CPI's *Nonviolent Crisis Intervention*® Training Program General Information and Empirical Support

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Company Profile

CPI is the worldwide leader in behavior management training as it applies to crisis prevention and intervention. Since 1980, the *Nonviolent Crisis Intervention*® training program has been attended by more than 6 million professionals, from organizational leaders to direct care staff, spanning thousands of mental health facilities, hospitals, schools, businesses, and other human service settings.

CPI training has been provided to professionals in the US (including Puerto Rico), Canada, the United Kingdom, Ireland, Germany, Spain, Australia, and New Zealand who work in schools, hospitals, long-term care facilities, care homes, and mental health settings. CPI's training programs and support materials have been made available in seven languages and dialects. Documentation of the effectiveness of *Nonviolent Crisis Intervention*® training, as well as references, are available upon request and can be categorized by discipline, governing body/association, and geographic area.

In addition to training programs, CPI creates and publishes print and electronic resources including the J*ournal of Safe Management of Disruptive and Assaultive Behavior* (JSM).

Locations

CPI offers over 300 regularly scheduled courses per year in cities throughout the world. Previously trained Certified Instructors can join new participants in these courses to refresh their knowledge and skills at no cost. Training is also conducted on site and tailored for the specific audience. On-site programs are currently taught in English, Spanish, and French.

Program Philosophy

CPI's cornerstone training program, the *Nonviolent Crisis Intervention*® program, espouses a philosophy that focuses on providing the best possible *Care, Welfare, Safety, and Security*SM to staff members and those in their care. The emphasis is on prevention, de-escalation, and the use of physical intervention only as a last resort when an individual presents a danger to self or others.

Program Summary And Methodologies

The *Nonviolent Crisis Intervention*® training program is embraced worldwide by organizations committed to providing quality care and services in a respectful, safe environment.

The strategies taught in the *Nonviolent Crisis Intervention*® training program provide staff members with an effective framework for decision making and problem solving to prevent, de-escalate, and safely respond to disruptive or assaultive behavior. The philosophy relating to *Care, Welfare, Safety, and Security*SM expands throughout the continuum of interventions that are necessary when working toward reduction or elimination of restraint use.

The *Nonviolent Crisis Intervention*® training program combines innovative concepts regarding violent behavior into an educational system that gives staff at all knowledge and experience levels easy-to-understand models to use when confronted with anxious, hostile, or violent behavior.

While inherent in any use of restraint is an element of risk for physical or emotional harm to everyone involved, the physical interventions taught in the *Nonviolent Crisis Intervention*® training program are designed to minimize these risks. Any physical intervention is to be utilized only as a last resort when an individual's behavior presents an imminent danger to self or others. The program realistically addresses physical intervention through careful assessment of risks and further exploration of the "last resort" concept.

Physical interventions are only an option when the inherent risk in their use is eclipsed by the physical danger that the acting-out individual threatens or demonstrates. Equally important, participants are taught to always be conscious of their intent in a crisis situation: If intent is to maximize safety for clients and staff while employing the least restrictive approach to intervention, never for convenience or punishment, then risk of injury is minimized for all concerned.

The *Nonviolent Crisis Intervention*® program begins with CPI's *Crisis Development Model*SM to help organize thinking about chaotic moments. Emphasis is on the prevention of aggressive acting-out behavior through identifying individual behaviors that may escalate into dangerous situations. Defusing potentially violent situations through nonverbal and verbal intervention strategies is the program's main focus.

CPI's ever-present goals include preventing and de-escalating hostile and potentially violent behaviors, being aware of nonverbal communication, avoiding power struggles, and setting appropriate limits. These goals set the tone in the *Nonviolent Crisis Intervention*® program to help staff maintain professionalism at all times. CPI's *Personal Safety Techniques*SM, as well as emergency physical intervention skills to manage oneself and others safely during a crisis situation, are demonstrated and practiced through role-play and interactive learning. CPI Postvention strategies have always been a key component of the program (and debriefing strategies have been recommended in both Joint Commission on Accreditation of Health Care Organizations and Center for Medicare & Medicaid Services (CMS) seclusion and restraint standards). These strategies are taught to assist staff in learning from and improving their interventions as well as enabling the personalization of intervention strategies based on the distinctive behaviors exhibited by individual clients. The importance of incident documentation is also stressed in this portion of the program.

