



Record of Recertification/Related Events

Name: _____ Date of Initial TTT: _____

Maintaining your status

As a PART® Trainer, you must:

- Participate in a re-certification session
 - Basic & Intermediate: recertify every three years
 - Advanced: recertify every two years
- Teach at least one PART® participant training session or re-evaluation each year

PART® Trainer Record

Following successful completion of the re-certification session, the PART® instructor will complete the required information on this form.

Date	Event	Signature for Recertification

Note: Retain this record in your PART® Trainer Manual, along with your *Certificate of Completion* received from the Train the Trainer program.



Professional Assault Response Training (PART®)

Acknowledgements

In March 2007, the Saskatchewan Association of Health Organizations (SAHO) purchased the rights of the Professional Assault Response Training (PART®) program® from Dr. Paul A. Smith, Ph.D., thereby obtaining the exclusive right to copyright the PART® program®/works and to publish and use the PART® program®/works in Canada during the time of the copyright and any renewal thereof. In April 2011, the program was transferred by SAHO to the Saskatchewan Association for Safe Workplaces in Health (SASWH).

Dr. Paul A. Smith, Ph.D., is recognized and acknowledged as the original author of the PART® program.

Information appearing in this manual, and in the materials/resources used by participants, has been revised and updated through a collaborative approach with SASWH membership and other stakeholders.

6th Edition 2024

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A Message from the Saskatchewan Association for Safe Workplaces in Health (SASWH)



Working with potentially violent or aggressive individuals is a reality in healthcare and human services. Workers are being injured.

This is the 6th Edition of the PART® Trainer Manual (2024). The review process elevated the program to be clearer in content, intent and enhanced the end user's understanding of the program. The language has been simplified, and trainer's notes have been added to assist with the delivery of the PART® program®. This edition includes additional information to assist with facilitating assertive communication and de-escalation techniques. There are additional exercises to provide more variety and enhance learning outcomes. There is also intentional clarity provided to ensure consistent program delivery.

Additionally, definitions have been added for violence and aggression to ensure workers, trainers, instructors, supervisors, managers, and executives have a clear understanding that an aggressive act is deemed violence and must have a violence prevention plan that focuses on the risk of role for each worker. "Violence," as defined in legislation, means the attempted, threatened, or actual conduct of a person that causes or is likely to cause injury and includes any threatening statement or behaviour that gives a worker reasonable cause to believe that they are at risk of injury (Occupational Health and Safety, Regulation, 2020).

PART® trained workers, including managers/supervisors, eliminate or manage risks associated with violence through teamwork, communication, problem-solving and implementing plans for improvement.

PART® continues to promote the quality control and integrity of the PART® program® when individuals would like to incorporate additional education and training related to violence injury prevention. Any deviation from the content and intent of this 6th Edition of PART® requires prior approval.

SASWH is Saskatchewan's healthcare employers' safety association. Together, we can achieve the goal of eliminating workplace injuries.

Successful Program Implementation

Classroom training for workers at every level facilitates discussion, problem-solving and a forum for hands-on practice of the assessment process, appropriate approach and response as well as various techniques. Training managers and supervisors in PART® will further assist with implementing and sustaining the program, and meeting Saskatchewan's *Occupational Health and Safety Regulations, 2020*. Ensuring workers have access to resources provides them with a valuable reference as they begin and continue to utilize the PART® program® principles in their day-to-day work.

To assist a program in achieving its learning outcomes, ensure sustainability and effectiveness, SASWH will continue to promote and offer various programs and supports, developed and available for healthcare:

- The provincial Safety Management System (SMS) Evaluation Tool will assist in identifying workplace successes and areas for improvement.
- Training and education programs are available from SASWH to assist with increasing knowledge and understanding related to the roles and responsibilities of leadership, supervisors, and occupational health committees.
- Additional education is available from SASWH on completing effective workplace inspections and incident investigations - getting to the root cause of incidents.

History of the PART® Program©

Professional Assault Response Training (PART®) is an in-service training for professionals who work with individuals whose disabilities are sometimes manifested in assault.



In accordance with CSA Standard Z1001-18, the PART® program© is reviewed every three years.

Canadian Standards Association, Z1001-18, Occupational Health and Safety Training

The PART® program® supports and aligns with the recommendations and requirements of the Canadian Standards Association (CSA) Z1001-18 Standard. While the program is not written for learners as a true “pass” or “fail” program, it does incorporate interactive learning activities where PART®-certified trainers are able to identify and document whether a learner:

- **is** understanding the content and would be **able to apply** their learning in their day-to-day work (issued a certificate), or
- **is not** understanding the content, would have **difficulty applying** their learning in their day-to-day work, and may need to re-take the program and/or receive dedicated additional mentoring and support from their supervisor, instructor, and/or trainer (no certificate issued).

Defining specific roles for administration and management is part of the employer’s implementation process. SASWH does encourage that all workers complete training, that management ensures documentation and communication is accurate and current, and that all workers are supported and mentored as they transfer their classroom learning to their actual day-to-day work.

In keeping with the CSA standards Z1001-18, review of the PART® program® is scheduled for every three years.

Saskatchewan’s Occupational Health and Safety Legislation

The *Saskatchewan Employment Act* (SEA) Part III and *The Occupational Health and Safety Regulations, 2020* set out the responsibilities under occupational health and safety (OH&S) for employers as well as for workers.

Note: This brief summary is not designed or intended to replace Saskatchewan’s OH&S legislation.

Saskatchewan Employment Act, Part III
Division 1 sets out definitions, including:

"employer"	"supervisor"	"competent"	"train"	"worker"
<ul style="list-style-type: none"> • means a person, firm, association or body that has, in connection with the operation of a place of employment, one or more workers in the service of the person, firm, association or body; 	<ul style="list-style-type: none"> • means a person who is authorized by an employer to oversee or direct the work of the employer’s workers; 	<ul style="list-style-type: none"> • means possessing knowledge, experience and training to perform a specific duty; 	<ul style="list-style-type: none"> • means to give information and explanation to a worker with respect to a particular subject-matter and require a practical demonstration that the worker has acquired knowledge or skill related to the subject-matter; 	<ul style="list-style-type: none"> • means an individual, including a supervisor, who is engaged in the service of an employer;

Also refer to:

SEA 3-8	General duties of employers
SEA 3-10	General duties of workers
SEA 3-21	Duty re policy statement on violence and prevention plan

The Occupational Health and Safety Regulations, 2020

“violence” means the attempted, threatened or actual conduct of a person that causes or is likely to cause injury and includes any threatening statement or behaviour that gives a worker reasonable cause to believe that the worker is at risk of injury (Occupational Health and Safety, Regulation, 2020).

In PART®, any term used to depict verbal or physical aggression, or an assaultive act, is considered to fall under the legislated definition of “violence”.

When implemented as intended, PART® will assist employers with meeting the minimum requirements of Regulation 3-26 that includes an employer’s requirement to ensure:

- where violent situations have occurred, or may reasonably be expected to occur, are identified
- worker positions that have been, or may reasonably be expected to be, exposed to violent situations are identified
- the procedure to inform workers of the nature and extent of risks from individuals who have a history of violent behaviour and whom they may encounter in the course of their work (except where prohibited by law)

Regulation 31-3 requires every supervisor who is appointed to be knowledgeable about, and experienced in, the following matters that are within the area of the supervisor’s responsibility:

- a) safe work practices and procedures, including the use of engineering controls in use at the place of employment;
- b) the safe handling, use and storage of hazardous substances;
- c) techniques for safely mobilizing, lifting, holding, turning, positioning, and transferring patients, residents and clients;
- d) the handling, use, maintenance, and storage of personal protective equipment;
- e) the appropriate response to any emergency situation at the place of employment.

It is highly recommended that, in order to meet this legislative requirement, managers/supervisors attend a PART® classroom training session.

Safety Management System

The PART® program® is most effective and efficient when it is integrated into a Safety Management System (SMS). Many Saskatchewan healthcare employers have adopted the provincial SMS, which is a tool to proactively identify hazards for the health and safety of workers and to assist with developing a plan to control those hazards. When health and safety are actively managed, the potential for incidents decreases. An effective SMS can result in eliminating or reducing worker injuries and illnesses and has a positive impact on financial and compliance issues.

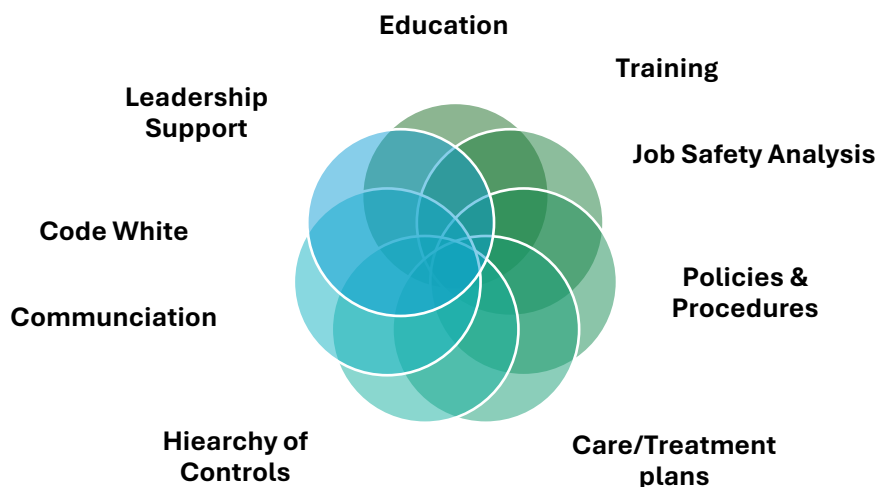
Saskatchewan healthcare’s SMS includes six elements:

1. Management commitment and leadership
2. Hazard identification and control
3. Training and communications
4. Inspections
5. Reporting and investigations
6. Emergency response

SASWH Programs/ Services	Supports Progress to Meeting SMS Elements					
	1	2	3	4	5	6
	Management and Leadership	Hazard Identification and Control	Training and Communication	Inspections	Reporting and Investigation	Emergency Response
Safety Management Systems						
SMS Basics	✓	✓	✓	✓	✓	✓
Self-evaluation using the Standards Tool	✓	✓	✓	✓	✓	✓
Occupational Health Committee (OHC) Training and Support						
OHC LI	✓	✓	✓	✓	✓	✓
Effective OHCs	✓	✓	✓	✓	✓	✓
OHC LII (Inspections and Investigations*)	✓	✓	✓	✓	✓	✓
Safety for Supervisors*	✓	✓	✓	✓	✓	✓
Violence Intervention						
Online Toolkit (VAT in the WVRA, ICRA)	✓	✓	✓	✓	✓	✓
Mental Health First Aid	✓	✓	✓			✓
PART®*	✓	✓	✓		✓	✓
WAVE*	✓	✓	✓		✓	
Moving Objects/materials and Patients/clients/residents						
TLR®*	✓	✓	✓	✓	✓	
TLR EMS®*	✓	✓	✓	✓	✓	
SMART*	✓	✓	✓	✓	✓	
Personal Protective Equipment; Respirator Fit Testing, Chemicals and Dangerous Goods						
Donning & Doffing PPE*	✓	✓	✓	✓	✓	✓
Respirator Fit Testing*	✓	✓	✓	✓	✓	✓
WHMIS*	✓	✓	✓	✓	✓	✓
TDG 6.2*	✓	✓	✓	✓	✓	✓

The PART® program® aligns with elements 2, 3 and 5 of the provincial SMS. SASWH is available to assist its membership in implementing and sustaining a successful safety management system to assist with injury reduction.

Training, Program Support, Follow-up



A comprehensive violence prevention program should include the following:

- ✓ policies and procedures that are up to date, communicated and understood by all workers
 - ✓ care/treatment plans for individuals (patient, resident, client, etc.)
 - ✓ controls that are in place and effective (administrative, engineering)
 - ✓ a code white team that is appropriately trained to respond to de-escalate a situation
 - ✓ appropriate initial and ongoing training/education of all workers based on the level of risk in the work area
 - ✓ support for workers through knowledgeable leadership
 - ✓ provision of regular Safety Talks to assist with reinforcing and reminding workers about safety
-

Additional Strategies to create and maintain a safe workplace include, but are not limited to:

Emergency Response Planning

An emergency response plan is the plan, resources and responsibilities at each level of responsibility to deal with an unexpected or sudden situation that requires immediate attention. An effective emergency plan for a violent situation should include provisions for:

- assessment and preparation (risk assessment, worker training, clear communication)
- immediate response (self-control, call for help (code white), verbal de-escalation, crisis intervention)
- evacuation and safety (evacuation routes, safe areas, secure the area)
- support and assistance (call for back up, medical attention and support)
- post-incident (documentation, debriefing, support)
- review and improvement (policy review, drills (code white, tabletop exercises), review cycle for continuous improvement)

Behavioural, Treatment, Support, or Care Plan

A plan for each individual (patient, resident, client, etc.) would include important information on:

