

<http://k12engagement.unl.edu/study-crisis-intervention-training-programs>

A Consumer's Guide to Crisis Intervention Training Programs



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Goal of this presentation-




- To be able to compare and contrast available crisis training programs in order to better enable administrators and educators to select a crisis intervention program that best meets their specific needs.



Slide & resources available:
<http://k12engagement.unl.edu/study-crisis-intervention-training-programs>

Definitions

3 Types of Restraint Procedures

Mechanical Restraint 	Use of any device (tape, tie downs) to limit an individual's body movement.	Limited use in schools; with a few exceptions, not permitted.
Chemical Restraint 	Use of medication to control behavior or restrict a patient's freedom of movement	Not used by schools; however many students may be on medication in schools.
Physical Restraint 	Use of one or more people using their bodies to restrict another's movement.	Can be used given certain criteria are met.

3 Types of Timeout- Only one of these is Seclusion

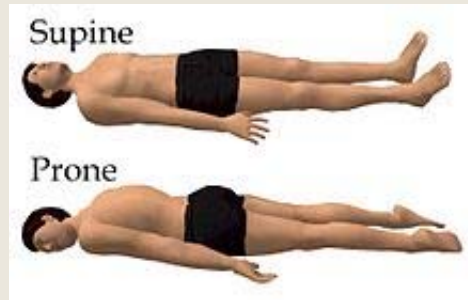
Inclusion Timeout
inside the classroom

Exclusion Timeout
Outside the classroom

Seclusion
Involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving

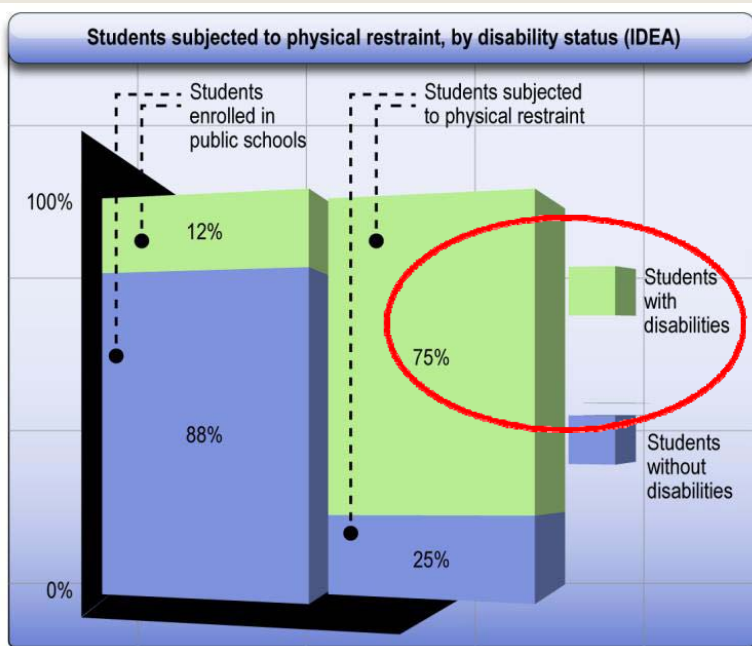
Types of Restraint Procedures

- Supine restraints
- Prone restraints
- Basket hold restraints
- Physical escorts



**U.S.
Department
of
Education,
Office for
Civil Rights,
Data
Collection,
2011-12.**

- ◆ Over 70,000 students subjected to physical restraint
- ◆ Over 37,000 students subject to seclusion.
- ◆ Nevada (96%), Florida (95%), and Wyoming (93%) reported the highest percentages of physically restrained students with disabilities.
- ◆ Nearly 4,000 IDEA students subject to mechanical restraint



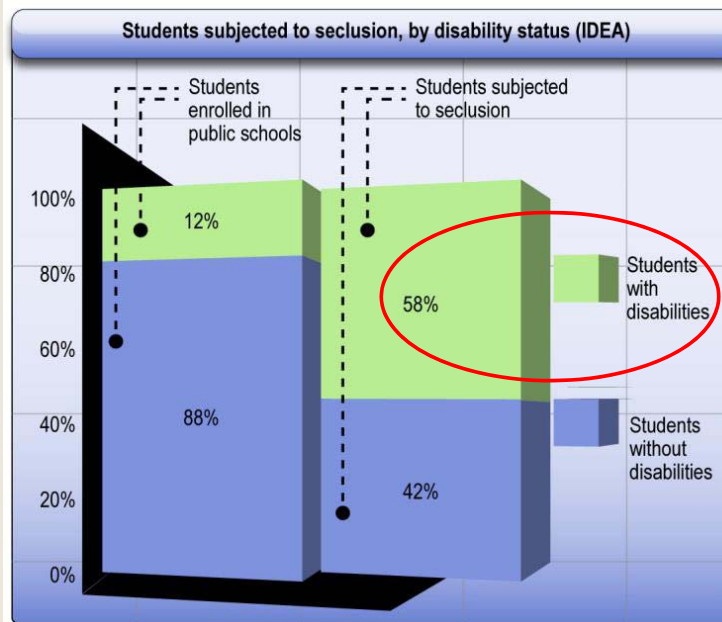
Of students subjected to restraint, 75% were students with a disability.

Office of Civil Rights
2014 Report

U.S. Department of Education, Office for Civil Rights, Civil Rights Data Collection, 2011-12

Of students subjected to seclusion 58% were students with a disability

Office of Civil Rights 2014 Report



U.S. Department of Education, Office for Civil Rights, Civil Rights Data Collection, 2011-12.

Boy's parents seek ban on restraining children



Mason City child died when treatment center workers allegedly held boy face down on the floor

Tanner Wilson, of Mason City, is shown in this undated photo. Wilson, who had autism, died Feb. 12, 2003, at General Treatment Center of Iowa in Mason City where he was seen when he was held down on the floor in what they described as a "rotating physical holding" when he stopped breathing.

Wilson's parents, Karen Wilson and her husband, Robert, filed suit in federal court in Iowa last week to sue the center for negligence and medical malpractice. Wilson's parents also filed a lawsuit in federal court in Iowa last week to sue the center for negligence and medical malpractice.

DES MOINES — The parents of an 11-year-old boy who died while in residential care in northwest Iowa last week have filed a lawsuit in federal court to sue the center for negligence and medical malpractice.

The lawsuit involves paying for applying physical restraints to the child. The parents say it can improve the child's ability to breathe and exercise, causing problems that could put the child at risk.

Tanner Wilson, who had autism, died Feb. 12, 2003, at General Treatment Center of Iowa in Mason City, where he was held down on the floor in what they described as a "rotating physical holding" when he stopped breathing.

"Tanner Wilson was an example, unfortunately, of what's happening around the country. In the name of treating him and restraining him, they killed him."

Carl Beckler, executive director of the National Association of Protection and Advocacy Systems, said he was "shocked" by the death of Tanner Wilson.

Wilson said she and her husband, Robert, filed suit in federal court in Iowa last week to sue the center for negligence and medical malpractice.

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Parents ask why runaway who died wasn't stopped

Cedar Rapids, Ia. — A 15-year-old boy who died after falling into the Cedar River in May should have been restrained because he posed a danger to himself, his parents said.

Russell Jankowski had run away from Tanager Place — the private home for children with social or psychological problems that housed him — several times in the weeks before his death.

He ran away for the last time on May 25. His body was found a week later in the Cedar River. Police believe he jumped from a Cedar Rapids bridge.

Russell's parents, Richard and Carol Menadue of Dubuque, questioned why Tanager Place staff didn't stop him.

Police records show Russell was a threat to himself and others before he left, and should have been restrained, Richard Menadue said.

Tanager Place staff use physical restraints only in emergencies of the resident or others," said George Esle, chief executive officer of Tanager.

A report indicated that Russell became upset after a confrontation with another person and left his cottage. Staff members followed him out but he tried to hit, kick and throw things at them when they tried to return him to the home.

Menadue said the staff members should have restrained the boy because his violence indicated he was a danger.

Esle declined to comment on the Jankowski case specifically. He said every case is different, and it "depends on the situation."

Esle said "Some kids you might be better off to avoid an escalation," He explained that if staff intervenes with some children, somebody could get hurt.

A lawsuit has been filed against Advocacy Services Inc., an agency that looks out for the rights of mentally disabled people.

According to the lawsuit, Tanager Place officials have refused to let Iowa Protection and Advocacy investigators interview Russell's roommates and other residents.

STRONG ADVOCACY CONTINUES!

