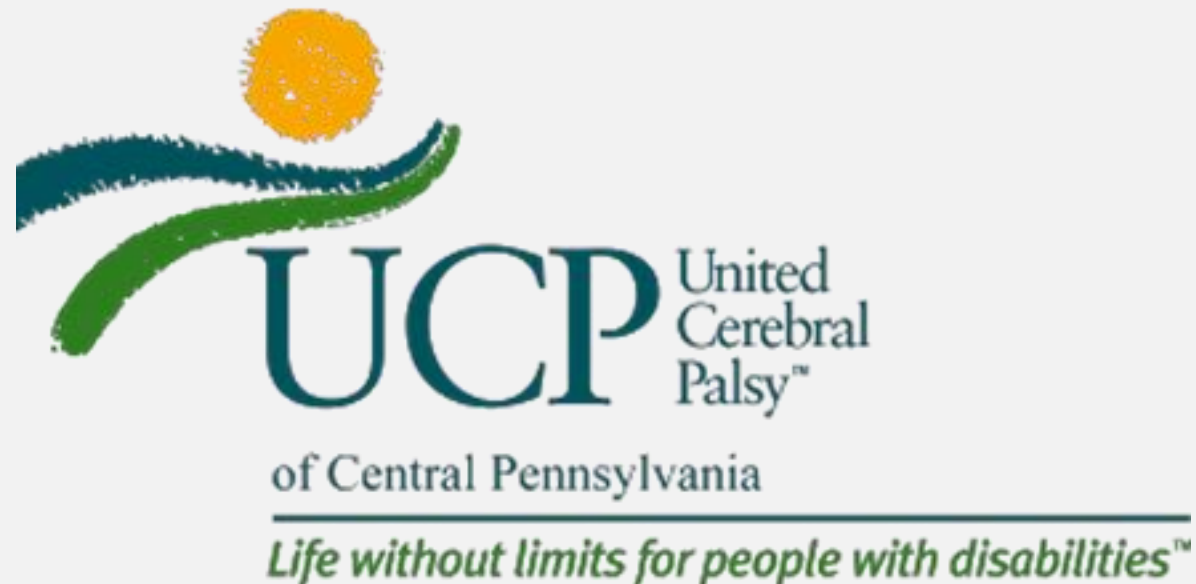


# Safe & Appropriate Use of Behavior Supports & De-escalation Strategies



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*“The manner by which we treat people in our personal and occupational lives reflects or denies the truth of our commitment to human dignity and respect for individual worth.”*

