Welcome to the Pennsylvania Dual Diagnosis Direct Support Curriculum training on *Crisis Supports and Debriefing*. 
The Commonwealth of Pennsylvania’s Office of Mental Health and Substance Abuse Services (OMHSAS) and the Office of Developmental Programs (ODP) have undertaken a joint initiative to address the needs of people who have an intellectual disability as well as mental health challenges. People who have both of these challenges are commonly referred to as those who have Dual Diagnosis. For the purpose of this training, Dual Diagnosis is not referring to co-occurring mental health challenges and substance abuse or dependence, although people can have substance abuse or dependence issues as well as a Dual Diagnosis of an intellectual disability and mental health challenges. The curriculum was designed for Direct Supportors, Supports Coordinators and others who work in either the intellectual disability field or the mental health field.

The ultimate goal of this training curriculum is to provide information that can aid in the understanding of the struggles and the triumphs of those you support or will support. This curriculum was designed to demonstrate the complexity of Dual Diagnosis and the factors that need to be considered to best support those with whom you come into contact. The Pennsylvania Dual Diagnosis Direct Support Curriculum was also designed to demonstrate that all people in this world, regardless of their challenges, are much more alike than they are different.
The information presented to you today is to increase your awareness. It is not intended to replace medical advice. If you believe you or someone you support has these conditions or concerns, please seek the advice of a physician.
Every agency should have its own policies and procedures about how to manage crisis situations.

Talk to your supervisor about what policies and procedures are in place concerning psychiatric and medical emergencies at your agency.

If you are working with someone who has been in crisis before, there should be an individual plan on how to deal with a crisis for that individual, and you should follow the plan.

If something in the crisis support plan is not clear, talk to your supervisor to clarify whatever the issue is. You should clearly understand what your role in crisis management should be.
By the end of this training, you will:

• Recognize what constitutes a crisis situation
• Identify positive crisis prevention techniques
• Identify positive de-escalation techniques
• Have a working knowledge of how to manage a crisis situation, including what to do if an individual you support has to go to a crisis center or the emergency room
• Know what debriefing is, how it is conducted, and the benefits of debriefing procedures
An individual is in crisis when:

- He or she is a danger to themselves or others
- He or she is engaging in significant property destruction

An individual is in crisis when he or she appears intent on inflicting significant harm to themselves or others, or is engaging in property destruction that could cause significant harm to themselves or others around them.
A danger to oneself means that the individual may be in jeopardy of seriously harming or killing themselves. These situations should always be treated as a crisis.

Situations in which the individual is unable to stop engaging in self-injurious behavior that could seriously hurt or kill them would be considered a crisis. Examples of self-injurious behavior may include head banging or self punching, kicking, slapping, biting, cutting, or burning.

An individual who is thinking about wanting to die or has a plan to kill themselves, is said to be having suicidal ideation. If an individual is reporting that they are suicidal, has a plan, and is able to make the attempt, it is a psychiatric emergency and should always be taken seriously! The individual’s psychiatrist, therapist, behavior specialist and other key supporters should be notified immediately about what the individual is saying so he or she may be evaluated immediately by a mobile crisis team, at a crisis center, or at the emergency department of a hospital.

Individuals who engage in actual suicide attempts need immediate intervention.
It is sometimes difficult to determine when self-injurious behavior may lead to a crisis situation.

We encourage you to err on the side of caution, as self-injurious behaviors, while often not intentionally life-threatening, can have disastrous consequences.

For example: An individual has a history of head-banging when upset. Although this self-injurious behavior was disturbing, it had never caused a significant injury. However, when this individual decided to bang his head on a toilet bowl, it resulted in an injury that caused him to become paralyzed from the waist down.

If asked, an individual who can communicate verbally will often tell you why they do something that may be puzzling or disturbing to the those who witness it. For those individuals who do not communicate verbally, or do not wish to discuss why they do what they do, direct observation and intervention may be needed to keep them safe.

