

Jumping Into the Chaos of Things

- David Pitonyak

Prologue

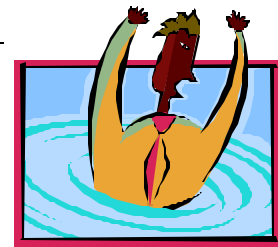
Imagine finding yourself on board one of those impossibly large ocean liners, the kind that travel to places like the Virgin Islands or Alaska. There is a storm — a menacing storm — about to overtake the boat. You and dozens of other people are on deck, holding fast to anything that will hold, when, suddenly, a gust of wind blows a fellow passenger into the sea. He falls like a stone, disappearing the churning waters as if he were being swallowed. There is disbelief at first. Silence. No one can believe what has happened. And then someone yells, “Call a human services worker! Call a human services worker! This man needs crisis support!”

In what seems an age, a handful of professionals finally appear on deck. Dressed in business attire, they make their way to the railing and locate the man overboard who disappears repeatedly under churning waves. He is screaming and waving his arms frantically, but it is difficult to hear what he is saying — the waves are exploding beneath you, and he is getting further and further away as the ship, too heavy to stop, continues on its path. The only thing that is clear is that the man is terrified.

You watch helplessly as the professionals whisper to one another, nodding and conferring, conferring

* I am grateful for the input and advice given to me by my best friend Charles Hopkins. Charles, who is Deputy Director of the Office of Developmental Disabilities in Georgia, and an experienced sailor in rugged seas, helped me to understand the awesome dynamics of a storm, or, as he put it, “the chaos of big water.”

**A companion piece to this article is my handout *Upside Down and Inside Out: Supporting a Person in Crisis/Supporting the People Who Care* available at my web site: www.dimagine.com



and nodding. One of them, a well-credentialed looking fellow, picks up a mega-phone and directs it toward the man overboard. “Stop shouting!” he barks. “You are engaging in attention seeking behavior and we will not help you until you are calm in the water!”

It might seem odd to you that a professional would respond in such a way. But it happens all the time. The person overboard is terrified and the guy with the megaphone barely seems to notice.

Lessons from the Coast Guard

I am fond of adventure books, especially the ones about people who escape dangerous situations by the skin of their teeth — mountain climbers who get caught in avalanches, hikers wandering hopelessly in Borneo, sailors overboard in 100 foot seas — that sort of thing. I am not the kind of person who lives dangerously, mind you. I go out of my way to avoid danger. As much as I dream of being Indiana Jones, I am more like Woody Allen. Putting myself into dangerous situations has no appeal to me. A coward at heart, I live vicariously through the adventures of others. But that’s OK. I live.

I hope one day to replace all of my work books with adventure novels. Each time I get a new one, I throw out something on behavior analysis or psychotherapy. It’s really satisfying. Eventually, when my bookshelf has been completely emptied of “human services” books*, I will have to throw out some of my adventure novels because there’s only so much room on my shelves. I’m not sure how I’ll decide what to keep and what to give away, but I’ll probably keep the ones about people who rescue others, like the men and women

*OK, I’m exaggerating a bit. I will keep my books by John O’Brien, Herb Lovett, Anne Donnellan and Martha Leary. But everything else has to go!

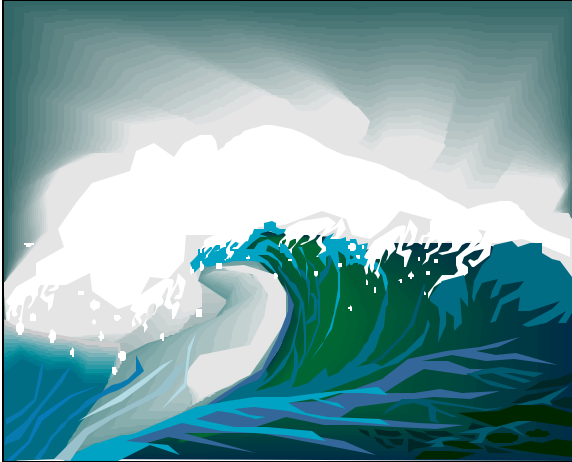
of the Coast Guard, who routinely put themselves in harm’s way to rescue others. There’s something compelling about people who deliberately jump into hellish storms and get back safely on a routine basis. You have to know what you are doing and keep a level head, every step of the way. I think these stories have something to teach those of us who help people who are experiencing psychological or emotional crises — people *upside down and inside out*.**

What follows are some tips for jumping into the chaos of things, gleaned from my library of adventure books (most particularly, Sebastian Junger’s *The Perfect Storm*).

