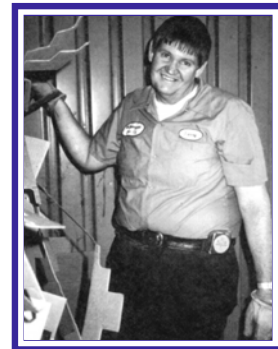


# North Carolina

Division of Mental Health, Developmental Disabilities and Substance Abuse



## Core Physical Techniques Participant Workbook

2003

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# Participant Workbook



# Participant Workbook

## CORE PHYSICAL AND RESTRICTIVE INTERVENTIONS

All physical and restrictive interventions described in this curriculum are approved by the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.

The term “physical intervention” means defensive measures such as blocks and releases.

The term “restrictive interventions” means techniques that involve physical restraint such as therapeutic holds and carries.

In each section you will find:

- a general discussion of the technique,
- special considerations,
- questions to ask yourself, and
- step by step instructions for executing the technique.

Questions to ask yourself are designed to help you remember the skills and attitudes you learned to prevent the need for physical interventions. If you focus your energies on listening to what the person says and does and on doing your part to create a peaceful and respectful place for people to live, you will most likely have less need to use physical and restrictive interventions.

Steps indicated with an asterick ( \* ) are considered critical to the safe execution of the technique. Critical steps must be demonstrated as described in order to be considered competent in that technique.

Safety for everyone involved in physical and restrictive interventions is a top priority. For that reason, you will receive a lot of support in learning these techniques and must show that you know them. You will be expected to use only the techniques approved by the Division of Mental Health, Developmental



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Disabilities, and Substance Abuse Services, your agency, and its Human/Client Rights Committee. If you change a technique or don't use these physical and restrictive interventions in the way you were taught, you may place the person you are working with and yourself in danger and make yourself and your agency liable for your actions.

These interventions can be powerful and also dangerous if used improperly. When you use them, you take on a serious responsibility. This responsibility includes 1) knowing the person you are working with so that you can help him or her calm down, and 2) performing the physical interventions safely and only as a last resort. Most of the time, you have choices in how you handle a situation. If you choose to help the person calm down, your relationship with that person can only benefit from this choice. Most often the person you are dealing with is acting out of fear and confusion, not "meanness." This should guide your responses.

Each time a physical restraint is used, it is important for you and your co-workers to debrief. This means to set aside some time to go over what happened before, during, and after the incident. **This debriefing is not to be used as a supervision or personnel function.** Blaming and fault finding is not the intention of this activity. It is an opportunity to discuss with team members what brought the incident about, how the team members felt about the intervention and possible solutions to prevent it from happening again.

If at all possible, the person receiving the physical restraint should participate in a debriefing that is focused on finding solutions that promote a better understanding between the person and his/her staff.

**REMEMBER: THESE TECHNIQUES SHOULD  
NEVER BE USED AS A  
MEANS OF INTIMIDATION OR PUNISHMENT!**



## PROTECTION IN LAWS AND RULES

### **Laws**

North Carolina laws about alternatives to and the use of restraint and seclusion are found in:

General Statutes 122C-51; 122C-53; 122C-59; 122C-60; 122C-62; 131E-67; and 143B-147.

Current statutes can be viewed online at:

<http://www.ncleg.net/gascripts/statutes/statutestoc.pl>

### **Rules**

Approved rules for implementing the above referenced general statutes for both community facilities and state facilities are found in North Carolina Administrative Codes as follows:

10NCAC 14R .0101 Least Restrictive Alternatives

10NCAC 14R .0102 Prohibited Procedures

10NCAC 14R .0103 General Policies Regarding Intervention Procedures

10NCAC 14R .0104 Seclusion, Physical Restraint and Isolation Time Out

10NCAC 14R .0105 Protective Devices

10NCAC 14R .0107 Intervention Advisory Committee

10NCAC 14R .0108, .0109 Training on Alternative to Restrictive Intervention

Current rules can be found at:

[http://ncrules.state.nc.us/ncadministrativ\\_/title10healthan\\_/chapter14mental\\_/default.htm](http://ncrules.state.nc.us/ncadministrativ_/title10healthan_/chapter14mental_/default.htm)

### **Other Requirements**

Other rules and regulations may also apply to your facility, such as JCAHO, HCFA and PRTE.



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### Strategies for Ensuring Dignity and Respect for the Person with Disabilities during and after the Intervention

1. Explain to the person why a restrictive intervention is being implemented.
2. Explain to the person what his/her behavior should be in order not to proceed with restrictive interventions or to terminate the restrictive interventions.
3. Reassure the person that someone will be with him/her or that he/she will be observed at all times.
4. Explain to the person that certain articles of clothing are being removed for his/her protection and they will be returned as soon as he/she is released from restrictive interventions.
5. Remind the person during the procedure of behavior that is expected in order to terminate restrictive interventions.
6. Protect person's privacy by preventing other persons from viewing restrictive interventions.
7. On release, follow debriefing guidelines.

### Procedures Prohibited by North Carolina State Law

Historically, there has been little regulation of the types of interventions and procedures used with people who have disabilities. When a person would do things that were harmful to themselves or others, staff struggled with ways to make them stop and learn not to repeat the behavior. Sometimes (due to its severity) staff used interventions/procedures that were, in themselves, harmful. Through advocacy efforts, certain procedures and interventions have been identified and prohibited by state law as show below. [See North Carolin Administrative Code 10NCAC .0102.]

- any intervention that would be considered corporal punishment (like spanking)
- the contingent use of painful body contact
- substances administered to induce painful bodily reactions, exclusive of Antabuse (such as ammonia capsules, hot pepper sauce)
- electric shock (excluding medically administered electroconvulsive therapy) such as use of cattle prods or remote controlled shock
- insulin shock
- unpleasant tasting foodstuffs
- contingent application of any noxious substances that include but are not limited to noise, bad smells or splashing with water
- any potentially physically painful procedure, excluding prescribed injections, or stimulus that is administered to the client for the purpose of reducing the frequency or intensity of a behavior
- restrictive interventions should never be used to punish, discipline a person, or for the convenience of staff.



