ALIGNMENT

nonviolent crisis intervention
a CPI specialized offering

The *Nonviolent Crisis Intervention*℠ Training Program and the CAC Standards for Child-, Youth-, and Family-Based Programs 2008 Edition With 2010 Revisions

cpi

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The following chart is designed to assist you in identifying ways in which CPI's *Nonviolent Crisis Intervention*℠ training program can help your facility meet the restraint and seclusion standards set by the Canadian Accreditation Council (CAC). It will also assist you in identifying aspects of your facility's policies and procedures that may require a review and/or revision.

Program Alignment

Canadian Accreditation Council (CAC) Standards for Restrictive Procedures	Correlation With *Nonviolent Crisis Intervention*℠ Training
7.4.5 Use of Restraints The program has a written policy defining the roles of staff in using restraints: 1. Only personnel who have been trained will administer a restraint; 2. Every shift will have trained personnel available, and 3. There is a clear definition of the role of personnel who have not yet received training.	The *Nonviolent Crisis Intervention*℠ program's philosophy is that all staff should be trained, but only staff trained specifically in the use of physical interventions should participate in the application of physical intervention. Auxiliary staff members are used to monitor the physical and psychological well-being of the individual being restrained, as well as that of the staff members involved in the restraint. Staff members are taught how to recognize when an individual is in distress.
7.4.6 Physical Restraints The following physical restraints are abusive, dangerous and are prohibited: ▪ Face-down restraints, ▪ Any technique used that applies pressure that impedes the ability to breathe of the person served, or ▪ Any technique that uses pain as a means of control.	CPI believes that while all physical restraints carry some element of physical and psychological risk, some forms of restraint contain much higher levels of risk. To help maximize safety during physical intervention, *Nonviolent Crisis Intervention*℠ training does not include physical restraints that are intended to direct the individual to the floor, nor does it include physical restraints that impede respiration. Information on the risks of restraints, including positional asphyxia, is provided to participants as part of Unit VIII: *Nonviolent Physical Crisis Intervention*℠ and Team Intervention. Restraint and seclusion should never be used as a form of punishment and should not be intended to inflict pain or coercion on an individual.
Prior to the use of a physical restraint, consideration is given to the personal history, cognitive ability and other factors that may impact upon a person served as a result of the physical restraint.	During the comprehensive discussion of the risks of restraint use, the curriculum emphasizes the benefit of knowing the individual's history and any existing contraindications to the use of restraint that might be present.

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The program has a written policy and procedures on the use of physical restraints:	CPI recommends that curriculum language and terminology be written into facility policies and procedures. Policy and procedure review is part of an ongoing Training Process.
1. Which types of physical restraint may be utilized;	Policies should clearly state which interventions are approved for use. CPI encourages facilities using our *Nonviolent Crisis Intervention*SM training program to integrate the specific names of the restraint techniques taught within the program into the policy as well as the reporting documents.
2. Used only when there is imminent risk of harm to self or others.	The *Nonviolent Crisis Intervention*SM program's philosophy is that physical restraints should be used only as a last resort when a person is a danger to self or others and other less restrictive interventions have been attempted and have failed.
3. An assessment of the resumption of self-control is made at least every five (5) minutes;	CPI recommends that physical interventions be discontinued at the earliest possible moment when the individual is no longer an imminent danger to self or others. This requires continuous monitoring and attempts to release or move to a less restrictive intervention.
4. The person served will be removed from the restraint once he/she has regained control;	It is a guiding principle of *Nonviolent Crisis Intervention*SM training that restraints should be terminated as soon as the person has regained sufficient control and is no longer a danger to self or others. Those performing the physical hold (or another designated staff member) are instructed to attempt to establish communication with the individual as soon as possible and to end the restraint as soon as it is safe to do so.
5. Consultation with a program manager who has medical training or a clinician is obtained for every period of physical restraint over 30 minutes in duration;	Restraint and seclusion should be discontinued as soon as safely possible. Organizations should check with provincial and federal regulations, as well as with accrediting body standards, for time limits on the use of restraint and seclusion and renewal orders. Organizations should then include this information in their policies and procedures.
6. Following a physical restraint, debriefing with the person served and others who may have witnessed the restraint;	CPI recommends that everyone who was involved in the crisis be involved in a debriefing process. The *Nonviolent Crisis Intervention*SM training program's unit on Postvention provides a structure for reviewing incidents with the person who was in crisis, staff members, and any witnesses. The CPI *COPING Model*SM assists in identifying events leading up to the incident and/or patterns of behaviours, and provides the individual with the opportunity to assist the staff in identifying alternative behaviours and/or interventions that could be utilized to prevent recurrence.

