

*key point refresher leader's guide*



# nonviolent crisis intervention

a CPI specialized offering

For Review of the  
*Nonviolent Crisis  
Intervention*<sup>®</sup>  
Training Program

SAMPLE

*care, welfare, safety, and security*<sup>SM</sup>

# Introduction

## Customizing Formal Refresher Training

The importance of customizing formal refresher training to the needs of each group cannot be overstated. It requires creativity and flexibility. While it may be necessary to do some formal lectures, participants generally appreciate a format that is highly interactive in these classes. Through discussions, exercises, and supplemental information, formal refresher trainings should be customized to meet the needs and interests of participants, as well as to build on the foundation laid in their original *Nonviolent Crisis Intervention*<sup>®</sup> training program.

Specific information regarding the needs and interests of participants can be collected through feedback from supervisors and team leaders, incident reports, and pretraining surveys from participants. Pretraining surveys can be designed by the Certified Instructor to establish the objectives and focus of training. There are several ways to do a pretraining assessment; the following are just a few ideas:

- In order to assess participants' prior knowledge and retention from previous trainings, you might consider having participants complete the pre-test prior to the training. It will give you a good idea of which units you may need to spend more time on.
- In order to determine how much time to plan for, specific content areas on which the greatest emphasis should be placed, and the type of supplemental information that should be presented, you might ask participants:
  - About their roles and how they use training on the job.
  - Topics that they would like to focus on.
  - If they have specific questions about applying the training to various situations.
  - How long it has been since their last formal refresher training and since their original training.
- In order to identify areas of need, you may also consider asking staff members to rate:
  - Their perception of internal staff cohesiveness/teamwork.
  - Their level of confidence on the job.
  - Their assessment of how safe they feel at work.

This data can later be used to measure the ongoing impact of training.

Input from questions such as these will be useful in customizing the training to meet the needs and interests of your participants and help them effectively apply skills to on-the-job situations. Additional options for customized formal refreshers are available to Certified Instructors after completing advanced training programs such as Autism Spectrum Disorders: Applications of *Nonviolent Crisis Intervention*<sup>®</sup> Training, *Supporting Individuals With Dementia and Related Cognitive Challenges*, *Enhancing Verbal Skills: Applications of Life Space Crisis Intervention*<sup>SM</sup>, *Applied Physical Training*<sup>SM</sup>, and *Trauma-Informed Care: Implications for CPI's Crisis Development Model*<sup>SM</sup>.

The Teaching Notes throughout this Leader's Guide will guide you through the basic content of the *Nonviolent Crisis Intervention*<sup>®</sup> Key Point Refresher Course. Be creative in your presentation. Challenge the group. Engage the group. Remember, they think they already know this information. Surprise them by showing them that there is more to learn and that their skills and confidence can continue to grow. The goal is to inspire further learning, problem solving, and a renewed commitment to *Care, Welfare, Safety, and Security*<sup>SM</sup>.

# Introduction

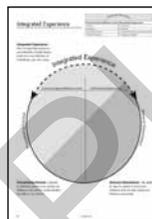
## How to Use the Key Point Refresher Leader's Guide

Page numbers are provided at the top of each Leader's Guide page for easy reference to the participants' Key Point Refresher Workbooks. Encourage participants to take notes. This will help with further retention. The information shown in this **bold italic font** is the basic (minimal) information that should be addressed by discussion, visuals, exercises, etc. In addition, Teaching Notes are identified by a shaded box.

You will notice that this Key Point Refresher Leader's Guide is organized differently than the workbook. This allows the Certified Instructor flexibility and the ability to focus participants on a broad view of crisis as it relates to the CPI *Crisis Development Model*<sup>SM</sup>. The CPI *Crisis Development Model*<sup>SM</sup> is the foundation of the *Nonviolent Crisis Intervention*<sup>®</sup> training program. All of the concepts discussed during training expand on the various levels of behavior and staff interventions. As such, the Key Point Refresher Workbook is designed to highlight this. For example:



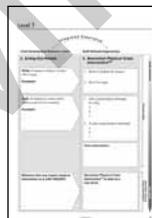
**Page 6** allows you to review the basic behavioral levels and corresponding staff approaches along with their definitions. It is useful to engage participants in developing a list of examples of each behavior and approach.



