PROFESSIONAL CRISIS MANAGEMENT
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The following chart is designed to assist you in identifying some of the ways in which the Professional Crisis Management Association's Professional Crisis Management Training can assist your school in meeting the 2011 Wisconsin Act 125, an act to create 115.787 (2) (i) and 118,305 of the statutes, relating to the use of seclusion and physical restraint on pupils in public schools. This bill is effective September 1, 2012.

Professional Crisis Management's Program Alignment with 2011 Wisconsin Act 125

SECTION 2. 118.305 (**Use of seclusion and physical restraint)** of the statutes is created to read: (1)

(1) DEFINITIONS.:

(c) 1. "Covered individual" means all of the following, except as provided in subd. 2.:
- a) An individual who is employed by a governing body, or under contract with a governing body as an independent contractor, to provide services for the benefit of the school governed by the governing body.
- b) An individual who is employed by a person under contract with a governing body to provide services for the benefit of the school governed by the governing body.
- c) An individual who is engaged in student teaching under the supervision of an individual described in subd. 1. a.

2. "Covered individual" does not include any of the following:
- a) A member of a governing body.
- b) A law enforcement officer who is authorized or designated by a governing body to perform any duty under s. 118.125 (1) (bL) 1. or 2. in a school governed by the governing body.

(g) "Physical restraint" means a restriction that immobilizes or reduces the ability of a pupil to freely move his or her torso, arms, legs, or head.
(h) "School" means a public school, including a charter school.
(i) "Seclusion" means the involuntary confinement of a pupil, apart from other pupils, in a room or area from which the pupil is physically prevented from leaving.

Section 1. 115.787 (2) (i)	**Professional Crisis Management**
If the individualized education program team determines that the use of seclusion, as defined in s. 118.305 (1) (i), or physical restraint, as defined in s. 118.305 (1) (g), may reasonably be anticipated for the child, appropriate positive interventions and	Professional Crisis Management (PCM) is based on the scientifically verified principles of applied behavior analysis. As such, practitioners and instructors are trained to look for and consider the function of behavior and develop strategies to

supports and other strategies that address the behavior of concern and that comply with all of the following: 1. The interventions, supports, and other strategies are based upon a functional behavior assessment of the behavior of concern. 2. The interventions, supports, and other strategies incorporate the use of the term "seclusion" or "physical restraint." 3. The interventions, supports, and other strategies include positive behavioral supports.	address hypothesized function. Although functional analysis is more complex than the basic concepts of applied behavior analysis covered within the course, practitioners and instructors are introduced to these basic concepts within the course. PCM also emphasizes the need to track data and information on each student, including baseline data on health, medications, behavior, and other variables that affect risk of crisis behavior. Throughout Chapter 7 style of communication and developing baselines in the areas of health/physical considerations, arousal and excitability, sensory and physical, medications, systemic disease and illness, and multiple setting characteristics is discussed. These observational baselines are the underpinnings of all functional behavior assessments. Professional Crisis Management training also teaches practitioners and instructors to identify risk variables that may lead to crisis behavior as well as antecedent and consequence variables that may be predictive of future crisis behavior (e.g. travel time to and from school and length of task within a schedule). Practitioners and instructors are taught to use these skills to help identify students at risk of behavior that may lead to the use of restrictive procedures and prevent occurrences of crisis behavior. Professional Crisis Management specifies that physical restraint may only be used in conditions that would constitute a danger to a person's self or others. In addition, we define those situations, specifically, to include only observable, measurable, and consistent behaviors to preclude restraint overuse based on perception of a threat on the part of a practitioner or instructor versus an actual physical threat based on observable behavior. These behaviors include continuous aggression, continuous self-injury, and continuous high magnitude disruption (property destruction) that could lead to injury if not stopped. To that end, the use of the term "restraint" in interventions, supports, and other strategies is fully supported in the Professional Crisis Management crisis intervention system, but only as addressing behavior as defined above. Any other use of physical restraint is outside of the Professional

