



# Therapeutic Crisis Intervention Policy

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## Approval

Policy owner	Executive Manager, Specialist Community Services		
Business Unit	Specialist Community Services		
Approved by	Executive Manager, Specialist Community Services		
Date approved	06/01/2026	Review date	06/01/2028

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## 1 Purpose

- 1.1 The National Framework for Recovery Oriented Services highlights the role of therapeutic crisis intervention in supporting individuals in distress. This policy outlines Specialist Community Services (SCS)'s commitment to making Therapeutic Crisis Intervention (TCI) a core practice at all sites for effective crisis prevention and management.
- 1.2 SCS is dedicated to offering safe, trauma-informed environments for all service users. When implemented effectively, Therapeutic Crisis Intervention (TCI) helps create safer spaces for both service users and employees, and is proven to reduce incidents and the need for high-risk interventions.
- 1.3 By creating a trauma sensitive environment SCS hopes to contribute to the following outcomes for service users:
  - Build trust and feel comfortable asking for help to manage their emotions
  - Show improved skills in managing their feelings
  - Use alternative behaviours when faced with stress
  - Develop the ability to learn through reflecting on experiences

## 2 Scope

- 2.1 This policy applies to all staff working in any of the following SCS services:
  - Mental Health Services
  - Homelessness Services
  - Housing Plus

## 3 Policy principles

- 3.1 TCI is more than just a strategy, it is an organisational system that works best in organisations that have a culture of learning and reflection and, in organisations where the system is embedded in all level of the organisation to create a consistent approach.
- 3.2 SCS recognises that creating a safe environment where service users receive in the moment support to reduce stress and risk and then, learn better ways to respond is crucial if we are to make a positive impact and ensure service users who come into contact with us, are better off for it.
- 3.3 As a trauma informed organisation, SCS prioritises appropriate practice over control and efficiency. SCS recognises that crisis is a natural and normal part of life and understands that people experiencing crisis, need both time and space to come back to baseline and then learn new ways of responding.

### The Six Domains of the TCI System

- 3.4 In order for TCI to be an effective crisis management system, the following six general domains need to be addressed:
  - Leadership and Program Support
  - Service User and Family Inclusion
  - Clinical Participation
  - Supervision and Post Crisis Response

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- Training and Competency Standards
  - Documentation, Incident Monitoring and Feedback

### Leadership and Program Support

- 3.5 SCS ensure that its practice approaches and service models align with and support strengths based and trauma informed practices.
- 3.6 SCS ensure that all Line Managers are supported to have the necessary skills for assisting employees to embed TCI in their practice and, to provide Post Crisis Response according to the TCI model.
- 3.7 SCS utilises a Clinical Governance Committee to regularly review incidents and practice, to ensure continual learning and improvement as well as ensuring services and employees are actively and correctly using TCI practices.
- 3.8 SCS services will employ staff who align with TCI concepts and will be able to gain the skills and knowledge to engage in TCI. Line Managers will ensure that this is a focus in the recruitment process, including a requirement to successfully complete TCI during their probation period or the development of a plan to achieve this, with a possible extension of the probationary period.

### Training and Competency Standards

- 3.9 SCS will provide support to direct support roles with either TCI or De-escalation Training (a one-day training that mirrors key TCI components), dependant on the scope of role within the service.
  - 3.10 TCI will only be delivered by trainers who have been accredited by Cornell University. They will deliver the training with fidelity according to requirements and specifications set out by Cornell.
  - 3.11 TCI training includes assessment of employees from a work-related corrective feedback process that maximizes employees' learning, skill development, and job performance. This is essential for properly equipping employees to work in Low Threshold and Barrier Models, as well as in other situations where service users may show agitation, aggression, or even potential violence.
  - 3.12 To successfully complete TCI, employees will be assessed against their skills (LSI Assessment), knowledge (Direct Test) and their attitude during training. Employees must receive 70% in the Direct Test and, demonstrate an acceptable LSI and attitude during training to obtain competency.
  - 3.13 The testing process provides the organisation with a way to evaluate and ensure that employees:
    - Know and can readily recall key TCI concepts;
    - Can apply those concepts in simple ways;
    - Can carry out verbal skills and strategies;
    - Can carry out protective interventions safely.
  - 3.14 If an employee does not meet all requirements or achieve a 70% pass rate on the Direct Test, Trainers will send recommendations to the Line Manager and the employee. A support plan will be created to help the employee reach the necessary competency. They will be reassessed by an accredited TCI Trainer within three months of completing the training.
  - 3.15 If an employee does not meet the required competency at the time of reassessment after three months of support an appropriate action (such as a
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performance improvement plan) will be determined by the relevant Service Manager in consultation with Human Resources.