1. Be prepared

Imagine, just for a moment, standing at the open door of a helicopter, looking down into a stormy sea littered with debris from a sailboat crushed by huge waves. You know that somewhere in this chaos there are survivors and it is your job to rescue them. Sebastian Junger describes it this way “Below the ocean is so ravaged by wind that [you] can’t tell the difference between the waves and the troughs; for all [you] know, [you] are jumping three hundred feet...it’s like getting shot out downward out of a cannon. A body accelerates roughly twenty miles an hour for every second it’s in the air; after one second, it’s falling twenty miles an hour; after two seconds, forty miles an hour, and so on, up to a hundred and thirty. At that point the wind resistance is equal to the force of gravity, and the body is said to have reached terminal velocity...Water is the only element that offers more resistance the harder you hit it, and at fifty miles an hour it might as well be concrete” (pages 236-240).

Once you hit the water, assuming you survive, “rain flashes down diagonally” (p.



209) and “the seas are so big they give [you] the impression [you’re] swimming uphill and downhill rather than over the individual waves” (p. 204)... “In conditions like these, so much water gets loaded into the air that swimmers drown simply trying to breath” (p. 230).

And that’s not all. The air and seas are roaring. You can barely hear yourself think. Debris from the disintegrating ship is being hurled through the air. You could be knocked unconscious but you must stay focused on the task at hand.

Imagine that.

You might guess that jumping from a helicopter into such conditions requires hours and hours (and hours) of training. And it does. Sebastian Junger describes the training this way:

“During the first three months of training, candidates are weeded out through sheer, raw abuse. The dropout rate is often over ninety percent” he writes. “[In one phase of the] training, for example, the candidates are strapped into a simulated helicopter and plunged underwater. If they manage to escape, they’re plunged in upside down. If they still manage to escape, they’re plunged in upside-down and blindfolded. These guys who

escape *that* get to be [rescue swimmers]; the rest are rescued by divers waiting by the sides of the pool” (p. 225).

Keeping your cool — not allowing yourself to become overwhelmed by chaos of things — is a necessary prerequisite for rescue swimmers. Each is taught to be prepared for every eventuality. Hours are spent rehearsing specific protocol that have been developed from years of real-world experience. Equipment is handled so often it becomes a part of a rescue swimmer’s body. When the tools of the trade are loaded into the helicopter there is a place for everything and everything is in its place.

It *should* go without saying that supporting a person in crisis requires training and preparation. But, in the field of human services, people are often not adequately trained or prepared to deal with crisis situations. There may be a crisis plan in place, but these plans are often generic and/or vague, rendering them useless to the people who support the person day-to-day.

To determine if the person’s plan is adequate, you can use the checklist on the next two pages (adapted from the Vermont Guidelines on the development of a positive behavior support plan) to evaluate the existing crisis plan. At a minimum, the plan should include the following:

1. A summary of who the person is as a person.
2. A summary of what the person likes and what makes life worth living.
3. A summary of the “crisis behaviors” and the rationale for needing the plan.
4. A summary of any court ordered restrictions/parole or probation status and, if applicable, guardianship status.
5. A description of supervision (who will monitor the effectiveness of the plan) and

