

What to Do When Your Child Exhibits Dangerous Behavior



The following Parent Specialists from State Support Teams provided information and support in the development of the guide for parents:

Tanya Braden, SST 12
Jennifer Heim, SST 2
Kate Kandel, SST 7
Linda Patterson, SST 12
Gloria Wright, SST 6

Donna Owens, Program Director
OCALI Family and Adult Services

These guidelines may be reproduced and distributed for non-commercial educational purposes. Credit must be given to OCALI.
Copyright © 2012 Ohio Center for Autism and Low Incidence. All rights reserved.

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 him/herself
- 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 support from the police? You should call 911 when your child's behavior is beyond your ability 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, trained to deal with people with mental illness or developmental disabilities.

¹ Jones, 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. That enables the brain to “cool off” enough to hear the rest of it, with another reassurance at the end to 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

Don't Reason

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

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 in a safer room.
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 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.

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 or training to address what to do. If you end up having to put your hands on your child, there are some things we know that 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 be precipitated 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 get 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, the 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 be likely be released, generally within 3 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 to get additional help. This can 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 hand held video game

Listening to music

***Take Time for
Yourself to Regroup***

Read a magazine

Listen to calm 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, look at a magazine, listen to music that calms you, 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 this week, but assume there will be a “next time” and prepare.

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

You can call one of the agencies listed below 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 the last section of this document.) If you are reading this and you realize that your child's behavior has become a threat to the safety of the family, do the same.

Four agencies are responsible for supporting families in a crisis like yours:

County Department of Jobs 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 and 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 Phone: 886-886-3537, Choose Option #4, and then Option #2

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 identify the County Family and Children First number for your county, call: Phone: 614-752-4044.

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: Toll Free: 800-617-6733

County Board of Mental Health

Ensures access to quality mental health services for individuals of all ages. These services are accessed through a local agencies funded by the Ohio Department of Mental Health. To locate a mental health agency in your county, call: Toll Free: 877-275-6364

County Department of Jobs and Family Services (JFS)

886-886-3537

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. These organizations were established by parents of children with specialized needs to support families in times of crisis. They can provide information and support and offer direction to you as you seek to find appropriate services for your child and family.

National Alliance for the Mentally Ill – Ohio (NAMI Ohio)

747 East Broad Street, Columbus, Ohio 43205

Phone: 614-224-2700 or 800-686-2646

TTY: call Ohio Relay Service 800-750-0750

<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.

Ohio Federation for Children's Mental Health (OFCMH)

1101 Summit Road, Cincinnati, Ohio 45237

Phone: 513-948-3077

TTY: call Ohio Relay Service 800-750-0750

<http://www.ohfederation.org/contact.html>

The OFCMH is a voluntary, non-profit organization founded by and staffed by those who have encountered behavioral difficulties in their own lives as youth and/or in the lives of their children. The Ohio Federation provides support and advocacy for families.

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) Develop 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) Give directions for 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) List directions to the closest hospital emergency room in case you must transport your child
- 4) Call a crisis line (not 911) 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 crisis by creating a Family Preparation Plan and a Crisis Response Plan

5) Introduce your child to all informal supports and the local police or emergency team who will respond when you call 911. 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 to prevent the peak and 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 with despite even the best -planned interventions. Keep notes after a crisis to remember what worked and what didn't, so you can update your plan. When you contact an agency to get additional support for your child and your family, you will get support in developing a personnel can help you develop a Crisis Behavior Response Plan specific to your child.

* See Appendix 1 to see an example of a Crisis Behavior Response Plan. Appendix 1 is located on page 19

Medical and Psychiatric Intervention

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

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

These conditions should be checked out by a doctor, and 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 by from the Coordinating Center of Excellence for Dual Diagnosis.