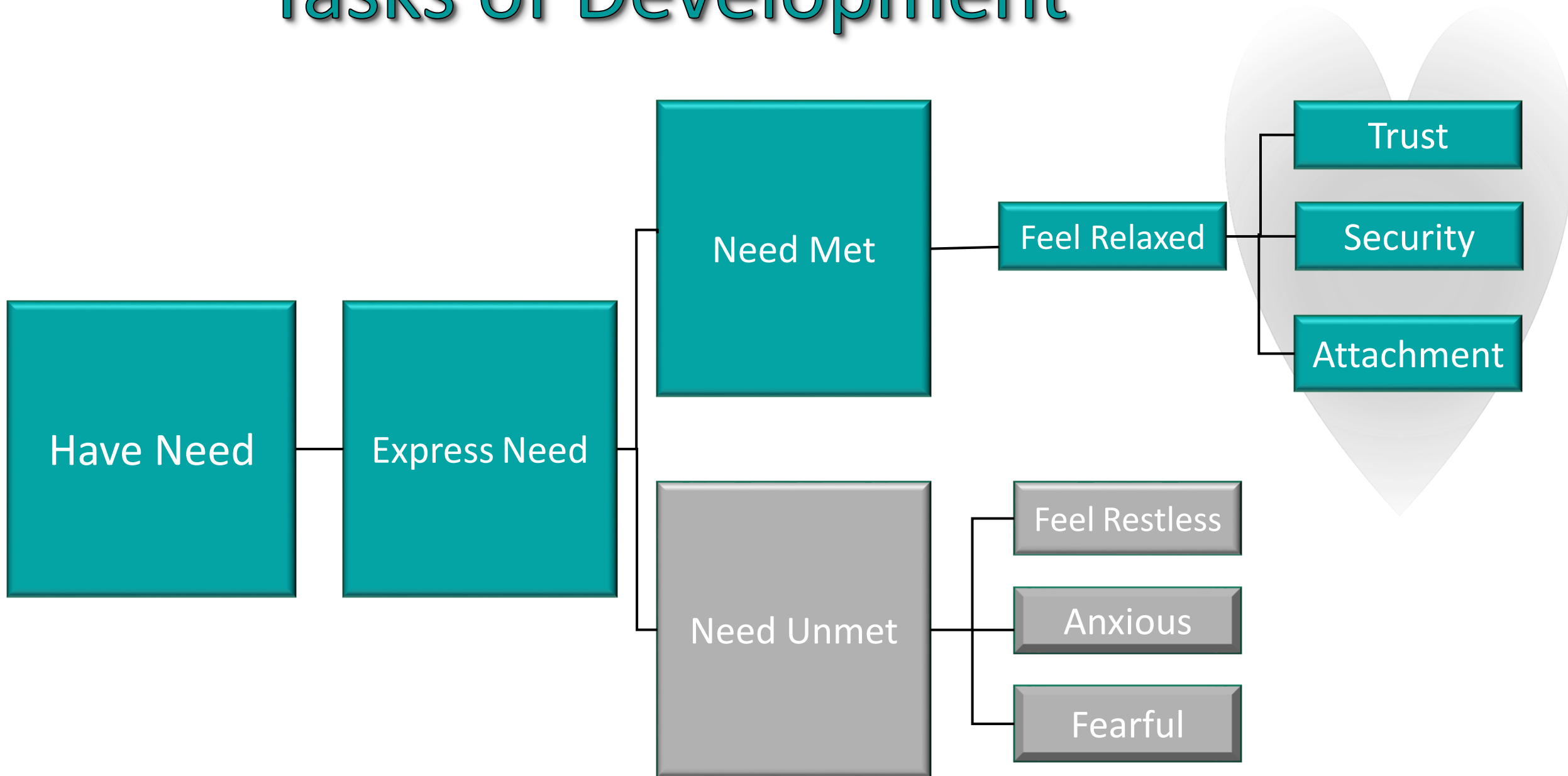
~Roger MacNamara

# Training Objectives:

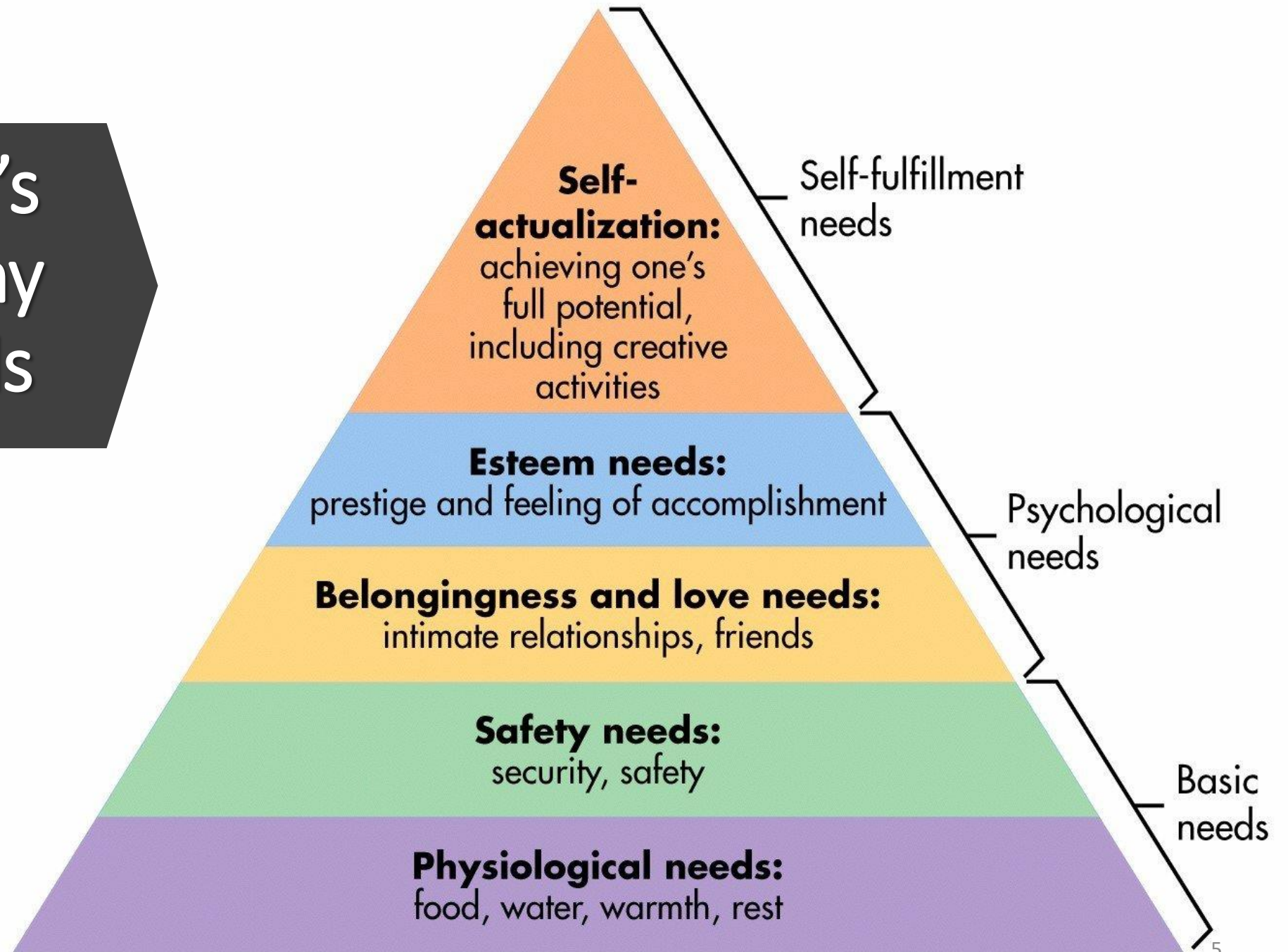
<b>Recognize</b>	the importance of building positive healthy relationships.
<b>Understand</b>	challenging behaviors and the importance of observing the individual.
<b>Learn</b>	how to create a safe environment and demonstrate safe staff behaviors.
<b>Understand</b>	only after all nonverbal and verbal measures have been exhausted, can physical intervention for the sake of protection only be used.
<b>Develop</b>	techniques for effective incident minimization including recognizing triggers and signals, de-escalation strategies, disengagement techniques, and maintaining physical safety.



# Tasks of Development



# Maslow's Hierarchy of Needs







# Safety Habits: Managing Staff (YOUR) Behavior

- ❖ Behavior influences behavior!
- ❖ NEVER PERSONALIZE! Treat with dignity & respect.
- ❖ Evaluate importance of what you are trying to accomplish.
- ❖ Most individuals do NOT want to hurt YOU. In most cases, with 15 seconds of delay through non-physical/evasive skills, the aggressive episode will de-escalate.





# Safety Habits – Create a Safe Environment

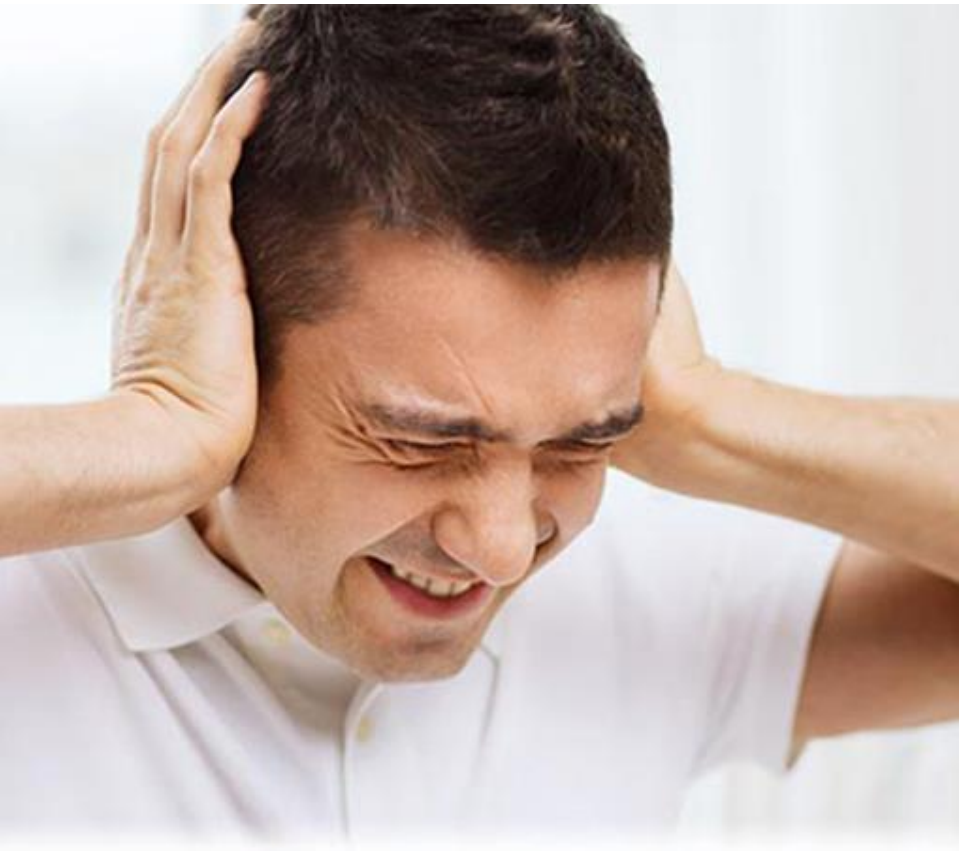
## DRESS FOR SAFETY:

- Appropriate clothing (i.e., not low cut or too short)
- Enclosed, comfortable footwear
- Avoid loose items (i.e., jewelry, scarves, hair)
- Glasses, if not needed
- Perfumes





# Safety Habits – Create a Safe Environment



## **Minimize Clutter and Excessive Stimulation:**

- Dangerous objects
- Objects that interfere with free movement
- Cluttered surfaces/unnecessary objects
- Loud noises
- Overly crowded places