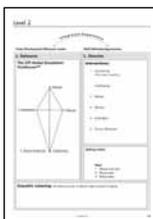
**Page 9** presents an overview of how Precipitating Factors and Rational Detachment affect the Integrated Experience that occurs within the CPI *Crisis Development Model*<sup>SM</sup>.



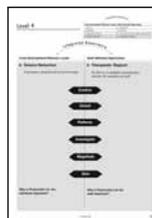
**Page 7** expands on the Anxiety/Supportive level of the CPI *Crisis Development Model*<sup>SM</sup>. The workbook is organized so that you can address how Proxemics, Kinesics, the CPI *Supportive Stance*<sup>SM</sup>, and Paraverbal Communication relate to both clients and staff members.



**Page 10** expands on the Acting-Out Person/*Nonviolent Physical Crisis Intervention*<sup>SM</sup> level of the CPI *Crisis Development Model*<sup>SM</sup>. It focuses on the continuum of acting-out behaviors and the continuum of physical intervention strategies ranging from the least restrictive all the way to restraint as a last resort. Team intervention strategies are also included as a key aspect of this level.



**Page 8** expands on the Defensive/Directive level of the CPI *Crisis Development Model*<sup>SM</sup>. The CPI *Verbal Escalation Continuum*<sup>SM</sup> is positioned along the client side because it represents a variety of defensive behaviors. Along the staff side, the appropriate interventions are discussed. Empathic Listening covers both sides because it is an active process that occurs between staff members and the individuals in their care.



**Page 18** expands on the fourth level of the CPI *Crisis Development Model*<sup>SM</sup>: Tension Reduction/Therapeutic Rapport. The workbook and Leader's Guide are designed to allow you to review the Postvention process as it relates to both clients and staff.

This Leader's Guide can be used in conjunction with your *Nonviolent Crisis Intervention*<sup>®</sup> Instructor Manual. Although the Leader's Guide repeats base content from the core training, what is most important is that you are able to discuss and apply this information at your facility. You are encouraged and authorized to spend more time on applying the content as opposed to simply reteaching it.

# Level 1

Integrated Experience

Crisis Development/Behavior Levels	Staff Attitudes/Approaches
1. Anxiety	1. Supportive
2. Defensive	2. Directive
3. Acting-Out Person	3. <i>Nonviolent Physical Crisis Intervention</i> <sup>SM</sup>
4. Tension Reduction	4. Therapeutic Rapport

## Teaching Notes (workbook page 7)

Explain to participants that you will now begin to expand on each level of the *CPI Crisis Development Mode*<sup>SM</sup>, beginning with an examination of the Anxiety/Supportive level. The workbook and Leader's Guide are organized so that you can address how each key concept relates to both clients and staff members. For example:

**Proxemics:** Discuss the relationship between anxiety and a client's need for personal space as well as what a staff member can do to be supportive.

**Kinesics:** Discuss kinesic signs of anxiety that may be visible in an individual and supportive kinesics that can be used by the staff member.

**CPI Supportive Stance**<sup>SM</sup>: Discuss how staff members can use the stance and why it is advantageous.

**Paraverbal Communication:** Discuss how crisis situations can affect the paraverbal communication of both clients and staff and what staff members can do to maintain a more supportive environment through the use of their voice.

Nonverbal and paraverbal communication are concepts that can easily be understood but are sometimes forgotten during a crisis situation. As staff members develop a greater appreciation for their significance, they are less likely to be forgotten. Encourage participants to remember that all of these concepts extend to all levels of the *CPI Crisis Development Mode*<sup>SM</sup> and should be utilized in all their interventions. Involve participants in a discussion that will help them become more attentive to nonverbal and paraverbal communication.

### Sample discussion questions:

- Can you think of an individual you work with who communicates more with nonverbals and paraverbals than with words?
- Can you think of a time when you gave mixed messages? What happened?
- What have you done (or could you do) to become more attentive to nonverbal and paraverbal communication?

