



CCG Comparison to/with MN statute 125A.0942

10 Key points

1. Positive behavior interventions;

CCG's philosophy endorses the belief that relationships are what help individuals to change and promote recovery and resiliency. All our training programs include strategies and techniques for building healthy, therapeutic relationships with all services recipients. CCG believes the majority of crisis situations can be resolved using verbal de-escalation skills. We only endorse the use of restrictive behavior management when an individual is at imminent risk of harming themselves or someone else and all other options have been exhausted. CCG's training programs train staff to consistently respond to incidents of harassment, violence, and other crisis situations by promoting teamwork development through communication, continual observation, and collaboration. CCG provides a framework that teaches staff to identify and intervene at the different levels of crisis an individual may experience. The interventions are based on a strength based model which encourages the transfer of skill to the service recipient whenever possible. This model allows for service recipients and their parent/legal guardian to be actively involved and partners with the organization in promoting recovery and self-regulating behavior. CCG's programs all contain curriculum that addresses professional development and encourages staff to examine how their behavior influences crisis situations either positively or negatively. Staff is trained to recognize the limitations of physical techniques and how they are to be used only as a last resort. CCG trains staff in the art of listening; this includes active listening, empathy, and negotiation skills. CCG believes strongly in the ability of the individual to learn how to de-escalate with the support of staff. This transfer of skill is essential in supporting individuals on their recovery journey. CCG also teaches staff how to intervene when two individuals are involved in a crisis situation in order to promote safety of the service recipients, visitors, staff and others in the area. CCG firmly believes in taking an active role in exhausting all types of non-restrictive interventions such as planning for crisis, prevention of crisis, constant assessment of potential crisis building situations, verbal interventions, and offering choices when appropriate.

2. Communicative intent of behaviors;

All of CCG's training programs focus on maintaining the safety of staff and clients, identifying precursors to crisis in order to provide a safe environment for everyone with the ultimate goal of preventing the need for restrictive behavior management. Utilizing effective communication strategies among staff members during such incidents is critical, therefore tools are taught which guide participants through the proper steps in the process to ensure safety and security is maintained. Additionally, CCG encourages an open dialogue with the individual in crisis, keeping the person fully aware of the intent of staff, the responses that specific behaviors will bring about from staff, and effective ways to successfully de-escalate the situation. Encouraging the open dialogue additionally allows organizational leadership to understand, support, and present the behavior management philosophy and procedures being utilized to service recipients and their parents/legal guardians as a safe and effective method of intervention and behavior management.

3. Relationship building;

As previously mentioned, the CCG curriculum fully supports best practice guidelines recommending the building of respect and rapport with each individual prior to, during, and after any crisis incident. There are specific sections within the training manual which cover how important building relationships with clients is, and how to continually foster a positive, trusting and therapeutic relationships which often can be the difference between a situation escalating to crisis or not. Especially important is the role of effective debriefing with an individual after crisis, which also engenders the development and/or rebuilding of trust immediately following an incident.

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4. Alternatives to restrictive procedures; techniques to identify events, environmental factors that may escalate behavior;

CCG's training program foundation is in the prevention of escalating behaviors through the least restrictive method possible. Our training program focuses on staff recognition of the signs early in a crisis in order to be able to de-escalate the situation without having to utilize any physical restraint techniques. Skills are taught to responders/professionals to assess and intervene early using non-threatening, respectful, yet effective verbal de-escalation techniques and cover the importance of relationship and rapport building as part of that process. Our training program increases the confidence of staff in being able to manage challenging student situations by understanding the various stages of prevention, escalation, and de-escalation with effective responses for each stage. The CCG crisis cycle is broken down in 6 stages of Emotional Response Levels (ERL) which effectively demonstrate how a crisis situation escalates, comes to a peak, and then de-escalates while providing staff with clear indicators of which level the individual is functioning at, and the most effective and positive response staff can attempt at that time. Materials are presented within the curriculum discussing how environmental factors can play a large part in the successful or unsuccessful resolution during a crisis such as; audience, physical layout, positioning, time of day, location, staff scheduling, activity period, etc.

5. De-escalation methods;

The CCG curriculum covers many strategies, and approaches which have been proven effective over the years of implementation around the nation in a myriad of facilities and environments. Strategies consist of numerous verbal interventions which are geared towards non confrontational, non threatening approaches which attempt to identify current emotional status of the individual, building a "connection" with the individual and offering positive choices and alternatives to further escalation or acting out behavior. Interventions are also directed towards identification of how the responder can assist the individual in the present moment and identify what psychological, physical, or emotional needs may not be being met at the time and attempting to do so in a professional, therapeutic manner. Numerous CCG developed strategies are utilized such as; The Funnel Approach to Choices and Alternatives™, The SOLVE Solution™, Verbal Intervention Techniques™, and the Emotional Response Levels™ (ERL's) as mentioned earlier. All of the above methods are discussed in detail and provided to each participant within course materials.

