



Nonviolent Crisis Intervention[®]: Trauma

2ND EDITION - Classroom

All **behavior** is a
form of **communication**.

CPI Values and Philosophy

CARE

Respect, dignity, empathy, person-centered



WELFARE

Maintaining independence, choice and well-being



SAFETY

Protecting rights and minimizing harm



SECURITY

Safe, effective, harmonious and collaborative relationships

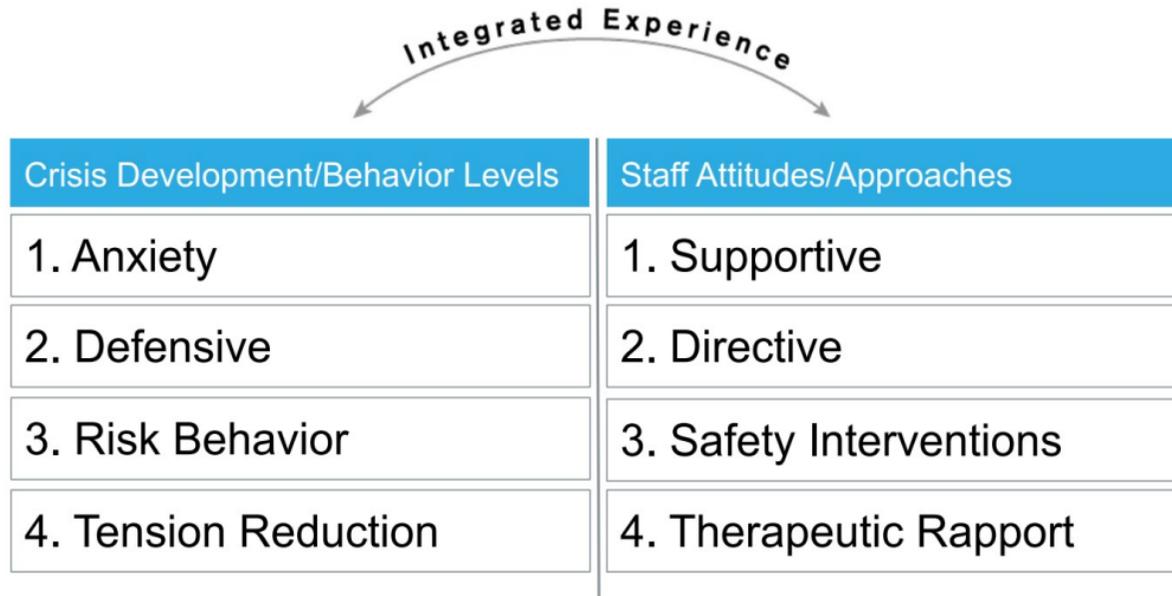




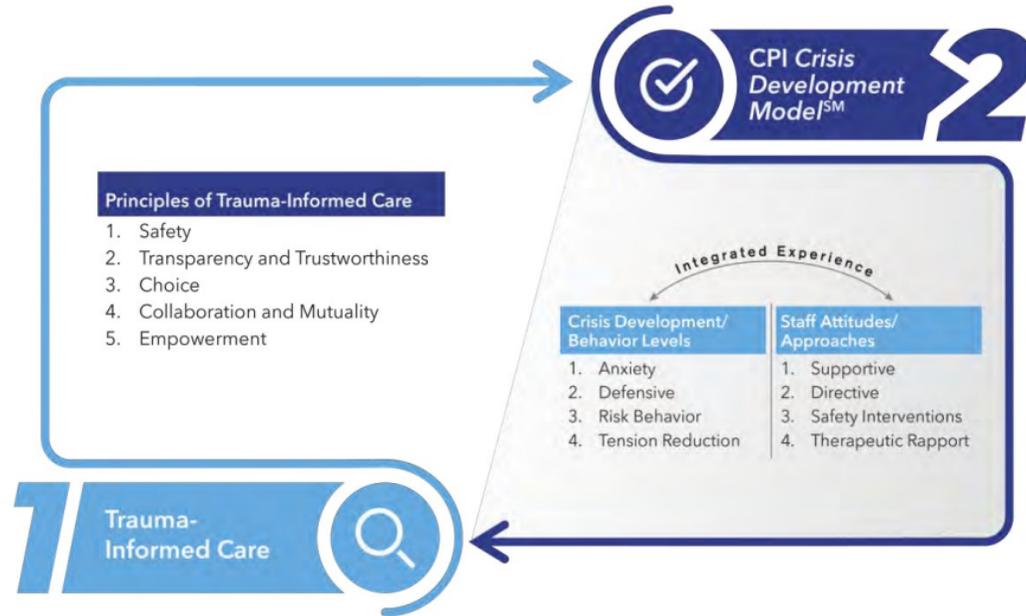
MODULE 1

The CPI *Crisis Development Model*SM

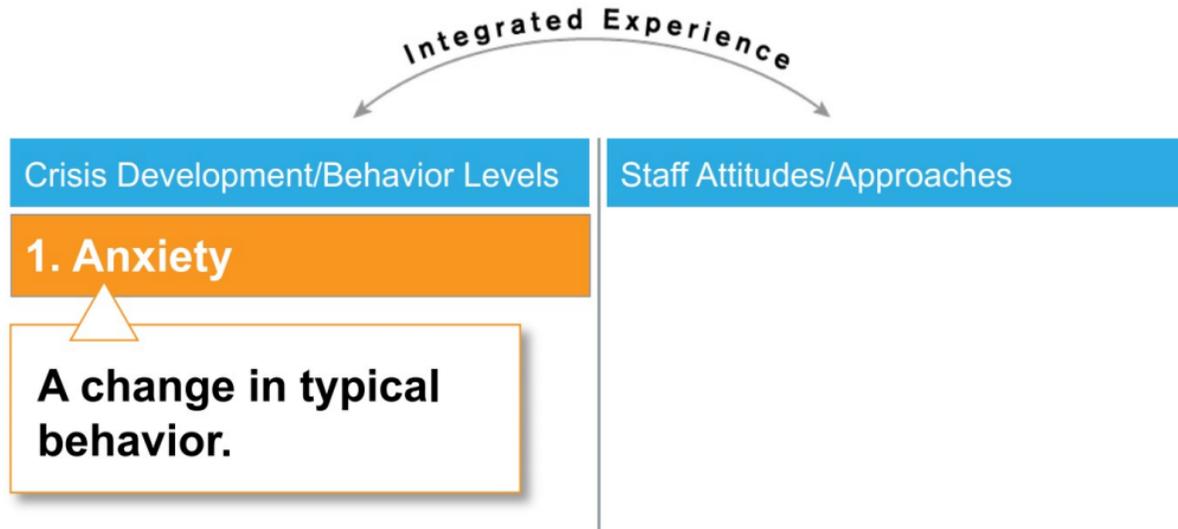
The CPI *Crisis Development Model*SM



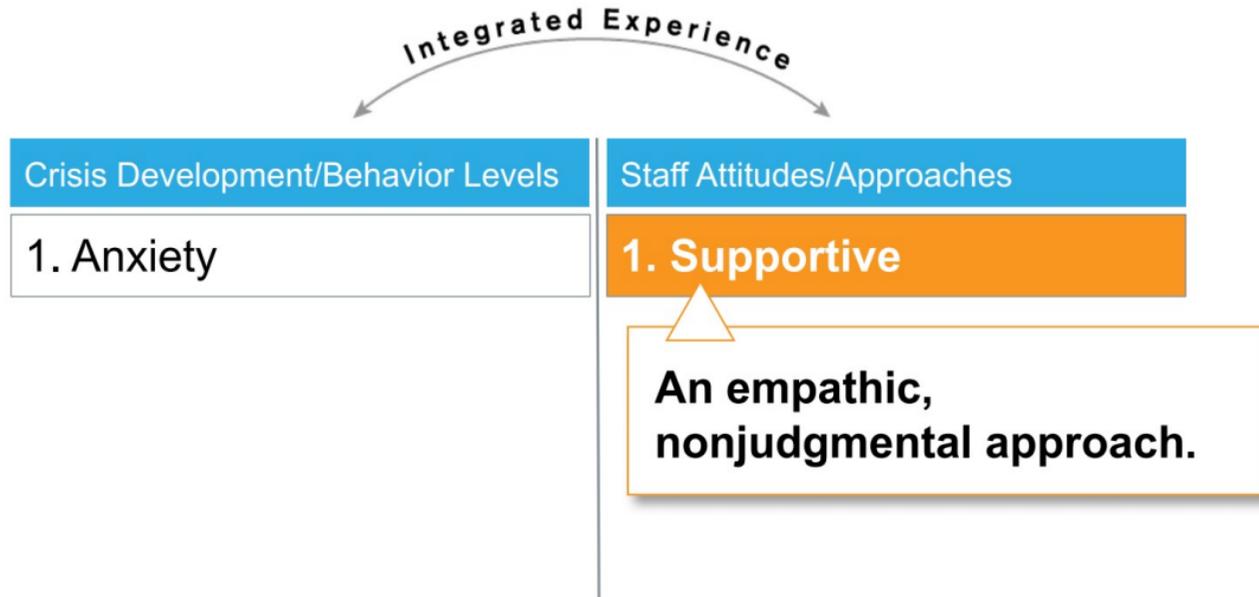
The CPI Crisis Development ModelSM



The CPI *Crisis Development Model*SM



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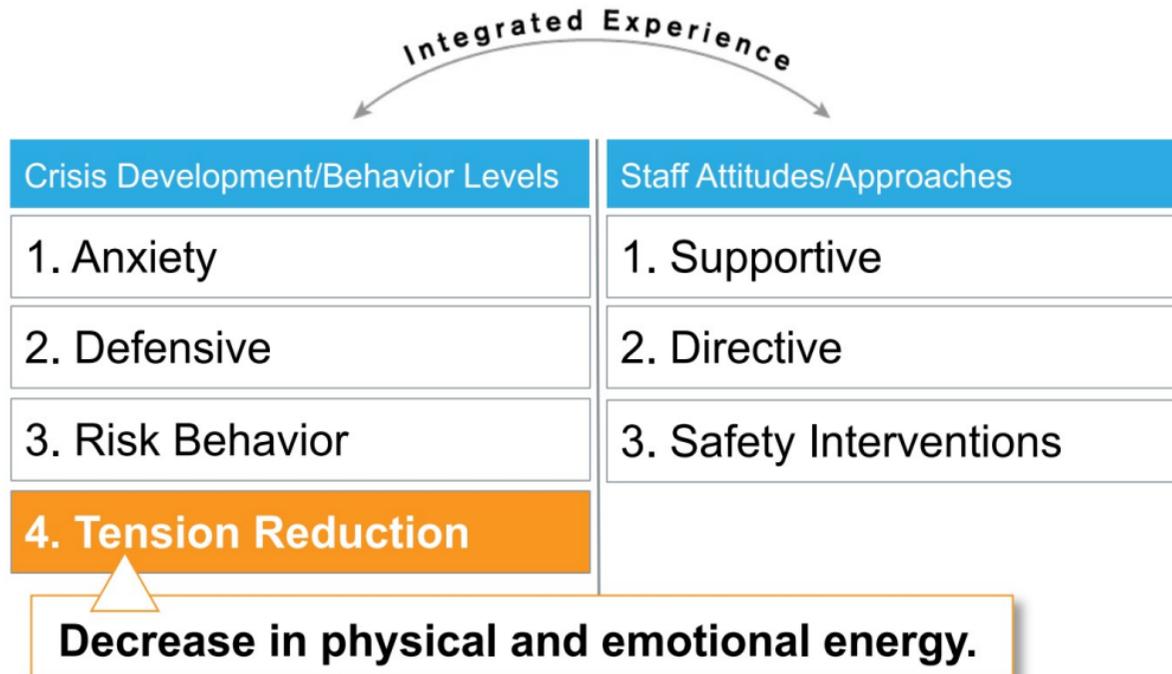
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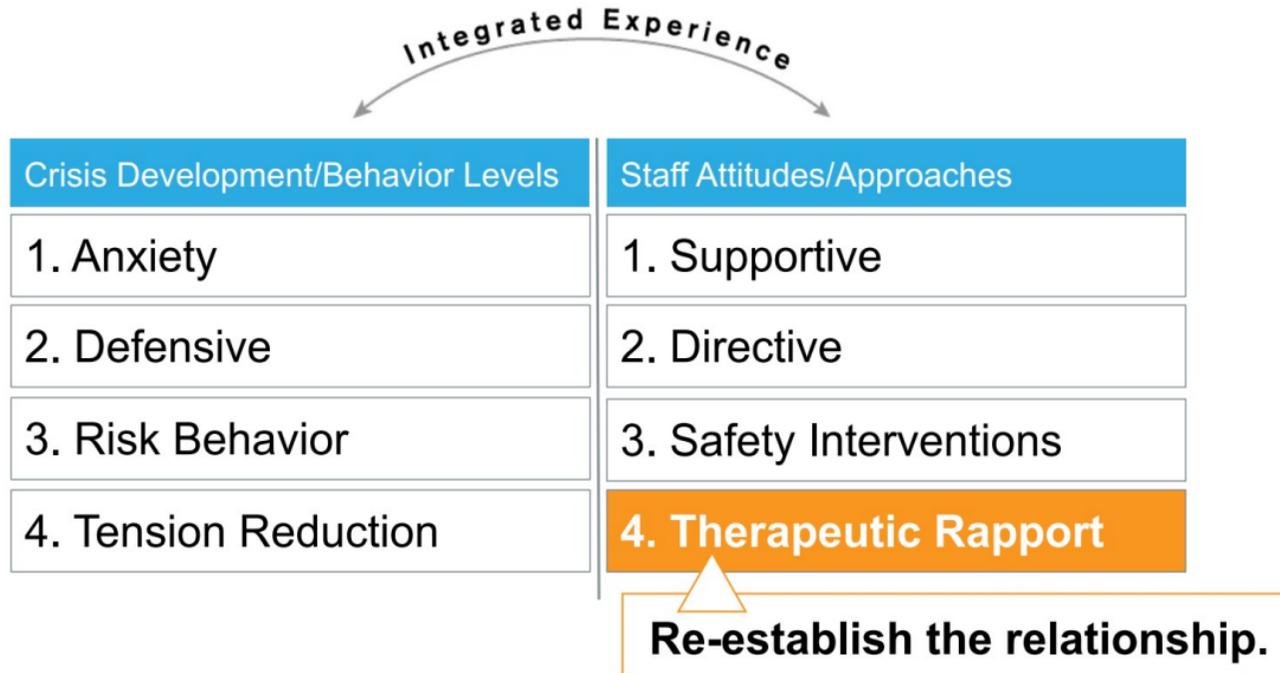
The CPI *Crisis Development Model*SM



The CPI *Crisis Development Model*SM



The CPI *Crisis Development Model*SM



The CPI *Crisis Development Model*SM



Activity: Crisis Development ModelSM

Case Study – Choose your industry



Activity: *Crisis Development Model*SM

Case Study – Healthcare

A patient waits to meet with a doctor. She's pacing, fidgeting with her phone, and constantly asking the receptionist where the doctor is. A nurse comes to collect preliminary information regarding her symptoms. When asked to have an X-ray taken, the patient immediately becomes verbally abusive. She refuses the procedure and argues, "You just want to waste my time with unnecessary tests!" She belittles the nurse by calling her "stupid" and saying, "None of you know what you're doing."

Continue

Activity: Crisis Development ModelSM

Case Study – Education

A parent waits to meet with her son's teacher. This is the third time in a month she's been called into the office regarding her son's performance. She is a single mother working two jobs and had to take time off from work to be here. She's pacing, fidgeting with her phone, and constantly asking the school secretary where the teacher is. When the teacher arrives, the parent yells at her for wasting her time when she should be at work. When asked to work with her son to complete supplemental worksheets to help him improve his math scores, she argues, "I don't have time for this! Isn't this your job?"

Continue

Activity: Crisis Development ModelSM

Case Study – Human Services

A client waits to meet with his case manager after riding the bus for over an hour. Due to his intellectual disabilities, he often becomes frustrated when trying to communicate his needs. He's pacing, fidgeting with his phone, and constantly asking the receptionist where his case manager is. The case manager arrives to discuss his support plan. While reviewing the plan, the client accuses the case manager of treating him like a baby because he feels the plan is too restrictive. The client continues screaming and making statements such as, "You just want to control me!" and "You can't make me!"

