Physical Intervention Policy

NRTC has a written policy and procedure regarding the use of physical intervention. NRTC does not use isolation under any circumstance, and there is no separate confinement area in the facility.

NRTC prohibits the use of prone restraints.

- Prone restraint is defined as all items or measures used to limit or control the movement or normal functioning of any portion, or all, of an individual’s body while the individual is in a face-down position for an extended period of time. Prone restraint includes physical or mechanical restraint.

Physical intervention of a youth is only to be utilized by a child care staff person who has received specific training and annual review in acceptable methods of physical interventions. Documentation of such training is contained in the employee’s personnel record. NRTC completes annual training in acceptable methods of physical interventions for the child care staff.

1. Physical interventions is only to be used in emergency circumstances when less restrictive interventions have been determined to be ineffective and only to ensure the immediate physical safety of the youth, a staff member or others. The use of physical interventions are limited to the following emergency situations:
   - For protection of the youth from imminent harm.
   - To protect another person from the youth.
   - For self-protection.

   The physical intervention shall end when the youth regains self-control or when the youth’s behavior no longer constitutes an emergency.

2. NRTC utilizes the Nonviolent Crisis Intervention Training Program by the Crisis Prevention Institute, Inc. (CPI) and OPATA developed Control Positions. NRTC provides all administrators and child care staff with training in the use of physical interventions annually. Child care staff will use only the least restrictive physical intervention necessary to control a situation. Physical restraint is never to be used as punishment and only be used as a last resort.
   - The physical intervention techniques used by NRTC are CPI Team Control, Seated Position (low, medium, high), Standing Position (low, medium, high) and Child’s Position.
   - Physical interventions shall only be utilized by staff who have current American Red Cross First Aid and CPR certification.
Chapter: Care, Supervision and Discipline
Subject: Physical Intervention
Section: 8.2

3. NRTC will also use a variations of OPATA developed Subject Control’s Body Locks Standing (front, side, back) and Seatbelt Standing (back and side), as a least restrictive restraint to control a situation and/or prevent harm of youth and staff. See attached Subject Control information sheet.

4. All incidents of physical intervention must be documented in writing in a Critical Incident Report (CIR).
   - A Staff member involved in the restraint will complete a CIR.
   - The CIR should detail the circumstances that prompted the restraint, as well as the mental and physical condition of the youth.
   - The staff member will sign and date the CIR, and a copy will be placed in the youth’s file.
   - A supervisor is to review and sign the CIR and will make any necessary follow up.

5. Any physical intervention techniques used to restrain a youth will be previously approved and listed in the behavioral intervention policy of the residential facility (Policy 8.4).

6. NRTC has establish a system where instances of behavior that are a danger to a youth or to others shall be brought to the attention of appropriately trained behavior management staff.
   - Staff should immediately notify the Director or supervisor on duty if the incident occurs during normal business hours. The on-call manager should be contacted if it occurs after hours. The Director, manager or supervisor who was contacted shall then determine the appropriate plan of action. The staff member reporting the incident should complete a CIR documenting the incident and immediate action taken.

7. NRTC has established an ongoing system for collecting and reviewing monthly aggregate data that reflects the use of restrictive treatment elements, including the number of applications of physical restraint, the names of staff members who participated in each instance of physical restraint, the range and average length of the physical restraint, and unusual incidents and injuries, in addition to the Critical Incident Report.
   - When it has been identified that there is an unusually high incidence of the use of physical restraint, the administrator shall review the agency’s policies on behavior intervention and physical restraint to determine how such incidents can be lowered.

Disciplinary Policy & Procedures
Disciplinary procedures are to be humane, instructive and are to be administered with fairness, consistency and respect and regardless of the youth’s race, sex, religion or cultural heritage. All cruel and unusual punishments/practices are prohibited including, but not limited to the following:
Chapter: Care, Supervision and Discipline
Subject: Physical Intervention
Section: 8.2