It is our responsibility to try to maintain the health and safety of anyone we are supporting in the community. If an individual is observed engaging in self–injurious behavior, it is essential that we provide interventions to help protect the individual. Individuals who engage in self–injurious behavior should have a Behavior Support Plan or Individual Support Plan in place, and the documented interventions outlined in the plan should be followed. If the self–injurious behavior is new and there is no plan, one needs to be developed as soon as possible.
Examples of being a danger to others include:

- Verbal statement of intent to harm another, with the capability of carrying out the threat.

- A sudden attack against another person, causing serious bodily injury to that person.

- Aggression toward another person, with the physical capability of causing bodily injury to that other person.

- Attempting to use an object against another person, which may or may not be considered an actual weapon, that could cause serious bodily injury to that person.

- Head butting, because it can inflict serious bodily injury on another individual, it can be as dangerous as using a weapon. All of those who support an individual with a history of head butting need to be aware of this behavior and documentation should be available on interventions.
Significant property destruction involves the use of items in an individual’s environment that could cause significant harm to the individual or the people around him or her. Examples of significant property destruction include: shattering glass, throwing heavy objects, punching walls, or starting fires.
Crisis Prevention is a responsibility that everyone on an individual’s support team must actively participate in.

Crisis prevention starts with knowing the individual you help support. It is important that you are aware of what makes the individual feel better or worse, or what circumstances may elicit strong negative responses such as anger or agitation.

Active awareness means being in the moment with your individual and making he or she know that you care. Active awareness also means being sensitive to the people and activities happening around you.

Supportive communication means listening to the individual even when the individual may act in challenging ways. Remember that all behavior is a form of communication. Talk to the individual as an equal and try to understand his or her stressors.

Predictable support is essential. Everyone on an individual’s team should be following the individual’s support plan which outlines ways to respond specifically to his or her challenging behavior.

- Knowledge of the individual
- Active awareness
- Supportive communication – Listen!
A credo is a set of beliefs that guides an individual’s activities. We use the acronym, C.R.E.D.O., which can be broken down into the best ways a direct supporter can act when trying to help anyone. C.R.E.D.O. is the belief that having compassion, respect, empathy, dignity and openness to an individual’s needs is the best way to prevent a crisis.

Let’s look at C.R.E.D.O. more closely:

**Compassion** is shown when a supporter attempts to understand someone’s suffering in order to aid them in overcoming their suffering. Many people you help support have suffered abuse, neglect, and stigmatization, which is being labeled in a negative way. Recognizing the suffering of others helps us alter and enhance the way we interact with people who may be suffering.

**Respect** is about recognizing that we are more alike than different. All human beings, regardless of their challenges, deserve to be respected. Respecting the individuals that you support will enhance your relationship.

**Empathy** means being able to understand another individual by attempting to see life from his or her point of view. The entire focus of the Dual Diagnosis Direct Support Curriculum is to help give supporters a better understanding of the struggles of people with an intellectual disability, autism and/or a mental health challenge. Lacking empathy is a roadblock to helping an individual.

**Dignity** means that everyone deserves to be valued and treated fairly. As a direct care supporter, if you treat the individual with respect and dignity, this may influence others to extend that respect and dignity to the individual as well.

**Openness** is about acknowledging that an individual has needs, hopes, dreams, and desires, just as you do. While you may not have the ability to satisfy all of someone’s needs, it is important for you to be open and listen to his or her
wishes.

The following is an example of how this may be handled: An individual you support desperately wants to purchase a DVD today. However, due to transportation issues, you are unable to take the individual to purchase the DVD today. Do you simply say “We can’t go today.” Think how much better it might be received if you said, “I know how badly you want to buy this DVD, but we are having a problem with transportation today. Let me make a few phone calls to see what I can do to solve this issue for you.”

This kind of response demonstrates that you understand how badly the individual wants the DVD even if you can’t get it for them and that you believe their needs are important enough to try and solve the problem.

Think about a time when there was something very important to you but other people in your life did not recognize the importance. Think about how you felt being in that situation. Realize that the people you help support experience these same situations and feelings.
Try to always be conscious of how powerful your words can be, and remember that how you say something may be as impactful as the words you use.

