

TO: CONSUMER/PARENTS/CAREGIVERS

FROM: \_\_\_\_\_ PROGRAM

SUBJECT: INTERVENTIONS DURING EPISODES OF AGGRESSION, SELF INJURY OR PROPERTY DESTRUCTION

DATE: \_\_\_\_\_ Return to Supervisor: \_\_\_\_\_

While receiving services \_\_\_\_\_ (name) has exhibited aggression, self injury or property destruction. Please review the following and check all of the interventions with which you are in agreement. Staff are trained in crisis intervention and will use the least restrictive intervention methods first and will use only those methods you check.

- Redirect to a calming activity.
- Ask consumer to choose an activity or area he/she prefers.
- Suggest other choices (another activity, drink of water, deep breaths, etc.).
- Teach/reteach appropriate behaviors.
- Separate from other consumers within the building (ex: program supervisor's office)
- Verbally redirect.
- Ask another staff to intervene.
- Teach/reteach coping skills after person is calm.
- Separate from other consumers to outside the building, with visual contact and in reasonable weather.
- Ignore (excluding aggression toward others, self injury and property destruction).
- Passively block acts of aggression or self injury.
- Two persons (staff) transport procedure to a less stressful area (if consumer is aggressive to others and refuses to stop; this is a last intervention choice).
- Call family when \_\_\_\_\_  
\_\_\_\_\_
- If these methods do not work, what do you want us to do?

I have read and understand the Guidelines for Refusal of Services to Consumers, Policy 2132, and indicated above the interventions to be used by staff with \_\_\_\_\_ (name) during episodes of aggression, self injury or property destruction.

\_\_\_\_\_/\_\_\_\_\_  
Consumer/Parent/Caregiver Signature / Date

\_\_\_\_\_/\_\_\_\_\_  
Supervisor Signature / Date