

What to Do When Your Child Exhibits Dangerous Behavior



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Introduction

A child who exhibits severe behaviors—self-injury, aggression and property destruction—presents a significant challenge for parents. In some instances, outbursts can be handled within the family; that is, the parents' intervention may be enough to keep the child stable and the family secure. But in other cases, the behavior can be so extreme that parents need additional support.

We developed this guide to help families get the support they need. This guide will answer the following three major questions:

1. When should families seek help?
2. What should parents do when their child is exhibiting dangerous behavior?
3. Where can families obtain additional support?

When Should Families Seek Help?

Parents may be reluctant to seek outside support for managing their child's behavior for several reasons:

- They may have become accustomed to the behavior over time (even though the child's size and behavior has exceeded their ability to manage it);
- They don't want to acknowledge that their child is dangerous because they know the behavior is not intentional;
- They are embarrassed and fearful of being blamed for being bad parents; or
- They are fearful of what will happen to their child if they report the behavior.

Parents,

It may be hard, but always remember—you didn't cause this.

Signs to Seek Support

Families who find themselves in this situation live in a constant state of anxiety. These are signs that a family should seek outside support:

- A pattern of explosive temper tantrums resulting in dangerous behavior
- Physical attacks that can harm siblings or parents
- Threats or attempts by the child to hurt himself
- Use of weapons to threaten or hurt others
- Cruelty toward animals
- Setting fires or other destruction of property

There are public agencies that provide support to families facing these kinds of challenges. These agencies can help to develop in-home behavior support plans for the child and to identify additional support the family might need.

When Is It a Crisis?

When should parents call 911 to get help from the police? You should call 911 when your child's behavior is beyond your ability to control it and the child is ...

1. A danger to others—the child directs dangerous physical action at others.
2. A danger to him/herself—the child takes action with sufficient force to cause bodily harm.
3. Engaging in destruction of property that has the potential to be dangerous to self or others.¹

Calling 911

Be sure to inform the dispatcher that your child has a mental illness or developmental disability.

When you, your child or another person is in danger, call 911. Whenever you call 911, be sure to inform the dispatcher that your child has a mental illness or developmental disability so that the officers who respond have this information before they arrive. State specifically that your child is nonverbal if that is the case. Some police departments have special Crisis Intervention Trained (CIT) officers who deal with people with mental illness or developmental disabilities.

¹Jones, W. (2011).

What Should Parents Do When Their Child Is Exhibiting Dangerous Behavior?

While every situation is unique, there are patterns in behaviors, from the time of the “trigger” that sets off an outburst to the time the crisis is over and the child is in a recovery stage. At the peak of the outburst, the child can become physically aggressive and/or dangerous. The most important thing to remember throughout these stages is to stay calm and use a soft and steady voice.

For some children, irritability is connected to fear and anxiety. If the child is getting upset but can still process simple verbal information, you can try what is called the Safety Script. “This is a safe place and I won’t let anyone (hurt you, throw things at you, etc. ...). I can’t let you (hurt your sister, throw things ...) because this is a safe place.”

The order of the sentences you speak is important so do not skip any part or rearrange the statements. The first part calms the child if he/she is reacting out of anxiety, fear, or distrust. This enables the child to “cool off” enough to hear the rest of the script. Reassurance at the end will further calm fears.²

Safety Script

“This is a safe place and I won’t let anyone (hurt you, throw things at you, etc. ...). I can’t let you (hurt your sister, throw things ...) because this is a safe place.”

² Vicario, M. (2011).

What to Do at the Peak of the Crisis

1. Send others away from the area.
2. Call for help (call a family member who can help or call 911).
3. Remove dangerous objects or attempt to get the child into a safer room.
4. Don't try to discipline; don't use words, don't try to reason.
5. Stand at least one leg length away from the child. Instead of standing face-to-face, stand to the side (L-shape) of your child. This stance is non-confrontational and non-threatening.
6. Remain in control; stay calm and quiet. Allow yourself to disengage emotionally, and don't take the behavior personally.
7. Be flexible; your child cannot.
8. Use a pillow or cushion to protect yourself if the child strikes or hits.
9. Take deep breaths to help you stay calm.

Don't Reason

Don't try to discipline; don't use words, don't try to reason.

Do not try to restrain your child UNLESS the behavior is a clear danger to you or to the child. Physical intervention increases aggressive behavior and can inadvertently cause injury to you or to the child.*

*This guide cannot provide adequate information to address how to safely use physical restraint to control aggressive behavior. If you end up having to put your hands on your child, there are some things you should NOT do. There is no 100% safe restraint. Some restraints can be life-threatening to the child, such as holding the child face-down on the floor or holding a seated child around the waist from behind. Both positions may restrict breathing.

What to Do Immediately After the Crisis

When the peak of the crisis has subsided, the child is in a recovery mode. At this stage, the child is physically exhausted, emotionally drained, and fragile. Another outburst can easily occur during this time. Maintain a soft voice and tone and a calm demeanor. Provide space. Redirect the child to a pleasant activity. This is NOT a time to teach or reprimand. Do not discipline or refer to the rage behavior. Ensure that any tasks assigned are at or below the child's functioning level. The child may want to withdraw or sleep—that's OK.

During an outburst, the thinking part of the brain tends to shut down. Before or after a crisis, you can help reactivate that part of the brain and get the child back into his or her 'thinking brain' to do increasingly complex tasks. For example, have him or her sort a deck of playing cards by color. Then, depending on the age and functioning, have them sort by suit, then number, etc. This gradually shifts the brain from reacting to thinking, while the calm, tactile experience of the cards and the repetition may be soothing to some children. This kind of activity (quiet, simple, then increasingly complex) might also help defuse mounting tension before the outburst occurs.

Understand that if your child is taken to the hospital, he will not necessarily be admitted. But if he is, he will likely be released within a couple days. During that time, you must identify support for your child's re-entry into the household. Contact one of the public agencies suggested in the following pages for additional help. This might include counseling for you and other family members to help you prepare for your child's return. This support can also include ongoing counseling for your child, support for your other children, and a support person in your home for limited hours to help you deal with the behavior.

