



CPI Nonviolent Crisis Intervention[®] Training

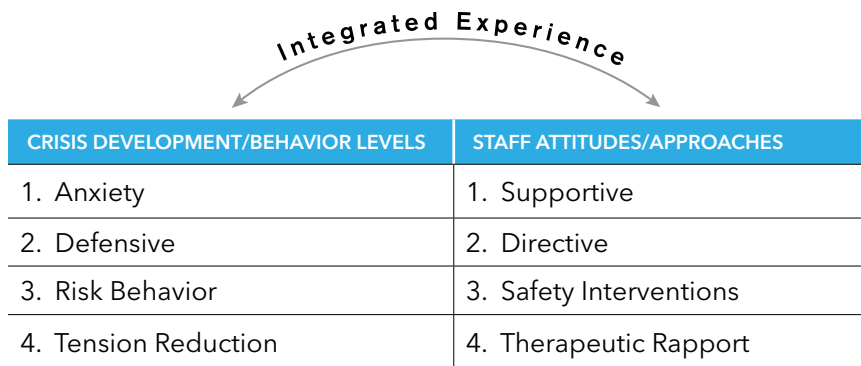
2ND EDITION

ELEARNING HANDOUTS



MODULE 1

The CPI *Crisis Development Model*SM



The CPI *Crisis Development Model*SM represents a series of recognizable behavior levels that an individual may experience during a crisis moment and the related staff attitudes/approaches used to de-escalate distress behaviors.

Learning Objectives

1. Use the *Crisis Development Model*SM to identify behaviors that indicate an escalation of behavior.
2. Learn appropriate and effective staff approaches to crisis behavior.

The CPI Crisis Development ModelSM



CRISIS DEVELOPMENT/BEHAVIOR LEVELS	STAFF ATTITUDES/APPROACHES
<p>1. Anxiety</p> <p>Definition: A change in typical behavior.</p> <p>Examples:</p>	<p>1. Supportive</p> <p>Definition: An empathic, nonjudgmental approach.</p> <p>Examples:</p>
<p>2. Defensive</p> <p>Definition: Protecting oneself from a real or perceived challenge.</p> <p>Examples:</p>	<p>2. Directive</p> <p>Definition: Providing clear direction or instruction.</p> <p>Examples:</p>
<p>3. Risk Behavior</p> <p>Definition: Behavior that presents an imminent or immediate risk to self or others.</p> <p>Examples:</p>	<p>3. Safety Interventions</p> <p>Definition: Non-restrictive and restrictive strategies to maximize safety and minimize harm.</p> <p>Examples:</p>
<p>4. Tension Reduction</p> <p>Definition: Decrease in physical and emotional energy.</p> <p>Examples:</p>	<p>4. Therapeutic Rapport</p> <p>Definition: Re-establish the relationship.</p> <p>Examples:</p>

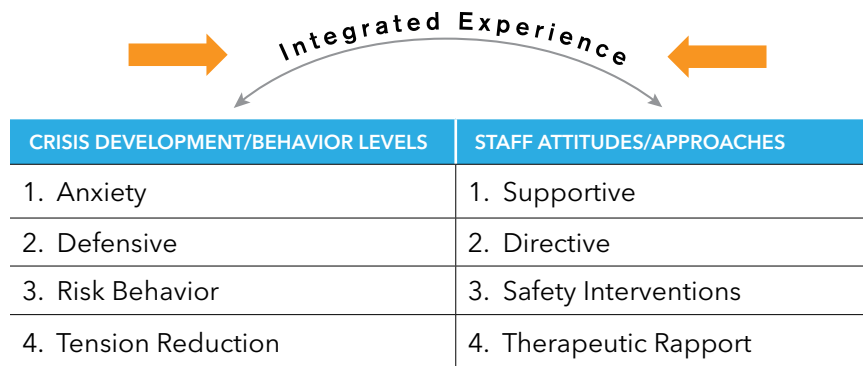
Integrated Experience

At the top of the *Crisis Development Model*SM, you will see the words **Integrated Experience**. Matching your approach to the person's behavior lets you influence the behavior to prevent escalation. You can only control one side of the model: your own attitude and approach.