Program Summary And Methodologies

(Continued)

CPI has learned what is crucial to incorporate into an ongoing Training Process through the unparalleled follow-up support and services provided to organizations that have implemented the training over the past 30 years. The *Nonviolent Crisis Intervention*® Training Process is best implemented through CPI's Instructor Certification Program, which allows for necessary tailoring and application of program content to evolving organizational realities, while maintaining the integrity of the program content with the highest quality standards and services. The Instructor Certification Program offers organizations a link to ongoing professional consultation, resources, and examples of best practices through the CPI Instructor Association. CPI is dedicated to sharing exemplary practice throughout the world and provides immeasurable value to organizations striving for excellence in sustaining safe and respectful environments. The *Nonviolent Crisis Intervention*® training program can be taught in one of two ways—in its entirety in a classroom setting or as a hybrid option. In the hybrid option, participants receive much of the content in a web-based format, followed by a classroom session designed to help apply that content to workplace situations.

Promoting Best Practice

Quantitative and qualitative evidence collected over the last three decades has demonstrated how the *Nonviolent Crisis Intervention*® training program has been effectively implemented to provide for more positive outcomes. Participants report that the program realistically approaches issues with long-term preventive solutions rather than relying on staff to act appropriately when faced with aggression. Certified Instructors repeatedly report the value of the program's approach of viewing the crisis moment more holistically—as a component of an individual's behavior. The user-friendly principles of the *Nonviolent Crisis Intervention*® training program give staff easy-to-understand behavior de-escalation tools to incorporate into their daily interactions with clients at their organizations.

To help ensure that all training is consistently delivered, the CPI Instructor Association has implemented a comprehensive system involving clear and consistent standards, ongoing competency criteria, monitored training, documentation, and one-on-one support via phone, email, and Internet. Certified Instructors are invited to attend free, two-day refresher programs offered over 300 times per year in cities worldwide.

Global Professional Instructors

CPI currently employs full-time Global Professional Instructors who present the *Nonviolent Crisis Intervention*® training program and are responsible for all Instructor Certification Programs. All have at least a bachelor's degree, several have a master's degree, and all have direct, professional experience in education, drug and alcohol counseling, health care, mental health, social work, administration, residential care, corrections, or working with youth and individuals with developmental delays.

All Global Professional Instructors must complete a rigorous training process, annual competency testing, and a performance appraisal process. Additionally, each continuously expands his or her experience by developing and implementing a multifaceted, ongoing Professional Development Plan. Global Professional Instructors are skilled at presenting and customizing the *Nonviolent Crisis Intervention*® training program to meet the needs of market-specific audiences and individual program participants. Our core group of Global Professional Instructors is based at CPI's international headquarters in Milwaukee, Wisconsin. This allows CPI to maintain fidelity, continuity, and quality control, and to assure that all Global Professional Instructors are training the same program.

International Professional References

Dr. Larry Hardy
Senior Psychologist/Department of Family Services & Housing
Province of Manitoba
Winnipeg, MB, Canada

Mr. Leo Coughlin
Director of Residential Services
Youth Village Center for Youth
Bartlett, TN USA

Dr. Lisa Kuntz
Director
Connecticut Diagnostic and Evaluation Center for Deaf
and Hard of Hearing Individuals and Children's Center
West Hartford, CT USA

Mr. Tony O'Donovan
Child Care Advisor
Department of Justice, Equality, and Law
Dublin, Ireland

Mr. Luke Perry
Behavioural Support Specialist
Voyage Care
Oxfordshire, England

Continuing Education Credit

CPI maintains a wide variety of program approvals, accreditations, and providerships through numerous entities for continuing education. Each entity is governed by its own set of rules and policies and uses its own terminology with respect to credits, hours, or units and how they are calculated. CPI itself does not issue continuing education credits. We work with the various boards and licensing organizations so that they have the appropriate information in order to recognize our training program as being in compliance with their requirements.