Calming Activities

Sorting a deck of cards by color

Playing a handheld video game

Listening to music

Take Time for Yourself to Regroup

Read a magazine

Listen to music

Watch a TV show

Take a short walk

Dealing with behavioral outbursts is exhausting. Take time for yourself to regroup. Remain calm and quiet for a while. Engage in an activity that is calming for you— read a magazine, listen to music, watch a television program or take a short walk. Remember: you didn't cause this.

Where to Find Help Before the Next Crisis

If your child demonstrates severe or dangerous behavior once, it is likely to happen again—maybe not tomorrow, maybe not next week, but assume there will be a “next time” and prepare.

Contact your child's school and ask for support from her IEP team in developing a plan to address behavior both at school and at home. Tell the IEP team that you are seeking additional support for dealing with your child's behavior at home and you will work with them to coordinate services.

You can call one of the agencies listed on the following pages to get help. There are also crisis lines in most Ohio counties that can direct families to the services they need. (For a listing of crisis numbers by county, see Appendix 2).

Four state agencies are responsible for supporting families in a crisis:

County Department of Job and Family Services (JFS)

Provides services when you call and request that a “family in need” case be opened. Family in need cases are not treated as abuse or neglect case. JFS will be a primary funder for interventions for any crisis or behavioral treatment program.

Families will be subject to a fee based on the family's ability to pay. This request will prompt a visit from JFS to your home to assess the need for service.

To identify the number of your county JFS office, call: 866.886.3537. Choose Option #4, and then Option #2 or visit the Ohio Department of Job and Family Services County Agency Directory at https://jfs.ohio.gov/County/County_Directory.stm.

County Family and Children First Council

Provides coordinated services for families with multiple and complex problems in every Ohio county. It ensures collaboration across agencies to develop a plan designed to meet the family's needs. The Coordinator of the County Council can oversee the development of a plan to serve your family. To contact the County Family and Children First Council number for your county, call: 614.752.4044 or visit the Ohio Family and Children First County Directory at <https://www.fcf.ohio.gov/Contact-Us/Find-Your-County-FCFC>.

County Board of Developmental Disabilities

Oversees a statewide system of supports and services for people with developmental disabilities and their families. Call the County Board of Developmental Disabilities to request an assessment for service eligibility. To identify the number for your County Board of Developmental Disabilities agency, call: 800.617.6733 or visit the Ohio Department of Developmental Disabilities County Directory at <https://dodd.ohio.gov/wps/portal/gov/dodd/your-family>.

County Board of Mental Health

Ensures access to quality mental health services for individuals of all ages. These services are accessed through a local agency funded by the Ohio Department of Mental Health. To locate a mental health agency in your county, call: 877.275.6364 or visit the Ohio Department of Mental Health and Addiction Services County Provider Lists at <https://mha.ohio.gov/About-Us/Contact-OhioMHAS>.

County Dept. of Job and Family Services

866.886.3537

County Family and Children First Council

614.752.4044

County Board of Developmental Disabilities

800.617.6733

County Board of Mental Health

877.275.6364

You may also receive guidance from family education and support organizations. The following organization was established by parents of children with specialized needs to support families in times of crisis.

This organization can provide information, support, and direction as you seek to find appropriate services for your child and family.

National Alliance on Mental Illness – Ohio (NAMI Ohio)

1225 Dublin Road, Suite 125, Columbus, OH 43215

Phone: 800.686.2646 or text 741741

TTY: call Ohio Relay Service 800.676.3777 or Dial 711

<http://www.namiohio.org>

NAMI Ohio provides mutual support, education, and advocacy for individuals and families affected by serious brain disorders. Membership includes family members, mental health consumers and providers, community mental health boards, mental health organizations, and other supporters.

Preparing for the Next Crisis

Being prepared means thinking ahead about your responses rather than reacting in the moment. To prepare, you can develop a plan. An effective plan consists of two components: the Family Preparation Plan and the Crisis Behavior Response Plan.

Family Preparation Plan—Your child and your family are better off when prepared. Developing this plan allows you to gather the information you will need to be as ready as possible when responding to a crisis. The plan should consist of the following:

1. A list of informal supports available to you. These are people who can give you immediate help when necessary. They might include a family member or a neighbor. List their phone numbers so you will have easy access to them.
2. Directions to siblings and others in the household regarding what to do when there is a crisis, such as stay in their rooms, go to a neighbor's or relative's house, etc. This will reduce the confusion and distractions at the time when you need to focus on the child in crisis.
3. Directions to the closest hospital emergency room in case you must transport your child.
4. A summary of what to expect when you call 911. Call a crisis line (not 911; see Appendix 2) during the day to ask what will occur in your county when you call 911. Find out: Who will respond? What information will you need to provide to them? How will the situation be evaluated? Where will your child be taken? Who will follow up? What will the next steps be?

Family Crisis Plan

Help your family react to a crisis by creating a Family Preparation Plan and a Crisis Behavior Response Plan.

5. An introduction between your child and the informal supports, the local police and/or emergency team who will respond to a 911 call. Provide responders with background information about your child and your family.

Crisis Behavior Response Plan*—This plan guides your responses to your child’s behavior at each stage of the crisis. It allows you to think ahead of time about the crisis behavior and the responses that are most likely to help the child calm down during the most dangerous stage of the crisis. The purpose of your responses at each stage of your child’s crisis is to de-escalate the behavior. Understand that sometimes behaviors escalate despite even the best-planned interventions. Keep notes after a crisis to remember what worked and what did not, so you can update your plan accordingly. When you contact an agency to get additional support for your child and your family, you will receive tools to help develop a Crisis Behavior Response Plan specific to your child.

* See Appendix 1 (p.19) for an example of a Crisis Behavior Response Plan.