Canadian Accreditation Council (CAC) Standards for Restrictive Procedures	Correlation With *Nonviolent Crisis Intervention*SM Training
7. Documentation to include: a. Alternative approaches considered and/or implemented prior; b. Duration of the restraint and timelines of reporting to the appropriate authorities, and c. Any injuries sustained by either the person served or staff.	Documentation is addressed in the program as a part of debriefing. The curriculum provides participants with information on documentation that will help them understand how documentation can be a proactive tool to help prevent similar occurrences in the future by looking at what actions worked well, and what staff might change about their approach in the future.
8. An incident report completed and sent to the appropriate people (i.e. members of the team, Senior Management, family and /or guardian, police etc.) as defined in the policy for reportable incidents.	The CPI *COPING Model*SM provides a framework for debriefing with staff and the individual following a crisis. Within this framework, staff are taught to review and document the individual's behaviours that were observed prior to and during the crisis, and to review and document alternatives and other less restrictive interventions that were attempted, the individual's condition that warranted the use of restraint and/or other interventions, the individual's responses to those interventions, any changes to the individual's treatment plan, and notification of interested parties. Participants are guided to follow proper policy and procedure in reporting all incidents. Further, CPI's Research and Development Department is available to assist organizations in collecting and organizing data.
9. Injuries are followed-up with appropriate medical attention.	Auxiliary staff should monitor the physical restraint and should be trained to recognize signs of distress. CPI recommends that individuals be regularly monitored for 24 hours following an episode of restraint, as injuries do not always immediately reveal themselves.
8.3.5 Crisis Intervention/Restraint Training All staff and supervisors (responsible for staff who use restraints), are trained, within six (6) months of beginning their employment, **by a qualified trainer**, in:	CPI recognizes and supports that training is an ongoing process, not a one-time event. CPI provides resources for Certified Instructors to offer initial training as well as refresher training, which CPI recommends takes place every six to 12 months. Refresher Workbooks, Leader's Guides, and self-assessment tools for employees are available through CPI. Those who complete refresher training receive an updated completion card from CPI.
1. De-escalation techniques;	The emphasis in *Nonviolent Crisis Intervention*SM training is on the prevention of situations that may require the use of physical restraint. The foundation of the program is the CPI *Crisis Development Model*SM, which provides staff with multiple techniques for intervening nonverbally and verbally in order to de-escalate the situation before the need for physical restraint and/or seclusion arises. Elements of de-escalation, limit setting, Empathic Listening, and recognizing behaviour triggers are discussed throughout the curriculum.

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2. Alternate approaches to using restraints;	The focus of the *Nonviolent Crisis Intervention*SM training program is on identifying the early stages of potential crisis and working to prevent the situation from escalating to a dangerous level. Nonverbal and verbal de-escalation strategies as well as the continued use of CPI *Personal Safety Techniques*SM are all alternatives to utilizing restraint and seclusion.
3. Allowed and prohibited restraints and when to use a particular type of restraint;	The *Nonviolent Crisis Intervention*SM training program teaches participants how to recognize antecedents to harassing, violent, or out-of-control behaviour, as well as psychological, social, and medical factors that can limit the use of certain interventions on particular individuals due to the increased risk of injury, traumatization, or re-traumatization.
4. Safe use of restraints (including timelines);	In the *Nonviolent Crisis Intervention*SM program, participants learn about the risks of restraint use and the importance of team intervention. During training, staff are given the opportunity to take part in exercises from both the staff member and the acting-out-individual perspective. The training also recommends that organizations create policies and procedures to address the following issues: ▪ What signs of distress and de-escalation should staff look for? ▪ How will staff be trained to monitor these signs? ▪ What protocol is to be followed if signs of distress appear? CPI discourages the use of timelines because we have seen many instances in which maximum time lengths are perceived as minimums. In these situations, individuals are held for the maximum time length rather than disengaged at the earliest possible moment when they no longer present an imminent danger to themselves or others.
5. Dangers inherent in the use of a particular restraint (i.e. possible reaction to being physically restrained, effects of chemical/pharmacological restraints, etc.);	Inherent in all physical restraint techniques is an element of physical and psychological risk. The techniques taught in the *Nonviolent Crisis Intervention*SM training program are designed to minimize these risks, including the potential for restriction of or impairment of an individual's ability to breathe.
6. Debriefing techniques, and	CPI provides a detailed model of procedures for staff to utilize following an incident that requires the use of restraint or seclusion. The CPI *COPING Model*SM addresses the key components necessary to properly review the events that occurred before, during, and after the incident, and it encourages staff to utilize this information to improve the organization's policies and procedures regarding such incidents.