H.R. 927

The Keeping All Students Safe Act

The bill in the House has been re-introduced; no action and none likely.

Some states - policy activity.

Massachusetts, Virginia & Washington , Nebraska – recent examples

How Safe Is The Schoolhouse

JESSICA BUTLER. UPDATED JULY 25, 2015 An updated guide to state restraint and seclusion laws, regulations, rules and policies in effect as of July 25, 2015; <http://www.autocom.org/pdf/HowSafeSchoolhouse.pdf>

ESSA - Every Student Succeeds Act

“(1) DESCRIPTIONS .—Each State plan shall describe—....“(C) how the State educational agency will support local educational agencies receiving assistance under this part to improve school conditions for student learning, including through reducing— “(i) incidences of bullying and harassment; “(ii) the overuse of discipline practices that remove students from the classroom; and “(iii) the use of **aversive behavioral interventions** that compromise student health and safety;” p. 41-42 of pdf

Two previous studies of the content of crisis intervention programs

- Farrell and Cubit (2005) covered content of training for **aggression management training** programs intended for nurses and others in mental health settings.
- Farrell and Cubit compared and contrasted how 28 programs train diverse components, such as, levels of risk, communication, physical restraint, seclusion, debriefing, etc.
- They concluded most programs included information on personal safety for staff and clients, and recommended refresher courses. However they did not discuss psychological costs. Only 7 trained restraint, and only 1 discussed the risks of restraints.
- Couvillon, Peterson, Ryan, Scheuermann, and Stegall (2010), surveyed similar content topics for training delivered to schools.
- The study found that the average range basic training length was 12 to 16 hours, but varied greatly, and varied based on level of training.
- They also found substantial variation in the emphasis put on major topics of training (e.g., conflict de-escalation versus restraint procedures).

Purposes the of present study

- **Need for Couvillon et al. (2010) Update In context of:**
 - **Policy changes**
 - **Increased safety concerns**
 - **To also address seclusion**
 - **Highlight major similarities and differences**
 - **Address lack of consensus for content & focus**
 - **Aid consumers on purchasing decisions**



The Present Study

Questionnaire

- The Couvillon, et al. questionnaire was obtained, expanded and organized into 10 content sections or topics.
- Questions were refined with a mix of both closed and open ended responses.
- When completed it **included 99 questions**
- Options created for electronic (Qualtrics) or hard copy or telephone interview completion.

Training Vendors

- Effort to identify all current training vendors providing training to schools through Internet searches and nominations.
- Only those providing training on restraints were included.
- 32 Initially identified, but 7 were no longer in business
- Of the remaining 25, 6 declined or did not respond, two did not complete the questionnaire.
- **Result was data from 17 vendors- 68% of total.**
- Owner or lead trainer was contacted and asked to complete the questionnaire.
- Once completed the data was sent back to the vendor for verification.

17 Crisis Intervention Training Programs	Organization Name	Website
Calm Every Storm, Crisis Intervention Training	Crisis Consultant Group, LLC.	crisisconsultantgroup.com
Management of Aggressive Behavior (MOAB)	MOAB Training International, Inc.	moabtraining.com
Nonviolent Crisis Intervention® Program	Crisis Prevention Institute	crisisprevention.com
Oregon Intervention System (OIS)	Alternative Service, Inc. - Oregon	ois.asioregon.org
PMT	PMT Associates, Inc.	pmtassociates.net
Pro-ACT®	Pro-ACT, Inc.	proacttraining.com
Professional Crisis Management	Professional Crisis Management Association	pcma.com
Response	Response Training Program LLC	responsetrainings.com
Right Response	Service Alternatives Training Institute	rightresponse.org
Safe and Positive Approaches®	Devereux	devereux.org
Safe Crisis Management	JKM Training Incorporated	jkmtraining.com
Safe Prevention Principle and Techniques	JIREH Training and Consulting LLC	jirehtraining.com
Safety-Care	QBS, Inc.	qbscompanies.com
Satori Alternatives to Managing Aggression (SAMA)	Satori Learning Designs, Inc.	satorilearning.com
The Mandt System	The Mandt System, Inc.	mandtssystem.com
Therapeutic Aggression Control Techniques (TACT2)	SBP Consulting, Inc.	tact2.com
Therapeutic Crisis Intervention (TCI)	Residential Child Care Project, Cornell Univ.	rccp.cornell.edu/tcimainpage.html

Training content by 8 global components*

Respondents were asked for % of training allocated to each

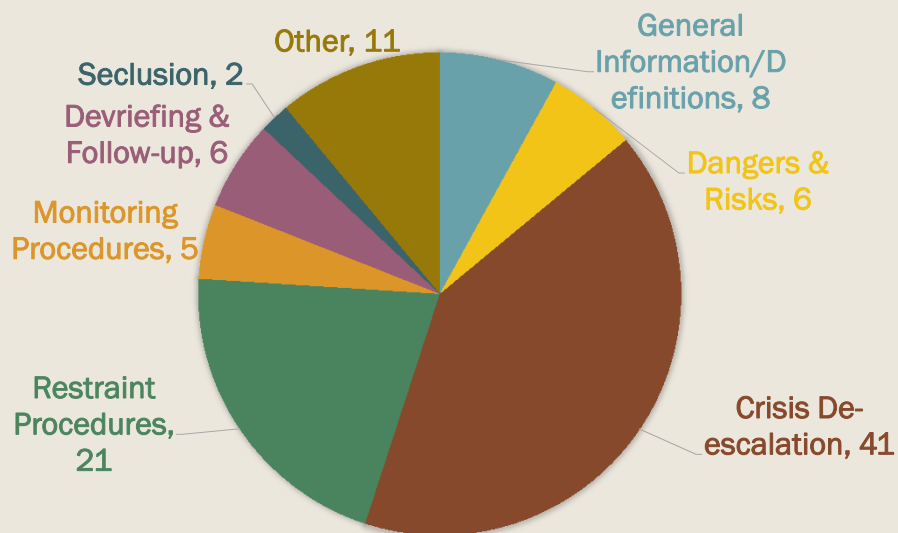
- General information and definitions
- Dangers and Risks
- Crisis De-escalation procedures
- Restraint procedures
- Procedures for monitoring
- Debriefing and follow up
- Seclusion
- Other topic areas

* Interpretations may vary based on differing terminology or understandings; use only for gross comparisons

Allocation of resources across general topics

Training Program Name	Total Basic Training Time	General Information/Definitions %	Dangers & Risks %	Crisis De-escalation %	Restraint Procedures %	Monitoring Procedures %	Debriefing & Follow-up %	Seclusion %	Other %	Total %
Calm Every Storm	16 hrs	5	5	55	15	5	5	5	5	100
MOAB	6-8 hrs	20	15	20	20	10	5	5	5	100
Nonviolent Crisis Intervention® program	14 hrs	20	5	35	25	5	10	0	0	100
OIS	12 hrs	15	10	25	15	2	2	2	29	100
PMT	8 hrs	15	10	40	20	5	5	5	0	100
Pro-ACT®	20 hrs	5	4	60	8	7.5	7.5	3	5	100
Professional Crisis Management	14 hrs	10	5	30	50	0	5	0	0	100
Response	12 hrs	4	6	58	12	4	4	0	12	100
RIGHT RESPONSE	5-14 hrs	2	2	31	30	5	5	0	25	100
Safe & Positive Approaches®	14 hrs	5	7	34	18	3.5	3.5	0	29	100
Safe Crisis Management	18 hrs	5	5	45	30	5	10	0	0	100
Safe Prevention Principles and Techniques	16-20 hrs	10	12	38	15	5	15	5	0	100
Safety-Care	12 hrs	5	5	25	20	5	5	0	35	100
SAMA	16 hrs	1	2	40	20	1	1	0	35	100
The Mandt System®	19 hrs	7	8	58	12	7	7	1	0	100
TACT2	18-20 hrs	10	2.5	50	30	2.5	2.5	2.5	0	100
TCI	28-32 hrs	5	5	50	25	5	10	0	0	100

Average Allocation Across Training Programs



Pie charts of all of the vendor training programs are provided to illustrate variations in time allocations across all eight topics. We pick a few as examples in discussing content topics.

