cause of the outburst, or your presence might be aggravating the situation. Do you have a plan of action for these cases? If they have a support provider with them, you might be able to safely step out of the room, but if there isn't anyone else around, it is also important to consider the safety of the individual.

Trainer Notes:

Timing: 1 min



Do:

Material Notes:

25 CRISIS

Facilitator's Notes

Speaker Script:

Full crisis state is when an individual is causing harm to themselves, others, or property. At this point, it is important that you know and follow your clinic's crisis plan. This will probably involve calling 911 and letting them know you have a behavioral emergency, and the individual having the emergency has intellectual disabilities. Give as much information as you can to prepare the responders for the situation. The goal is to keep everyone else safe. This is a last resort, but sometimes necessary if all other attempts at de-escalation fail. (Katy Kunst, 2022)

Timing: .5 min



Do:

Material Notes:

Trainer Notes:

26 RECOVERY

Facilitator's Notes

Speaker Script:

During recovery, an individual might want a quiet place to be away from others, or they may want to apologize or try to re-establish connection with others. They might try to shift the blame or feel shame and guilt over their loss of control. An individual's response will be unique to themselves.

Timing: .5 min



Do:

Material Notes:

Trainer Notes:

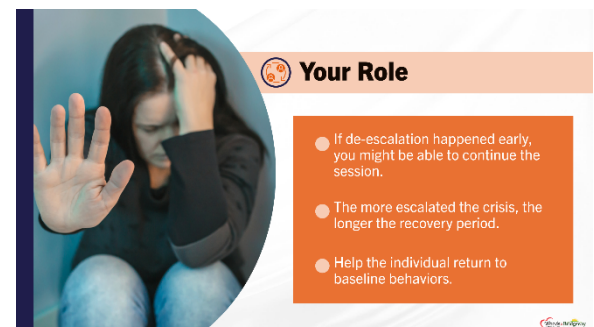
27 YOUR ROLE

Facilitator's Notes

Speaker Script:

Your role in this period might vary, but ultimately the goal is to help a person return to baseline behaviors. If a crisis was averted and an individual was able to de-escalate quickly, the recovery period might be short, and you might be able to continue the session. The more escalated the behavior got, the longer the recovery period might be, and the less likely you'll be able to continue your session.

Timing: .5 min



Do:

Material Notes:

Trainer Notes:

28 DEBRIEF

Facilitator's Notes

Speaker Script:

After a crisis, it is important to debrief. This debrief should happen at a couple of different intervals and is important for you as an individual and for the client to help them to continue to receive the best and most appropriate care.

At Woods, we have experienced success in implementing a three-level approach. The first debrief should happen immediately following the incident and should be a check-in with the clinician to ensure that they are all right, both physically and emotionally. If anyone got hurt, make sure they get the appropriate care. The second would be a debrief done a few days/week later led by a follow-up team to get a clear picture of the triggers and what happened. This can include other people that work with the individual, family, and support providers to ensure a full picture is emerging. At this stage, the goal is to figure out the triggers and the timeline. It could be that the trigger happened long before the therapy session, and this is why it is important to have the IDT involved. The final level happens if there are repeated crises and includes the full interdisciplinary team to ensure treatment plans and medications are coordinated.

It is important to have a process for debriefing crises, even if it looks different to how Woods debriefs. *Do you have a process for debriefing?* Clinical supervision won't be enough for these incidents, as they can be complex and severe. It's also important to follow-up and acknowledge everyone who might have been involved: front desk, clinician, support, etc.

Trainer Notes:

Timing: 2 min

Debrief

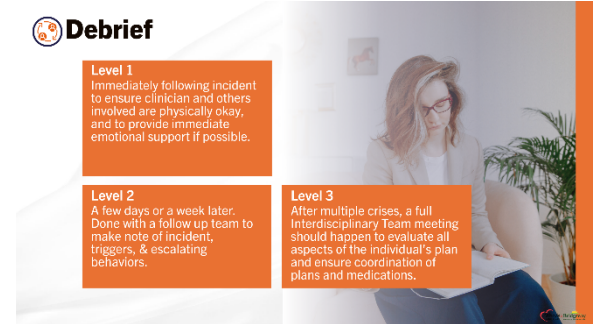
Level 1
Immediately following incident to ensure clinician and others involved are physically okay, and to provide immediate emotional support if possible.

Level 2
A few days or a week later. Done with a follow up team to make note of incident, triggers, & escalating behaviors.

Level 3
After multiple crises, a full Interdisciplinary Team meeting should happen to evaluate all aspects of the individual's plan and ensure coordination of plans and medications.

Do:

Material Notes:



29 NEXT STEPS

Facilitator's Notes

Speaker Script:

An incident report should be filled out so that the crisis is documented and can help inform future behavioral supports. These reports can be an important part of understanding triggers and helping an individual to overcome them. If an individual has a crisis and doesn't yet have a Crisis Plan, you can advocate for them to have a Crisis Plan filled out for the future.