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## OTHER CONSIDERATIONS

### Health Status Check

Health status checks before, during and after use of physical restraint and seclusion and isolation time out include, but are not limited to: monitoring vital indicators, physical and psychological status and comfort, and determining whether to seek medical assistance.

#### Definition of “health status check”

Health status is defined as the health of a person at a given time. A health status check is a process of evaluating, gathering, analyzing, and comparing an individual’s health characteristics in order to determine their current state or condition of health. Health status check includes, but is not limited to: level of consciousness, speech, breathing, movement, skin color, orientation and mood (affect). To adequately assess a person’s health status, staff must be aware of normal health patterns.

#### Monitoring vital indicators, physical and psychological status and comfort

Assessment	Normal Findings	Deviations from Normal
Breathing	Not labored Normal breathing No abnormal breath sounds	Absence of breathing Labored or difficulty breathing Rapid breathing Complains of difficulty breathing
Skin Color	Varies from light to deep brown; from ruddy pink to light pink; from yellow overtones to olive	Pale, bluish discoloration (cyanotic) yellow discoloration (jaundice) red discoloration (erythema)
Movement	No Swelling or tenderness Joints, limbs and all other body parts move smoothly	Limited range of movement Swelling, tenderness Discoloration Complains of pain
Consciousness	Eyes opening spontaneously and to verbal command	No response Decreased response, listless
Orientation	Oriented to person, place & time Converses	Disoriented, converses Uses inappropriate words Makes incomprehensible sounds No response
Affect/mood	Appropriate to situation	Inappropriate to situation
Speech	Verbal	Non-Verbal Stammering, loose association Illogical thought, pressured
Attitude	Cooperative	Negative, Hostile, Withdrawn





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- Health status check must be performed prior to implementation of a restrictive intervention.
- During the restrictive intervention the person must also be evaluated for health status.
- Thirty minutes after the restrictive intervention the person must be re-evaluated to determine if there are any health issues/complications directly related to the restrictive intervention.

### **Psychological status and comfort**

When a person is in crisis, his/her psychological status may change. The following is a list of characteristics you should assess to determine the support/intervention needed. Note: assess these characteristics in relation to the person's normal behavior.

### ***Appearance and general behavior***

- Facial features, facial expressions, eye movements
- Grooming, cleanliness, posture, dress
- Degrees of friendliness, tearfulness

### ***Expression of mood and affect***

- Does the person appear at ease? Frantic? Irritable?
- Does the person have exaggerated feelings of elation?
- How are these feelings expressed (anxious, panicky, terrified, depressed)?
- What are his/her predominant expressions?
- Flat affect (no facial expression)
- Constricted affect as seen with depression
- Rapid shifts in the expression of his/her emotions

### ***Speech and language***

- What is the person's rate, volume, rhythm?
- Is the person stammering or stuttering?
- What is the flow of the person's ideas? Are they appropriate?

### ***Motor movement and posture***

- Are the movements purposeful or repetitive (such as pacing, or hand wringing)
- Are there any unusual movements (tics, tremors, lip smacking) or postures?

### ***Thoughts and perceptions***

- Is the person having difficulty in concentrating?
- Does he/she exhibit psychotic symptoms, delusions, or obsessions?



### **Orientation**

- Does the person know where he/she is?
- Does the person know what is happening to him/her?
- Does the person appear to be aware of what is going on around him/her?

### **Determining when to seek medical assistance**

Medical assistance should be sought immediately for persons experiencing deviations from normal breathing, skin color, movement and consciousness.

Orientation, affect/mood, speech and attitude must be assessed on an individual basis. If a person has a medical history of difficulty in these areas, there may not be a need to seek medical assistance. However, if there is an abnormality in the psychological indicators that is not usually apparent, medical assistance may be warranted.

In order to properly determine if a person is truly in a physical and/or psychological health crisis, staff must first be familiar with normal baseline indicators.

A person should constantly be assessed for any signs of distress before, during and after a restrictive intervention.

\*Use the Client Incident Report to monitor health status check.

### **Debriefing (see page 62 for details)**

- Review the situation in which restrictive procedures were used to identify alternatives for future situations.
- Meet with the Home Coordinator, psychologist and persons using the intervention.
- Include the person, when appropriate.

### **Reporting and Documentation**

- Procedures for notifying supervisor, advocacy, nurse, psychologist, etc.
- Accident/Incident Form
- Restriction of Rights Form
- Mechanical Restraint Form
- Progress Notes

\*Use the Client Incident Report to document summary of debriefing.



### *Ask yourself*

What should you do if you see another staff member using a physical technique wrong or using an unapproved technique which may put the person at risk for injury or worse?

It is the responsibility of staff to intervene when NCI techniques are not being done correctly or when unapproved techniques are being used. People have been seriously injured or have died because staff have stepped outside the bounds of their training and used unapproved methods. The techniques of NCI have been carefully selected and approved by the NCI Quality Assurance Team and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services.

Similar to what was discussed in Part A, staff have an advocacy responsibility to the person and an organizational responsibility to coworkers to stop unapproved techniques from being used. The following are examples you might observe:

- § Staff are in a hurry and are rushing a technique, “to get the person under control.” This rushing may create short cuts in techniques that might put the person at risk.
- § Staff may want to add something to a technique, “to make it better,” or because they do not think the technique will work with a particular person.
- § Staff are only interested in “getting it done” and not concerned with following the specific steps of the intervention.
- § Staff might be angry, scared or hurt and this causes them not to pay close attention to the safe approved execution of the techniques.

Stopping the use of this unapproved or improper use of an intervention must be done immediately and safely. It may involve asking a coworker to “stand down” and/or asking another coworker to step in. It should be understood, that when asked to leave an intervention, staff should transfer responsibilities and move away.

During debriefing, there should be discussions to help the staff person understand what was potentially unsafe about the technique used and how to insure only approved techniques will be used in the future.