# Safety Habits – Create a Safe Environment

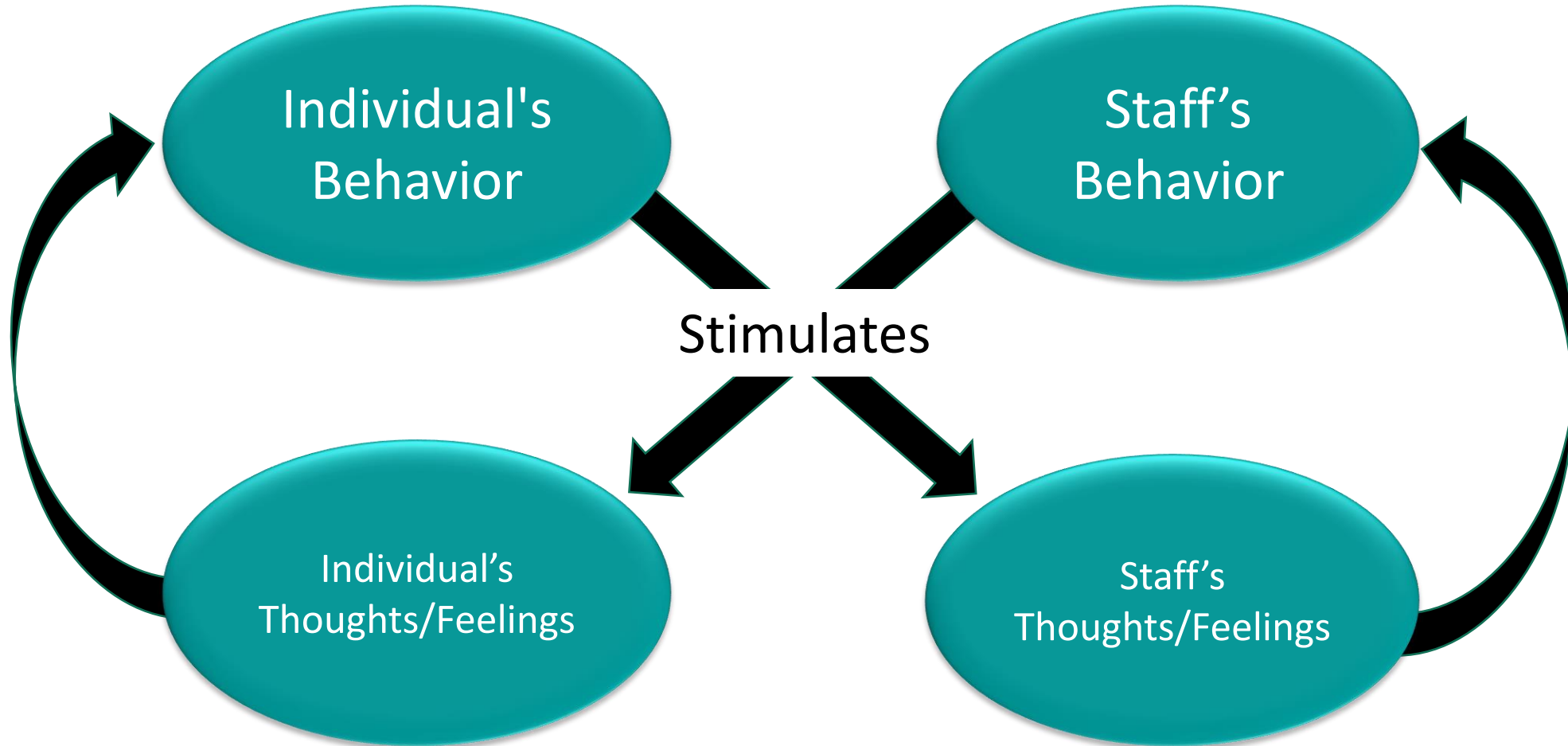
**KEEP  
CALM  
AND  
BE AWARE  
OF YOUR  
SURROUNDINGS**



## **KNOW WHERE YOU ARE:**

1. Stop and scan the environment.
2. Know who is behind you at all times.
3. Know where the exits are and if the individual becomes anxious, position yourself between both.
4. Be aware of how and where you position your body (i.e., do not reach across or around individuals).

# Characteristics: Cyclical



**Co-regulation –**  
mirror the desired  
behavior.



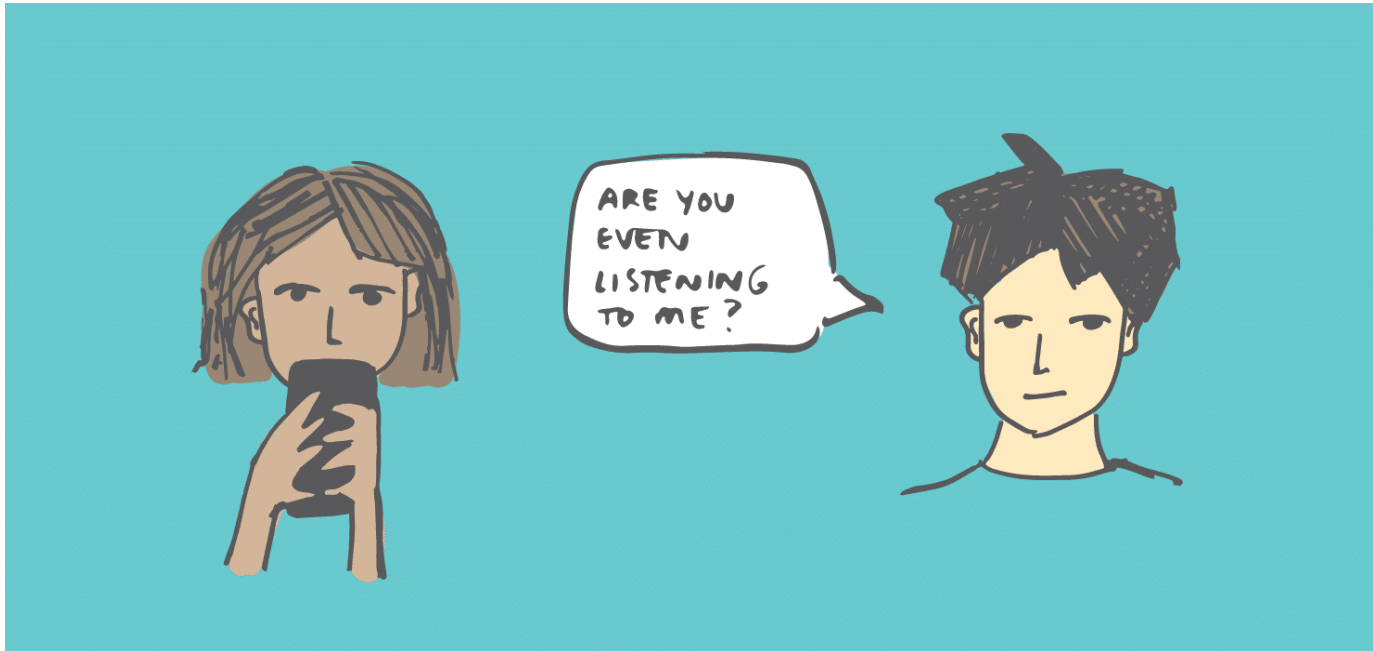
# Managing Staff Behavior – Types of Communication

## Verbal Communication – What You Say (& When You Say It)

1. Sometimes say nothing. Respect space.
2. Positive, concise phrases. Use accurate words.
3. Address by name.
4. Use questions whenever possible.
5. **Praise appropriate behavior immediately.** Give people attention when doing well.
6. Try to withhold attention for challenging behaviors. **Redirect;** do not ignore the person.



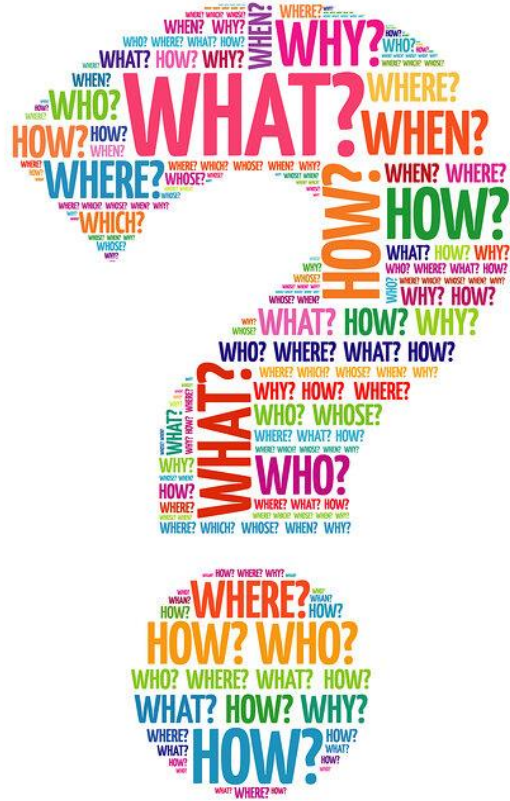
# Managing Staff Behavior – Types of Communication



## Verbal Communication

7. Ask for desired behavior (i.e., “handshake please,” not “do not grab at me”).
8. Avoid saying *no, stop, calm down, relax* – only cause anger. Avoid *you* messages.
9. Active listening – relax, show 100% interest, let person talk, be nonjudgmental, empathize, observe nonverbal communication. Paraphrase.
10. Use diversion or distraction. Encourage channeling feelings into activity.