- 3.16 The level of competency of each employee will be documented and maintained in a confidential record, that also includes copies of the assessments and tests for accountability and professional development purposes.

#### Supervision and Post Crisis Response

- 3.17 All Line Managers will ensure that staff have access to regular line management that includes the opportunity for on-the-job coaching in early intervention and de-escalation techniques, as well as Life Space Interviewing.
- 3.18 Following a crisis, Line Managers will where possible provide on-the-spot debriefing and/or arrange a time as soon as possible to be able to debrief the incident with the employee. Ideally this should be done within 24 hours of the incident.
- 3.19 Line Managers will discuss relevant incidents in team meetings in order to share information, allow all team members to debrief the incident and, so that learnings can be shared to enable continuous practice improvement.

#### Service User Inclusion

- 3.20 SCS ensures that service users have opportunities to have a voice in service design and activities.
- 3.21 Every effort should be taken to engage service users in an LSI once they have returned to baseline and, at an appropriately deemed time, ensuring where possible long delays do not occur.
- 3.22 In line with TCI recommended practice, the staff member completing the LSI is the staff member who completed the TCI intervention when responding to the service user. This is important to ensure both service user and staff have an opportunity to discuss what happened and repair the relationship.
- 3.23 SCS makes certain that all support plans and where possible, safety plans are created collaboratively with service users and, service users are actively involved in identifying de-escalation strategies and triggers.

#### Clinical Participation

- 3.24 SCS will work collaboratively with external supports where specialised assistance is required for the wellbeing and safety of service users.
- 3.25 Individual Crisis Plans, Wellness Response Plans and Behaviour Support Plans will all be reviewed regularly, at least every six months, but not exceeding 12 months to ensure that they are current and relevant in the event of a crisis.

#### Documentation, Incident Monitoring and Feedback

- 3.26 All incidents must be recorded as soon as possible and forwarded to the relevant Line Manager no later than 24 hours after the incident in line with SCS incident reporting requirements.
- 3.27 Line Managers will conduct a full review of the incident using the SCS Incident Reporting Form, ensuring a Life Space Interview is completed. If it hasn't been done, a rationale must be provided, along with a plan to complete it. This ensures the Recovery Phase is effectively completed and the 'teach' aspect of crisis intervention is achieved.

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## 4 Roles and responsibilities

- 4.1 The Executive Manager, Specialist Community Services is responsible for maintaining the currency of this policy.
- 4.2 Society representatives are required to adhere to this policy. Failure to comply may be considered a breach of our policies and may result in disciplinary action.

### Service Managers are responsible for:

- 4.3 Ensuring that all employees receive training relevant to TCI as described in the policy and, post crisis response following an incident;
- 4.4 Ensuring Line Managers who report to them receive training and developmental support, so that they can effectively support employees engaged in supporting service users;
- 4.5 Ensure that all service specific policies, procedures, documentation and processes align with the TCI system;
- 4.6 Actively reflect on and monitor incidents via the Clinical Governance Committee;

### Line Managers are responsible for:

- 4.7 Understanding the transfer of knowledge to practice so that they can effectively coach and support employees to embed TCI in their practice;
- 4.8 Supporting employees with post crisis response strategies;
- 4.9 Where required seeking assistance with supporting employees to implement TCI strategies.

### Employees are responsible for:

- 4.10 Successfully completing TCI training and, keeping this competency up to date by attending refresher training;
- 4.11 Knowing and applying TCI concepts and strategies in their day to day work;
- 4.12 Actively engaging in reflective practices so that they can develop their skills and knowledge in relation to TCI;
- 4.13 Taking responsibility for letting their Line Manager know if there is any aspect of TCI that they are struggling with, so a support plan can be put in place.