MODULE 2

Integrated Experience

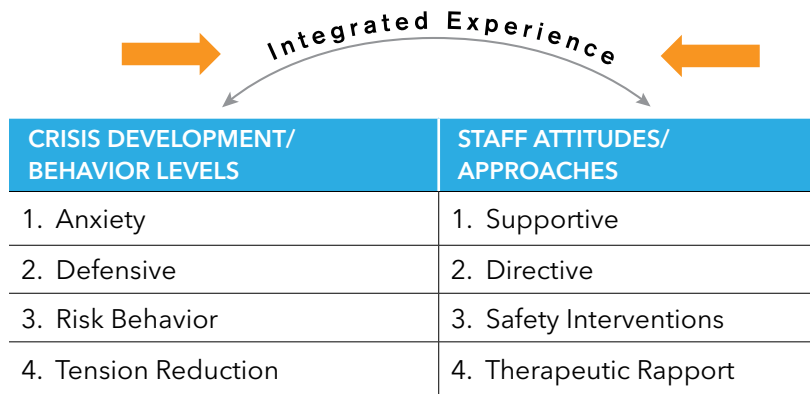


You don't always know how you'll respond to behaviors, but you know that your reaction will most likely influence the outcome. This module will help you to more fully see and understand another person in a crisis moment. Your response will be critical in how the conflict is resolved. You will gain a deeper understanding of why your approach is so important and feel more empowered to manage the conflict.

Learning Objectives

1. Assess how the behavior of one person impacts the behavior of others.
2. Identify causes of behavior and how you may positively impact outcomes.
3. Recognize the need to maintain professionalism through Rational Detachment in the face of escalating behaviors.

The CPI Crisis Development ModelSM



Remember the Integrated Experience

Behavior influences behavior

Key Concepts

INTEGRATED EXPERIENCE

Behavior influences behavior. By being aware of your own attitudes and perceptions and remaining in control of your own behavior, you increase the likelihood of a successful intervention.

PRECIPITATING FACTORS

Factors influencing a person's behavior. These are internal and/or external causes of behavior over which you have little or no control. Just as a person in distress has factors that influence their behaviors, you as a staff member have Precipitating Factors too.

RATIONAL DETACHMENT

Recognizing the need to remain professional by managing your own behavior and attitude. Not taking the behaviors and attitudes of others personally.



Observe the Behavior

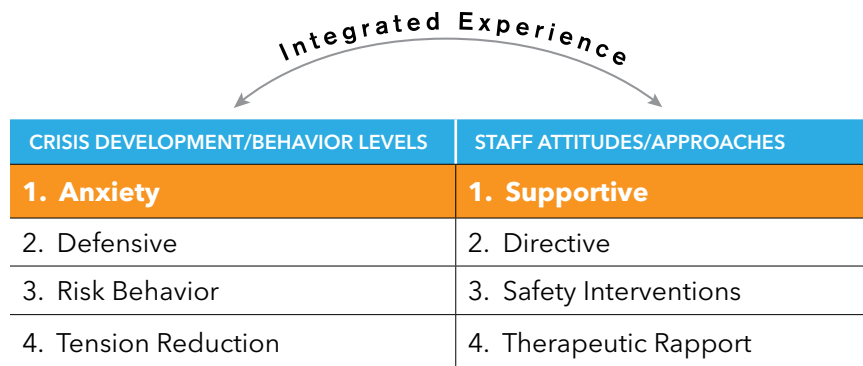
When someone is in a crisis moment, observe their behavior. Then look at your own behavior. Try to be objective and ask yourself the following questions:

- What is the other person communicating?
- How am I responding?
- What am I expressing?
- How are they responding to me?



MODULE 3

Communication Skills



When a person is at any level of crisis, how you communicate in that moment can prevent or de-escalate the situation. Because of this, it is important to understand ways to use your communication for a positive outcome.

Learning Objectives

1. Recognize how communication skills are important for building, strengthening, and maintaining rapport with individuals in crisis.
2. Practice awareness of position, posture, and proximity in the use of the *Supportive Stance*SM.
3. Practice a range of communication skills at different levels of the *Crisis Development Model*SM including listening with empathy and nonverbal, verbal, and paraverbal skills.

Key Concepts - Forms of Communication

VERBAL

- The words you use to send messages.
- Consider the significance of your words.
- Keep your messages:
 - Short, simple, and clear.
 - Respectful.
 - Positively phrased.