Medical and Psychiatric Intervention

If you have a child with a developmental disability, there may be several causes of his dangerous and aggressive behavior, including:

- medication side effects
- sleep disorders
- medical conditions, including chronic pain
- psychiatric illness

These conditions should be checked by a doctor. Your child may need more than just behavioral interventions.

Ohio parents can get a free assessment for dual diagnosis and a risk assessment for dangerous behavior provided at no cost from the Coordinating Center of Excellence for Dual Diagnosis (CCOE-DD).

Such an assessment should be considered when the child exhibits frequent instances of dangerous behavior. The assessment is coordinated through your child's doctor. All the conditions mentioned above will be considered as part of this assessment.

Free Dual Diagnosis Assessment

Provided at no cost by the Coordinating Center of Excellence for Dual Diagnosis.

How to Obtain an Assessment for Dual Diagnosis

Children under 18 may be evaluated
(a referral from your child's doctor is required):

Nisonger Center

The Ohio State University
Neurodevelopmental Dual Diagnosis Program
614.685.6701

When your child's doctor refers your child, be sure the doctor identifies the referral as a referral for the Coordinating Center of Excellence for Dual Diagnosis and that aggression is the reason for the referral. With this type of referral there is no cost for the assessment, and your child will not be put on a waiting list. A referral packet will be sent to your child's doctor for an initial screening. The referral packet will include release forms for you to sign to allow others (i.e., schools, therapists, other service providers) to share information about your child with the CCOE-DD. The referral packet must be completed and the information sent to the CCOE-DD before the consultation appointment is scheduled. This will ensure that the psychiatrist who sees your child has all the information relevant to your child's case before making treatment decisions.

If an appointment is not scheduled within 2-4 weeks after the initial referral, contact Tina Evans (Tina.Evans@dodd.ohio.gov) at the Ohio Department of Developmental Disabilities to report the delay.

You may also schedule a psychiatric assessment for aggressive behavior for your child with any diagnostic clinic or pediatric psychiatrist for a fee. You will need to provide the psychiatrist with your child's school, medical, and other treatment records for an effective assessment.

Preparation for the Assessment

Prepare for the assessment by writing a description of the child's behavioral outbursts, including when and how often they occur and any behavior triggers you have identified. Some of this information will be requested in the referral packet that will be sent to your child's doctor. If there is anything about your child's behavior that is not covered in the referral packet, be sure to make a note of it so you can share that information with the psychiatrist.

After the assessment, the psychiatrist may prescribe medication to help control your child's behavior. The CCOE-DD psychiatrist will consult with your child's doctor to explain any recommendations.

Considerations for Using Medication

While specific medications can help with out-of-control behavior in situations of dual diagnosis, these medications can have side effects that must be monitored. Side effects may include weight gain, sleeplessness, and drowsiness. Use of such medication must be followed with daily observation to track behavior and identify any possible side effects.

Developing a Comprehensive Approach

Whether or not medication is prescribed, you will need to identify strategies to help your child learn coping skills. Representative(s) from the agencies you have contacted for additional support can guide you in this. This support can include counseling for you and your child, family counseling, and the services of a behavioral specialist who will work with you in your home to help you learn to address your child's behavior.

**Learn to
Recognize
Common
Triggers**

Transitions

Environments

Difficult social
situations

Teach Coping Skills

Teaching your child coping skills and supporting the use of these new skills will help her respond differently to difficult situations. Ask your child's IEP team how coping skills can be incorporated into the IEP.

Anticipate Difficult Situations and Prepare Your Child

It is important to recognize and prepare your child for difficult situations. Common triggers are:

- Transitions: Make sure that time signals are given to help smooth transitions. For example, transitioning from watching television after school to having dinner; leaving home to get into the car to go somewhere; stopping a game to take a bath.
- Environments that overwhelm the senses: Teach the child about his sensory needs and what he can do to help himself in situations that are overwhelming. Teach the child appropriate ways to escape or avoid these situations.
- Difficult social situations: Teach your child what to do in situations that are difficult, and practice the appropriate responses through role-playing.

Teach Your Child Appropriate Ways to Escape

Knowing appropriate ways to escape is a coping skill everyone uses.

- Teach your child appropriate ways to ask to leave when feeling overwhelmed, upset, or anxious, and practice the request using role-play. (Coping skill)
- Identify a predetermined place where the child can choose to go cool down, and allow that choice. (Coping skill)
- Develop a plan for an activity to take his mind off a problem when upset (Coping skill). Suggestions might include:
 - Taking time out alone—wrapped up in a blanket, or hiding in an enclosed place, or in the car (if safe)
 - Drawing or writing down emotions
 - Physically letting off steam, such as using a punching bag or a pillow to cry and scream
 - Using games, fidgets, books, etc.
 - Using a soothing sensory technique, such as looking at something calming, doing a heavy muscle activity (such as jumping, running), or listening to something soothing
 - Deep muscle pressure. This is calming to some children; others respond to light stimulation like running their hands through sand or water or lightly stroking or scratching their skin
- Teach the child about negotiation. For example, “Is there anything we can do so you can stay and...?”
- Teach your child to think of feelings as signals, not problems in and of themselves. “What is this feeling telling you/us? What should happen next?”

APPENDIX 1

Understanding the Rage Cycle and Ladder of Risk

Although each child differs, parents will recognize the pattern of behavioral outbursts or the rage cycle. It begins with the trigger and then moves through predictable stages. While the stages can vary in length, there is a predictable evolution to the cycle as outlined in the following.

Rumbling: Once an event has occurred that serves as the trigger for a behavioral outburst, the rumbling stage begins. This can include arguing, shouting, muttering under the breath, breathing hard, pacing, or rocking. In some cases, the child can be redirected at the early stage of rumbling.