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 a 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 at two locations. (A referral from your child's physician is required.) The two locations are:

Nisonger Center
Dr. Betsy Benson
614-688-3214
Benson.3@osu.edu

CAM Program
Wright State University
Dr. Nicole Duff
937-652-4555

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 (CCOE-DD) and that aggression is the reason for the referral. With this 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 sent to your child's doctor 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 that sees your child has the benefit of 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 Pam Berry at the Ohio Department of Developmental Disabilities at pam.berry@dodd.ohio.gov 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

You can prepare for the assessment by writing a description of the child's behavioral outbursts, including when and how often they occur and what triggers you have identified that set off the behavior. 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 information that request, be sure to make a note of it so you can share that information with the psychiatrist who will see your child.

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 physician 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. Among others, side effects include weight gain, sleeplessness, and drowsiness. Use of such medication must be followed with daily observation to track the behavior and identify any possible side effects.

Developing a Comprehensive Approach

Whether or not medication is indicated to address your child's behavior, some strategies will need to be identified 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, the identification of a behavioral specialist to work with you in your home to help you learn to address your child's behavior.

Teach Coping Skills

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

Learn to Recognize Common Triggers

*Transitions
Environments
Difficult social
situations*

Anticipate Difficult Situations and Prepare Your Child

Learning to recognize and preparing your child for difficult situations difficulties important. Common triggers are:

- Transitions: Make sure that time signals are given for any transition 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 (see below).
- Difficult social situations: Teach your child what to do in situations that are difficult and practice the appropriate responses through role-playing.

Teach the Child Appropriate Ways to Escape

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

- Teach the 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 go to cool down and allow that choice. (Coping skill)
- Teach the child to have 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 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 Cycle of Rage 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 rumbling stage.

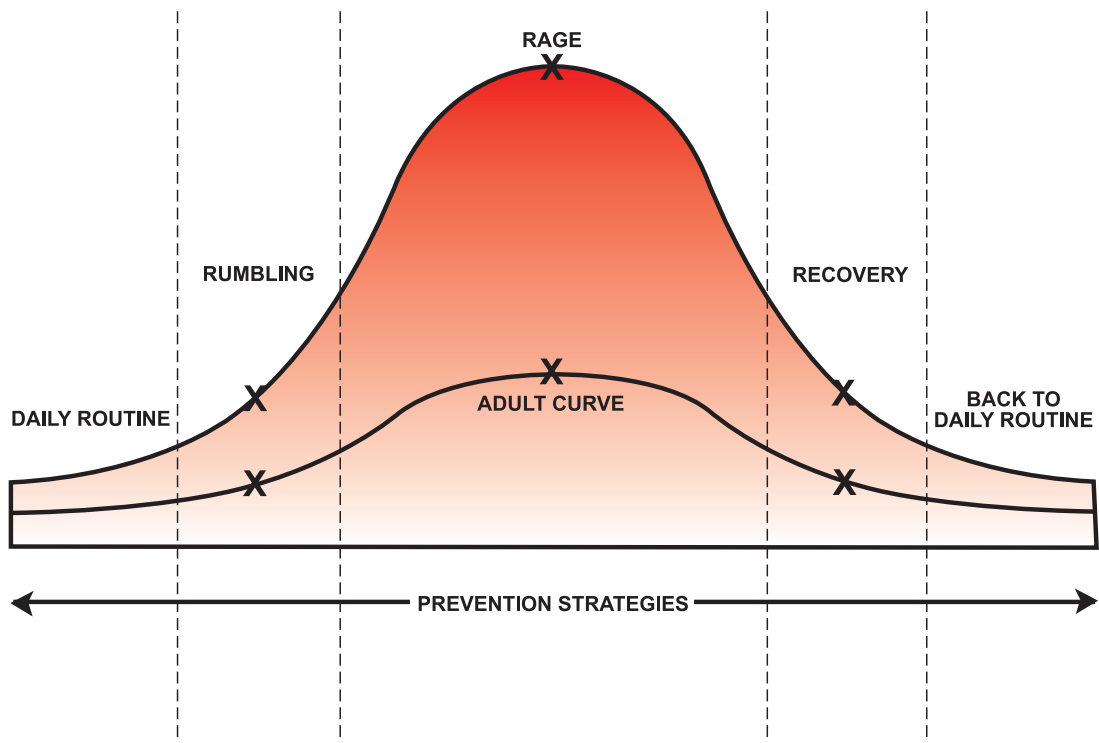
In other cases, the rumbling stage accelerates and intensifies to become rumbling stage 2, which accelerates to become the full rage outburst.