## Managing Staff Behavior – Types of Communication

### Verbal Communication

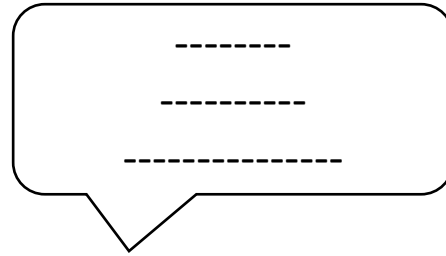
#### 11. Verbal responses:

- Answer ‘information seeking questions’ with a rational response.
- Answer ‘challenging questions’ by sticking to the topic (redirecting), ignore the challenge (not the person).

#### 12. Be careful of violating rights. Try redirection or share a natural consequence.

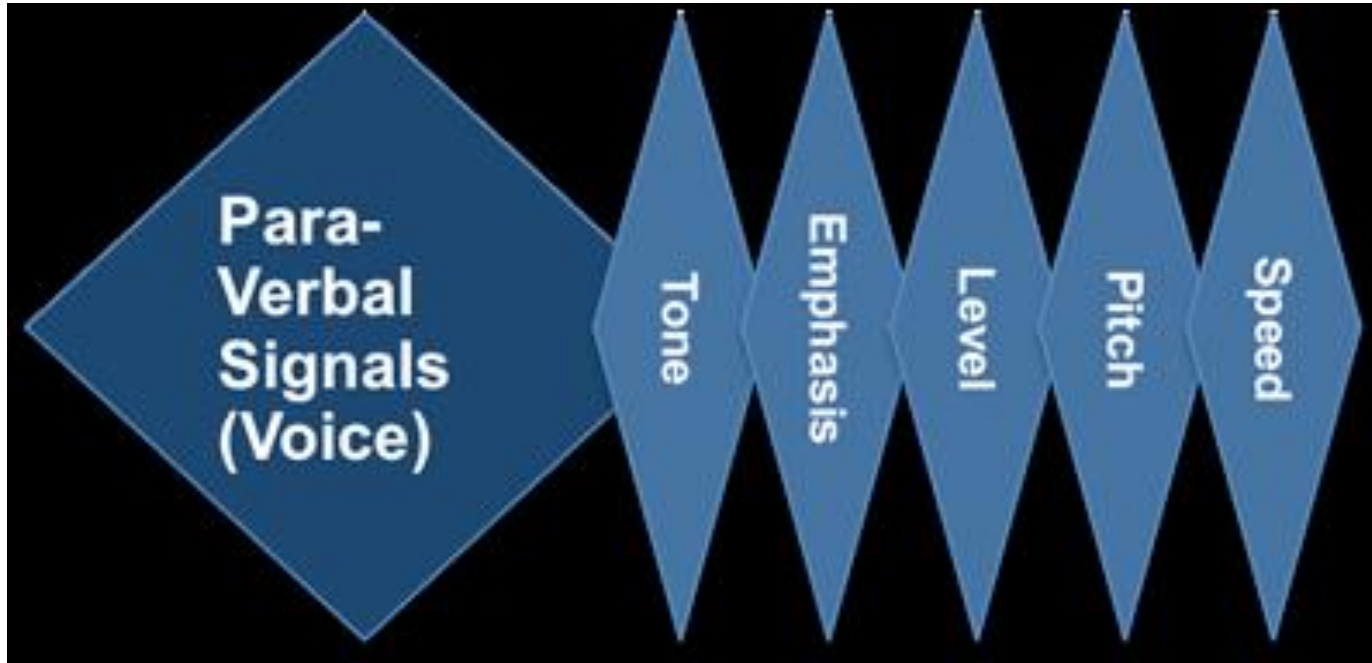
- Use term ‘safe’ – *“When you are being safe, then we can...”*

# Effective Communication



## USE “I” “WE” MESSAGES

“I know you can do this.”	vs.	“You better do this”
“I’d like to hear more.”	vs.	“Explain why you did this”
“Help me understand what is going on”	vs.	“What is wrong with you?”
“We can work this out”	vs.	“You need to calm down!”
“Can I help you?”	vs.	“You are doing this all wrong!”



## Managing Staff Behavior – Types of Communication (Verbal, Para-verbal, Non-verbal)

### Para-verbal Communication - How You Say It

1. Tone – firm but not condescending, impatient, or aggressive
2. Volume – clear but not yelling
3. Cadence – even, calm

*“Say what you mean, mean what you say, but don’t be mean when you say it.”*





# Managing Staff Behavior – Types of Communication (Verbal, Para-verbal, Non-verbal)

## Non-verbal Communication

### 5. Watch your cues!

- Calm facial expression – most of the time. Positive.
- Poker facial expression – if participant becomes agitated.

## SIX BASIC EXPRESSIONS



ANGER



DISGUST



FEAR



JOY



SADNESS



SURPRISE



# Individual Support Plan (ISP)

- Understanding of the ISP is required prior to working with a new individual.
- Getting to know people and developing a relationship requires knowing the ISP, especially understanding their history and the know and do sections.

# Understanding Challenging Behaviors

Individuals with developmental disabilities sometimes display challenging behavior, such as aggression or self-injury due to medical, psychiatric, or neurological conditions.

**As support professionals, we must ask ourselves:**

- 1. How do I always maintain safety for all?*
- 2. How do I recognize the early warning signs that a person's behavior may escalate?*
- 3. How can I intervene effectively before the person's behavior becomes dangerous?*
- 4. If a person does become aggressive, how can I best control the situation?*

# Characteristics: Function

The function (i.e., purpose) of behavior is what an individual is trying to get or avoid.

To Get Something	To Avoid Something
I yell and throw things so others will look at me.	I take bathroom breaks during Math class because I am not good at Math.
I show people my artwork because I like hearing them say good things about it.	I don't use profanity, so people don't think less of me.
I repeatedly pinch my skin when I am bored.	I elope when there is a lot of noise in the environment.
I ignore staff asking me to clean up, so I have more time with my toys.	I hit the staff when he comes near because he smells like someone who hurt me in the past.



# Defining Behavior-Criteria



**MEASURABLE**

(TIMED, COUNTED)



**OBSERVABLE**

(VISIBLE, DESCRIPTIVE)



