SUMMARY OF FINDINGS

The (√) indicates presence of satisfactory content within each Essential Curriculum component required for compliance with MCSS Regulation 299/10 and Policy Directive 2.0 Supporting People with Challenging Behaviours, Specific for Use with Adults with a Developmental Disability, The findings from the committee's review of the training curricula included in this report do not constitute an endorsement of these curricula.

COMPONENT ITEMS – *Items in Red are deemed ESSENTIAL*

COMPONENTS OF CURRICULA REVIEWED	Safe Management Group	QBS Inc.	Crisis Prevention Institute	Mandt System	Canadian Training Institute	Hy'N'Hancement Consulting Inc.
	Crisis Intervention Training System: 2 Day Program	Safety Care: Behavioural Safety Training: 2 Day Program	Non-Violent Crisis Intervention: 2 Day Program	The Mandt System Inc.: 5 Day Program	Crisis Intervention with the Hostile and Aggressive Individual: 3 Day Program	Understanding and Managing Aggressive Behaviour: 2-5 Day Program
SAFETY - Physical Environment	√	√	√	√	√	√
SAFETY - Social Environment	√	√	√	√	√	√
PREVENTION/EARLY INTERVENTION DE-ESCALATION-Critical Information	√	√	√	√	√	√
PREVENTION/EARLY INTERVENTION DE-ESCALATION-Methods	√	√	√	√	√	√
THEORY/RESEARCH BASED MODEL - Self Protection/Restraint Techniques	√	√	√	√	√	√
POST INTERVENTION PROCESSES	√	√	√	√	√	√
QUALITY ASSURANCE/ MONITORING	√	√	√	√	√	√
MINISTRY POLICY RELATED / POLICY DIRECTIVES	√	√	√	√	√	√
TRAINING - Basic and Train the Trainer	√	√	√	√	√	√

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ONGOING SUPPORT - Supplemental Reference Material	√	√	√	√	√	√
TARGET GROUP	√	√	√	√	√	√

SAFETY - Physical Environment

1. **Physical environment factors which may be of potential risk to individual/staff/public (e.g. sharp objects; heavy objects which could be thrown etc.**
2. **Physical environment factors which could affect sage implementation of physical management methods**
3. **Security**

SAFETY - Social Environment

1. **Staffing ratio - Identify standards if applicable**
2. **Staff dynamics/ Individual and staff dynamics/ Dynamic Security Measures**
3. **Staff profiles - fitness level; injuries; physical limitations; staff qualities**
4. **Must take physical restraint training before using same**
5. **Communication and listening techniques with individuals/staff**
6. **Profiles of service recipients within same living/work environment**
7. **Contingency for presence of public**

PREVENTION/EARLY INTERVENTION DE-ESCALATION- Critical Information about Individual

1. **Medical health profile available, identification of potential medically related risks**
2. **Individual's profile available, e.g. behavioural profile, etc.**
3. **Person's escalation continuum**

PREVENTION/EARLY INTERVENTION DE-ESCALATION- Methods

1. **Prevention and early intervention, and de-escalation**
2. **Information related to understanding aggression - factors contributing to aggression and cycles of aggression/crisis**
3. **Role plays with trainer feedback on appropriate de-escalation techniques; teaching staff how to provide feedback to each other**
4. **Focus on prevention**

THEORY/RESEARCH BASED MODEL - Self Protection/Restraint Techniques

1. **Physical management methods (self-protection/ restraint skills) are taught in context of broader therapeutic context**
2. **Therapeutic context supported by appropriate references, examples of use in prevention and aggression management**
3. **Limitations of techniques, techniques' possible physical injury points presented - includes positional asphyxiation, other safety issues and dangers if techniques are modified**
4. **In vivo demonstration/ practice of physical techniques**
5. **Uses practical examples relevant to individuals in service sector training package is designed for**
6. Enhancing effectiveness of procedures (e.g., no interaction with individual during restraint; staff fatigue factor, etc.)
7. **Basic framework for analyzing safety of physical restraints**
8. **How least restrictive means is demonstrated in physical restraint implementation**
9. **Indication of process determining safety level of techniques**
10. **How to monitor an individual during implementation of physical restraint**
11. Philosophy concerning the training and use of physical interventions
12. Process of how techniques are developed (evolved)

