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1 What do you need to know?

MEDICAL

- Current/past behavioral health or I/DD diagnosis
- Pain
- Clenching of or suspected injury to body
- Changes in:
 - appetite or sleep
 - medication
 - access to providers
 - responsiveness
 - bowel/urination

SOCIAL AND ENVIRONMENTAL

- Changes in:
 - residence
 - social support
 - caregivers
 - access to community resources
- Major life transitions
- Stressors at home

BEHAVIORAL

- Communication preference, e.g., gestures, pictures or signs
- Triggers
- How to “turn behavior off”
- Sensory sensitivities
- Escalation cycle
- History of behavior, safety risk events and interventions used

2 How can you prepare?

ENVIRONMENT

- Create a plan to support the patient.
- Remove or modify known triggers if possible, e.g., minimize wait times and procedures.
- Adjust location and space, e.g., proximity to nurse’s station, noise, bright lights.
- Remove unnecessary items in room, e.g., items easily broken or thrown.
- When appropriate, establish predictable routines and give notice of changes.

PATIENT

- Identify a key support person, e.g., family member or other caregiver.
- Develop rapport and build trust.
- Use visuals to supplement verbal communication.
- Allow for longer time to process information and ensure it is understood.
- Offer choices.

3 How do you ease anxiety or tension?

DE-ESCALATION

- Minimize and simplify language.
- Ensure only one person is talking at a time.
- Honor all reasonable requests.
- Provide physical distance.
- Tell the patient what to do instead of what not to do, e.g., “sit” vs. “no climbing.”

4 What should you do after a behavior crisis event?

POST-EVENT

- Do not discuss the event or consequences with the patient immediately after the incident.
- Identify opportunities for positive interactions.
- Provide time after patient appears de-escalated.
- Debrief with staff and document lessons learned.
- Create a plan with the patient/care team to ensure safety and move forward in a positive manner.