CPI is glad to work with Certified Instructors interested in receiving continuing education credit for the hours they attend the *Nonviolent Crisis Intervention*® training program.

Many professional organizations will accept the Certificate of Attendance that CPI issues to participants. In some cases, the course outline and training objectives will also be requested.

The following is a sampling of organizations from which CPI has received approved provider status:

Within the United States:

American Board of Industrial Hygiene (ABIH)
Arizona Peace Officer Standards and Training Board (POST)
California Board of Behavioral Sciences
California Board of Registered Nursing
California Department of Social Services
Illinois State Board of Education
Indiana State Board of Health Facility Administrators
Massachusetts Department of Education
Michigan Department of Education—Kent Intermediate School District (ISD)
Missouri Peace Officer Standards and Training (POST)
National Association of Alcohol and Drug Abuse Counselors
National Association of School Psychologists (NASP)
National Association of Social Workers (NASW)
National Board for Certified Counselors, Inc. (NBCC)
National Federation of Licensed Practical Nurses (NFLPN)
New Jersey Department of Education
Ohio Counselor and Social Work Board
Pennsylvania Department of Education—Act 48
Pennsylvania Department of Health
State of Texas, State Board for Educator Certification
Texas State Board of Examiners of Professional Counselors (TSBEPC)
Washington State Board of Education, Puget Sound Education Service District

International Recognition/Accreditation:

BILD (British Institute of Learning Disabilities)
Office for Health Management (Ireland)
Ontario Ministry of Community, Family and Children's Services (MCFCS)

For a comprehensive list of all the organizations that have approved CPI to offer continuing education units, please call toll-free **800.558.8976** in the US, Canada, and Latin America.

Augustana College Credits Available

Through an agreement with Augustana College, any new Certified Instructor who successfully completes the Four-Day Instructor Certification Program may also earn from two to three undergraduate or graduate credits for his or her efforts. A detailed brochure that outlines the application process is available from CPI and also at any *Nonviolent Crisis Intervention*® training program.

CPI Instructor Association

Attending a training program is just the beginning of the relationship with CPI. CPI continues to support your training efforts after the initial training has ended through our network of Certified Instructors, the CPI Instructor Association. The following standard and support services are offered to members of the CPI Instructor Association:

Maintaining Standards

The CPI Instructor Association is an association established by CPI to formally validate the global standard of providing high quality, meaningful training in the safe management of disruptive and assaultive behavior. That standard has been set and maintained by Instructors and organizations from around the world committed to excellence in providing training in the *Nonviolent Crisis Intervention*® program and providing for the best possible outcomes for the consumers those organizations serve.

Instructor Excellence Renewal Process

The CPI Instructor Excellence Renewal Process ensures that all Certified Instructors receive the information and support needed to maintain and improve their skills to instruct *Nonviolent Crisis Intervention*® training programs. The process establishes the standard that training in the safe management of disruptive and assaultive behavior should be an ongoing process rather than a one-time event. The Training Process includes the training Certified Instructors receive to better equip them with the skills needed to deliver the training programs in a consistent manner according to CPI standards. CPI standards and specific requirements of the Instructor Excellence Renewal Process are clearly delineated within each Instructor Certification Program and reiterated during each of the advanced and renewal programs.

Free Professional Consultation

For specific information and consultation on training issues, Certified Instructors can call Instructor Services toll-free as often as they wish. Our Training Support Specialists are available between 7:30 a.m. and 6:00 p.m. (CT).

Training Resources

Instructors have free access to CPI's Resource Center via phone or online. Our resource center includes sample policy and procedure documents, an audio and video library, and regularly updated articles and data.

Documentation of Training Activities

CPI maintains a file of training records and provides Certified Instructors with program confirmation notices of all training records submitted. If a question ever arises about who was trained when, Instructors can call toll-free. Instructors can also easily access current training records through the CPI website.