1. Physical punishment such as spanking, punching, paddling, shaking, biting, hair pulling, pinching, pushing, or physical hitting inflicted in any manner upon the body, or roughly handling a youth.
2. Physically strenuous work or exercises, when used solely as a means of punishment or discipline.
3. Forcing a youth to maintain an uncomfortable position, or to continuously repeat physical movements when used solely as a means of punishment or discipline.
4. Group punishments for the behavior of an individual. A group activity shall not be cancelled for the entire group due to the behavior of one or more individuals.
5. Verbal abuse, including swearing, directed at a youth or derogatory remarks about a youth’s family, race, religion, or cultural background, or threats of physical violence against a youth or removal of the youth from the facility.
6. Denial of social or recreational activities for more than five consecutive days without prior written approval of the facility administrator and a certified or licensed practitioner of behavioral science.
7. The denial of social, mental health or casework services, medical treatment, educational services, or access to their guardian ad litem or attorney, probation officer, court appointed special advocate, placement worker or caseworker.
8. The deprivation of meals or any required snack.
9. The use or denial of any medication as a punishment or discipline.
10. The denial of visitation or communication rights with a youth’s family as a means of punishment or discipline.
11. The denial of sleep.
12. The denial of shelter, clothing, bedding or restroom facilities.
13. The use of physical restraint as a means of punishment or discipline.
14. Organized social ostracism such as codes of silence.
15. The use of chemical restraint.
16. The use of mechanical restraint.
17. Isolation in a locked or unlocked room used as punishment.
18. The use of prone restraints. Prone restraint is defined as all items or measures used to limit or control the movement or normal functioning of any portion, or all, of an individual’s body while the individual is in a face-down position for any period of time. Prone restraint includes physical or mechanical restraint.
19. Time out exceeding one minute for each year of the youth’s age, unless approval is granted by a certified or licensed practitioner of behavioral science and documented in the youth’s service plan.
20. Punishment for actions over which the youth has no control such as bedwetting, enuresis or encopresis.

NRTC’s disciplinary procedures are explained to all staff during orientation and to each youth during intake, according to their age and functioning level. Disciplinary procedures are outlined in the program handbook and are given to persons or agencies who desire to place youth in the facility, parent(s)/guardians and the youth.
Discipline shall be administered only by persons who are administrators or employees with direct care responsibilities. Youth shall not discipline other youth. All staff involved in the discipline of youth shall meet the requirements of rule 5101: 2-9-03 of the Administrative Code.

NRTC employees, contract staff, student interns and volunteers shall not engage in any act of omission or commission which results in the death, injury, illness, abuse, neglect or exploitation of any youth.
Subject Control (SC) - Ohio Peace Officer Training Academy (OPOTA) developed curriculum to support the facility in its mission to physically control residents per legal standards of use of force and established policy. The curriculum embodies seat belt holds (rear & side) as well as, body lock holds (rear, side & front)

Body Lock:

- Youth become a threat to themselves or others and does not respond with verbal redirection and de-escalation techniques may need physical interventions that include, placing youth in body lock position- (rear, side or front)
- Once officer is secured with arms around youth, place head behind youth shoulder or in front of youth shoulder to prevent youth from striking
- Do not lift the youth, use arms and head as leverage to remove the youth from the area by pulling the youth away backwards or to the side
- In the event of falling to the ground, staff must disengage and determine the level of interventions needed once youth is back standing
Seat Belt:

- Youth become a threat to themselves or others and does not respond with verbal redirection and de-escalation techniques may need physical interventions that include, placing youth in seat belt position- (rear or side)
- Once officer is secured with arms around youth, tuck head behind youth's shoulder or in front of youth shoulder to prevent youth from striking
- Do not lift the youth, use arms and head as leverage to remove the youth from the area by pulling the youth away backwards or to the side
- Arms should come across youths upper body diagonally, under one arm and avoiding the neck area of the youth – similar to a cars seat belt position
- In the event of falling to the ground, staff must disengage and determine the level of interventions needed once youth is back standing
Why Nonviolent Crisis Intervention® Training?

Welcome to the Nonviolent Crisis Intervention® training program. Your involvement and participation are appreciated and will help promote the best possible Care, Welfare, Safety, and SecuritySM for anyone involved in crisis situations.

Since 1980, over 10 million professionals have participated in CPI’s Nonviolent Crisis Intervention® training program. Throughout this course, you will learn a range of preventive strategies, de-escalation skills, and communication skills. You will also learn psychological and physiological responses that will minimize the potential harm of disruptive and aggressive behavior.

Whether you are participating in a course facilitated by CPI Global Professional Instructors or a Certified Instructor at your organization, your active and safe participation is critical for achieving successful outcomes from this training. Please review the statements below and the Due Care guidelines on the next page.

Nonviolent Crisis Intervention® Values and Philosophy: Care, Welfare, Safety, and SecuritySM

Care       Demonstrating respect, dignity, and empathy; providing support in a nonjudgmental and person-centered way.

Welfare   Providing emotional and physical support; acting in the person’s best interests in order to promote independence, choice, and well-being.

Safety     Protecting rights, safeguarding vulnerable people, reducing or managing risk to minimize injury or harm.