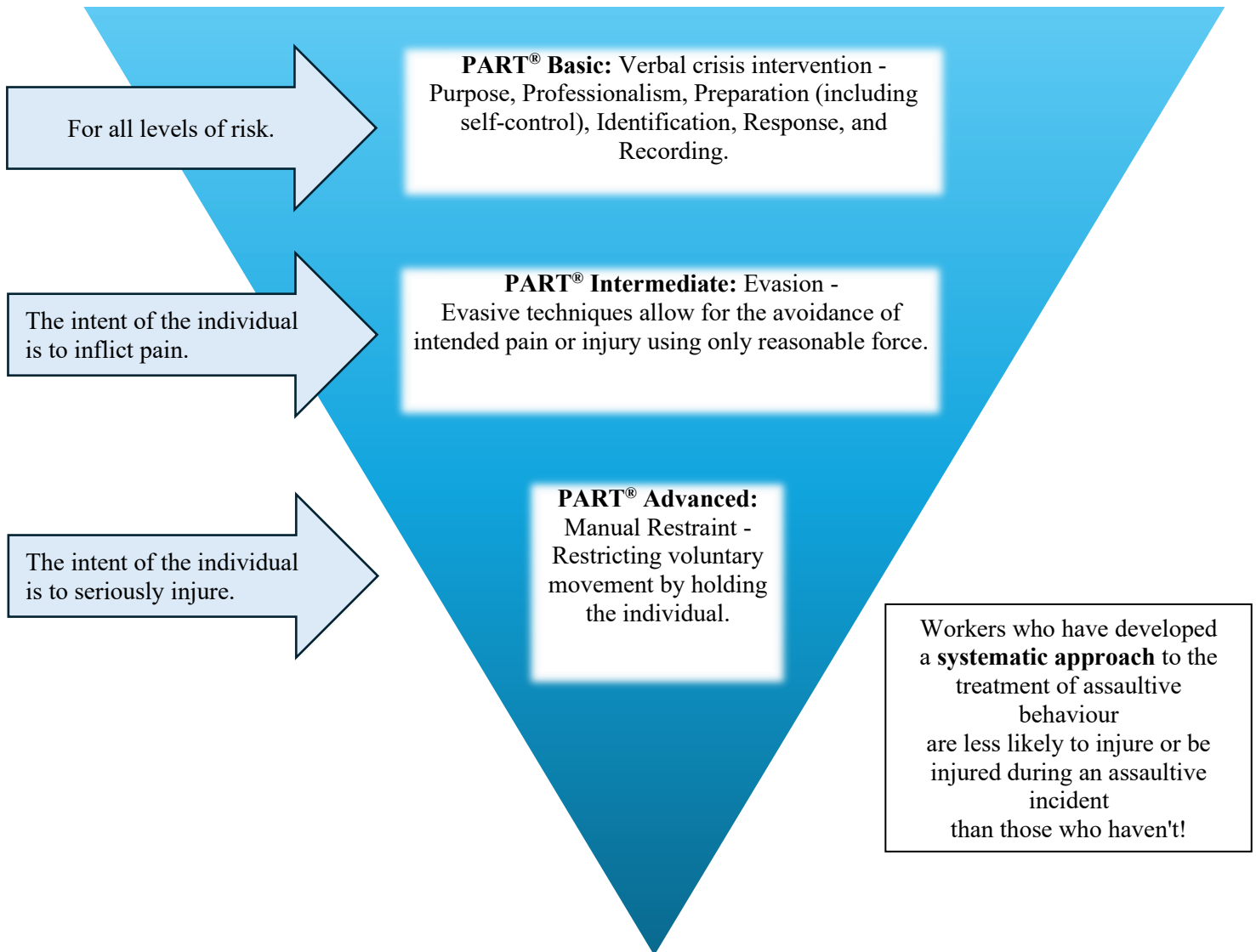
- the individual's behaviour (e.g., tendency for violence in early a.m.)
- the most appropriate approach (e.g., soft voice)
- various "triggers" that may escalate the potential for violence (e.g., prefers female workers)
- sensory devices the individual needs (e.g., hearing device, eyeglasses)

Determining the cause of injuries (Root Cause Analysis)

Finding out why injuries are occurring is crucial to developing and implementing a plan/process to eliminate or reduce injuries:

- ensure incidents and injuries are documented and reported appropriately
- review incident and injury reports and complete an investigation, get to the root cause
- ensure risk of role is completed (JSA – Job Safety Analysis) to determine the appropriate controls that need to be implemented (i.e. level of training)

PART® Program® Overview



Implementation - Understanding PART®

The PART® program® is written and presented with a heavy focus on self-control, and more emphasis on assessment skills, verbal crisis intervention and de-escalation. Guidelines for trainer/participant ratios and class duration are provided to ensure each participant has adequate time to understand, practice and provide a return demonstration that learning has occurred. The recommended guidelines are more directly aligned when the employer utilizes PART® as the only training program in their comprehensive violence intervention and prevention program.

PART® Learning Outcomes

A critical element to reduce injuries is appropriate initial and ongoing education and training of workers, and the workers' ability to utilize the principles taught in the program.

- workers empowered to make safe choices
- workers trained in the appropriate assessment of themselves, the environment and the individual
- workers know the best approach for each individual
- workers use the knowledge and skills obtained during training and are supported (mentored, coached) by their supervisor, instructor and/or trainer to use that knowledge and those skills

PART® Basic

- *understand why individuals are acting out
- *understand how your attitude may aggravate the situation
- *know if you are physically and mentally prepared to work with potentially assaultive individuals
- *know the importance of effective communication to assist with de-escalating an assaultive situation
- *create a plan for self-control
- *know how you respond in a crisis situation
- *know how to identify why an individual may be assaultive
- *understand the importance of proper communication and documentation
- *demonstration, practice and return demonstration through exercises and role plays

PART® Intermediate

- *the Basic learning outcomes
- *understand the principles of effective breakaway and evasion techniques (demonstration, practice and return demonstration of techniques - practice each technique three times)
- *responding to situations where assault causing bodily harm occurs, but there is no intent to do serious bodily harm

PART® Advanced

- *the Basic learning outcomes
- *the Intermediate learning outcomes
- *understand the principles of effective manual restraint techniques (demonstration, practice and return demonstration of techniques - practice each technique three times)
- *manual restraint is appropriate when:
 - responding to aggravated assault
 - the assault is expected to end quickly
 - the intervening workers can reasonably expect to achieve safe control
 - worker team of two or more trained workers is available
 - intervening workers should have a 100% height and weight advantage over the assaultive individual (two to five workers may be required, depending on the situation and size of the individual)

De-escalation techniques make up 72% of the content in the PART® Basic program.

Note: The level of PART® training required is determined by completing a Job Safety Analysis (JSA) to determine the risk of role, as well as additional environmental and contributing factors that contribute to the risk of violence specific to the role of the worker.

Cautions for PART® Advanced

It is extremely important to understand and ensure that there is an adequate and appropriate level of trained workers available when responding to situations where various advanced techniques may be necessary. Some advanced techniques require five trained workers in order to perform manual restraint techniques. The height, weight and ability of workers must be considered. Workers are at risk of injury even when trained and appropriately using advanced techniques due to a higher level of response to match the higher level of aggression. The assaultive individual is also at increased risk when manually restrained and must be continually observed (e.g., for the ability to breathe) during that restraint.

It is imperative that workers are not “heroes” in crisis situations. Do not unintentionally leave workers with a false sense of security by providing Advanced training. Depending on the situation, staffing and environment, and the assaultive individual, the safest choice may be to leave the area and utilize an appropriate emergency plan (e.g., dial 9-1-1). The result may be property damage rather than worker injury.

Implementation of the PART® Program®

An investment in a training program includes an investment in the workers. Adequate training includes provision of the time needed to learn, to practice skills, to provide a return demonstration of understanding the skills, as well as time to review violence intervention policies and procedures. Hiring appropriately and ensuring worker awareness of the potential for violence, and their ability to perform duties and respond appropriately, is also critical. Utilizing instructors and trainers to mentor and coach workers following training may also be an effective approach.

To continue in meeting the requirements of being considered "trained" in PART®, workers must participate in regular re-evaluation sessions in accordance with program guidelines. Without ongoing re-evaluations, workers would not have the necessary program competencies to be considered trained in the PART® program®.

PART® Trainer & Instructor Information

Teaching in Other Agencies

At times, you may be asked to teach the program to another agency. You must defer those types of requests to SASWH. You are certified to teach for your employer only - your certification does not authorize you to teach outside of your employer. This program requires a license agreement to be in place with the employer to ensure the quality and integrity of the program is maintained.

If your employment ceases for any reason, your PART® certification does not remain with you unless you obtain employment with another licensed employer within six months. Anything greater would need to be taken into consideration by SASWH in order to have your certification remain. The decision to have certified trainers is that of the licensed employer.

Becoming a PART® Trainer or Instructor

The PART® program® has a comprehensive process to qualify and certify trainers and instructors.

General Participant Training	PART® Trainer	PART® Instructor
<ul style="list-style-type: none"> * PART® Basic, Intermediate or Advanced * Traditional or blended format (online + in-class session) * Re-evaluation required every three years for Basic and Intermediate, two years for Advanced 	<ul style="list-style-type: none"> *Pre-requisite = be current in PART® Intermediate or Advanced plus online required 6 weeks prior to attending a Train the Trainer (TTT) *Attend 3-day TTT (Trainer is certified if competencies are met) *Re-certification required every 3 years by attending a one day in-class session, 2 years for Advanced *Must teach at least one session in a calendar year 	<ul style="list-style-type: none"> *Pre-requisite = knowledge and experience as a PART® trainer *Must be current as a PART® Trainer *Two co-teaches (minimum) required with a current qualified PART® instructor *To approve instructor candidate, co-teach with a SASWH PART® instructor until assessment of competency is achieved in all areas *Must attend at least one provincial Instructor meeting per calendar year *Must teach at least one TTT and a general session in a calendar year

To achieve effective training outcomes, there must be:

- pre-planning and preparation time for instructors/trainers
- maximum participant involvement and minimum “down time”. This can be achieved by ensuring an appropriate ratio of instructor/trainer to participants
- consideration of scheduling so that no one works a full shift either immediately before or immediately after their training
- appropriate classroom time for required practice and return demonstration from each participant
- a functional classroom:
 - an area large enough to accommodate tables and chairs for participants and trainer, flipchart and markers, projection screen or blank wall
 - a hands-on area large enough to accommodate the hands-on demonstration and return demonstration

PART® Trainers

<p>Competencies required to become a PART® Trainer:</p> <ul style="list-style-type: none"> ▪ be current in the PART® general participant program (a minimum of Intermediate) ▪ be an employee with job duties that allow for the time to prepare for and provide PART® training sessions, support and follow-up with workers ▪ have the skill and ability to educate others, at every level within an organization ▪ have effective observation, listening and clear communication skills ▪ complete the Train the Trainer (TTT) course, which is typically 3 full days. This course includes the requirements of: <ul style="list-style-type: none"> ▪ participating in discussions and learning activities (e.g., role play) ▪ practice and return demonstration of appropriate approach, identification, response and PART® techniques ▪ understanding of effective coaching/mentoring ▪ acquire competency in teaching, coaching and evaluating participants in the course content noted above ▪ support the standards of the PART® program®
<p>To maintain PART® trainer status, trainers must:</p> <ul style="list-style-type: none"> ▪ attend a trainer re-certification session at least once every three years (two years if teaching Advanced); and, ▪ teach a classroom general participant session or re-evaluation session, at least once a year.

PART® Instructors

<p>Competencies required to become a PART® Instructor:</p> <ul style="list-style-type: none"> ▪ be current as a PART® trainer ▪ be an employee with job duties that allow for the time to prepare for and provide the train the trainer program, support and follow-up with trainers and workers ▪ have effective skills in facilitation, listening and clear communication ▪ have a solid understanding of the PART® material layout and intent in order to assist others with locating information and applying the content to a variety of situations ▪ support the standards of the PART® program®
<p>Obtaining Instructor Status:</p> <ul style="list-style-type: none"> ▪ Pre-requisite = knowledge, experience, and competent PART® trainer ▪ Must be current as a PART® Trainer ▪ Two co-teaches (minimum) required with a current qualified PART® instructor ▪ To approve the instructor candidate, co-teach with a SASWH PART® instructor until the assessment of competency is achieved in all areas
<p>To maintain PART® instructor status, instructors must:</p> <ul style="list-style-type: none"> ▪ attend at least one SASWH provincial instructor meeting each year; and ▪ teach a TTT session at least once a year; and ▪ teach either a general participant initial training or re-evaluation session each year.

Additional Information for Trainers and Instructors

Trainers and instructors have the ability to withhold certification until a participant or trainer candidate has an understanding of the principles and has provided a return demonstration of the learning and techniques. To assist with learning, an employer, manager, supervisor and/or trainer may offer additional dedicated support.

SASWH encourages new PART® trainers to team-teach, and we are here to assist with that. Team teaching will allow trainers to learn from each other and may provide them with a comfort level as they commence teaching the program.

Delivery of the PART® Program®

Program level	Duration - Traditional	Duration – Blended (Split-class) *	Ratio
Basic	8 hours over one day	Online (2-3 hours) plus 3 hours classroom	1 instructor or trainer for 12 participants
<ul style="list-style-type: none"> ▪ Re-evaluation 	4 hours once every three years, OR 1-1.5 hours once a year		
Intermediate	12 hours over two days	Online (2-3 hours) plus 5+ hours classroom	1 instructor or trainer for 8 participants
<ul style="list-style-type: none"> ▪ Re-evaluation 	6 hours once every three years OR 2 hours once every year		
*Advanced	16 hours over two days	Online (2-3 hours) plus full day classroom	1 instructor or trainer for 8 participants
<ul style="list-style-type: none"> ▪ Re-evaluation 	8 hours once every two years OR 4 hours once every year		
Trainer level	Duration	Pre-requisite	Ratio
Train the Trainer	3 days	Online is required prior to TTT and must be current in PART® Intermediate or Advanced	1 instructor for 6 trainer candidates
<ul style="list-style-type: none"> ▪ Re-certification 	1 day, within three years of initial certification (two years if teaching Advanced)		

Note: Blended (Split-class) - online education (mandatory completion prior to classroom training) followed by facilitated classroom training within six (6) weeks of taking online education.

***Advanced** recommended to have a minimum of 4 participants to successfully achieve the learning objectives.

Participant Re-evaluation

PART® requires regular re-evaluation every 3 years (two years for Advanced). If a participant is not current in PART® training and has expired past the three years from initial training, a general participant session is required. If a participant requires a re-evaluation, the re-evaluation can only be for the program level of initial training.

Note: There must be an adequate number of participants in the classroom for initial training on these skills, as well as for re-evaluation sessions. Training in Advanced cannot be completed if there are not an adequate number of participants (minimum four).

PART® Program® Roles & Responsibilities

Employer

Employers must continue their dedicated support of the following critical components of PART®:

- commitment at all levels within the organization
- PART® trained managers/supervisors, instructors and trainers who help workers use and sustain the skills learned in the classroom
- workers use the assessment process of self, environment, and individual - initially, ongoing and at the time care is performed
- worker educated and/or trained on code white teams, emergency plans and procedures
- communicated policies and procedures that are current

Managers and Supervisors

PART®-trained managers and supervisors are an extremely important support in PART® by:

- assisting instructors and trainers to achieve and maintain competencies and standards
- supporting a safe work environment to manage/eliminate identified risks
- helping to create an environment where teamwork and safety are paramount
- mentoring and coaching all PART®-trained workers by transferring the classroom training to the day-to-day work

Trainers and Instructors

Trainers and instructors are responsible for ensuring that each participant/trainer candidate is provided with:

- a thorough understanding of each PART® principle and technique
- hands-on practice of the appropriate approach, response and any hands-on techniques (breakaway/evasion, manual restraint)
- time for trainer candidates to practice teaching the PART® principles and techniques
- continual coaching, mentoring and feedback
- an introduction on how to effectively coach and mentor others to understand and apply PART®
- an explanation of the administrative and teaching resources (e.g., access to the PART® semi-secure area, PART® Trainer Manual, etc.)
- employer-specific policies and procedures (e.g., incident reporting) if necessary

Working together, the manager/supervisor, instructor and trainer support and assist each other to make the most effective use of the human and financial investment associated with training. This PART®-trained team will enhance the implementation and sustainability of the program through mentoring and coaching all workers to apply safe work processes.

PART® Trainer Manual

The PART® Trainer Manual has been developed to assist you with teaching the PART® program® in a classroom setting. PART® is an interactive program involving discussion, written activities and a return demonstration of techniques.

The Key Questions are the learning outcomes and include learning activities/exercises. Additional activities are available via the SASWH website, and depending upon your teaching style, you can change out activities that would assist with achieving the learning outcomes.