Many individuals with I/DD that you work with might never experience a full crisis in a therapy session, but for those that do, it's important to recognize its impact on you and your own limitations with the individual. It's important to recognize when an individual's needs are beyond your capacity or skill set. It takes time and experience to build an effective practice for working with individuals with complex needs and that is okay.

However, we also want to set the individual up for success. Flat-out refusing to work with them again can leave them feeling confused and lost. Working with them to refer them to a different practice or a different counselor if you feel that you don't have the necessary skill set can ensure they continue to make progress towards their goals.

Also, continue to seek out help and additional resources as you can to grow personally and to be able to better serve individuals.

Trainer Notes:

Timing: 1.5 min



Do:

Material Notes:

30 CONTINUATION OF TREATMENT

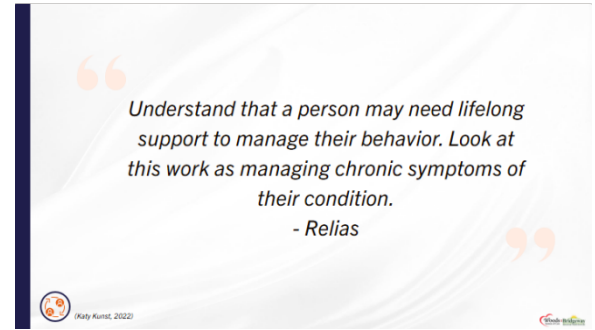
Facilitator's Notes

Speaker Script:

“Understand that a person may need lifelong support to manage their behavior. Look at this work as managing chronic symptoms of their condition.” - Relias Course. Learning self-regulation skills and incorporating other positive behavioral supports can be an important part of the treatment plan, and working with the individual to continue to follow the treatment plan after a crisis is part of this process

(Katy Kunst, 2022)

Timing: .5 min



Do:

Material Notes:

Trainer Notes:

31 SET UP FOR SUCCESS

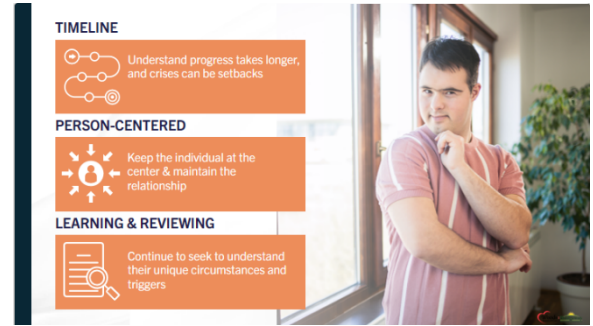
Facilitator's Notes

Speaker Script:

When working with individuals with I/DD, the timeline for treatment is going to look very different than for typical individuals. It's important that you break down the treatment plan into what seem like micro-steps and understand that even achieving those micro-steps might take double the amount of time that you expect. Heightened emotions and crises slow down the process even more. Maintaining the relationship by approaching each individual and each session with them at the center and meeting them where they are will go a long way towards ensuring successful visits. Knowing and seeking to understand the individual and their unique circumstances and triggers can help you to ensure the session proceeds smoothly.

Trainer Notes:

Timing: 1 min



Do:

Material Notes:

32 WORKING WITH THE SUPPORT TEAM

Facilitator's Notes

Speaker Script:

Depending on the individual you are working with, they may or may not have family or a DSP present with them during the therapy session. As we discussed in the previous session, it is important to communicate clearly with the support team regarding expectations during the visit. However, it is equally important to work with them as part of the team in providing supports for the individual, especially regarding behaviors. In addition, it can be important to provide the support team with tips and training on self and co-regulation during a crisis. It may even be necessary to encourage the family to seek outside therapy for themselves in addition to the individual to help them to cope with the responsibility of caring for their loved one. The healthier the environment is surrounding and supporting the individual, the easier it will be to maintain and support calmness for the individual and to help them regulate and manage behaviors.

Trainer Notes:

Timing: 1 min



Do:

Material Notes:

33 ACTIVITY: CASE STUDIES

Facilitator's Notes

Speaker Script:

Now, we are going to return to our case studies. This time, there will be a crisis scenario. Think about what you know about the individual and what we have covered here to decide what your response and next steps will be.

Timing: 10-15 min



Do:

Material Notes:

Trainer Notes:

34 CONCLUSION

Facilitator's Notes

Speaker Script:

As with all things, research and data changes. It's important to stay informed as much as you are able regarding an individual's diagnosis. In the Participant Guide, we have included many different starting places for continuing research, and Woods System of Care has a wide range of people who are able to provide support and information as needed.

Timing: 1 min



Do:

Material Notes:

Trainer Notes:

Case Studies

The full case studies are included in the Section 3 Facilitator Guide.

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