Security   Maintaining safe, effective, harmonious, and therapeutic relationships that rely on collaboration.
Due Care Guidelines for Participants

Participants in this training are asked to take responsibility for the Care, Welfare, Safety, and Security℠ of themselves and others in the class by adhering to these classroom expectations:

- I will respect other participants as peers.
- I am responsible for the safety of others with regard to my actions.
- I am responsible for gauging myself with regard to any past/current injuries and my comfort level performing any given skill. If I have any concerns, I will see my Instructor at a break.
- I will not engage in horseplay.
- I will not teach other skills.
- In all role-plays/skills, I will act only on my Instructor’s direction.
- I will cooperate, not compete.
- I will take time to physically prepare before performing any physical activity, and I will drink plenty of fluids throughout the day.
- I will be conscious of the space around me and always consider safety while practicing physical skills. I must remember that there are others who are practicing near me.
- During physical activities, the Instructor and any participant can ask to stop the activity at any time, for any reason. If, while practicing physical activities, my partner asks me to stop the activity, I will take the request seriously and immediately discontinue the activity.
- I will inform my Instructor prior to class of any injuries or limitations.
- I will report all injuries to my Instructor immediately.
- I will have respect for confidentiality when sharing examples of persons in my care.

The term “Due Care for Participants” and portions of the procedural safety outline were taken from the document “Training Injury Liability Management,” developed by Gary T. Klugiewicz, Milwaukee County Sheriff Department; James G. Smith, Milwaukee, Wisconsin Police Department; Robert Willis, New Berlin, Wisconsin Police Department; and Tim Powers, Fitness Institute for Police, Fire & Rescue, New London, Wisconsin.

Authorization and Approval Considerations for Use of Physical Interventions

Your employer has selected CPI’s Nonviolent Crisis Intervention℠ training recognizing that the philosophy, lessons, and skills taught in the program align with organizational values. Physical intervention procedures taught in this program are based on typical behaviors and risks staff may encounter at work. Balancing objectives to provide for the best possible care and welfare, while maintaining safety and security, requires ongoing consideration, study, and practice. In addition, participants in this training must remember that use of any physical intervention needs to be guided by:

- Organizational policies and procedures.
- Relevant legal and regulatory frameworks.
- Professional standards for best practice.

Please Read Carefully:

As a participant in the Nonviolent Crisis Intervention℠ training program, you will be involved in practicing intervention strategies. You should understand that some of these methods involve physical contact and include risk of injury. It is important that you cooperate and follow the directions of your Instructor and the Due Care guidelines of the program.

CPI makes no warranty or representation that the skills, principles, and methods taught in this program comply with all local laws, rules, regulations, and ordinances that may be applicable to persons utilizing same. CPI’s physical intervention principles should be used only in a manner that aligns with local laws. CPI assumes no liability for any bodily injury, loss, or damage caused by the misuse or incorrect application of the skills, principles, and methods taught in this program, or by the illegal or inappropriate use of same, whether or not such injury, loss, or damage is foreseeable.
Module 1: The CPI Crisis Development Model℠

### Crisis Development/Behavior Levels

1. **Anxiety**: a change in behavior (e.g., pacing, withdrawal)
2. **Defensive**: beginning to lose rationality (e.g., refusal, shouting)
3. **Risk Behavior**: behaviors that may present a risk to self or others (e.g., hitting, self-injury)
4. **Tension Reduction**: decrease in physical and emotional energy (e.g., crying, apology)

### Staff Attitudes/Approaches

1. **Supportive**: an empathic, nonjudgmental approach (e.g., listen, allow time)
2. **Directive**: decelerating an escalating behavior (e.g., give simple directives, set limits)
3. **Physical Intervention**: disengagement and/or holding skills to manage risk behavior (e.g., low-, medium-, high-level disengagement and/or holding skills)
4. **Therapeutic Rapport**: re-establish communication (e.g., listen carefully, debrief)

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**Care, Welfare, Safety, and Security℠**

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Module 1: The CPI Crisis Development Model℠

### Practice and Apply the Crisis Development Model℠

- Identify the level of behavior the individual is exhibiting.
- Seek to understand what might be causing the behavior.
- Assess changes in the individual’s behavior and adapt your response.
- Think about the impact your behavior has on others.
- Monitor your verbal and nonverbal communication.
- Work as a team if the individual’s behavior begins to escalate.
- Re-establish Therapeutic Rapport when the individual is calm.
Module 2: Nonverbal Communication

Proxemics

Definition: Personal space
Examples: Distance, gender, culture, relationships

Kinesics

Definition: Body language
Examples: Gesture, stance, and movement

Haptics

Definition: Communication through touch
Examples: Handshakes, holding hands, or high fives

The Supportive Stance℠

The Supportive Stance℠ is maintained by keeping a distance of one leg-length from the person and by remaining at an angle.

Position, posture, and proximity are part of nonverbal communication.

Position: Where you are in relation to others--your orientation.
Posture: How you hold and move your body.
Proximity: Distance between individuals.