Your certification allows you to provide the PART® program® to your co-workers and others, as approved by SASWH, teaching the program as it is intended, while using current PART® materials

Online Resources

Employers licensed with SASWH to provide PART® have access to resources via SASWH's website. Resources can be reproduced but not altered or edited. Training aids, additional learning activities and the resource order form are also available. Visit www.saswh.ca, and log in (top right corner of home page) using the case-sensitive username and password (enter it exactly as it is shown):

Online

Semi-secure login: WWW.SASWH.ca	Username: PART1 Password: PART2025Trainers!
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resources for trainer and instructor:

- Handbooks
- Wallet Cards
- PowerPoints
- Videos
- Case Studies
- Evaluations
- Fit for Training Declaration
- Attendance records
- Safety talks

Note: Participants should keep their original certificate as proof of completing the program or at least have access to it if the employer retains the original. Employers retain records of initial and re-evaluation training provided to workers. Your employer must retain training records.

Adult Learning Principles

The Need to Know

- Research shows that adults are interested in the benefits of gaining specific skills or knowledge.
- Adults are often more motivated when the material or activity relates to problems they are dealing with in their work (or personal) life
- Adults need to know why they need to learn something before undertaking to learn it.
- The presenter should inform the participants of the value of specific content and the benefits of learning it.

The Learner's Self-Concept

- Adults need active involvement in the decisions that affect them, or they may “resent and resist” learning and training opportunities if they are forced to participate.
- As a trainer, you need to recognize that adults are more independent and self-directed in certain situations. As such, there is a need to create environments that are collaborative and welcoming to all participants.

The Role of Experience

- Recognize and value the experience that participants bring to any learning environment.
- Due to their varying degrees of experience, the participants could be a resource for each other within learning situations, thus placing a need to create opportunities where they can share experiences, such as group discussions and activities.
- Facilitators may need to “open the minds” of learners to new ideas to counter attitudes, perceptions, habits, and prejudices that participants may have developed over time.

Readiness to Learn

- Adults predominantly learn out of necessity, and a particular experience or situation within a person's life could trigger the need to develop new knowledge.
- Adults like to learn skills that are relevant to their employment. Getting to know the audience beforehand (using introductions, icebreakers, and so on) can help the presenter bring up examples and situations that are applicable to their workplaces.

Orientation to Learning

- Adults are problem-oriented or task-oriented when it comes to learning opportunities and may not seek out learning just for learning's sake.
- A facilitator must take into consideration the need to link the content to work tasks using a range of practical mediums such as images, demonstrations, videos, and scenarios.

Motivation to Learn

- The motivation to learn comes from the belief that adults respond to intrinsic factors.
- As a facilitator, you need to appreciate and praise learners' efforts to involve themselves in the sessions and perceive the learners as important contributors to the overall learning environment.

Learning Styles

Generalist Learners

- These individuals see the big picture and are not interested in the details. The generalist's strength lies in their ability to see themes and concepts in the information they receive but will often have little patience with the specifics and may require help to focus on the little things.
- Generalists tend to be intuitive based learners, enjoy creative endeavors, and experience variety throughout the training session. They find role playing and other task-oriented activities the most suitable for learning because it builds experience. When you involve them in an activity that focuses on discussion, they may tend to talk about how the information relates to their own experiences.

Detailed Learners

- Detailed learners are very good at remembering the details of a situation, but they may get too focused on the details and have difficulty seeing the overall themes or concepts.
- When given information they can tell you how it comes together but not necessarily what it means. Detail oriented learners tend to be analytical-based learners – they like structured environments, instructions and examples that are not too complex; they like to have plenty of opportunities to practice. These individuals may take lots of notes.

Analytical vs. Intuitive Learners

- People tend to learn through either their analytical (left-brain) or their intuitive (right-brain). As you may already know, one side is language oriented, and the other is feeling oriented.
 - Analytical thinkers enjoy logical thinking and analysis. They like to get information, mull it over and analyze it before they use it. They like objective, detailed information and they need structure for any activity. They examine the pros and cons to find a particular solution. They are process-driven and are good at breaking down large, complex issues. Analytical personalities value facts, data, reasoning and clear communication.
 - Intuitive thinkers enjoy a non-structured environment with general information that promotes creativity. They are subjective and look at situations based on feelings or their past experiences, so they prefer discussion after an activity, and they enjoy sharing experiences. These individuals can remember a lot of information because they look at the whole picture and worry about details later.

Auditory Learners

- This group uses their ears to learn – they learn by listening. Discussions, verbal instructions, presentations, and other hearing-oriented activities work well for them. They will not be the participants who take notes.

Visual Learners

- These individuals use their eyes to learn – they learn by viewing visual aids. They like to have written instructions and activities. Use visual aids such as flipcharts, and/or power point presentations to reach these learners.

Psychomotor or Kinesthetic (Activity) Learners

- This type of individual learns by doing. They require variety, creativity, group work, and the opportunity to practice and be involved with some amount of physical or emotional activity.
- They like to have physical models of what you are talking about, a chance to talk about how the material relates to their own experiences, or to simply be able to get up and move. During your sessions, they include activities that allow participants to get up and move and give them something physical to work with. This type of learner can do a variety of things at the same time.

Qualities of an Effective Facilitator

Build Trust

- Create an environment that allows people to feel safe in speaking, learning, and making mistakes.
- Provide encouragement to your trainees in making mistakes and asking questions. Treating people with respect, being supportive of people's ideas, and being patient are some effective ways in creating a safe environment.

Be Flexible

- Ensure the workshop includes different learning techniques that address the various adult learning styles (Generalist, Detailed, Analytical, Intuitive, Auditory, Visual).
- Though it may be challenging, it is possible to implement safety training that addresses the needs of many types of learning styles. If we subscribe to the thought that everyone learns differently, it is worthwhile considering the various learning needs that exist within your organization and adjust your training accordingly. This may be easier to implement during safety training programs that are of a longer duration. However, consideration of the different styles should be included in the development of all training sessions.
- Provide some flexibility in your training session for problem-solving and questions (i.e., participants may ask for your guidance on issues they are having at their workplace). Ensure that discussions stay on track to allow adequate time to go over the necessary material.
- Training sections or modules should follow the **Tell – Teach – Tell** formula:
 - **Tell** them what they are going to learn.
 - **Teach** them the material.
 - **Tell** them what they have learned.
- Be mindful of group size.
 - Smaller numbers of participants are recommended for intense and complex courses.
 - A manageable class size allows for in-depth discussion, time for questions, time to demonstrate required techniques, and observe individual participants' skills in all areas. It allows for the necessary time to provide clear direction on how to improve group and individual skills.
 - Consideration of the trainer's experience must also be given as the more a trainer teaches, the more their skills and comfort level should increase.
 - Working with a scheduler may also prove beneficial to ensure they are fully aware of the minimum and maximum class sizes based on the program and your teaching experience.

Be Patient

- It takes time to learn something new. Everyone learns at a different speed.
- Be mindful that some people may get frustrated with the pace. It may be either too fast or too slow for them. Adjust your training delivery accordingly.
- Be open to learning. You will learn something new from each training session you provide.
- Have a willingness to be a mentor and coach to your trainees.

Be Prepared

- Prior to facilitating a training session:
 - Ensure you review your training materials.
 - Become familiar with the key concepts and components of the lesson plans.
 - Know your employer's policies and procedures as they relate to the subject matter.
- Training Room and Supplies
 - Select a room appropriate for the size of the group and for activities.
 - Have all material on hand as far in advance as possible. Allow adequate time for preparing and securing materials.
 - Ensure you book any audio/visual aids such as projectors, flipcharts, microphones, etc., ahead of time if needed.

- Arrange for the provision and use of equipment that is specific to the program (i.e., floor mats for Advanced PART®)
- If your employer is providing refreshments/meals, ensure that this has been organized or will be by an assigned individual.
- Have the presentation downloaded onto your laptop hard drive or have it on an external storage device (i.e., USB).
- Ensure batteries for the laptop and remote controls are charged – also keep extra batteries on hand just in case.
- Practice and be familiar with your equipment prior to a session.
- Room Set Up
 - Arrange the room for maximum comfort.
 - Adjust room temperature as needed (if able).
 - Periodically ask participants if they are too warm or too cold.
 - Set up the room to allow everyone to see you, the flipchart, presentation, and other participants.
 - Allow enough room for people to move safely for physical activities.
 - The attendance sheet should be ready for participants to complete.
 - Name cards for participants should be placed in front of them.
 - Water at hand for yourself. If provided, participant refreshments should also be in the room (be mindful of common food allergies).
 - Know where plug-ins are located and whether you will require an extension cord.
 - Ensure you have a blank wall or screen to project your images onto or have the capabilities to connect your presentation to a television.
 - Have a flipchart (or whiteboard) – print in large letters as it is easier to read than cursive text. For set themes and concepts, prepare your flipcharts ahead of time. Use a variety of coloured markers that are easily seen (i.e., black, purple, blue) and do not have an ink smell.
 - Number the flipchart pages to help to keep track of and reference material.
 - Answers to flipchart projects can be written on the sheet in pencil (cheat notes).
- Use Appropriate Body Language
 - If your voice has enthusiasm but your body language indicates distance (i.e., if you cross your arms, frown, or stand behind a desk for the whole presentation), then your body language will negate the enthusiasm you were trying to achieve.
 - Practice the delivery of your session in front of a mirror, with friends, or on videotape.
 - Try not to use a podium or have any other barriers between you and the participants.
 - Show a positive, enthusiastic attitude.
- Be Respectful
 - Recognize that you have people from different backgrounds in your training sessions (i.e., different fields of work, cultures, geographic locations, disabilities, sexual orientation, gender, etc.).
 - Be sensitive and open to the knowledge and experiences participants bring into the training session.
 - Use respectful language (including gender neutral language).
 - Have sensitivity towards different groups based on:
 - Ethnicity
 - Gender
 - Sexual Orientation
 - Location of Residence (Rural vs. Urban)
 - Type/place of Work
- Explain the dress code if you are teaching Intermediate and Advanced:
 - comfortable, loose-fitting clothing - clothing may become damaged or soiled during the skills practice
 - footwear should have a closed toe, low or no heel and be secure to the foot
 - rings, watches, scarves, and dangling jewelry should not be worn
 - pants should be secured with a belt

- participants may wish to perform light, warm-up activities before coming to class

Facilitating the Session (Summary)

- Facilitators provide knowledge through new experiences and by assisting groups in achieving set goals or learning objectives.
- Achieving a balance is the key to facilitation by:
 - providing opportunities to learn but not overwhelming people with information
 - keeping to the agenda but allowing for relevant discussion that may be off-track
 - infusing the presentation with enthusiasm to lighten the mood

Tips for effective facilitation:

- Respect that we all learn in different ways and express ourselves in different ways.
- Speak clearly and loudly. (Some people speak faster when they are nervous so watch out for that and slowdown.)
- Actively listen to the learner, which means that you are not figuring out counter arguments but really hearing what the person is saying. Reflect back to the learner what you think they are saying. (For example: What I hear you saying is...)
- Be organized; good record keeping – not only for your own sake, but for any auditing that may be completed!
- Be creative in keeping participants occupied, busy, learning, involved and active – use group work, brainstorming, physical activity, discussions and questions, to meet all learning styles.
- Keep closing remarks brief – at the end of the day people just want to go home!
- Be open to learning. You will learn something new from each training session you provide.

Challenges

The Hostile Participant

Many participants who present themselves as hostile to either the trainer or the material have underlying issues unrelated to the training session. For example:

- some are angry/hostile as a lifestyle - they don't get angry, they get even
- those with "control issues" are almost assured to display anger during a prolonged training session
- others may have legitimate hostility. Perhaps in the past, they have been unprotected by management or co-workers.

Suggested Responses:

- Try support and understanding (explore whether the hostility is legitimate).
- Try humour (only if you are comfortable with this strategy). It may be risky, but it can be a powerful tool for intervention with hostility.
- Allow participants to *save face*. The important issue is not that the participant will "win" but for the participant to successfully complete the training session.
- Energy from hostility may be redirected into participation.
- Talk to them on a break. Let them know the requirements for completion of the session.
- As a last resort, you may ask them to leave. Always follow up with the manager.

The Apathetic Participants

For a variety of reasons, these participants either disengage or give the appearance of not caring. Some examples are that they:

- may believe they already "know it all."
- would rather be elsewhere
- may be demonstrating a form of passive-aggressive hostility
- may yawn or even fall asleep during training
- may not follow along
- may resist getting involved in the training activities and attempt to avoid portions of the session (e.g., leave the room to make calls, not come back from breaks on time, etc.)
- may perhaps be genuinely too tired to participate.

Suggested Responses:

- Make the material fun and interesting (if participants appear bored and/or distracted, it may be time to take a look at your teaching style!).
- Ensure your teaching style adapts to the different learning styles of your participants.
- Call on them to get involved (unless you believe them to be passive-aggressive).
- If they are tired, give them permission to stand or grab a coffee (participants should not be expected to attend a training session after completing a full shift).
- Change your position in the room to capture their attention, standing closer to them.
- Talk to them during break time to ask about the source of their disinterest.
- Let them know the requirements for completion of the session.

The Professionally Confused Participant

This participant may:

- never quite understand the material – they just don't get it!
- interfere with learning by asking questions repeatedly.
- sometimes have dependence needs – they would like to engage you as their personal tutor.
- be anxious about participating in physical techniques.
- have had previous training and are confused about the differences between what they learned in prior training and what is being presented now.
- have limited language comprehension or learning skills.

Suggested Responses:

- Refer their questions back to the group – Ask, "Can anyone explain this in a different way?" or "Is anyone else having difficulty with this concept?" (If not, then move on).
- Vary your descriptions, explaining the concepts in a number of different ways.
- Talk with the participant during a break to determine the source of the confusion.
- Offer to spend time with them after class.

Evaluation

- Evaluations of each session are important in determining whether you have met the training program's learning objectives and were able to adjust your facilitation techniques to meet the participants' needs.
- The evaluations may assist you in determining:
 - If the participants learned anything new from the session
 - If the learning objectives were met
 - If the information provided meets the participants' needs
 - If future educational needs and changes are required to fine-tune the session
- Changes could be minor such as changing the venue, time, and number of participants per session or they could be major such as how the material is delivered.
- Ask for constructive feedback on the things that you can change. If you are new to facilitating sessions, remember that your delivery will improve with experience.

Train The Trainer Information

The Train the Trainer training is divided into three major sections. Each section is accompanied by performance criteria which must be accomplished prior to certification as a PART® trainer.

1. Training Development and Implementation

PART® skills are built upon communication and cooperative teamwork. Therefore, a participative training format is chosen to transfer learned skills from the classroom to the treatment setting. Teamwork is an essential concept in PART® training.

Criteria: Trainer candidates will demonstrate an understanding of how the proposed training structure facilitates learning.