## 5 Review

- 5.1 This policy will be reviewed at least every two years, after consultation. Some circumstances may trigger an early review; this includes but is not limited to legislative changes, organisational changes, incident outcomes and other matters deemed appropriate by the SCS Management Team or the Executive Manager SCS.

## 6 Further assistance

- 6.1 Society personnel should speak with their Manager regarding any questions about the implementation of this policy.

## 7 References

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7.1 A National Framework for Recovery Oriented Services 2013. *Australian Health Minister’s Advisory Council, Commonwealth of Australia*

## 8 Related documents and legislation

- 8.1 Therapeutic Crisis Intervention Reference Guide, Seventh Edition 2020. *Residential Child Care Project, Cornell University.*
- 8.2 Protocol and Test Instruments for Direct TCI Training. *Residential Child Care Project, Cornell University.*
- 8.3 SCS-PP-4214 Trauma Informed Practice Policy
- 8.4 SCS-PP-4012 Recovery Oriented Service Delivery Policy
- 8.5 SCS-PP-4017 Service User Handover Policy
- 8.6 SCS-PP-4048 Critical Incident Management Policy
- 8.7 SCS-FM-4213 Training Code of Conduct
- 8.8 National Standards for Mental Health Services 2010, *Australian Government.*
- 8.9 Specialist Homelessness Service Standards 2016, *Department of Communities, Government of Western Australia.*
- 8.10 Youth Work Code of Ethics, *The Association for Youth Work Western Australia*

## 9 Approval and amendment history

Version	Approval authority	Date	Amendment summary
1.0	EM, SCS	06/01/2026	Initial Version

## 10 Definitions

Term	Definition
High risk intervention	a type of treatment or action that carries a significant potential for adverse outcomes or complications.
Life Space Interview (LSI)	A relational process that helps reframe the incident as manageable, supporting the service user to make sense of what happened and look at how to manage their emotions in similar situations in the future.
Low Barrier Model	means that the service seeks to remove as many barriers to access and engagement, however, due to having to manage a 30-35 bed accommodation service and, the dynamics of communal living, this is balanced by having the presence of Safety Officers on the premises overnight.
Low Threshold Model	refers to an approach that minimizes barriers to accessing support and housing for individuals experiencing homelessness. This model is designed to be highly accessible, allowing people to

Term	Definition
	receive help without stringent requirements or prerequisites that may prevent them from entering the system.
Post crisis response	Refers to the steps taken to ensure that all service users and employees receive immediate support and debriefing following a crisis. If this can't be done immediately, it should be done as soon as possible.
Recovery Oriented Practice	Recovery-oriented mental health practice refers to the application of sets of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations. (A National Framework for Recovery Oriented Mental Health Services 2013)
Service User	Is an umbrella terms used to refer to: <ul style="list-style-type: none"> <li>• Consumers – individuals who access Mental Health Services</li> <li>• Clients – individuals who access Passages Youth Engagement Hubs and Tom Fisher House</li> <li>• Residents – individuals residing at Wandjoo Bidi under a License to Occupy Agreement</li> <li>• Tenant – tenants residing in Housing Plus properties</li> </ul>
Reflective practice	Reflective practice is a way for employees to think about their work to learn and improve their skills. It involves looking back at what they did, how they felt, and the results to gain insights for better future performance. This approach is used in many fields, such as education, healthcare, and social work.
Trauma Informed Practice	is an organisational and practice approach to delivering health and human services directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and its prevalence in society. It is a strengths-based framework that emphasises physical, psychological and emotional safety for people who have experienced trauma, their families and carers, and service providers. (Commonwealth of Australia: The Fifth National Mental Health and Suicide Prevention Plan. Canberra: Commonwealth of Australia)
Trauma Sensitive	refers to an approach in service environments that recognizes the widespread impact of trauma on individuals and seeks to create a safe, supportive atmosphere. This approach involves understanding how trauma affects behaviour, emotions, and relationships, and changing how things are done, to meet the needs of those who have experienced trauma.