A Crisis Support Plan Checklist* (Part One)	
<p>The crisis support plan includes:</p> <p>_____ Summary of who the person is as a person.</p> <p>_____ Summary of what the person likes and what makes life worth living.</p> <p>_____ Summary of the crisis behavior(s) and a rationale for needing a plan.</p> <p>_____ Summary of court ordered restrictions/Probation/parole status.</p> <p>_____ Summary of supervision and lead agency's responsibility for community safety</p> <p>_____ Personal risk factors (e.g., alcohol, drugs, impulsivity)</p> <p>_____ a description of each behavior of concern, written in clear, observable terms</p>	<p>_____ a description of conditions/circumstances associated with high levels of the behavior and strategies for re-direction;</p> <p>_____ specific steps for intervening when the behavior(s) occur to assure safety for the individual and others;</p> <p>_____ a description of stabilizing factors which reduce risk;</p> <p>_____ a description of various treatments and therapies and goals;</p> <p>_____ a description of restrictions for community safety and individual safety;</p> <p>_____ should restraints of any kind be in use, the plan includes a specific protocol for use and a plan for their <u>elimination</u>;</p> <p>_____ specific steps to support staff</p> <p>_____ a process for monitoring the overall progress.</p>
	<p>Do people feel safe when the person is having a difficult time? If not, what can be done to help people to feel comfortable even on the most difficult of days?</p> <p>Be specific. What supports will help people to feel safe?</p>

***Adapted from:** State of Vermont (2004) Behavior support guidelines: For support workers paid with developmental services funds. Waterbury, VT: Division of Disability and Aging Services, Department of Disabilities, Aging and Independent Living. The entire document is available on my web site (www.dimagine.com). Click on Links and Other Resources—Policy—Behavior Support Guidelines.

A Crisis Support Plan Checklist* (Part Two)	
<p>Are there concerns that the plan, no matter how well laid out, may not be implemented correctly? What can you do to make sure the plan is implemented with fidelity?</p>	<p>NOTES</p>
<p>Be specific. What will <u>you</u> do?</p>	

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When John Spillane hits the Atlantic Ocean...his memory goes from falling to swimming, with nothing in between. When he understands that he is swimming, that is all he understands — he doesn't know who he is, why he is there, or how he got there. He has no history and no future; he is just a consciousness at night in the middle of the sea.

-Sebastian Junger
The Perfect Storm (p. 240)

- the lead agency's responsibility for community safety.
6. Personal risk factors (e.g., alcohol, drugs, impulsivity).
 7. A description of each behavior(s) of concern;
 8. A description of the conditions/ circumstances associated with the behavior(s) and strategies for re-direction;
 9. Specific steps for intervening when the behavior(s) occur to assure safety for the individual and others;
 10. A description of stabilizing factors which reduce risk.
 11. A description of various treatments and therapies and the goals for each.
 12. A description of restrictions for community safety and individual safety.
 13. If applicable, specific protocol for the use and elimination of restraints (see note below);
 14. Specific steps for supporting staff;
 15. A process for monitoring the overall progress of the plan.

Additionally, it is important to determine if people feel safe when the person is having a difficult time. Supporters who are afraid cannot think clearly and will, in all likelihood, make mistakes when a person is upside down and inside out. The crisis support plan should include specific steps for helping a person's supporters to feel safe, including specific steps for assuring the plan is carried out with fidelity.

For additional information, refer to my handout *Upside Down and Inside Out: Supporting a Person in Crisis* (available at my web site www.dimagine.com; click on Articles and Publications, scroll down to *Upside Down*).

Note on the Use of Restraints: In the event you are using restraints of any kind, you must work to eliminate them. Restraints should never be considered as a form of treatment for difficult behaviors (they should only be used to stop the person for hurting self in the short term or as a way of protecting the person after a medical procedure). For helpful information regarding restraints and developing a sensible plan for their elimination, see the Pennsylvania Mental Retardation Bulletin entitled, *Elimination of Restraints Through Positive Practices* available at the Office of Mental Retardation Web site: <http://www.dpw.state.pa.us/General/Bulletins/003673169.aspx?BulletinId=1408>

Important note: A crisis should be an infrequent event. Frequent crises are an indication that something is wrong with the support plan! (You can download information about building a support plan from my web site (www.dimagine.com; click on 'Articles and Publications,' 'Support Plan Forms.')