## PHYSICAL INTERVENTIONS

### Blocking Punches

Blocking is a defensive move to stop a person from assaulting someone physically, such as punching, grabbing, or choking you. It is important to assess the situation and decide whether you are actually dealing with a physical assault or just someone trying to touch you, your clothing or something in your hand.

#### *Ask yourself*

Some people might ask, “How do I have time to ask these questions when someone is taking a punch at me?” Good question! It is important to ask yourself questions on an ongoing basis. Jumping into an altercation without assessing the situation can cause escalation and injury to the person and to you.

What does the person intend, and what harm can he/she do?

In each situation it is important to continue to make assessments about this. If you think that the person doesn't intend to harm and/or is not able to do harm, it greatly reduces the level of control you will need to use to maintain safety.

Some other questions you may need to ask yourself are:

- Does the person have a history of striking out once and then ending the confrontation?
- What might you have missed or not understood about the person before the striking out?
- Is your behavior and manner helping or hurting the situation? That is, are you behaving in a way that will help calm things down or that can further upset the person?
- Assess the situation. Can you handle this alone? Do you need to clear the area of other people? Could your appearance make you more of a target?

If you are unsure of the answers to these questions, **backing off** can buy you and the person time to figure out the best solution for everyone involved.



### **There are two acceptable ways to block a punch:**

- (A) one arm block with arm in an “L” position or
- (B) two arm block with arms crossed forearm over forearm.

**NOTE:** To prevent injury to yourself and the other person, use the soft part of your forearm. Close your hand into a fist to tighten the muscles of your forearm and to protect your fingers. This encourages you to respond defensively. Maintain proper body alignment to keep your balance and flexibility. Keep feet about shoulder width apart, with your knees slightly flexed. Bending your knees helps absorb the impact of the punch and also allows you to move quicker. Keep your head up and your eyes on the person. Do not allow your arms to block your vision.

### *Considerations*

- Whenever possible, know the people you are serving/supporting. Know what they like and don't like. Know how they want to be approached. Know what scares them and what makes them angry.
- Know that when people feel that they are not being listened to, they may strike out as a means of punctuating a sentence you have not heard. Is the person communicating, “No!,” “Go away!,” “I’m afraid!,” “I’m hurt!”
- If a person is upset or agitated, talking softly to the person can be very powerful. *Listening* instead of *telling* is an excellent way to help a person calm down.
- Remember, your objective is to block the punch and RE-ASSESS. Move out of the range of the person. Controlling the situation should include ways of defusing further violence and seeking to help the person calm down.
- Agitation may last for hours, but actual physical outbursts are usually momentary.
- Thoughtful interventions may include blocking, backing off, assessing the situation, conversation and debriefing with the person.



## THE OVERHEAD PUNCH

### Considerations

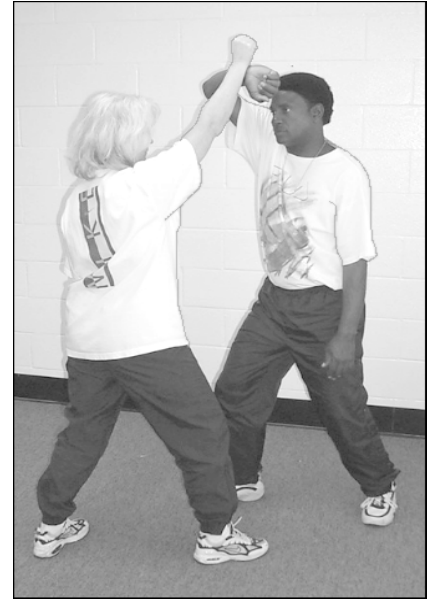
- *If you see the knuckles on the hand of your blocking arm, your arm is positioned correctly.*
- *Your goal is to stop the punch.*
- *Do not obstruct your vision with your hands or arms.*

A punch that begins with the person's arm extended over the head and moves with a downward thrust.

### A. The block...Method A

#### The procedure...

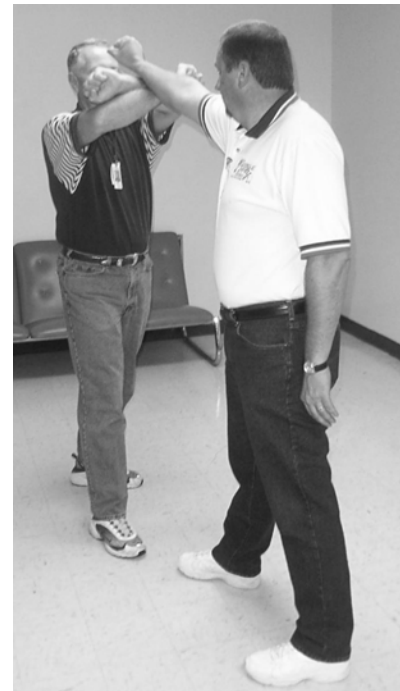
- \* 1. Raise the same arm overhead in an L shaped position (arm bent and locked at the elbow) with the fist closed above the forehead.
2. Place the same foot forward to maintain balance.
- \* 3. Intercept the punch on the inside of the forearm. Don't hit out towards the person.
4. Step out of range of the person and consider how to calm the situation.



### B. The block... Method B

#### The procedure...

- \* 1. Raise both arms in front or over your head/face, crossing the arms midway of the forearms in a scissors motion and closing hands into fists.
2. Move one foot either forward or backward to maintain balance.
- \* 3. Intercept the punch between the arms. Don't hit toward the person.
4. Step out of range of the person and consider how to calm the situation.





## THE HOOK PUNCH

A hook punch begins at the side of the body and moves in a circular motion towards the staff.