2. Responding to Difficult Trainees

Due to the likelihood of an emotional response stemming from the risk of personal injury associated with assault, trainers are likely to be challenged by participants of PART® training.

Criteria: Trainer candidates will successfully complete an instructional exercise while being "heckled" by the instructor (or an unidentified class member who has been assigned to play the part of one of the three most common types of difficult trainees). The trainer candidate will then be given feedback on both their instruction and their response to the "difficult trainee".

3. Evaluating Employee Performance

Employers expect that training will improve employee performance. Unfortunately, regular evaluation of employee performance during assaultive incidents is not standard practice in many organizations. Performance is usually evaluated after an incident has occurred, and the evaluation is guided by what the incident reports describe. Then the employer is interested in finding out if the employees were doing what they were trained to do, and if the training is adequate for the needs of the individuals and workers. The material for this portion of the trainer's training is found in the Standards of Practice – Section 9.

Criteria: Trainer candidates will reconstruct an incident from a written incident report. Trainer candidates will then compare the performance of the employees involved to a set of performance standards.

Training Goals and Objectives

Organizational Objectives

The PART® trainer should be well aware of the organization's objectives in having the workers trained. This may require working with the administration to ensure that the organization's objectives are consistent with the Basic course principles.

Training Goals

During the training, we are more interested in having the **concepts** incorporated than the techniques. Techniques alone do not create a non-assaultive environment.

- Adult learning can be *facilitated* but not *forced*. (We can bring people to the grocery store; they will choose how and whether to shop!)
- Training participation provides basic skills and knowledge.
- Application and experience produce competence.
- When participants complete the training, their learning has just begun.

Planning and Implementing a PART® Session

1. Assess the Group

- Determine group composition (cultural/racial/ethnic/educational/experiential mixes).
- Ask about the group's "open agendas".
- Be sensitive to possible "hidden agendas".
- Probe to see whether significant events have occurred that should be addressed.

2. Preparation

- Find a good location for the training.
- Arrange the room to provide for maximum comfort.
- Provide "essentials", such as coffee, pencils, notebook paper, flip charts, etc.
- Have all training materials in hand at least one week before training.
- Ensure sufficient space to practice the physical techniques in a safe way.
- Be sensitive to participants' work schedules when planning for the two-day training.

3. Planning

- Familiarize yourself with the written materials beforehand.
- Integrate your personal notes with the material; include a copy of the employer's policies and procedures regarding violence and any other documentation you feel will enhance the session.
- Set up a routine that keeps you on track.
- Rehearse your presentation.
- Send reminders to those scheduled for training. Include the time and place so that the entire training is attended; remind participants of attire such as proper footwear, no jewellery, etc.

4. Implementation

- Arrive early.
- Arrange the room so that people are sitting in discussion groups.
- Decide whether to let people sit where they want or designate seating (there are advantages to each).
- Have a copy of a sign-in attendance sheet (documentation of participants).

5. Evaluation

- Pay attention to the group's verbal and non-verbal feedback. Use this feedback as you are teaching, to adjust your presentation to meet the needs of the group.
- Have the participants complete the written evaluation form. Return the evaluation forms and participation record as necessary so you can be credited for your training.

Training Structure and Function

Principle

Professional assault response skills are built upon communication and cooperative teamwork. A participative training format is chosen to transfer learned skills from the classroom to the treatment setting.

Implementation

Introduction

- State the basic concept of each section.
- Review the key question(s).
- Illustrate with a story from your experience.

Group Processing

- Use the workbooks to provide a structure for discussion.
- Complete the workbook exercises.
- Engage in the assigned role-play or practice the techniques.

Reduction

- Have a spokesperson from the team reduce the discussion or role play into a synopsis.

Presentation

- Present the discussion or experience summary to the larger group.

Feedback

- Members of the larger group then comment to the presenting team.

Trainer Summary

- The trainer reviews the exercise, adds significant points that were not mentioned and re-emphasizes important principles.

Trainer Sign Off

- After participants successfully complete the exercise, the trainer indicates approval by initialling the "Record of Exercises" sheet for each participant. This sheet is located in the exercise section of your manual (you may wish to photocopy this document and retain the copy in the manual as your original).

Summary

All training sections follow the **Tell – Teach – Tell** formula.

Tell them what they are going to learn.

Teach them the material.

Tell them what they have learned.

Certification

The certificate you receive upon the successful completion of the Train the Trainer training is your proof that you are certified to conduct training in the PART® program® in any agency in which you are employed, as long as that agency is licensed with SASWH. Trainers requested to teach PART® outside their own facility/employer must contact SASWH before doing so.

Your certificate bears witness to your familiarity with the purpose, structure and function of the PART® training. Qualified PART® instructors who certify trainers will not stand behind any trainer who varies or modifies the material in any way that deviates from the basic PART® principles.

At the completion of each training you conduct, you must ensure that a record of participation is provided to the appropriate person at your place of employment. It is the responsibility of the employer to retain information on training/education provided to employees.

As a certified PART® trainer, you are responsible for issuing PART® certificates to those that successfully completed the course. A certificate is provided with each participant's handbook. The handbooks should remain with the participant as well as the certificate.

Questions and/or concerns about PART® can be forwarded to your regional PART® instructor or to SASWH.

PART® Contract

Each PART® trainer is required to sign a contract after the successful completion of their TTT. The contract states that as a PART® trainer, you will adhere to the PART® program's® copyright and license agreement as well as program deliverables. A sample contract is found in Appendix C. Also, there is a SASWH Trainer Compliance Checklist to ensure you are meeting the contract agreement that can be found in Appendix D.

Sample Course Outlines

Basic - 8 hours

Minutes	Activity	Trainer Manual Pages	Slide #
10	welcome and introductions, sign in/attendance sheet		
15	background of the program, what they will learn, accountability, and an overview of training, distribute handbooks	1-9	
15	Purpose - discuss the principle; go through the content, and do the exercise	10-11	
15	Professionalism - discuss principle; go through content and do the exercise	12-13	
10	Preparation - discuss the principle; go through the content and do exercises	14-16	
15-minute break			
45	Preparation: Self-control - go through the content and do exercises	17-19	
5	Identification: discuss principle; go through content	20	
10	Legal model - go through the content and do exercises	21-22	
15	Stress model - go through the content and do exercises	22-24	
10	Developmental model - go through the content and do exercises	24-26	
20	Communication model - go through the content and do exercises	26-30	
30-45-minute lunch break			
10	Basic Needs model - go through content and do exercises	30-31	
10	Environmental model - go through the content and do exercises	31-32	
10	Interactive model - go through the content and do exercises	32-34	
10	Socio-cultural model - go through the content and do exercises	34-35	
30	Common Knowledge model - go through the content and do exercises	35-38	
10	Identification summary	39	
10	Response - discuss principle; go through content	40-41	
5	Legal model – discuss reasonable force	41-42	
10	Stress model related to timing - go through the content and do the exercise	42-43	
5	Developmental model - go through the content and do the exercise	43-44	
5	Socio-cultural model - go through the content and do the exercise	44-45	
5	Basic Needs model - go through the content and do the exercise	45-46	
5	Interactive model - go through the content and do the exercise	46	
15-minute break			

40	Crisis intervention for fear, frustration, manipulation and intimidation – go through content and do exercises, role plays, and/or case studies	47-55	
10	De-escalation tips - go through the content and discuss	56	
15	Key Information for Response- go through the content and discuss	56-57	
5	Therapeutic Approaches - go through the content and discuss	58	
10	Stop Strategy and Summary - go through the content and discuss	59	
10	Decision Trees - go through the content and discuss	60-61	
15	Recording: go through the content and discuss the employer's policies and procedures	62	
10	wrap-up, certificate distribution, and evaluation for Basic PART®		

Intermediate - 4 hours, including return demonstration of each technique. The intermediate program is provided on day 2; consideration should be given to a 15–20-minute review of Basic prior to starting the intermediate program.

Minutes	Activity	PART® Trainer Manual	Slide #
10-15	Quick review of the Basic program		
20	Evasion: review principles and discuss; participant sign contract before proceeding	63-64	
15-20	mobility and warm-up activities note: watch for participants with pain, poor mobility, or balance	65-68	
30	Demonstration, practice, then required return demonstration from each participant - you may wish to break after each practice for participants to record their own notes in their handbook	69-77	
15-minute break			
90	continue with review and practice of sample assaults with return demonstration from each participant	69-77	
15	Summary, wrap up - questions/concerns, certificate distribution, participant evaluation	77	

Advanced - 4 hours, including a return demonstration of each technique

Minutes	Activity	PART® Trainer Manual	Slide #
20-30	Restraint: review the definition and types of restraint	78	
20	Review and discuss Principles and rules of manual restraint	78-83	
30	sample techniques - review each technique in the material; demonstration, and then practice with the required return demonstration from each participant - you may wish to break after each practice for participants to record their own notes in their handbook	84-90	
15-minute break			
90	continue with review and practice of techniques with return demonstration from each participant; include role plays	84-90	
5	Summary and decision trees	90-93	
15	wrap up - questions/concerns, certificate distribution, participant evaluation		

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Introduction

Trainer's Note: Hand out appropriate Participant Handbook and Exercise Workbook and review the learning outcomes for the program level you are providing.

- Participants should complete the following at this time:
 - o Evaluation form
 - o Fit for Training Declaration

Basic

- understand why individuals are acting out
- understand how your attitude may aggravate the situation
- know if you are physically and mentally prepared to work with potentially assaultive individuals
- know the importance of effective communication to assist with de-escalating an assaultive situation
- create a plan for self-control
- know how you respond in a crisis situation
- know how to identify why an individual may be assaultive
- understand the importance of proper communication and documentation (demonstration, practice and return demonstration through role plays and exercises)

Intermediate

- the Basic learning outcomes
- understand the principles of effective breakaway and evasion techniques (demonstration, practice and return demonstration of techniques - practice each technique three times)

Advanced

- the Basic learning outcomes
- the Intermediate learning outcomes
- understand the principles of effective manual restraint techniques (demonstration, practice and return demonstration of techniques - practice each technique three times)

Workers who have developed a **systematic approach** to the treatment of aggressive or violent behaviour are less likely to injure or be injured during an incident than those who haven't!

Description of Terms

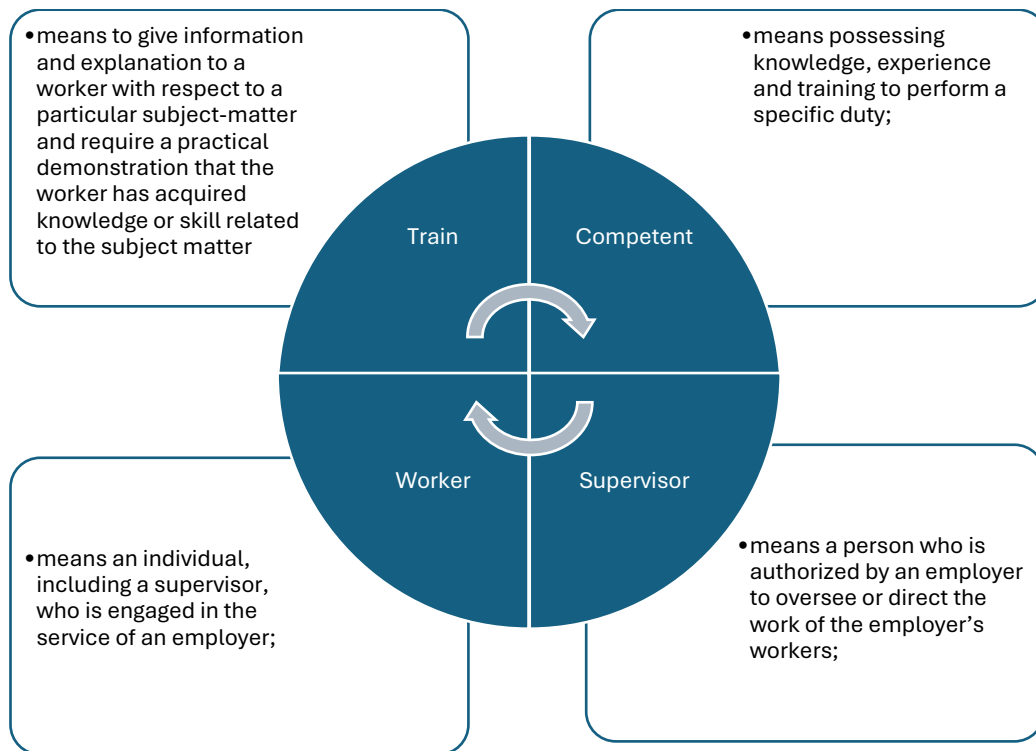
<p>Aggression - Any behaviour or act aimed at harming a person either physically or psychologically, or damaging physical property. Some examples: shouting, swearing, threats, throwing objects, and physical violence. An aggressive act is defined as violence.</p>
<p>Violence - The attempted, threatened or actual conduct of a person that causes or is likely to cause injury and includes any threatening statement or behaviour that gives a worker reasonable cause to believe that the worker is at risk of injury.</p>
<p>Incident - An incident refers to any event or situation in which aggressive or violent behaviour occurs. This can include physical attacks, verbal threats, or any conduct that poses a risk of injury or harm to workers. These incidents often require immediate response, documentation, and potentially further investigation or intervention to ensure safety and prevent recurrence.</p>
<p>Approach - PART® represents an approach rather than an array of techniques. Principles are emphasized rather than specific interventions.</p>
<p>Problem-solving - PART® does not propose to provide answers to people working with aggressive and/or potentially violent individuals. The primary purpose of the course is to help participants ask the right questions so they can solve problems for themselves.</p>
<p>Emergency Response - PART® methods are not a legitimate substitute for a primary treatment or support plan! PART® assumes that you have a reasonable primary treatment/support plan in place for each individual, as well as a backup treatment/support plan. In the event a violent situation exceeds the skills taught in the PART® program®, an additional backup plan must also be developed.</p>
<p>Gender Neutral - PART® is designed to be free of gender bias. The course is designed to provide adequate thinking and movement skills for everyone with various strengths and abilities to remain safe in the workplace.</p>
<p>Teamwork - PART® emphasizes the skills and qualities of effective teamwork. It involves effective communication, cooperation and coordination among team members to achieve the objective in an efficient manner.</p>
<p>Rights - PART® training maintains a dual focus on individual/worker safety and individual/worker rights.</p>

Trainer's Note: You may want to review the employer's violence policy and emergency response procedures at this time.

Legislation

Trainer's Note: This program meets the minimum requirements of *The Saskatchewan Employment Act*, Part III, pertaining to the definition of "train".

During this session you will need to provide a return demonstration through written activities, discussion and even role-play. Evasion and breakaway techniques are taught in Intermediate, manual restraint techniques are taught in Advanced - both also require a return demonstration of the techniques taught. This will show that you have learned what is being taught.



This training provides you with ways to recognize potentially violent situations and the best response to eliminate or manage the risk of injury. Providing training is an employer's responsibility.