Continue

Activity: Crisis Development ModelSM

Activity Questions

- What behaviors/level of crisis did you see?
- What staff approach would you take?
- What would you say or do?

Knowledge Check

When an individual is demonstrating behaviors such as kicking and biting, they are displaying:

- a. Anxiety
- b. Defensive
- c. Risk Behavior
- d. Tension Reduction

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- a. Anxiety
- b. Defensive
- c. **Risk Behavior**
- d. Tension Reduction

Knowledge Check

An individual is looking at the clock and pacing back and forth. What behavior level is the person exhibiting?

- a. Anxiety
- b. Defensive
- c. Risk Behavior
- d. Tension Reduction

Knowledge Check

An individual is looking at the clock and pacing back and forth. What behavior level is the person exhibiting?

- a. **Anxiety**
- b. Defensive
- c. Risk Behavior
- d. Tension Reduction

Knowledge Check

How would you respond to help an individual who is saying “no” and refusing to perform a task?

- a. Supportive words and attitude.
- b. Call for help.
- c. Provide choices with consequences.
- d. Re-establish the relationship.

Knowledge Check

How would you respond to help an individual who is saying “no” and refusing to perform a task?

- a. Supportive words and attitude.
- b. Call for help.
- c. **Provide choices with consequences.**
- d. Re-establish the relationship.

Final Thoughts

Review the **Points to Remember** and reflect on your **Key Takeaways** from the module.



MODULE 2

Integrated Experience

Integrated Experience

Your **approach** changes
everything.

Integrated Experience

The CPI *Crisis Development Model*SM



INTEGRATED EXPERIENCE

Behavior influences behavior.

Principles of Trauma-Informed Care

- Safety
- Transparency and Trustworthiness
- Choice
- Collaboration and Mutuality
- Empowerment

Integrated Experience

What are factors that might negatively impact your ability to remain consistent and calm in your responses?

- Waking up late
- Lack of caffeine
- Not enough sleep
- Family stress
- Illness
- Trying to fit too much into one day
- Interpersonal conflicts at work
- Traffic jams
- Work dissatisfaction

PRECIPITATING FACTORS

Factor's influencing a person's behavior.

Precipitating Factors

Understanding Precipitating Factors helps you to:

- Avoid becoming a Precipitating Factor yourself.
- Address the factors that lead to crisis situations.
- Not take crisis personally.

RATIONAL DETACHMENT

Recognizing the need to remain professional by managing your own behavior and attitude.

Creating New Assumptions

- What is wrong with you?
- Victim
- Overreaction
- Dysfunction
- Difficult to deal with

Rational Detachment

Observe the Behavior

- What is the other person communicating?
- How am I responding?
- What am I expressing or conveying?
- How are they responding to me?

Rational Detachment Tips



**Take a deep
breath.**



**Choose your
words carefully.**



Ask for help.