Nonviolent Communication is based on the principles of nonviolence or the natural state of compassion. Nonviolent Communication begins by assuming that we are all compassionate by nature and that violent strategies—whether verbal or physical—are learned behaviors taught and supported by the prevailing culture.

It also assumes that we all share the same basic human needs, and that all actions are a strategy to meet one or more of these needs.

People who practice Nonviolent Communication have found greater authenticity and truthfulness in their communication with others. It increases understanding and connection to other people and helps prevent crisis situations.

We encourage you to visit the NVC website at www.cnvc.org.
Positive communication can be important in preventing a crisis. Some examples of ways of communicating that might help prevent a crisis are listed on the left side of the slide.

Let’s use an example to illustrate some of the communication concepts that can help prevent a crisis.

It is Saturday and you are working with an individual who told you earlier in the week that he or she wants to go to the mall. You can be supportive and encourage the individual by saying, “If you want to go to the mall, you need to get out of bed and get dressed.” By saying this you are indicating that it is the individual’s choice to stay in bed or go to the mall. Providing the individual with options or choices allows him or her to feel in control, and shows respect for whatever decision is made.

An example of natural consequences related to this scenario would be if you say to the individual, “You said you wanted to go to the mall, but if you refuse to get out of bed and get dressed, we can’t go to the mall.” You may want to acknowledge the individual’s choices by saying, “I know it is Saturday and that you may be tired because you had to get up early all week to go to work. If you want to stay in bed, that’s fine.”
The list on the right side of the slide shows ways of communicating or acting that might cause an individual to become agitated, angry, or upset, which may lead to challenging behavior and possible crisis.

An example of blaming and name calling might be saying, “It’s your fault that we didn’t go to the mall, you’re lazy.”

An example of threatening the individual would be, “If you don’t get up now, we will never go to the mall again.”

Bribing is generally ineffective and may backfire. Someone might say, “If you get up now, I’ll give you money for ice cream that you can get at the mall.” What happens if next Saturday a different staff is working, the individual isn’t as tired, gets up right away, and goes to the mall. As soon as they get to the mall, the individual demands money for ice cream. The staff doesn’t have money to give to the individual and doesn’t know what to do.

An example of making comparisons might be, “Boy, I wish you were more like Johnny, when he says he wants to go to the mall, he gets up early, gets dressed and we go.”

These examples have been fairly simple. An example of not keeping it simple might sound like this, “If you want to go to the mall you need to get out of bed, get dressed, eat breakfast, go to the bank to get money, make arrangements for transportation, decide what time we are leaving the house and what time we are leaving the mall.”
Not only is it important that you get to know the people you help support, but it is also important for them to get to know you.

If you allow yourself to be seen as a person with thoughts and feelings who cares about the individual, it can only enhance your relationship. Proving yourself a role model and a respected and trusted supporter may allow you to be a safety valve for the individual against the emergence of a crisis situation.
When you have a quiet moment try to get to know the individual better. Discuss the individual’s interests, likes and dislikes, hopes and dreams.

By showing interest in the individual as a person, you are rewarding him or her with attention and encouragement. Focusing on negative behaviors does not allow you to get to know the positive side of the individual’s personality.

When an individual is not in crisis, it is easier to identify what we like and admire about that person, and by focusing on the more positive aspects of a person, we are more likely to see a decrease in negative behaviors.

It is very important to be able to recognize the warning signs or the triggers of a possible crisis.

Remember to use C.R.E.D.O.: Compassion, Respect, Empathy, Dignity, and Openness in all of your interactions with the people you help support.
An Individual Safety Plan is also known as an Individualized Crisis Plan. It is important to know if an individual has a plan and if they do, it is important to know the plan.

You should also know an individual’s Wellness Recovery Action Plan or WRAP®, if the individual has one.

WRAP® planning is created by the individual for the individual. A WRAP® includes a wellness toolbox and daily maintenance plan, identifies triggers and early warning signs that an individual may not be doing well, and has action plans to help an individual get back to wellness. It also includes crisis planning and post crisis planning.