Regulation 3-2 states:

A worker shall:

- (a) use the safeguards, safety appliances and personal protective equipment provided in accordance with these regulations and any other regulations made pursuant to the Act; and
- (b) follow the safe work practices and procedures required by or developed pursuant to these regulations and any other regulations made pursuant to the Act.

Three Rights of Workers

Saskatchewan's OH&S legislation has also given every worker, including managers and supervisors, three basic rights:

1. The right to know.
2. The right to participate.
3. The right to refuse work *is believed to be unusually dangerous*.

Right to Know	Right to Participate	Right to Refuse
<ul style="list-style-type: none">• Every worker has a right to be informed about the hazards at work, trained to recognize those hazards; and trained to protect him or herself from those hazards.• This right is built into all regulations where information and training could help to protect workers. Workers must use the information and instruction provided.	<ul style="list-style-type: none">• The occupational health committee (OHC) or the OH&S representative is the principal vehicle for worker participation in the workplace. It is the forum for cooperative involvement of every worker, at every level.• Workers' participation assists in developing a strong safety culture. Workers participate by:<ul style="list-style-type: none">▪ being knowledgeable regarding their rights and responsibilities under the legislation;▪ asking for information from the supervisor;▪ reporting health and safety concerns;▪ discussing health and safety concerns at meetings;▪ working safely;▪ consulting with Saskatchewan Ministry of Labour Relations and Workplace Safety's occupational health officer (OHO);▪ assisting in inspections and investigations; and,▪ participating in safety; workers assist in cultivating a culture of safety.	<ul style="list-style-type: none">• A worker has the right to refuse work that the worker has <i>reasonable grounds to believe is unusually dangerous</i>. The unusual danger may be to the worker or to others. This right is set out in Part III, Division 5 of the Act, section 3-31.• An unusual danger could include:<ul style="list-style-type: none">▪ a danger that is not normal for the job▪ a danger that would normally stop work▪ an imminent danger and in contravention of the Act and Regulations▪ a situation for which the worker isn't properly trained, equipped or experienced.• The right to refuse is the right of an individual and not the right of a group. During a refusal, the refusing worker is protected from discriminatory action through the Act (PART III, Division 5, 3-35)

Worker Responsibilities

With rights come responsibilities. *The Occupational Health and Safety Regulations, 2020* sets out general duties that every worker must be responsible for:

- taking reasonable care to protect their health and safety and the health and safety of other workers who may be affected by their acts or omissions
- refraining from causing or participating in the harassment of another worker
- co-operating with any other person exercising a duty imposed by the Act or the regulations
- complying with the Act and the regulations
- using the safeguards, safety appliances and personal protective equipment provided in accordance with the regulations and any other regulations made pursuant to the Act
- following the safe work practices and procedures required by or developed pursuant to the regulations and any other regulations made pursuant to the Act.

Course Background

As agencies assume responsibility for the treatment of people with assaultive behaviour, they face a clear pattern of risks. These risks include:

1. Individuals who attempt to injure themselves or others will be successful;
2. Workers who work with or around violent people will be seriously injured during an assaultive incident;
3. Workers will contribute to the avoidable injury of others by failing to respond to and assist with assaultive incidents or by responding with excessive force;
4. A lack of teamwork will contribute to injury;
5. Managers will contribute to the injury of others by being unable or unwilling to provide workers with adequate supervision, security or training;
6. Public censure when an assaultive incident results in permanent disability, disfigurement or death;
7. Formal penalties from the courts or legislature when an assaultive incident results in permanent disability, disfigurement or death.

These risks are minimized by:

1. closely supervising workers' response to assaultive behaviour;
2. strongly wording and strictly enforcing policies regarding assaultive incidents; and
3. providing regular in-service training and periodic review of the skills and knowledge necessary for the emergency response to assaultive behaviour.

**In-service Training is
NO Substitute
for
Competent
Supervision!**

Course Outline/Learning Objectives

PART® is designed to help you answer key questions.

The key questions throughout the program are, in part, the learning objectives. By working through the information and exercises, these questions will be answered.

1. Purpose

What changes do we expect in the individuals who come to us with assaultive behaviour? (i.e. When dealing with an individual displaying difficult or aggressive behaviour, what is your goal?)

2. Professionalism

What brought me to this job? What keeps me here? What are my attitudes toward my job and others – clients, co-workers, students? Am I suited for the demands of this job? (i.e. What are your reasons for choosing to work in the field or job you are in? Are you professional in your dealings with others, whether they are clients, co-workers or family members?)

3. Preparation

Am I physically and mentally prepared to work with potentially dangerous people? (i.e. Am I taking care of myself by making healthy choices, getting enough “good” sleep, staying alert and aware of myself, the environment and others?)

a) Attire

Am I aware of how my clothing, footwear, jewelry and other items affect my ability to move/respond in an emergency? Why is this an important part of my self-assessment?

b) Mobility

Am I prepared to move quickly if and when I need to? What can I do to improve and maintain my ability to be mobile?

c) Observation

Do I have a well-developed observation strategy? Do I observe my surroundings and the individuals I interact with? When and where am I more observant - when and where am I less observant?

d) Self-control

Do I have an effective plan for self-control?

4. Identification

If there is a threat of injury and the care/treatment plan isn't working to reduce that threat, can I identify why? (i.e. If an individual is displaying difficult or aggressive behaviours, can I identify why and adjust my responses accordingly?)

5. Response

When responding to an individual who is trying to injure, will I be able to match my response to the level of injury being threatened?

a) Verbal Crisis Intervention

Can I talk the individual into stopping the dangerous behaviour?

b) Evasion

If the individual won't stop, can I avoid harm by evading?

c) Restraint

If we fail to restrain this individual, will someone be seriously injured?

If we try to restrain this individual, do we have enough workers to do it safely?

Are the workers on duty properly trained in restraining?

1. **Manual Restraint:** Is brief manual restraint working? If not, do we need more help? (PART® only teaches Manual Restraint)

2. **Seclusion:** If brief manual restraint isn't working, is seclusion alone likely to reduce the risk of injury?

3. **Restraint:** Must we resort to mechanical restraint?

6. Recording

Do my reports accurately reflect the assaultive incident and workers' interventions?

Follow-up Plan

Following any type of incident, there is appropriate documentation, discussion and planning to eliminate/manage the incident from re-occurring. The safety of workers and other individuals is of utmost importance.

Accountability

Trainer's Note: The goal of this section is to help workers understand they are responsible and accountable for their actions while at the workplace.

Group Activity

Key Question: What does “accountability” mean to you?

Give each participant the opportunity to give their response(s). You may want to write the responses on a flipchart and refer back to them as you go through this section.

The general definition of “accountability” includes:

- being bound to give an explanation of your conduct
- being responsible; answerable.

In day-to-day work, accountability means:

- following the policy
- using the skills you have received in training
- being responsible for the decisions/actions you make at work and even at home
- performing your job duties accurately and appropriately and using your knowledge, skills and abilities received during training - including making appropriate choices
- asking for help/assistance or additional training
- use equipment safely
- report anything that is unsafe.
- debriefing after an incident

As a trainer, some of the things I am accountable for are:

- preparing in advance and being here today to teach the program
- staying up to date with any new material related to PART®
- observing each of you as we go through the activities, techniques - helping you to learn
- completing attendance lists, any follow-up required with your manager/supervisor

Everyone is accountable - me, you, your manager/supervisor, VPs, right up to the CEO.

Key Questions: Can you share some of the ways you are accountable at work and even at home? How do you think we should be held accountable?

Give each participant the opportunity to share. Some answers may include:

- coming to work on time
- wearing appropriate clothing (e.g., uniform, footwear, personal protective equipment)
- documenting incidents
- communicating interventions and/or changes in behaviour
- changing the way we work and using the skills we are taught

The Interface of PART® and the Care/Treatment Plan(s)

1. PART® is designed to address the question: What happens when the care/treatment plan breaks down?

Organizations providing service to potentially assaultive individuals are expected to have care/treatment plans in place that address assaultive behaviours. PART® assumes that all behaviours, including assaultive behaviours, have a function and are designed to meet specific needs.

The primary care/treatment plan provides the worker and the individual with specific information about what the individual will be doing to meet these needs in a responsible way. The care or treatment focus is not on what the individual **will stop doing**, but rather what the individual **will be doing** to meet their needs.

It is further expected that there will be a "menu" of backup plans available for those instances when the primary care/treatment plan breaks down. These will include such interventions as changing an activity, stopping an activity, diverting attention, etc. Ensure all interventions in the care/treatment plan(s) are communicated and documented.

2. PART® interventions are to be used all the time, but may also include the following:

- when the primary care/treatment plan doesn't work;
- when the back-up care/treatment plan doesn't work, and
- when you are facing an immediate threat of injury.

It is most important to stick to the primary plan for each individual while continually using PART® principles.

The PART® program® contains information to assist workers with completing an assessment process to identify hazards - a hazard is a situation that poses a level of threat to life, health, property, process or environment. Basically, it is anything that can cause an injury or illness.

Identification	Response
<ul style="list-style-type: none"> • The better we understand the many contributors to the occurrence and potential for challenging behaviours, the more likely we will be to prevent incidents from occurring or deal more effectively with incidents when they occur. • When hazards are identified, you then assess risk(s). Risks are then eliminated or managed. The assessment process includes: <ul style="list-style-type: none"> ○ self (included in Purpose, Professionalism and Preparation) ○ environment (included in Preparation) ○ individual (included in Identification) 	<ul style="list-style-type: none"> • Workers who are able to match their responses to the level of dangerousness presented by the individual's behaviour are less likely to use too much or too little force. • An effective response provides ways to eliminate or manage the identified risk(s). In addition, a further plan, such as contacting the RCMP or local police, may also need to be considered, developed and communicated to workers.



Think about:

- What can I do to eliminate/manage the risks? e.g., Do I need to be more aware of changing my behaviour, approach, attitude?
- What do I need help with to eliminate/manage the risks? e.g., Do I need assistance to increase my mobility, education?
- Who do I need help from to eliminate/manage the risks? e.g., co-workers, supervisor?

3. PART® is NOT a self-defence course. The focus of this training is to enhance your self-control, de-escalation, and verbal crisis intervention skills.

4. PART® is most useful when PART® Principles are consistent with the philosophy and values of the organization.

The key question to be answered when considering the use of PART® interventions is:

Is the behaviour dangerous?

There is a difference between dangerous behaviour and behaviour that workers find irritating.

Workers must remember that:

- being obnoxious is a constitutional right

We violate the human rights of individuals to whom we are providing services when we:

- physically force them to stop doing something they want to do, when what they want to do is not dangerous; or
- physically force them to start doing something we want them to do

**Violating anyone's human rights is a serious matter.
It should never be done without sufficient cause.**

Purpose

Principle

When workers understand that beneath difficult or aggressive behaviours there is a message or a reason for the behaviours, workers will be less likely to react negatively to the behaviours and more likely to respond in ways that assist the individual to express their needs more effectively. This will lead to better outcomes.

Key Question:

When responding to an individual displaying difficult or aggressive behaviour, what is your goal?

Trainer's note: Briefly answer the following questions. The exercise can be a group discussion or individual/table work.

Exercise 1:

1. What type of difficult, aggressive or violent behaviours do individuals display (any change in behaviour)?

Possible Answers: yelling, clenched fists, getting into your personal space, throwing items, pinching, scratching, kicking, hair pulling, etc.

2. What is the purpose of the behaviour? (i.e. What needs are they trying to meet? Why are these individuals acting out?)

Possible Answers:

Protecting themselves or their belongings

Getting attention

Misinterpret the environment i.e. hallucination

Freedom

Fear/frustration

Means of communication

Antisocial

Dementia

Delusion

Invasion of personal space

Manipulation

Power

Retaliation

Sickness/hunger

Grieving

Gain control

Gain security

3. a) If our response **is** successful, what would we expect the individuals to do?

Possible Answers:

Less likely behaviour will occur again

May be prepared to talk over problem

If intervene incorrectly, behaviour may occur again

May get control

May be more rationale

3. b) If our response **is not** successful, what would we expect the individuals to do?

Possible Answers:

Continue with current behaviour

Behaviour may occur again

Escalate

4. List some examples of **positive and successful responses** that you made or observed during an incident.

Possible Answers:

<i>Team approach</i>	<i>Being present/intentional engagement</i>
<i>Diversion</i>	<i>Remove individual</i>
<i>Change environment</i>	<i>Validation</i>
<i>Careful assessment of situation</i>	<i>Time out</i>
<i>Voice/tone</i>	<i>Maintained communication</i>
<i>Assess the situation</i>	<i>Compromise</i>
<i>Know your exits</i>	<i>Calm/rationale</i>

5. List some examples of your response that were not effective during an incident.

Possible Answers:

<i>One-on-one approach</i>	<i>Yelling – may escalate the problem</i>
<i>Waiting too long to intervene, moving in too soon</i>	<i>Improper or no recording</i>
<i>Attempt to overpower</i>	<i>Inconsistent approach</i>
<i>Tone of voice</i>	<i>Body language (eye contact; stance)</i>
<i>Move in too fast</i>	<i>Get angry with the individual</i>
<i>Too close/too soon/too many</i>	<i>Cornering an individual</i>
<i>Using “No”</i>	<i>Lack of communication between workers</i>
<i>Over persistent</i>	<i>No captain (for advanced)</i>

Post exercise discussion:

What response have you felt was effective? What response have you used in the past?

Remember

*"All behaviour is a form of communication."
(Dr. Becky Bailey, 2023)*

Professionalism

Principle

Workers who understand why they have chosen to work in the healthcare/human services field are more motivated to respond in a positive manner when responding to difficult or challenging behaviours, while not reacting with emotion.

The difference between a **response** and a **reaction** lies in the level of thought and intention behind each:

- A **reaction** is typically quick, instinctive, and often involves an emotional behaviour in the moment. It's automatic and driven by immediate feelings or stimuli without much consideration of the consequences.
- A **response** is more thoughtful and deliberate. It involves self-control, assessing the situation, and choosing the best course of action or response, often considering the potential outcomes or effects.

As professionals, we must respond thoughtfully and with intention, ensuring that our actions are guided by reason, empathy, and a commitment to achieving the best possible outcome for all involved.

Key Questions:

- What brought me to this job?
- What keeps me here?
- What are my attitudes towards my job and other individuals?
- Am I suited for the demands of this job?

Trainer's Note: choose from the two exercise options in exercise 2.

Exercise 2:

Option 1 – Have participants answer the above key questions. Adjust your questions based on the session type, i.e. re-evaluation or general session.

Option 2 – Have participants complete the exercise below. It can be a group discussion or individual/table work.

You have chosen to work for an agency/organization that supports individuals with potential for aggressive or assaultive behaviour. Describe your reasons for making this choice.