Example of a Positive Message



Instead of...

"You are not supposed to be in this area."



Say...

"You seem lost. How may I help you?"

PARAVERBAL

- How you say what you say.
- This includes your **tone**, **volume**, and **rhythm of speech**.
 - Use caring, supportive tones.
 - Keep the volume appropriate to the situation.
 - Deliver your message at a rate the person can process.
- Paraverbal communication relates to the way you say things and does not include the words you use.



TONE



VOLUME



RHYTHM OF SPEECH

Notes

NONVERBAL

Nonverbal elements include personal space, body language, communication through touch, and listening with empathy.

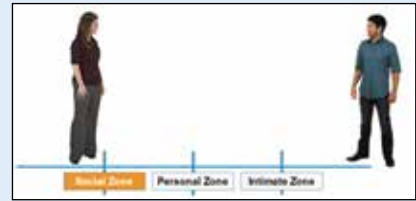
- **Personal space:** The distance people prefer to maintain between themselves and others. It includes the social zone, personal zone, and intimate zone.

- **Body language:** The postures, gestures, facial expressions, and movement used to communicate.

- **Communication through touch:** A form of physical contact that expresses feelings or emotion.

- **Listening with empathy:**
 - Remain nonjudgmental.
 - Give your undivided attention.
 - Listen to facts and feelings.
 - Allow time for silence and reflection.
 - Paraphrase what you understand.

Personal Space



SOCIAL ZONE



PERSONAL ZONE



INTIMATE ZONE

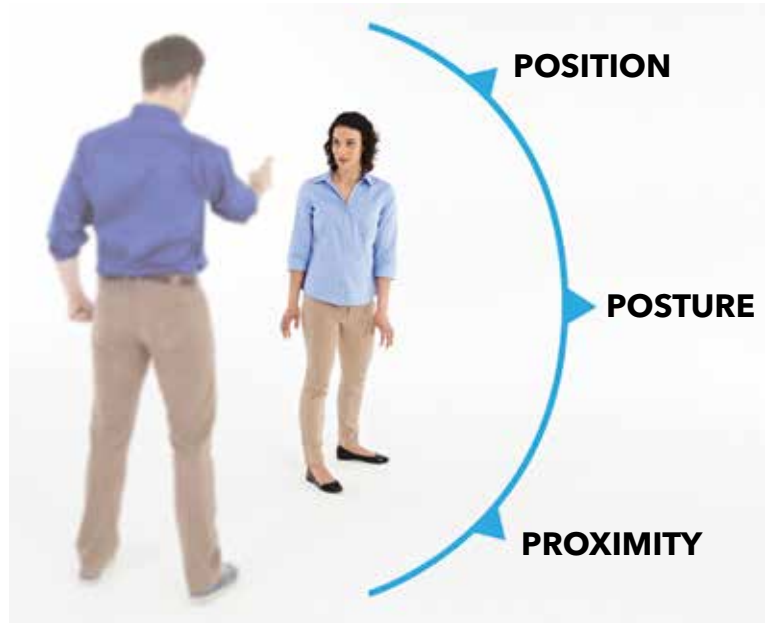
Examples of Communication Through Touch



Notes

The Supportive StanceSM

- Communicates respect
- Appears nonthreatening
- Maximizes safety



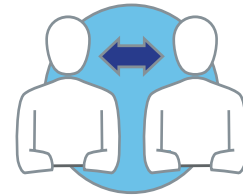
POSITION

Position is where you are in relation to others. In the course of your work, you may find yourself in front of the person or off to the side. Wherever possible, you want to approach people from the side rather than directly from the front or the rear.



POSTURE

Be sure your posture remains nonthreatening, balanced, and relaxed. In the course of your work, do you stand, sit, or kneel? Hand and arm movements, head movement, eye contact, and facial expressions are all part of your posture.



PROXIMITY

Proximity is managing the distance between yourself and another person. Think about how close you need to be in order to be helpful in any given situation. Respect the individual's personal space, especially in conflict situations or when responding to someone who is distressed.