Peak: At the peak of the rage cycle, the child is likely 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 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.

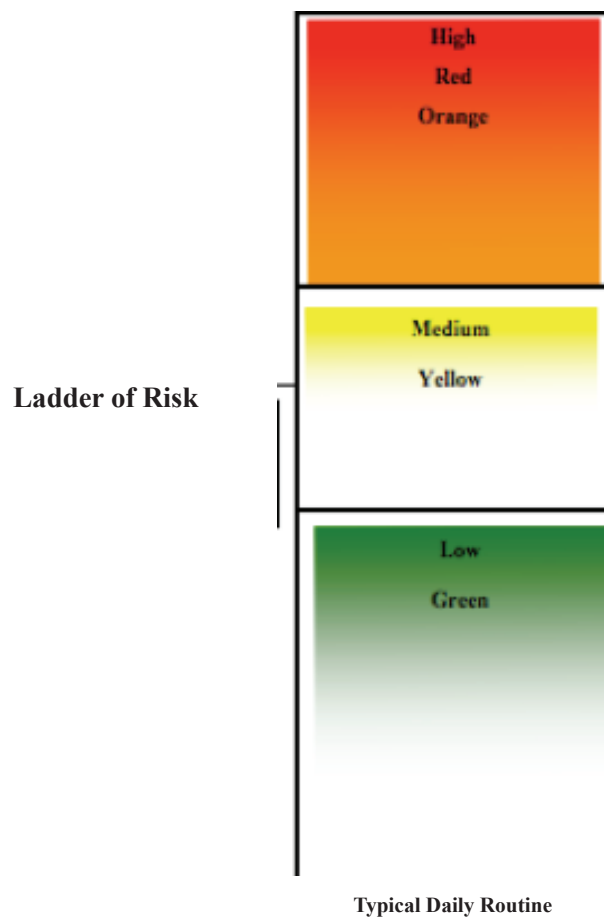
Throughout the rage cycle, the most important thing for parents to remember is to remain calm (despite your internal impulses). Use a soft voice and few words. Once the child has entered the rage cycle, it is not helpful to try to teach or discipline. Demanding compliance is not effective. In fact, it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