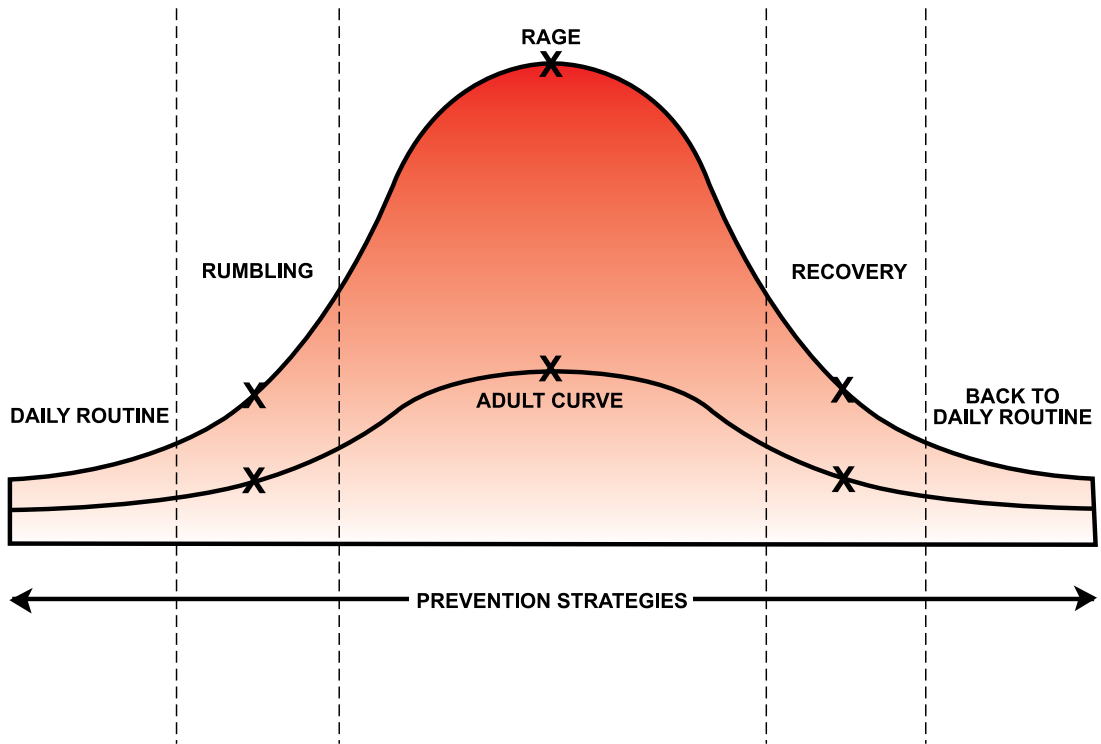
In other cases, the rumbling stage accelerates and intensifies to become rumbling stage 2, which accelerates to become the full rage outburst.

Peak: At the peak of the rage cycle, the child is likely to become physically aggressive toward others, toward himself, or destructive toward property. Remember, at this point, the child is irrational and is unable to process language, even to respond to commands. The priority at this time is maintaining safety—for you and the child.

Recovery: After the peak of the rage subsides, the child is emotionally and physically drained. However, during this time, the child is fragile and another peak outburst can be easily triggered.

From Myles, B., & Southwick, J. (2005). *Asperger syndrome and difficult moments: Practical solutions for tantrums, rage, and meltdowns*. Shawnee Mission, KS: AAPC Publishing.

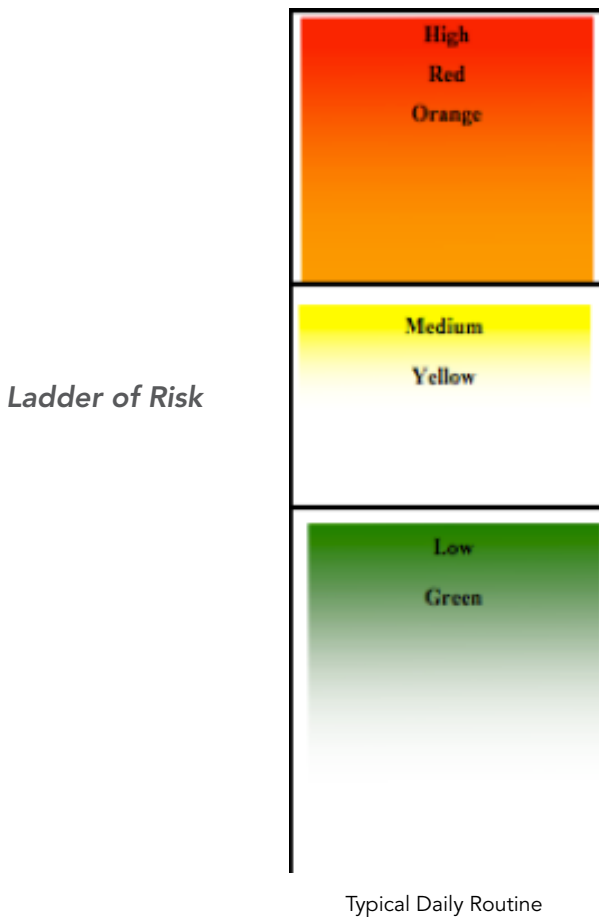
Throughout the rage cycle, the most important thing for parents to remember is to remain calm (despite your internal impulses). Use a soft voice and few words. Once the child has entered the rage cycle, it is not helpful to try to teach or discipline. Demanding compliance is not effective. In fact, it will likely accelerate the cycle.



adapted from Curtis and Dunn, 2000

Ladder of Risk

The following diagram was developed to help predict the likelihood of dangerous behavior at each stage of the cycle and to identify the most effective interventions at each stage. The color-coded chart ranges from Low Risk to High Risk. The interventions that are most likely to be effective at each stage are listed.



Possible Interventions

Low Risk (Green):

Once a trigger has occurred:

1. Observe.
2. Assess the child's level of self-control and ask yourself, "Do I need to prepare?"
3. Evaluate the environment. Is it safe?

Medium Risk (Yellow):

When it is clear that the behavior is escalating:

1. Redirect the child to a preferred activity.
2. Guide the child to a quiet place where she can engage in some favorite calming activities.
3. Using a soothing tone, ask, "Are you OK?"
4. Walk, don't talk—sometimes movement helps; encourage the child to walk with you.
5. Avoid a power struggle; do not argue with the child.