Practice and Apply Nonverbal Communication

- Use the Supportive Stance℠ to demonstrate respect, maintain safety, and appear nonthreatening/nonchallenging.
- Recognize that personal space varies with the individual, the setting, and the situation.
- View individual's personal possessions as an extension of personal space.
- Realize entering into an individual's personal space can increase anxiety and escalate behavior.
- Watch for changes in body language, gestures, facial expressions, etc.
- Use haptics only as appropriate.
Module 3: Paraverbal and Verbal Communication

Paraverbal Communication

Definition: The vocal part of speech, excluding the actual words one uses

Two sentences containing identical words can convey completely different meanings.

Three key components of paraverbal communication:

- **Tone** - Quality and pitch (e.g., sarcasm, impatience, kindness). Use caring, supportive tones.
- **Volume** - Loudness and intensity (e.g., shouting, whispering). Keep the volume appropriate for the situation.
- **Cadence** - Rhythm and rate of speech (e.g., how fast or slow you speak). Deliver message with an even cadence.

Module 4: Verbal Intervention

The Verbal Escalation Continuum™

<table>
<thead>
<tr>
<th>Intimidation</th>
<th>Defensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>The individual is verbally and/or nonverbally threatening staff.</td>
<td></td>
</tr>
</tbody>
</table>

**Interventions/Examples:**
- Take all threats seriously.
- Seek assistance.
- Avoid physical intervention unless there is no safer alternative.

<table>
<thead>
<tr>
<th>Refusal</th>
<th>Questioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noncompliance; slight loss of rationality.</td>
<td></td>
</tr>
</tbody>
</table>

**Interventions/Examples:**
- Set limits. Redirect the person's focus and attention to the desired outcomes.

**Tension Reduction**

Decrease in physical and emotional energy.

**Interventions/Examples:**
- Establish Therapeutic Rapport. Re-establish communication with the individual.

**Release**

Verbal and emotional outburst.

**Intervention/Examples:**
- Allow venting, and if possible, remove the audience.

**Interventions/Examples:**
- Information-seeking: A rational question seeking a rational response.
  - Give a rational response.
- Challenging: Questioning authority; attempting to draw staff into a power struggle.
  - Downplay the challenge. Stick to the topic. Set limits.
Module 4: Verbal Intervention

Limit Setting
A verbal intervention skill in which a person is offered choices and consequences.

Keys to Limit Setting
- **Simple/clear.** Keep the limit statement short and simple; use a clear, calm, and even tone.
- **Reasonable.** Don’t expect too much from the person and avoid placing too many requests or demands at the same time.
- **Enforceable.** Ensure you can make it happen—if you set the limit, you need to be sure it will or won’t happen.

Examples of Limit Setting
Setting verbal limits helps to decelerate situations so that you can positively influence people’s behavior and avoid risk behavior. It is helpful to use specific verbal patterns for deceleration to develop a range of responses.
- **Interrupt and Redirect Pattern**
- **When and Then Pattern**
- **If and Then Pattern**

Module 4: Verbal Intervention

Empathic Listening
An active process to discern what a person is saying. It is a powerful tool for building relationships with the individuals in your charge.

Key elements in Empathic Listening include:
- **Nonjudgmental**
- **Undivided attention**
- **Listen carefully (focus on feelings and facts)**
- **Allow silence for reflection**
- **Restate and paraphrase**

Listening empathically can help you to begin identifying why a person engages in challenging behavior.

Practice and Apply Paraverbal and Verbal Communication
- **Assess defensive behavior to determine the appropriate intervention.**
- **Commit to Empathic Listening to identify why an individual is engaged in challenging behavior.**
- **Keep a respectful tone, slow down your rate of speech, and modify your voice volume.**
- **Prepare to set limits that are simple, clear, reasonable, and enforceable.**
- **Avoid engaging in power struggles.**
- **Rehearse verbal skills to build confidence responding to defensive behavior.**
Precipitating Factors

Definition: Factors that influence behavior. These are internal and/or external causes of behavior over which staff have little or no control.

Understanding Precipitating Factors can help staff to:
- Depersonalize crisis situations.
- Address factors that lead to crisis situations.
- Avoid becoming a Precipitating Factor yourself.

Rational Detachment

Definition: The ability to manage your own behavior and attitude.

Understanding Rational Detachment can help staff to:
- Stay calm.
- Maintain professionalism.
- Do not take behaviors of others personally.
- Find positive outlets for the negative energy absorbed during a crisis.

Integrated Experience

Definition: Behavior influences behavior.

Understanding this can help you to:
- Consider how your behavior impacts those in your care.
- Treat those in your care respectfully.
- Make objective decisions.