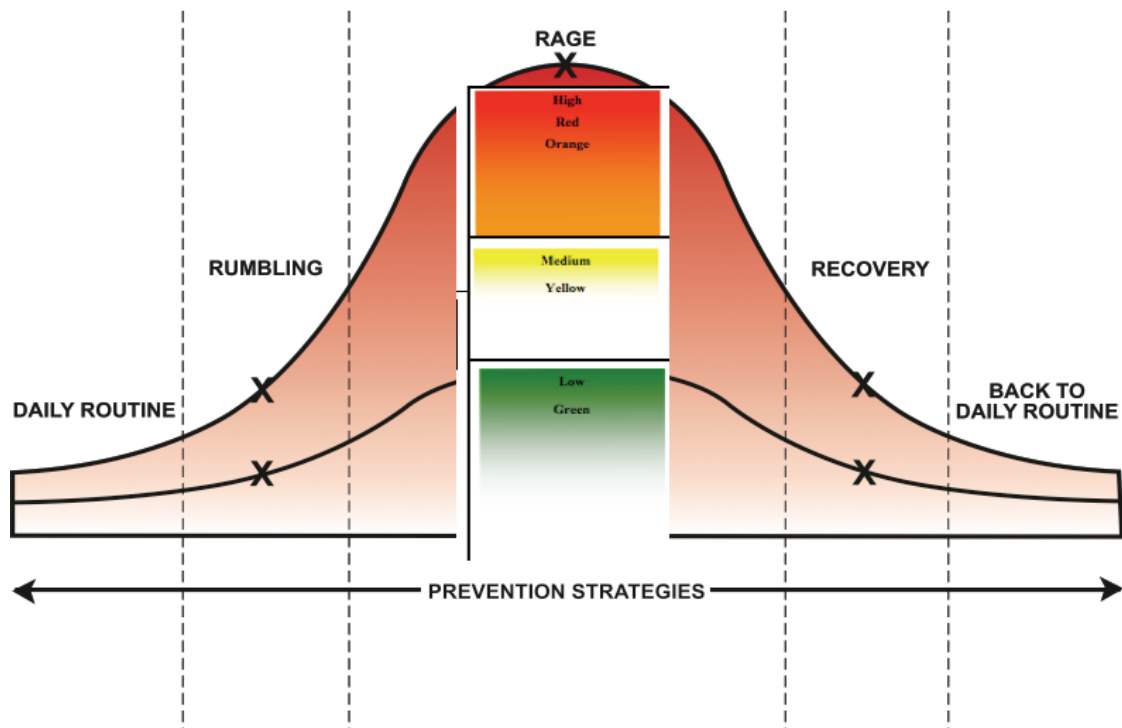
1. Send others away from the area.
2. Call for help (call a family member who can help or call 911).
3. Remove dangerous objects.

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 your behavior at each stage of the child's crisis cycle.

The following chart is an example of the description 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 (listed on pages 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)</i>	<i>(Typical attention to child)</i> Ex. Let child help you with chore, ask about his day, snack time, etc.
Trigger: <i>(Change in routine, provoked, interrupted, unresolved problems)</i>	*If you know this is coming, prepare child (If not, be nonjudgmental . . . watch voice tone and volume, body language; calmly call child's name, verbally recognize frustration)
Rumbling 1: <i>Change in typical behavior. Ex. Facial expression, rocking, pacing, withdrawing, fixating on problem</i>	Be supportive; try to alleviate anxiety. Offer choices such as take a quiet break, run an errand, or another activity; guide to a safe area if possible
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>	Maintain a soft tone of voice and volume, along with body language! <ul style="list-style-type: none"> • Stay calm (don't say "You have to stop now!") • Let child vent (exhaust herself) • Listen and watch (may get important information about the real problem) • Give space in case child becomes physical • Remove dangerous objects • Remain non-confrontational
Peak: <i>Out of control, safety concerns. Ex. Assault, self-injurious behavior, destruction of property, intent to harm others, any form of physical violence</i>	There is no 100% safe restraint. Do not try to reason. The child cannot hear you. Direct others to leave the room (siblings, etc.). Consider leaving room, protecting self, if necessary (ex. use pillow or cushion, access phone numbers to call for help)
De-escalation/Recovery: <i>Decreased energy level, calming down, confusion, denial, blaming others, sleeping, lethargic, responsive to directions</i>	Re-establish positive communication with child; encourage to make it easy for child to re-enter normal activities, praise
Back to Daily Routine: <i>Regained control, back involved with routine or some individual activity, defensive, avoiding talking</i>	Typical attention to child, back to normal routine; get facts from child's perspective, talk about better options, teach new skills

Crisis Development Description	Parent Response to Crisis Behavior
Calm: <i>(Typical cooperation)</i>	
Trigger: <i>(Change in routine, provoked, interrupted, unresolved problems)</i>	
Rumbling 1: <i>(Change in typical behavior.)</i>	
Rumbling 2/Acceleration:	
Peak: <i>(Out of control, safety concerns)</i>	
De-escalation/Recovery: <i>Decreased energy level, calming down, confusion, denial, blaming others, sleeping, lethargic, responsive to directions</i>	
Back to Daily Routine: <i>Regained control, back involved with routine or some individual activity, defensive, avoiding talking</i>	