Selected topics to discuss today:

- Seclusion and Other
- Crisis De-escalation procedures
- Restraint procedures
- Monitoring procedures
- De-briefing procedures

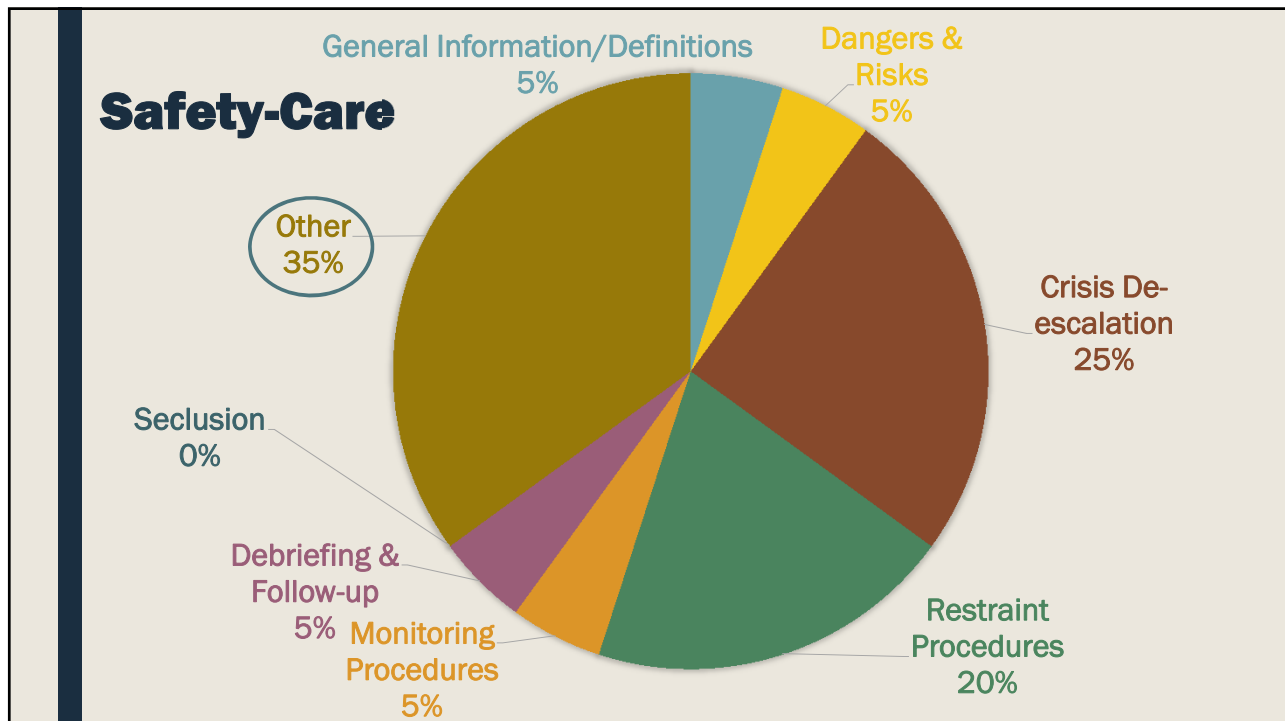
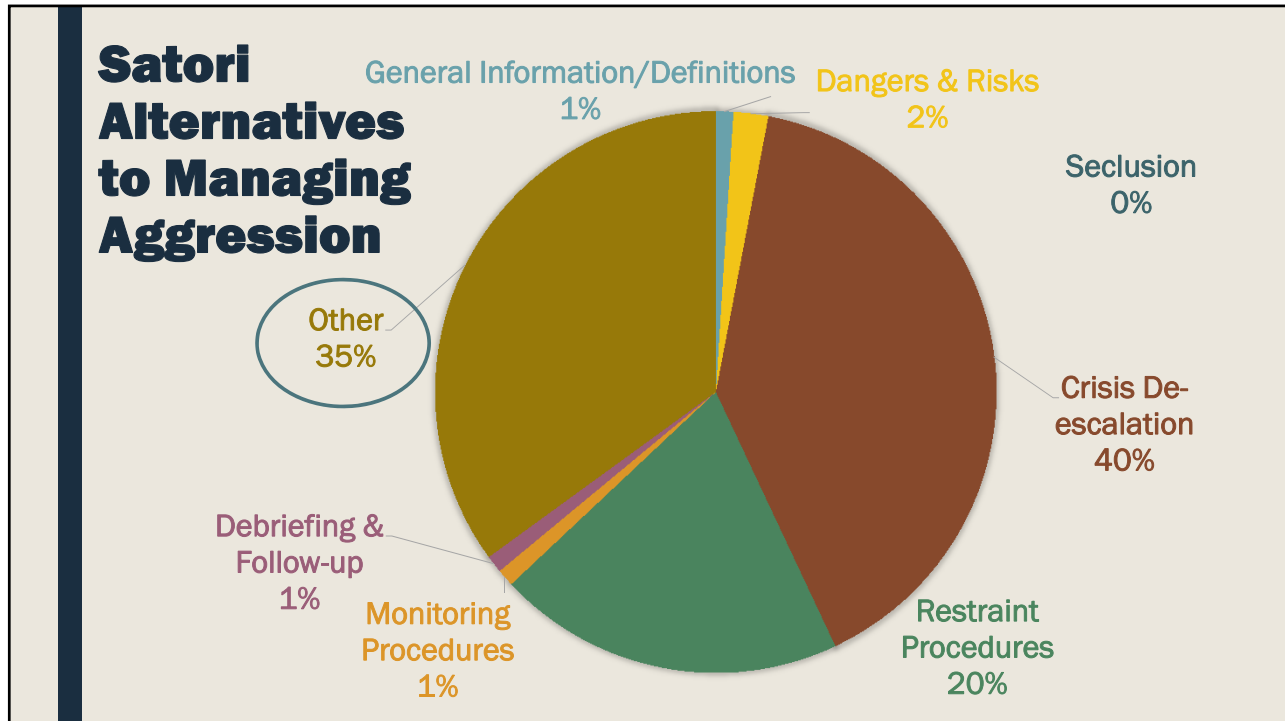
Seclusion

- Most training programs don't include components on seclusion
 - Only 8 discuss & 4 train
- When included in basic training, no program spent more than 5% of overall time on seclusion; range 1-5%
- When comparing allocations of time this may explain some variation.

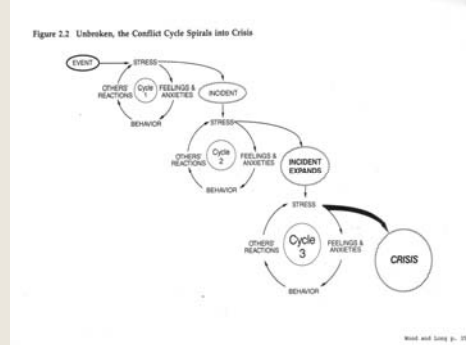


“Other” Topics

- Component interpretations vary
- Account for unique training aspects
- Many adaptations, extensions, or combinations of other components
- Topics included: *protection techniques, incident prevention, mental health, trauma, relationships, leverage, and deflection and release techniques, etc.*