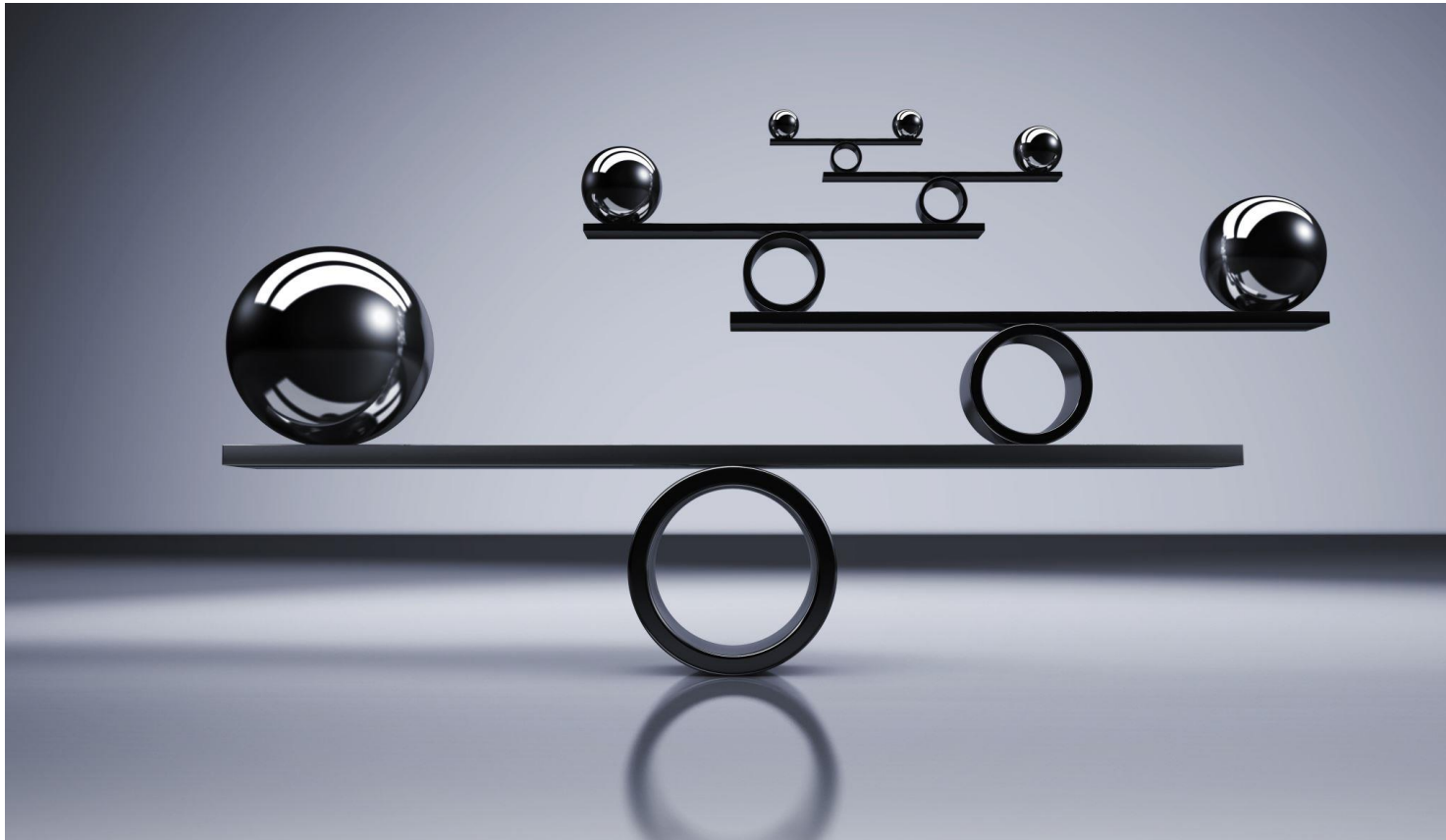
**OBJECTIVE**

(FACTUAL)

# Defining Behavior-Activity

Subjective	Measurable, Observable, Objective
Poor Impulse Control	Yelled 7 Vulgarities in 15 seconds
Angry	Kicked a chair 6 times
Hostile	Threatened to attack anyone who approached
Resentful	Refused 3 activities when didn't get a chance to choose
Non-compliant	Given 9 prompts in 50 seconds to complete task
Subjective (commonly found in our Program)	Measurable, Observable, Objective

# Incident Minimization Detecting Antecedents and Predicting Behavior



Antecedents – whatever happens before a behavior.

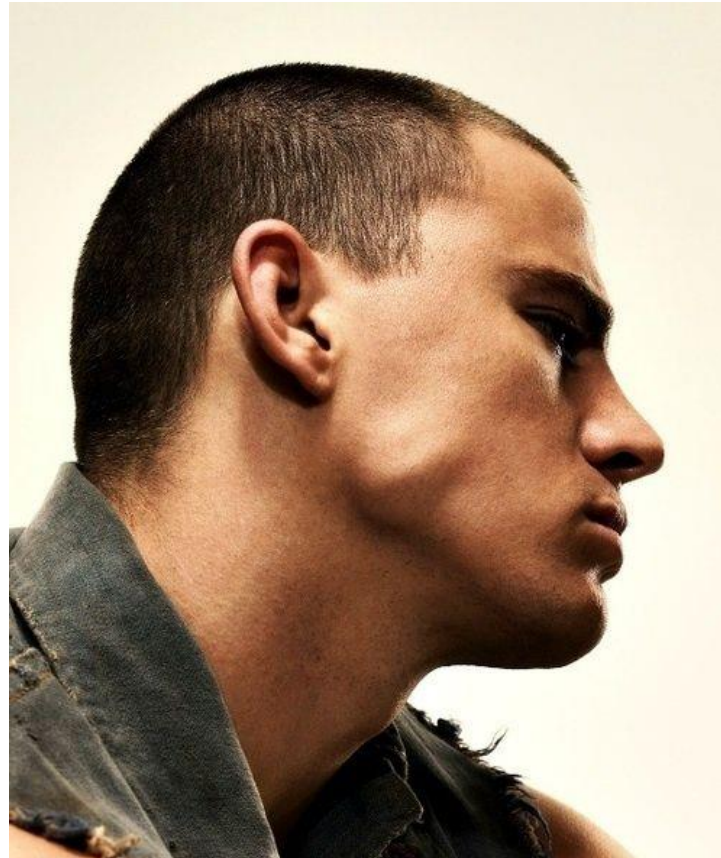
- ❖ Triggers (environmental)
- ❖ Signals (behavioral)

**PAY CLOSE ATTENTION...**

**early detection =  
earlier intervention**

***If you start to wonder if it's time  
to call for help...IT IS!***

# Safety Habits – Individual Observation



**AWARENESS and reading the person is important!**

- Carefully **OBSERVE** the individual while respecting space.
- Watch for tension (i.e., facial, muscle).
- Changes in behavior (i.e., positioning, pacing).

**Always follow the person's Individual Support Plan (ISP) & any behavior plans!**



# The Crisis Cycle

## Escalation

**Signs:** Physiological Changes, Getting Upset

### **What to do:**

- Identify signs of agitation
- Offer Options
- Model coping strategies
- Use humor appropriately
- Set Safety expectations

## Trigger

**Signs:** Hungry, tired, Bored, Asked to preform Task, etc.

### **What to do:**

- make task more enjoyable
- Removal of/from stress/stimuli

## Crisis

**Signs:** Kicking, Property Destruction, Self Harm, Etc.

### **What to do:**

- Focus on safety
- Give space, Stay Calm
- Least amount of interaction necessary for safety.

## De-Escalation

**Signs:** Starting to calm

### **What to do:**

- Focus on calming strategies
- Do Not rehash incident
- Structured cooling off

## Stabilization

**Signs:** Completely calm

### **What to do:**

- Show Respect and support
- Problem Solve
- Active listening
- Empathy

## Caregiver Escalation

### **What to do:**

- Control own response
- Model calm behavior
- Use non-threatening body language

## Baseline-Sign: Calm Behavior

- Provide reinforcement for appropriate behavior
- Practice calming techniques and coping strategies
- Support them in what they are doing

# The Crisis Cycle Phases

PHASES:	RESPONSES:
Baseline – personal best	Support them in what they are doing
Stimulation or trigger – transitional behavior	Removal of or from stress/stimuli
Escalation – incident	Offering options, then setting expectations for safety
Crisis – different for everyone	Least amount of interaction necessary for safety
De-escalation – cautious assessment	Structured cooling-off
Stabilization – processing	Active listening, empathy, support
Post-crisis – recovery	Observation and support

# Incident Minimization De-escalation



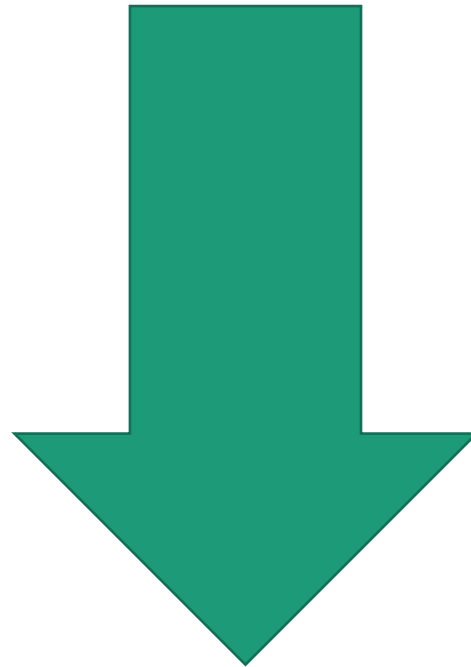
## De-escalation Goals:

- Maintain safety of all.
- Avoid making situation worse or individual more agitated.
- Decrease the crisis behavior.
- If aggressive behavior is towards another person, staff may physically intervene with the least restrictive response as possible to ensure safety.
- **If the person has a written behavior plan, always follow the plan!**

# De-escalation Strategies

Goal is to  
always use the  
least restrictive  
strategy  
possible!