Activity: Identifying Triggers

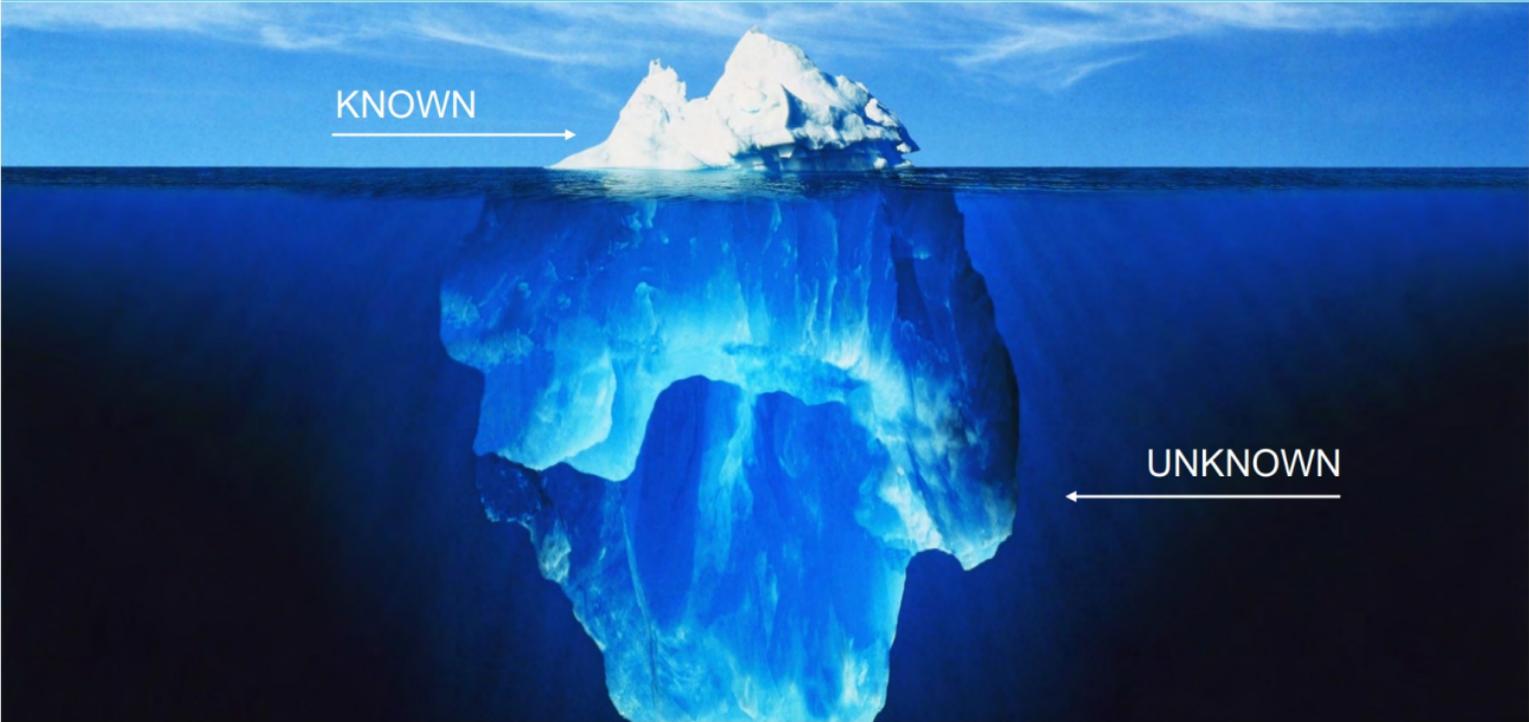
Instructions:

Choose from the list below or write your own based on experiences with people you interact with. Write the factors in the **Triggers** column.

Determine how you can positively impact the Triggers. Write your responses in the **Positive Impact** column.

- Gender of staff
- Small spaces
- Touch
- Loud noises
- Emergency vehicles
- Crowded room
- Authority figures
- Limited feeling of control
- Physical appearance of staff
- Dimly lit spaces
- Noisy or stressful environment
- Memories

Integrated Experience



Knowledge Check

Which of the following best describes Rational Detachment?

- a. The underlying reasons for behavior
- b. A staff response to calm someone
- c. Maintaining your professionalism by not taking it personally

Knowledge Check

Which of the following best describes Rational Detachment?

- a. The underlying reasons for behavior
- b. A staff response to calm someone
- c. **Maintaining your professionalism by not taking it personally**

Knowledge Check

The Integrated Experience means that:

- a. Change happens when you can control the behavior
- b. Behavior influences behavior
- c. You should always match the other person's behavior

Knowledge Check

The Integrated Experience means that:

- a. Change happens when you can control the behavior
- b. Behavior influences behavior**
- c. You should always match the other person's behavior

Knowledge Check

Precipitating Factors is a concept that refers to:

- a. The underlying reasons for behavior
- b. An empathic, nonjudgmental approach
- c. Postures, gestures, facial expressions, and movement used to communicate

Knowledge Check

Precipitating Factors is a concept that refers to:

- a. **The underlying reasons for behavior**
- b. An empathic, nonjudgmental approach
- c. Postures, gestures, facial expressions, and movement used to communicate

Final Thoughts

Review the **Points to Remember** and reflect on your **Key Takeaways** from the module.



MODULE 3

Communication Skills

Communication Skills

The CPI *Crisis Development Model*SM



Forms of Communication

Verbal

Paraverbal

Nonverbal

Communication Considerations



CULTURE



GENDER
IDENTITY



AGE



COGNITIVE
FUNCTIONING



TRAUMA

- How would you alter your communication when considering these factors?
- What about your postures or gestures?

Verbal Communication

- Short, simple, clear
- Respectful
- Positively phrased



Instead of. . .

“You are not supposed to be in this area.”



Say. . .

“You seem lost. How may I help you?”

Paraverbal Communication



TONE



VOLUME



RHYTHM OF
SPEECH

Paraverbal Communication Tips

- Use caring, supportive tones.
- Keep the volume appropriate to the situation.
- Deliver your message at a rate the person can process.

Nonverbal Communication

- Personal space
- Body language
- Communication through touch
- Listening with empathy

Pop Question

Personal space is:

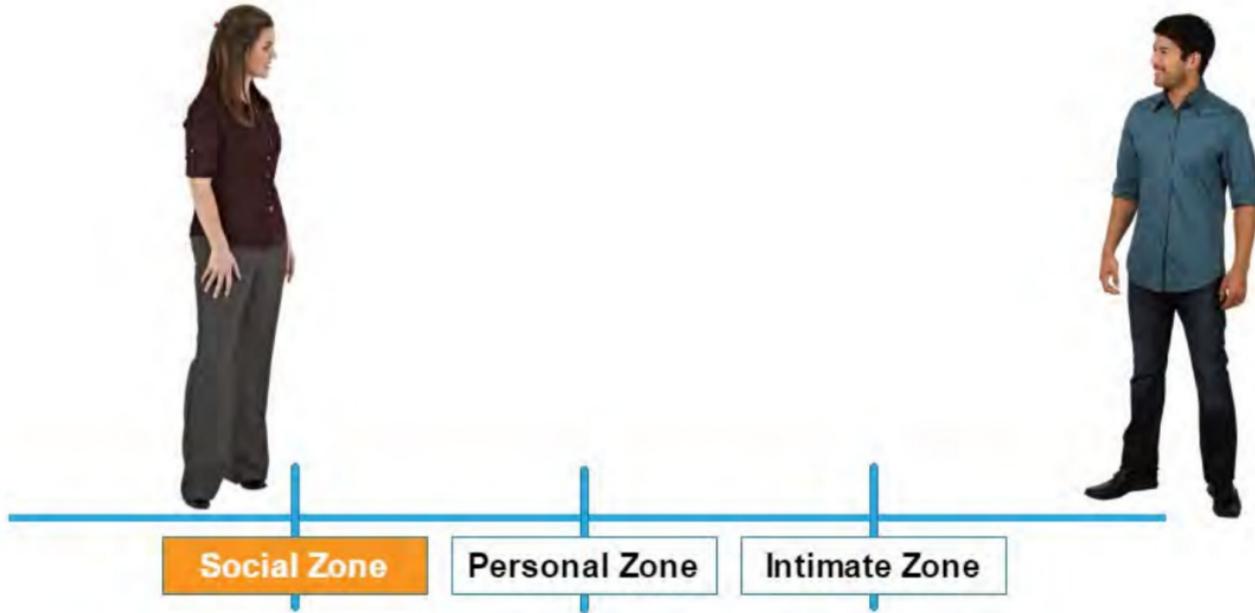
- a. The postures, gestures, facial expressions, and movement used to communicate.
- b. A form of physical contact that expresses feelings or emotion.
- c. The distance people prefer to maintain between themselves and others.

Pop Question

Personal space is:

- a. The postures, gestures, facial expressions, and movement used to communicate.
- b. A form of physical contact that expresses feelings or emotion.
- c. **The distance people prefer to maintain between themselves and others.**