WRAP® informs supporters of what the individual would want to do, or would want YOU to do, if they are upset, by identifying what the individual needs to remain calm or to de-escalate.

Information on WRAP® can be found at www.mentalhealthrecovery.org. Wellness Recovery Action Plans were developed by Mary Ellen Copeland. Additional information regarding WRAP® will be shared in the Mental Health Wellness module.
Listed here are physical and behavioral crisis warning signs. Take a moment to read these. You may have seen these signs in others.

Frequently when someone becomes angry or upset, they have a tendency to behave in a manner that is vastly different from the way that they usually behave.

When people are upset, those who are usually loud or boisterous may become silent and withdrawn. Others may change from quiet and withdrawn to loud and abrasive.

Every person is different and has his or her own crisis warning signs. It is important that you are able to identify any physical or behavioral warning signs of an impending crisis for the people you help support.
De-escalation is the concept of managing and reducing a crisis, and what to do before, during, and after a crisis occurs.

De-escalation is the concept of managing and reducing a crisis.

It consists of three parts.

Part 1: What you can do before a situation becomes a crisis
Part 2: What you can do during a crisis to lessen the risk of injury to the individual in crisis and the people present during the crisis; and
Part 3: What to do after a crisis occurs

Crisis prevention is a part of de-escalation in the sense that we are constantly attempting to reduce the chances of an individual going into crisis.

By using de-escalation techniques we attempt to reduce the chances of a crisis escalating and increasing the danger to all those involved.
Punishment does not help in a crisis situation. Examples of threats of punishment are: “If you don’t stop yelling, I’m not letting you call your parents” or “If you don’t stop banging on the table you’re not going to the mall”. Many individuals, when upset, may have difficulty stopping themselves from yelling or banging, so, based on the above statements from you, they may feel that you have already decided that they are not allowed to “call their parents” or “go to the mall”.

Bribery does not help resolve a crisis. If an individual is escalating and is then bribed to calm down, this increases the chance of the same challenging behavior occurring again the next time those circumstances occur.

Don’t try to intimidate an individual into calming down: the individuals we support should feel respected and safe in our care.

When attempting to de-escalate a crisis you should utilize positive reinforcement.

Modeling good behavior is key to de-escalating a crisis. Many individuals are aware of the role of direct support staff. These individuals know what they are supposed to expect from the services they receive. If the individual believes that you are not honoring your role as a Direct Supporter, he or she will let you know it.

It is important for you to maintain consistency in your interactions with the individual.
It is to your benefit, and those you support, that you make an effort to know him or her as well as possible.

If an individual has had a long struggle with mental health challenges and challenging behavior, a review of his or her behavioral history can help you better understand that individual.

It is important to recognize what, if any, behaviors you may have that could act as a trigger to induce behaviors in an individual.

Try not to allow yourself to become upset by something the individual says or does.

Humor may be an effective tool in diffusing a situation, as long as the individual does not think you are laughing at him or her.

Don’t get into “power struggles” with an individual. No matter how positive your motives or techniques for de-escalating a situation, it may not always have an effective outcome.

Unless a safety issue is involved, try to find ways to compromise.

Try to employ the “stay calm and carry on” philosophy. The calmer you are able to remain, the higher your chances of de-escalating a situation.
This curriculum does not support the use of **ANY** type of restraint.

Restraint procedures may differ based upon regulations that govern the program and the agency in which you work, so it is extremely important to know the specifics of your agency’s restraint policy.

Different kinds of restraints include: physical, mechanical, chemical and environmental.

The Office of Developmental Programs (ODP) has a **NO** restraints policy. The two ODP Bulletins that specifically deal with the elimination of restraints are entitled: Strategies and Practices to Eliminate the Use of Unnecessary Restraints and Elimination of Restraints Through Positive Practices.

However, if an individual you help support engages in behavior that could be life threatening to that individual or others, you have a responsibility to help keep everyone safe. For example, if you are out in the community with someone and they attempt to run in front of a car, it is your responsibility to try to stop that individual before he or she runs in front of the car.

