

Promoting
*Care, Welfare,
Safety, and
SecuritySM* in your
organization

The Ultimate CPI Resource Pack



What's in this resource pack?

To help you make your workplace safer, this guide will teach you the basics about de-escalating behaviors. You'll also learn all-important ways to avoid using physical intervention.

- » **10 Tips for Crisis Prevention**
Key tips for keeping everyone safe.
- » **Setting Limits**
Use this simple approach to set clear, reasonable, and enforceable limits.
- » ***Care, Welfare, Safety, and SecuritySM***
Put these four words into action every day.
- » **7 Principles for Effective Verbal Intervention**
Learn the communication skills that help avoid physical confrontations.
- » **Risks of Restraints**
Life-saving information on restraint-related positional asphyxia and how to prevent it.



educate. empower. enrich.



The safest physical intervention is the one that's never used.

10 Tips for Crisis Prevention

A crisis moment occurs when someone loses rational control over their behavior. These moments don't sprout into being without roots; there are almost always warning signs that let you know when someone's behavior is starting to escalate.

By following these tips, you can often prevent a situation from becoming dangerous.

1. BE EMPATHIC.

Try not to judge or discount the feelings of others. Whether or not you think the 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 three feet away from someone who's upset. Invading personal space tends to increase a person's anxiety and may cause them to physically act out.

4. BE AWARE OF YOUR BODY POSITION.

Standing eye-to-eye and toe-to-toe with someone who's upset sends them a challenging message. Standing one leg-length away and at an angle off to the side is less likely to escalate the person.

5. IGNORE CHALLENGING QUESTIONS.

When someone challenges your authority or a rule or a policy, redirect their attention to the issue at hand. Answering challenging questions often results in a power struggle.

6. PERMIT VERBAL VENTING WHEN POSSIBLE.

Allow the person 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 someone becomes belligerent, defensive, or disruptive, state limits and directives clearly and concisely. When setting limits, offer the person choices and consequences.

8. KEEP YOUR NONVERBAL CUES NONTHREATENING.

The more a person loses control, the less they listen to your actual words. An upset person pays more attention to your nonverbal communication. Be aware of your gestures, facial expressions, movements, and tone of voice.

9. AVOID OVERREACTING.

Remain calm, rational, and professional. Your response will directly affect the person's behavior.

10. USE PHYSICAL TECHNIQUES ONLY AS A LAST RESORT.

Use the least restrictive method of intervention possible. Physical techniques should be used only when someone is a danger to self or others. Physical interventions should be used only as a last resort by trained staff. Any physical intervention may be dangerous.

Be clear, speak simply, and offer the positive choice first.



Setting Limits

You can't force someone to behave in a certain way. But when you offer choices, you can teach and reinforce appropriate behavior. Follow these steps to help someone make a positive behavior choice:

1. EXPLAIN WHICH BEHAVIOR IS INAPPROPRIATE.

Saying "Stop that!" may not be enough. The person may not know if you want them to quiet down or stop swearing. Be specific.

2. EXPLAIN WHY THE BEHAVIOR IS INAPPROPRIATE.

Don't assume that the person knows why their behavior is not acceptable. Are they disturbing others? Being disrespectful? Explain calmly.

3. GIVE REASONABLE CHOICES AND CONSEQUENCES.

Instead of issuing an ultimatum ("Do this or else"), tell the person what their choices are, and what the consequences of their choices will be.

4. ALLOW TIME.

Remember that when someone's upset, they're probably not thinking clearly. Give them a few moments to think through what you've said.

5. BE PREPARED TO ENFORCE YOUR CONSEQUENCES.

Set consequences that are reasonable, enforceable, within your authority, and within the policies and procedures of your organization.



BONUS! For even more tips, check out [How to Avoid Power Struggles](#), where you can grab our How to Set Limits guide.



*Behavior is communication.
Watch and listen carefully for
the person's real message.*

7 Principles for Effective Verbal Intervention

How you respond to defensive behavior is often the key to defusing it. These seven strategies will help you intervene in the safest, most effective way possible—to avoid a physical confrontation.

1. BE CALM.

This may sound easier said than done, especially when someone is screaming, swearing, or making threats. Remember that the person who's verbally escalating is starting to lose control. If they sense that you're losing control too, the situation will probably get worse. So try to keep your cool, even when you're challenged, insulted, or threatened.

2. REMOVE BYSTANDERS.

Onlookers, especially peers of the verbally escalating person, tend to fuel the fire. They often become cheerleaders, encouraging the individual. The presence of an audience also makes it harder for the person to back down, for fear of losing face in front of others. Try to separate the person by walking toward privacy as you talk, or by directing the bystanders away. You will be more effective one-on-one than in a group setting.

3. WATCH YOUR BODY LANGUAGE.

As someone becomes increasingly agitated, they pay less attention to your words and more attention to your body language. Be aware of your use of space, posture, and gestures. Don't get too close to the person, and avoid gestures that could seem threatening. Make sure your nonverbal behavior is consistent with your verbal message.