# Level 1



Crisis Development/Behavior Levels	Staff Attitudes/Approaches		
<p><b>1. Anxiety</b></p>	<p><b>1. Supportive</b></p>		
<p><b>Proxemics:</b> Personal space. An area surrounding the body, approximately 1.5 to three feet (depending on the context of the situation) in length. Personal space is considered an extension of self, and invasion can escalate anxiety.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b><u>Individual</u></b>  <i>Discuss reasons why an individual may want more or less personal space. Disregard is likely to cause escalation.</i></p> </td> <td style="width: 50%; vertical-align: top;"> <p><b><u>Staff Member</u></b>  <i>Must try to respect/accommodate personal space needs. Discuss ways staff can do this.</i></p> </td> </tr> </table>		<p><b><u>Individual</u></b>  <i>Discuss reasons why an individual may want more or less personal space. Disregard is likely to cause escalation.</i></p>	<p><b><u>Staff Member</u></b>  <i>Must try to respect/accommodate personal space needs. Discuss ways staff can do this.</i></p>
<p><b><u>Individual</u></b>  <i>Discuss reasons why an individual may want more or less personal space. Disregard is likely to cause escalation.</i></p>	<p><b><u>Staff Member</u></b>  <i>Must try to respect/accommodate personal space needs. Discuss ways staff can do this.</i></p>		
<p><b>Kinesics:</b> The nonverbal message transmitted by the motion and posture of the body.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b><u>Individual</u></b>  <i>Fidgeting, glaring, head down, worried look, muscle tension.</i></p> </td> <td style="width: 50%; vertical-align: top;"> <p><b><u>Staff Member</u></b>  <i>Open body posture, interested facial expression, nonthreatening gestures, and eye contact.</i></p> </td> </tr> </table>		<p><b><u>Individual</u></b>  <i>Fidgeting, glaring, head down, worried look, muscle tension.</i></p>	<p><b><u>Staff Member</u></b>  <i>Open body posture, interested facial expression, nonthreatening gestures, and eye contact.</i></p>
<p><b><u>Individual</u></b>  <i>Fidgeting, glaring, head down, worried look, muscle tension.</i></p>	<p><b><u>Staff Member</u></b>  <i>Open body posture, interested facial expression, nonthreatening gestures, and eye contact.</i></p>		
<p><b>CPI Supportive Stance<sup>SM</sup>:</b> Body positioned at least one leg-length away and at an angle.</p> <p>Reasons for using:</p> <ol style="list-style-type: none"> <li><b>1. Respect (honors personal space).</b></li> <li><b>2. Nonthreatening.</b></li> <li><b>3. Safety.</b></li> </ol>			
<p><b>Paraverbal Communication:</b> The vocal part of speech, excluding the actual words one uses.</p> <p><b>Three key components are tone, volume, and cadence of speech.</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b><u>Individual</u></b>  <i>Tone may be angry, aggressive, sarcastic. Volume may be loud. Cadence may be choppy, fast at times.</i></p> </td> <td style="width: 50%; vertical-align: top;"> <p><b><u>Staff Member</u></b>  <i>Tone should be calm, reassuring. Volume should be controlled, appropriate for the setting. Cadence should be smooth.</i></p> </td> </tr> </table>		<p><b><u>Individual</u></b>  <i>Tone may be angry, aggressive, sarcastic. Volume may be loud. Cadence may be choppy, fast at times.</i></p>	<p><b><u>Staff Member</u></b>  <i>Tone should be calm, reassuring. Volume should be controlled, appropriate for the setting. Cadence should be smooth.</i></p>
<p><b><u>Individual</u></b>  <i>Tone may be angry, aggressive, sarcastic. Volume may be loud. Cadence may be choppy, fast at times.</i></p>	<p><b><u>Staff Member</u></b>  <i>Tone should be calm, reassuring. Volume should be controlled, appropriate for the setting. Cadence should be smooth.</i></p>		

# Level 2

Integrated Experience

Crisis Development/Behavior Levels	Staff Attitudes/Approaches
1. Anxiety	1. Supportive
2. Defensive	2. Directive
3. Acting-Out Person	3. <i>Nonviolent Physical Crisis Intervention</i> <sup>SM</sup>
4. Tension Reduction	4. Therapeutic Rapport

## Teaching Notes (workbook page 8)

This page expands on the Defensive/Directive level of the CPI *Crisis Development Mode*<sup>SM</sup>. The CPI *Verbal Escalation Continuum*<sup>SM</sup> is positioned along the client side because it represents a variety of defensive behaviors a client may exhibit. Along the staff side, the appropriate interventions are discussed. Empathic Listening covers both sides because it is an active process that occurs between staff members and the individuals in their care.