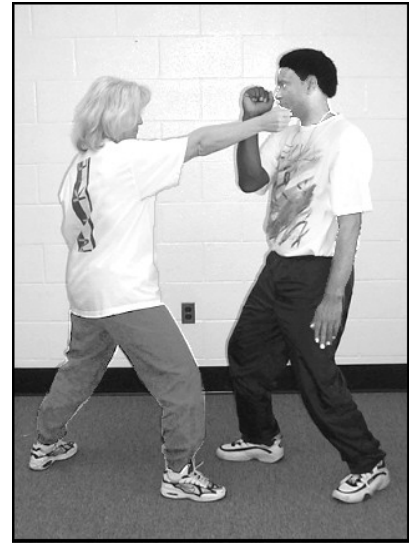
### Considerations

- *If you can see your thumb and forefinger on the hand of your blocking arm, you have the arm positioned correctly.*
- *Do not hit out or downward toward this punch. Your goal is to stop the punch.*

### A. The block...Method A

#### The procedure...

- \* 1. Raise the same arm in front of body across the midline, with arm in an upright L-shaped position with fist closed.
2. Have the same foot forward to maintain balance.



- \* 3. Intercept the punch on the inside of the forearm. Be careful not to hit toward the person.



4. Step out of range of the person and consider how to calm the situation.



B. The block... Method B

**The procedure...**

\* 1. Raise both arms in an L-shaped position in front of the body and face.

\* 2. Cross the forearms at the wrists (end to end).

\* 3. Move the arms to your side meeting the punch before reaching the person's face.

\* 4. Be careful not to hit at the person.

5. Foot position should have one foot forward or stepped back depending on reaction time.

6. Step out of range of the person and consider how to calm the situation.



**Considerations**

- *Be careful not to overextend arms.*





## THE STRAIGHT PUNCH

A shoulder level punch that begins at the chest area and moves toward the staff's head and face. The arm is fully extended when the punch is delivered.

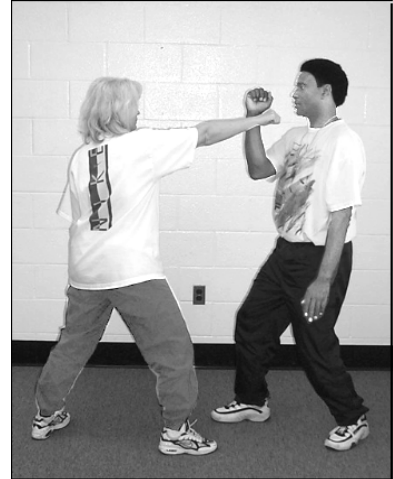
### A. The block...Method A

#### Considerations

- Do not hit out at the punch or open the arm in the upright "L" until the punch passes to the side.
- The goal is to redirect the punch away from the face.

#### The procedure...

- \* 1. Raise the same arm in front of body at the midline, with the arm in an upright L shaped position with the fist closed.
2. Have the same foot forward to maintain balance.



- \* 3. Intercept the punch on the inside of the forearm. As you intercept the punch, move the punch away from the face across the midline, keeping eyes on the person. Don't hit toward the person.



4. Step out of range of the person and consider how to calm the situation.



THE STRAIGHT PUNCH, continued

B. The block... Method B

**The procedure...**

*Considerations*

- *The goal is to redirect the punch away from the face.*
- *Do not block your vision with arms or hands.*

- \* 1. Raise both arms up in front of your body and face using an L-shaped position and cross the arms at the wrists (end to end).



- 2. Block the person's punch by intercepting it near the wrist and directing the punch away from your face. Don't hit toward the person.
- 3. Foot position should be with one foot forward or stepped back depending on reaction time.
- 4. Step out of range of the person and consider how to calm the situation.

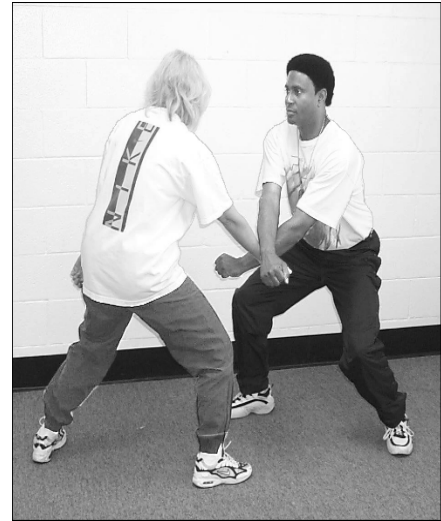


## THE UPPERCUT PUNCH

A punch that begins low, around the knee area, and moves in an upward thrust aimed at the stomach or groin area.

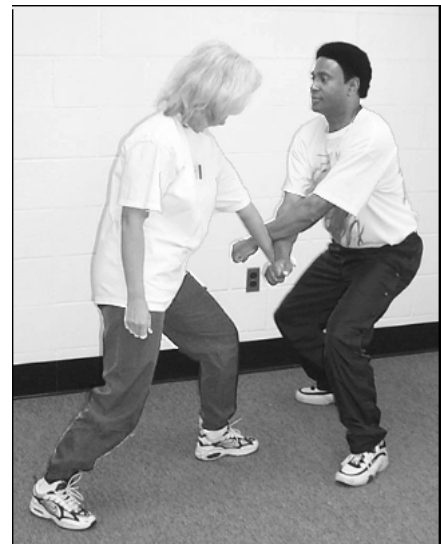
### The procedure...

- \* 1. Cross the forearms, near the wrists in a downward scissors (arms slightly bent and rigid). Have the same arm on top with the fists closed.



- 2. Have the same foot forward with the knees bent.

- \* 3. Keep the back straight, and the head up.



- \* 4. Intercept the punch inside the scissors near the wrists. Don't hit back.

- 5. Step out of range of the person and consider how to calm the situation.

### Blocks to therapeutic holds

As a last resort, a block from these positions allows you to place the person in a therapeutic hold.

### Considerations

- *The uppercut is a very powerful punch because it has body weight behind it.*
- *Make sure your elbows are rigid as you stop the punch.*
- *Move away and consider how to calm the situation.*



## Simple Holds/Releases

### *Ask yourself*

- *“Is this person just touching me or is there an intent to harm?”*
- *Move away and consider how to calm the person.*

It is easier and safer to prevent a hold than to perform a release technique. To do this, use blocks whenever possible. Do not over-react to the person reaching out to touch you or to hold your hand. Many times he/she only wants your attention. The person's manner will give you a clue about his/her intentions. If you feel threatened, do not hesitate to perform the release.