In addition to the standard items listed above, CPI offers an array of customized support options designed to fit individual training needs:

On-Site Refresher Courses
On a periodic basis, CPI can conduct review training courses at Instructors' facilities for employees who wish to refresh their skills. Refreshers also provide an excellent opportunity for CPI to further tailor training to focus on an organization's specific needs.

Customized Training Materials
Participant Workbooks and Leader's Guides can be customized to incorporate actual scenarios as well as organizational logos or other appropriate trademarks.

CPI Instructor Association *continued*

Advanced Training Programs

CPI offers Certified Instructors advanced training opportunities to enhance and strengthen their skills and to fulfill the ongoing requirements of certification. The advanced training programs focus on physical intervention skills, verbal intervention skills, training techniques and strategies, and specialized training for staff who support individuals with autism spectrum disorders.

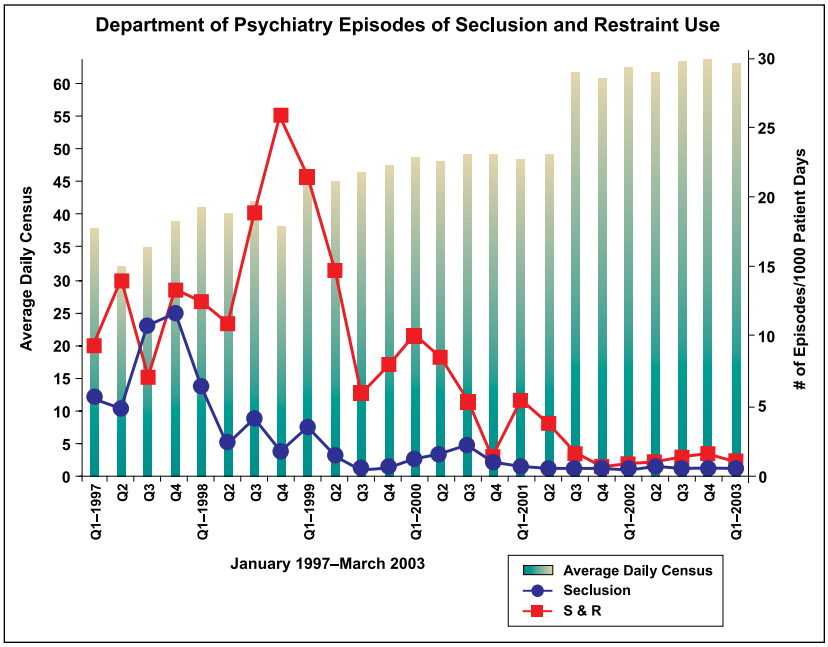
Research

The effectiveness of *Nonviolent Crisis Intervention*® training is well-documented and supported in the literature. CPI is interested in working with organizations that wish to collect data to add to the existing body of evidence of the effective implementation of the *Nonviolent Crisis Intervention*® program.

Empirical Support for the *Nonviolent Crisis Intervention®* Training Program

CPI's *Nonviolent Crisis Intervention®* training program has been approved as an Evidence-Based Practice by the Oregon Department of Human Services Office of Mental Health and Addiction Services (OMHAS). The following is a collection of resources which have examined the effectiveness of the *Nonviolent Crisis Intervention®* training program:

Burnes Bolton, L., & Goodenough, A. (2003). A magnet nursing service approach to nursing's role in quality improvement. *Nursing Administration Quarterly, 27*(4), 344–354.



Authors examined an overall effective quality improvement program at a large urban hospital. Improvement initiatives included reducing seclusion and restraint use. To help accomplish this, staff were trained in *Nonviolent Crisis Intervention®* techniques.

"The S&R team retrained all patient care providers (not just nurses) and started to aggressively analyze and scrutinize every event. With this new training and "microscope approach," two significant trends evolved over time. One, staff learned how to recognize an escalating event earlier, which would allow them to intervene earlier. Second, staff were collaboratively working together to come up with less restrictive alternatives to seclusion and restraint."

Calabro, K., & Williams, S. (2002). Evaluation of training designed to prevent and manage patient violence. *Issues in Mental Health Nursing, 23*, 3–15.