<table>
<thead>
<tr>
<th>Crisis Development/Behavior Levels</th>
<th>Staff Attitudes/Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Anxiety</td>
<td>1. Supportive</td>
</tr>
<tr>
<td>2. Defensive</td>
<td>2. Directive</td>
</tr>
<tr>
<td>3. Risk Behavior</td>
<td>3. Physical Intervention</td>
</tr>
<tr>
<td>4. Tension Reduction</td>
<td>4. Therapeutic Rapport</td>
</tr>
</tbody>
</table>

Practice and Apply Rational Detachment, Integrated Experience, and Identification of Precipitating Factors

- Remember that behavior influences behavior.
- Identify triggers that may be causing disruptive or escalating behaviors.
- Address or remove Precipitating Factors whenever possible.
- Stay calm and do not take the behaviors of others personally.
- Develop alternative coping strategies when Precipitating Factors are present.
- Implement strategies you can use during a crisis to keep yourself calm and rationally detach.
- Develop positive outlets when recovering from crisis situations and apply these strategies on a regular basis.
Module 6: Staff Fear and Anxiety

Unproductive Responses
Reactions to fear and anxiety include:

- **Freeze**
  - Inability to react to a situation (e.g., stage fright).

- **Overreact**
  - Psychologically—perceiving a situation as worse than it really is.
  - Physiologically—motor skills do not function normally.

- **Respond inappropriately**
  - Verbally—saying things that are not pertinent to the situation, using offensive or inappropriate language.
  - Physically—striking out at someone, not being able to control your actions.

Productive Responses
Reactions to fear and anxiety as a result of stress hormones to prepare the body for action.

- **Increased speed and strength** (physiological response)—Increase in motor reaction, increase of oxygenated blood to the muscles in preparation for movement.

- **Increased sensory acuity** (psychological response)—Alertness or sharpening of your senses; decrease in cognitive reaction and decision-making time (judgments about perceived threats can happen very quickly).

- **Decreased reaction time**. You may need less time to react or respond physically.

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Module 6: Staff Fear and Anxiety

Practice and Apply Managing Fear and Anxiety

- Acknowledge and accept that fear and anxiety are normal human responses.

- Identify what causes your fear and/or anxiety and develop coping strategies.

- Use your own positive responses to fear and anxiety that work to your advantage.

- Apply physical intervention skills and practice Rational Detachment during incidents that cause fear and anxiety.
Module 7: Decision Making

The Decision-Making Matrix is a tool that can help you reach objective critical decisions about risk.

These are the key terms on how to use this model.

**Risk**: The chance of a bad consequence.

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

**Severity**: The level of harm that may occur.

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Module 7: Decision Making

**Practice and Apply Using the Decision-Making Matrix**

- Apply the framework of the Decision-Making Matrix to make a situational or behavioral risk assessment.
- Consider the people in your care, their behavior, and your work environment when assessing risk.
- Consider the physical and psychosocial impacts if opting to use physical intervention.
- Build confidence in your and staff members’ ability to stay safe in a crisis situation.

<table>
<thead>
<tr>
<th>Team Intervention</th>
<th>Team Leader</th>
<th>Auxiliary Team Member</th>
<th>Warning Signs of Distress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>First on the scene</td>
<td>Check</td>
<td>Cardiopulmonary</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Confident/competent</td>
<td>Address</td>
<td>Neurological</td>
</tr>
<tr>
<td>Litigation</td>
<td>Best rapport</td>
<td>Recognize</td>
<td>Musculoskeletal</td>
</tr>
</tbody>
</table>
Module 8: Physical Interventions - Disengagement Skills

Key Principles

Key principles for disengagement skills begin with concepts already practiced. Position, posture, and proximity are all used to maximize safety for all involved. You practiced these with the Supportive Stance™.

Position - Posture - Proximity

Biomechanical Benefit (Movement)

Understanding how the body moves (joints and muscles) in order to create a release while minimizing injury or harm.

- **Hold and Stabilize** (limit aggressive range of motion).
- **Pull/Push** (move in opposite directions)
  Pulling away is a natural reaction, but it does not always work if the person holding you has a strong grip. Pulling and pushing at the same time in opposite directions weakens the person’s grip while minimizing any pain or injury.
- **Lever**
  Combining momentum (energy and speed) with movement (rotation) around a single point (e.g., elbow, shoulders, and hips) creates linear and angular motion which is more effective and efficient than Pull/Push. If the person has a particularly strong grip or is using two hands, increase the momentum and rotation by creating whole body energy through the arms and/or legs to increase the effectiveness of the lever.

Module 8: Physical Interventions - Disengagement Skills

**CAUTION:** The physical interventions represented in this unit should only be learned and practiced under the supervision of a CPI Certified Instructor. The images of these interventions shown here are intended as a point of reference and represent only a snapshot of the process required to execute the skills and principles. Any attempt to learn these skills and principles from the images or descriptions, or use them without proper instruction, may result in injury.