High Risk (Red):

When the behavior is at its peak:

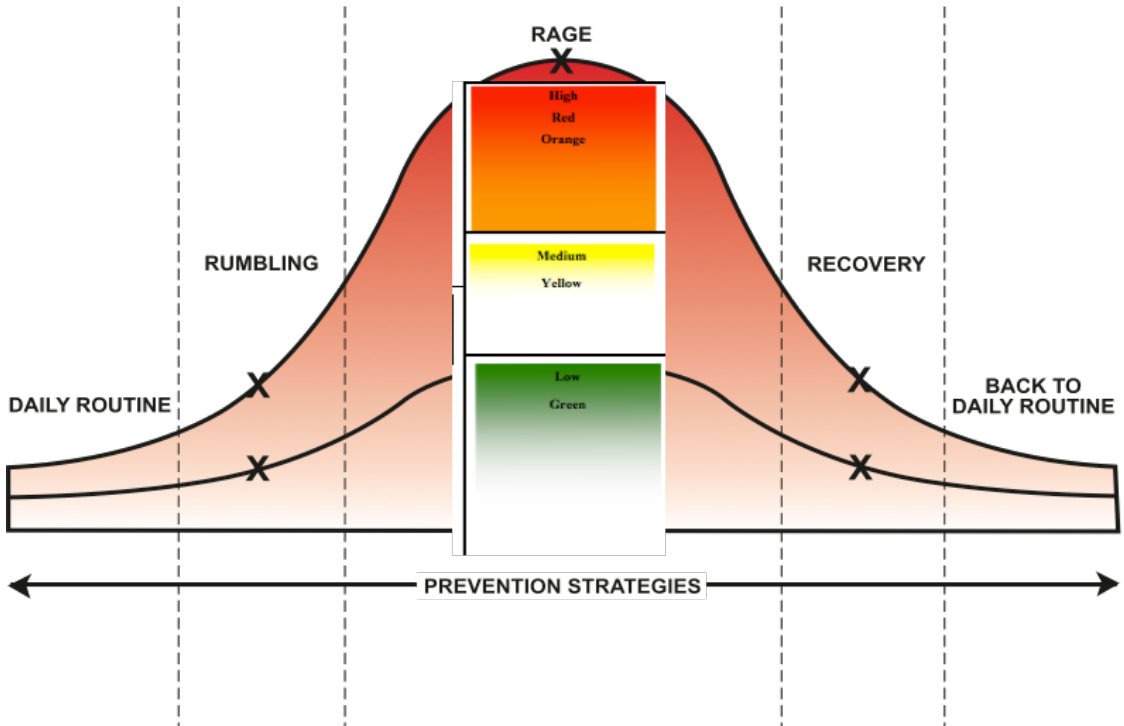
1. Send others away from the area.
2. Call for help (call a family member who can help or call 911).
3. Remove dangerous objects.

4. Don't try to discipline; don't use words, don't try to reason.
5. Stand at least one leg's length away from the child. Instead of standing face-to-face, stand to the side (L-shape) of the child. This stance is non-confrontational, and non-threatening.
6. Remain in control; stay calm and quiet. Allow yourself to disengage emotionally, and don't take the behavior personally.
7. Be flexible; the child cannot.
8. Use a pillow or cushion to protect yourself if the child strikes or hits.
9. Take deep breaths to help stay calm.
10. Do not try to restrain the child UNLESS the behavior is a clear danger to you or to the child.*

If we combine the Ladder of Risk with the Rage Cycle diagram, we can see the likelihood of dangerous behavior at each stage, as illustrated on the following page.

* Physical intervention increases aggressive behavior and can inadvertently cause injury to you or the child. There is no 100% safe restraint. Some restraints can be life-threatening to the child, such as holding the child face-down on the floor or holding a seated child around the waist from behind. Both positions may restrict breathing.

Ladder of Risk and Rage Cycle



adapted from Curtis and Dunn, 2000

Adapted from: Myles, B., & Southwick, J. (2005). Asperger syndrome and difficult moments: Practical solutions for tantrums, rage, and meltdowns. Shawnee Mission, KS: AAPC Publishing.

Jones, W. (2010). Positive strategies for supporting people with challenging behavior. Unpublished, Community Counseling Resources.

Preparing a Crisis Behavior Response Plan

Remember, a Crisis Behavior Response Plan guides behavior at each stage of your child's crisis cycle.

The following chart is an example of one child's crisis behavior and the parents' Crisis Behavior Response Plan. Your child's behavior may be similar, but not exactly the same. The blank chart will allow you to create your own Crisis Behavior Response Plan. When you have contacted a local agency for support (pp. 9-10), the agency service representative or behavior specialist can help you complete the chart.

Adapted from G. Colvin, 2004. *Managing the cycle of serious acting-out behavior*. Eugene, OR: Behavior Associates.