	Crisis Management Association's recommended usage. All of the non-physical components (and even the principles guiding the physical components) of PCM fall under the umbrella of Positive Behavior Support and can be used as part of a Positive Behavior Intervention and Supports program. PCM teaches and supports the principles of Positive Behavior Support, as well as specific strategies and procedures that make up a Positive Behavior Support approach. PCMA's guiding principles reflect the core values that drive the positive behavior support movement. They are: human beings have a basic right to humane and dignified treatment, human beings have a right to safety and freedom from pain, human beings have a basic right to freedom of choice, and utilizing the least restrictive alternative that is likely to be effective. Professional Crisis Management training teaches that these concepts are critical to safety and success of individuals. PCM emphasizes that teaching and support strategies must be as positive, pro-active and non-coercive as possible. These strategies should utilize proven principles of effective behavior change, such as continuous feedback, behavioral shaping, and fading of cues and assistance. This course teaches discreet, practical strategies that help staff and caregivers avoid coercion and use proactive, positive methods of behavior management. Because the PCM course has a positive behavior support foundation, it not only supports PBIS programming, but they perfectly complement one another. The primary graphic for Positive Behavior Supports and Interventions shows the three tiers of positive behavior supports. Professional Crisis Management prevention and de-escalation strategies meet the primary and secondary tiers of intervention, while the PCM course as a whole fits into the tertiary tier, addressing the needs of the students with the most chronic or intense problem behavior.
(2) SECLUSION; CONDITIONS FOR USE:	
A covered individual may use seclusion on a pupil at school only if all of the following apply: (a) The pupil's behavior presents a clear, present, and imminent risk to the physical safety of the pupil or others and it is the least restrictive intervention feasible. (b) A covered individual maintains	Although PCM training does not directly address seclusion, we believe that the overarching philosophies of the PCM training can be used by schools to effectively address this portion of the law. Professional Crisis Management defines crisis to

constant supervision of the pupil, either by remaining in the room or area with the pupil or by observing the pupil through a window that allows the covered individual to see the pupil at all times. (c) The room or area in which the pupil is secluded is free of objects or fixtures that may injure the pupil. (d) The pupil has adequate access to bathroom facilities, drinking water, necessary medication, and regularly scheduled meals. (e) The duration of the seclusion is only as long as necessary to resolve the clear, present, and imminent risk to the physical safety of the pupil or others. (f) No door connecting the room or area in which the pupil is secluded to other rooms or areas is capable of being locked.	include not just those situations where a pupil may pose a danger to themselves and/or others, but further defines those behavior to include observable and measurable behaviors as defined above. This concept can be extended to seclusion to avoid its overuse, at the school's discretion. We believe that, in general, more pro-active training and positive interventions are likely to lead to more stable, pro-social behavior and thus lower the need for seclusion as an intervention. PCM teaches that hunger and thirst can have a detrimental effect on an individual's behavior and thus teaches practitioners and instructors to pro-actively meet the individual's needs for food and water. Meals and/or water would never be withheld, only delayed, during any procedure. Again, this concept, although not directly pertaining to seclusion, can be used as a guideline by schools for seclusion procedures. Practitioners and instructors are taught to provide access to food and water as soon as possible following the termination of any procedure. PCM teaches that individuals with verbal skills asking to use the restroom should be released immediately if possible. The importance of access to restrooms falls under Chapter 4 in the PCM manual which covers respect for human dignity and freedom from pain. The Professional Crisis Management Association (PCMA) also believes that effective use of safe, painless physical holding can be used to decrease the need for seclusion procedures in a safe, dignified, and humane manner.
(3) PHYSICAL RESTRAINT; CONDITIONS FOR USE:	
A covered individual may use physical restraint on a pupil at school only if all of the following apply: (a) The pupil's behavior presents a clear, present, and imminent risk to the physical safety of the pupil or others and it is the least restrictive intervention feasible. (b) There are no medical contraindications to its use. (c) The degree of force used and the duration of the physical restraint do not exceed the degree and duration that are reasonable and necessary to resolve the clear, present, and imminent risk to the physical safety of the pupil or others.	Professional Crisis Management specifies that physical restraint may only be used in conditions that would constitute a danger to a person's self or others. In addition, we define those situations, specifically, to include only observable, measurable, and consistent behavioral indicators to preclude restraint overuse by perception of a threat on the part of a practitioner or instructor versus an actual, physical threat. These indicators include continuous aggression, continuous self-injury, and continuous high magnitude disruption (property destruction) that could lead to injury if not stopped. Any other use of physical restraint is outside of the