**Strikes**

A weapon (body part or object) making contact with a target.
Principles of Disengagement

Grabs/Holds - Maintaining physical contact without consent.

Wrist/Arm

Lower-Level Risk
- Talk to the individual
- Hold and Stabilize

Medium-Level Risk
- Talk to the individual
- Hold and Stabilize
- Pull/Push

Higher-Level Risk
- Lever

Clothing

Lower-Level Risk
- Talk to the individual
- Hold and Stabilize

Medium-Level Risk
- Talk to the individual
- Hold and Stabilize
- Pull/Push

Higher-Level Risk
- Lever
Module 8: Physical Interventions - Disengagement Skills

**Hair**

**Lower-Level Risk**
- Talk to the individual
- Hold and Stabilize

**Medium-Level Risk**
- Talk to the individual
- Hold and Stabilize
- Pull/Push

**Higher-Level Risk**
- Lever

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**Neck**

**Lower-Level Risk**
- Talk to the individual
- Hold and Stabilize

**Medium-Level Risk**
- Talk to the individual
- Hold and Stabilize
- Pull/Push

**Higher-Level Risk**
- Lever
Module 8: Physical Interventions - Disengagement Skills

Body

Lower-Level Risk
- Talk to the individual
- Hold and Stabilize

Medium-Level Risk
- Talk to the individual
- Hold and Stabilize
- Pull/Push

Higher-Level Risk
- Lever

Module 8: Physical Interventions - Disengagement Skills

Bite

Lower-Level Risk
- Talk to the individual
- Hold and Stabilize

Medium and Higher-Level Risk
- Talk to the individual
- Hold and Stabilize
- Pull/Push
Module 8: Physical Interventions - Disengagement Skills

Physical Skills Review Framework

In keeping with the program values of Care, Welfare, Safety, and Security℠, all the physical interventions within the program have been independently risk assessed. As a result of the risk assessment, none of the physical skills in the program have been identified as high risk to the individual in crisis and/or staff. However, no physical intervention is risk-free, and this assessment cannot take into account the dynamic nature of risk behavior and/or the specific physical and psychological factors of each individual involved in an incident (the individual in crisis and staff). This framework can help you reflect on the appropriateness of each physical intervention in order to reduce risk of harm using four key considerations.

- **Safe:** What makes these skills safe?
- **Effective:** What makes it an effective strategy?
- **Acceptable:** Would this be viewed as an acceptable response to risk behavior?
- **Transferable:** Is this skill transferable?

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Module 8: Physical Interventions - Disengagement Skills

The RESPONSE Continuum℠

The Crisis Development Model℠ helps you recognize a multitude of experiences when witnessing and responding to crisis behavior. Throughout the program, participants have examined behaviors at each level of the Crisis Development Model℠ and connected to this common frame of reference. You have gained the skills and practiced a range of nonverbal, verbal, and paraverbal strategies designed to decelerate and de-escalate potential risk behavior. It is important to ensure that these strategies remain part of staff interventions as you explore the principles for responding to risk behavior.

The RESPONSE Continuum℠ gives you a framework of what to think about, say, and do as you decelerate, de-escalate, and intervene with risk behavior so that your reactions remain productive. Given that CPI’s core values remain constant throughout staff responses, and Therapeutic Rapport is central to all interactions in terms of promoting Tension Reduction, you need to consider how your responses can help individuals recognize you are there to provide for their care and safety.