Least Restrictive



Most Restrictive

Nonverbal

Verbal Encouragement

Verbal Discussion

Verbal Direction

# Non-Verbal Strategies

*Most often used for low level behaviors – off task, anxious, distracted, non-participation, etc. Effective use of nonverbal strategies prompts self-correction by the individual while minimizing the audience impact.*



**Planned ignoring** - temporarily ignore inconsequential behavior (all staff must be consistent)



**Signals** - prompts that are either universally known or specifically taught to the individual in advance



**Eye contact** - purposeful, so they know staff is present



**Facial expressions** - smiling, frowning



**Body language** - use of posture, stance, and limbs to convey a message



**Gestures** - use of staff's hands/arms/body to convey a message of approval, displeasure, support, etc.



# Non-Verbal Strategies

*Most often used for low level behaviors – off task, anxious, distracted, non-participation, etc. Effective use of nonverbal strategies prompts self-correction by the individual while minimizing the audience impact.*



**Environmental Prompts** - Motion to specific thing in the environment to prompt individual (list of tasks on the wall, a chair, clock, etc.)



**Sensory Strategies** - Minimize external Stimuli by reducing the sensory stimulation (sights, sounds, etc.) Decompression Strategies (fidget toys)



**Proximity Prompts** - Moving Closer in a non-threatening manner.



**Touch Prompts** - Only to be used in a kind, supportive way with an individual with whom staff has a positive relationship.

# Encouragement Strategies

*Most often used for low level behavior – off task, anxious, non-participation, etc.  
Volume slightly above normal, motivational tone, average rate.*

Indicate Concern	Verbalize staff's concern and support. "I believe in you." "I'm concerned about you."
Clear	Brief, simple prompts, 5 letters and 5 words or less. "Let's line up, please." "Time to put away the books, please."
Offer Assistance	Convey willingness to help. "Can we work on this together?" "Can I help you get started on the first one?"
Attempt to Divert Focus	Temporarily distract from the stressful task and return to it when appropriate. "Did you see the lightening last night?" "Do you know what we are having for lunch today?"

# Encouragement Strategies

*Most often used for low level behavior – off task, anxious, non-participation, etc.  
Volume slightly above normal, motivational tone, average rate.*

## **Recommend Replacement Behavior**

Remind the individual to use pre-taught behavior which replaces the behavior of concern. Remember to positively reinforce its use (meet the function).

## **Offer Choices**

Provide two choices and prompt the individual to choose one.  
“I know there are a lot of options, but let’s choose between coloring and reading.”

## **Appeal for Cooperation & Participation**

Use your relationship to gain compliance. “Can you do this for me?”

# Discussion Strategies

*Used for complaints, diffusing negative energy, prompting problem-solving, information-seeking. Lower volume, soothing tone, slower rate. Best conducted away from the group/activity.*

**Open-ended Questions & Phrases** - Prompt the conversation to desired topic. “Can you tell me what happened when...”

**Paraphrase** - Restate what was said in a slightly different way to convey attentiveness and understanding. “So, what I hear you saying is...”

**Validate** - Express that it is ok to feel the way they felt (not validating the behavior). “I can see why you would feel that way.” “Everyone feels that way sometimes.”

**Minimal Encouragers & Pauses** - Use small signals to communicate staff are listening and understanding. Use brief breaks to emphasize certain points.

# Discussion Strategies

*Used for complaints, diffusing negative energy, prompting problem-solving, information-seeking.  
Lower volume, soothing tone, slower rate. Best conducted away from the group/activity.*

**Perception Checking** – 1. Describe behavior “I see your fists are clenched.”

2. Interpret “I think this means you’re angry.”

3. Clarification “Can you help me understand?”

**Explore Solutions** - Prompt their problem-solving. “What do you think you can do?”  
“What have you seen someone else successfully do in similar situations?”

**Provide Feedback & Summarize** - As discussion begins to conclude, fill in gaps and give appreciation for participation in conversation. “I’m glad we talked.” “Let’s review what we’ve discussed.”



# Direction Strategies

*Used for rule violations, threats, disruptive behaviors.  
Slightly above-average volume, stern tone, slower rate.*



**Reiterate Safety** - Focus on the individual's safety. "You are safe." "No one here wants to hurt you."



**Benign Confrontation** - Stating the expectation to everyone instead of one person. "I need everyone to sit down." "I need everyone to line up."



**Positive Problem-Solving** - 5 steps: identify the problem, provide acceptable alternatives, prompt selections, share the plan, provide periodic feedback.



**Redirection** - Stating the desired expectation directly to the individual. "I need you to return to your seat."

# Direction Strategies

*Used for rule violations, threats, disruptive behaviors.  
Slightly above-average volume, stern tone, slower rate.*



**Positive Correction** - 5 steps: Praise, identify problem, state expectation, have expectation repeated, praise compliance. “You did a great job on yesterday’s assignment. You haven’t started on your worksheet. I need you to complete #'s 1 through 5. What is it I am asking you to do? Great work, thank you!”