(d) None of the following maneuvers or techniques are used: 1. Those that do not give adequate attention and care to protecting the pupil's head. 2. Those that cause chest compression by placing pressure or weight on the pupil's chest, lungs, sternum, diaphragm, back, or abdomen. 3. Those that place pressure or weight on the pupil's neck or throat, on an artery, or on the back of the pupil's head or neck, or that otherwise obstruct the pupil's circulation or breathing. (e) It does not constitute corporal punishment, as defined in s. 118.31 (1). (f) The covered individual does not use a mechanical or chemical restraint on the pupil. The use of supportive equipment to properly align a pupil's body, assist a pupil to maintain balance, or assist a pupil's mobility, under the direction and oversight of appropriate medical or therapeutic staff, does not constitute the use of a mechanical restraint.	Professional Crisis Management Association's recommended usage. This concept and utilization is taught within the course as a critical item (if the practitioner or instructor does not express understanding of this concept, they cannot pass the course for certification). All PCM procedures are based on natural body positioning for the individual being restrained. These positioning considerations allow practitioners and instructors to observe and monitor respiration, blood flow, and other signs of physical distress throughout the procedures. In addition, appendix P outlines physical considerations both before and during procedures that may contraindicate the use of restraint and/or should receive a doctor's consideration prior to restraint being used. Specific training is provided in each class on physical considerations for the student's safety. To this end, Professional Crisis Management also indicates in appendix P physical conditions and syndromes which may contraindicate the use of restraint. Practitioners and instructors are encouraged to use these guidelines to consider a medical examination in these cases (and general medical conditions) to determine if physical restraint is contraindicated. All procedures are designed to be implemented on a least to most restrictive model of intervention. All practitioners are taught to intervene with the least restrictive procedure necessary to safely contain the continuously aggressive, continuously self-injurious, and/or continuously disruptive behavior. Practitioners are trained to demonstrate competence in all procedures and the ability to move to the next least restrictive procedure within 3 seconds of less resistive behavior. Because PCM teaches fading of procedures, practitioners are easily able to move from one procedure to the next in small increments to most effectively determine the least restrictive procedure necessary to effectively contain dangerous behavior. Practitioners are also taught to quickly, efficiently, and effectively fade out (use less restrictive) procedures in a manner that is safe for the individual being restrained as well as other students. All practitioners and instructors in PCM are trained to begin to begin the fading process within 3

	seconds of more relaxed behavior. This means that even with our most restrictive procedures the procedures must end within a total of 12 seconds of relaxed behavior. In addition to this consideration, PCM utilizes observable, measurable, and standardized criteria for fading which ensures that staff removes restraint at the onset of calm behavior, rather than using an arbitrary criteria of "5 minutes of calm." This aspect of Professional Crisis Management is known as “dynamic holding” and is designed based upon research in applied behavior analysis to be the most likely to shape future behavior to more appropriate behaviors that do not require physical intervention. Furthermore, all PCM practitioners and instructors are taught techniques to effectively and quickly return students to their normal routine as quickly as possible. PCM procedures are based on natural body positioning and freedom from pain. As such, procedures may not be used in a punitive fashion or in a manner that would cause pain to the individual being restrained. (as outlined in chapters 1, 3, 5, 7, 8, as well as appendix P). Throughout the course practitioners and instructors receive instruction about coercion and counter coercion as well as the psychological and physiological responses to pain. All practitioners and instructors are trained to use natural body positioning and the least restrictive intervention possible to eliminate pain and encourage a rapid return to stable functioning. PCM emphasizes that restraint is not to be used as corporal punishment. PCM procedures are specifically designed to use no pressure to joints or muscle attachment areas to eliminate pain as part of the procedure. Annual competency-based training is mandatory for all practitioners and instructors to ensure that all procedures are performed correctly thereby avoiding painful stimulation. PCM specifically prohibits procedures that restrict or impair a child’s ability to breathe or touch a student’s head or neck as part of the procedure. Procedures are specifically designed to protect the student’s head and neck from injury or pressure. In addition to a minimum 2 inch thick foam mat that is required with any prone or supine procedure, a specific density of foam is utilized to allow for expansion of the child’s diaphragm to assure proper respiration. Positioning of the individual’s body in