APPENDIX 2

Crisis Help by County

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 22 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 and Phone Numbers to Contact**	Procedures
Adams	937.544.2574	Shawnee Mental Health Center: 800.448.2273 or 740.354.7702	Shawnee MHC will assess the situation and advise and/or set up counseling
Allen	419.221.1385	Crisis Hotline: 800.567.4673 TDD 419.227.8443	Crisis Hotline will assess the situation and advise and/or set up counseling
Ashland	419.289.0470	Ashland Family and CFC: 419.281.1212 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	440.224.2155 or 440.224.2156	Community Action Agency: 440.997.5936 or 1.800.874.8545 • 211	Community Action will assess the situation and advise and/or set up counseling
Athens	740.594.3539	Careline inside Athens City: 740.593.3344 outside Athens City: 888.475.8484 United Appeal for Athens County: 866.784.3132 •211	Careline and/or United Appeal for Athens County will assess the situation and advise and/or set up counseling When you call 211, they will assess the situation and advise and/or set up counseling
Auglaize	419.629.2419	Crisis Hotline: 800.567.4673 TDD 419.227.8443 Auglaize County Dept of Job and Family Services: 419.739.6505	Crisis Hotline and/or Auglaize County JFS will assess the situation and advise and/or set up counseling
Belmont	740.695.0233 or 740.695.0407	Belmont County Dept of Job and Family Services: 800.494.1616 or 740.695.1074 Tri County Help Center: 800.695.1639 **Please call during business hours only	Belmont County JFS will assess the situation and advise and/or set up counseling Tri County Help Center will assess the situation and advise and/or set up counseling
Brown	937.378.4891	United Way of Greater Cincinnati/United Way: 800.233.4357 or 513.721.7900 • 211	United Way will assess the situation and advise course of action When you call 211, they will assess the situation and advise and/or set up counseling

Butler	513.867.5962	Community Counseling & Crisis Center: 513.424.5498 or 513.523.4149 or 513.894.7002 • 211	Community Counseling will assess the situation and advise on a course of action. When you call 211, they will assess the situation and advise and/or set up counseling
Carroll	330.627.7651	Carroll County Council on Aging: 330.627.7017 24 hr Crisis Line: 330.627.5240	Carroll County Council on Aging will assess the situation and advise a course of action.
Champaign	937.653.5217	United Way of Clark, Champaign & Madison Counties I & R Services: 937.653.4636 • 211	United Way will assess the situation and advise a course of action When you call 211, they will assess the situation and advise and/or set up counseling
Clark	937.328.2675	United Way of Clark, Champaign & Madison Counties I & R Services: 937.653.4636 24-hr Crisis Hotline: 800.24.0422 TCN Behavioral Health Svcs: 937.376.8701 or 937.426.2302 • 211	United Way, Crisis Hotline and/or TCN Behavioral Health will assess the situation and advise a course of action When you call 211, they will assess the situation and advise and/or set up counseling
Clermont	513.732.7000	United Way of Greater Cincinnati/ United Way: 513.762.7100 • 211	United Way will assess the situation and advise a course of action When you call 211, they will assess the situation and advise and/or set up counseling
Clinton	937.382.7519	TCN Behavioral Health Svcs: 937.376.8701 or 937.426.2302 • 211	TCN Behavioral Health will assess the situation and advise and/or set up counseling When you call 211, they will assess the situation and advise and/or set up counseling
Columbiana	330.424.7788	Help Hotline Crisis Center: 800.344.5818 TDD 330.74.0579 • 211	Help Hotline will assess the situation and advise and/or set up counseling When you call 211, they will assess the situation and advise and/or set up counseling
Coshocton	740.622.2032	Six County Inc.: 800.344.5818 TDD 800.432.4142	Six County Inc. will assess the situation and advise and/or set up counseling

