Positive Behavior Supports

DEBRIEFING FOR INDIVIDUALS AND STAFF FOLLOWING EMERGENCY RESTRAINT

Guidance for Providers Implementing

Positive Behavior Supports

Massachusetts Department of Developmental Services

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This document was developed as guidance to assist the DDS community to implement Positive Behavior Supports. This guidance does not constitute legal advice, and it is not a substitute for a thorough understanding of applicable law, regulation, and DDS policy. In the event of inconsistency between this guidance and law or DDS policy, the latter shall prevail.

Debriefing is an important component of *Critical Incident Stress Management (CISM),* which the US Dept of Labor OSHA defines as a system of education, prevention, and mitigation of the effects from exposure to highly stressful critical incidents. Individuals and staff who have been involved in emergency restraint will experience varying levels of stress, emotional impact, and in some cases injury, all of which are handled most effectively by professionals who are specially trained in crisis intervention and/or psychological first aid (PFA) techniques. Trained debriefers assist both individuals who have been the subject of restraint and staff involved in administering restraint to explore and understand a range of issues including the sequence of events, causes and consequences, each person's experience, any memories triggered by the incident, normal psychological reactions to critical incidents, and methods to manage emotional responses resulting from a critical incident (*Better Health Channel: Workplace Safety*). Providers are strongly encouraged to insure that person(s) identified by the PBS Leadership Team to conduct debriefings receive formal instruction in Critical Incident Stress Management and trauma-informed approaches to debriefing. In addition, it is considered best practice to have the same trained person conduct both the individual and staff debriefings for any given incident of restraint.

The information in this guidance is intended to set a foundational understanding of the operational functions of debriefing and is focused on reduction and prevention of future emergency situations. It is not a guide to clinical recovery from distress and trauma. Providers are encouraged to make trauma-informed Employee Assistance Programs available for staff and expected to utilize trauma-informed systems and treatment interventions for individuals as part of Positive Behavior Support Planning.

Debriefing with Individuals who are Subject to Restraint

115 CMR 5.11(1)(a)1.c.ii states that Individuals who are subject to a restraint shall participate in a separate debriefing with trained staff persons who did not participate in administering the restraint in order to support the individual and to mitigate distress that may result after experiencing a restraint.

The purpose of debriefing with the individual who has been subject to restraint is ultimately to empower the individual at both an emotional and intellectual level, and to promote his or her self-awareness. Even the act of engaging in this way with the individual can be empowering. Debriefing serves to help staff learn information from the individual that will assist staff members to revise de-escalation techniques to the greatest extent possible, in order to prevent restraint (emergency circumstances) from occurring in the future.

Establish some Best Practices for asking individuals about sensitive topics like crisis and restraint:

- Use helpful, non-judgemental opening statements such as "Can you tell me what happened?" or "We're all sorry this happened, how can we help?" **Avoid** judgemental statements such as "we're sorry we had to restrain you."
- If the person says they do not want to talk about it or that they don't remember, let them know people are available should they want to talk about it or when they are

ready to talk about it; suggest that they please reflect on the situation so that we can understand what we could have done better to help them. It may also be necessary to be explicit that they are not "in trouble," since the person may have a history of being criticized after difficult behavior. Staff should also consider opportunities to return to the issue so that it's not only the individual's responsibility to bring it up again.

- Use no-shame statements such as "We understand this can happen from time to time; we're trying to learn from the situation and how we could have helped better."
- Accept what the person is telling you because we are looking for their perceptions.
- Don't assume that you already know the answers
- Don't steer the person's answers, judge or "myth-bust;" we're <u>not</u> trying to change the person's perception, just understand it.
- Refer to best historical practices with this particular person
- Pay attention to how the person is responding to your questions and respond accordingly.
- Be especially sensitive for a trauma related response and reactivity.
- Avoid a power-struggle to gather the information.
- Use active listening and don't take the information personally
- Ask open-ended questions to get the person to elaborate and to promote self reflection; e.g., "What was it that bothered you the most?" "Why do you think you felt that way?" When this happens, is there anything that we could do to help?"
- Validate the person's feelings; e.g., "It sounds like that really upset you."
- Don't ask yes or no questions unless you are looking for yes or no answers
- If the person needs assistance communicating (assistive tech, picture/communication board, etc.) be sure to make full use of these supports.

<u>After</u> getting the individual's account of what happened *(from start to finish if possible)*
<u>Elicit information about the person's perception of the use of restraint</u>:

- "Why do you think the staff held you?"
- "How do you feel about being held now?"
- "What do you think we could have done differently to avoid holding you?"
- "How can we help you to keep safe?"

<u>If the Individual has limited receptive or expressive skills:</u>

- Establish a rapport/break the ice in a way that is meaningful to the person and can accompany opening statements as above.
- Reach out to various professionals who have experience in interviewing individuals with limited receptive and limited expressive skills, to develop a strategy for how to best obtain information from the person.
- Reach out to various team members and clinical staff who know the individual best, can study the conditions surrounding the emergency incident (who, what, when, how), help hypothesize how to best support the person post restraint, and suggest preventive changes to the environment or de-escalation techniques.