4. KEEP IT SIMPLE.

Be clear and direct in your message. Avoid jargon and complicated choices. A person who's losing rational control will not be processing information as well as usual. Complex messages will increase their anxiety and probably make their behavior harder to manage.

5. USE REFLECTIVE QUESTIONING.

Put the person's statements in your own words and then check with them to see if you've understood what they meant. By repeating or reflecting their message in the form of a question, you give them an opportunity to clarify that message. This reflective questioning is also a powerful way to let the person know that you care enough to listen carefully to their words.

6. USE SILENCE.

Surprisingly, silence is a very effective verbal intervention technique. Silence on your part allows the person time to clarify their thoughts and restate their message. This often leads to valuable insight and clearer understanding of the true source of their conflict.

7. WATCH YOUR PARAVERBALS.

Paraverbal communication refers to the tone, volume, and cadence (rate and rhythm) of your speech. Many identical statements can have completely opposite meanings, depending on your paraverbals. For example, the question "What's wrong?" could be stated in a caring, supportive way or in an impatient, condescending way. Avoid double messages by making sure that your paraverbal communication is consistent with the words you use.



Care, Welfare, Safety, and SecuritySM is the heart of it all.

The core of CPI techniques, *Care, Welfare, Safety, and Security*SM is a philosophy that respects the worth and dignity of all people, at all times. Putting these four simple words into action during chaotic crisis moments can make an enormous difference in everyone's life. It's a key to successful interventions—and effective prevention. Use this principle to guide your organization's culture and your staff's approach!

Care of someone you support may mean:

- » Looking at all situations through that person's eyes.
- » Letting your compassion and empathy reflect through your nonverbal behavior and your paraverbal communication.
- » Debriefing after a crisis so that it can be a learning opportunity for the person.

Welfare of someone you support may mean:

- » Doing everything possible to prevent the person from being humiliated, embarrassed, or traumatized.
- » Fostering relationships based on trust and understanding.
- » Discovering what a person's behavior is communicating and helping them gain insight into their behavior.

Safety of someone you support may mean:

- » Being aware of Precipitating Factors and early warning signs so that you can focus on prevention.
- » Maintaining an environment that's physically and emotionally safe.
- » Always using the least restrictive intervention possible.

Security of someone you support may mean:

- » Allowing the person the freedom to make their own decisions whenever feasible.
- » Sustaining the sense that staff will always honor the person's best interests.
- » Reassuring the person that staff will not "retaliate" against challenging behavior—now or ever.



#CWSS is just as important for someone who's escalating as it is for staff.

Care of staff on your team may mean:

- » Taking good care of each other so you can take good care of the people who depend on you.
- » Debriefing after a crisis so that you can learn for next time—or maybe prevent a “next time.”
- » Training staff members because you care about them and the environment they help create.

Welfare of staff on your team may mean:

- » Remembering that behavior is communication. What messages are you sending?
- » Demonstrating a willingness to help a staff member gain insight into their own behavior.
- » Maintaining a culture in which all staff feel supported.

Safety of staff on your team may mean:

- » Ensuring that staff have ample opportunities to practice the safest interventions.
- » Working as a team to minimize dangers.
- » Training staff to use the least restrictive interventions possible.

Security of staff on your team may mean:

- » Making sure that staff have the resources they need to perform their jobs well.
- » Working together in a way that values a sense of emotional and physical security.
- » Writing clear policies and procedures so that staff understand what's expected of them in times of crisis—and in times of calm.



Risks of Restraints

Understanding Restraint-Related Positional Asphyxia



Q WHAT DOES IT MEAN TO RESTRAIN SOMEONE?

A Anytime you restrict a person's freedom of movement by holding them or by using a mechanical device, you are restraining them. Restraints can last for seconds, minutes, or hours.

Q UNDER WHAT CIRCUMSTANCES SHOULD INDIVIDUALS IN MY CARE BE RESTRAINED?

A Sometimes a person needs to be restrained in order to receive medical or nursing care. For example, a confused patient may need restraints to prevent them from removing an IV that's providing needed medication.

Other than to receive medical or nursing care, individuals should be restrained only when all of the following guidelines are met:

- » The person is an immediate danger to self or others.
- » Other ways to manage the person's dangerous behavior have failed.
- » Staff members are trained in the proper use of restraints.

There may be additional guidelines in your facility's policies and procedures, so be sure to check with your supervisor.

Q SHOULD RESTRAINTS BE USED AS A MEANS OF PUNISHMENT?

A Physical restraints should never be used for any of the following purposes:

- » As punishment.
- » For the convenience of staff.
- » As a way to inflict pain.

Being restrained can be a frightening, traumatic experience. As a staff member, work hard to prevent the need to use restraint.



Q HOW LONG SHOULD A PHYSICAL RESTRAINT LAST?

A A physical restraint should be used as a temporary emergency measure to take control of another person only until that person has regained control of their own behavior and is no longer a danger to self or others.