Practice the releases so you can perform them quickly and with ease. The element of surprise and your ability to perform quickly is critical to the effectiveness of the release. This section includes releases from three simple holds. These are:

1. Arm grabs
2. Hair pulls
3. Bites



## ARM GRAB-ROLL

The key to gaining release from an arm grab is noting the position of the person's thumb(s). All of the arm grab releases break the hold by either rolling or pulling against the person's thumb.



### Considerations

- *The same principle applies in all arm grabs. The thumb is the weakest part of the hand, so your movements will always be made against the thumb.*
- *Use your body weight to gain release from a strong grip.*

### The release...

- \* 1. Close your hand making a fist.



- \* 2. Roll your wrist against the person's thumb in a circular motion over the back of the person's hand.





ONE HANDED OR TWO HANDED ARM GRAB-PULL UP

Ask yourself

- *Is this person just touching or is there an intent to harm?*
- *Could I calm the person and prevent escalation by allowing the person to hold my arm or hand?*
- *This technique is usually used when you have determined that the arm grab roll method will not work.*
- *This movement is weakest when your palm is facing down. Rotate your held hand so that your thumb is on top, then pull up.*
- *Move away and consider ways to calm the person.*
- *You can use this technique most effectively when the person is beginning to grasp your wrist. It can be done quietly without drawing attention to what you are doing*

The one-handed arm grab pull-up is used when the one arm grab roll method will not work.



The release...

- \* 1. Close held hand making a fist.
- \* 2. Grasp held hand with free hand as close to the wrist as possible.
- \* 3. Bend elbow while pulling against the person's thumb.
- \* 4. Pull straight toward the shoulder of the held hand. (Do not pull arm across your body.)





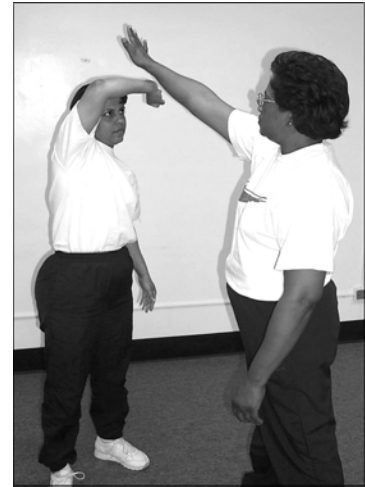
## RELEASE FROM HAIRPULLS

### Prevention...

Use appropriate block to prevent hair pulls.

### ONE HANDED HAIR PULL-FRONT

It is very important to apply downward pressure immediately to the person's hand(s) to prevent a stronger grip, reduce the possibility of losing hair, and provide for an easier release.



### Considerations

- *Ask the person to let go of your hair. Be calm, but firm. Do not let your voice add to an escalation of the situation. You may have to ask more than once. If you do not feel the person's fingers relaxing, then use release technique.*
- *Do not lean into the person as you gain release.*
- *Performing this technique leaves you briefly vulnerable to a kick or being kneed.*
- *Step away and consider ways to calm the person.*

### The release...

- \* 1. Place one hand over the other on top of the person's knuckles.



- \* 2. Apply pressure until grip loosens.





ONE HANDED HAIR PULL-FRONT, continued

- \*3. Slide top hand down securing the wrist while maintaining pressure on knuckles with the other hand.



- \*4. Bend forward at the waist, maintain a secure hold on the wrist, slide the person's hand from your head before stepping back.







ONE HANDED HAIR PULL-BACK

*Considerations*

- *Ask the person to let go of your hair. Be calm, but firm. Do not let your voice add to an escalation of the situation. You may have to ask more than once. If you do not feel the person's fingers relaxing, then use the release technique.*
- *It is important to know that if you turn the wrong way you can dislocate the person's shoulder!*
- *Step away and consider ways to calm the person.*

**The release...**



- \* 1. Press down firmly on the person's knuckles, hand over hand until the grip loosens.



- \* 2. Using fingers of bottom hand, locate the person's thumb position.





ONE HANDED HAIR PULL-BACK, continued

- \*3. Slide the top hand down, securing the wrist while maintaining pressure on the knuckles with the other hand.

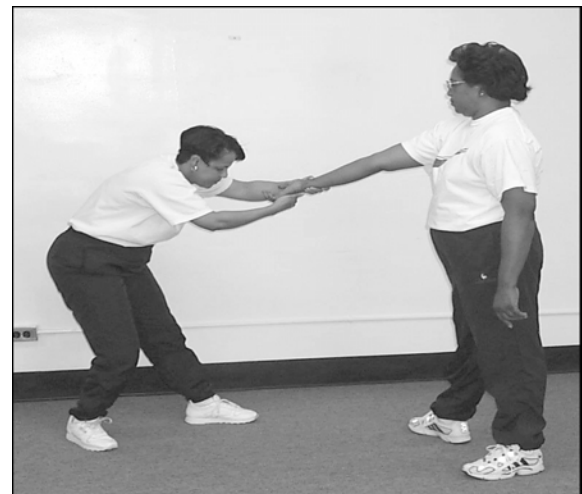


- 4. Bend at the waist.

- \* 5. Turn away from the thumb or free hand.



- 6. Continue turning, stand straight up facing the person, maintaining a grasp on the wrist. Release the wrist and step back.





## HAIR PULL INVOLVING LONG HAIR

Long hair often presents special problems for staff. The release is often more difficult to apply. It is possible to gain release with little injury.

### Considerations

- *Ask the person to let go of your hair. Be calm, but firm. Do not let your voice add to an escalation of the situation. You may have to ask more than once. If you do not feel the person's fingers relaxing, then use release technique.*
- *This release is equally effective with belts, beards, ties, and loose clothing*
- *If release is not gained, use hair pull assist technique.*

### The release...

- \* 1. Grasp your own hair between the person's hand and your head to stop the pull.



- \* 2. With a free hand, grasp above the person's hand (the one he/she is pulling hair with) and move firmly and quickly using downward motion, pulling his/her hand from your hair.



