

# Glossary of Terms

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**Anxiety**-a noticeable increase or change in behavior. A nondirected expenditure of energy; e.g., pacing, finger drumming, wringing of the hands, or staring. It is the first level in the *Crisis Development Model<sup>SM</sup>*.

**Challenge Position**-a body position in which one individual is face-to-face, toe-to-toe, and eye-to-eye in relation to another individual. This position is often perceived as a challenge and tends to escalate a crisis situation.

**Classroom Model**-demonstrating physical interventions in order to show the application of basic principles.

**COPING Model<sup>SM</sup>**-a model that staff members can use to guide them through the process of establishing Therapeutic Rapport with an individual after a crisis incident. The *COPING Model<sup>SM</sup>* can also be used to structure a staff debriefing.

**Crisis Development Model<sup>SM</sup>**-a series of recognizable behavior levels an individual may go through in a crisis, and corresponding staff attitudes/approaches used for crisis intervention.

**Decision-Making Matrix**-a tool that can help staff reach objective critical decisions about risk.

**Defensive Level**-the beginning stage of loss of rationality. At this stage, an individual often becomes belligerent and challenges authority. It is the second level in the *Crisis Development Model<sup>SM</sup>*.

**Directive Staff Attitude/Approach**-an approach in which a staff member takes control of a potentially escalating situation. It is the recommended staff attitude/approach to an individual at the Defensive level.

**Disengagement**-the use of a physical intervention to gain a release from any holding situation while minimizing risk of pain or injury in situations in which the behavior has been assessed as a lower, medium, or higher risk to self or others.

**Empathic Listening**-an active process to discern what a person is saying.

**Grab/Hold**-a situation in which another person maintains physical contact without consent and there is the intentional or unintentional risk of harm to a part of one's body.

**Haptics**-communication through touch; a form of nonverbal communication.

**Higher-Level Holding**-physical intervention necessary to restrict a person's range of movement in relation to high-risk behavior as determined by a behavioral risk assessment. Higher-level holding is designed to restrict a person's ability to move away from staff and prevent the person being held from causing significant harm to self or others.

**Instructor-Centered Approach**-Instruction where the Instructor is the central focus of the learning.

**Integrated Experience**-the concept that behaviors and attitudes of staff impact behaviors and attitudes of those in their care and vice versa.

**Kinesics**-the nonverbal behavior that communicates messages to others via body position, posture, and movement.

**Learner-Centered Approach**-Instruction where the Instructor facilitates learning by setting up situations that lead to individual learning opportunities for the participants.

**Likelihood**-the chance that an event or behavior may occur.

**Limit Setting**-a verbal intervention skill in which a person is offered choices and consequences. Limits should be clear, simple, reasonable, and enforceable.

**Lower-Level Holding**-physical intervention necessary to use as a guide or physical prompt or to provide minimal physical support to limit the person's range of movement in relation to low-risk behavior as determined by a behavioral risk assessment. Lower-level holding does not limit a person's choice to move away from staff.

**Medium-Level Holding**-physical intervention necessary to limit the person's range of movement in relation to medium-risk behavior as determined by a behavioral risk assessment. Medium-level holding is designed to limit the person's ability to move away from staff and cause harm to self or others.

**Opt-Out Sequence<sup>SM</sup>**-an algorithm designed to assist staff in the assessment of risk behavior and decision making required during the use of physical interventions. The *Opt-Out Sequence<sup>SM</sup>* enables staff to reduce the duration of physical interventions, minimize the potential adverse outcomes (risk) associated with such approaches, and re-establish Therapeutic Rapport.

**Paraverbal Communication**-the vocal part of speech, excluding the actual words one uses. Three key components are tone, volume, and cadence of speech.

**Physical Intervention**-a safe, nonharmful, and last-resort response to the individual in crisis displaying risk behavior posing a threat to self or others. Physical interventions include disengagement and/or holding skills that are reasonable and proportionate to the level of risk behavior presented.

**Position**-where you are in relation to others—your orientation.

**Posture**-how you hold and move your body.

**Precipitating Factors**-the internal or external causes of behavior over which staff have little or no control.

**Proxemics**-personal space. An area surrounding the body, approximately 1.5 to 3 feet in range that is considered an extension of self.

**Proximity**-distance between individuals.

**Rational Detachment**-the ability to stay in control of one's own behavior and not take behavior of others personally.

**RESPONSE Continuum<sup>SM</sup>**-a verbal and nonverbal communication framework designed to help someone consider an appropriate intervention. It helps ensure that physical interventions are used as a last resort and as part of existing communication strategies. This is especially important in situations in which the person does not intend to cause injury (e.g., a person with an intellectual disability or an older person with dementia).

# Glossary of Terms

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**Restraint**-a measure or condition that keeps someone or something under control or within limits that may include environmental and/or physical ways to manage a prevailing or perceived risk. Any physical hold or restraint utilized must be used as a last resort, and only when the specific danger that behavior/condition poses to self and/or others outweighs the risks of the hold or restraint. Staff should choose the least restrictive approach appropriate for the situation and constantly assess for the earliest safe opportunity to disengage.

**Restraint-Related Positional Asphyxia**-a fatal condition that occurs when the position of a person's body interferes with respiration, and results in asphyxia or suffocation.

**Risk Behavior**-the total loss of control, which may result in physical behavior that presents a risk to self or others. It is the third behavior level in the *Crisis Development Model<sup>SM</sup>* and the point at which physical interventions may be considered to minimize harm.

**Severity**-the level of harm if the event or behavior does occur.

**Strike**-a weapon (body part or object) making contact with a target.

**Supportive Staff Attitude/Approach**-an empathic, nonjudgmental approach attempting to alleviate anxiety. It is the recommended staff attitude/approach to an individual at the Anxiety level.

**Supportive Stance<sup>SM</sup>**-the suggested body position for a staff member to maintain when intervening with a potentially out-of-control individual. The *Supportive Stance<sup>SM</sup>* is maintained by keeping a distance of one leg-length from the person and by remaining at an angle.

**Tension Reduction**-a decrease in physical and emotional energy that occurs after a person has escalated, characterized by the regaining of rationality. It is the fourth level in the *Crisis Development Model<sup>SM</sup>*.

**Therapeutic Rapport**-an approach used to re-establish communication with an individual who is experiencing Tension Reduction. Characterized by a decrease in emotional and physical energy.

**Transition**-the time during a crisis when staff may be switching between seated; standing; and higher-, medium-, or lower-level holding positions. Transitioning between various holds is determined by the level of risk a the individual in crisis is displaying at any given moment.

**Verbal Escalation Continuum<sup>SM</sup>**-a model demonstrating a variety of defensive behaviors that are often seen when individuals are in the Defensive level of the *Crisis Development Model<sup>SM</sup>*. This model includes suggested staff interventions for each behavior.