Specific laws or regulations may govern your facility's use of restraints, so be sure to check your facility's policies and procedures for applicable time limitations.

Q ARE PHYSICAL RESTRAINTS DANGEROUS?

A All physical restraints involve some possibility of injury to the person being restrained and to staff. There is less risk of injury when staff members are well-trained and safer techniques are used, but there is always the chance that an injury will occur.

There is also a psychological danger in using restraints. Being restrained can be a frightening—even traumatic—experience. Restraints can also interfere with the relationship between caregivers and the person being restrained. And if people are restrained often, they may begin to feel that they have no control over their own lives.

For these reasons, restraints should be used only when the person's behavior is MORE dangerous than the danger of using restraints.

Q HOW CAN WE REDUCE THE POSSIBILITY OF INJURY DURING A RESTRAINT?

A Injuries can be reduced in two important ways. First, staff members need to be trained in safer ways of restraining, and they need to practice those skills on a regular basis. A physical restraint is an emergency procedure—not very different from CPR or first aid. As with any emergency response procedure, staff members need to rehearse these skills on a regular basis.

The best way to prevent harm is to prevent the need to restrain in the first place.

Second, some restraints are more dangerous than others. By choosing safer restraint techniques, you and your facility can reduce the possibility of serious injury—or even death. In particular, you should avoid positions that can lead to restraint-related positional asphyxia.

Q WHAT IS RESTRAINT-RELATED POSITIONAL ASPHYXIA?

A Restraint-related positional asphyxia occurs when a person being restrained is placed in a position in which they cannot breathe properly and are not able to take in enough oxygen. This lack of oxygen can lead to disturbances in the rhythm of the heart, and death can result.



Q WHAT POSITIONS ARE MOST LIKELY TO CAUSE RESTRAINT-RELATED POSITIONAL ASPHYXIA?

A Higher-risk positions include facedown (prone) floor restraints, or any position in which a person is bent over in such a way that it is difficult to breathe. This includes a seated or kneeling position in which a person being restrained is bent over at the waist, and it also includes any facedown position on a bed or mat.

Staff members must be especially careful not to use their own bodies in a way that restricts someone’s ability to breathe, such as sitting or lying across their back or stomach. When they are lying facedown, even pressure to the arms and legs can interfere with their ability to move their chest or abdomen in order to breathe effectively.

Q ARE SOME PEOPLE MORE AT RISK FOR RESTRAINT-RELATED POSITIONAL ASPHYXIA THAN OTHERS?

A Yes. Contributing factors include:

- » Obesity.
- » Extreme physical exertion or struggling prior to, or during, restraint.
- » Breathing problems, such as asthma or emphysema.
- » Heart disease.
- » Use of alcohol or other drugs.

Always keep in mind that people might have health problems that you don’t know about, so everyone being restrained should be considered at risk for restraint-related positional asphyxia.

Q IS IT A GOOD IDEA TO CHECK ON THE PHYSICAL STATUS OF A PERSON WHILE THE PERSON IS BEING RESTRAINED?

A Yes, this is a good safety precaution, but it’s also important to note that restrained individuals have gone from a state of no distress to death in a matter of moments. Monitoring the person’s status is not a substitute for avoiding high-risk positions that interfere with breathing.

Q WHAT IS THE BEST WAY TO AVOID RESTRAINT-RELATED POSITIONAL ASPHYXIA?

A The very best way to avoid restraint-related positional asphyxia is to avoid the need to restrain in the first place. Get to know the people in your care. Be aware of changes in behavior that can be warning signs that an individual is anxious or upset. Intervene early.

Learn to set limits effectively. Avoid being drawn into power struggles. Work at least as hard at learning verbal intervention skills as you do at learning physical intervention skills.

Treat everyone with dignity and respect. The best way to eliminate the dangers of restraints—to you and to those in your care—is to eliminate the need for restraints at all.



High-Risk Positions for Restraint-Related Positional Asphyxia

All of these positions may interfere with a person's ability to breathe. While these positions are different, they share a common factor: when forcefully maintained, each of them could prevent the diaphragm (the largest muscle of respiration) from working. If the diaphragm is not allowed room to move down into the abdomen, breathing is seriously restricted. And when a forcefully maintained position hinders both chest and abdomen movement—the result can be fatal.



Illustrations are based on information from various individuals and resources. See Resources and References.

Resources and References

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About CPI

CPI trains professionals in strategies to prevent and de-escalate difficult behavior. With person-centered, evidence-based *Nonviolent Crisis Intervention*® training, you can reduce restraint use, lower staff and client stress, comply with legislative mandates, and more.

Have questions? We're here for you!

From customizable training, to policy development, to unparalleled support, we can help you make nonviolence a reality. Give us a call at **888.426.2184** or email info@crisisprevention.com!



Thank You!

We hope you found these resources helpful.

Please feel free to share this guide with a friend or colleague. Print it out and post it in your break room, share the link on social media, or link to this guide on your website.



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