Crisis Development Description	Parent Response to Crisis Behavior
Calm: <i>Typical cooperation from child.</i>	<i>Typical attention given to child (e.g., let child help with a chore, ask about his day, provide snack time, etc.).</i>
Trigger: <i>Change in routine; provoked, interrupted, unresolved problems.</i>	<p><i>If you know a trigger is coming, prepare the child in advance.</i></p> <p><i>If not, be nonjudgmental.</i></p> <ul style="list-style-type: none"> • <i>Watch tone of voice and volume</i> • <i>Watch body language</i> • <i>Calmly call child's name</i> • <i>Verbally acknowledge frustration</i>
Rumbling 1: <i>Change in typical behavior (e.g., facial expression, rocking, pacing, withdrawing, fixating on problem).</i>	<i>Be supportive; try to alleviate anxiety. Offer choices such as taking a quiet break, running an errand, or participating in another activity; guide child to a safe area if possible.</i>
Rumbling 2/Acceleration: <i>If nonverbal, noises of displeasure. If verbal, vocal venting can include questioning, arguing, refusal, whining, yelling, tantrums, cursing, hyperventilation, verbal intimidation.</i>	<p><i>Maintain a soft tone of voice and volume, along with body language.</i></p> <ul style="list-style-type: none"> • <i>Stay calm (don't say "You have to stop now!")</i> • <i>Let child vent (exhaust herself)</i> • <i>Listen and watch (may learn important information about the real problem)</i> • <i>Give space in case child becomes physical</i> • <i>Remove dangerous objects</i> • <i>Remain non-confrontational</i>
Peak: <i>Out of control; safety concerns. (e.g., assault, self-injurious behavior, destruction of property, intent to harm others, or any form of physical violence).</i>	<p><i>There is no 100% safe restraint.</i></p> <p><i>Do not try to reason. The child cannot hear you. Direct others (siblings, etc.) to leave the room.</i></p> <p><i>Consider leaving room or protecting yourself (e.g., use a pillow or cushion; call for help).</i></p>
De-escalation/Recovery: <i>Decreased energy level, calming down, confusion, denial, blaming others, sleeping, lethargic, responsive to directions.</i>	<i>Re-establish positive communication with child (e.g., encourage child to resume normal activities, offer positive support or praise).</i>
Back to Daily Routine: <i>Regained control; involved with routine or daily activity.</i>	<i>Typical attention is given to child; return to normal routine; get child's perspective, talk about better options for the next time; teach new skills.</i>

Crisis Development Description	Parent Response to Crisis Behavior
<p>Calm: <i>Typical cooperation from child.</i></p>	
<p>Trigger: <i>Change in routine; provoked, interrupted, unresolved problems.</i></p>	
<p>Rumbling 1: <i>Change in typical behavior (e.g., facial expression, rocking, pacing, withdrawing, fixating on problem).</i></p>	
<p>Rumbling 2/Acceleration: <i>If nonverbal, noises of displeasure. If verbal, vocal venting can include questioning, arguing, refusal, whining, yelling, tantrums, cursing, hyperventilation, verbal intimidation.</i></p>	
<p>Peak: <i>Out of control; safety concerns. (e.g., assault, self-injurious behavior, destruction of property, intent to harm others, or any form of physical violence).</i></p>	
<p>De-escalation/Recovery: <i>Decreased energy level, calming down, confusion, denial, blaming others, sleeping, lethargic, responsive to directions.</i></p>	
<p>Back to Daily Routine: <i>Regained control; involved with routine or daily activity.</i></p>	

APPENDIX 2

Crisis Help by County

The following is a list of crisis resources by county. It includes the number of the County Board of Developmental Disabilities, Crisis Hotline numbers and 211 numbers that are available in Ohio counties.

If you feel that you, your child, or others are in danger, please call 911 immediately. Ask for a CIT (Crisis Intervention Team) officer. If one is not available, inform the dispatcher of the disability involved.

211 is a simple, easy-to-remember number to call when you need help or access to human services.

County	County Board of Developmental Disabilities Phone Number	Other Organizations to Contact	Procedures
Adams	937.544.2574	Shawnee Mental Health Center: 937.544.5581	Shawnee MHC will assess the situation and advise and/or set up counseling.
Allen	419.221.1385	Crisis Hotline: 800.567.4673 (HOPE)	Crisis Hotline will assess the situation and advise and/or set up counseling.
Ashland	419.289.0470	Ashland Family and CFC: 419.289.0000 ext 5015 Ashland County Council on Aging: 419.281.1477	Ashland Family and CFC or the Council on Aging will assess the situation and advise and/or set up counseling.
Ashtabula	440.335.1587	Community Action Agency: 800.874.8545 or 440.997.5957 211	Community Action and/or 211 will assess the situation and advise and/or set up counseling.
Athens	740.594.3539	Hopewell Health Centers 740.593.3344 or 888.475.8484 United Appeal for Athens County: 740.592.1293 211	Hopewell Health Centers, United Appeal for Athens County, and/or 211 will assess the situation and advise and/or set up counseling.
Auglaize	419.629.2419	Crisis Hotline: 800.567.4673 (HOPE) Auglaize County Dept. of Job and Family Services: 567.242.2700	Crisis Hotline and/or Auglaize County JFS will assess the situation and advise and/or set up counseling.
Belmont	740.695.0407	Belmont County Dept. of Job and Family Services: 740.695.1075 Tri-County Help Center: 800.695.1639 (Note: Please call during business hours only) 211 (collaborative project with United Way of the Upper Ohio Valley)	Belmont County JFS, Tri-County Help Center, and/or 211 will assess the situation and advise and/or set up counseling.

County	County Board of Developmental Disabilities Phone Number	Other Organizations to Contact	Procedures
Brown	937.378.4891	United Way of Greater Cincinnati: 513.762.7100 211	United Way and/or 211 will assess the situation and advise and/or set up counseling.
Butler	513.785.2800	Counseling and Crisis Center: 513.523.4149 211	Community Counseling and/or 211 will assess the situation and advise and/or set up counseling.
Carroll	330.627.7651	Carroll County Council on Aging: 330.627.7017 24-hour Crisis Line: 330.627.5240 211	Carroll County Council on Aging, Crisis Line, and/or 211 will assess the situation and advise and/or set up counseling.
Champaign	937.653.5217	United Way of Clark, Champaign and Madison Counties: 937.324.5551 211	United Way and/or 211 will assess the situation and advise and/or set up counseling.
Clark	937.328.2675	United Way of Clark, Champaign & Madison Counties: 937.324.5551 24-hour Crisis Hotline: 937-399-9500 TCN Behavioral Health Services: 937.376.8700 211	United Way, Crisis Hotline, TCN Behavioral Health, and/or 211 will assess the situation and advise and/or set up counseling.
Clermont	513.732.7000	United Way of Greater Cincinnati: 513.536.3000 211	United Way and/or 211 will assess the situation and advise and/or set up counseling.
Clinton	937.382.7519	TCN Behavioral Health Services: 937.376.8700 211	TCN Behavioral Health and/or 211 will assess the situation and advise and/or set up counseling.
Columbiana	330.424.7788	Help Network 330.424.7767 211	Help Network and/or 211 will assess the situation and advise and/or set up counseling.