6. Standards for using restrictive procedures;

CCG standards for use of restrictive procedures is a multiple step process consisting of mandatory training and certification in CCG verbal intervention strategies by each participant in the program prior to learning any physical restrictive procedures. The physical restraint techniques taught by CCG are in alignment with regulatory bodies such as The Joint Commission and the Commission on Accreditation of Rehabilitation Facilities (CARF), Furthermore, CCG strives to meet best practice standards set forth by The Child Welfare League of America (CWLA), the Department of Education (DOE), and other agencies such as; the American Psychiatric Association (APA), Individuals with Disabilities Education Act (IDEA), and the Department of Justice (DOJ). CCG teaches that the use of physical restraint/interventions during a crisis situation is only to be as a last resort when all other methods of intervention have been exhausted and the individual is at imminent risk of harm to self or others. Prone and supine restraint techniques are NOT a component of our program due to the inherent dangers of both forcing an individual to the ground, and the concerns of positional asphyxia. CCG teaches two standing control restraints, and one seated control restraint (if required). As crisis situations require continual responsiveness to individual behavior during a crisis, participants are taught 3 highly effective methods to utilize depending on the necessity of intervention. Placing/restraining persons on the ground (whether face up, or face down) is often highly traumatic, runs risk of traumatization, and results in high risk of injuries during such positioning. For these reasons, and others CCG developed highly effective and realistic methods that do not require such positioning or placement.

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Our approach to physical restraint is based upon 6 objectives, which are:

- Must be safe, non-harmful, and non-traumatic for all involved
- Must be based on reality and real world crisis behavior
- Must be immediately effective in stopping harm from occurring
- Must be easily taught and easily retained
- Must not be based on strength
- Must be able to be performed persons with varied levels of fitness and basic ability

Additionally, CCG's physical restraint training endorses the following 12 objectives:

- Does not place any pressure on the thoracic cavity
- Does not need any kind of equipment, tools or pillows
- Does not require a take-down, supine, or prone positioning
- Does not cause pain
- Does not use joint manipulation
- Does not use hyper-extension of limbs
- Does not use off-balance positioning
- Does not use waist-to- groin type positioning (Gender-safe)
- Does not utilize any type of "Bear-Hug" or "Basket-Hold" chest compression method
- Does not require more than 2 responders to make contact with individual in crisis
- Aligned with Trauma Informed Care Best Practices
- Meets and/or exceeds the Best Practice Guidelines of various Accreditation agencies

To assist each student in gaining mandatory competency with the curriculum prior to certification, CCG makes use of a Physical Intervention Competency Checklist that outlines step-by-step procedures for each intervention technique and allows for direct scoring on individual competencies. Each student must demonstrate successful completion of each competency in order for certification in any CCG curriculum.

7. Obtaining emergency medical assistance;

CCG teaches participants about the physical signs and symptoms of distress and to call for medical assistance if there is any concern about medical distress. Since CCG does not teach any techniques that require any strikes, joint manipulation, hyperextension, off balancing, or otherwise pain causing methods chance of related injury is extremely low. Also due to the fact that CCG does not teach any take-downs, supine, prone or chest compressing techniques the risk for respiratory distress is nearly nonexistent as well, however, CCG recognizes that any time physical restraint is being used there is a risk for injury and therefore a strong focus of the curriculum is built around ensuring the physical and emotional safety for all involved and for staff to know how to seek additional medical and/or related support when necessary/indicated.

8. The physiological and psychological impact of physical holding and seclusion;

As mentioned CCG provides information on both the physiological and psychological impacts of physical holding and seclusion as it is a best practice recommendation in many of the Accreditation guidelines mentioned in the agencies mentioned earlier in this document. Although every intervention is meant to be non threatening, and non traumatic for all persons involved, there are significant impacts made during any incident of crisis, especially those requiring physical intervention by staff.



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9. Monitoring and responding to a student's physical signs of distress when physical holding is being used;

CCG trains staff to recognize the physical signs of distress in individuals in crisis. CCG also assists staff in recognizing when recipients are in significant emotional distress and how to respond using skills gathered from recovery and resiliency models, Trauma Informed Care, and strength based interventions. CCG teaches staff to only utilize the restraint while the client remains at risk of imminent harm to self or others. CCG recommends organizations follow the standards set forth by regulating agencies related to nutritional and hydration needs, and seeking medical treatment or notifying other emergency personnel.

10. Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used.

CCG's proprietary physical intervention /holding method was created through extensive research and development regarding the commonly found dangers of restraint/positional asphyxia as well as common injury causing movements and positions. As mentioned earlier, the CCG physical intervention methods do not require placing pressure or restriction on any part of the thoracic cavity/respiratory process. As a result the possibility of positional asphyxia is practically eliminated. Even so, CCG curriculum extensively covers the dangers of positional asphyxia, signs of respiratory distress and related symptoms to ensure each participant has a full working knowledge of how such dangers exist during restraint and effective ways to avoid any such incident from occurring. CCG provides information on dangerous common practices often found in the industry to inform each participant to easily recognize and prevent such actions from taking place within their organization.

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