The RESPONSE Continuum℠ allows you to review skills you have already practiced in Supportive and Directive approaches, to demonstrate respect and consideration. It also reminds you of factors to consider when deciding your response to risk behavior.
<table>
<thead>
<tr>
<th>Relax and Downplay. By relaxing and staying in control, you are able to downplay an individual's behavior and promote deceleration and Tension Reduction. Relax and Downplay does not mean to ignore or pretend the behavior is not happening. Instead it helps you to avoid overreacting and to focus on positive outcomes. It allows you to communicate important messages which can be used even when an individual presents risk behavior.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain or Ask. Demonstrate respect and consideration to others. Often people cooperate when you explain the situation or ask them to do something. Use simple and clear directives and limit-setting approaches (e.g., Interrupt and Redirect, When and Then, or If and Then) to explain potential outcomes for choices. When an individual escalates in risk behavior, your verbal directives are aimed at gaining even small steps of compliance. Use these approaches in the simplest way possible.</td>
</tr>
<tr>
<td>State or Tell. Use this when an individual has not responded positively to your request, is losing rationality, or has lost control. Within the Crisis Development Model™, the person may be at the Anxiety or Defensive Behavior Level and may be using challenging questions, shouting, or threatening. At the Risk Behavior Level, an individual may strike out physically or hold you in a way that may be harmful. Responding to what the individual is saying or providing too much information may add to the chaos of the moment. The goal of your intervention is to maintain self-control, continue to be respectful, and regain Therapeutic Rapport.</td>
</tr>
<tr>
<td>Prompt, Gesture, or Sign. When verbal or physical behavior is escalating, the ability to listen and comprehend is often lost in irrational thinking. Nonverbal prompts or gestures can help convey the intended message more clearly than verbal content alone.</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Option to Use Physical Interventions. As a situation escalates and the person engages in risk behavior, you may want to consider physical intervention as an intervention based on an immediate appraisal of risk (Decision-Making Matrix). It is important to remember that physical intervention is not an ultimate goal in responding to risk behavior and should only be considered when the risk of harm is imminent or immediate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurture Recovery. Whether an individual has lost control rationally, verbally, or physically, staff are always considering ways to nurture recovery and prompt Tension Reduction in order to regain Therapeutic Rapport. Paying attention to nonverbal cues such as muscle relaxation or verbal cues such as asking information-seeking questions provides you with an opportunity to help the individual entering Tension Reduction.</td>
</tr>
<tr>
<td>Support. Following any crisis, people involved often benefit from post-crisis support (both physical and emotional). Offering those involved in the crisis impartial and nonjudgmental help and support is important. It helps people feel respected and valued. It may help to reduce the emotional trauma associated with crisis events. Encourage people to think about what can be done to keep the crisis event from happening again.</td>
</tr>
<tr>
<td>Engage and Learn. Following a crisis, everyone involved has the opportunity to engage and learn from the event in order to reflect on what happened. There are opportunities to identify any potential triggers or patterns of behavior and to establish what did or didn't work well so that successful approaches can continue, and alternative approaches that may prevent the crisis in the future can be developed.</td>
</tr>
</tbody>
</table>
Module 9: Physical Interventions - Holding Skills

CAUTION: The physical interventions represented in this unit should only be learned and practiced under the supervision of a CPI Certified Instructor. The images of these interventions shown here are intended as a point of reference and represent only a snapshot of the process required to execute the skills and principles. Any attempt to learn these skills and principles from the images or descriptions, or use them without proper instruction, may result in injury.

Principles of Holding – Seated Position

Lower-Level Holding
Module 9: Physical Interventions - Holding Skills

Principles of Holding – Seated Position

Medium-Level Holding

Higher-Level Holding
Module 9: Physical Interventions - Holding Skills

Principles of Holding – Standing Position

Lower-Level Holding

Medium-Level Holding

Higher-Level Holding

Module 9: Physical Interventions - Holding Skills

Higher-Level Holding – Standing Position

Team Control Position℠
Higher-Level Holding – Standing Position

*Team Control Position*<sup>SM</sup>

**Key Principles**
- Position – Posture – Proximity
- Biomechanical Benefit
  - Outside/Inside
  - Limit the range of motion

**Control Dynamics**
- Manage the arms.
  - *Reduce upper-body strength.*
- Manage the incline.
  - *Reduce lower-body strength.*
- Manage mobility.
  - *Through close body contact.*

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Module 9: Physical Interventions - Holding Skills

Higher-Level Holding – Standing Position

*Children’s Control Position*<sup>SM</sup>

Make sure to revisit the Physical Skills Review
- Safe
- Effective
- Acceptable
- Transferable

Lower-Level  Medium-Level  Higher-Level
Module 9: Physical Interventions – Holding Skills

**Practice and Apply Physical Interventions**

- Remember that physical intervention is only used as a last resort when an individual engages in behavior that is a danger to self or others.

- Follow all legal, ethical, professional, and organizational policies regarding the use of physical restraints.

- Assess any and all potential risks associated with the use of physical intervention.

- Control your own emotions and behaviors when intervening at all times.

- Continue to use verbal and nonverbal communication skills.

- Follow the RESPONSE Continuum<sup>SM</sup> as a framework for Supportive and Directive approaches and apply these concepts to physical interventions.

- Apply the concepts of the Physical Skills Review: Safe, Effective, Acceptable, Transferable.

- Use the Decision-Making Matrix to determine which type of behaviors and/or individuals present a low level of risk, medium level of risk, or high level of risk.

- Practice strategies in a team approach to minimize risk.

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**Module 9: Physical Interventions – Holding Skills**

**Practice and Apply Physical Interventions**

**Disengagement Skills:**

- Consider the level of restriction and ensure you are as least restrictive as possible using the Decision-Making Matrix.

- Follow the key disengagement principles of position, posture, proximity (Supportive Stance<sup>SM</sup>), and Biomechanical Benefit (hold and stabilize, pull/push, lever) to create a release while minimizing injury or harm.