Many staff members have a great deal of experience responding to verbal escalations, and yet verbal escalations can still be uncomfortable and frightening. Facilitate participation in this part of the formal refresher course to allow staff to practice verbal strategies and receive feedback from others. This team approach to learning can strengthen individual confidence.

### Sample discussion questions:

- What is the difference between setting limits and threatening an individual? Give examples.
- What is our organization's policy with regard to responding to threats?
- What have you done (or could you do) to build confidence in your verbal intervention skills?

Use creativity in presenting the section on Empathic Listening. Encourage participants to focus on applying the skills in real-life work situations. Feel free to create an activity that allows staff to discuss strategies for Empathic Listening. One way to do this is to divide participants into small groups. Assign each group one of the Empathic Listening skills (e.g., providing undivided attention) and ask each group to discuss:

- Why the skill is important.
- What might happen if staff members do not use that skill.
- Strategies/ways that staff members can implement the skill.
- Examples of situations in which NOT listening to an individual caused a problem to worsen.

Have the small groups present their thoughts to the full group.

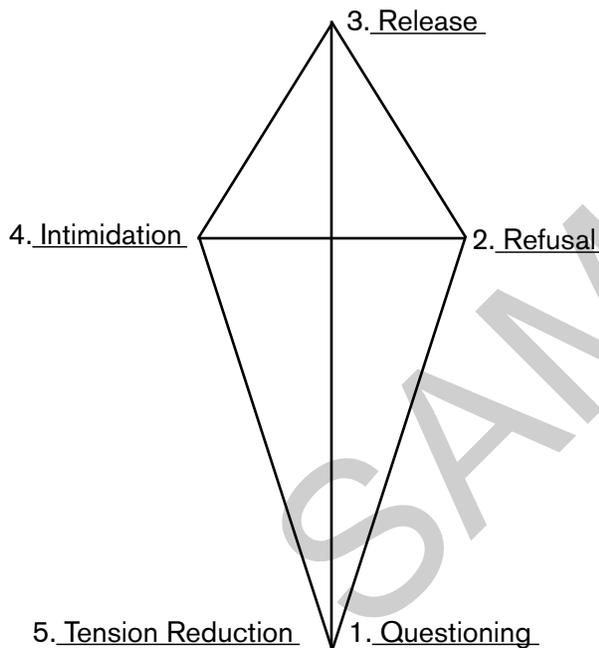
# Level 2



## Crisis Development/Behavior Levels

### 2. Defensive

#### The CPI *Verbal Escalation Continuum*<sup>SM</sup>



## Staff Attitudes/Approaches

### 2. Directive

#### Interventions:

1. Questioning  
*Information-seeking: Give a rational response.*  
*Challenging: Redirect; avoid a power struggle.*
2. Refusal: **Set limits.**
3. Release
  - **Allow individual to let off steam.**
  - **Remove audience.**
  - **State nonthreatening directives.**
  - **Use an understanding, reasonable approach.**
  - **Enforce any limits you set.**
4. Intimidation
  - **Seek assistance.**
  - **Wait for team.**
  - **Avoid individual intervention.**
5. Tension Reduction
  - **Establish Therapeutic Rapport.**
  - **Re-establish communication.**
  - (This stage is expanded upon later in the course.)*

**Setting Limits:** *The result of recognizing that you cannot force individuals to act appropriately. Effective limit setting means offering choices, stating the consequences of those choices, and stating the positive choice first.*

#### Keys

1. Simple and clear
2. Reasonable
3. Enforceable

**Empathic Listening:** An active process to discern what a person is saying.

- |                                     |                                       |   |
|-------------------------------------|---------------------------------------|---|
| <b>1) Be nonjudgmental.</b>         | <b>3) Allow silence.</b>              | <b>5) Listen for underlying messages.</b> |
| <b>2) Give undivided attention.</b> | <b>4) Use restatement to clarify.</b> |   |

# Level 3

Integrated Experience

Crisis Development/Behavior Levels	Staff Attitudes/Approaches
1. Anxiety	1. Supportive
2. Defensive	2. Directive
3. Acting-Out Person	3. <i>Nonviolent Physical Crisis Intervention</i> <sup>SM</sup>
4. Tension Reduction	4. Therapeutic Rapport

## Teaching Notes (workbook page 10)

This page expands on the Acting-Out Person/*Nonviolent Physical Crisis Intervention*<sup>SM</sup> level of the CPI *Crisis Development Mode*<sup>SM</sup>. It focuses on the continuum of acting-out behaviors and the continuum of physical intervention strategies, ranging from the least restrictive all the way to restraint as a last resort. (Note the graphic explanation along the right side of the page.)