MODULE 4

Responding to Defensive Behaviors

Integrated Experience

CRISIS DEVELOPMENT/BEHAVIOR LEVELS	STAFF ATTITUDES/APPROACHES
1. Anxiety	1. Supportive
2. Defensive	2. Directive
3. Risk Behavior	3. Safety Interventions
4. Tension Reduction	4. Therapeutic Rapport

This module will examine the second level in the *Crisis Development Model*SM and illustrate the stages of defensive escalation. The *Verbal Escalation Continuum*SM helps you recognize behaviors at the Defensive level and identify the de-escalation strategies to use for each stage.

Learning Objectives

1. Identify different levels of defensive behavior in the *Verbal Escalation Continuum*SM.
2. Examine and apply effective interventions for defensive behaviors.
3. Identify steps to prepare for a difficult conversation.

The Verbal Escalation ContinuumSM

Release

Verbal and emotional outburst: screaming, swearing, high-energy output.

Intervention:

- Allow venting. If possible, remove the audience or the person. Give directives that are nonthreatening. Use an understanding, reasonable approach.

Intimidation

The individual is verbally and/or nonverbally threatening staff in some manner.

Intervention:

- Take all threats seriously.
- Seek assistance. Wait for colleagues to arrive.

Refusal

An unwillingness to cooperate or follow instructions: a verbal “no,” further questioning, walking away.

Intervention:

- Limit setting. Redirect the person’s focus and attention to the desired outcome.

Tension Reduction

Decrease in physical and emotional energy.

Intervention:

- Establish Therapeutic Rapport. Re-establish the relationship.

Questioning

Two types of questions appear on the *Verbal Escalation ContinuumSM*.

1. **Information-seeking:** A rational question seeking a rational response.

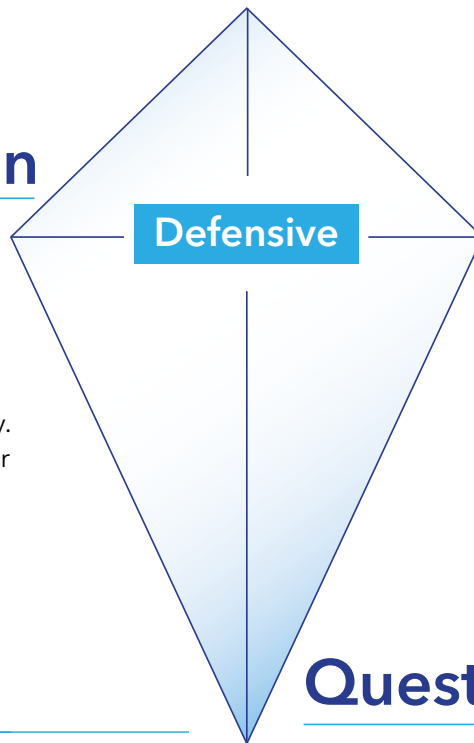
Intervention:

- Give a rational response.

2. **Challenging:** Questioning authority; attempting to draw staff into a power struggle.

Intervention:

- Downplay the challenge. Stick to the topic.



LIMIT Setting



Respectful

Phrase limits in a positive way using effective nonverbal, verbal, and paraverbal skills.



Simple

Limit the number of words you use.



Reasonable

Connect the expectation to the person's circumstances and level of ability.

Examples of Limit Setting

INTERRUPT AND REDIRECT

[Interrupt] "Juan, you're shouting. [Redirect] Please speak quietly. Thank you."

WHEN/THEN PATTERN

"Juan, **when** you lower your voice, **then** I'll be able to address your concerns."

IF/THEN PATTERN

"Juan, **if** you lower your voice, **then** I'll be able to address your concerns."

FAIL SAFE CHOICE

"Juan, would you like to talk about this now or later in private?"

Framework for Planning a Difficult Conversation



PLANNING

- Think about how you'll remain rationally detached.
- Consider where and when to conduct the conversation.



SCRIPTING

- Develop a written or mental roadmap of what you will say.
- Keep it factual.



DELIVERING

- Respect the dignity of the person.
- Rationally detach.
- Deliver the facts.
- Offer something.
- Listen and respond with empathy.
- Bring closure.



DOCUMENTING

- Summarize the conversation.
- Note observations.
- Objectively assess your performance.

Demonstrating Consistency With Communication

- Listen to understand the other person.
- Allow time to process.
- Remain flexible; situations evolve.
- Make the conversation private if possible.
- Don't get pulled into power struggles.