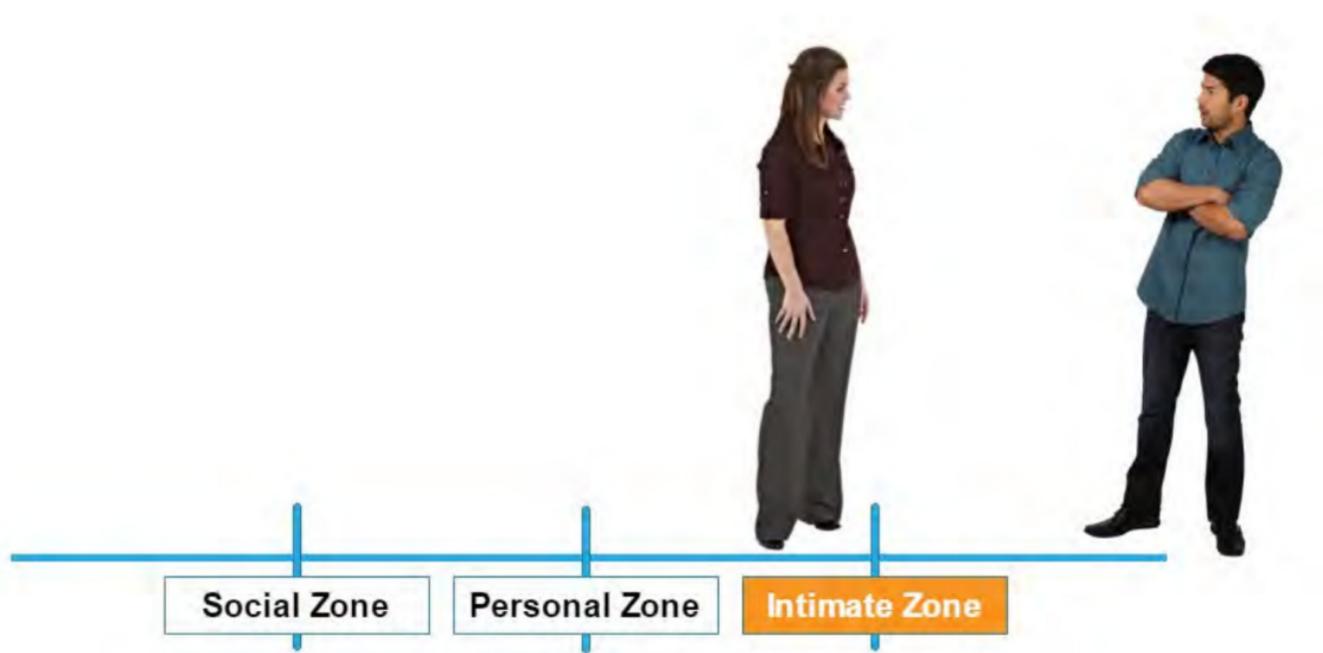
Social Zone



Personal Zone



Intimate Zone



Pop Question

Body language is:

- a. The postures, gestures, facial expressions, and movement used to communicate.
- b. A form of physical contact that expresses feelings or emotion.
- c. The distance people prefer to maintain between themselves and others.

Pop Question

Body language is:

- a. The postures, gestures, facial expressions, and movement used to communicate.
- b. A form of physical contact that expresses feelings or emotion.
- c. The distance people prefer to maintain between themselves and others.

Communication Skills

When someone is anxious or defensive, how may their body language communicate this?

- Crossed arms
- Avoiding eye contact
- Slouching
- Fake smile
- Angling their body away from you
- Wringing hands

Communication Skills

When someone is anxious or defensive, how may their body language communicate this?

- ✓ Crossed arms
- ✓ Avoiding eye contact
- ✓ Slouching
- ✓ Fake smile
- ✓ Angling their body away from you
- ✓ Wringing hands

Pop Question

Communication through touch is:

- a. The postures, gestures, facial expressions, and movement used to communicate.
- b. A form of physical contact that expresses feelings or emotion.
- c. The distance people prefer to maintain between themselves and others.

Pop Question

Communication through touch is:

- a. The postures, gestures, facial expressions, and movement used to communicate.
- b. A form of physical contact that expresses feelings or emotion.
- c. The distance people prefer to maintain between themselves and others.

Communication Through Touch



The Supportive StanceSM



The *Supportive Stance*SM

Consider your position in relation to the person.



The *Supportive Stance*SM

Be sure your posture remains nonthreatening and relaxed.



The *Supportive Stance*SM

Be sure to manage the distance between yourself and another person.



The *Supportive Stance*SM

- Communicates respect
- Appears nonthreatening
- Maximizes safety



Pop Question

Listening with empathy is:

- a. Giving judgments and advice.
- b. A way of listening and responding to another person that improves mutual understanding and trust.
- c. Managing your approach in relation to the person.

Pop Question

Listening with empathy is:

- a. Giving judgments and advice.
- b. **A way of listening and responding to another person that improves mutual understanding and trust.**
- c. Managing your approach in relation to the person.

Listening With Empathy

- Remain nonjudgmental
- Give your undivided attention
- Listen to facts and feelings
- Allow time for silence and reflection
- Paraphrase what you understand

Knowledge Check

Which is a nonverbal, supportive response to a person in distress?

- a. Limit setting
- b. Respecting personal space
- c. Downplaying the challenge

Knowledge Check

Which is a nonverbal, supportive response to a person in distress?

- a. Limit setting
- b. Respecting personal space**
- c. Downplaying the challenge

Knowledge Check

Which of the following is a paraverbal way of demonstrating support?

- a. Your word choice
- b. Your body language
- c. Your tone of voice

Knowledge Check

Which of the following is a paraverbal way of demonstrating support?

- a. Your word choice
- b. Your body language
- c. **Your tone of voice**

Knowledge Check

When demonstrating the *Supportive Stance*SM, think about your Position, Posture, and _____.

- a. Power
- b. Proximity
- c. Personhood

Knowledge Check

When demonstrating the *Supportive Stance*SM, think about your Position, Posture, and _____.

- a. Power
- b. **Proximity**
- c. Personhood

Final Thoughts

Review the **Points to Remember** and reflect on your **Key Takeaways** from the module.

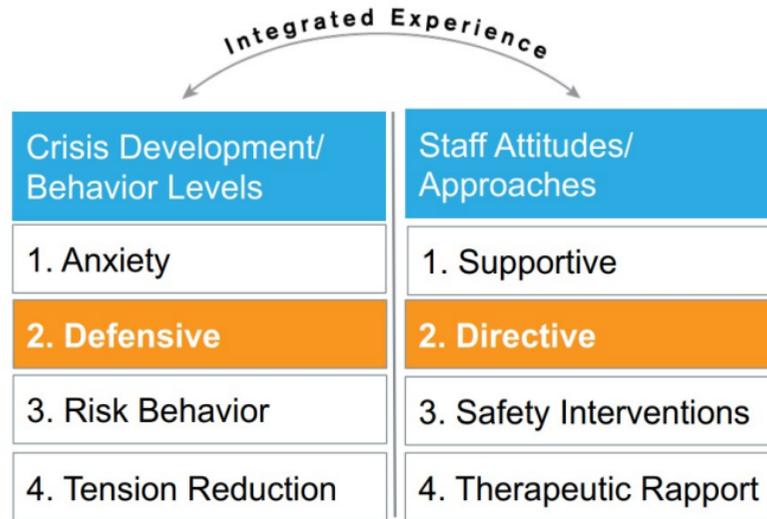


MODULE 4

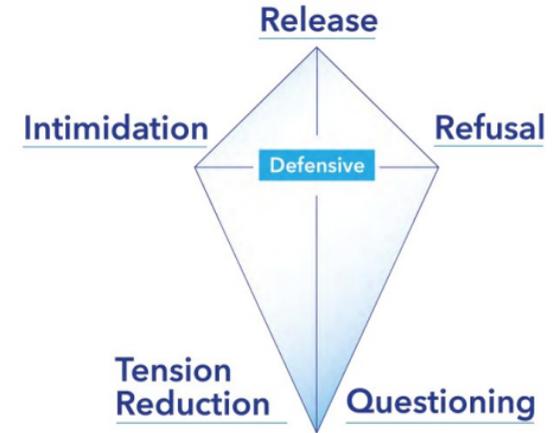
Responding to Defensive Behaviors

Defensive Behaviors and the *Verbal Escalation Continuum*SM

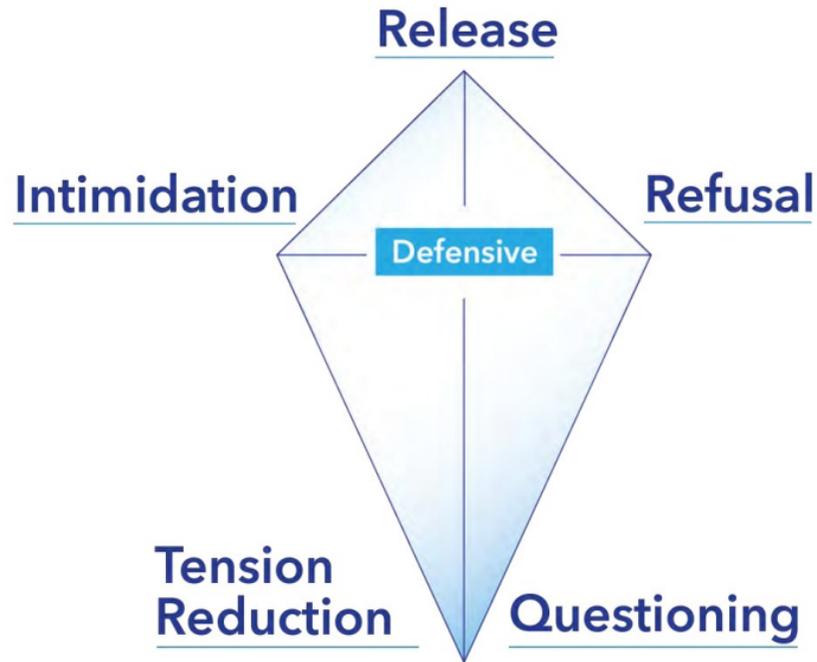
The CPI *Crisis Development Model*SM



*Verbal Escalation Continuum*SM



The Verbal Escalation ContinuumSM



The Verbal Escalation ContinuumSM



Questioning

INFORMATION-SEEKING

A rational question seeking a rational response.

STAFF INTERVENTION

Give a rational response.

The Verbal Escalation ContinuumSM



Questioning

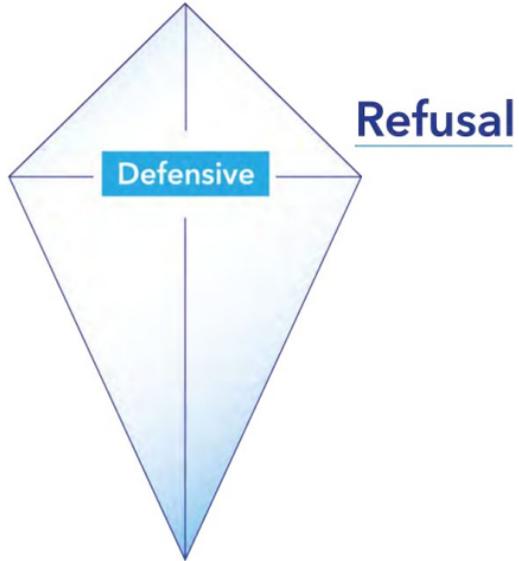
CHALLENGING

Questioning authority; attempting to draw a staff into a power struggle.