- 3. Step back and consider how to calm the person.



## BITE RELEASE

When someone bites you, your natural tendency is to pull away. This may actually increase the intensity of the bite. Do not over react. Once bitten, move into the bite not away from it.

### Considerations\*

- *Upon release, move away from the person and consider ways to calm the situation.*
- *Practice universal precautions immediately.*

**CAUTION:  
NEVER PULL OR  
JERK AWAY  
FROM BITE.**

### The release...

- \* 1. Press the body part being bitten into the person's mouth creating a seal.
- \* 2. Hold the person's nostrils together cutting off the air supply (causes person to breathe through the mouth, thereby releasing the bite.)



**ASSESS PERSON'S CONDITION.**



## Participant Workbook

### Complex Holds/Releases

Complex holds can lead to life threatening situations. Try to prevent the person from applying the hold by moving or blocking. It is much easier and safer to prevent a hold than to perform a release. The releases are most effective when you use surprise and quickness to your advantage.

Using your body weight along with the release technique is essential for an effective release. This section describes techniques for release of the following holds:

1. Chokes
2. Bear hugs
3. Full Nelsons
4. Headlocks



### FRONT CHOKE PREVENTION

Quick, immediate action is essential. When being choked you must protect your windpipe by quickly tucking your chin. This tucking not only decreases the available space for the person to choke, it also contracts the muscles around your windpipe.

#### Considerations

- *Tuck chin to prevent choke.*
- *Step back and consider ways to calm the person.*

#### The prevention...

- \* 1. Close hands making fist.
- \* 2. Bring them up between the person's arms in an L-shaped position.
- \* 3. Moving your arms outward to spread person's arms.



4. Move away.





## THE FRONT CHOKE WEDGE

Quick, immediate action is essential. When being choked you must protect your windpipe by quickly tucking your chin. This tucking not only decreases the available space for the person to choke, it also contracts the muscles around your windpipe.

### Considerations

- *Balance is very important to safely perform this technique.*
- *Do not cross your legs when you make your turn.*
- *Consider ways to calm the person.*

### The release...

- \* 1. Tuck chin.
- \* 2. Wedge one arm over the person's arm.
- \* 3. Raise other arm high over your head (prevents hitting person's face when turning).
- \* 4. Make a turn toward wedged arm, bringing raised arm down across person's arms.





THE FRONT CHOKE WEDGE, continued

5. Wrap the person's arms tightly under the armpit, placing other arm on top as a block.



*Considerations*

- Remember, you are in a vulnerable position for a bite when arms are under armpit.

- \*6. Release; or turn and face person, while maintaining control. Then back away.







## BACK CHOKE FAKE

Quick, immediate action is essential. When being choked you must protect your windpipe by quickly tucking your chin. This tucking not only decreases the available space for the person to choke, it also contracts the muscles around your windpipe.

### Considerations

- *Balance is important to perform this technique. Do not cross your feet as you make the turn.*
- *Consider ways to calm the person.*

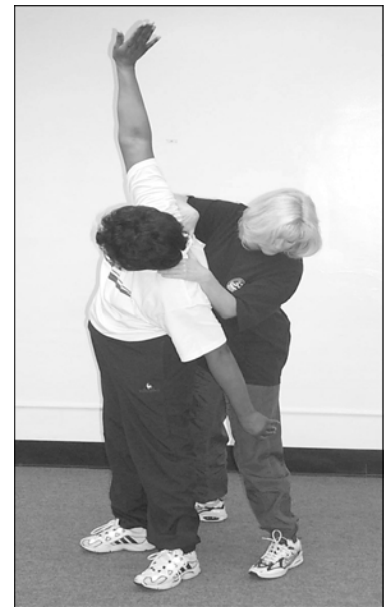
### The release...

- \* 1. Tuck chin.



- \* 2. Fake a distractive body movement.

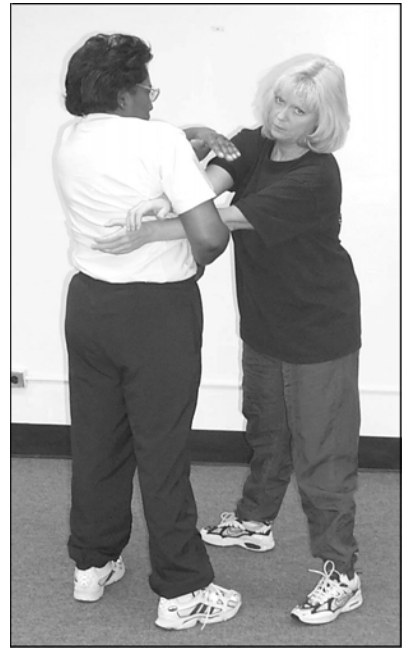
- \* 3. Raise one arm HIGH above head. With arm straight up in the air, turn in the direction of raised arm (prevents hitting person's face when turning).





BACK CHOKE FAKE, continued

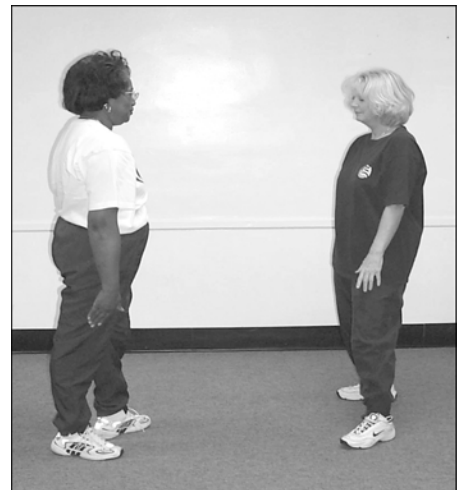
4. Wrap person's arms tightly under armpit.



5. Bring free arm over top to block.



\*6. Release and move quickly away from the person.