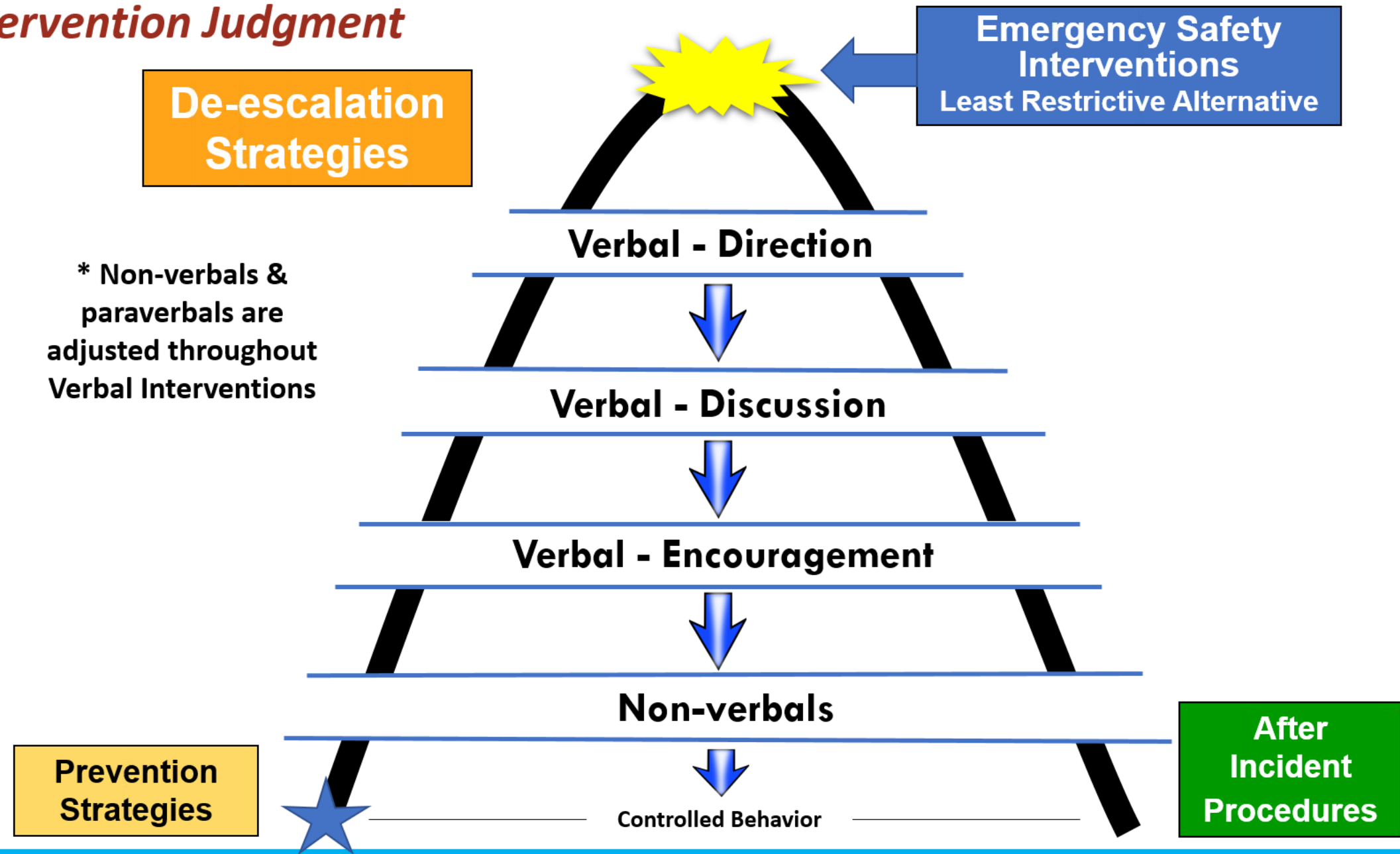


**Limit Setting** - clearly, firmly stating what is expected. “We keep our hands to ourselves here.”



**Consequence Reminder** - Prompting the individual to think about their choices and what their behavior will choose for them. “You are right, you don’t have to do your assignment right now. What are you choosing to have happen if you do not?”

# Intervention Judgment



# R.A.D.A.R.

**Recognize** – that something is going on.

**Assess** – what is happening to everyone.

**Decide** – what to do after you have recognized and assessed.

**Act** – take the form of a verbal or physical response.

**Review Results** – evaluate results of actions.

R.A.D.A.R. is used by everyone every day to assess potential threats. Understanding helps us be aware of how we could appear threatening to others. If we maintain awareness of how everyone assesses potential threat, we can more easily manage our own behavior to be perceived as less threatening to others.

# Recognize Stage of R.A.D.A.R.



- To recognize that something is going on, you need to...
  - Use all your senses
  - Use your knowledge of the person
    - Known triggers
    - Signs of agitation
    - If something doesn't feel right, follow your 'gut'





# Assessment Stage of R.A.D.A.R.

Assessment is about assessing what is happening to *everyone*...

- ✓ first starting with yourself,
- ✓ then the person,
- ✓ then the environment.

# Decide Stage of R.A.D.A.R.



- Decide what to do *after* you have Recognized and Assessed...
  - Take what you noted in your assessment and use that to decide what the best plan of action is.
  - Don't blindly leap in!

# Act Stage of R.A.D.A.R.



- Actions take the form of a verbal response, a generalized physical response, or a specific physical response.
  - Safety During incidents
  - Leadership During incidents
  - Incident Minimization
  - Physical Safety
  - Types of Assistance

Incident  
Minimization

# Safety During Incidents

## **Safety During Incidents:**

- Call for help, if needed
- Identify leader
- Move other participants away
- Remove potential weapons
- Safety Stance
- Stay between individual & exit –  
use other barriers (i.e., furniture)
- Talk quietly, if need to talk at all
- Call 911 if situation becomes  
uncontrollable/dangerous

# Incident Minimization Leadership During Incidents



1. Teamwork
2. One lead staff only.  
*Leader's job is to:*
  - ✓ Decide what to do.
  - ✓ Direct the other staff.
  - ✓ Leader is the only person who speaks to individual, unless the leader delegates the role.



# Incident Minimization Physical Safety



## Guiding principles for physical intervention:

- Least restrictive interaction needed to protect the person, you, or others.
- Exhaust all verbal and non-verbal efforts first. Be able to document what you and the individual said/did prior to incident.
- Physical interaction should only be used for disengagement and NOT to change behavior in situations where no protective need is present.
- All physical interaction should be terminated as soon as the need is over.

# Incident Minimization

## Managing Staff Behavior

### Non-verbal Communication – What Your Body is Saying

#### Safety Stance (Supportive Stance) – non-challenging posture

- ✓ Position - where you are in relation to others
- ✓ Posture - how you hold and move your body
- ✓ Proximity - distance between individuals



Incident  
Minimization

Physical  
Safety

## PROTECTIVE STANCE

1. Begin in Safety Stance.
2. Turn your stance to protect yourself if the person comes towards you.
  - Hands in front of your face, palms out, fingers together.
  - Use forearms for blocks.
  - Hands close to your head.
  - **Do not grab!**



Incident  
Minimization

Physical  
Safety

## **SAFETY SHUFFLE**

1. Start from Protective Stance.
2. Call for assistance!
3. Move your rear foot back first.
4. Shuffle front foot close to back foot.
5. Repeat to maintain safe distance.
6. If necessary, move unpredictably away from participant's midline.

**Never turn your back or get backed into a corner!**





# Pivot Parry / Evasion Deflection

1. Step back 90-degrees with your back foot.
2. Feet should be shoulder width apart, knees slightly bent.
3. With your hand open, use your arms to block/deflect.
4. Use your other arm to shield your face (open palm facing the individual).

*Pivot* – technique in which you move out of the way, in a defensive manner.

*Parry* – arm motion that coincides with the pivot to deflect a hit.



# Hair Pull Escape – End of Long Hair

1. Grasp your own hair inside the person's grip and pull your hair tightly to your head.
2. Use your own hand to perform a finger peel.
3. If a finger peel cannot be performed, remain holding your own hair until help arrives. Do not try to pull away from the individual.





# Hair Pull Escape – Close to Scalp

1. Use both hands to compress the person's hands to your head (don't interlock your fingers).
2. Protect your face with your arms.
3. Use a finger peel and remove one hand at a time.
4. Once released, move to safety.



# Single Wrist Grab Escape – Make a Circle

1. Make a large circle with your grasped arm in the direction of the holding thumb until the grab is released.
2. Step or pivot back to safety.

*All wrist grab escapes begin with identifying the location of the individual's grabbing thumb(s).*



# Single Wrist Grab Escape – Finger Roll

1. Make your grasped hand rigid and turn your wrist so the edge of your little finger can be placed on the person's arm.
2. Roll your hand in the direction of the person's grasping thumb.
3. Parry the person's arm to escape and step/pivot forward to safety.
4. Step or pivot back to safety.

*Wrist grab escapes begin with identifying the location of the individual's grabbing thumb(s).*





# Two-Hand Wrist Grab Escape – Thumbs on Top

1. Make a fist with your grasped hand.
2. Use your free hand to reach over and through the person's arms and secure your own fist.
3. Make a slight downward motion and pull your fist over your shoulder.
4. Step/pivot to safety.

