



## PCM Policy and Recommendations Regarding Non-Standard Physical Interactions

Updated 10/28/10

Although the PCM physical interactions will be effective with most individuals, we recognize that there may be situations in which an organization deems it necessary to adapt a procedure to a particular individual based on a number of factors. These may include, but not be limited to, the individual's physical make-up and/or their size-to-strength ratio or even unusual circumstances in which the crisis behaviors occur. The PCMA does not grant permission, condone, or attempt to estimate the safety of any modification to any PCM procedure, or any other physical procedure. In an effort to assist organizations that are grappling with this difficult problem we have proposed the following classifications of procedures listed in order of their similarity to PCM procedures (from least to most similar). The examples that accompany the categories are just that, examples, and not recommendations. We have also rated the likelihood of the PCMA being able to defend the use of various modifications based on their similarity to standard PCM procedures.

1) Physical assistance procedure that is NOT a PCM procedure and NOT based on PCM principles

Example – Basket Hold, not based on PCM principals and not similar to any standard PCM procedure

Note – The PCMA would likely NOT be capable of defending the use of this procedure in the event of an accident/legal dispute.

2) Physical assistance procedure that is NOT a PCM procedure, but IS based on PCM principles

Example – A wrist holding procedure that is used instead of a vertical immobilization (likely as a transition to no holding). The procedure uses systematic fading, which reflects PCM principals. The procedure is likely not similar to any PCM standard procedure.

Note – The PCMA would likely be capable of defending the use of this procedure in the event of an accident/legal dispute.

- 3) Physical assistance procedure that IS similar to a PCM procedure but has one or more components altered and IS based on PCM principles  
Example – Reversing the grip near the client’s wrist during a prone immobilization because the client has an unusually short humerus (upper arm).  
Note – The PCMA would likely be capable of defending the use of this procedure in the event of an accident/legal dispute, but this is in large part dependent upon both the number of components altered and the degree to which those components are altered. It is easily possible to alter so many components that the procedure no longer looks or functions anything like the original procedure on which it was based.
- 4) Physical assistance procedure that IS A STANDARD PCM PROCEDURE but is implemented with an individual whose body is in a non-standard position and IS based on PCM principles  
Example – Staff implements a PCM One-Arm Wrap Around but instead of standing the individual is seated in a chair  
Note – The PCMA would likely be capable of defending the use of this procedure in the event of an accident/legal dispute

In regards to the modification of any PCM procedure we recommend the following steps be taken to decrease the likelihood of any problems. These precautions are for the organizations own internal use and do not need to be reported to the PCMA.

- 1) Document exactly what the modification is, and if possible use photographs or video
- 2) Give a rationale for the modification of the procedure on an individual basis
- 3) Obtain approval from relevant professionals (Physician, Physical Therapist, etc.)
- 4) Obtain approval from parents/guardians
- 5) Document the training of the procedure, repetitions completed, and dates of the in-service and the names of all participants who are authorized to use the modified procedure. If there is no documentation of such training the staff should not attempt it
- 6) Ensure that staff understand that any modifications must be implemented as per an individual’s behavior program and are not to be used “across the board” with all individuals.

As an added note, please understand that any modifications can have unforeseen consequences. For example, because the one-arm wrap around was designed to be used on a standing person, a person sitting in a chair may begin to slouch which could effectively raise their own arm up the level of their neck. If a staff member did not release the procedure they would run the risk putting pressure on the individual’s neck/throat area. Additionally, chairs designed for sitting in are not the same as restraint chairs which are very heavy, sturdy, and sometimes bolted to

the floor. Free standing classroom chairs can easily slide, tip, or fall over completely. In a seated one-arm wrap around on a moving vehicle, staff can easily be bitten as they cannot move away quickly enough because of the confined space they are in.

Also, the problem of drift must be assessed and addressed. Even with standard PCM procedures, we know that staff members can drift in their implementation of these procedures. Typically the amount of drift is not significant because of the meticulous training requirements. If the requirements for learning modified procedures are anything less than the requirements for learning standard procedures one would expect more drift. We are quite familiar with the kinds of errors staff may make using standard PCM procedures. We cannot however predict how staff will drift when shown how to use non-standard/modified procedures.

The PCMA will always be willing to assist organizations in making these difficult decisions in the best manner possible that will increase the chances of conducting all procedures in a safe and effective manner that maintains the individual's dignity. Ultimately however, the responsibility for modifying and safely implementing procedures lies with the organization, so we recommend that these modifications be avoided when possible, and made sparingly and cautiously when deemed necessary for the safety of the individual.

Finally, any modification to any PCM procedure automatically puts its outside our system of crisis management. As such, the documentation of these modified procedures must be done in such a manner that it is clear to anyone reading those documents that the organization willfully modified procedures and that these procedures were not taught to them nor endorsed by PCMA. These procedures cannot be documented as PCM procedures. It may be noted that the procedure may be based on a particular PCM procedure, but that it was not specifically trained as part of our curriculum. If there are any questions whatsoever, please contact the PCMA before attempting any procedural modifications.