## UPPER BEAR HUG

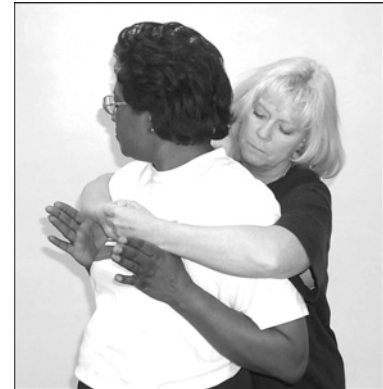
The person applies the hold from behind and above the elbows.

### The release...

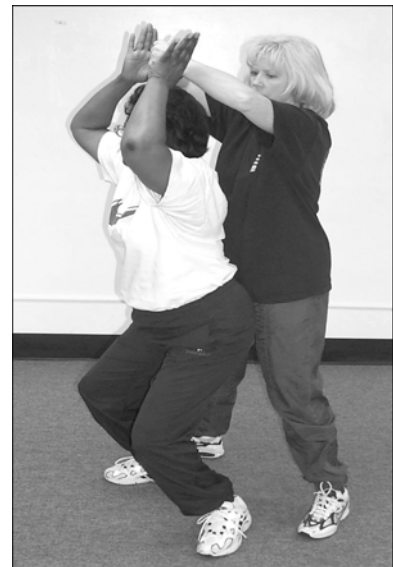
- \* 1. Place thumbs under person's forearms near the wrists, palms facing, thumbs up.



- \* 2. Turn head to either side maintaining an upright body position.



- \* 3. Lift up on person's wrists while dropping out of the hold.



### Considerations

- *Turn and face the person*
- *Move away quickly and consider ways to calm the person.*
- *If they lift you off the ground, stay calm and call for help. Have your feet ready to land when they let go of you.*



UPPER BEAR HUG, continued

\*4. Move quickly away from the person.



5. Turn and face the person.





### LOWER BEAR HUG

The person applies hold from behind and below the elbows. To release a bear hug care should be taken to grasp the person's entire thumb or finger with your hand. If you grasp only the finger-tip you may injure person.



#### Considerations

- *Turn and face the person.*
- *If they lift you off the ground, stay calm, call for help. Have your feet ready to land when they let go of you.*

#### The release...

\* 1. When contact is felt, slide arms to back of hips.

\* 2. Lean forward and/or stepping/rocking while freeing arms.



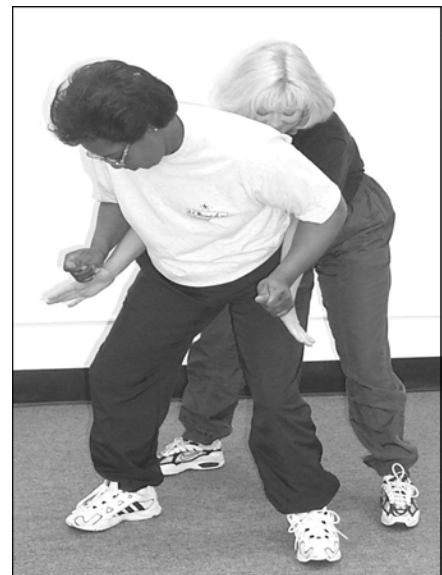


LOWER BEAR HUG, continued

- \*3. Continue leaning or stepping/rocking as you grasp-the person's thumb(s)/finger(s) at the base, not at the tip (right with right, left with left).



- \*4. Gradually pull back on person's thumbs or fingers at the base of the thumbs or fingers, until release is gained, extending arms outward.





LOWER BEAR HUG, continued

*Considerations*

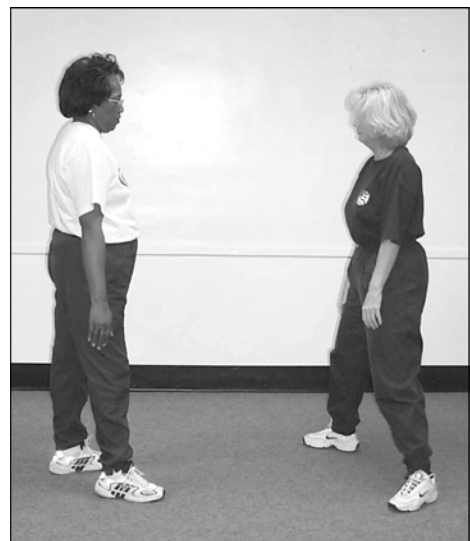
- *Move away and consider ways to calm the person.*



- \*5. Move quickly away from the person.



- 6. Turn and face the person.





### HEADLOCK

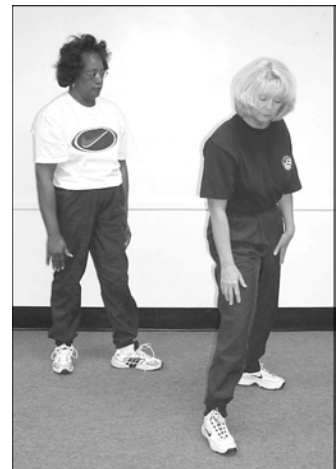
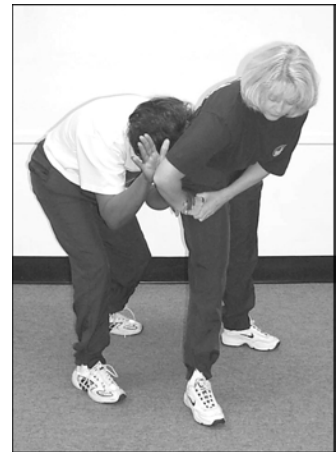
A headlock is a form of a choke, therefore the first thing you must do is protect your windpipe by tucking your chin.

#### Considerations

- *Be prepared to stabilize the person if he/she loses his/her balance.*
- *Move away and consider ways to calm the person.*

#### The release...

- \* 1. Tuck chin.
- \* 2. Place hand on the person's wrist that is under your neck. Note: This is important because it prevents tightening of hold.
- \* 3. Place other hand on back of person's elbow.
- \* 4. Turning face into person's side.
- \* 5. Step back causing the person's elbow to move over your head, while maintaining control of wrist.
- \* 6. Step back, releasing person's arm.