- Begin the discussion by reviewing the definitions and examples of strikes and grabs (along the client side of the CPI *Crisis Development Mode*<sup>SM</sup>), as well as the CPI *Personal Safety Techniques*<sup>SM</sup> (along the staff side).
- Because restraint is a last resort, discuss alternative strategies staff members might use prior to the use of *Nonviolent Physical Crisis Intervention*<sup>SM</sup>. List these alternatives in the right-hand column (staff side). (Examples of alternatives to restraints may be using a pull-through, clearing the room, removing unsafe objects, using verbal intervention, etc.)
- Involving other team members may also help prevent the need for physical intervention. Furthermore, if physical intervention does become necessary, it is important that team members are in place and ready to assist. Discuss essential elements of team intervention with your participants.
- Develop examples of behavior that may constitute a need for physical intervention (along the left side). Discuss whether the examples given would truly be a “last resort.”

**Note:** If you teach only Units I–VII and X, you may still wish to review alternatives to avoid restraint and discuss team intervention strategies.

- CPI *Personal Safety Techniques*<sup>SM</sup> and *Nonviolent Physical Crisis Intervention*<sup>SM</sup> principles and dynamics can be best understood and reinforced by reviewing and practicing the CPI Classroom Models illustrated on pages 19–25 in this Leader’s Guide (workbook pages 11–17). You may want to consider competency-testing your participants on their ability to demonstrate each of the CPI Classroom Models.
- Before practicing the CPI *Team Control Position*<sup>SM</sup>, review the Control Dynamics on page 23 of this Leader’s Guide (workbook page 15).
- CPI also recommends that you discuss the Risks of Restraints information on pages 32–35 of this Leader’s Guide (pages 22–25 of the Key Point Refresher Workbook).

## Sample discussion questions:

- Who is on the Crisis Response Team that responds to escalating behaviors in your area/ department? How has that worked?
- Who decides when it is necessary to use physical intervention?
- Has our organization’s approach to the use of physical intervention changed over the past three years? Five years? Ten years? How and why?
- How have we (or could we) improve our team interventions?

# Level 3



Crisis Development/Behavior Levels	Staff Attitudes/Approaches	
<b>3. Acting-Out Person</b>	<b>3. Nonviolent Physical Crisis Intervention<sup>SM</sup></b>	least restrictive
<p><b>Strike:</b> A weapon coming in contact with a target.</p> <p><b>Examples:</b> <i>punch, kick</i></p>	<ol style="list-style-type: none"> <li>1. Block (or deflect) the weapon.</li> <li>2. Move the target.</li> </ol>	Personal Safety
<p><b>Grab:</b> An attempt to control and/or destroy a part of one's anatomy.</p> <p><b>Examples:</b> <i>hair pull, choke</i></p>	<ol style="list-style-type: none"> <li>1. Gain a physiological advantage by using:                             <ol style="list-style-type: none"> <li>a. <b>The weak point of the grab.</b></li> <li>b. <b>Leverage.</b></li> <li>c. <b>Momentum.</b></li> </ol> </li> <li>2. To gain a psychological advantage:                             <ol style="list-style-type: none"> <li>a. <b>Stay calm.</b></li> <li>b. <b>Have a plan.</b></li> <li>c. <b>Use an element of surprise or distraction.</b></li> </ol> </li> </ol>	Personal Safety
	<p><b>Team Intervention:</b></p> <ul style="list-style-type: none"> <li>• <b>Benefits of a team approach.</b></li> <li>• <b>Choosing a team leader.</b></li> <li>• <b>Team leader duties.</b></li> <li>• <b>Auxiliary team duties.</b></li> </ul>	Personal Safety
<p>Behaviors that may require physical intervention as a <b>LAST RESORT:</b></p> <ul style="list-style-type: none"> <li>• <b>Hurting self or others.</b></li> <li>• <b>Engaged in dangerous behavior and not responding to verbal intervention.</b></li> <li>• <b>Risks of continued behavior are greater than the risks of restraints.</b></li> <li>• <b>Ask participants to describe specific examples.</b></li> </ul>	<p><b>Nonviolent Physical Crisis Intervention<sup>SM</sup> is used as a last resort.</b></p> <p><b>Alternatives: (Examples)</b></p> <ul style="list-style-type: none"> <li>• <b>Continue verbal intervention.</b></li> <li>• <b>Clear the room and remove unsafe objects.</b></li> <li>• <b>Use the pull-through.</b></li> <li>• <b>Generate a list of alternatives with your group.</b></li> </ul>	Nonviolent Physical Crisis Intervention <sup>SM</sup>
		last resort

