

De-Escalation and Crisis Intervention in Residential Care Homes



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"Usually, it makes sense to differentiate between beneficial structural conditions, favourable behaviour of the employees and targeted interventions with young people."

(Schmid 2013)

DE-ESCALATING BEHAVIOUR

... **depends on** the situation, the setting, own possibilities, and others.

OBJECTIVE: mitigate the aggressive atmosphere and seeking a safe exit from the situation!

- assessing **realistic possibilities/expectations**: Can this situation really be arrested without the use of without physical violence? If not, seek help or escape.
- Risk assessment, decisions, responsibilities and actions, **possibly another member of staff or external assistance**
- pay attention to the **safety** of people who are not involved
- do not control the others, but **control the situation**
- show **empathy, concern, respect, sincerity, fairness** and express interest in **the other person's point of view**
- de-escalation acts **best** in the form of **early intervention**
- trying to **gain time** for careful decisions and the reduction of your own tension
- keep at least an arm's length **distance from the other person**
- carry out intervention with visible self-confidence, without provocation - a "healthy balance"
- **NO** power games!

(cf. Richter, 2014)

TIME-OUT AS A PAEDAGOGICAL OFFER

- ... or measure?
- Allows for observation of the psychological distress
- child- and youth-psychiatric treatment or psychotherapy continues
- common case definition of all those involved
- Keep in contact with the young person; even during extended downtime (but: strain on limited resources!)
- continue documenting the case
- fast transfer of information between carers involved
- establish an ongoing cooperative arrangement between different institutions to be able to, if necessary, accommodate young people somewhere else at short notice (and for a short period of time)
- decrease distances as often as possible, for example, in the form of a driving the YP to the doctor and have a reflective conversation there;

(Cf. Schmid 2013, cf. Burchard 2004)

WITH YOUNG HIGH-RISK PEOPLE...

"(...) who tend to be a danger to themselves and others and show invasive behaviour, it is important to keep a crisis intervention concept available and to plan it well, if possible, before it is needed for the first time. A clear plan of action that considers even the smallest details can give a lot of external security in times of crisis."

(Schmid 2013)

FACTORS TO BE CONSIDERED WHEN TAKING ACTION IN CRISIS SITUATIONS AND CARE CRISES

- professional knowledge and experience; competences
- current situation: alone, in pairs, person available to be contacted, team composition, etc.
- institutional frame of the institution: spatial, external possibility for support ...
- requirements of the institution, of the supervisor or similar
- legal framework
- ... what else?

CRISIS INTERVENTION

... includes all actions that help the respective person to overcome her/his current difficulties. This helps to prevent negative social, psychological and medical consequences.

... must be distinguished from acute-psychiatric measures.

(Sonneck 2000)

Intervention concept for acute crisis situations and states

- **B**uilding relationship -
- **E**ncircling the situation -
- **L**essening the symptoms -
- **L**inking with people who support -
- **A**pproaching problem-solving -

(Sonneck 2000)

For explanations, see study material "BELLA crisis intervention concept"

THE CHILDREN'S HOMES (ENGLAND) REGULATIONS 2015

- No measure of control or discipline which is excessive or unreasonable is to be used, including
 - corporal punishment
 - punishment involving the consumption or deprivation of food or drink
 - restriction, other than one imposed by a court
 - the use or withholding of medical treatment
 - the intentional deprivation of sleep
 - imposing a financial penalty, other than a requirement for the payment of a reasonable sum (which may be by instalments) by way of reparation
 - any intimate physical examination
 - withholding any aids or equipment needed by a disabled child
 - any measure involving punishing a group of children for the behaviour of an individual child

THE CHILDREN'S HOMES (ENGLAND) REGULATIONS 2015

- Exceptions:
 - the taking of any action by, or in accordance with the instructions of, a registered medical practitioner or a registered dental practitioner which is necessary to protect the health of the child
 - taking any action that is necessary to prevent injury to any person or serious damage to property

**DEPARTMENT FOR EDUCATION: GUIDE TO THE
CHILDREN'S HOMES REGULATIONS INCL. THE QUALITY STANDARDS**

- Each home must prepare and implement a 'behaviour management policy' containing:
 - approach to promoting positive behaviour
 - measures of control, restraint and discipline which may be used
 - Sanctions for poor behaviour, these should not be punitive

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- Restraint cannot be employed as a disciplinary measure, for reasons of 'good order and discipline', to enforce compliance with a home's routines or rules.
- Children's homes have a responsibility to protect children in their care. There may be circumstances when it is permissible to restrain a child if there is reasonable cause for believing this is the only way it is possible to prevent the child from being injured.