2. Don't jump on top of the person.

Before leaping, understand that you could really hurt the person if you jump on top of them. Terribly obvious, isn't it? But it is worth remembering because a common mistake human services professionals make is that they "take over" people's lives by assuming that a person's happiness is their responsibility. Read: if the person is unhappy, it must be that I am doing something wrong. But remember that the struggles many people are facing are decades long (e.g., abandonment from their families), or perhaps physical (e.g., a thyroid condition). The point is that there is a big difference between caring *about* someone and *taking care of* someone.

3. Take care of yourself on the way down.

As mentioned, water is the only element that gets harder the faster you hit it. Rescue swimmers, when leaping from a helicopter, must make sure that they hit the water just right to avoid potentially catastrophic injuries. They are no good to anyone if they are knocked unconscious or injured (or worse, killed) by the fall.

Similarly, it is important to take care of yourself when helping a person in crisis. Many professionals forgo important aspects of their lives — like family and friends — in an effort to help people in need. Remember that it is important to stay grounded and take care of yourself in those ways that work for you if you are going to support people in crisis. Peter Leidy, a friend and colleague from Madison, Wisconsin, has spent years in the field and has a particular interest in supporting direct support workers. Among other things, he writes that isolation can be an issue for support workers and suggests simple steps for providing them with support, including:



- Help them to get off to a good start by sharing important parts of the person's story;
- Asking them for input regarding important decisions;
- Providing them with open communication;
- Providing training beyond what is expected; and
- Providing acknowledgement for their efforts (Leidy, 2005).

One way I like to help people understand the importance of their needs is to ask them to imagine that nothing they can do, for the time being, will help the person to feel better (he/she is inconsolable). I ask them "What do you need so that you can come to work with a sense of purpose and joy? A sense of safety? A sense that there is hope for a better future for the person?" It is sometimes a difficult question for people to answer, but, in my experience, giving people a chance to state what they need while the person is having a difficult time — without any hope of short term progress — gives them a deeper appreciation of what they really need. To paraphrase Jean Clarke, "A person's needs are best met by people whose needs are met."

Note about vicarious traumatization. Remember that caregivers can become vicariously traumatized when supporting people in "big water." Be sure to develop a strategy for dealing with the enormous energy

that it takes to help others, particularly when you are exposed to traumatic stories and life events (for additional information, see my handout *Upside Down and Inside Out: Supporting a Person in Crisis* available online at www.dimagine.com).

4. Orient yourself.

One of the first tasks a rescue swimmer must complete when hitting the water is to orient himself/herself to the surroundings. First, locate the helicopter, second, locate the people overboard, estimate distances, and begin transmitting an electronic signal to let the people above you know precisely where you are.

When jumping into the chaos of things, it is important to be prepared for the “politics” of difficult behaviors. Our system is not fond of people who stray too far from solid ground. We do not like people who make too much noise, people who act in ways that are weird and potentially embarrassing. Our services are often run like a machine and we do not want anyone tampering with or disabling the machine. Be aware that there will be pressure on you should you jump into the sea to “fix” the problem. Do everything you can to remain clear that the work is to help the person to successfully negotiate the crisis. As he/she learns new ways to *be* in the world, it is likely that the current behavior(s) will persist for a period of time. For that interim, caregivers must extend to the person what Al Vecchione, Ph.D. calls “a band of tolerance.”

It is often true that people are in crisis because the life they are living makes no sense. A good thing to do is to walk in a person’s shoes and ask yourself, What would my behavior be like if I lived such a life? Part of the “politics of behavior” is that it is often the system that needs fixing.

A fundamental reason why people “act out” is that the life they are living makes little or no sense. I love this quote from Michael Smull (2000):

People with disabilities who are frequently in crisis are given “severe reputations” by the system that is supposed to support them. They are trapped by ways of listening and understanding that are too narrow; ways of listening that hear a need for control rather than complaints about their services.

To make sure team members are on the same page, it might be helpful to sit down with each other and check your assumptions about people who exhibit difficult behaviors. I like these, offered by my friend and colleague Mayer Shevin, Ph.D. (see www.shevin.org for additional information):

1. The person already knows that he/she is acting weirdly;
2. When it’s not happening, they wish it would not happen again;
3. When it is happening, they either (a) feel they can’t stop it, or (b) feel that it is the only thing they can do;
4. After it happens, they feel embarrassed;
5. No matter how significant their disability or how difficult their behavior, they have lots of time to (a) develop an understanding of their behavior, and (b) develop ideas about what it would take to change it;
6. The person needs to be supported in testing their own theories about their behaviors.

