

Teaching Staff Self-Monitoring and De-Escalation Techniques to Improve Retention

Dylan Palmer, M.S.Ed., BCBA, LABA
Judge Rotenberg Educational Center
Canton, MA USA

The purpose of this poster is to describe staff self-monitoring training that was introduced with employees at a residential facility providing services to individuals with intellectual disabilities and emotional behavior disorders. The participants in the intervention range in age from 18-65 years old, with educational backgrounds from High School Diplomas to Masters Degrees, and both male and female staff. The training included preventive and reactive techniques for employees to engage in to avoid feelings of frustration and agitation while at work. Self-monitoring techniques were taught, and practiced through competency based skills training within the staffs' initial onboarding process. This training was one hour in length, and done in addition to three initial days of training on de-escalation with students and clients. Survey results indicate initial positive feedback from staff. The staff will have to be followed for at least a year, or longer, to indicate whether or not the training has had significant increases in retention.

METHOD

Subject:

211 Staff members going through new hire training at a residential facility working individuals diagnosed with intellectual disabilities or emotional behavior disorders. The participants were male and female, ages 18-65, and educational backgrounds ranging from High School Diplomas to Master's Degree.

Experimental Design:

Control Group compared to Intervention Group

Setting:

- Training Department.
- All sessions took place in the same training rooms.

Materials:

- PowerPoint of training.
- Trainee PowerPoint of slides
- Pen

Independent Variable:

Personal De-Escalation Training.

Dependent Variables:

- Qualitative survey.
- Longitudinal follow on duration, infractions, and positive performances documented

PROCEDURE

Baseline:

Prior to beginning of the training, data on the control group were collected for their total duration employed, infractions and positive performances documented.

Intervention:

Introduction of personal de-escalation training. This training was one hour in length, and done in addition to three initial days of training on de-escalation with students and clients. The participants were taught two preventative techniques, self-monitoring/mindfulness statement and diaphragmatic breathing. In addition they were trained on protocols to engage in under different situations that have historically caused challenges for staff. Behavioral Skills training were implemented, to include vocal and physical roles plays.

DISCUSSION

Results of the intervention suggest that a personal de-escalation training for staff has helped to reduce staff agitation when they go on shift. A small retention (8%) was observed, but due to significant potential of confounding variables, this could not entirely be attributed to the training. Survey reports indicate a positive results with staff members. Future applications will look at expanding the training, considering previously employed staff members, and evaluating for procedural integrity and implementation of the skills following the training.

REFERENCES

Childre, D., & Martin, H. (2011). *The HeartMath Solution: The Institute of HeartMath's Revolutionary Program for Engaging the Power of the Heart's Intelligence*. Harper Collins.

Childre, D. (2010). Coherence: bridging personal, social, and global health. *Alternative Therapies in Health and Medicine*, 16(4), 10.

COPD Foundation. COPD AND YOU. Accessed 5/21/2014.

Centers for Disease Control and Prevention. Chronic Obstructive Pulmonary Disease (COPD). Accessed 5/21/2014.

Joseph, Chacko N., et al. (2005). Slow breathing improves arterial baroflex sensitivity and decreases blood pressure in essential hypertension. *Hypertension*, 2005(46): 714-718.

Meuret, A. E., Ritz, T., Wilhelm, F. H., & Roth, W. T. (2005). Voluntary hyperventilation in the treatment of panic disorder—functions of hyperventilation, their implications for breathing training, and recommendations for standardization. *Clinical Psychology Review*, 25(3), 285-306.

Solberg, E., et al. (2004). Hemodynamic Changes During Long Meditation. *Applied Psychophysiology and Biofeedback*, 29(3): 213-221

Heart Rhythm Meditation Website: https://iamheart.org/Heart_Rhythm_Meditation/Science.php

Vickers, K., Jafarpour, S., Mofidi, A., Rafat, B., & Woznica, A. (2012). The 35% carbon dioxide test in stress and panic research: Overview of effects and integration of findings. *Clinical psychology review*, 32(3), 153-164.

Zvolensky, M. J., Lejuez, C. W., & Eifert, G. H. (1998). The role of offset control in anxious responding: An experimental test using repeated administrations of 20% carbon dioxide-enriched air. *Behavior Therapy*, 29(2), 193-209.