Instructions for when Debriefing may be Contraindicated for Individuals

For individuals with debriefing contraindications, a PBS Qualified Clinician must make this determination, document in the restraint form the reason why the debriefing with the individual cannot take place, and oversee a data driven evaluation process to determine whether to propose a teaching plan that will enable the individual to meaningfully participate in a debriefing session. *Note: Individuals who may not want to engage in debriefing when first approached following a restraint should not be automatically deemed as having a contraindication, and may benefit from an opportunity to debrief after reflecting on the situation.*

Examples of a debriefing being contraindicated include

- When a person's problem behaviors are maintained by attention, the attention-laden act of debriefing may increase the problem behavior. **Note:** Debriefing should not be avoided for fear of reinforcing a behavior unless a clear pattern connecting debriefing to restraint episodes has been established.
- When a person's trauma history includes physical violence, the act of debriefing could trigger activation of PTSD symptoms
- When an individual's comprehension is limited such that they might not understand the reason for the conversation, and due to their neurological processing of the information will become upset
- When a person has demonstrated a clear adverse reaction to rehashing the events; recalling the event may be a 'secondary trauma' for the individual. **Note:** There is a difference between forcing someone to talk about an episode and being sure to offer them the opportunity to talk and to repeat the offer.
- When the individual is assessed as a person for whom "moving on" from an upsetting event is an adaptive strategy, and revisiting the incident may be retraumatizing
- When an individual overly attaches shame and self-blame to a restraint incident such that debriefing becomes unproductive

Debriefing with Staff Persons Involved in Administering a Restraint

115 CMR 5.11 (1)(a)1.c.i. states that persons administering a restraint shall debrief with a staff person identified by the PBS Leadership Team. The debriefing shall include:

(i) review of the technique utilized;
(ii) antecedents to the restraint;
(iii) duration of the restraint; and
(iv) alternative de-escalation strategies that may be employed in the future.

The purpose of debriefing with staff who were involved in administering the restraint is ultimately to gather as much information as possible that can be used to alter or improve

supports and de-escalation techniques so that emergency circumstances are prevented in the future. Specifically, the staff debriefing process should:

- Establish a thorough review of all restraints as part of due diligence
- Underscore a rigorous effort to protect the individuals who are receiving services
- Focus on gathering information to be used in conjunction with information collected from the individual's debriefing to direct best practices in avoiding future restraints
- Support staff to improve their collective response to challenging behavior in an effort to reduce crises and restraint
- Offer constructive criticism when necessary and positive feedback when appropriate
- Establish a mindfulness and resilience check in for staff:
    - How did staff experience the emergency?
    - Were any of the staff injured or afraid of being injured?
    - Create a culture of trust and ability to speak with candor

Begin with a Review of the Emergency Conditions. For example, what was the serious injury that the restraint was intended to prevent, and how was the serious injury going to occur? Specifically note:

- The individual's exact behavior that would likely cause a serious injury, and the exact nature of the serious injury.
- The behavior or behaviors that indicated that the serious injury was imminent and able to be carried out.

Review Antecedents to the Restraint. Describe the environment prior to the emergency, including staff's affective and emotional state:

- What the individual was doing.
- Interactions that were happening with the individual.
- Peripheral interactions that were between staff, peers, and/or visitors.
- Known and potential triggers in the environment.
- Temperature, lighting, number of people, noise level, etc.
- Uncharacteristic Responses that could be attributed to
    - Pain/discomfort
    - Psychiatric distress/Trauma
    - Medication Issues

Review the Technique Utilized.

- Start with reviewing evasion, blocking or escape techniques that were used, if any.
- When it was determined that the situation was an emergency, and there was not a less restrictive means of preventing serious injury, review how the initial restraint technique was acquired and applied.
- If more than one restraint technique was applied, list all restraint techniques, and talk about the reasoning behind moving from a less-restrictive to a more-restrictive technique, and/or from a more-restrictive to a less-restrictive technique.
- Review the process of determining when the individual was safe to release, and the process of releasing them; discuss the earliest chance to safely release, partially release, and modulation.

Review the Duration of the Restraint. The perception of time can be skewed in an intense situation. Staff should train themselves to note the time if that can be done safely in the circumstances presented. Discussion should occur around:

- If a trigger was identified, what time was that?
- How long from trigger and behavioral cues to escalation?
- When, if at all, were non-restraint, physical interventions used?
- How long were de-escalation strategies tried?
- How long from initial physical restraint technique to release?
- How long from initial physical technique until the person was evaluated for being safe to release?
- How long from beginning to evaluate the person for safe release to first attempted/partial release?
- After successful release, how long until the person returned to normal activities?

Review Alternative De-escalation Strategies that may be Employed in the Future.

- Is there a planned response to the challenging behavior, and if so, was the plan followed? If the plan was not followed, describe the reasoning.
- Try to recall any de-escalation strategies that were attempted or ruled out; how did staff respond when it was first noticed that the person was escalating?
- If it was determined that there wasn't enough time to attempt de-escalation before ensuring safety, please discuss that.
- If de-escalation strategies were attempted describe their effectiveness
    - Did one work better than the others?
    - Did one or more make things worse?
    - Was a different than usual de-escalation strategy tried?
    - Did a de-escalation strategy produce a different result than usual?