*Wrist grab escapes begin with identifying the location of the individual's grabbing thumb(s).*



# Two-Hand Wrist Grab Escape – Thumbs on Bottom

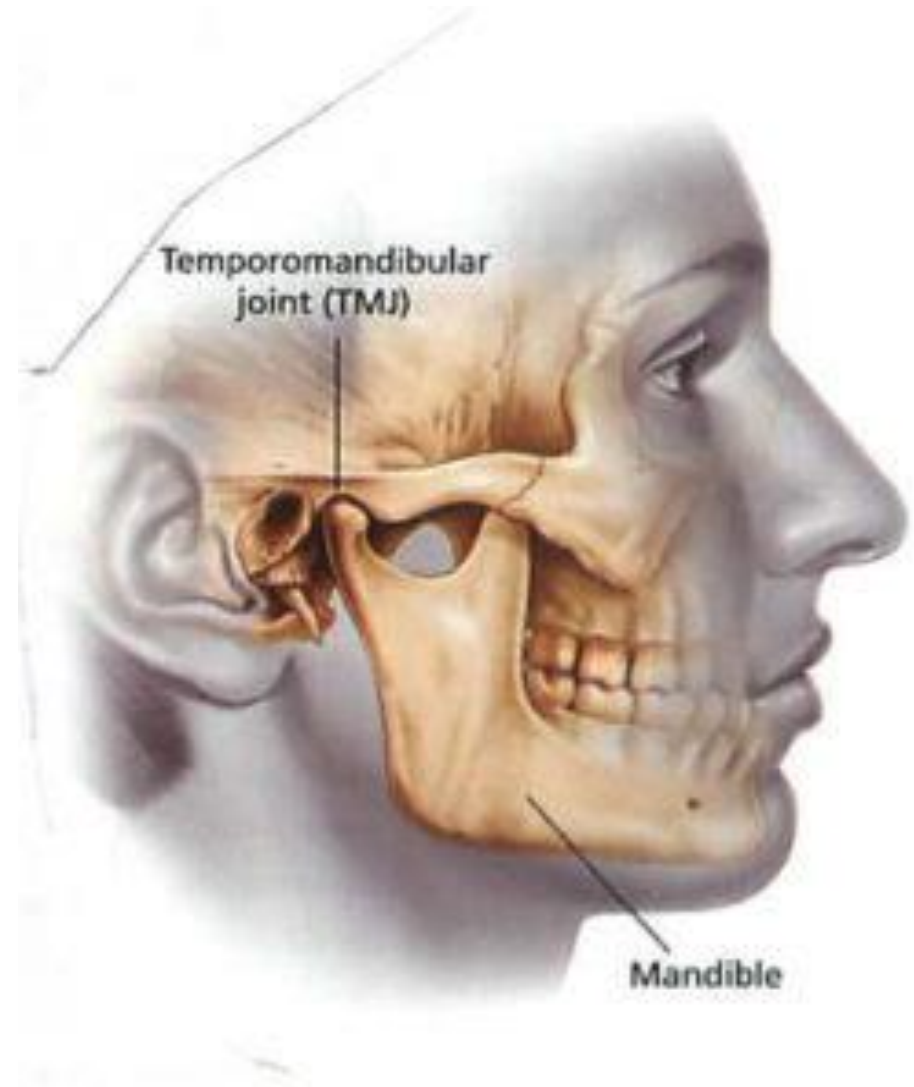
1. Make a fist with your grasped hand.
2. Use your free hand to reach under and through the person's arms and secure your fist.
3. Turn your hips towards your back foot and pull your fist down toward your front leg.
4. Step/pivot to safety.

*Wrist grab escapes begins with identifying the location of the individual's grabbing thumb(s).*



# Bite Escape

1. Push into bite – do not pull away.
2. Place the index finger knuckle against the individuals jaw hinge.
3. Rotate your knuckle into the hinge.
4. As the individual opens their mouth, remove body part and pivot away.





# Review Results Stage of R.A.D.A.R.



- Review Results – evaluate the results of actions. *Did you achieve the goals of your action/s and if not, what is the next step?*

- Documentation
- Debriefing
- ABC Chart

*\*Remember, your R.A.D.A.R. should always be on, both in observing individuals and being aware that individuals' R.A.D.A.R.' is always on regarding their evaluation of us and their environment, too.*

# Documentation of Physical Incident

- Each incident of physical interaction must be documented after the incident, and an incident report must be filed in the individual's permanent file.
- All uses of non-physical and physical interaction must be documented to demonstrate that physical interaction was a last resort.
- Document what happened before, during, and after the incident.
- Any injuries sustained during physical interactions must be reported to supervisor.
- Be careful of language used when documenting - should be same as what was said. For example, not "Told him to go to his room" but "I asked him to please go to his room to be safe."
- If there is a Behavior Support Plan, document on Antecedent-Behavior-Consequence (ABC) Chart, as well.

Date	Time	Antecedent	Behavior	Consequent
(Date it happened)	(Time it happened)	(What just happened before)	(What intervention)	(What happened after)

*Why gather this information?*

**A-B-C Chart helps us to track and evaluate what occurred.**

*A – What was happening before the behavior, including where it happened?*

*B – What was the behavior? Who was involved? Was property or others harmed?*

*C – What occurred after the behavior was over? Any natural consequences?*



# Debriefing (Processing) After an Incident



- After an incident, it is important to debrief/evaluate the incident with team members. *What worked? What could have been done differently?*
- Goal is to communicate to decrease/eliminate future incidents.
- Debriefing is to occur after documentation. *What could've been done differently?*
- Discuss with staff involved. *How are you coping? Feeling?*
- Consider individual. *How are they coping? Feeling?*

## UCP Central PA Positive Intervention/Restrictive Procedure Policy

Positive intervention shall be used to prevent, modify, and eliminate a dangerous behavior when the behavior is anticipated or occurring. The least intrusive method should be applied when addressing a dangerous behavior. For each incidence of a dangerous behavior, every attempt shall be made to modify and eliminate the behavior.

The terms in the policy have the following meanings, unless the context clearly indicates otherwise:

**Dangerous Behavior:** an action with a high likelihood of resulting in harm to the individual or others.

**Positive intervention:** An action or activity intended to prevent, modify, and eliminate a dangerous behavior. This includes improved communication, reinforcing appropriate behavior, an environmental change, recognizing and treating physical and behavioral health symptoms, voluntary physical exercise, wellness practice, redirection, praise, modeling, conflict resolution, and de-escalation.

If an individual has dangerous behavior as identified in the Positive Behavior Support Plan, the plan must include the following: specific dangerous behavior to be addressed; a functional analysis of the dangerous behavior and the plan to address the reason for the behavior; the outcome desired; a description of the positive intervention aimed at preventing, modifying, or eliminating the dangerous behavior and the circumstances under which the intervention is to be used; a target date to achieve the outcome; communication needs; health conditions that require special attention.

**Restrictive Procedures:** A restrictive procedure is a practice that does one or more of the following: limits an individual's movement, activity, or function; interferes with an individual's ability to acquire positive reinforcement; results in the loss of objects or activities that an individual values; requires an individual to engage in a behavior that an individual would not engage in given freedom of choice.

A restrictive procedure may not be used as retribution, for the convenience of staff, or as a substitute for staffing or appropriate services. For each use of a restrictive procedure every attempt shall be made to anticipate and de-escalate the behavior using techniques less intrusive than a restrictive procedure. A restrictive procedure may not be used unless less restrictive techniques and resources appropriate to the behavior have been tried but have failed.

**Human Rights Team:** If a restrictive procedure is used, the provider must engage a human rights team. The team shall include a professional who has recognized degree, certification, or license relating to behavior support, and who did not develop the behavior support component of the plan. A majority of the team members should be people who do not provide direct services to the individual. A record of the meeting shall be kept.

**Behavior Support Component of the Plan:** For each individual whom a restrictive procedure may be used, the individual plan shall include a component addressing behavior support that is reviewed

# UCP Central PA's Positive Intervention/ Restrictive Procedure Policy





# Safe & Appropriate Use of Behavior Supports & De-escalation Strategies



- Create a Safe Environment
- Remember the importance of observing individuals
- Manage YOUR behavior (verbal, para-verbal, non-verbal, cues)
- Use nonverbal and verbal de-escalation strategies (least restrictive interaction needed to protect everyone).
- Use your R.A.D.A.R. and recall the Crisis Cycle (be alert for antecedents and predict behaviors)
- Practice physical safety during incidents
- We are Mandated Reporters!



# QUESTIONS?

## THANK YOU for your participation! 😊

### References

Safety Care, Quality Behavioral Solutions to Complex Behavior Problems™. <https://www.qbscompanies.com/Safety-Care>.

cpi, nonviolent crisis intervention. <https://www.crisisprevention.com/>.

Mandt System, Inc. <http://www.mandtsystem.com/>.

Safe Crisis Management, <https://safecrisismanagement.com/>.

"Every soul  
is  
**beautiful**  
and precious;  
is worthy  
of dignity  
and respect,  
and deserving of  
peace, joy and  
**love.**"

- Bryant McGill