Crawford	419.562.3321	HelpLine: 800.755.9010	HelpLine 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 will assess the situation and advise and/or set up counseling When you call 211, they 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: 1.800.468.4357 • 211	Help Hotline will assess the situation and advise and/or set up counseling When you call 211, they will assess the situation and advise and/or set up counseling
Delaware	740.368.5800	24 hr Helpline Crisis: 800.684.2324 •211	HelpLine Crisis will review the case and see if further action is needed and counseling services offered. If situation escalates, parent or police can transport to Grady Hospital ER. Here a mental health counselor would be called in. When you call 211, will assess the situation and advise and/or set up counseling
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 hr Helpline Crisis: 740.687.0500	HelpLine will review the case and see if further action is needed and counseling services offered. If situation escalates, parent or police can transport to the Fairfield County Hospital ER
Fayette	740.335.7453	TCN Behavioral Health Svcs: 937.376.8701 or 937.426.2302 •211	TCN Behavioral Health will assess the situation and advise and/or set up counseling When you call 211 they will assess the situation and advise and/or set up counseling

Franklin	614.475.6440	Netcare: 614.276.2273 1.888.276.2273 • 211	Netcare reviews the case and will see if further action is needed & counseling services offered. Must transport the person either yourself or call the police and request a CIT officer. They assess the situation and treat the person. They have two locations: 199 S Central St on west side of downtown and 741 E Broad St at Broad and Parsons. When you call 211, they will assess the situation and advise and/or set up counseling
Fulton	419.337.4575	Help Hotline: 1.800.468.4357 • 211	Help Hotline will assess the situation and advise and/or set up counseling When you call 211, they will assess the situation and advise and/or set up counseling
Gallia	740.367.7371	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 Svcs: 937.376.8701 or 937.426.2302 • 211	TCN Behavioral Health will assess the situation and advise and/or set up counseling When you call 211, they will assess the situation and advise and/or set up counseling
Guernsey	740.439.4451	Six County Inc.: 800.344.5818 TDD 800.432.4142	Six County Inc. will assess the situation and advise and/or set up counseling

Hamilton	513.559.6714	Crisis Care Center: 513.281.2273 • 211	Crisis Care Center will assess the situation and advise and/or set up counseling When you call 211, they will assess the situation and advise and/or set up counseling
Hancock	419.422.6387	Century Health Crisis Line: 1.888.936.7116 • 211	Century Health Crisis Line will assess the situation and advise and/or set up counseling When you call 211, they will assess the situation and advise and/or set up counseling
Hardin	419.674.4158	Crisis Hotline: 800.567.4673 TDD 419.227.8443	Crisis Hotline will assess the situation and advise and/or set up counseling
Harrison	740.942.2158	Tri County Help Center: 800.695.1639 **Please call during business hours only	Tri County Help Center will assess the situation and advise and/or set up counseling
Henry	419.599.2892 ext 224	Help Hotline: 1.800.468.4357 • 211	Help Hotline will assess the situation and advise and/or set up counseling When you call 211, they 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: 877.264.9029 • 211	Wayne-Holmes Mental Health and Recovery Board will assess the situation and advise and/or set up counseling When you call 211, they 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 •211 Woodland Centers: 800.252.5554	Scioto will assess the situation and advise and/or set up counseling When you call 211, they will assess the situation and advise and/or set up counseling Woodland Centers will assess the situation and advise and/or set up counseling
Jefferson	740.264.7176	Jefferson Behavioral Health System: 740.264.1627	Jefferson Behavioral Health will assess the situation and advise and/or set up counseling
Knox	740.397.4656	Pathway of Licking County: 800.544.1601 •211	Pathway will assess the situation and advise and/or set up counseling When you call 211, they 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	Shawnee Mental Health Center: 800.448.2273	Shawnee MHC will assess the situation and advise and/or set up counseling
Licking	740.349.6588	Crisis Hotline: 740.345.4357 Pathway of Licking County: 800.544.1601 •211	Crisis Hotline and/or Pathway of Licking County will assess the situation and advise and/or set up counseling When you call 211, they will assess the situation and advise and/or set up counseling
Logan	937.592.0015	Help Line: 800.224.0422	Help Line will assess the situation and advise and/or set up counseling
Lorain	440.329.3734	24-hr Crisis Hotline 800.224.0422 • 211	Crisis Hotline will assess the situation and advise and/or set up counseling When you call 211, they will assess the situation and advise and/or set up counseling. Ask for a CIT officer