MODULE 5

Safety Interventions

Integrated Experience

CRISIS DEVELOPMENT/BEHAVIOR LEVELS	STAFF ATTITUDES/APPROACHES
1. Anxiety	1. Supportive
2. Defensive	2. Directive
3. Risk Behavior	3. Safety Interventions
4. Tension Reduction	4. Therapeutic Rapport

When you think about the safety of your work environment, it's important to follow workplace safety regulations, standards, and practices. Consider your work environment and a coordinated and collaborative approach to keep yourself and others safe when a crisis escalates to risk behavior.

Learning Objectives

1. Examine environmental factors and approaches used to maintain safety.
2. Determine how strikes can be managed or avoided.
3. Apply how and when to use a coordinated approach.
4. Define non-restrictive intervention strategies.

Coordinated and Collaborative Approaches

If you need assistance and require help from a team, here are a few points to remember to keep everyone safe:

First and foremost, **follow your organization's policies and procedures.**

Remove the audience or the person in crisis away from the environment.

Know your procedures for calling for help. This may include having other team members and Security on standby in case the situation escalates further.

Support your coworkers. If you see others needing assistance, be aware and be available for them if needed.



MODULE 6

Introduction to Restrictive Interventions

Integrated Experience

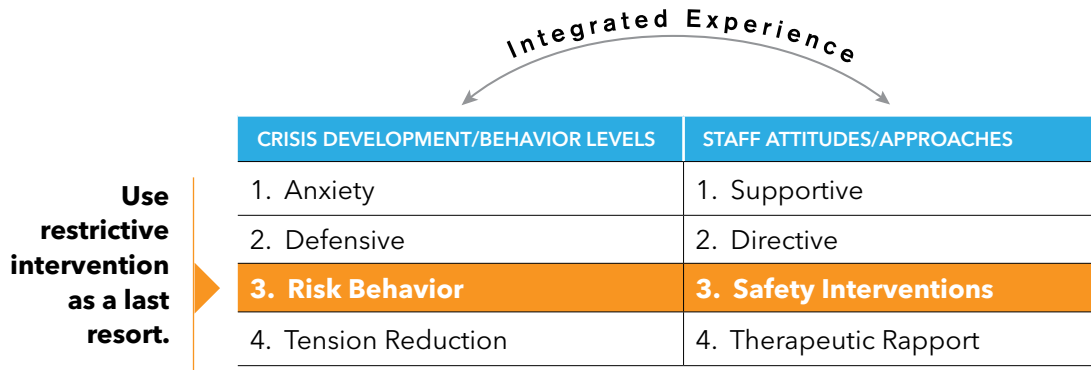
CRISIS DEVELOPMENT/BEHAVIOR LEVELS	STAFF ATTITUDES/APPROACHES
1. Anxiety	1. Supportive
2. Defensive	2. Directive
3. Risk Behavior	3. Safety Interventions
4. Tension Reduction	4. Therapeutic Rapport

Sometimes, a person in distress continues to escalate despite your best efforts and the person places themselves and/or others in a position of imminent or immediate harm. In this situation, you may have no alternative other than using restrictive interventions in order to maximize safety and minimize harm. The resources in this training are intended to support positive practices, ensure restrictive interventions are used as a last resort, and promote your organization's commitment to *Care, Welfare, Safety, and Security*SM.

Learning Objectives

1. Identify restrictive interventions and explore the key legal and professional considerations when using restrictive interventions.
2. Explore the Physical Skills Review Framework.

The CPI Crisis Development ModelSM



Physical Skills Review Framework

S	afe	In what way does the specific restrictive intervention enable you to maximize safety and minimize harm?
E	ffective	What makes your intervention effective?
A	ceptable	How would this be viewed as an acceptable response to risk behavior?
T	ransferable	How can you transfer the principles back into your workplace?