This study was designed to determine whether the test responses of mental health care workers showed significant improvement after attending a training session about managing violence. The findings suggest that respondents who attended the training were positively influenced about using the techniques for controlling and preventing inpatient violence.

K. Calabro et al.
Summary of Pre- and Post-test Scores for Evaluation Variables (n=118)

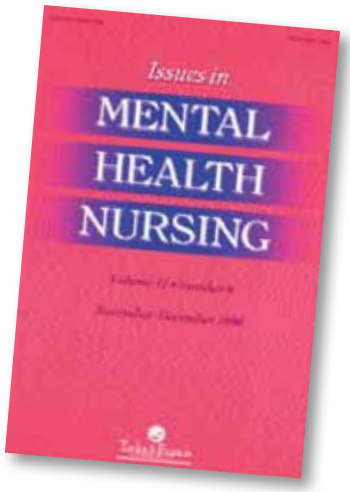
Variable	Number of Items	Mean (SD) Time 1	Mean (SD) Time 2	Cronbach Alpha for the Scale
Knowledge	9	6.1 (1.6)	7.3 (1.7)*	
Attitude‡	11	18.6 (4.7)	16.8 (4.5)*	0.68
Self-efficacy‡	8	15.0 (4.0)	14.3 (3.3)**	0.77
Behavioral Intention‡	6	10.8 (3.2)	10.3 (3.2)***	0.61

‡ For attitude, self-efficacy, and behavioral intentions variables, a decrease in the mean indicates a positive chance in the variables.
* $p < 0.001$; ** $p < 0.01$; *** $p < 0.05$

The findings suggest that respondents who attended *Nonviolent Crisis Intervention®* training were positively influenced about using the techniques for controlling and preventing inpatient violence. Scores for the respondents showed a stronger intention to use the strategies.

Empirical Support for the *Nonviolent Crisis Intervention®* Training Program

Jambunathan, J., & Bellaire, K. (1996). Evaluating staff use of crisis prevention intervention techniques: A pilot study. *Issues in Mental Health Nursing, 17*, 541–558.



"The purpose of this pilot study was to evaluate staff use of crisis prevention intervention (CPI) techniques in averting crisis episodes at the various levels (anxiety, defensive, and acting out) of a crisis (resulting in reduction of seclusion and restraint episodes and patient/staff injuries)." (541)

"The results of the study indicate that staff use of CPI training program techniques was effective in resolving crises in 84.2 percent of the episodes observed and over a wide variety of diagnostic and functional levels." (541)

Jonikas, J., Cook, J., Rosen, C., Laris, A., & Kim, J. (2004). A program to reduce use of physical restraint in psychiatric inpatient facilities. *Psychiatric Services, 55*, 818–820.

An initiative is described to reduce the use of physical restraint on three psychiatric units of a university hospital.

***Nonviolent Crisis Intervention*® training was evaluated in conjunction with crisis management components. Overall, a 97–99% reduction of restraints was noted.**

Quarterly rates of restraint[a] among patients in three psychiatric units before and after implementation of a restraint reduction program

	Adolescent Psychiatry Unit[b]	General Psychiatry Unit[b]	Clinical Research Unit[c]
July 2000–June 2001			
First Quarter	0.05	3.85	0
Second Quarter	0.2	0.34	0.05
Third Quarter	2.44	1.05	0.76
Fourth Quarter	1.31	1.96	0.68
July 2001–June 2002			
First Quarter	2.62	1.18	1.04
Second Quarter	3.78	1.36	0.51
Third Quarter	1.98	0.2	0.26
Fourth Quarter	0.08	0	0.01
July 2002–December 2002			
First Quarter	0.05	0.02	0
Second Quarter	0.12	0.01	0

a The rate was defined as the total number of patient-hours in restraint that quarter, divided by the number of patient-days (the daily patient census summed for all days of the quarter). This number was then multiplied by 24 and then by 1,000.

b Advance crisis management training and nonviolent crisis intervention training were conducted in the second quarter of 2002.