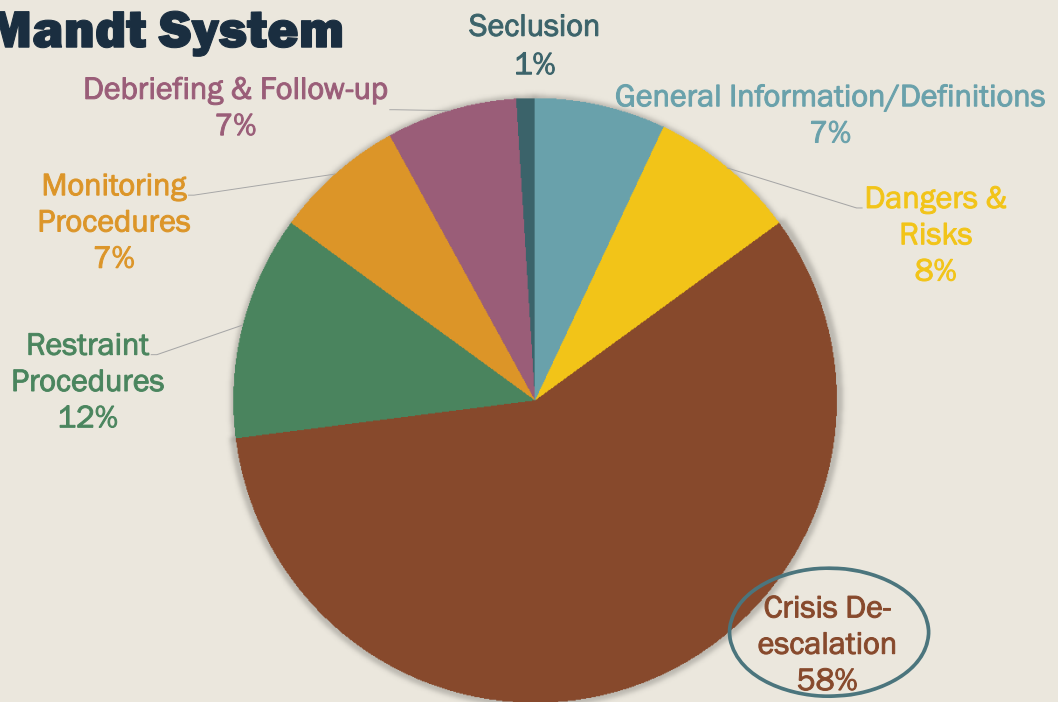


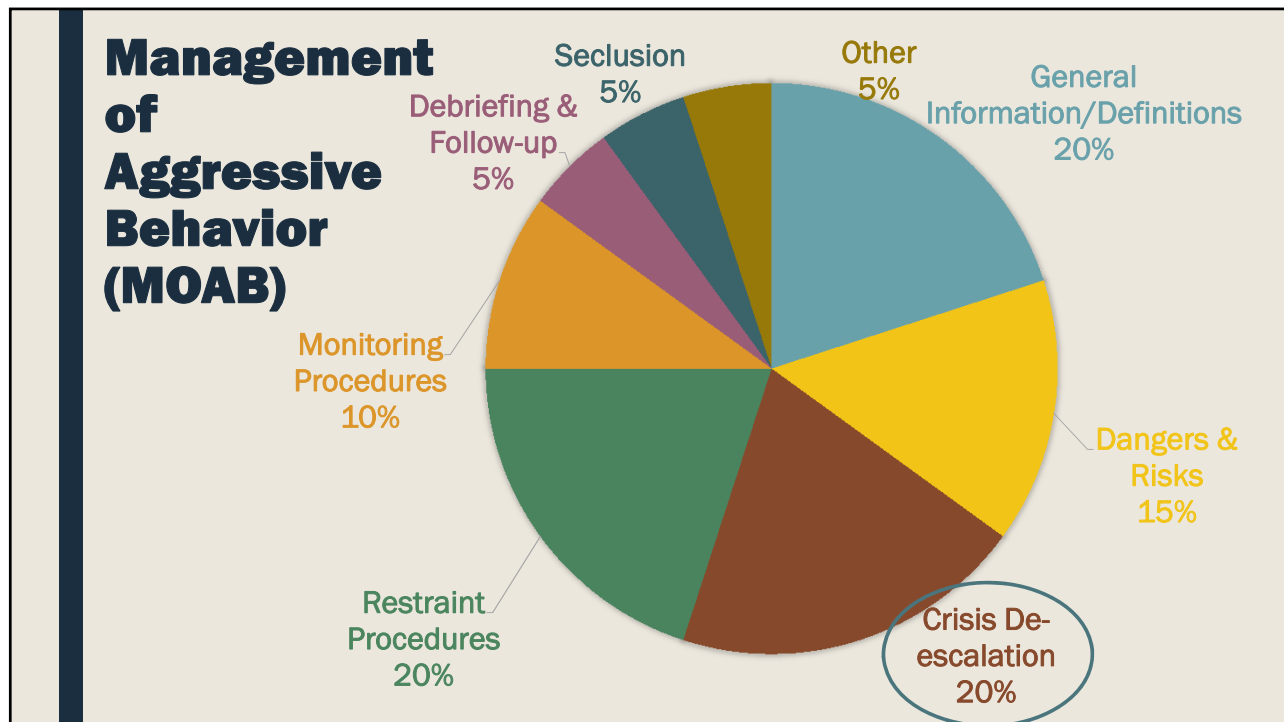
Crisis De-escalation Procedures



- On average, biggest emphasis across programs
- 2/3 of the programs spend the most time on crisis de-escalation
 - Recognize signs of agitation
 - Identify and manage antecedents
 - Assess contributing factors

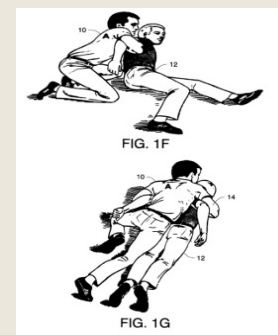
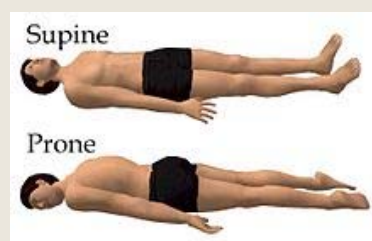
The Mandt System





Types of Restraint Procedures

- Due to heightened risk, it takes a certain amount of time to teach physical holds adequately
- Programs moving towards using “holds” versus “restraint” for political correctness
- Programs coin terms and have special names for holds, spend time teaching this terminology
- Some populations may need more focus on restraint
- Many programs have moved away from prone (face down) or supine (face up) holds



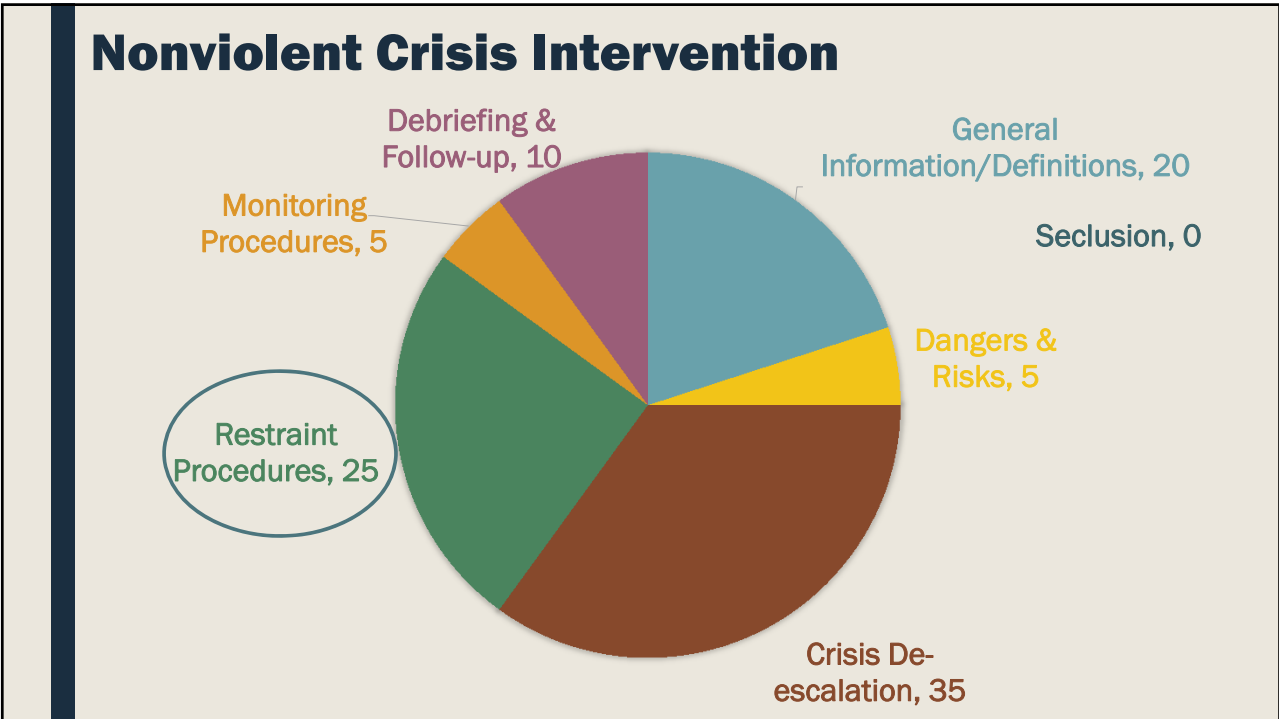
Training Related to Restraint Procedures

