

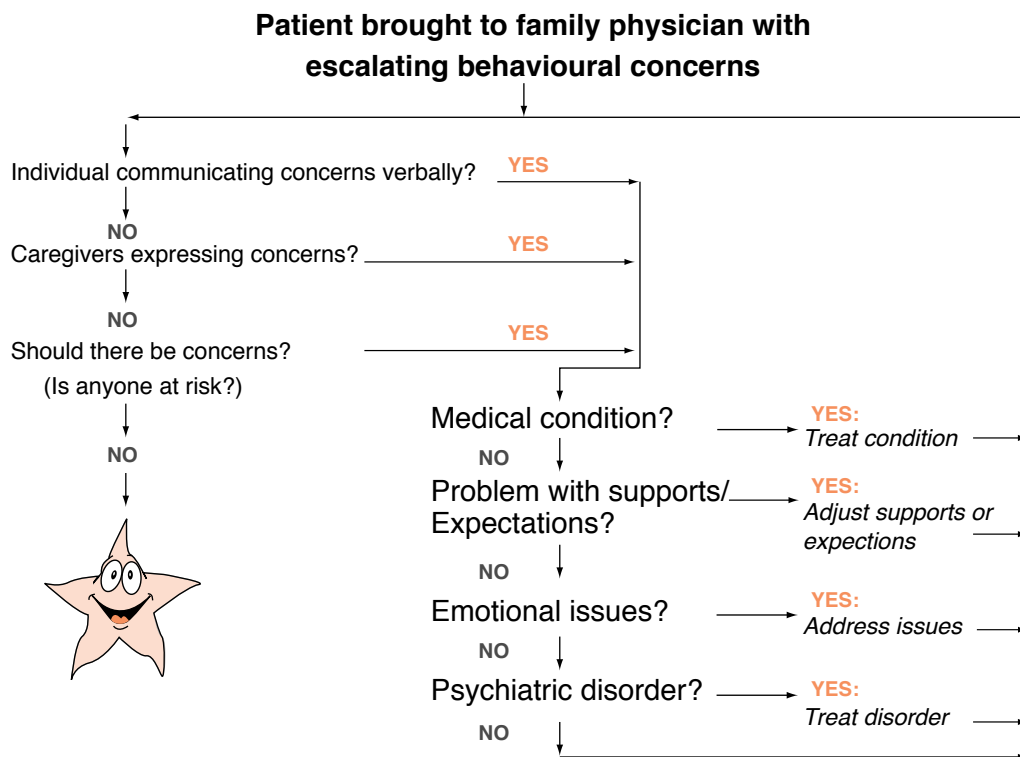
Initial Management of Behavioural Crises in Family Medicine

Consider the crisis behaviour as a **symptom** and not a **disorder**. Behaviour change is often the only way people with developmental disabilities (DD) can express that something is wrong and communicate a need. Very frequently, the “something wrong” is not a psychiatric problem. It may be a signal that the person has a physical health problem causing pain or discomfort or that his/her environment is not an “enabling environment” that meets his/her needs.

Assess and **manage** the behavioural crisis by working with the patient, caregivers and available interdisciplinary team supports.

- Use **Diagnostic Formulation of Behavioural Concerns** to clarify the cause of the behavioural crisis, and assess and manage sequentially any discernible contributing factors, such as medical issues, supports and expectations, emotional issues and psychiatric disorders (see Diagram 1 below).
- **Risk Assessment:** Assess risk to the patient and others.

Diagram 1: Diagnostic Formulation of Behavioural Concerns



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Note: People with DD are often in a fine balance between their health challenges (physical, emotional and psychiatric) and the available supports and expectations in their environment.

Changes in any of these considerations can upset the balance and precipitate behavioural crises, which signify that help is needed to re-establish or find a better balance. The person may go in and out of crises, until a comprehensive assessment is done, precipitating factors are identified, and a proactive treatment and management plan is initiated.

BEHAVIOURAL CRISIS MANAGEMENT PLAN: FIRST 24 - 72 HOURS

Immediate options to manage risk and escalating or concerning behaviours:

1. **Re-stabilize** the situation in the short term
Plan, with patient and caregivers, how to re-stabilize the situation and manage the behaviour. These strategies need to reflect the uniqueness of the patient with DD, his/her triggers and coping strategies, helpful environmental changes and modifications, and caregiver resources.
Consider:
 - What has been helpful or not for this patient with DD in the past.
 - De-escalation strategies:
 - Have patient go to a quiet, safe place (outside the home if indicated)
 - Use existing policies and plans (e.g., agency safety response plans)
 - Increasing environmental supports and/or decreasing environmental stressors:
 - Additional family/agency/staff supports
 - Change in expectations
 - What to do if symptoms worsen or caregivers are unable to manage, including the option of going to an Emergency Department (ED)
2. **Send to Emergency Department**, if indicated:
 - Complete form: *Essential Information for Emergency Department*
 - Information for caregivers: *Guidance about Emergencies for Caregivers*
3. **Use Medications**, if indicated, e.g., PRNs. Consider short-term medication options to stabilize the immediate situation and ensure safety, with a plan for review when the situation stabilizes. See *Rapid Tranquillization of Adults with Crisis Behaviours*.

BEHAVIOURAL MANAGEMENT PLAN: POST-BEHAVIOURAL CRISIS

Plan and manage the underlying problem(s) that *caused or contributed* to the behaviour concerns, in order to meet the needs and enhance the quality of life of the patient with DD, and to prevent recurrences of behavioural crises. See *A Guide to Understanding Behavioural Problems and Emotional Concerns in Adults with Developmental Disabilities*.

Debriefing:

- Schedule an appointment to debrief. Involve the patient with DD, as appropriate, key caregivers, and interdisciplinary team professionals.
 - If a case manager or other needed interdisciplinary resources (e.g., a behaviour therapist) are not in place, access local/regional resources.
- Use/review *Antecedents-Behaviour-Consequences (ABC) Chart* to better understand triggers for behaviours of concern.
- Review crisis strategies, actions taken, and what was effective or ineffective.
- Make recommendations for management and prevention of future behavioural crises. With caregivers and available interdisciplinary resources, begin to develop a comprehensive and proactive *Crisis Prevention and Management Plan* to meet the patient with DD's needs and enhance his/her quality of life.
- For patients who visit the Emergency Department frequently for behavioural causes, it may be helpful to develop a dialogue with local Emergency Department staff.

Review medications: Include regular, PRN, over-the-counter medications, and any possible recreational drugs used. In particular, review any new medications prescribed during behavioural crises.