Lucas	419.380.4000	NW Ohio Crisis Line: 419.352.1545 or 1.800.472.9411 Rescue Mental Health Services: 419.255.9585 • 211	NW Ohio Crisis Line and/or Rescue Mental Health Svcs will assess the situation and advise and/or set up counseling When you call 211, they will assess the situation and advise and/or set up counseling
Madison	740.852.7050	TCN Behavioral Health Svcs: 937.376.8701 or 937.426.2302	TCN Behavioral Health will assess the situation and advise and/or set up counseling
Mahoning	330.797.2825	Help Hotline Crisis Center: 330.747.2696 TDD 330.747.0579 •211	Help Hotline will assess the situation and advise and/or set up counseling When you call 211, they will assess the situation and advise and/or set up counseling
Marion	740.387.1035	Care Line: 740.383.2273	Care Line will assess the situation and advise and/or set up counseling
Medina	330.725.7751	Alternative Paths: 330.725.9195 • 211	Alternative Paths will assess the situation and advise and/or set up counseling When you call 211, they will assess the situation and advise and/or set up counseling
Meigs	740.992.6681	Crisis Hotline: 800.252.5554 or 740.446.5500	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
Miami	937.339.8313	Tri-County Crisis Hotline: 800.351.7347	Tri-County Hotline will assess the situation and advise and/or set up counseling
Monroe	740.472.1712	Tri County Help Center: 800.695.1639 **Please call during business hours only	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	Six County Inc.: 800.344.5818 TDD 800.432.4142	Six County will assess the situation and advise and/or set up counseling