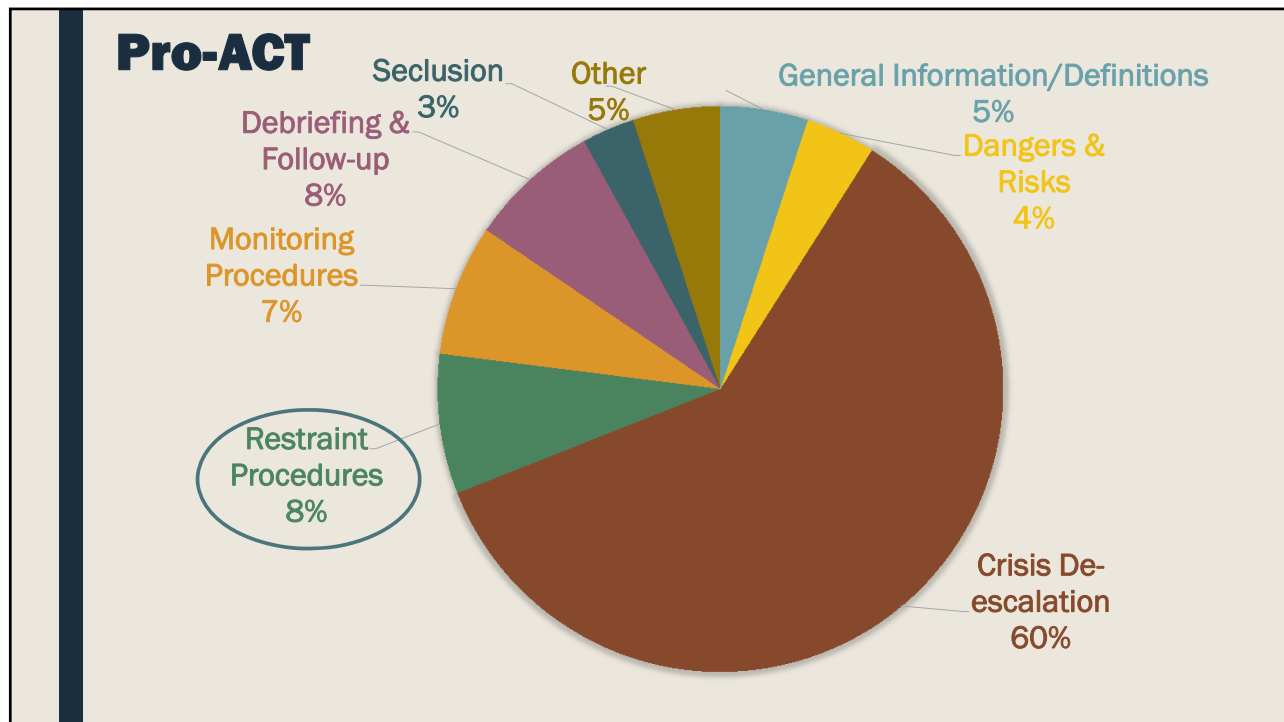
- The % of overall time allocated to training on holds ranged from 8% to 50%
- Most programs dedicate between 12% -25% of their time to restraint procedures; the mean was 21%
- The number of different types of holds trained ranged from 2 to 27
- Specific Types of holds:
 - 4 of the 17 programs trained basket holds, 23.5%
 - 8 of the 17 programs trained prone restraints, 47%
 - 9 of the 17 programs trained supine holds, 53%



Restraint Procedures Taught

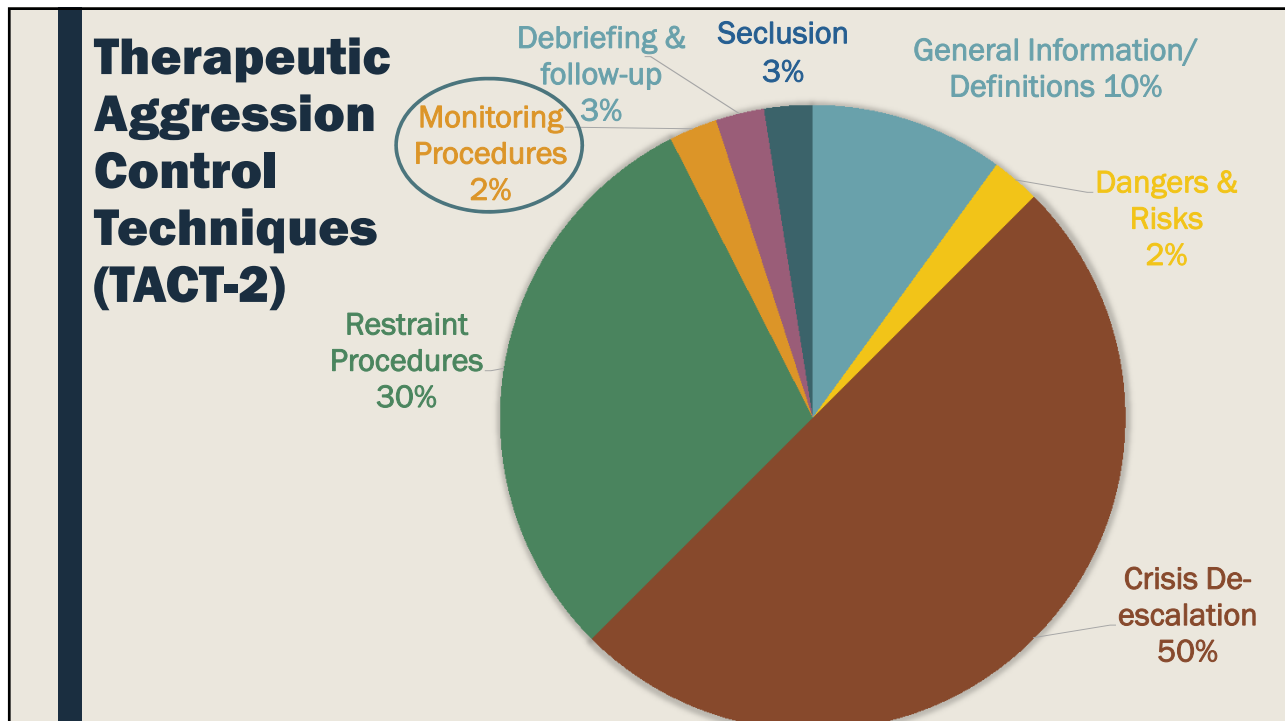
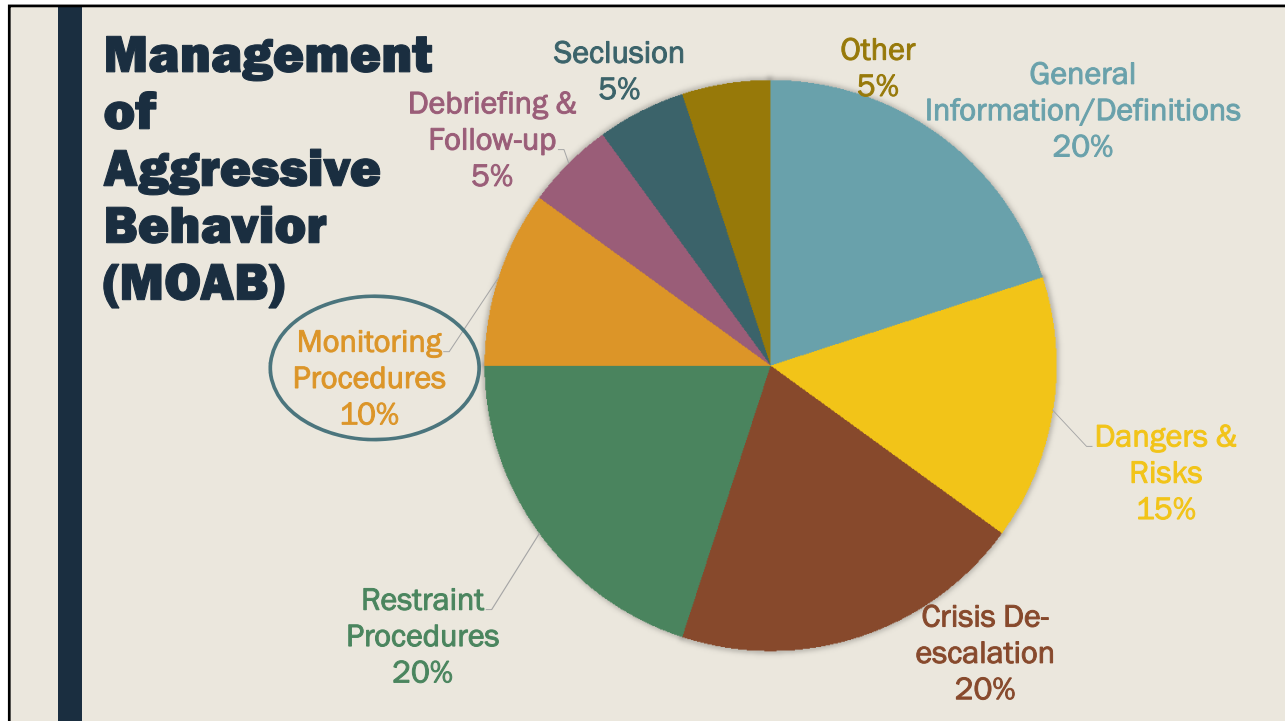
Training Program Name	Types of Restraints (#)	Physical Escorts	Basket Hold Restraint	Prone Floor Restraint	Supine Floor Restraint
Calm Every Storm	3	Yes	No	No	No
MOAB	20	Yes	Yes	Yes	Yes
Nonviolent Crisis Intervention® program	8	Yes	No	No	No
OIS	2	Yes	No	No	No
PMT	10	Yes	Yes	No	Yes
Pro-ACT®	5	Yes	No	Yes	Yes
Professional Crisis Management	25	Yes	No	Yes	Yes
Response	2	No	No	No	No
RIGHT RESPONSE	27	Yes	No	Yes	No
Safe & Positive Approaches®	12	Yes	No	No	Yes
Safe Crisis Management	15	Yes	No	Yes	Yes
Safe Prevention Principles and Techniques	8	Yes	No	Yes	—
Safety-Care	7	Yes	No	Yes	Yes
SAMA	6	Yes	Yes	No	No
The Mandt System	4	Yes	No	No	No
TACT2	4	Yes	Yes	No	Yes
Therapeutic Crisis Intervention	5	No	No	Yes	Yes