Possible Answers:

*People oriented
Enjoy nursing
Challenging/rewarding
Helping profession
Married into it
Sense of worth*

*Need a job
Enjoy caring for others
Potential to make a difference
Humanitarian agency
Like meeting the needs of people
Satisfying*

Important Points of Professionalism

Self as Tool

Construction workers use tools to build. In Healthcare/Human Services, self **is** the tool. A skilled craftsperson keeps tools in good working order. Disciplined professionals must do the same.

Trainer's Note: ask participants what they do for self-care and have a discussion on the importance of it.

Professionalism and Safety

Unprofessional attitudes pose a safety risk to oneself and others. The more professional we are, the less likely we are to respond negatively.

Features of Professionalism

- a) **Mood:** a temporary state of mind or feeling.
 - Mood affects performance.
 - What causes your moods?
 - The professional has control over their mood and how they respond to others.

- b) **Attitude:** a way of thinking or feeling about someone or something, reflected in a person's behaviour. Attitude is not something that happens to you; it is something you choose.
 - Attitude affects performance.
 - Being in a bad mood is no excuse for a poor attitude toward others.

- c) **Motivation:** is why you do what you do.
 - Motivation affects performance.
 - Take a moment to reflect on why you are here.

When responding to individuals, we must be professional and remember the "TV rule". If a decision or action is something you wouldn't want to be broadcast on television or social media, then it's probably not the right response. This rule serves as a way to ensure accountability by encouraging workers to reflect on their choices and their consequences.

**Professionalism is:
taking responsibility
for the disciplined management
of *mood,*
attitude and motivation
in the service of the individual.**

Preparation

Principle

Workers who are prepared to respond to challenging behaviours before they get to work are less likely to injure or be injured than workers who are not prepared. The fully prepared workers consider their attire, level of mobility and well-practiced observational strategies. A self-control plan will reduce the chance that you will contribute to the assaultive situation.

Key Questions:

- Am I physically and mentally prepared to work with challenging individuals?
- Have I completed my assessments on self, environment, and others?
- Have I communicated with the team and identified any challenges or limitations?

A. Attire

Key Questions:

- Am I aware of how I am dressed (clothing, footwear, jewelry, other items) and how that affects my ability to move/respond during an emergency?
- Why is this an important part of my self-assessment?

Trainer's note: the areas of risk are not limited to this list/exercise. Have a discussion of what other areas of risk there could be and how you would manage/eliminate these risks?

Exercise 3:

Look at the way you are dressed from head to toe. Assess your attire in terms of the risk it might present during an incident.			
	Low Risk	Some Risk	High Risk
Head			
▪ earrings - do they present a risk of tearing or cutting?			
▪ glasses - are frames and lenses likely to break or shatter?			
▪ hair - could it be easily grabbed or obscure my vision?			
Neck			
▪ do necklaces, ties, scarves, pen on a rope, stethoscope, lanyard, etc., provide an opportunity for choking?			
Arms & Hands			
▪ can rings, bracelets, watches or fingernails catch and tear skin?			
Torso (clothing)			
▪ will my clothing keep me from jumping, running, bending or kneeling?			
Feet (shoes)			
▪ do my shoes interfere with my ability to move quickly?			
▪ do my shoes present a risk of injury to myself or others?			

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	Low Risk	Some Risk	High Risk
Keys			
<ul style="list-style-type: none"> ▪ does the way I carry my keys pose a risk of injury to myself or others? (lanyard) 			
Emotional Attachment			
<ul style="list-style-type: none"> ▪ if my clothing or jewelry were damaged, would I be upset? 			
Other			
<ul style="list-style-type: none"> ▪ personal hygiene ▪ shaving lotion/perfume ▪ body art (tattoos, piercings) 			

Trainer's note: Some of these points may not directly lead to aggression or violence but could potentially trigger an individual.

B. Mobility

Key Questions:

- Am I prepared to move quickly if and when I need to?
- What can I do to improve and maintain my ability to be mobile?

Trainer's Note: Option to do warm-up activities at this point to enhance mobility. You may follow the mobility warm-up starting on page 64.

C. Observation

Being observant can provide critical information about a person's mood, behaviour, and potential triggers, which might not be communicated verbally. This increased awareness can lead to more effective responses in various situations.

Key Questions:

- Do I have a well-developed observation strategy?
- Do I observe the environment and the individuals I interact with?
- When and where am I more observant - when and where am I less observant?
- Have I set up my environment to be effectively observant?

- | | | |
|---|---|---|
| 1 | { | <ul style="list-style-type: none"> • Determine baseline behaviour for each individual for whom you are responsible. (see pg. 23 for definition of baseline behaviour) |
| 2 | { | <ul style="list-style-type: none"> • Recognize signs of impending danger: <ul style="list-style-type: none"> a) Notice changes in frequency, duration and intensity of behaviours b) Notice excesses and deficits in behaviours c) Notice "positive" as well as "negative" changes in behaviours d) Notice any triggers that cause changes in behaviour |

- 3 {
 - Position team members so that all individuals can be observed. Observe your environment.
- 4 {
 - Maintain eye contact with team members. Be observant of others.
- 5 {
 - Maintain communication with others. Communicate when leaving the area.
- 6 {
 - Determine the appropriate level of supervision, based on observation of the individual and worker resources:
 - **Routine:** Where is the individual? What shape is the individual in?
 - **Close:** Within visual range?
 - **Constant:** Within arm's reach?

Trainers note: Answer the following questions in a group setting or table work.

Exercise 4:

1. What are some observable, common signs that an individual might become aggressive or potentially violent?

Possible answers: *Raised voice, shouting, swearing, enraged, clenched fists, pacing, increased agitation, frowning, glaring, sudden silence, focused attention*

2. Can you identify specific body language that might indicate the individual is escalating?

Possible answers: *Waving arms, pointing fingers, tightening jaw, baring teeth, intense glaring, stomping, sudden jerky movements*

3. How can the environment contribute to an individual's aggressive behaviour?

Possible answers: *Crowded spaces, high levels of noise or sudden loud sounds, lack of privacy, temperature, chaotic environments, lack of environmental control, level of light*

4. Why is it important to observe changes in an individual's behaviour?

Possible answers: *Early intervention to de-escalate the behaviour, identifying triggers, personalizing treatment/support plan for that individual, may prevent re-occurrence, knowing when it's time to leave and when additional help is needed*

D. Self-control

Key Question:

- Do I have a plan for self-control?

When you believe you are being threatened with physical injury or perceived danger, your body will prepare to reduce or eliminate the threat through a natural stress response. This built-in defence mechanism is meant to help you respond to various threats in the most effective way. Fight, flight, freeze, and fawn are all common stress responses.

The first response your body activates is the fight or flight. Your heart rate goes up and prepares your body for a physical response. Your nervous system can then shift to a freeze or fawn (people-pleasing behaviour to avoid conflict) if your body determines the fight or flight response won't be effective. Your past experiences, personality and the type of threat will affect which stress response is activated and how you respond to a stressful or frightening situation.

Maintaining self-control in difficult circumstances is one of the hallmarks of professional behaviour. The only reliable way for professionals to cope with the fight or flight response is to develop a series of pre-planned techniques for maintaining (or regaining) control. Since the stress caused by repeated experiences of the fight or flight response is cumulative in its effects, planned methods for reducing this stress and restoring emotional balance are also necessary.

Self-control plans vary widely. Critical features of an effective self-control plan are self-assessment, knowing your limits, regaining self-control and restoration and healing.

1. **Self-assessment:** Taking a moment to check your own physical state. The next exercise will give you an opportunity to think out and write a self-control plan for situations such as this.

Trainer's note: have participants go through the first column of their self-assessment in Exercise 5.

Exercise 5:

Physical Response in Crisis

Think of an incident that really scared you. Usually, if you relate back to an occasion when you had to confront a fear – a moth, spider, mouse, bee, snake – you will better understand the fight or flight response. What was the situation and your reaction?

Self-assessment:

	Symptoms experienced Fight – Flight – Freeze – Fawn	What to do to keep the behaviour within acceptable limits Self-control Plan
Breathing	<i>Fight: rapid/shallow, gasping, not breathing Flight: rapid shallow</i>	<i>Deep breathing</i>
Vision	<i>Focused on the incident Looking for assistance Peripheral vision gone</i>	<i>Go into team mode to evaluate the situation Increase field of vision Tunnel to scan 2 things to look for: weapons, escape route</i>
Heart	<i>Pounding, beating excessively fast</i>	

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Speech	<i>Fight: yelling, unable to speak, freeze up, hysterical Flight: screaming</i>	<i>Normal voice tone or lower Short words and sentences</i>
Thinking	<i>Self-preservation Irrational Reacting now, then thinking</i>	<i>Stay calm – talk to yourself, take a deep breath Stay organized</i>
Perception	<i>Perceive the situation to be major or worse than it is (life-threatening)</i>	<i>Try to understand an individual's behaviour Reality becomes the perception</i>
Emotions	<i>Fear, mixed emotions, frustration, roller coaster, jumbled, anger</i>	<i>Don't take it personally – accept feelings Stay calm</i>

2. Knowing your limits: Having a clear picture in your mind of how far you might go when you are unable to control your emotions.

Trainers note: Have a group discussion on Knowing Your Limits.

Exercise 6:

Knowing Your Limits

1. If I failed to regain self-control and overreacted, what would I be doing?

injuring other people, injure self, domino effect - get more people upset, increase risk of injury

2. If I failed to regain self-control and underreacted, what would I be doing?

increase risk of injury, encourage behaviour to continue

3. What habits do I display under stress that might make this situation worse?

make light of the situation, speak loudly, make idle threats, underestimate seriousness, talk too much, walk away early, not look around

3. Regaining self-control: To be truly effective at self-control, you need to take specific steps to counteract the "fight or flight" response. For example, if you find that you breathe very rapidly when you are frightened, your self-control plan would include a conscious effort to breathe slowly and deeply.

Trainer's note: have participants fill in the second part of their self-assessment in Exercise 5. Review this information in a group setting.

4. Restoration and healing: It is important for you to understand what you can do to make yourself feel better after a stressful incident. Emotional balance is essential for good professional performance.

Talking with a trusted friend is one of the most common ways of beginning to restore emotional balance, as well as debriefing with your team.

Trainers note: Answer the following questions in a group setting or table work.

Exercise 7:

Methods for Restoring Balance and a Sense of Well-being

Immediately after an incident, I will do these things to restore my sense of well-being:

debriefing be yourself remove yourself from the situation

record incident solitude/regroup medical attention

When an incident has occurred, I will do these things after work to restore my sense of well-being:

relax - bathe

talk to a supportive friend or co-worker – keeping in mind confidentiality

physical activity

restoring balance should be a healthy choice and done in moderation

I have developed the following habits or patterns of activity to keep myself emotionally balanced:

good physical shape - relax, physical activity, nutrition, rest

hobbies

do something for yourself

make time each day for yourself (15 minutes of "me time")

What can your employer do to help with restoration and healing?

Employee Assistance Program (EAP)

encourage peer-to-peer debriefing, worker-employer debrief, and formal debrief if needed

solution building – debrief to manage, as well debrief to learn

return to work plan

Plan Your Work and Work Your Plan!

Identification

Principle

The better we understand the many contributors to the occurrence and potential for challenging behaviours, the more likely we will be to prevent incidents from occurring or deal more effectively with incidents when they occur.

If an individual is displaying difficult or aggressive behaviours, can I identify why and adjust my responses accordingly?

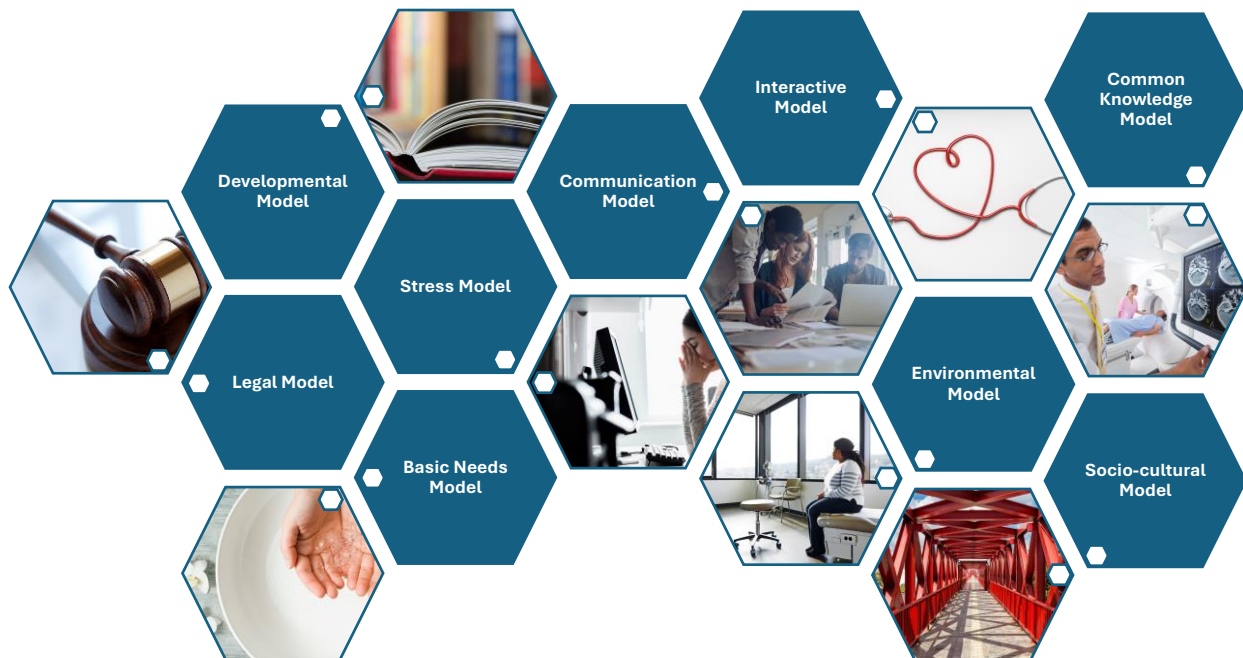
Why Does Assault Happen?

This multi-level approach, which looks at behaviour from various perspectives and models, is meant to help workers develop and maintain a broad understanding of aggressive behaviour and provide insight into the reasons for the behaviour.

There are many factors that contribute to aggression and the potential for violence. The theoretical (theory of PART®) models presented in this section allow us to:

1. Take preventive measures in a variety of program structures
2. Understand and explain aggressive and violent situations from a number of points of view
3. Increase our capacity to observe signals of potential assault
4. Use the experience and knowledge of all of the disciplines and positions represented in our worker group to enhance the safety of everyone
5. Supplement our knowledge gained in education and training

The identification section allows us to examine violence and violent situations from a number of points of view. These include:



Trainer's note: While facilitating each model, you have the option to include the response for each respective model. If you choose to do so, you do not need to revisit that information again. However, you are still required to cover the remaining information in the response section.