Morrow	419.947.7045	24 hr Helpline Crisis: 800.684.2324 •211	HelpLine Crisis will review the case and see if further action is needed and counseling services offered. If situation escalates, parent or police can transport to Grady Hospital ER. A mental health counselor will be called in. When you call 211, they will assess the situation and advise and/or set up counseling
Muskingum	740.453.4829	Six County Inc.: 740.453.5818 TDD 740.455.4142	Six County Inc. will assess the situation and advise and/or set up counseling
Noble	740.732.7144	Six County Inc.: 800.344.5818 TDD 800.432.4142	Six County Inc will assess the situation and advise and/or set up counseling
Ottawa	419.898.0400	NW Ohio Crisis Line: 419.352.1545 or 1.800.472.9411 Rescue Mental Health Services: 419.255.9585 •211	Crisis Line and/or Rescue Mental Health will review the case and see if further action is needed and counseling services offered. If situation escalates, parent or police can transport to Grady Hospital ER. A mental health counselor will be called in. When you call 211, they will assess the situation and advise and/or set up counseling
Paulding	419.399.4800	Help Hotline: 1.800.468.4357	Help Hotline will assess the situation and advise and/or set up counseling
Perry	740.342.3542	Six County Inc.: 800.344.5818 TDD 800.432.4142	Six County Inc 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	740.947.7502	• 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: 330.434.9144 or 330.762.6110 Emergency Crisis Service: 877.796.3555 • 211	Portage Path Community and/or Emergency Crisis Svc will assess the situation and advise and/or set up counseling When you call 211, they 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	419.876.3944	Help Hotline: 1.800.468.4357	Help Hotline will assess the situation and advise and/or set up counseling
Richland	419.774.4200	Help Line/Adapt: 419.522.4357	Help Hotline/Adapt will assess the situation and advise and/or set up counseling
Ross	740.773.8044	Chillicothe Crisis Center: 740.773.4357 •211	Chillicothe Crisis Center will assess the situation and advise and/or set up counseling When you call 211, they will assess the situation and advise and/or set up counseling
Sandusky	419.332.9296	•211	When you call 211, they will assess the situation and advise and/or set up counseling
Scioto	740.353.0636	ADAMHS Board Emergency Services: 800.448.2273 or 740.354.1010	ADAMHS will assess the situation and advise and/or set up counseling
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	Tri-County Hotline will assess the situation and advise and/or set up counseling
Stark	330.477.5200	Crisis Intervention Center: 330.452.6000 or 800.956.6630 •211	Crisis Intervention Center will assess the situation and advise and/or set up counseling When you call 211, they 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 hr Crisis Lines: 330.343.1811 •211	Crisis Lines will assess the situation and advise and/or set up counseling When you call 211, they will assess the situation and advise and/or set up counseling
Union	937.645.6733	Consolidated Care Inc.: 800.731.5577 or 800.224.0422	TEXT MISSING
Van Wert	419.238.1514	Help Hotline: 1.800.468.4357	Help Hotline will assess the situation and advise and/or set up counseling
Vinton	740.596.5515	Careline: 888.475.8484	Careline will assess the situation and advise and/or set up counseling
Warren	513.695.1652	Contact: 330.393.1565 or 330.545.4371 TDD 330.395.5832 •211	Contact will assess the situation and advise and/or set up counseling When you call 211, they will assess the situation and advise and/or set up counseling
Washington	740.373.3781	24 Hour Crisis Hotline: 800.523.3978	24 Hour Crisis Hotline will assess the situation and advise and/or set up counseling
Wayne	330.345.6016	Wayne-Holmes Mental Health and Recovery Board: 1.800.523.3978	Wayne-Holmes Mental Health and Recovery Board will assess the situation and advise and/or set up counseling When you call 211. they will assess the situation and advise and/or set up counseling
Williams	419.485.8331	Help Hotline: 1.800.468.4357 • 211	Help Hotline will assess the situation and advise and/or set up counseling When you call 211, they will assess the situation and advise and/or set up counseling.

Wood	419.352.5115	NW Ohio Crisis Line: 419.352.1545 or 1.800.472.9411 Rescue Mental Health Services: 419.255.9585 • 211	NW Ohio Crisis Line and/ or Rescue Mental Health Services will assess the situation and advise and/ or set up counseling When you call 211, they will assess the situation and advise and/or set up counseling
Wyandot	419.294.4901	Firelands Behavioral Health: 800.826.1306	Firelands Behavioral Health will assess the situation and advise and/or set up counseling

References

Barnett, D., et al. (2006). Response to intervention for young children with extremely challenging behaviors: what it might look like. *School Psychology Review*, 35, 568-582.

Buron, K. and Curtis, M. (2004). *The Incredible Five Point Scale*. Shawnee Mission, KS: AAPC.

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

Evans, R. (2011, November 30). *Coping with aggression in your autistic child*. Retrieved from <http://www.disabled-world.com/artman/publish/autism-aggression.shtml>

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

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

Powers, R. E. (2005). *Primary care assessment and management of aggressive behavior toward others for the adult with mental retardation and developmental disabilities*. Maryland Bureau of Geriatric Psychiatry.

Putnam, E. (Ed.). (2009). *Guidelines for understanding people with intellectual disabilities, mental, emotional, and behavioral disorders*. Tallahassee FL: Florida Developmental Disabilities Council, Inc.

U.S. Department of Health and Human Services. (2011, April 21). *Crisis Intervention*. Retrieved from http://www.getceusnow.com/portal/file/crisis_intervention.htm

Vicario, M. (2011). Finding Hope Consultation. Cincinnati, OH: St. Aloysius Orphanage.