If someone is threatening to seriously hurt someone else, the easiest intervention is to remove the individual being threatened from the situation. If you are unable to accomplish that goal, an alternate means of intervention must be employed, knowing that restraint is the intervention of last resort.
This curriculum does not support the use of ANY type of restraint.

Here are 10 things to consider when a physical restraint is the only option:

1. It is used ONLY as a LAST RESORT
2. Per 6400 Regulations, prone restraints are NEVER to be used
3. The criteria for use of the restraint has been met
4. The restraint is being applied properly
5. At least one other support person must be present
6. A nurse should be present if possible
7. The restraint does not cause pain
8. The restraint does not cause injury
9. Remember the physical capability of the individual you are restraining and his or her physical/medical issues, and
10. The use of restraints may cause lasting emotional and psychological trauma

If you think someone is going to seriously harm you or others, stay calm.

Tell bystanders that they may be in danger and ask them to leave the area.

If you are attacked, you should defensively block any blows directed at you, but you should not direct any blows toward your attacker.

Try to keep yourself out of the danger zone, which is the area that the attacker is able to reach you with his or her hands or feet.
Building strong relationships with the people you support is the best way to reduce the need for restraints.

The best restraint is no restraint. Use other interventions to de-escalate or defuse the situation so a restraint is not needed.

Be aware that people may get hurt trying to restrain someone, or may cause injury to the person that they are trying to restrain.

Know that restraint should be the intervention of last resort.
Anything that restricts an individual’s movement is considered a restraint. Seclusion is considered an environmental restraint. This slide covers some specific ways an individual may be environmentally restrained through seclusion.

Some examples of seclusion include:

- Keeping an individual you support locked in his or her room
- Holding a door closed and keeping an individual trapped in an area
- Restricting an individual’s ability to communicate with others by isolating him or her in a controlled area

You should make yourself aware of your agency policy on restraints. You also should be aware of the licensing regulations on restrictive procedures for the specific program you work in. This information can be found on the PA Code website at www.pacode.com. Specific licensing information can be found in these licensing chapters:

- Chapter 2380 for Adult Training Facilities
- Chapter 2390 for Vocational Facilities
- Chapter 6400 for Community Homes for Individuals with Intellectual Disability, and
- Chapter 6500 for Family Living or Life Sharing Homes
After a crisis begins to subside, it is important that those supporting the individual attempt to help the individual regain control and, more importantly, his or her dignity.

- Encourage the individual to wash his or her face and straighten out clothing.
- The goal is to bring the individual, supporters, and other involved parties back to a pre-crisis state.
- Do not allow bystanders to return and/or interfere as their presence could potentially instigate another crisis.
- Sit down with the individual so he or she has an opportunity to discuss what happened as soon as the individual is ready to do so.
- Try to get the individual engaged in an activity the individual enjoys as soon as you can.
- If you are discussing what happened with other supporters and the individual who was in crisis is able to hear what you are saying, it may cause another crisis.
It is important for you to know your agency policy on crisis management.

If you think an individual is experiencing a mental health emergency, call 911 or a mobile crisis unit. The support person who is with the individual when an incident occurs, has to decide if the behavior actually constitutes a crisis. If unsure, the supporter should always err on the side of caution.

If you are going to an emergency department or crisis center, at minimum, bring copies of the individual’s current medications, a list of chronic health problems, and insurance cards.

We recommend that all agencies have a grab and go file that can be taken to the hospital or crisis center with you.

When you arrive at the emergency department or crisis center make sure you explain that your individual has a mental health challenge and that the individual is there because of increasing symptoms or behaviors of his or her mental health challenge.

Explain how what is happening, or has just happened, is not how the individual usually behaves.

Any information you can provide to help explain why the individual is acting differently would be helpful. You should be able to tell the crisis center staff if the individual just started a new medication, if there was a recent increase or reduction in the dosage of current medication, or if the individual has suffered any recent life changing experiences, for example, a personal loss or new
diagnosis.
On the previous slide, we mentioned how important it was to have information about the person readily available in the case of an emergency or crisis situation. We refer to this as a “grab and go” file. This slide covers what is generally included in a grab and go file.