# Level 4

Integrated Experience

Crisis Development/Behavior Levels	Staff Attitudes/Approaches
1. Anxiety	1. Supportive
2. Defensive	2. Directive
3. Acting-Out Person	3. <i>Nonviolent Physical Crisis Intervention</i> <sup>SM</sup>
4. Tension Reduction	4. Therapeutic Rapport

## Teaching Notes (workbook page 18)

This page expands on the fourth level of the CPI *Crisis Development Model*<sup>SM</sup>—Tension Reduction and Therapeutic Rapport. The workbook is designed to allow you to review the Postvention process as it relates to both clients and staff members.

Postvention is another concept that may be easy to understand and accept as important, yet staff often lack confidence in its execution. Consider providing your participants with opportunities to practice (and receive feedback from) being involved in debriefing with staff and re-establishing communication with the individual. **A role-play is strongly recommended to reinforce the skills participants have learned and also to provide a lead-in to the discussion of the CPI *COPING Model*<sup>SM</sup>.** Remember that role-playing in front of the whole group may be intimidating. Participation in small groups for this exercise may make it a less stressful and more meaningful experience.

### Sample discussion questions:

- How soon after an incident can you debrief with staff? How soon after an incident can you re-establish communication with the individual? What factors should be considered in deciding when these things should take place?
- Since your last training, who has had an experience in which Postvention has had a positive outcome? Ask for examples that involve both debriefing with staff and re-establishing communication with the individual.
- What have we done (or could we do) to improve our Postvention efforts?

# Level 4



Crisis Development/Behavior Levels	Staff Attitudes/Approaches
<p><b>4. Tension Reduction</b></p> <p>A decrease in physical and emotional energy.</p> <p><i>Individual must be back in physical and emotional control.</i></p> <p><i>Establish the basic facts regarding what happened. Listen to the individual. (Be nonjudgmental.)</i></p> <p><i>Look for patterns of behavior. (What triggers the behavior?)</i></p> <p><i>Investigate alternatives to the inappropriate behavior. (What could help in making behavioral changes?)</i></p> <p><i>Aim for reaching an agreement about future behaviors and consequences. (Be sure the individual understands alternatives to inappropriate behaviors.)</i></p> <p><i>Return control to the individual. Give responsibility, along with support and encouragement.</i></p> <p>Why is Postvention important for the individual?</p> <ul style="list-style-type: none"> <li>• To teach/learn.</li> <li>• To strengthen the relationship.</li> <li>• To have closure.</li> </ul>	<p><b>4. Therapeutic Rapport</b></p> <p>An effort to re-establish communication between the individual and staff.</p> <p><i>All staff must be back in control before discussing the incident.</i></p> <p><i>Establish basic facts regarding what happened. Exchange information and perspectives. Document.</i></p> <p><i>Review the intervention. Are there patterns in the ways staff respond to crisis situations? (Which interventions are most/least effective?)</i></p> <p><i>Look for ways to strengthen future interventions. (Explore ways to prevent similar situations from occurring.)</i></p> <p><i>Agree to changes that will improve future efforts to prevent and respond to crises.</i></p> <p><i>Offer support and encouragement to each other. Express trust and respect.</i></p> <p>Why is Postvention important for staff?</p> <ul style="list-style-type: none"> <li>• To teach/learn.</li> <li>• To strengthen the team.</li> <li>• To have closure.</li> </ul>
<b>Control</b>	
<b>Orient</b>	
<b>Patterns</b>	
<b>Investigate</b>	
<b>Negotiate</b>	
<b>Give</b>	