Legal Model

Purpose

The purpose of examining a legal model is to separate assaultive behaviour into levels of dangerousness. **This is not meant to be legal advice.** This legal model is useful to professionals because it provides commonly accepted definitions for assaultive behaviour. This model also gives professionals guidance in determining what constitutes "reasonable force". Reasonable force is defined as a reasonable amount of force that is just enough force for effective self-protection, and no more than is absolutely necessary.

Common Assault	Assault Causing Bodily Harm	Aggravated Assault
<ul style="list-style-type: none">•When one person threatens to injure another, the threat is a common assault if:<ul style="list-style-type: none">▪the person is close enough to injure;▪the person has the ability to injure;▪the person shows an intent to injure immediately; and▪the injury being threatened is not serious enough to require immediate medical attention.•Examples include realistic/believable threats to slap, threats to pinch or threats to scratch.•Touch does not occur – there is no contact.	<ul style="list-style-type: none">•When a person tries to injure another, the threat is assault causing bodily harm if:<ul style="list-style-type: none">▪the person has the ability;▪the person shows an intent to injure immediately;▪the person makes physical contact; and▪the injury being attempted is not serious enough to require immediate medical attention.•Examples include slapping, pinching and scratching.•Touch occurs – there is contact – but no medical attention is required.	<ul style="list-style-type: none">•When a person tries to injure another, the attempt is called aggravated assault if:<ul style="list-style-type: none">▪the person has the ability to seriously injure;▪the person shows an intent to seriously injure immediately; and▪threatens or attempts an injury that would require immediate medical attention.•Examples include eye gouging, choking and blows with heavy objects.

Source: Criminal Code (R.S.C., 1985, c. C-46)

Identification

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Trainers note: The following exercise is of value when discussing levels of assault. There is no clear answer to any of the following based on the information provided. The purpose of this exercise is to have participants discuss the possibilities to make them more aware of the levels.

Exercise 8:

Read the following scenarios and classify them according to their level of dangerousness. Write the level of assault in the box provided.

1. An elderly individual grabs a worker by the arm as they walk by and pushes them into another worker.

*Assault causing
bodily harm*

2. An angry adolescent stands directly in front of the worker, fists clenched, teeth bared, breathing heavily, speaking slowly and deliberately, "You will do what I want right now, or I'll make you pay big".

Common assault

3. A mentally disturbed, hallucinating young adult picks up their chair and holds it over the head of a worker. As they bring the chair towards the worker's head, they mutter incoherently.

Aggravated assault

4. A four-foot-tall, slightly built, seven-year-old shakes a fist and swings wildly at a twenty-four-year-old, six-foot-tall, solidly built worker, yelling, "I hate you. I'm going to kill you."

*None? Common?
Other?*

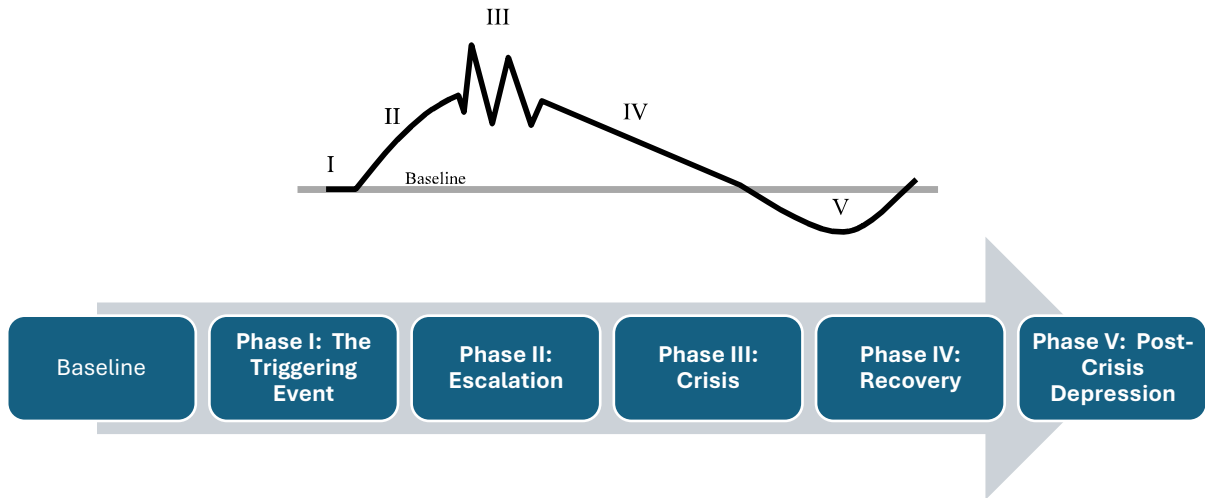
Stress Model

Studies of "fight or flight" show that when people perceive serious threats to their well-being, they will prepare themselves to either fight with or flee from the source of the threat. Others will become aggressive in an attempt to control the environment, using violence or the threat of violence to achieve their wishes.

The aggressive individual will demonstrate physical, psychological and behavioural reactions, which follow a cycle. Each individual has a uniquely patterned cycle of response to perceived stress that tends to repeat itself.

For the purpose of observing aggressive incidents, this cycle of response has been entitled **The Assault Cycle**, and is divided into five separate, distinct and observable phases.

Stress Model of Assault



Baseline Behaviour: is the individual's typical or standard pattern of behaviour. Knowing someone's usual behaviour is crucial for observing triggers and changes in behaviour, as well as assessing how different treatments, support, or changes in their environment affect them.

Phase I: The Triggering Event

This phase includes any event that an individual perceives as a serious threat to well-being or sparks intense negative emotions. The event may be observable (name-calling by another individual, a disturbing phone call, loss of a privilege) or not observable (a flashback or memory, a delusion or hallucination, a reaction to medication).

Phase II: Escalation

The individual's mind and body prepare for the increase in intensity or seriousness of their behaviour. The individual's muscles become increasingly tense and active. The increase in intensity could be gradual. Behaviours such as pacing, yelling, banging, throwing objects randomly, kicking walls, drumming fingers, etc., are frequently observed.

Phase III: Crisis

The behavioural pattern explodes into one or more physical assaults on the perceived source of the threat. The individual will threaten injury, hit, kick, throw objects at people, etc. An individual cannot sustain this level of energy indefinitely.

Phase IV: Recovery

When the crisis is over, the muscles become progressively more relaxed and negative behaviours become less frequent, as the mind and body seek the stability of baseline. It is important to note, however, that the individual is not yet at baseline and is vulnerable to re-escalation.

Phase V: Post-Crisis Depression

The level of exertion required during the crisis phase has now taken a toll on the body and mind. The physical and emotional symptoms of fatigue and/or depression dominate the behavioural pattern. Observable behaviours frequently include crying, hiding, sleeping, curling up in a fetal position or self-blame.

Trainers note: Choose a scenario from your recent experience. This should be someone who became aggressive. This could be a group discussion.

Exercise 9:

Stress Model/Assault Cycle

1. Describe the **triggering** event(s) for this incident.
environment - change - overcrowding - boredom; hallucinations; frustration; noise level; loss of belonging or privilege, threat to self or personal space; basic needs not being met; receiving bad news; a worker
2. Describe the behaviours observed during **escalation**.
tense muscles; any change in baseline behaviour; flushed face; packing, wringing hands. verbal threats - verbally combative; disrobing; voice - yelling, humming; change of voice tones
3. Describe the behaviours observed during the **crisis**.
kicking, punching, slapping, choking, self-abuse
4. Describe the behaviours observed during the **recovery**.
breathing returns to normal; pattern escalation behaviours are decreasing in intensity
5. Describe the behaviours observed during the **post-crisis depression**.
crying, depression, withdrawn, suicidal, apologetic, clam up, "poor me" syndrome, sleep, lethargic, signs of depression

Developmental Model

Violence can be seen as a function of age. Younger people are likely to act out or have bursts more than older people. Social norms permit violent expression in children without drastic consequences, for example, temper tantrums.

The importance of this perspective is in the difference between chronological and developmental age. The developmental stage is typically lower than the chronological age.

Identification

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The stages of developing the ability to control explosive outbursts typically progress as follows:

<p>Pre-school age children:</p> <ul style="list-style-type: none"> • Little ability to control explosive outbursts. • Can be easily provoked over relatively simple issues. • Can have outbursts based on environmental features (hungry, cold)
<p>Early elementary age children:</p> <ul style="list-style-type: none"> • Have enough control to avoid hitting and biting; interactions can cause impulsive, violent behaviour such as pushing. • Sometimes violent expressions are used to gain the attention of adults.
<p>Late elementary age children:</p> <ul style="list-style-type: none"> • Can delay their impulses to fight until they can find a time and a place with less adult intervention. • Fighting is much less frequent. • There is a notable difference between each gender's ability to control their impulses at this age.
<p>Early adolescents:</p> <ul style="list-style-type: none"> • Provoke adults or authority figures intentionally. • Typically, pushing their limits and attempting to challenge authority. • Inexperience and poor judgement sometimes lead youth to fight with someone who may injure them badly or injure another more than planned.
<p>Late adolescents:</p> <ul style="list-style-type: none"> • Have the ability to channel most of their violent and destructive impulses into other activities (sports, etc.). • Relationships may provoke incidents (cheating, disagreements).
<p>Young adults:</p> <ul style="list-style-type: none"> • Rarely express their violent or aggressive impulses. • Incidents are more isolated.
<p>Middle-aged adults:</p> <ul style="list-style-type: none"> • Rarely have physical fights • Violence is situationally caused (adultery, job loss, alcoholism).
<p>Elderly adults:</p> <ul style="list-style-type: none"> • Typically, avoid situations that may lead to violence altogether. • Mental and physical impairments may produce the inability to inhibit impulsive, violent expression.

A key point to consider with the developmental model is that when an individual is in crisis, their behavioural stage may decrease.

Trainers note: Complete exercise by doing table work or group discussion.

Exercise 10:

Developmental Model

Think of someone you have encountered who was not developmentally at the stage that matched their chronological age.

What did this individual do that led you to believe they were functioning at a lower developmental stage?

What signs showed them moving away from baseline behaviour? What developmental stage would they be?

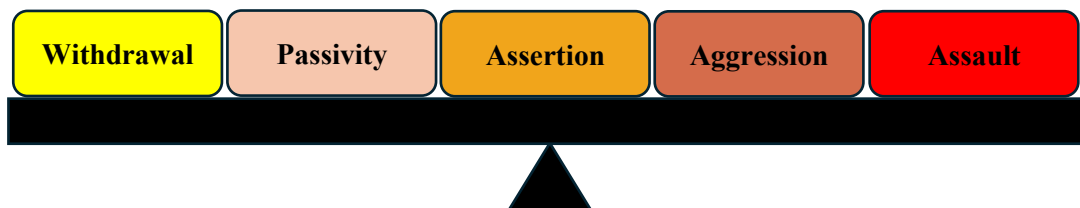
This next question is not in the Participant Handbook.

Have you ever, at any time in your life, behaved in a way that did not match your age?

Communication Model

From the perspective of interpersonal communication between two people, aggressive behaviour can be viewed as a two-way pattern of communication that sets up a "victim" and an "aggressor". This can be done with either verbal or non-verbal forms of communication.

The importance of this perspective in observing aggressive incidents is that it enables us to observe signs and signals of impending aggression. Use of this model allows for early intervention in the assault cycle and may prevent violent expression. The following diagram illustrates the relationship between various forms of communication that lead to violence or its prevention:



Identification

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Withdrawal: Withdrawal forms of communication are non-verbal and include stares, gestures, isolation and self-destructive behaviours, drug overdoses, dangerous games, etc. Sometimes people cause others to avoid them through poor hygiene or muttering in angry tones.

Non-verbal communication, such as gestures, may be misunderstood.

Passivity: Passive forms of communication include someone avoiding expressing their opinions, needs or values. Often, the person prioritizes the needs, values, and opinions of others over their own. In this form of communication, frustrations tend to build, sometimes resulting in outbursts over time.

Being passive and not setting boundaries can create ill feelings.

Aggression: Aggressive forms of communication include loud/angry blaming of others, yelling, name-calling, or making threats. Communicators are comfortable expressing their needs, values and opinions. Often, they might struggle to see the needs, values, and opinions of others.

"You" language puts the other individual on the defensive.

Assault: Assaultive forms of communication are non-verbal and include hitting, kicking, throwing objects at people, etc.

Assaultive behaviour can be seen as a two-way communication.

Assertion: Assertive communication is the healthy, balanced point between aggressive/assaultive patterns and withdrawn/passive patterns. Assertive forms of communication involve the individual being able to express their values, needs, and desires, as well as respecting the values and needs of the other person.

Appropriate verbal intervention techniques will avert the majority of incidents of physical aggression.

Use "I" messages, accept responsibility and make and give others choices.

Trainer's note: review the Assertive Communication Tips and then complete Exercise 11. Have participants practice using assertive communication.

Assertive Communication Tips:

1. **Create win – win situations, instead of I win – you lose:** Mutually beneficial situations where all parties should feel satisfied with the outcome.
2. **Be Prepared to Negotiate:** Be open to finding mutually beneficial solutions through negotiation and compromise. Focus on finding common ground and exploring alternative options that address everyone's needs.
3. **Use Assertive Language:** Use assertive language that is firm, yet respectful. Avoid aggressive or passive language, such as blaming, criticizing, pretending to agree, or apologizing excessively. Express your opinion honestly. Use facts and not judgements or assumptions.
4. **Use Assertive Body Language:** Pay attention to your body language and posture. Stand or sit up straight and use open gestures such as facing the individual directly, maintaining an open stance, and using expressive hand movements.
5. **Use “I” Statements:** Start sentences with “I” to express your thoughts, feelings, and needs directly. For example, say “I think”, “I feel” or “I need” instead of blaming or accusing others. Avoid “you” messages.
6. **Be Clear and Specific:** Clearly state what you want or need and be specific about your expectations.
7. **Stay Calm and Relaxed:** Maintain a calm and composed demeanour, even in challenging or confrontational situations. Take deep breaths and use relaxation techniques to manage any feelings of anxiety or tension. Pay attention to your tone of voice.
8. **Maintain Eye Contact:** Make eye contact with the individual you're speaking to, as it conveys confidence and sincerity. However, be mindful not to stare excessively, as it can come across as aggressive. Be aware of cultural differences; direct eye contact may be a sign of disrespect.
9. **Listen Actively:** Practice active listening by giving your full attention to the individual who is speaking, nodding to show understanding, and paraphrasing their message to ensure clarity. Show empathy and validate their perspective, even if you disagree.
10. **Stay Focused on the Issue:** Stick to the topic at hand and avoid bringing up unrelated issues or getting sidetracked by emotions. Keep the conversation focused and constructive.
11. **Set Boundaries:** Clearly communicate your personal boundaries and limits and assert them when necessary. Respect others' boundaries as well.
12. **Practice Empathy:** Try to understand the other individual's point of view and feelings, even if you disagree with them. Empathize with their perspective and acknowledge their emotions before expressing your own.
13. **Take Responsibility For Your Own Actions:** Acknowledge and own your mistakes and make amends by taking corrective action when necessary.
14. **Practice Assertiveness Regularly:** Assertive communication is a skill that improves with practice. Look for opportunities to assert yourself in various situations, both personally and professionally.