	relation to the implementing practitioners and/or instructors allows for communication of distress and unimpaired observation of the individual's ribcage expansion and contraction. All procedures are terminated within 12 seconds of calm behavior allowing for rapid assessment of an individual's physical status. No pressure or weight is placed on the individuals head, throat, neck, chest, diaphragm, back or abdomen, nor does any procedure allow a practitioner or an instructor to straddle an individual's torso. In training, this type of movement would result in an immediate failure of the procedure and a mandatory retraining/retesting would have to occur before the participant could become certified. In addition, Appendix P also outlines why these specific procedures are prohibited at all times. Practitioners and instructors are also taught about positional asphyxia as well as the signs and symptoms associated with positional asphyxia and the immediate remedial actions to be taken should any signs/symptoms be observed. Through the use of effective physical management of crisis behavior, the Professional Crisis Management Association believes that the need for mechanical and/or chemical restraint is minimized. In the PCM course, we emphasize the need to follow state laws in regards to these procedures and encourage instructors and practitioners to consider utilizing positive pro-active teaching of replacement behaviors as opposed to utilizing physical, mechanical, or chemical restraint.
(4) NOTIFICATION AND REPORTING FOLLOWING USE OF SECLUSION OR PHYSICAL RESTRAINT	
(a) Whenever seclusion or physical restraint is used on a pupil at school, the school principal or his or her designee shall do all of the following: 1. As soon as practicable, but no later than one business day after the incident, notify the pupil's parent of the incident and of the availability of the written report under subd. 2. 2. Within 2 business days after the incident and after consulting with the covered individuals present during the incident, prepare a written report containing all of the following information: a. The pupil's name. b. The date, time, and duration of	PCM instructor's and practitioner's manuals include a chapter (10) on the importance of data collection and provides a sample data collection form. All practitioners and instructors are encouraged to clearly and consistently document all occurrences of restraint. Our "physical assistance log" is included with the manual and contains the bare minimum information that agencies and schools should be collecting for data analysis. We emphasize to our practitioners and instructors the importance of documentation. We recommend that agencies and schools use the recommended documentation required by state regulatory agencies in their states.

the use of seclusion or physical restraint. c. A description of the incident, including a description of the actions of the pupil before, during, and after the incident. d. The names and titles of the covered individuals present during the incident. (b) Each report prepared under par. (a) 2. shall be retained by the school and made available for review by the pupil's parent within 3 business days of the incident. (c) Annually by September 1, the principal of each school or his or her designee shall submit to the governing body a report containing all of the following: 1. The number of incidents of seclusion and of physical restraint in the school during the previous school year. 2. The total number of pupils who were involved in the incidents and the number of children with disabilities who were involved in the incidents.	
(5) CHILD WITH A DISABILITY	
The first time that seclusion or physical restraint is used on a child with a disability, the child's individualized education program team shall convene in the manner provided in s. 115.787 (4) as soon as possible after the incident. The child's individualized education program team shall review the child's individualized education program to ensure that it contains appropriate positive behavioral interventions and supports and other strategies to address the behavior of concern, as provided in s. 115.787 (2) (i), and revise it if necessary.	Chapter 7 of the PCM practitioner manual teaches practitioners to identify setting events to behavior and how to manipulate aspects of person, place, events, and proximity to create an environment where the least amount of physical intervention possible is achieved. PCM practitioners are also trained in utilizing changes to setting events and/or events surrounding the occurrence of behavior to de-escalate behavior. As part of this process, practitioners are also taught to utilize these methods until the team can meet to "get ahead" of the behavior with positive, pro-active programming. Chapter 7 outlines the importance of pro-active programming, including IDT meetings to meet the needs of the student and address the function of challenging behavior. Professional Crisis Management is based on the concepts of Positive Behavior Supports and Interventions as outlined previously, thus supports the IDT process and the teaching of necessary skills to avoid the occurrence of crisis behavior.