MODULE 7

Decision Making

Integrated Experience

CRISIS DEVELOPMENT/BEHAVIOR LEVELS	STAFF ATTITUDES/APPROACHES
1. Anxiety	1. Supportive
2. Defensive	2. Directive
3. Risk Behavior	3. Safety Interventions
4. Tension Reduction	4. Therapeutic Rapport

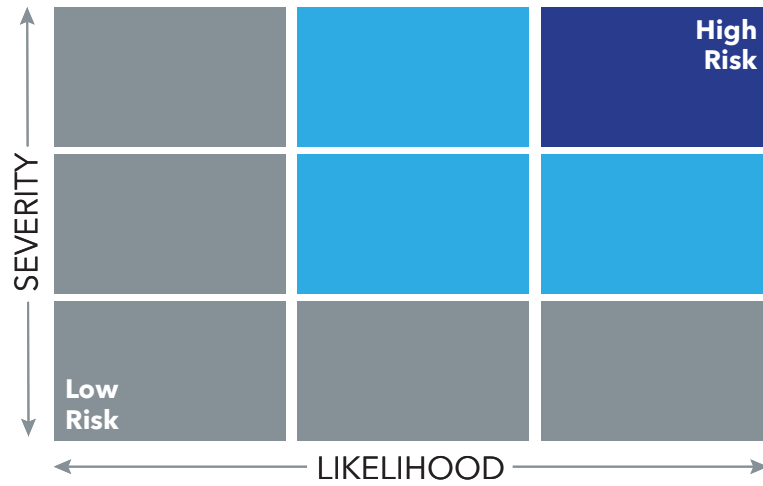
Developing critical decision-making skills enables you to remain in control of your own emotions and behaviors so you can make appropriate judgments about your next steps. Once you assess the risk, you can choose the appropriate response.

This module introduces the *Decision-Making Matrix*SM, which is a tool for assessing Risk Behavior. The matrix helps you determine the safety intervention which meets the criteria of reasonable, proportionate to the risk, and least restrictive.

Learning Objectives

1. Explore the *Decision-Making Matrix*SM when assessing Risk Behavior.

Decision-Making MatrixSM



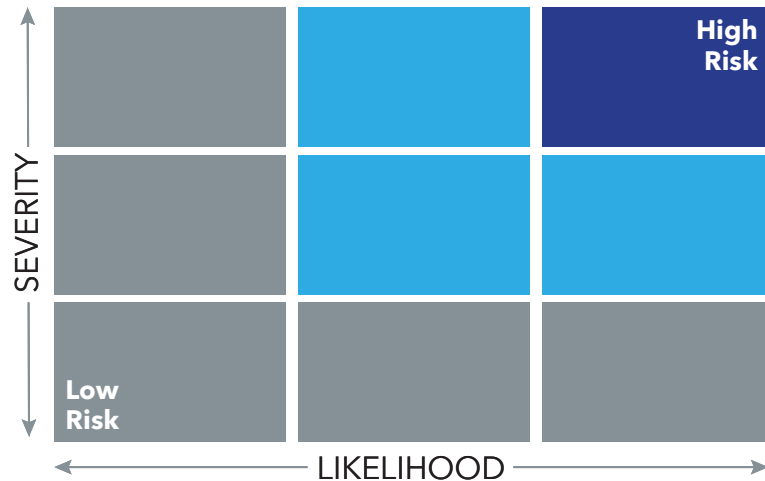
RISK: The change of a bad consequence.

LIKELIHOOD: The chance that an event or behavior may occur.

SEVERITY: The level of harm that may occur.

Assessing Risk Example

Instructions: Use the scenario presented in class to practice plotting the level of risk using the *Decision-Making Matrix*SM.



Based on your assessment of **Likelihood** and **Severity**, place a checkmark in the *Decision-Making Matrix*SM identifying the level of risk.

Likelihood (Check one)

- Low Risk Medium Risk High Risk

Severity (Check one)

- Low Risk Medium Risk High Risk

Safety Interventions

Instructions: Using the previous example, determine how you may reduce likelihood and severity of harm to the individual displaying Risk Behavior. Keep in mind your organizational policies and procedures.



MODULE 8

Post-Crisis



CRISIS DEVELOPMENT/BEHAVIOR LEVELS	STAFF ATTITUDES/APPROACHES
1. Anxiety	1. Supportive
2. Defensive	2. Directive
3. Risk Behavior	3. Safety Interventions
4. Tension Reduction	4. Therapeutic Rapport

After a crisis it is important to re-establish the relationship to create a sense of calm and safety for all involved in a crisis. You will want to address any immediate needs of the person in distress, bystanders, family members, or other staff who might have been involved. You will also want to get yourself back to a place of calm and feeling safe.