5. Let people affect you, but don’t join them in the drowning.

Rescue swimmers learn that swimming up to a drowning person too quickly can be dangerous, since the person in “big water” is so panic stricken that he/she is likely to drown

anyone who gets close. It is said that a person's instinct is to attempt to stand on top of a rescuer in such moments. Knowing this, the rescue swimmer swims to within shouting distance of the person and provides clear instructions about what to do. In short, the rescue swimmer establishes clear boundaries.

It is important for human services professionals to understand the importance of boundaries because we can quickly be overwhelmed by someone's circumstances and pain. A certain *compassionate* distance, at a time when a person is upside down and inside out, is appropriate.

I like the way John Welwood, in his book, *Awakening the Heart: East/West Approaches to Psychotherapy* explains "authentic presence":

"...I have found that I most enjoy my work and am most helpful to others when I let them affect me. This does not mean that I should identify with their problems or get caught up in their neuroses. There are ways that clients try to draw the therapist into their world in a manipulative way which should, in fact, be resisted. Yet the therapist can still leave himself open to seeing what that pull or manipulation feels like, for this will provide essential clues to guide him in responding more helpfully to the person. What I am speaking of here is not losing my boundaries, but letting myself experience what the other person's reality feels like.

"If I can hear another person's words, not from a place of clinical distance, but as they touch me and resonate inside me, then I can bring a fully alive, human presence to bear on the other's experience, which is much more likely to create an environment in which healing can occur. Many other factors also determine the outcome of therapy, but without this kind of authentic presence on the part of the therapist, real change is unlikely to occur. Authentic presence is sparked in therapists when they let themselves be touched by the client, when they can really feel what it

is like to be in the client's world so they can respond from a place of true empathy and compassion. (p. xi).

It should also be noted that it is not uncommon for a person who has been rescued at sea to form strong feelings for his/her rescue swimmer. Similarly, a person who is in crisis may form strong feelings towards a particular staff person, sometimes becoming obsessed with the staff person's comings and goings. This is natural. A person being rescued at sea does not tell his/her rescue swimmer that he appreciates the help but would like other rescue swimmers to have a shot at helping. A person near drowning grabs on to the first helpful person that shows up. And so it is true that we can expect people in crisis to over-identify with one caregiver from time to time. Rescue swimmers know that the individuals they save may need some time to de-brief after the rescue, to understand why they have such strong feelings for the rescue swimmer, and so too should we help people in crisis to identify the source of their strong feelings once they have time on dry land to decompress.

6. Let the person see that you are not overwhelmed.

It is not uncommon for a rescue swimmer, when approaching a person in "big water" to act matter-of-factly about the circumstances, as if nothing were terribly unusual.

"Hello. My name is David. What's yours?"

"Albert."

"Where are you from, Albert?"

"Hershey, Pennsylvania."

"Ah — Hershey! That's where they

make the chocolate, isn't it?"

Imagine that *you* were overboard and the person coming to rescue you, in the midst of a terrible storm, asked about chocolate?! Such scenarios are common. Why? The answer is simple: the rescue swimmer is trying to convey to the person overboard that they are not overwhelmed, that they know what they are doing, that they can see a future.

Imagine a different scenario in which the rescue swimmer approaches *you* and screams, "My God! I've never seen seas this big before! This is worse than I ever imagined!" It doesn't do much for your self-confidence.

The point, of course, is that a person who is filled with anxiety needs help from people who are not themselves filled with anxiety. Unfortunately, as is too often the case, humans services professionals trying to help are themselves overwhelmed by the chaos of things (e.g., the politics of the person's behavior, a lack of support from colleagues, a lack of resources to help the person find stability in his/her relationships). It is critical that every effort be made to support staff so that they are clear about what they need so that they can convey to the person that there is hope about the future. In short, get your "stuff" together.