(6) PHYSICAL RESTRAINT; TRAINING	
(a) Except as provided in par. (c), no covered individual may use physical restraint on a pupil at school unless he or she has received training in the use of physical restraint that includes all of the following components: 1. Methods of preventing the need for physical restraint. 2. An identification and description of dangerous behavior that may indicate the need for physical restraint and methods of evaluating risk of harm in order to determine whether physical restraint is warranted. 3. Experience in administering and receiving various types of physical restraint. 4. Instruction regarding the effects of physical restraint on the person restrained, in monitoring signs of physical distress, and in obtaining medical assistance. 5. Instruction in documenting and reporting incidents of physical restraint. 6. A requirement that the trainee demonstrate proficiency in administering physical restraint. (b) The governing body shall ensure that all of the following apply in each school that it operates in which physical restraint is used: 1. At least one covered individual has received training in the use of physical restraint under par. (a). 2. The school maintains a record of the training received by the covered individual under par. (a), including the period during which the training is considered valid by the entity that trained the covered individual. (c) A covered individual who has not received training in the use of physical restraint under par. (a) may use physical restraint on a pupil at school only in an emergency and only if a covered individual who has received training in the use of physical restraint under par. (a) is not immediately available due to the unforeseen nature of the emergency.	Professional Crisis Management requires that anyone utilizing PCM physical procedures is trained and competent in their usage prior to certification to use those procedures. Recertification is required on an annual basis. PCM practitioners are trained in utilizing changes to setting events and/or events surrounding the occurrence of behavior to prevent and de-escalate behavior. As part of this process, practitioners are also taught to utilize these methods until the team can meet to "get ahead" of the behavior with positive, pro-active programming. Professional Crisis Management, as outlined above, defines specific observable, measurable, and clearly defined behaviors that necessitate the use of physical procedures. Those behaviors are continuous aggression, continuous self-injury, and continuous high magnitude property disruption/destruction (that is likely to lead to injury). Thus all practitioners and instructors, as a critical item, are aware of these criteria for the use of physical procedures and cannot pass the certification course until they can demonstrate their knowledge of these criteria. All Professional Crisis Management certified instructors and practitioners experience the physical procedures as part of their training. Only those participating in the training are allowed in the course (except those auditing the course who will not be certified). Thus, only those who have experienced the procedures being implemented can be certified to implement the procedures themselves. PCM, in chapter 7 pages 55 and 56 discuss post-crisis effects of the impact of physical holding from the standpoint of applied behavior analysis. PCM discusses and explains that strong emotional reactions to crisis management strategies are common. PCM training goes on to explain why these emotional responses occur and the importance of providing training in skills to meet the need being addressed by the person with crisis behavior. PCM teaches practitioners and instructors to be supportive and understanding, but to avoid inadvertent reinforcement of inappropriate

	behavior. Professional Crisis Management physical procedures are taught and assessed to competency. Repetitions of each different procedure are required and only "count" if they are completed with 100% accuracy and independence on the part of the instructor or practitioner. Practitioners and instructors are assessed on the physical procedures as part of the certification process and are only certified if they are able to complete a representative sample of the most commonly utilized procedures at 100% accuracy with complete independence (no prompting is allowed during the assessment process).
(7) CONSTRUCTION.	
Nothing in this section prohibits a covered individual from doing any of the following at school if the pupil is not confined to an area from which he or she is physically prevented from leaving: (a) Directing a pupil who is disruptive to temporarily separate himself or herself from the general activity in the classroom to allow the pupil to regain behavioral control and the covered individual to maintain or regain classroom order. (b) Directing a pupil to temporarily remain in the classroom to complete tasks while other pupils participate in activities outside the classroom. (c) Briefly touching or holding a pupil's hand, arm, shoulder, or back to calm, comfort, or redirect the pupil.	PCM practitioners are trained to use several different types of de-escalation strategies that are taught during stable functioning for a pro-active approach to de-escalation as well as general "emergency" de-escalation strategies that they may utilize. Practitioners are taught to manipulate biological strategies (like ensuring adequate sleep, food, hydration), relationship strategies (going and doing activities with people to better their relationship), and many other strategies to de-escalate the occurrence of challenging behavior.
SECTION 3. Effective date.	
(1) This act takes effect on September 1, 2012.	The Professional Crisis Management at this time and since inception meets the standards of this regulation. For a review only copy of our training manual, please contact pcma@pcma.com (certain requirements will need to be completed).

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