If the person lives in a small community home operated under the 6400 regulations, the person is required to have a Lifetime Medical History Summary, so you would want to place a copy of this in the “grab and go” file.

If the person lives in an Intermediate Care Facility or ICF-ID, there should be a 90-day health summary that can be copied and brought with you.

Bring a list of all current medications, including any over-the-counter medications or supplements.

If the Team Review of Psychotropic Medication form is used in your area, bring a copy of the most recent form. If you do not use the Team Review Form, you may have notes from the person’s last psychiatric appointment that you can share.

Bring a copy of the person’s Chronic Health Problems List. This is a list of all their diagnoses or health conditions. If you do not have a formal Chronic Health Problems List, bring a copy of the person’s last Annual Physical Exam Form which should list all chronic health problems.

A copy of the names and phone numbers of the primary physician, the
psychiatrist, and any other health care providers would be useful to include.

If the person has a legal guardian or a substitute health care decision maker, the name and contact information needs to be shared.

The names and contact information for any family members, the residential provider, and supports coordinator should be given.

If you have the individual’s most recent laboratory results, bring a copy of them, as well as the person’s health insurance cards.

If the person has a behavior support plan or plan of support, bring a copy of it. If you are collecting behavioral data, bring copies of what you have.

You will need to provide information on how the person usually acts, and how differently the person is acting. Share any other information that you think might be helpful.

If the person is admitted to the hospital, make sure you identify a contact person in order to get information on how the person is doing.
Immediately following the event ask these key questions:

- Is everyone safe?
- Has anyone sustained an injury? If someone has an injury, evaluate it and provide or arrange for treatment.
- How is everyone feeling? Do not be surprised if people are still upset. Try to calm people down.
- If the physical environment has been altered, try to return it to a pre-crisis state.

Try to determine the need for emotional or trauma support for the individual who was in crisis, any victims, or witnesses.

Get ready for debriefing.
Debriefing is about learning what we did right or wrong, before or during the crisis, so that we can avoid a future crisis. Debriefing starts as soon as the crisis is over.

Debriefing is an attempt to find out what may have instigated or triggered a crisis.

The individual supported must participate in the debriefing process. Their input is needed in order to understand what caused the event and what preventative measures can be developed to help avoid a similar crisis from occurring in the future.

Think about answers to the questions who, what, when, where, why, and how regarding the crisis.

Keep in mind that debriefing is not about blaming, but learning.
Let’s review what we learned...

To prevent a similar incident from occurring in the future:
• Assist the person in identifying what led to the incident and what could have been done differently.
• Determine if all alternatives were considered.
• For people who are non-verbal, look into what adaptive equipment may be obtained to help facilitate communication.
• Observation of behavioral changes after the event is an important way to assess for trauma or negative feelings associated with the event.

To reverse or minimize the negative effects of the incident:
• Evaluate the physical and emotional impact on all those involved. Identify the need for, and provide counseling or other support to the people involved in any trauma associated with the incident.

To address organizational problems and make appropriate changes:
• Determine what, if any, organizational triggers exist that may have contributed to prompting a crisis. Once identified, recommend appropriate changes to the organization’s philosophy, policies, procedures, environments of care, treatment approaches, staff education and training.

Here is an example about how an organizational issue may instigate a crisis:
A person you work with was promised a trip to the movies on Saturday. However on Saturday, none of the staff on duty was authorized to drive the company van. The individual who was promised a trip to the movie theater was unable to go and became very upset, leading to a crisis situation.

It is important for you to tell your supervisors when things like this occur so that your agency can work to develop a policy to help limit such occurrences.
There are two kinds of debriefing.

The first is called post acute debriefing, which should happen immediately after the event. This is where the who, what, when, where, how, and why questions are answered; it is where it is determined that everyone involved is doing okay; any physical injuries are treated, and order is restored.