County	County Board of Developmental Disabilities Phone Number	Other Organizations to Contact	Procedures
Coshocton	740.622.2032	Allwell Behavioral Health Services 800.344.5818	Allwell will assess the situation and advise and/or set up counseling.
Crawford	419.562.3321	HelpLine: 800.755.9010 211	HelpLine and/or 211 will assess the situation and advise and/or set up counseling.
Cuyahoga	216.241.8230	24 hr Crisis Hotline: 216.623.6888 211	Crisis Hotline and/or 211 will assess the situation and advise and/or set up counseling.
Darke	937.548.9057	Tri-County Crisis Hotline: 800.351.7347	Tri-County Hotline will assess the situation and advise and/or set up counseling.
Defiance	419.782.6621	Help Hotline: 800.468.4357	Help Hotline will assess the situation and advise and/or set up counseling.
Delaware	740.201.3600	24-hour HelpLine Crisis: 800.684.2324 211	HelpLine Crisis and/or 211 will review the case and see if further action is needed and counseling services offered. If the situation escalates, parent or police can transport to Grady Hospital ER.
Erie	419.626.0208	211	When you call 211, they will assess the situation and advise and/or set up counseling.
Fairfield	740.652.7220	24-hour HelpLine Crisis: 740.687.8255 211	HelpLine and/or 211 will review the case and see if further action is needed and counseling services offered. If the situation escalates, parent or police can transport to the Fairfield County Hospital ER.
Fayette	740.335.7453	TCN Behavioral Health Svcs: 937.376.8700 211	TCN Behavioral Health and/or 211 will assess the situation and advise and/or set up counseling.

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Franklin	614.475.6440	Netcare: Adult Crisis Hotline 614.276.2273 and Youth (17 and Under) Crisis Hotline: 614.722.1800 211	Netcare and/or 211 reviews the case and will see if further action is needed and counseling services offered. Must provide transportation for the individual or call the police and request a CIT officer.
Fulton	419.337.4575	Help Hotline: 800.468.4357	Help Hotline will assess the situation and advise and/or set up counseling.
Gallia	740.446.6902	Crisisline: 800.252.5554	Crisisline will assess the situation and advise on the course of action.
Geauga	440.729.9406	211	When you call 211, they will assess the situation and advise and/or set up counseling.
Greene	937.562.6500	TCN Behavioral Health Services: 937-376-8700 211	TCN Behavioral Health and/or 211 will assess the situation and advise and/or set up counseling.
Guernsey	740.439.4451	Crisis Hotline: 800.344.5818	Crisis Hotline will assess the situation and advise and/or set up counseling.
Hamilton	513.794.3300	Crisis Care Center: 513.281.2273 211	Crisis Care Center and/or 211 will assess the situation and advise and/or set up counseling.
Hancock	419.422.6387	Century Health Crisis Line: 888.936.7116 or 419.425.5050 211	Century Health Crisis Line and/or 211 will assess the situation and advise and/or set up counseling.
Hardin	419.674.4158	Crisis Hotline: 800.567.4673	Crisis Hotline will assess the situation and advise and/or set up counseling.
Harrison	740.942.2158	Tri-County Help Center Crisis Hotline: 740/695-5441 211	Tri County Help Center and/or 211 will assess the situation and advise and/or set up counseling.

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Henry	419.599.2892	Help Hotline: 800.468.4357 211	Help Hotline and/or 211 will assess the situation and advise and/or set up counseling.
Highland	937.393.4237	211	When you call 211, they will assess the situation and advise and/or set up counseling.
Hocking	740.385.6805	Careline: 888.475.8484	Careline will assess the situation and advise and/or set up counseling.
Holmes	330.674.8045	Wayne-Holmes Mental Health and Recovery Board: 330.674.5772 211	Wayne-Holmes Mental Health and Recovery Board and/or 211 will assess the situation and advise and/or set up counseling.
Huron	419.668.8840	Firelands Behavioral Health: 800.826.1306	Firelands Behavioral Health will assess the situation and advise and/or set up counseling.
Jackson	740.286.6491	Scioto Paint Valley Mental Health Center: 888.775.1260 Hopewell Health Centers 800.252.5554 211	Scioto Paint Valley MHC, Hopewell Health Centers, and/or 211 will assess the situation and advise and/or set up counseling.
Jefferson	740.264.7176	Jefferson Behavioral Health System: 740.264.1627 211	Jefferson Behavioral Health System and/or 211 will assess the situation and advise and/or set up counseling.
Knox	740.397.4656	Crisis Line: 800.544.1601 211	Crisis Line and/or 211 will assess the situation and advise and/or set up counseling.
Lake	440.350.5100	211	When you call 211, they will assess the situation and advise and/or set up counseling.
Lawrence	740.532.7401	Crisis Hotline: 740.354.1010 211	Crisis Hotline and/or 211 will assess the situation and advise and/or set up counseling.

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Licking	740.349.6588	Crisis Hotlines: 740.345.4357 or 800.544.1601 211	Crisis Hotlines and/or 211 will assess the situation and advise and/or set up counseling.
Logan	937.592.0015	Hopeline: 800.567.4673 211	Help Line and/or 211 will assess the situation and advise and/or set up counseling.
Lorain	440.329.3734	Crisis Hotline: 800.888.6161 211	Crisis Hotline and/or 211 will assess the situation and advise and/or set up counseling. Ask for a CIT officer.
Lucas	419.380.4000	Mental Health Services: 419.255.9585 211	Mental Health Services and/or 211 will assess the situation and advise and/or set up counseling.
Madison	740.852.7050	TCN Behavioral Health Services: 937.376.8701 24-hour Crisis Hotline: 740.852.6256 211	TCN Behavioral Health, Crisis Line, and/or 211 will assess the situation and advise and/or set up counseling.
Mahoning	330.797.2825	Help Network of Northeast Ohio: 330.747.2696 211	Help Network and/or 211 will assess the situation and advise and/or set up counseling.
Marion	740.387.1035	Crisis Line: 740.383.2273 211	Crisis Line and/or 211 will assess the situation and advise and/or set up counseling.
Medina	330.725.7751	Alternative Paths: 330.725.9195 211	Alternative Paths and/or 211 will assess the situation and advise and/or set up counseling.
Meigs	740.992.6681	Crisis Hotline: 800.252.5554	Crisis Hotline will assess the situation and advise and/or set up counseling.
Mercer	419.586.2369	ADAMHS emergency services: 800.523.3978	ADAMHS will assess the situation and advise and/or set up counseling.