## BACK CHOKE TO HEADLOCK RELEASE

Quick immediate action is essential; therefore the first thing you must do is protect your windpipe by tucking your chin.

### The release...

\* 1. Quickly secure the outside of the person's forearm just above the wrist and just below the elbow, pulling person's arm away from your throat.



\* 2. Attempt to tuck your chin toward person's wrist and get air.



\* 3. Bend forward from waist, step back and behind person's legs with the leg closest to the person.



\* 4. Continue with headlock release from this point.

### Considerations

- *Be prepared to stabilize the person if he/she loses his/her balance.*
- *Move away and consider ways to calm the person.*



## FULL NELSON—PREVENTION

A Full Nelson can be very dangerous because the person could cause serious injury to your neck. Try to prevent this hold by using the prevention techniques described in the following pages. Call for help if you are unable to prevent the hold and proceed with the release.

### Considerations

- *Move away and consider ways to calm the person.*

### The prevention...

- \* 1. When you feel hands from behind coming between your body and your arms, bring elbows tight to sides, move away.



2. Turn and face person.





### THE FULL NELSON

A Full Nelson can be very dangerous because the person could cause serious injury to your neck. Call for help immediately!

#### The release...

- \* 1. Stand still.
- \* 2. Grasp person's entire thumb(s) or any other finger(s), not tips.
- \* 3. Gradually pull back on thumb(s)/finger(s) until release is gained, extending arms outward.
- 4. Turn and face the person. Move away and consider ways to calm the person.





## Participant Workbook

### PREPARING FOR CLOSURE

Your goals are to help the person remain safe without the need for external controls and to help calm the person so that the restrictive intervention can end.

- Once the person is restrained, insure that the person is safe within the intervention (breathing freely, no apparent circulation problems and not subject to injury from things like ground surfaces).
- With people who are consistently acting in unsafe, aggressive and threatening ways, it is best not to talk much during the physical intervention other than ensure that the person is not having physical distress.
- Staff should be alert to signs that the person is beginning to calm down and resistance is slowing down.
- Release of physical control should be done gradually. Do not release as soon as the struggling stops. Release one part of the body at a time or allow one staff member to exit at a time.
- Though the person was “safe” physically during the correct performance of the restrictive intervention, the procedure itself can be a frightening and humiliating experience.
- Staff should consider ways to begin rebuilding the relationship with the person. As soon as possible look for an opportunity to talk quietly with the person to begin this rebuilding process.
- Make sure you check with the person about any skin burns, bruises or other soreness as soon as possible. Then check with any of your co-workers involved in the restrictive intervention.

### ROUTINE COMMUNICATION/FOLLOW-UP

Your goals are to appropriately communicate details of an aggressive or violent episode and report the use of restrictive interventions to proper channels.

After a crisis situation, you will need to notify people and document what happened according to your agency’s policies. Your documentation should describe what happened before, during and after the event. Include a description of the person’s behavior leading up to the event, efforts on the part of staff to use positive ways to avoid the escalation, a description of the intervention itself, when and how the event ended, and how staff assisted the person in debriefing or gaining closure over the event.



### PREVENTING FURTHER EPISODES: DEBRIEFING

When the crisis is over and you and the other person are calm, make sure you spend some time with the person talking about what happened. Since this was a difficult time for both of you, **take your time**. Talk calmly and softly. The person may have difficulty putting into words what happened from his/her point of view.

If the person is reluctant, it may help to describe what you saw, heard and thought. Do not accuse, or sound like a parent about to punish a child. Your goal here is to find out what and why the incident happened from the person's point of view and begin to rebuild your relationship. At a later time you can help the person deal with the consequences of his/her actions. You may have to come back to the person several times to get the whole picture. If the person does not have the skills to tell you what happened, you might try gestures, role playing, or other ways to communicate without words to see if that will help you get the information.

The person may never be able to tell you what he/she thought happened. You will then have to rely on your co-worker's observations and your personal understanding of what has happened.

It is important that you debrief with your co-workers. This debriefing should take place as soon as everyone has calmed down. It is not intended to be fault-finding. This is not to be used as a supervision or personnel function. It is an opportunity for everyone to talk about what they saw, heard, thought and felt. It is like putting a puzzle together. Everyone involved has a piece of the puzzle. Often you and your co-workers may feel confusion, disappointment, anger and fear over the incident. This is normal and to be expected. Help everyone talk about his or her feelings. Some folks may have difficulty discussing their feelings, and it may take some time to feel safe enough in the group to talk. The goal of this is to create a safe group for people to look clearly and carefully at what happened. If at all possible, the person receiving the physical restraint should be part of this process.



Some suggestions about where to begin:

- Talk about what was going on just before anyone noticed a problem starting. Use your training in prevention and alternatives to assess the environment. Look at time of day, room temperature, noise levels, the manner of other people in the area, “What was everyone doing?”, etc.
- Talk about the person who became upset. What do you and your co-workers know about the person (daily routine, what he/she likes and does not like to do, what makes this person frightened, confused, or angry)? How does this person react when he/she is upset? What did you and your co-workers notice about the person before the incident ( was he/she tired, not feeling well, angry at another person, wanting something)?
- Talk about what happened. Ask each person to describe what he or she saw, heard, thought and felt as the incident began and what they did. Remember, you as a group are putting together this puzzle picture of the incident. Sometimes the smallest piece of information may be just what is needed. (Was the person hungry and impatient to eat? Did he/she get upset because there were loud noises and raised voices? Was the person hearing voices that were frightening him/her? Was the person made to do something they did not want to do?)
- Talk through what each person did. Examine each step of the incident and look for possible things that may have caused the incident to escalate, missed opportunities for calming the situation and how the techniques were performed.
- Finally, talk about what might be done in the future to prevent the incident from happening again. Look for solutions in the environment, the person, the people around the area, and your co-workers. Any new information/understandings should be documented and shared with all co-workers who provide services/supports to the person. This should be shared with the person if at all possible. Your goal of maintaining a safe environment can be one you share with the person receiving services.