Monitoring

- All teach techniques for monitoring a student's physical and emotional state
- All instruct how to identify signs of physical distress.
- Crucial to actively monitor the breathing rates of students placed in a restraint
- 14 programs actively teach participants to monitor breathing rate
- On average, relatively less time is spent on monitoring

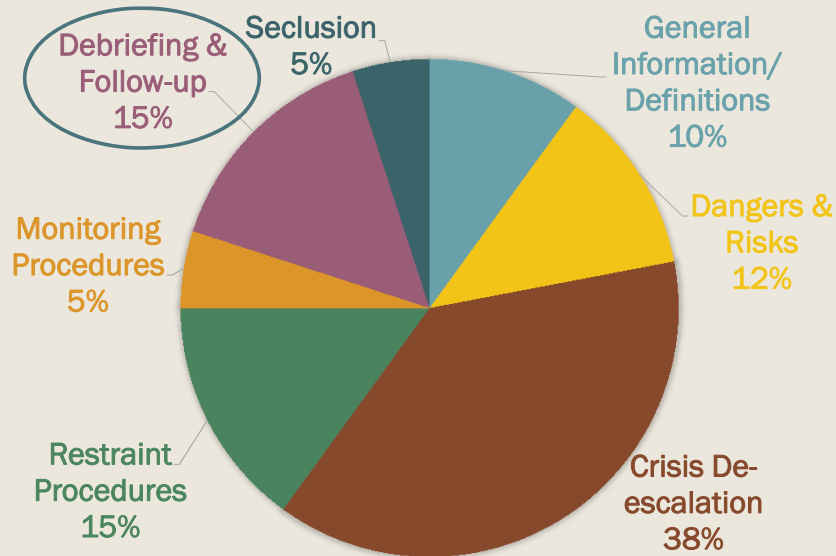


De-Briefing

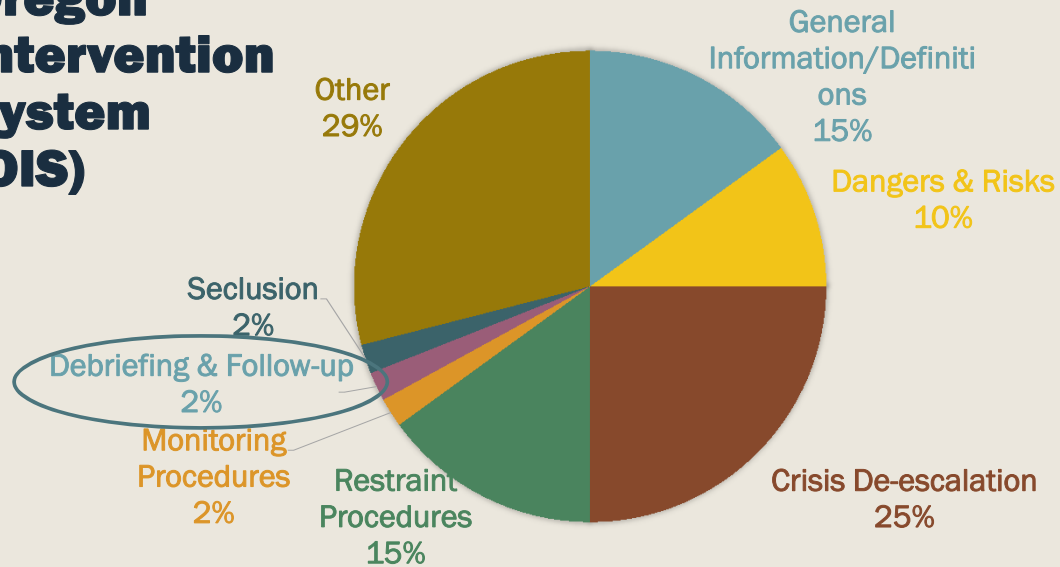


- Physical restraint procedures can result in emotional distress for all involved
- Majority of the programs teach participants how to debrief or follow up
- May include: assessing emotional state, problem solving, & documentation

Safe Prevention Principles & Techniques



Oregon Intervention System (OIS)



Certification/lengths of training

- All certify
- Certification takes on average 18 hours on average for basic training ; range = 12 - 28
- Re-certification or annual update; on average 7 hours; range = 3 - 20 hours
- Training of trainer; varied requirements
 - *Related experience*
 - *Career in related field*
 - *Related degree, etc.*

Conclusions

- Reminder that these are gross estimates & may be more complicated than they appear
- Training is evolving and will continue to evolve
- Policy is impacting training
- General movement away from more extreme holds or ones that have caused most danger (e.g. use of prone & supine have decreased)
- Larger programs accommodate/alter their content for different populations/audience/organizations
- A lot of the training is pretty similar but with different names - Matter of terminology – coining terms and time is spent learning those words, and also political correctness terminology (now using holds)

A Consumers Guide:

- Identify your purpose
- Identify target personnel for training
- Identify population & setting of clients/students serving
- Identify length of time required for certification for that vendor
- Choose a training program based on the emphases which meets your needs
- We did not examine or compare costs
- Consider whether special tailoring is desired (add components on seclusion, etc.)
- Consider whether a trainer of trainer model is appropriate
- Consider whether you need just non-physical training