STAFF INTERVENTION

Downplay the challenge. Stick to the topic.

The Verbal Escalation ContinuumSM



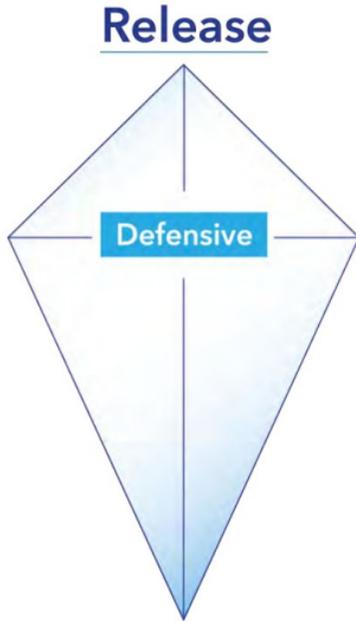
Refusal

Unwillingness to cooperate or follow instructions.

STAFF INTERVENTION

Limit setting.

The Verbal Escalation ContinuumSM



Release

Verbal and emotional outburst;
screaming, swearing,
high-energy output.

STAFF INTERVENTION

Allow venting.

The Verbal Escalation ContinuumSM

Intimidation



Intimidation

The individual is verbally and/or nonverbally threatening staff in some manner.

STAFF INTERVENTION

Take all threats seriously. Seek assistance.

The Verbal Escalation ContinuumSM



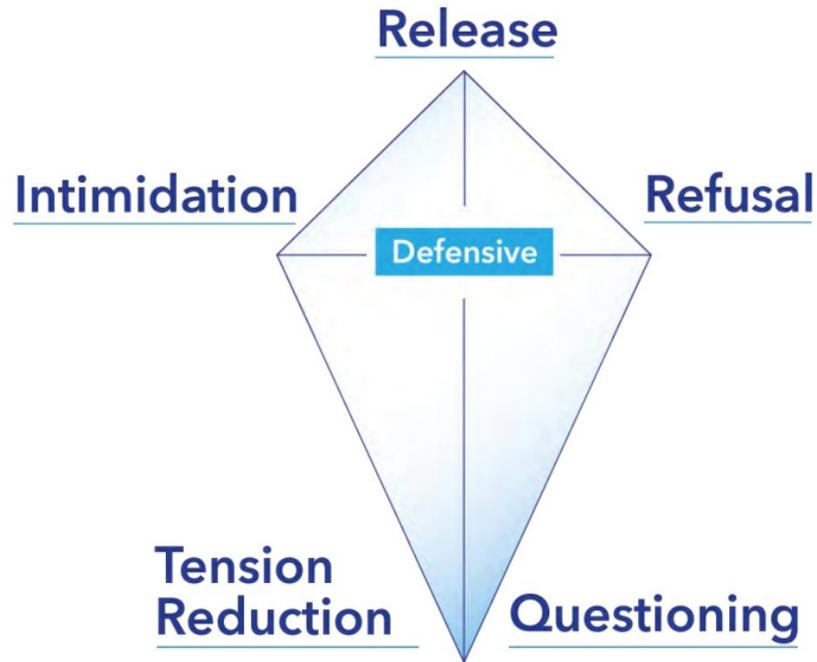
Tension Reduction

Decrease in physical and emotional energy.

STAFF INTERVENTION

Establish Therapeutic Rapport.

The Verbal Escalation ContinuumSM



Activity: Identify the Defensive Behaviors

Identify the defensive behaviors and corresponding staff interventions.

Activity – Example 1

Beatrice tells staff to “just hurry up and do your damn job” and asks, “Do you even know what you’re doing?”

What is the defensive behavior?

What is the staff intervention? Be specific. What would you say/do?

Activity – Example 2

Theo becomes aggressive and makes threatening statements like “you better watch your back” and “I’m going to mess you up.”

What is the defensive behavior?

What is the staff intervention? Be specific. What would you say/do?

Activity – Example 3

Grace grows increasingly angry before she finally stands up from her chair and starts shouting at staff, “I’m sick of waiting! I want to see someone NOW!”

What is the defensive behavior?

What is the staff intervention? Be specific. What would you say/do?

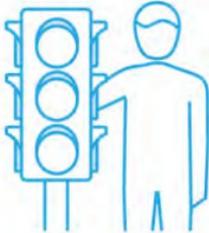
Activity – Example 4

Seth becomes increasingly agitated when asked to perform a task. Suddenly he responds, “No! You can’t make me!”

What is the defensive behavior?

What is the staff intervention? Be specific. What would you say/do?

LIMIT Setting



Respectful

Phrase limits in a positive way using effective nonverbal, verbal, and paraverbal skills.



Simple

Limit the number of words you use.



Reasonable

Connect the expectation to the person's circumstances and level of ability.

Examples of Limit Setting

INTERRUPT AND REDIRECT

(Interrupt) “Juan, you’re shouting. **(Redirect)** Please speak quietly. Thank you.”

WHEN/THEN PATTERN

“Juan, **when** you lower your voice, **then** I’ll be able to address your concerns.”

IF/THEN PATTERN

“Juan, **if** you lower your voice, **then** I’ll be able to address your concerns.”

FAIL SAFE CHOICE

“Juan, would you like to talk about this now or later in private?”

Framework for Planning a Difficult Conversation



PLANNING



SCRIPTING



DELIVERING



DOCUMENTING

Planning



PLANNING

- Think about how you'll remain rationally detached.
- Consider where and when to conduct the conversation.

Scripting



SCRIPTING

- Develop a written or mental roadmap of what you will say.
- Keep it factual.

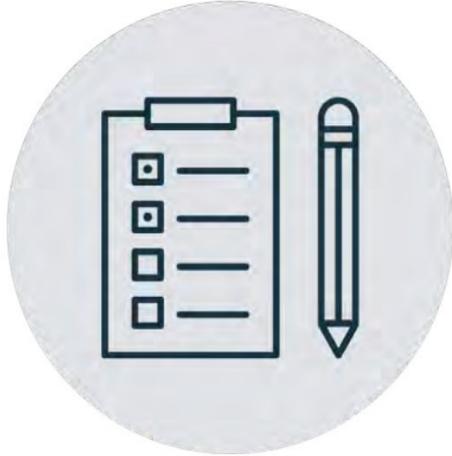
Delivering



DELIVERING

- Respect the dignity of the person.
- Rationally detach.
- Deliver the facts.
- Offer something.
- Listen and respond with empathy.
- Bring closure.

Documenting



DOCUMENTING

- Summarize the conversation.
- Note observations.
- Objectively assess your performance.

Demonstrating Consistency With Communication

- Listen to understand the other person.
- Allow time to process.
- Remain flexible; situations evolve.
- Make the conversation private if possible.
- Don't get pulled into power struggles.

Activity: Planning a Difficult Conversation

Practice using the framework for planning a difficult conversation.

Activity Roles

Individual in Distress

Be prepared to react to the news the staff person will give you.

Staff

Deliver the script you wrote in your workbook from the previous activity.

Observer

Be ready to discuss what you saw the staff person do effectively.

Knowledge Check

Planning and practicing your preferred verbal responses is important when intervening with a person demonstrating **Refusal**.

- a. True
- b. False

Knowledge Check

Planning and practicing your preferred verbal responses is important when intervening with a person demonstrating **Refusal**.

- a. **True**
- b. False

Knowledge Check

Limits should be respectful, simple, and _____.

- a. Trustworthy
- b. Reasonable
- c. Sane
- d. Accountable

Knowledge Check

Limits should be respectful, simple, and _____.

- a. Trustworthy
- b. Reasonable**
- c. Sane
- d. Accountable

Knowledge Check

“Would you like to talk about this now or later?” is an example of which type of limit setting?

- a. When/Then
- b. Interrupt and Redirect
- c. Fail Safe Choice
- d. If/Then

Knowledge Check

“Would you like to talk about this now or later?” is an example of which type of limit setting?

- a. When/Then
- b. Interrupt and Redirect
- c. Fail Safe Choice**
- d. If/Then

Tips to Manage Fear and Anxiety

- Take slow, deep breaths.
- Don't rush into the room.
- Check your perception.
- Understand what led to their behavior.
- Get help.

Final Thoughts

Review the **Points to Remember** and reflect on your **Key Takeaways** from the module.



MODULE 5

Safety Interventions

Safety Interventions

The CPI *Crisis Development Model*SM



Safety From Different Perspectives



KEEPING
YOURSELF SAFE



KEEPING THE
INDIVIDUAL IN
CRISIS SAFE



KEEPING OTHERS
AROUND THEM
SAFE

Non-Restrictive Interventions

- Remove items that could be dangerous.
- Remove the person.
- Remove other people.
- Ask a staff member to help.
- Call for help.

Activity: Coordinated and Collaborative Approach

Case Study – Choose your industry



Activity: Coordinated and Collaborative Approach

Case Study – Healthcare

In the lobby of a healthcare facility, several people wait for their appointments. Two people sitting next to each other begin arguing. One is blaming the other for their loved one being in an accident. The other individual refuses to take the blame. The argument becomes louder and more animated. A staff member approaches the people arguing to try to de-escalate the situation.

Continue

Activity: Coordinated and Collaborative Approach

Case Study – Education

In the school cafeteria, several students are eating their lunch. Two students sitting next to each other begin arguing. One student accuses the other of cheating on a test. The other student denies cheating. The argument becomes louder and more animated. A staff member approaches the table to try to de-escalate the situation.