Learning Objectives

1. Explore Tension Reduction and how to re-establish the relationship after a crisis event.
2. Describe two key aspects of Post-Crisis management: support and learning.

The COPING ModelSM



INDIVIDUAL



STAFF

<p>CONTROL - Ensure that emotional and physical control is regained.</p> <ul style="list-style-type: none"> I'd like to talk about what happened earlier. Do you have a few minutes? 	C	<p>CONTROL - Ensure that emotional and physical control is regained by the staff.</p> <p>Start the conversation by acknowledging staff's feelings and then asking permission to discuss.</p>
<p>ORIENT yourself to the basic facts.</p> <ul style="list-style-type: none"> What happened? When did it happen? Who else has been affected? Why did it happen? Where did it happen? 	O	<p>ORIENT yourself to the basic facts.</p> <ul style="list-style-type: none"> What happened? When did it happen? Who else has been affected? Why did it happen? Where did it happen?
<p>PATTERNS - Look for patterns for the behavior.</p> <ul style="list-style-type: none"> Is this the first time the individual reacted that way, or has it become a recurring event? 	P	<p>PATTERNS - Look for patterns in staff responses to the behavior.</p> <p>Review the staff response history. Are there patterns in how the team or specific staff members responded?</p>
<p>INVESTIGATE alternatives to the behavior.</p> <ul style="list-style-type: none"> What could you do differently next time? What should we do to put things right? What were you thinking about at the time of the incident? 	I	<p>INVESTIGATE ways to strengthen staff responses. With team members, propose and discuss potential solutions.</p> <ul style="list-style-type: none"> What were you thinking about at the time of the incident? What changes should be considered to help prevent future crisis events or to improve a future response?
<p>NEGOTIATE future approaches and expectations of behavior.</p> <ul style="list-style-type: none"> What can we do to help you when you feel distressed? Is there anything you don't want us to do during these moments? 	N	<p>NEGOTIATE changes that will improve future interventions. Reinforce what's working well.</p> <p>Example: "Is there anything you would have done differently?"</p> <p>Discuss and gain commitment from all staff to ensure that any improvements will be made.</p>
<p>GIVE back responsibility; provide support and encouragement.</p> <ul style="list-style-type: none"> I appreciate you talking with me. Do you agree with the plan that we just discussed? 	G	<p>GIVE support and encouragement. Express trust and confidence in their ability to respond during the next crisis.</p>

Ten Tips for Crisis Prevention



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A crisis can be defined as a moment in time when an individual in your charge loses rational, and at times even physical, control over his or her own behavior. This can be very challenging and anxiety producing for those responsible for intervening. Due to the chaotic, unpredictable nature of a crisis, it is vital that staff stay calm and proceed with a plan.

These crisis moments do not sprout into being without roots; there are almost always warning signs that let you know an individual's behavior is escalating. By following the tips listed here, you can often intervene before the crisis becomes dangerous.

1. **Be empathic.**
Try not to judge or discount the feelings of others. Whether or not you think their feelings are justified, those feelings are real to the other person. Pay attention to them.
2. **Clarify messages.**
Listen for the person's real message. What are the feelings behind the facts? Ask reflective questions and use both silence and restatements.
3. **Respect personal space.**
Stand at least 1.5 to 3 feet from an acting-out person. Invading personal space tends to increase the individual's anxiety and may lead to acting-out behavior.
4. **Be aware of your body position.**
Standing eye-to-eye and toe-to-toe with a person in your charge sends a challenging message. Standing one leg-length away and at an angle off to the side is less likely to escalate the individual.
5. **Ignore challenging questions.**
When a person in your charge challenges your authority or a facility policy, redirect the individual's attention to the issue at hand. Answering challenging questions often results in a power struggle.
6. **Permit verbal venting when possible.**
Allow the individual to release as much energy as possible by venting verbally. If you cannot allow this, state directives and reasonable limits during lulls in the venting process.
7. **Set and enforce reasonable limits.**
If the person becomes belligerent, defensive, or disruptive, state limits and directives clearly and concisely. When setting limits, offer choices and consequences to the acting-out individual.
8. **Keep your nonverbal cues nonthreatening.**
The more an individual loses control, the less that individual listens to your actual words. More attention is paid to your nonverbal communication. Be aware of your gestures, facial expressions, movements, and tone of voice.