Research Collaborators

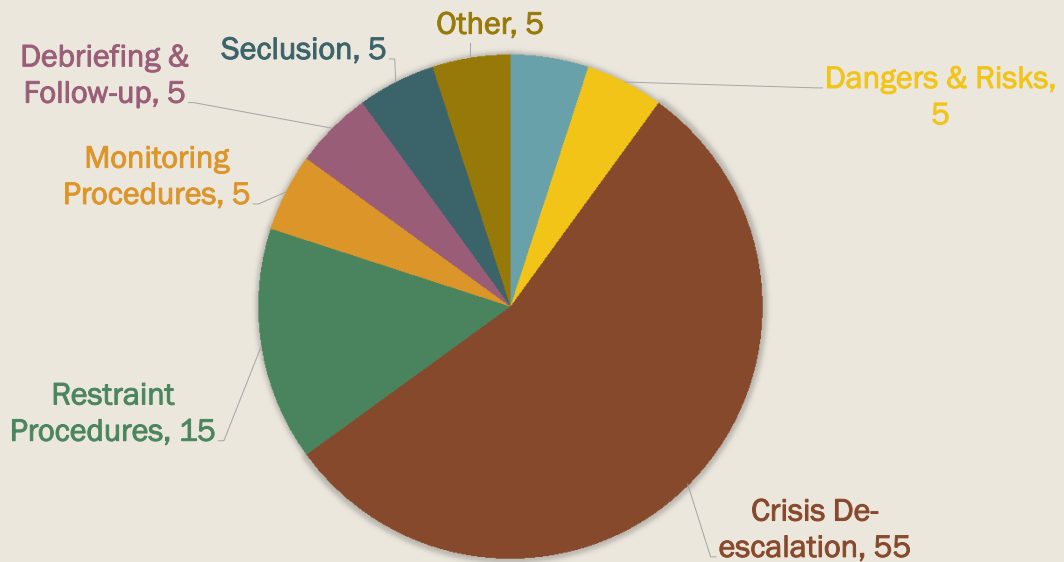
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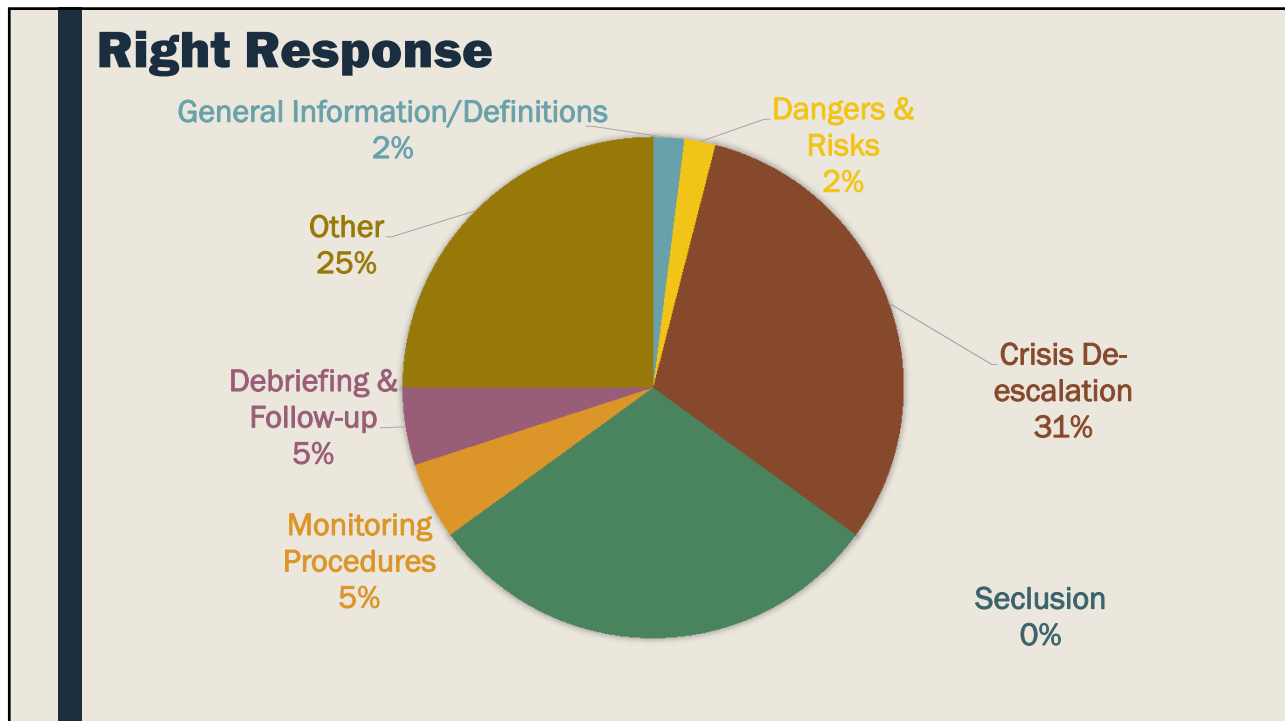
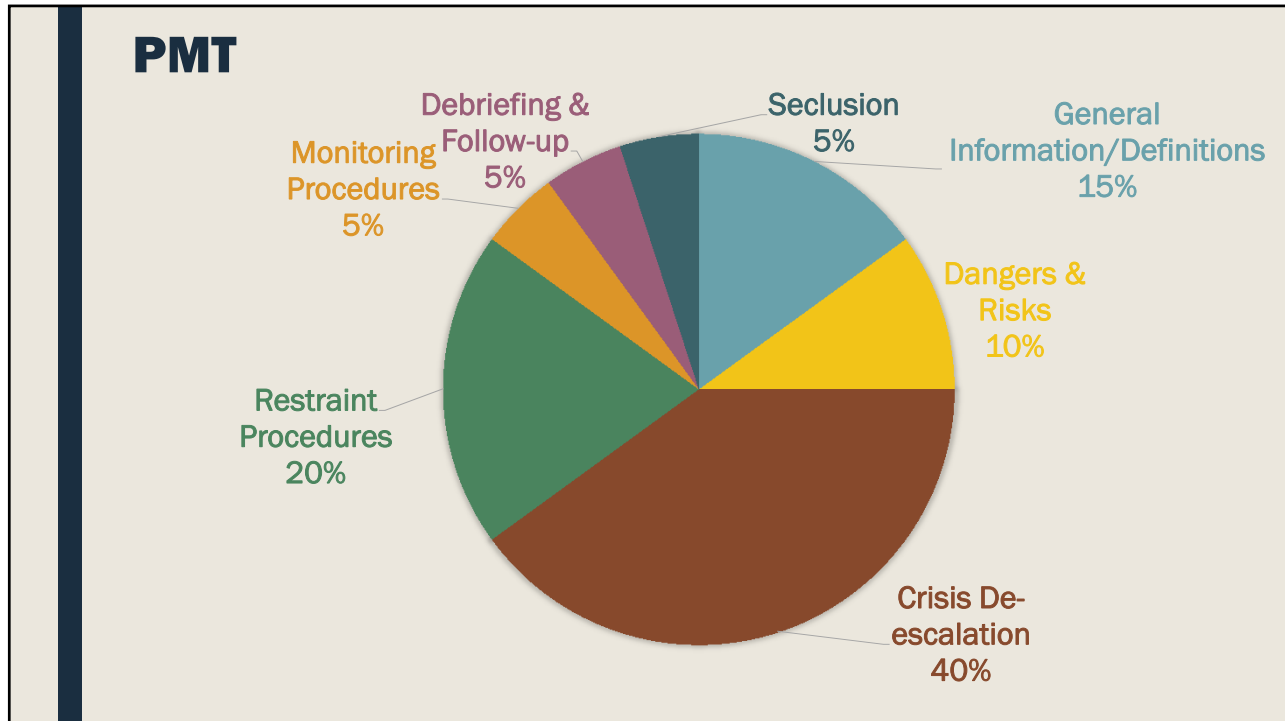