The second form of debriefing is called formal debriefing. This takes place following the day of the event, but within 24-48 hours, so the event is still fresh in the memory of those involved. This second debriefing uses the information collected from the post acute debriefing that took place immediately after the event, and includes any agency generated documentation from the event. A broader representation of people than just those present at the event are encouraged to attend. These could include the behavior specialist, nurse, management staff and the person’s advocate. Family involvement is encouraged; this could be an independent session or a part of the formal debriefing meeting.

Whether the involved individual chooses to participate in the meeting or not, the individual should always be included in the formal debriefing, and encouraged to contribute.
These are questions that are important to ask the individual you support after a crisis, and they should be part of the debriefing process:

- How do you feel about what happened?
- What upset you most?
- What did we do that was helpful?
- What did we do that was not helpful?
- What can we do to help keep this from happening again?
- What do you find the most helpful, and why?

(Massachusetts DMH, 2001)

You should ask these questions when the individual appears calm and tells you that they are ready to talk. If the individual does not use speech to communicate or has limited speech, ask them to show you using pictures or by whatever means he or she communicates. Allow the individual as much time as he or she needs to process and respond to your questions.
Answering questions honestly about situations or crises is important to enhance our understanding of ourselves and the people we help support:

- What were the first signs of a problem?
- What de-escalation techniques were used?
- What worked and what did not?
- What would you do differently next time?
- How could a crisis like this be avoided in the future?
- What was YOUR emotional state at the time of the crisis?
- How did YOU feel after the crisis?

How you responded to what happened in a crisis situation is just as important as how the individual responded to you.
Debriefing is a formal process that reviews the facts of what happened with the individual and others directly and indirectly involved in the crisis. It is a time for those involved to share their feelings of how they felt before, during and after the event. It is not meant to assign blame. It is a way to potentially identify possible changes that could be helpful in avoiding a future crisis.

- What happened
- Was anyone in imminent danger
- Was anyone hurt physically
- Was anyone hurt emotionally
- Could the individual have been allowed to "win"
- What behavior were we trying to avoid
- What can we do to prevent something like this from happening again
- Are there operational issues that need to be addressed, and
- Does anyone need additional training
What pushes your buttons? It is important to take time to honestly identify what our “buttons” are and understand that we can become defensive when people attempt to “push our buttons”.

Crisis support starts with knowing those “buttons” and making all attempts to limit the chances of those “buttons” being pushed.

Crisis support also attempts to minimize the impact of the crisis when someone pushes the buttons of an individual we support.

Be able to recognize when a individual we support is pushing OUR “buttons” because we may respond defensively, escalating the situation.

It is important to maintain our composure regarding things that are said or done “in the heat of the moment”, as our perception of negative intent may not be based in reality.

There may be times, when you recognize that you are not responding to a situation in a productive way, that you may need to have another supporter “step in” for you.

In order for you to effectively cope with crisis behavior, it is important for you to remember to try not to take the behavior personally.

Always follow your agency policies and procedures for crisis situations.

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<th>What Pushes Your Buttons?</th>
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<td>Take control of your emotional triggers by increasing your awareness of them, and developing new ways of responding</td>
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<td>Show empathy – the more insight you develop into what people around you might be struggling with may give you more patience</td>
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Source: Pennsylvania Department of Human Services
The role of being a direct care supporter begins with treating everyone you support with dignity and respect. Try to get to know the individual as a person, not just an “individual” that you support.

Try to engage the person in activities that you both enjoy.

Remember that all behavior is a means of communicating, even when the behavior is puzzling or becomes difficult to manage.

Consistently employing positive approaches creates an atmosphere that makes challenging behavior unnecessary.

Know the warning signs a person engages in when they are struggling to maintain control, and respond to them before a crisis occurs.

If you maintain a calm demeanor, it may have a reassuring influence on the person, helping to de-escalate the situation.

Remember that physical intervention is the last intervention you should attempt in trying to keep people safe.

Learn how to reduce the chances of a crisis from reoccurring through debriefing.

Working with the people we support can be a daily challenge, but you will be amazed at how rewarding it can be for yourself and the person once you learn how to support that person by preventing a crisis situation from developing.
Congratulations, you have successfully completed the Crisis Supports and Debriefing training.
Thank you for your participation.