Continue

Activity: Coordinated and Collaborative Approach

Case Study – Human Services

In the day room of a treatment center, several people are watching television, playing games, or reading. Two residents sitting next to each other begin arguing over who gets to pick the next program to watch. The argument becomes louder and more animated. A staff member approaches them to try to de-escalate the situation.

Continue

Safe Participation Guidelines

Maintaining Safety in the Training Program

- Be professional and respectful.
- Notify the Instructor of any past injuries.
- Accept the Instructor's guidance.
- Follow the Instructor's directions.
- Stop any classroom activity when asked.
- Do not engage in disruptive activity.
- Report all injuries.
- Maintain legal responsibilities.

Physical Strike Intervention



Block

Move away to safety

Knowledge Check

What are some essential safety strategies for you to consider in your approach?

- a. Immediately call for help no matter what.
- b. Use an authoritative tone to gain compliance.
- c. Remain calm and call for help.

Knowledge Check

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- a. Immediately call for help no matter what.
- b. Use an authoritative tone to gain compliance.
- c. **Remain calm and call for help.**

Knowledge Check

In the event of a crisis, it's important to remove the person or relocate bystanders from the environment.

- a. True
- b. False

Knowledge Check

In the event of a crisis, it's important to remove the person or relocate bystanders from the environment.

- a. **True**
- b. False

Knowledge Check

When intervening with a person demonstrating Risk Behavior, non-restrictive interventions are the first resort.

- a. True
- b. False

Knowledge Check

When intervening with a person demonstrating Risk Behavior, non-restrictive interventions are the first resort.

- a. **True**
- b. False

Final Thoughts

Review the **Points to Remember** and reflect on your **Key Takeaways** from the module.



SAFETY INTERVENTIONS

Disengagement Skills

Disengagement Skills

Key Themes to Consider With Physical Intervention

- Duty of care
- Reasonable and proportionate
- Last resort and least restrictive
- Risk of doing something vs risk of doing nothing
- Human rights
- Reduce use, prevent misuse and abuse
- Risk of causing additional trauma

Disengagement Skills

Key Principles

Position – Posture – Proximity

Biomechanical Benefit

Principles of Disengagement

Hold and Stabilize

Pull/Push

Lever

Disengagement Skills - Wrist



LOW-LEVEL RISK



MEDIUM-LEVEL RISK



HIGH-LEVEL RISK

Disengagement Skills - Clothing



LOW-LEVEL RISK



MEDIUM-LEVEL RISK



HIGH-LEVEL RISK

Disengagement Skills - Hair



LOW-LEVEL RISK



MEDIUM-LEVEL RISK



HIGH-LEVEL RISK

Disengagement Skills - Neck



LOW-LEVEL RISK



MEDIUM-LEVEL RISK



HIGH-LEVEL RISK

Disengagement Skills - Body



LOW-LEVEL RISK



MEDIUM-LEVEL RISK



HIGH-LEVEL RISK

Disengagement Skills - Bite



MEDIUM- and HIGH-LEVEL RISK



MODULE 6

Introduction to Restrictive Interventions

Introduction to Restrictive Interventions

The CPI *Crisis Development Model*SM



Physical Skills Review Framework

Safe
Effective
Aceptable
Transferable

CPI Values and Philosophy

CARE

Respect, dignity, empathy, person-centered



WELFARE

Maintaining independence, choice and well-being



SAFETY

Protecting rights and minimizing harm



SECURITY

Safe, effective, harmonious and collaborative relationships



Introduction to Restrictive Interventions



Introduction to Restrictive Interventions

When considering restrictive interventions, use them as a last resort and ensure they are:

- Reasonable
- Proportionate
- Least Restrictive

RESTRICTIVE INTERVENTION

Physical holding to maximize safety and minimize harm.

Legal and Professional Considerations

- Duty of care.
- Best interests.
- Reasonable and proportionate.
- Last resort and least restrictive.
- The risk of doing something and the risk of doing nothing.
- Human rights.

Restrictive Intervention

**What are the foreseeable risks
if I do something
and the foreseeable risks
if I do nothing?**

Choose the option that presents
the least amount of risk.

Be aware of your organization's approved policy and the risk of restrictive interventions.

Physical Skills Review Framework

S

afe

E

ffective

A

ccceptable

T

ransferable

Physical Skills Review Framework

Safe
Effective
Acceptable
Transferable

SAFE

In what way does the specific restrictive intervention enable you to maximize safety and minimize harm?

Physical Skills Review Framework

Safe
Effective
Acceptable
Transferable

EFFECTIVE

What makes your intervention effective? How well does it maximize safety and minimize harm?

Physical Skills Review Framework

Safe
Effective
Acceptable
Transferable

ACCEPTABLE

How would this be viewed as an acceptable response to risk behavior?

Physical Skills Review Framework

Safe
Effective
Acceptable
Transferable

TRANSFERABLE

How can you transfer the principles back into your workplace?

Trauma-Responsive Practice

- Awareness of prevalence of trauma
- Use of the principles of trauma-informed care
- Listening with empathy
- Developing supportive relationships

Knowledge Check

The use of restrictive interventions for Risk Behavior should only be considered as a last resort.

- a. True
- b. False

Knowledge Check

The use of restrictive interventions for Risk Behavior should only be considered as a last resort.

- a. **True**
- b. False

Knowledge Check

Restrictive interventions include which of the following?

- a. Calling for help
- b. Disengagements
- c. Limit setting
- d. Physical holding
- e. Removing items that could be dangerous

Knowledge Check

Restrictive interventions include which of the following?

- a. Calling for help
- b. Disengagements
- c. Limit setting
- d. **Physical holding**
- e. Removing items that could be dangerous

Final Thoughts

Review the **Points to Remember** and reflect on your **Key Takeaways** from the module.



MODULE 7

Decision Making

Decision Making

The CPI *Crisis Development Model*SM



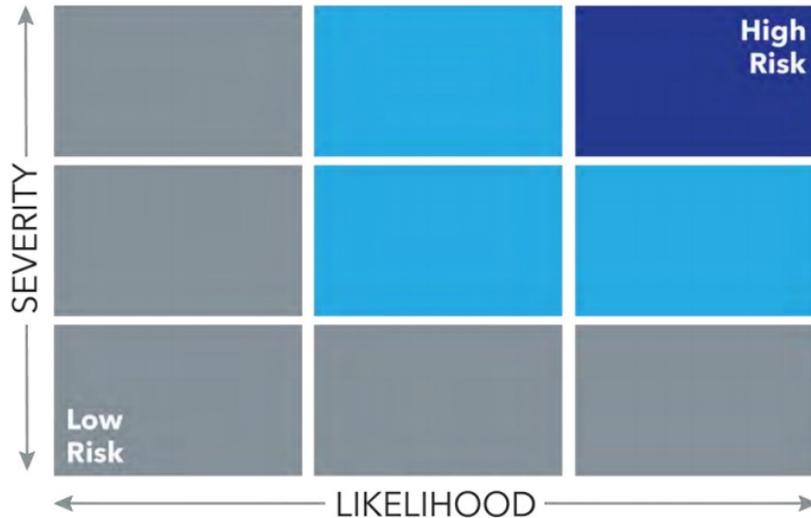
Decision Making

Decision-Making MatrixSM



Decision Making

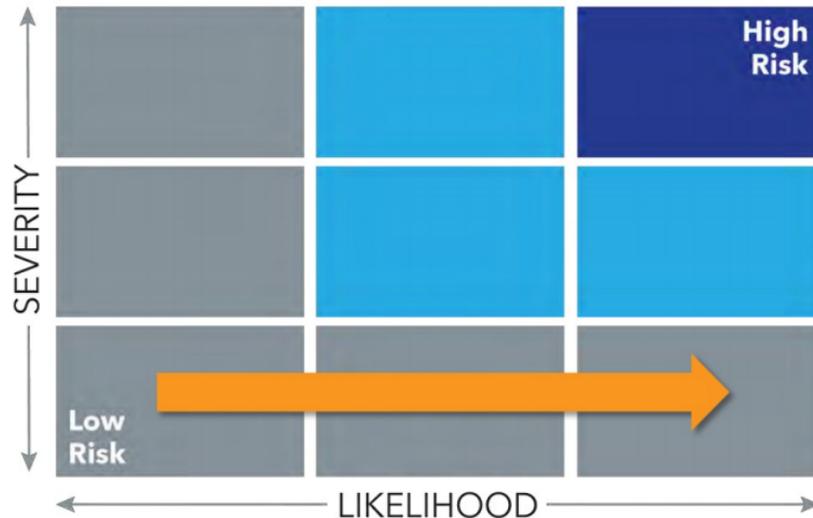
Decision-Making MatrixSM



Risk: The chance of a bad consequence.

Decision Making

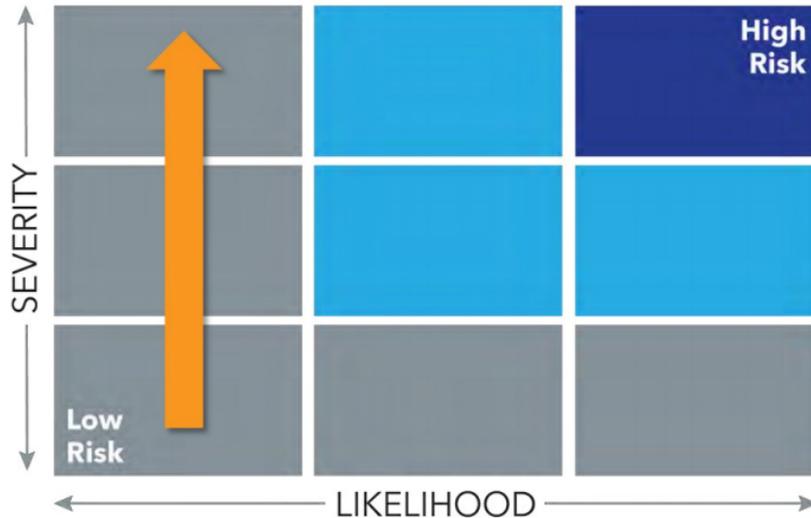
*Decision-Making Matrix*SM



Likelihood: The chance that an event or behavior may occur.