7. Don't overwhelm the person with too many choices.

A person in "big water" has left the top part of the brain — the neo-cortex — where we think about things, and "downshifted" to the lower brain where everything is about fight, flight, or freeze. Suffice it to say, the person cannot process too many choices at this point, let alone think about much of anything except the immediate. Therefore, it is very important not to

overwhelm the person with too many choices. I find it helpful to ask the person, "What do you need?" "How can I help?" fully expecting it to take the person time to respond.

An important non-negotiable: I will not let the person hurt self or others. For additional information about what it takes to help a person in crisis, see my handout *Upside Down and Inside Out: Supporting a Person in Crisis* available online (www.dimagine.com).

8. When the person reaches dry land, it is time to start thinking about a real life.

Imagine that you are a rescue swimmer who has been called out on numerous occasions to save the same person. It would get frustrating if the person you are pulling from the "big water" had failed to learn from the past. It is sometimes assumed that a person who has been "rescued" by human service professionals should be grateful and fly right, but the assumption is usually wishful thinking at its best. When I get involved with people who are repeatedly in crisis, I assume first that something is fundamentally wrong with the support plan (remember: a crisis should be an infrequent event) and second that it will take them some time to develop new "habits."

Typically, people who are putting themselves in jeopardy time and time again have an underlying medical or psychiatric problem that is untreated (or improperly treated). Once the medical and psychiatric issues have been resolved and the person feels better (usually marked by a decrease in their overall level of anxiety), it is easier to see how much their trouble is related to an absence of skills and/or insight. For a time, most people need time to learn and adopt new skills, particularly when they have had a long history of failure, resulting in low self-esteem. Imagine how difficult it would be to believe in

yourself when you have failed time and time again.

A simple way to think about this is to remember that a person who is “out of control” needs more control. When a person keeps returning to behaviors that are helpful, I find it helpful to talk about the reasons why I am concerned. We may set up a contract that clearly outlines the responsibilities of the person and his/her team. If the person continues to sabotage the plan by engaging in behaviors that are dangerous, it is fair for his/her supporters to implement more restrictive measures for a pre-arranged period of time. In short, it is not an option for anyone to get hurt.

As soon as a person has reached dry land and has had a chance to regain composure, he or she should be encouraged to play an active role in planning for the future. For example, if the person has historically not been a part of the planning process, the simple act of being invited to the table is healing. I am always amazed at how much insight people have about their difficulties when they have the means and opportunity to “speak.” Know that some people need support in voicing their issues; it can be helpful to work with them before a large meeting to organize their thoughts and find a way to express their thoughts to the team. Some people need help from a trusted ally to organize their thoughts and feelings for the group (For some great ideas about becoming a person’s “communication ally” see the work of Mayer Shevin, Ph.D. at his website: www.shevin.org).

One way to help people plan for a desirable future is person-centered planning. In the book, *A Little Book About Person-Centered Planning* John O’Brien and Connie Lyle-O’Brien (1998) describe the important differences between traditional approaches

and person-centered approaches to planning. Unlike traditional approaches, which ask questions like ‘What’s wrong with you?’ ‘How do we fix you?’ and ‘What do we do with you if we can’t fix you?’, person-centered approaches focus on questions like ‘What are your capacities and gifts and what supports do you need to express them?’ ‘What works well for you and what does not?’ and ‘What are your visions and dreams of a better future and who will help you move toward that future?’

Describing the roots of person-centered planning, Lyle-O’Brien, O’Brien, and Mount write (1998):

Person-centered planning did not ignore disability, it simply shifted the emphasis to a search for capacity in the person, among the person’s friends and family, in the community, and among service workers. A person’s difficulties were not relevant to the process until how the person wanted to live was clear. Then it was necessary to imagine, and to take steps to implement, creative answers to this question, ‘What particular assistance do you need because of your specific limitations (not labels) in order to pursue the live that we have envisioned together.’

For additional information about the many forms of person-centered planning, visit my web site (www.dimage.com). Click on Links and Other Resources and scroll down to person-centered planning.

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