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Verbal De-escalation Training and Tips

CPI's training programs focus on de-escalation techniques as a method of prevention. Communication is a key factor in the ability to de-escalate any situation.

The following article was written specifically for law enforcement professionals, but professionals in any field can better prevent crises and benefit from **verbal de-escalation training** in their workplace by using the five keys to empathic listening, as well as the five ways to remain in control of any situation.

Communication is the Key to Crisis De-Escalation by Jerilyn Dufresne

A difficult and potentially dangerous situation for officers involves being called to a scene and engaging with a person who may be mentally ill. Most individuals with mental illness are not dangerous, but a special set of skills is required to bring a mutually successful end to the encounter.

Although an officer's inclination may be to intervene immediately, that may not always be the best response. As long as the individual isn't an immediate danger to self or others, there's time to make a quick assessment. CPI, an international training company specializing in violence prevention and crisis intervention, recommends evaluating the person's behavior before acting, if at all possible.

How does an officer make the decision about how to treat that individual? Of course the answer is communication: talking to the person and evaluating the responses. But what if the person is unable or unwilling to speak? Again, as long as the person is not a danger to self or others, there is time. Use it to listen to what the person is saying—not only with words, but also with body language and tone of voice.

CPI stresses the importance of listening with empathy, trying to understand where the person is coming from. Like other skills, empathic listening can be learned. The five keys are: give the person undivided attention; be nonjudgmental; focus on the person's feelings, not just the facts; allow silence; and use restatement to clarify messages.

Undivided Attention

When people are paid attention to they feel validated; they feel important. The converse is also true: people feel less important and sometimes feel they need to up the ante if they feel like they need attention. Paying attention doesn't just mean saying, "I'm listening." It means looking at the person, making eye contact if it's culturally appropriate, and virtually listening with the entire body. By really listening, and conveying that through body language as well as words, an officer can take away the person's reason for escalating the situation.

Be Nonjudgmental

If someone says, "The sewers are talking to me," an officer's immediate reaction might be to think that the person is crazy. That reaction, especially if verbalized, will probably upset the individual even more. Even if not said aloud, that attitude may be conveyed through the officer's body language. If someone is psychotic, she may tune into the nonverbal communication much more than words. So besides paying attention to what is said, ensure that body language and tone are nonjudgmental as well. This will go a lot further in calming the individual.

Focus on Feelings

Going back to the previous example, if an individual says, "The sewers are talking to me," a feeling response might be, "That must be pretty scary," or even, "Tell me what that feels like." This isn't getting into a therapist's bailiwick, but it is using a handy therapeutic tool. Most likely it will elicit a response that is positive, since the individual will know that the officer understands what's happening.

Allow Silence

As people devoted to protecting and serving, officers are quite comfortable using silence during interrogations,

Risks of Restraints



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PROMOTING SAFETY: ALTERNATIVE APPROACHES TO THE USE OF RESTRAINTS

What does the law say about the use of Restraints?

Those that work in healthcare settings should consider alternative approaches and only use restraints as a last resort when a person is at risk of harm to themselves and/or others.

What is a restraint?

A restraint is something that restricts a person in some way by:

- placement of an object near or on the person's body to limit their ability to move. This object cannot be removed by the person without effort. Some examples would be mitts, wrist ties, lap belts or seat belts that prevents the person from moving by themselves;
- limiting a person's movement to keep them in a certain area. An example would be a locked room which stops the person from moving to another location,
- using a medication to manage a person's behaviour.

What can be done to avoid the use of a restraint?

- Encourage the person to do the things they enjoy such as cards, television or music.
- Walk with the person.
- Help the person to get to the bathroom at regular times,
- Make the person's room safe by lowering the bed to avoid an injury if they roll or fall out of bed.
- Make sure there is enough light for the person to see clearly.
- Develop a routine by placing objects and furniture in the same place.
- Have a friend or family member visit to sit with the person when they are restless, confused, upset or afraid.
- Use an alarm that tells others when the person moves from a chair or bed so they can check to see if they need help.

What may put a person at risk of being restrained?

A person who may hurt themselves or others because they just forget to ask for help or have:

- An illness or injury to the brain,
- Confusion,
- A habit of falling or wandering to where it is not safe.
- Fears about getting a treatment like a needle that is necessary (need a statement about treatment interference).