Decision Making

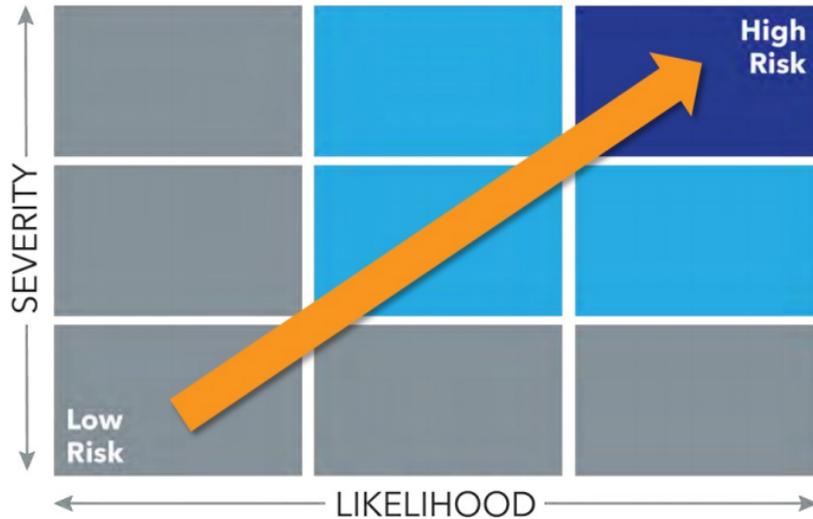
*Decision-Making Matrix*SM



Severity: The level of harm that may occur.

Decision Making

*Decision-Making Matrix*SM

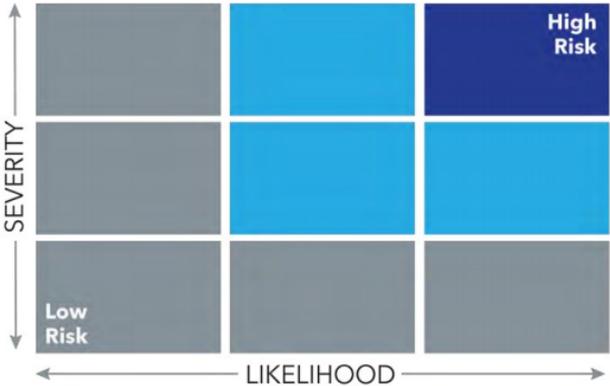


Assessing Risk Example



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Decision-Making MatrixSM



Assessing Risk Example



© 2021 CPI.

A five-year-old boy, Henry, climbed onto a six-foot metal file cabinet.

He has good balance and is very agile.

File cabinet is against a wall and next to a desk.

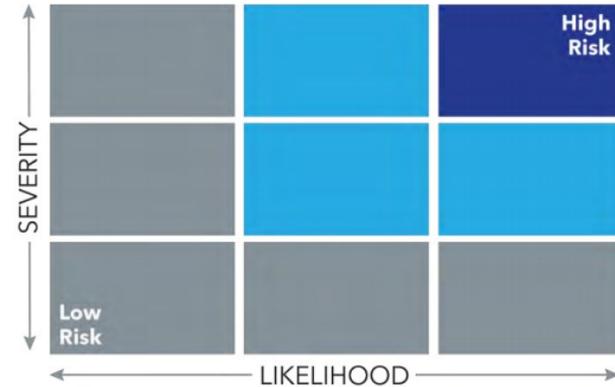
Cabinet is weighed down and unlikely to fall.

Assessing Likelihood



© 2021 CPI.

Decision-Making MatrixSM



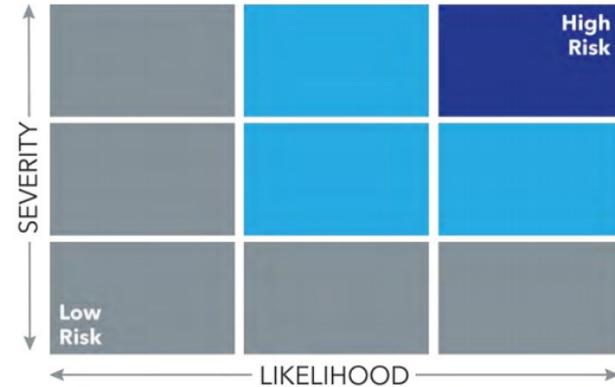
LIKELIHOOD of Henry falling = **Low**

Assessing Severity



© 2021 CPI.

Decision-Making MatrixSM



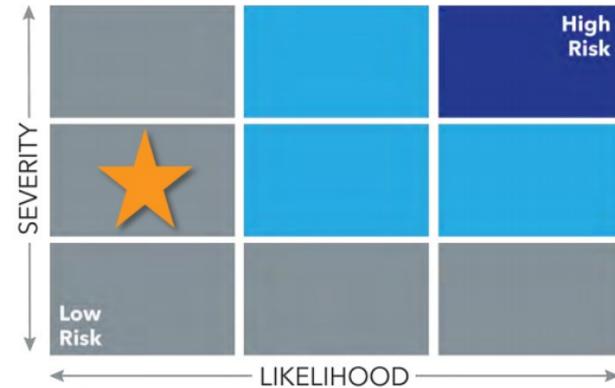
LIKELIHOOD of Henry falling = **Low**
SEVERITY of injury = **Medium**

Assessing Severity



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Decision-Making MatrixSM



LIKELIHOOD of Henry falling = **Low**
SEVERITY of injury = **Medium**

Safety Interventions



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In the scenario with Henry, how may you reduce the likelihood of him falling?

How may you reduce the severity of harm?

*Decision-Making Matrix*SM

To get started, consider the following:

- No right or wrong answers.
- How may your past experiences, fear, or anxiety influence your assessment?

Activity: *Decision-Making Matrix*SM Part 1

Case Study – Choose your industry



Decision-Making MatrixSM

Case Study – Healthcare

One evening, Connie arrives in the emergency room with a badly broken arm and a black eye. This is not the first time that she has come to the emergency room with similar injuries. The staff suspects she is experiencing domestic abuse and called the police for her, but she has refused to press charges. When she is asked about how the injuries occurred this time she becomes very agitated and refuses to answer the questions or complete the necessary paperwork to be admitted. When told she cannot be treated until she completes the paperwork, she grabs scissors from behind the desk and threatens to hurt someone in the waiting room if she is not seen immediately.

Continue

Decision-Making MatrixSM

Case Study – Education

Zander is in 8th grade and is currently living in his second foster home. He has a history of violence and getting into fights. He has returned from a 3-day suspension after his last fight. When Zander goes to math class, he sees that Mr. Grey, a substitute teacher, is filling in. Math is the only class Zander does well in and enjoys, in part, because of his teacher. Zander is upset that his regular teacher is absent. He begins to badger the other students, refuses to cooperate, and creates chaos. When Mr. Grey tells Zander to sit down or he'll send him to the principal's office, Zander starts swearing and making threats. Then he knocks over a chair.

Continue

Decision-Making MatrixSM

Case Study – Human Services

Erma, 44, admits herself into a psychiatric hospital for treatment of schizophrenia with suicidal thoughts. As a child Erma was committed to a mental institution for several years. Erma has been able to manage her schizophrenia with medication. As she's checking herself in, she appears calm and rational. When a staff member comes to show her the room where she'll stay during treatment, her behavior drastically changes. She starts screaming at the staff person, accusing them of conspiring with "the man" to lock her up, and she refuses treatment. Erma grabs a vase from the desk, telling staff she'll throw it.

Continue

Activity: *Decision-Making Matrix*SM Part 2

- Using the previous case study example, determine appropriate Safety Interventions.
- Keep in mind your organizational policies and procedures.
- In groups, determine:
 - How may you reduce the likelihood of injury?
 - How may you reduce the severity of harm?
 - How does their history of trauma impact your decision?
- Write your responses on the flipchart paper provided.
- Be prepared to discuss.

Knowledge Check

You need to align your safety intervention with your organizational policies and procedures.

- a. True
- b. False

Knowledge Check

You need to align your safety intervention with your organizational policies and procedures.

- a. **True**
- b. False

Knowledge Check

The *Decision-Making Matrix*SM assesses risk based on likelihood and _____.

- a. Consequence
- b. Severity
- c. Criminal/Civil law

Knowledge Check

The *Decision-Making Matrix*SM assesses risk based on likelihood and _____.

- a. Consequence
- b. **Severity**
- c. Criminal/Civil law

Knowledge Check

If you use restrictive intervention strategies, they need to be reasonable, proportionate, and least restrictive.

- a. True
- b. False

Knowledge Check

If you use restrictive intervention strategies, they need to be reasonable, proportionate, and least restrictive.

- a. **True**
- b. False

Final Thoughts

Review the **Points to Remember** and reflect on your **Key Takeaways** from the module.



SAFETY INTERVENTIONS

Holding Skills

Holding Skills - Seated



LOW-LEVEL RISK



MEDIUM-LEVEL RISK



HIGH-LEVEL RISK

Holding Skills - Standing



LOW-LEVEL RISK



MEDIUM-LEVEL RISK



HIGH-LEVEL RISK

Holding Skills – *Team Control Position*SM

HIGH-LEVEL RISK



Holding Skills – *Children’s Control Position*SM

STANDING



LOW-LEVEL RISK



MEDIUM-LEVEL RISK



HIGH-LEVEL RISK



MODULE 8

Post-Crisis

Post-Crisis

The CPI *Crisis Development Model*SM



Pop Question

What are physical and emotional examples that may indicate a person has reached Tension Reduction?