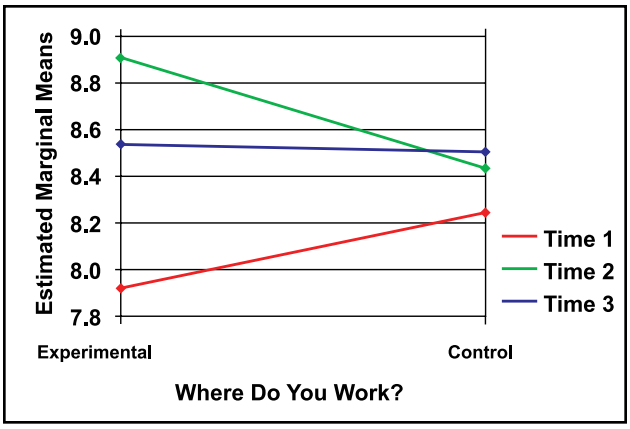
c Advance crisis management training was conducted in the first quarter of 2002, and nonviolent crisis intervention training was conducted in the second quarter of 2002.

Empirical Support for the *Nonviolent Crisis Intervention*® Training Program

McIntosh, D. (2003). *Testing an intervention to increase self-efficacy of staff in managing clients perceived as violent.* Unpublished doctoral dissertation, Division of Research and Advanced Studies, University of Cincinnati, Cincinnati, OH.

This quasi-experimental study examined the effect of the *Nonviolent Crisis Intervention*® training program on the perceived self-efficacy of community mental health center staff.

Nonviolent Crisis Intervention® training is credited for increasing staff confidence, which in turn positively affects intervention self-efficacy.



Means for crisis intervention self-efficacy scores of Experimental and Control groups at Time 1, Time 2, Time 3.

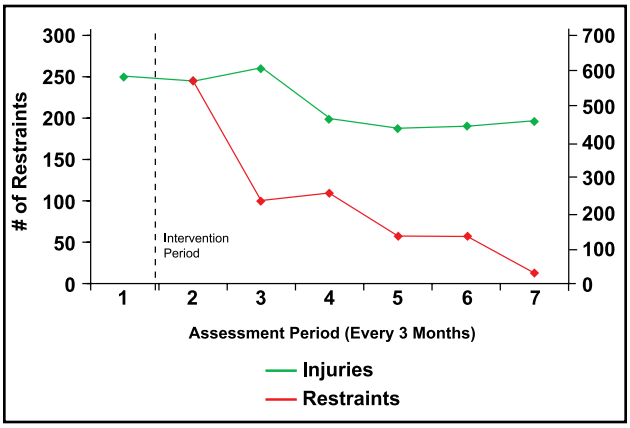
The omnibus mixed factorial ANOVA showed there was significant main effect for group ($F [1,80] = .16$, $p < .01$, $\eta = .15$) and for time ($F [1,80] = 10.17$, $p < .01$. $\eta = .11$). However, there was not a significant main effect for interaction between group and time ($F [1,80] = 2.72$, $p < .10$). At Time 2 and Time 3 the experimental group reported higher levels of perceived crisis intervention self-efficacy than the control group (see figure at right). Post-hoc comparisons indicated that perceived crisis intervention self-efficacy significantly increased from Time 1 to Time 3 ($M = .40$, $SE = .13$) ($p < .01$). Thus, the hypothesis was supported.

Empirical Support for the *Nonviolent Crisis Intervention®* Training Program

Smalls, Y. (2004). *Utility of the implementation of programmatic systems to reduce and eliminate restraint use for the treatment of problem behaviors with individuals with mental retardation.* Unpublished dissertation. Retrieved from etd.lsu.edu/docs/submitted/etd-01282004-145119/unrestricted/ Smalls_dis.pdf

Dissertation examined restraint reduction efforts at the Hammond Developmental Center in Hammond, LA. Dissertation includes an extensive review of the literature on reduction of physical restraints and the risks associated with restraint usage. Independent variable was a restraint reduction effort including 16 hours of training in the management of crisis situations (*Nonviolent Crisis Intervention®* training), eight hours of training in restraint theory and application, demonstration of correct application of physical restraint, training on basic behavioral techniques, and a passing score of 90% on a written exam.