POST INTERVENTION PROCESSES

1. **Debriefing of staff/individuals**
2. **Documentation related to restraints, injury, etc.**
3. **Review of incident information/data by clinical consultants and management**

QUALITY ASSURANCE/ MONITORING

1. **Explanation of importance of least restrictive means (repeated throughout)**
2. **Identification of target group that techniques are applicable**
3. **Training evaluates knowledge (written tests) and applied skills**
4. **Regular updates for trainers and staff; refresher training (recommended annually)**
5. **Post training report available to organization after training, with recommendations for next training, etc.**
6. **Safety stressed in training for the practice of physical techniques**
7. **How often manual is updated and how distributed to trainers and how is the new material provided to trainees**
8. **Steps for determining when physical intervention is appropriate (in context of agency and ministry policies)**
9. Includes a process to modify techniques for different situations/ individual / staff factors

10. Package provides/ explains monitoring process necessary for physical skills maintenance
11. Training feedback survey

MINISTRY POLICY RELATED / POLICY DIRECTIVES

1. Physical restraints only to be used in situations where safety of individual/staff is immediately at risk
2. Releasing persons from restraints - general description
3. Only to be used as a response to immediate safety concerns and not as "therapeutic holding"
4. Never to be used as "punishment"
5. Only used after less intrusive behavioural interventions have been considered and deemed inappropriate response to circumstances
6. Other methods considered or employed to avoid use of physical restraint (e.g. diversion, etc.)
7. Circumstances under which physical restraint may be used should be on a case-by-case basis and taking into account factors such as the individual's health condition, medication, role of clinical/ medical personnel; individual's age, social history, etc.
8. Physical restraints need to reflect best practices derived from behavioural management expertise and be clearly identified
9. Physical restraints, releases/transports/takedowns are identified
10. Process for use of physical restraint (role of persons and supervisors, role of medical/clinical personnel)
11. Debriefing process with individual with a developmental disability staff/supervisor
12. Use of Secure Isolation and Policy
13. Policies and Procedures concerning prohibitions and/or use of mechanical/ pharmacological restraints
14. Policies and Procedures and prohibition concerning corporal punishment and other abuse
15. Never to be used as discipline/punishments prohibited
16. Process for completing incident reports after restraint use (and other documentation)
17. Process for reviewing incident reports for use of physical restraints

TRAINING - Basic and Train the Trainer

1. Excluding the physical restraint components, what is the percentage of time, out of the entire front-line training package, spent on physically based methods (such as blocking; managing wrist grabs, etc.)?
2. Rationale for Above
3. Policies and Procedures concerning orientation of staff and minimum of annual refreshers
4. What is the percentage of time, out of the whole front-line training package, spent on instructing physical restraint related components?
5. Number of training sessions before becoming certified trainer - how are people evaluated?
6. Offers certification
7. Probe: What does certificate mean?
8. Description of level of knowledge required to be a trainer? E.g. level of test scores, able to follow logic model to explain program
9. Package supports sustainability, e.g. regular maintenance training, phone support, financially sustainable etc.
10. 2 day
11. 3 day

12. Train-the-trainer

13. Review/ maintenance training

ONGOING SUPPORT - Supplemental Reference Material

1. **Reference/ resource such as articles, books, other material**
2. **Written material is clear/ easy to understand, well organized - geared to level of participants**
3. **Material has good quality diagrams and pictures with realistic representation of physical techniques**
4. **Material is of appropriate length with sufficient description and references**
5. **Reference material is available in French and English**
6. **Other support/ consultation**
7. **Hot-line available (i.e. during regular business hours, after hours, primary contact)**
8. **CD-ROM/Web based material**

TARGET GROUP

1. **Target Group(s) identified**
2. **Can be modified to be applicable to different service sectors and different ages (e.g. role plays, examples)**
3. **Can be modified to have certain physical techniques taken out of the package if not applicable to the service sector**
4. **Examples are relevant for training front-line staff of specific service sectors (e.g. children in mental health, adults with a developmental disability, etc.)**