- Follow the RESPONSE Continuum<sup>SM</sup> as a framework for a Therapeutic Rapport approach when a crisis begins to de-escalate.

**Holding Skills:**

- Avoid holding or touching parts of the body that are likely to cause harm or lead to complaint due to social and cultural rules regarding touch.

- Follow the key holding principles of position, posture, proximity (Supportive Stance<sup>SM</sup>), and Biomechanical Benefit (outside/inside, limit the range of motion) to limit or restrict movement while minimizing injury or harm.

- Plan on how you will physically disengage as quickly and safely as possible to not prolong the event using the Opt-Out Sequence<sup>SM</sup>.

- Follow the RESPONSE Continuum<sup>SM</sup> as a framework for a Therapeutic Rapport approach when a crisis begins to de-escalate.
Module 10: Postvention

Postvention provides an opportunity to work toward change and growth for individuals who have engaged in risk behavior, as well as for staff members. Without a Postvention process such as the one described below, crises are likely to occur over and over again.

The COPING Mode\textsuperscript{SM}

A model that guides you through the process of establishing Therapeutic Rapport with an individual after a crisis incident. The COPING Mode\textsuperscript{SM} can also be used to structure a staff debriefing.

<table>
<thead>
<tr>
<th>Individual</th>
<th>Staff</th>
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<tr>
<td>After the emotional—and often physical—outburst of the crisis, the energy level of the individual should drop. The individual will appear calmer and more rational.</td>
<td>Staff involved in managing or responding to a crisis as a team should meet after the event has occurred. During this meeting, staff can discuss the interventions and their own behaviors. Debriefing is not a complaint session or an opportunity to tell people what they may have done wrong, but instead is a constructive dialog between professionals on how to improve future crisis interventions. The process is similar to the one described for the individual.</td>
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## Module 10: Postvention

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<td></td>
<td><strong>Ensure that emotional and physical control is regained.</strong>&lt;br&gt;Make sure that staff and the person who escalated are back under emotional and physical control before the incident is discussed.</td>
<td><strong>Ensure that emotional and physical control is regained.</strong>&lt;br&gt;Be sure that all staff members are back under emotional and physical control before discussing the incident.</td>
</tr>
</tbody>
</table>

| Orient  | **Orient yourself to the basic facts.**<br>Establish what happened and ensure you remain nonjudgmental. Listen to the perspective of the individual. | **Orient yourself to the basic facts.**<br>Establish the basic facts of the incident. Staff may have arrived at different points in the intervention and may have observed and heard events differently. |

| Patterns | **Look for patterns or triggers for the behavior.**<br>Look for any patterns in past behavior and the events preceding the crisis, and attempt to identify triggers for the behavior. | **Look for patterns in staff responses to the behavior.**<br>Review the staff response to crisis situations. Are there patterns in the way the team responds? If physical interventions were used, was this a necessary, reasonable, and last-resort option? |

| Investigate | **Investigate alternatives to the behavior.**<br>Offer alternatives to the behavior and resources that could be helpful in making behavioral changes. | **Investigate ways to strengthen staff responses.**<br>Investigate ways to strengthen staff responses and explore ways to prevent similar situations in the future. |

| Negotiate | **Negotiate future approaches, expectations, and behavior.**<br>Negotiate future approaches, expectations, behavior, and a contract with the individual, which defines alternatives to risk behavior and clearly identifies the consequences of behavior. | **Negotiate changes that will improve future interventions.**<br>Agree to changes that will improve future interventions, and gain commitment from everyone to ensure that the improvements will be implemented. |

| Give | **Give control back; provide support and encouragement.**<br>Return control to the person. By giving the person respect and dignity, this can be a time to build rapport and strengthen your relationship with the individual. | **Give support and encouragement.**<br>Provide one another with support and encouragement. Express trust and confidence in fellow team members. |
Module 10: Postvention

Practice and Apply Postvention

- Cultivate coping strategies for individuals to find alternatives for more appropriate behavior.
- Debrief team members after a crisis situation.
- Work toward change and growth for both the individual and staff members.
- Work with your team to debrief using the Physical Skills Review after an intervention.
- Establish ongoing Therapeutic Rapport to avert future crises.

Post-Training Action Plan

1. ASSESS
   - What concept or skill from this training are you going to immediately apply and why?

2. PLAN
   - What are three specific steps that will help you achieve your goal?

3. STRATEGY
   - Identify any challenges you will need to overcome to achieve your goal, and what strategies can be applied to address those challenges.

4. CHANGE
   - Discuss your action plan and goal with your supervisor to improve your performance and promote Care, Welfare, Safety, and Security℠.