A one-way repeated measures ANOVA was conducted in which there was a significant overall decrease in restraint usage during the 7 recording periods as depicted in the graph below $F(1,6)=13.8$, $p< .05$. As an aside, follow up data indicates that restraint use continues to remain low to date.



Centerwide Restraint and Injury Trend.

Study tested four hypotheses. The hypotheses and the results were:

1. Restraint use would decrease over 18-month duration of study (pre-test to 18-month snapshot): **a 94% overall reduction was noted**.
2. Restraint use would steadily decrease over seven reporting periods during 18-month duration of study (repeated measures): restraint use remained steady during the intervention period, but rapidly declined in first three months following intervention period. **Restraint use steadily declined throughout the remainder of the study.**
3. Psychotropic medication use would decrease over time: psychotropic medications experienced a **29% overall decrease over the course of the study**.
4. Overall injuries sustained due to restraint use would decline: hypothesis was not supported as **no restraint injuries were reported over the course of the study**.

Additional Resources Supporting the Effectiveness of the *Nonviolent Crisis Intervention*® Training Program

Alegent Health Midlands Hospital. (2005). *Nebraska Hospital Association Quest for Excellence Award Application*. Lincoln, NE: Nebraska Hospital Association. Retrieved from www.nhanet.org/pdf/quality/quest/Alegent_Midlands.pdf

Alegent staff documented their efforts to reduce seclusion rates at their hospital through the use of a major initiative, including de-escalation training. The study was conducted over a six-year period, showing excellent results in not only reducing seclusion rates, but also improving patient satisfaction scores, clinical outcomes scores, employee turnover rates, and employee opinion scores. *Nonviolent Crisis Intervention*® training was implemented in the second year of the initiative.

Bugaj, S. (2002). Improving the skills of special education paraprofessionals: A rural school district's model for staff development. *Rural Special Education Quarterly, 21*.

The article outlines a rural school district's staff development program for special education teacher aides. Following the first year of implementation, the plan received positive objective and subjective ratings. The program included four components: basic instruction in behavior management, CPR training, instruction in lifting, and *Nonviolent Crisis Intervention*® training. Measurement consisted of analysis of pre- and post-test period questionnaires.

Fairchild, D. (1991). *An evaluation of nonviolent crisis intervention training for personnel in educational and residential treatment settings*. Unpublished master's thesis, Bemidji State University Library, Bemidji, MN.

Study evaluated the impact of the *Nonviolent Crisis Intervention*® training program by surveying 71 participants, including school administrators, special education and regular education teachers, school psychologists, and residential treatment counselors. Participants were surveyed after at least one year on the job after training. Participants reported a positive change in the learning climate, a reduction in the use of physical restraint, and an increase in staff confidence levels and effectiveness on the job.

Godin, K., Smith, H., Cyr, E., & Finch, K. (2003). Non-violent crisis intervention in Canada. *Mental Health Nursing.* Retrieved from www.looksmarthealth.com/p/articles/mi_qa3949/is_200309/ai_n9278361

This article outlines how Riverview Hospital has successfully implemented the *Nonviolent Crisis Intervention*® training program. It speaks to the importance of an ongoing training process, as well as looking at the "unique skills and talents of the staff." Article includes two case studies about patients who were admitted for the long term and saw much improvement.

Krop, J. (2002, Third Quarter). A lack of restraint: South Florida State Hospital's new techniques bring results. *All Points Bulletin, 8*, 7. Palm Beach Gardens, FL: Wackenhut Corrections Corporate.

This article outlines how South Florida State Hospital has successfully implemented the *Nonviolent Crisis Intervention*® training program. It speaks to the importance of an ongoing Training Process, as well as being as proactive as possible. Article includes data regarding the number of restraints when the hospital first implemented the *Nonviolent Crisis Intervention*® training program and after having utilized it for several years.

With an initial culture change and regular trainings once the program was implemented, the hospital has noticed a dramatic decline in violent incidents.