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Miami	937.440.3000	Tri-County Crisis Hotline: 800.351.7347 211	Tri-County Hotline and/or 211 will assess the situation and advise and/or set up counseling.
Monroe	740.472.1712	Tri-County Help Center: 740.695.5441	Tri-County Help Center will assess the situation and advise and/or set up counseling.
Montgomery	937.837.9200	211	When you call 211, they will assess the situation and advise and/or set up counseling.
Morgan	740.962.4200	Crisis Line: 800.344.5818 211	Crisis Line and/or 211 will assess the situation and advise and/or set up counseling.
Morrow	419.947.1159	24-hour HelpLine Crisis: 800.684.2324 211	HelpLine Crisis and/or 211 will review the case and see if further action is needed and counseling services offered. If the situation escalates, parent or police can transport them to Grady Hospital ER.
Muskingum	740.453.4829	Crisis Line; 800.344.5818 211	Crisis Line and/or 211 will assess the situation and advise and/or set up counseling.
Noble	740.732.7144	Crisis Line: 800.344.5818	Crisis Line will assess the situation and advise and/or set up counseling.
Ottawa	419.898.0400	Crisis Line: 800.826.1306 Rescue Mental Health Services: 419.255.9585 211	Crisis Line, Rescue Mental Health, and/or 211 will review the case and see if further action is needed and counseling services offered. If the situation escalates, parent or police can transport to Grady Hospital ER.
Paulding	419.399.4800	Help Hotline: 800.468.4357	Help Hotline will assess the situation and advise and/or set up counseling.

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Perry	740.342.3542	Crisis Line: 800.344.5818 211	Crisis Line and/or 211 will assess the situation and advise and/or set up counseling.
Pickaway	740.477.3353	211	When you call 211, they will assess the situation and advise and/or set up counseling.
Pike	740.947.8470	211	When you call 211, they will assess the situation and advise and/or set up counseling.
Portage	330.297.6209	Portage Path Community Mental Health Center: 330.762.6110 or 330.253.3100 Emergency Crisis Service: 877.796.3555 211	Portage Path Community, Emergency Crisis Services, and/or 211 will assess the situation and advise and/or set up counseling.
Preble	937.456.5891	211	When you call 211, they will assess the situation and advise and/or set up counseling.
Putnam	419.523.0122	Crisis Hotline: 800.468.4357	Crisis Hotline will assess the situation and advise and/or set up counseling.
Richland	419.774.4200	Crisis Line: 419.522.4357 (HELP) 211	Crisis Line and/or 211 will assess the situation and advise and/or set up counseling.
Ross	740.775.7044	Scioto Paint Valley Mental Health 740.773.4357 211	Scioto Paint Valley Mental Health and/or 211 will assess the situation and advise and/or set up counseling.
Sandusky	419.332.9296	Crisis Line: 800.826.1306	When you call Crisis Line, they will assess the situation and advise and/or set up counseling.
Scioto	740.353.0636 Emergency Line: 740.353.4677	ADAMHS Board Crisis Line 800.354.1010	ADAMHS will assess the situation and advise and/or set up counseling.

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Seneca	419.447.7521	Crisis Hotline: 800.826.1306	Crisis Hotline will assess the situation and advise and/or set up counseling.
Shelby	937.497.8155	Tri-County Crisis Hotline: 800.351.7347 211	Tri-County Hotline and/or 211 will assess the situation and advise and/or set up counseling.
Stark	330.477.5200	Crisis Hotline: 330.452.6000 211	Crisis Hotline and/or 211 will assess the situation and advise and/or set up counseling.
Summit	330.634.8000	211	When you call 211, they will assess the situation and advise and/or set up counseling.
Trumbull	330.652.9800	211	When you call 211, they will assess the situation and advise and/or set up counseling.
Tuscarawas	330.308.7173	24-hour Crisis Line 330.343.1811 211	Crisis Line and/or 211 will assess the situation and advise and/or set up counseling.
Union	937.645.6733	Crisis Hotline: 800.731.5577 211	Crisis Hotline and/or 211 will assess the situation and advise and/or set up counseling.
Van Wert	419.238.6131	Crisis Line: 800.351.7347	Crisis Line will assess the situation and advise and/or set up counseling.
Vinton	740.596.5515	Crisis Line: 888.475.8484	Crisis Line will assess the situation and advise and/or set up counseling.
Warren	513.228.6400	Crisis Line: 877.695.6333 211	Crisis Line and/or 211 will assess the situation and advise and/or set up counseling.
Washington	740.373.3781	Washington County Behavioral Health Board: 740.373.8240 211	Washington County Behavioral Health and/or 211 will assess the situation and advise and/or set up counseling.

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Wayne	330.345.6016	Wayne-Holmes Mental Health and Recovery Board: 330.674.5772 211	Wayne-Holmes Mental Health and Recovery Board and/or 211 will assess the situation and advise and/or set up counseling.
Williams	419.485.8331	Help Hotline: 800.468.4357 211	Help Hotline and/or 211 will assess the situation and advise and/or set up counseling.
Wood	419.352.5115	Wood County Crisis Line 419.502.4673 (HOPE) 211	Wood County Crisis Line and/or 211 will assess the situation and advise and/or set up counseling.
Wyandot	419.294.4901	Firelands Behavioral Health: 800.826.1306 211	Firelands Behavioral Health and/or 211 will assess the situation and advise and/or set up counseling.

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