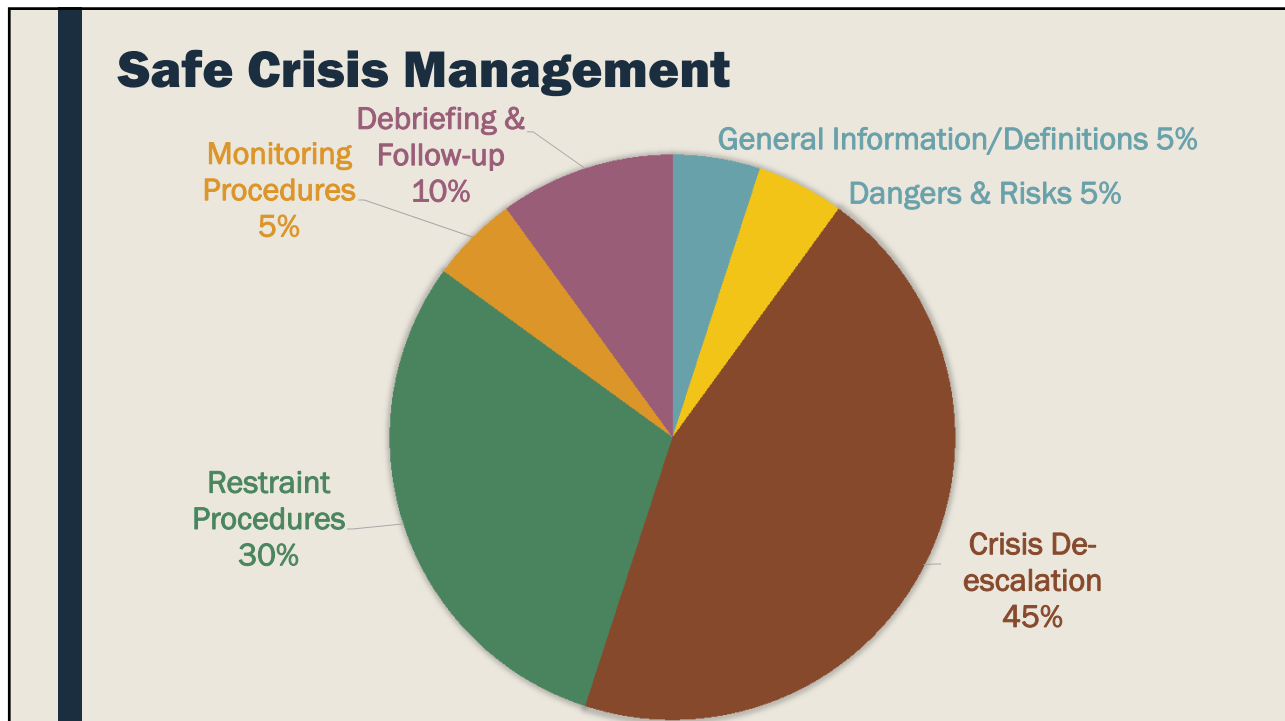
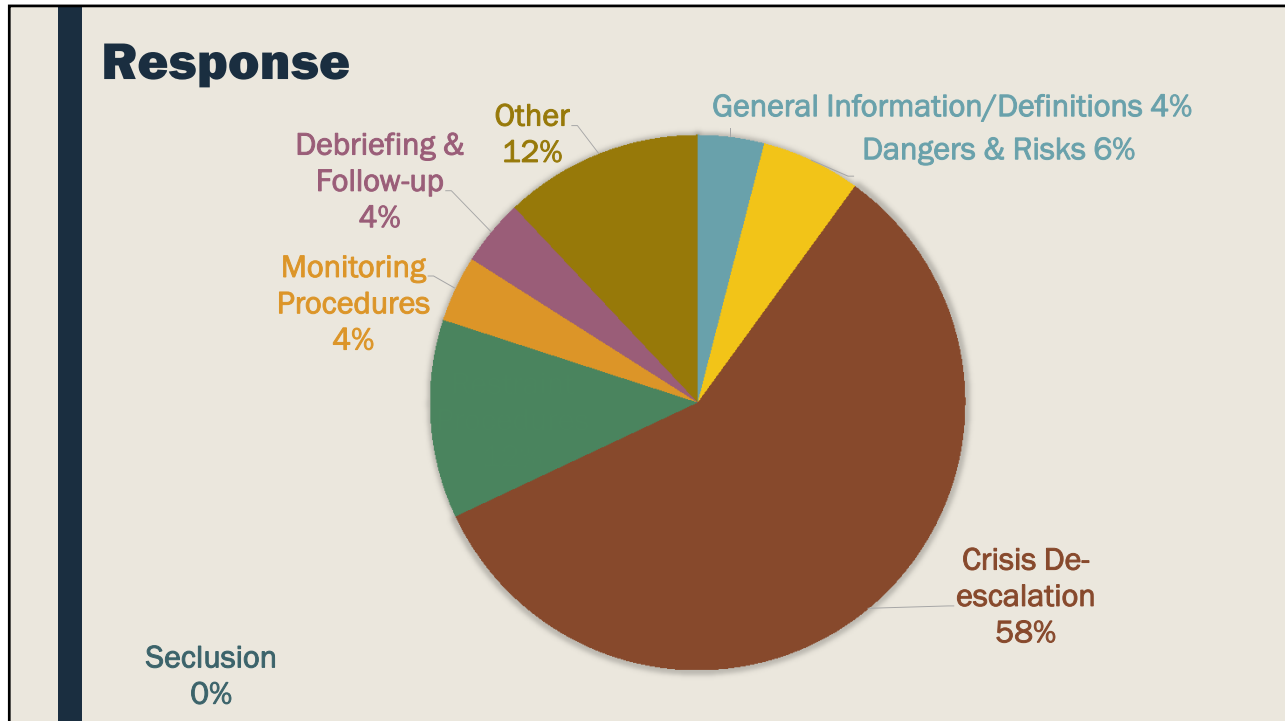
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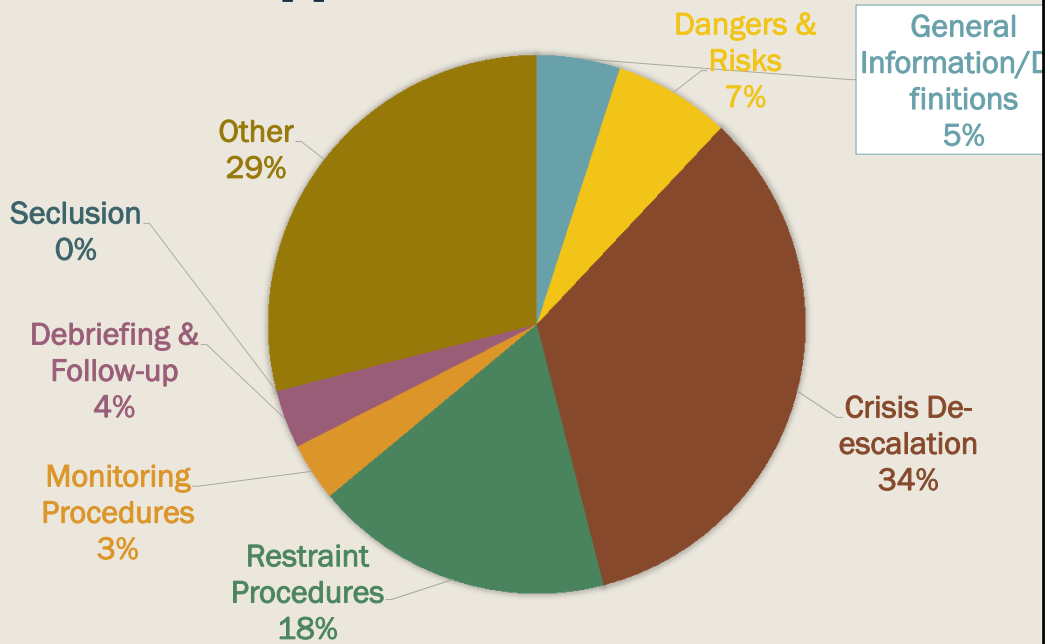
Calm Every Storm



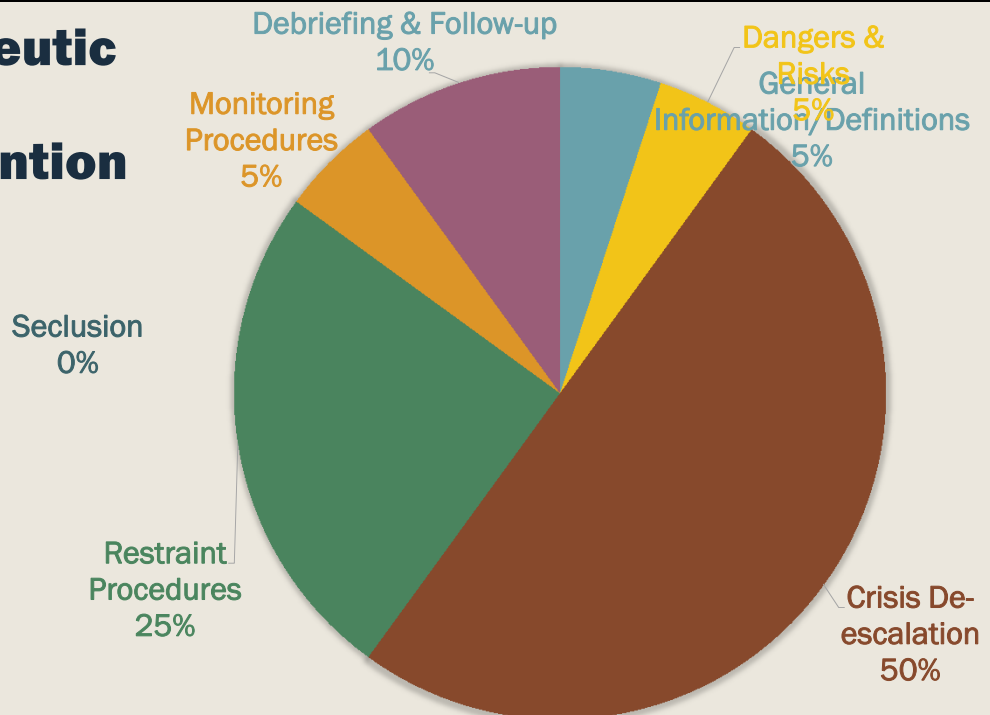




Safe & Positive Approaches



Therapeutic Crisis Intervention (TCI)





**QUESTIONS?
DISCUSSION?**

<http://k12engagement.unl.edu/study-crisis-intervention-training-programs>

THE END