Additional Resources *continued*

McCue, R., Urcuyo, L., Lilu, Y., Tobias, T., & Chambers, M. (2004). Reducing restraint use in a public psychiatric inpatient service. Journal of Behavioral Health Services and Research, 31(2), 217–224.

This project's goal was to reduce restraint use in a public psychiatric inpatient service serving an economically disadvantaged urban population. The six interventions used primarily involved changing staff behavior.

After implementation of the six initiatives, one of which was *Nonviolent Crisis Intervention*® training, restraint use was reduced by more than 50%, even though there was no reduction in patient-to-patient or patient-to-staff assaults.

Petti, T., Somers, J., & Sims, L. (2003). A chronicle of seclusion and restraint in an intermediate-term care facility. *Annals of Adolescent Psychiatry, 27*, 83–116.

Dr. Petti presents a case study showing an effective set of initiatives aimed at decreasing seclusion and restraint use at the Youth Service of Larue D. Carter Memorial Hospital in Indianapolis.

The case study specifically cites CPI training as a major part of the seclusion and restraint reduction effort. An overall reduction in "restrictive practices" was achieved over the course of the seven-year study, although less emphasis is made on the numbers than on the journey the facility took to get there.

Ryan, J., Peterson, R., Tetreault, G., & van der Hagen, E. (2008). Reducing the use of seclusion and restraint in a day school program.

In M. Nunno, D. Day, & L. Bullard (Eds.). For our own safety: Examining the safety of high-risk interventions for children and young people (pp. 201–215). Washington, DC: Child Welfare League of America.

The authors conducted a two-academic-year pilot study examining the use of seclusion time-out and physical restraint at a public day school with students with emotional or behavioral disorders (EBD). Following implementation of training in the *Nonviolent Crisis Intervention*® program, data were compared from incident reports between the academic years immediately before and immediately following training. Following training, the data showed a 39.4 % reduction of seclusion time-out use and a 17.6% reduction in physical restraint use.

Temple, T.O., Zgaljardic, D.J., Yancy, S., & Jaffray, S. (2007). Crisis intervention training program: Influence on staff attitudes in a postacute residential brain injury rehabilitation setting. *Rehabilitation Psychology, 52*, 429–434.

Temple, et al. examined training effectiveness on staff participating in the *Nonviolent Crisis Intervention*® training program in a residential rehabilitation program for individuals with acquired brain injuries. Researchers utilized the Rehabilitations Situations Inventory before training, immediately after the training program, and one month after training.

The study found that immediately after training, participants experienced greater comfort in facing a situation with a client exhibiting behaviors associated with motivation and adherence, and aggression, as well as when responding to other staff and client families. In one month follow-up, significant changes in comfort level were maintained for staff responding to aggression and staff/staff interactions.

Additional Resources *continued*

Thompson, R., Huefner, J., Vollmer, D., Davis, J., & Daly, D. (2008). *A case study of an organizational intervention to reduce physical interventions: Creating effective, harm-free environments.* In M. Nunno, D. Day, & L. Bullard (Eds.). For our own safety: Examining the safety of high-risk interventions for children and young people (pp. 167–182). Washington, DC: Child Welfare League of America.

Authors of this study sought to advance harm-free care through the organization-wide implementation of an intervention intended to change the culture at a large therapeutic group home for youth. The intervention included initial and refresher staff training in the *Nonviolent Crisis Intervention*® program. As a result of their efforts, the organization experienced significant reductions in physical restraints, physical assaults on staff and peers, physical aggression, and property damage.

Tierney, E., Quinlan, D., & Hastings, R. (2007). Brief report: Impact of a 3-day training course on challenging behaviour on staff cognitive and emotional responses. *Journal of Applied Research in Intellectual Disabilities, 20*, 58–63.

Authors examined the effect of perceived self-efficacy of staff in dealing with challenging behaviors after attending a training program. The three-day training program consisted of two days of training in the *Nonviolent Crisis Intervention*® training program and one day of training in defining challenging behavior and addressing the use of functional behavioral assessments. Results of the study supported that staff (n=48) had increased self-efficacy and confidence (p=.00) after a three-month follow-up.