- Relaxed posture
- Crying
- Decrease in breathing rate
- Guilt
- Apologizing
- Returning complexion
- Reduced muscle tension
- Embarrassment

Pop Question

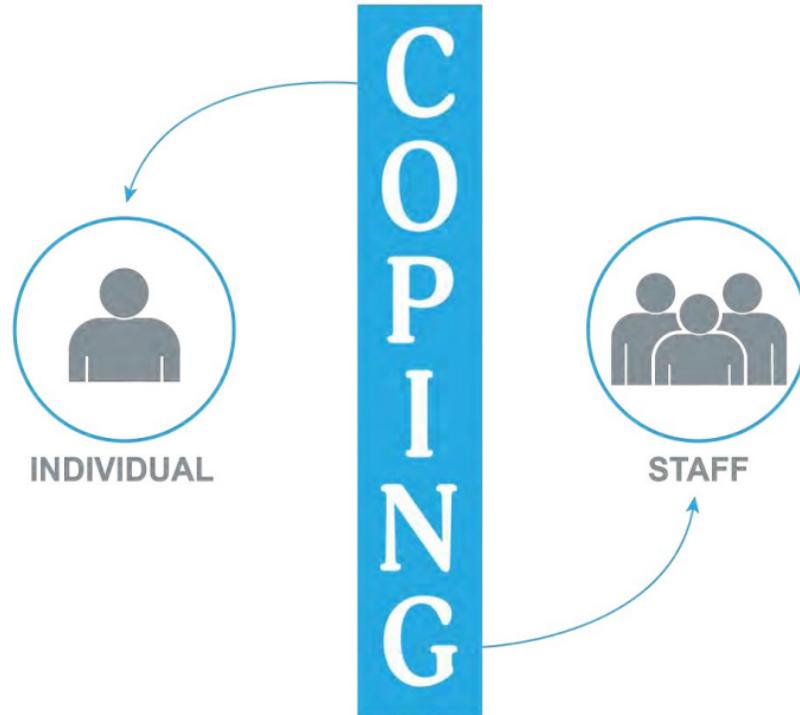
What are physical and emotional examples that may indicate a person has reached Tension Reduction?

- ✓ Relaxed posture
- ✓ Crying
- ✓ Decrease in breathing rate
- ✓ Guilt
- ✓ Apologizing
- ✓ Returning complexion
- ✓ Reduced muscle tension
- ✓ Embarrassment

The *COPING* ModelSM

Control
Orient
Patterns
Investigate
Negotiate
Give

The *COPING* ModelSM



The COPING ModelSM – Individual



C
O
P
I
N
G



Control – ensure that emotional and physical control is regained.

Example:

“I’d like to talk about what happened earlier. Do you have a few minutes?”

The *COPING Model*SM – Individual



INDIVIDUAL

C
O
P
I
N
G



Orient yourself to the basic facts.

- What happened?
- When did it happen?
- Who else has been affected?
- Why did it happen?
- Where did it happen?

The *COPING Model*SM – Individual



INDIVIDUAL

C
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G



Patterns – Look for patterns for the behavior.

Is this the first time the individual reacted that way or has it become a recurring event?

The *COPING Model*SM – Individual



INDIVIDUAL

C
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I
N
G



Investigate alternatives to the behavior.

Examples may include:

- What could you do differently next time?
- What should we do to put things right?
- What were you thinking about at the time of the incident?

The *COPING Model*SM – Individual



INDIVIDUAL

C
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N
G

Negotiate future approaches, expectations and behavior.

Suggestions may include:

- *“What can we do to help you when you feel distressed?”*
- *“Is there anything you don’t want us to do during these moments?”*

The COPING ModelSM – Individual



INDIVIDUAL

C
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I
N
G

Give back responsibility; provide support and encouragement.

Example:

*“I appreciate you talking with me.
Do you agree with the plan that we
just discussed?”*

Principles of Trauma-Informed Care

- Safety
- Transparency and Trustworthiness
- Choice
- Collaboration and mutuality
- Empowerment

The *COPING Model*SM – Staff

Control – ensure that emotional and physical control is regained by the staff person.

Start the conversation by acknowledging their feelings and then asking permission to discuss.



C
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STAFF

The COPING ModelSM – Staff

Orient yourself to the basic facts.

Staff may have arrived at different points and observed different things. Acknowledge what you observed and prompt for more details if needed.

- What happened?
- When did it happen?
- Who else has been affected?
- Why did it happen?
- Where did it happen?



C
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G



STAFF

The *COPING Model*SM – Staff

Patterns – Look for patterns in staff responses to the behavior.

Review the staff response history.
Are there patterns in how the team
or specific staff members
responded?



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STAFF

The *COPING Model*SM – Staff

Investigate ways to strengthen staff responses.

With team members, propose and discuss potential solutions.

What were you thinking about at the time of the incident?

What changes should be considered to help prevent future crisis events or to improve a future response?



**C
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G**



STAFF

The *COPING Model*SM – Staff

Negotiate changes that will improve future interventions.
Reinforce what's working well.

Example:

“Is there anything you would have done differently?”

Discuss and gain commitment from all staff to ensure that any improvements will be implemented.



**C
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N
G**



STAFF

The COPING ModelSM – Staff

Give support and encouragement.

Express trust and confidence in their ability to respond during the next crisis.



C
O
P
I
N
G



STAFF

Activity: The *COPING Model*SM

Case Study – Choose your industry



Case Study – Healthcare

Zak is a 40-year-old small business owner who lives alone. He's in the emergency room after a car ran a red light and smashed into his car, nearly totaling it. The worst of Zak's injuries is a broken left wrist. Zak is frustrated that he can't open his store or work with his dominant hand. When the physician assistant, Manuel, tells Zak that he'll need a cast, he yells, "I don't have time for this!" and pushes his chair at Manuel. After several minutes of ranting and swearing, he slumps into his chair, resigned.

Continue

Case Study – Education

Cassandra is 11 years old and just starting 6th grade. She's been in and out of foster care since the age of 6. Her current foster mom is misusing the funds allocated for Cassandra's basic care. On her first day, Cassandra arrives in tattered clothes and does not have any school supplies. The other children bully her throughout the day. In PE class, the teacher steps in to address the bullying. Cassandra throws a ball at her face. She screams at her teacher, "Leave me alone! I hate you!" Then she runs to the other side of the gym, slumps against a wall, and starts crying.

Continue

Case Study – Human Services

Jasmine just turned 20 and has been struggling with anorexia nervosa since she was 15 years old. After being hospitalized for respiratory issues due to malnutrition, she was admitted to an inpatient treatment program for eating disorders. At breakfast, a counselor confronts Jasmine about hiding food with the intent to throw it away. Jasmine throws her tray at the wall and screams at the counselor, “You can’t make me eat!” After continuing to rant for a few minutes, she curls up on the floor and starts crying, appearing inconsolable.

Continue

Knowledge Check

What is the goal when de-escalating crisis behavior?

- a. Maintain Rational Detachment.
- b. Manage defensive behavior.
- c. Manage high-risk behavior.
- d. Help person reach Tension Reduction.

Knowledge Check

What is the goal when de-escalating crisis behavior?

- a. Maintain Rational Detachment.
- b. Manage defensive behavior.
- c. Manage high-risk behavior.
- d. **Help person reach Tension Reduction.**

Knowledge Check

When supporting an individual after a crisis, what is the first thing you should do?

- a. Address medical and/or emotional needs.
- b. Contact Security to file a report.
- c. Take care of yourself and get back to calm.

Knowledge Check

When supporting an individual after a crisis, what is the first thing you should do?

- a. **Address medical and/or emotional needs.**
- b. Contact Security to file a report.
- c. Take care of yourself and get back to calm.

Knowledge Check

The *COPING Mode*SM can only facilitate a restorative conversation between staff.

- a. True
- b. False

Knowledge Check

The *COPING Mode*SM can only facilitate a restorative conversation between staff.

- a. True
- b. **False**

Restorative Question Framework

- What happened?
- What were you thinking about at the time of the incident?
- Who else has been affected?
- What should we do to put things right?
- How can we do things differently in the future?

Final Thoughts

Review the **Points to Remember** and reflect on your **Key Takeaways** from the module.



NONVIOLENT CRISIS INTERVENTION[®]: TRAUMA

Conclusion

Trauma-Responsive Practice

- Programming
- Environment
- Language
- Values

Trauma-Informed Care

- Safety
- Transparency and Trustworthiness
- Choice
- Collaboration and Mutuality
- Empowerment

Evaluation and Classroom Test

TRAINING EVALUATION FORM | CPI Restraint Crisis Intervention™ Training

Training Evaluation Form

Date: _____

Title and Location of Training: _____

Instructor: _____

Instructions: Please indicate your level of agreement with the statements listed below.

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
1. The objectives of the training were clearly defined.	<input type="checkbox"/>				
2. Participation and interaction were encouraged.	<input type="checkbox"/>				
3. The topics covered were relevant to my profession.	<input type="checkbox"/>				
4. The topics covered were relevant to my professional development.	<input type="checkbox"/>				
5. The content was organized and easy to follow.	<input type="checkbox"/>				
6. The materials distributed were helpful.	<input type="checkbox"/>				
7. This training experience will be useful in my work.	<input type="checkbox"/>				
8. The trainer was knowledgeable about the training topics.	<input type="checkbox"/>				
9. The training objectives were met.	<input type="checkbox"/>				
10. Training time was sufficient.	<input type="checkbox"/>				
11. The meeting room and facilities were adequate and comfortable.	<input type="checkbox"/>				
12. Other: _____					

CLASSROOM TEST | CPI Restraint Crisis Intervention™ Training

Classroom Test

Name: _____ Title: _____

Organization: _____

Phone: _____ Email: _____

- Complete the Crisis Development Model™. (32 pts)

Crisis Development/Behavior Levels	Staff Attitudes/Approaches
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
- What is the value of learning the four levels and corresponding staff attitudes? (6 pts)
- Complete the Verbal Escalation Continuum™. (20 pts)

Defensive