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7. Emergency responses (if required).	Auxiliary staff should monitor the physical restraint and be trained to recognize signs of distress. All due care should be provided to anyone—patient or staff—injured during the course of physical restraint.
Definitions: **Qualified Trainer** - There are many organizations providing training in the areas of first aid, crisis intervention/physical restraints and suicide. It is the responsibility of the program to provide a rational[e] for the trainer selected and the means of training used – i.e. workshop, train the trainer, on-line training etc.	*Nonviolent Crisis Intervention*SM training includes a variety of methodologies appropriate for teaching adults, including lectures, role-plays, guided group discussions, and examples (case studies). Visual aids are always used. CPI offers an Instructor Certification option. Certified Instructors, in turn, may deliver training to the staff within their Base of Employment. CPI is available to assist Certified Instructors in developing competency-based evaluations based on the standards articulated by specific states or regulating bodies. Such evaluations include, at a minimum, a written test, as well as direct observation of participants deploying intervention skills.
Crisis Intervention/Physical Restraints The trainer must possess a current training certificate (certified within the last three [3] years) from a recognized body or organization. All training will incorporate the following elements:	CPI's Instructor Excellence Renewal Process is the system of renewing Certified Instructors' *Nonviolent Crisis Intervention*SM certification. Its purpose is to establish the standard of training as a process, to help Instructors improve their training skills, and to maintain the integrity of the program's core content. The process includes three measurable requirements—annual Teaching Hours, Competency-Based Testing, and Ongoing Training/Practical Testing. The Instructor Excellence Renewal Process is based on a four-year cycle. In each year of the cycle, the Certified Instructor must teach a minimum number of hours. Every two years, the Certified Instructor must participate in Competency-Based Testing, either in person at a training program or via the Internet. At least once every four years, the Certified Instructor must attend an Instructor Excellence Renewal Course to demonstrate the physical components of the training program.
1. Prevention: philosophy of crisis intervention, phases of crisis, conflict resolution and self-evaluation of individual reactions to verbal and physical aggression;	Building relationships with those in the care of staff is an important part of both the prevention and Postvention portions of the program. It is a thread woven through various parts of the program. If staff have strong relationships with the individuals they serve, they are more likely to be successful in recognizing anxiety, avoiding power struggles, setting limits that will be meaningful for a specific individual, and using the CPI *COPING Model*SM to turn crises into learning opportunities. Prevention is based on recognizing the early warning signs and adopting the appropriate staff attitude or approach to de-escalate the situation prior to further escalation.

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2. De-escalation: triggers that a person served responds to re-direction techniques, body language, voice tone, team work and treatment planning;	Needs and behaviours are described and addressed in these ways: how anxiety may be manifested, common defensive behaviours, factors that may precipitate acting-out behaviour, specific issues to consider in physical restraint, and ways to re-establish Therapeutic Rapport following a crisis situation. Each of these areas is addressed in the program with reference to the population of individuals being served.
3. Physical Intervention: different levels of intervention that are progressive and painless and allow for the maximum control and safety of the individual and staff;	In addition to stressing alternatives to physical restraint, CPI teaches a continuum of physical interventions that staff can choose from to use the minimum amount of force necessary to safely manage an individual's aggression.
4. Post Intervention Debriefing: processing the incident with the person served and staff, examination of alternative reactions and behaviours and required documentation; and	The program discusses in considerable detail the need for re-establishing Therapeutic Rapport following a crisis, as well as the importance of understanding the emotions and potential psychological trauma that a person may feel after being restrained—emotions such as anger, fear, and shame. Additionally, the Postvention process allows staff to evaluate their responses and to plan alternative strategies to strengthen their responses to client behaviours.
5. Personal Safety: learning to protect oneself in situations where one is at imminent risk of injury.	CPI's *Nonviolent Crisis Intervention*SM training provides a specific unit on *Personal Safety Techniques*SM that staff may use to protect themselves if escalating behaviours result in physically acting-out behaviour.