Trainer's note: Using the assertive communication skills you have just learned, role-play various scenarios to build on your current communication skills. These role-playing scenarios allow professionals to practice assertive communication skills in realistic situations, helping them build confidence and effectiveness in their interactions with individuals, families, and colleagues. Be cognizant of your time during role-play exercises.

Exercise 11:

Assertive Communication Exercises:

Option 1: participants role-playing various scenarios where they need to assertively communicate their needs, boundaries, or opinions.

For example, participants could take turns acting out situations where they need to say “no” to a request, ask for help or support, or disagree with someone else's opinion.

After each role-play, the group can discuss what went well, what could be improved, and share feedback on how to communicate assertively in similar situations.

This exercise will help participants practice assertive communication skills in a safe and supportive environment.

Option 2: participants role-play various scenarios for practicing assertive communication in different healthcare settings: (scenarios for other settings are available in the semi-secure trainer login)

1. Requesting Inappropriate Medication:

- Situation: An individual insists on receiving a specific medication that is not appropriate for their condition.
- Role-play: One participant plays the individual, while another plays the worker. The worker must assertively explain why the requested medication is not suitable and offer alternative options.

2. Family Member Overstepping Boundaries:

- Situation: A family member insists on staying with their loved one overnight despite hospital policy.
- Role-play: One participant plays the family member, and another plays the worker. The provider must assertively communicate the hospital's policy regarding visiting hours and explain the reasons for it.

3. Handling Disruptive Behaviour:

- Situation: An individual becomes verbally aggressive and starts shouting in the waiting area.
- Role-play: One participant plays the individual, and another plays the worker. The worker must assertively address the disruptive behaviour, setting clear boundaries while remaining calm and professional.

4. Discussing Treatment Options:

- Situation: An individual is reluctant to undergo a recommended treatment due to concerns about side effects.

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- Role-play: One participant plays the individual, and another plays the worker. The worker must use assertive communication to address the individual's concerns, provide information about the treatment, and engage in shared decision-making.
5. **Dealing with a Disagreement Among Colleagues:**
- Situation: Two workers have conflicting opinions about the best course of action for an individual's care.
 - Role-play: Two participants play the workers involved in the disagreement. They must use assertive communication to express their viewpoints, listen actively to each other, and work towards finding a consensus.

Points to remember:

- focus on the behaviour, not on the individual
- remember as a professional, how we communicate can really impact the individuals we support
- we can only control ourselves and how we communicate

Basic Needs Model

Throughout life, an individual's behaviour is designed to meet basic needs. These needs are met with higher-level needs being dependent on meeting the lower-level needs, which are the most basic. The needs theory aims to explain human motivation (the reason why we do what we do) based on an individual's specific needs. Regardless of an individual's background, this model is universal and can be applied to many situations.

Self-Actualization: desire to be one's best

Self Esteem: respect, recognition, strength, freedom

Love & Belonging: friendship, intimacy, family, acceptance, trust

Safety: personal security (emotional and financial), employment, resources, health, property

Survival Needs: air, water, food, shelter, heat, sleep, clothing, reproduction



Interventions focused on the individual's self-esteem will not help until a worker has assisted the individual in feeling more secure in the situation. If the individual is attempting to obtain a survival need, a worker needs to focus on assisting the individual in attaining that need. Violence may be a result of an individual's basic needs being threatened, whether it be real or perceived.

Trainer's Note: The Basic Needs Model is based on Maslow's basic needs theory, referred to now as Maslow's Hierarchy of Needs.

Trainer's Note: Examples are not inclusive. Have a group discussion on what basic need the individual they observed was attempting to meet.

Exercise 12:

Consider an individual you have worked with or observed who has become aggressive - **do not use real names for confidentiality purposes**. Explain how this individual's behaviour resulted from a threat or an attempt to meet one of their basic needs.

Survival: *If an individual is hungry, they may become irritable or lash out at others.*

Safety: If an individual feels their physical safety is being threatened (a sudden loud noise or unexpected approach), this may cause aggressive outbursts like pushing or yelling.

Belonging: An individual who feels isolated or rejected may act out aggressively for attention or connection.

Environmental Model

Conditions within the environment may impact the individual's behaviour. These can include:

- physical conditions
 - light, heat/cold, crowding, privacy, noise, physical layout
- lack of control
- social environment
 - lack of resources (mental health support, access to information)
 - lack of support (short-staffed)
 - hostile environment
- worker performance problems
 - inconsistency and lack of structure

Therapeutic Approaches to the Environment

These are circumstances and conditions over which the worker may have some influence:

- Create a calm and safe environment.
- Manage temperature, noise and crowding.
- Allow for and provide a balance between solitude and socialization.
- Respect the individual's need for privacy and facilitate this as much as possible.
- Allow individuals to have some of their possessions to instil a feeling of ownership and control.
- Facilitate the individual's physical comfort.
- Provide opportunity for meaningful activities.

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- Give individuals time and opportunity to complete activities of daily living. Allow for flexibility (e.g., in health care: sleeping in, alternative bath times, etc.).
- Be aware of and facilitate individuals' diverse cultural values.
- Control environmental influences such as disturbing television programs.
- Provide a colourful, rewarding environment.
- Maintain a stable routine with realistic changes when necessary.
- Work within your means.
- Ensure a consistent approach from all workers.

Trainer's Note: Examples are not inclusive. Have a group discussion on what environmental condition could provoke an incident and what therapeutic approach the worker could use.

Exercise 13:

Choose an environmental condition that might provoke an incident. Provide a therapeutic approach that may improve that condition. This should be something over which you have some influence.

Increased noise levels

- manage noise level/remove the individual from the source of the noise

Allow for and provide a balance between solitude and socialization

- Offer choices and respect their decision

Working short

- work within your means – prioritize tasks

Worker performance problems

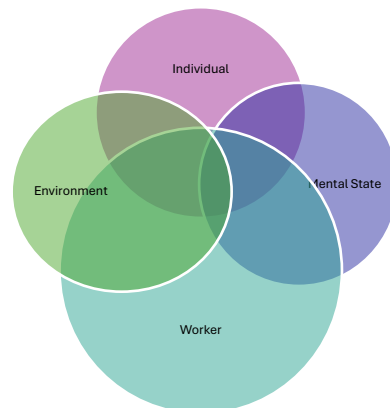
- ensure a consistent approach from all workers

Interactive Model

About the Interactive Model

This model is interactive between the environment, the individual, the worker, and their mental state. The individual and their mental state impact the worker and the environment, and vice versa.

Another component of this model is the needs approach. The individual has needs related to their mental state, personal experience and environment. These needs are met or unmet by the worker and the environment, as well as the individual.



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Workers also have personal needs related to other individuals, the environment they work in, and their unique human nature. Workers are expected to satisfy their needs with their own resources.

The Individual

What are the unique needs and characteristics of the individuals you work with? Some of these needs include the need for: personal space, decision making, respect, warmth, affection and validation.

The Environment

The environment can include heat, noise, furnishings, pictures, activities, families, other individuals, workers and much more. The environment is the one area that we can control and modify.

Mental State

Unless workers relate to individuals' needs, the individual's awareness will not increase. Workers should focus on getting to know the individual and determining their own needs.

Worker

This relationship between the worker and the individual is based on unique experiences and personalities. Workers should constantly monitor their attitudes toward those to whom they give care.

Workers must be sensitive to their own needs and aware of how these needs are met or unmet in the work environment. Workers should expect to give and receive support to contribute to a positive work environment.

Trainer's Note: Examples are not inclusive. Have a group discussion on what the impact would be on the individual and/or the worker.

Exercise 14:

Components	Give examples that may affect the individual's behaviour.	How does this impact the individual or yourself?
Individual	<ul style="list-style-type: none"> • Personal history • Diagnosis • Developmental stage • Health condition • Unmet needs • Spiritual needs not being met 	<ul style="list-style-type: none"> • Potentially leading to aggressive or violent behaviour. • Frustration
Environment	<ul style="list-style-type: none"> • Physical surroundings (temperature, noise, light) • Staffing concerns • Safety (real or perceived) 	<ul style="list-style-type: none"> • Potentially leading to aggressive or violent behaviour. • Frustration
Mental State	<ul style="list-style-type: none"> • Emotional state • Cognition (confused disoriented) • Hallucinations, delusions • Coping strategies • Psychological 	<ul style="list-style-type: none"> • Potentially leading to aggressive or violent behaviour. • Frustration

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Worker	<ul style="list-style-type: none">• Level of training• Communication skills• Attitudes and beliefs• Personal triggers• Personal well-being• Workplace culture	Potential for injury due to an aggressive or violent incident Psychological hazard Frustration
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Each component could impact an individual, potentially leading to aggressive or violent behaviour.

Socio-cultural Model

Trainer's note: Be sensitive to different cultures/stereotypes. Be cognizant of cultural appropriateness.

“Socio-cultural refers to a wide array of societal and cultural influences that impact thoughts, feelings, behaviours and ultimately health outcomes. There are several dimensions encompassed by the term, which can include race, ethnicity, ethnic identity, sex (identity), acculturation, language, beliefs and value systems, attitudes and religion.” (Encyclopedia of Behavioural Medicine, 2020)

Culture may influence behaviour. It is important for workers to become familiar with cultural norms to recognize and acknowledge differences.

Social Training: Some subcultures accept aggression as a method of communication, while some do not (i.e. an individual's upbringing).

Social settings: Settings which cause little concern for the surrounding community, while other communities do not tolerate this (i.e. hockey games, professional fighting, etc).

Trainer's note: Have a group discussion on various examples of social training and/or social settings where violence is perceived as more accepted.

Exercise 15:

Think of three examples where aggression may be seen as an example of social training or social settings.

1. Various areas/subdivisions within a city
2. Virtual reality or entertainment (TV shows, social media)
3. Recreational events where fights are expected (e.g., hockey games, UFC)

Common Knowledge Model

The common knowledge model of assaultive behaviour gives us four basic reasons (motives) why people threaten and injure themselves or others. These are:

- Fear
- Frustration
- Manipulation
- Intimidation

Regardless of how complex the circumstances leading up to an incident, the actual reasons individuals use to explain or excuse their aggression towards themselves, or others, are relatively simple and easily understood.

At the point of assault, there are four common motives:

1. **Fear:** an unpleasant emotion caused by the belief that someone or something is dangerous, likely to cause pain or a threat.

Individuals will react, possibly by displaying aggressive behaviours, when they feel they are being assaulted or when they think that someone is going to take something away from them that is a basic need, necessary for their well-being.

2. **Frustration:** the feeling of being upset or annoyed, especially because of the inability to change or achieve something.

Individuals may become aggressive and injure themselves or others, sometimes damaging property, as an expression of frustration.

3. **Manipulation:** is designed to influence or control another, usually in an underhanded manner, which facilitates one's own personal goals.

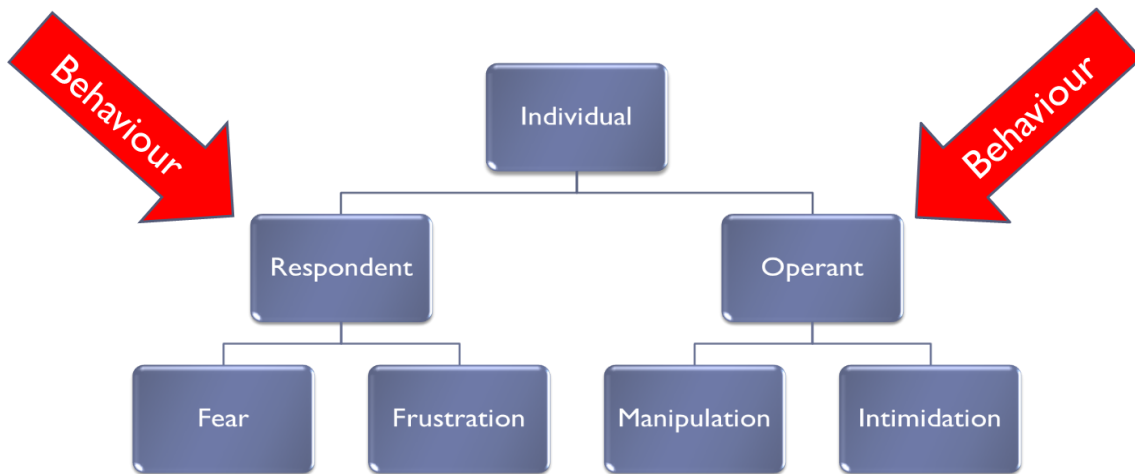
Individuals can become impulsive and explosive in an effort to manipulate others into giving them something (i.e. emotional control, physical objects).

4. **Intimidation:** is behaviour which usually involves deterring or coercing an individual by the threat of violence.

The individual may threaten or instil fear to intimidate others to get what they want (i.e. physical or emotional threat).

Fear and Frustration are "respondent" states, meaning that the individual experiencing these motives feels out-of-control, threatened and/or vulnerable to injury in the environment. The goal of the behaviour is to reduce the feeling of being threatened or out of control.

Manipulation and Intimidation are "operant" states, meaning that the individual is attempting to control the environment. In other words, the individual is attempting to "operate" on the immediate environment in order to cause others to become "responsive" and thus give in to their demand(s).



The following profiles may be helpful in determining which of these four motives is the "probable cause" of an aggressive incident. It is not an all-inclusive list.

FEAR		
Signs of Impending Aggression		
Visual	Auditory	History of Behaviour
<p>Posture</p> <ul style="list-style-type: none"> tense, prepared to defend, hide or run away <p>Skin</p> <ul style="list-style-type: none"> pale or ashen (depends on natural skin tone) <p>Facial expression</p> <ul style="list-style-type: none"> wide-eyed or fearful 	<p>Voice quality</p> <ul style="list-style-type: none"> whining, pleading <p>Breathing</p> <ul style="list-style-type: none"> rapid, shallow, irregular 	<p>Personal history</p> <ul style="list-style-type: none"> get to know the individual's history, as fear could be considered a threat to their physical, emotional, or psychological well-being

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Frustration		
Signs of Impending Aggression		
Visual	Auditory	History of Behaviour
<p>Posture</p> <ul style="list-style-type: none"> tense and escalated <p>Skin</p> <ul style="list-style-type: none"> tones of purple or red; splotches (may depend upon natural skin tone) <p>Facial expression</p> <ul style="list-style-type: none"> tense, focused, and angry 	<p>Voice quality</p> <ul style="list-style-type: none"> menacing, aggressive, loud. <p>Breathing</p> <ul style="list-style-type: none"> loud, deep, long, heavy. 	<p>Personal history</p> <ul style="list-style-type: none"> whether or not the individual's behaviour typically escalates quickly, you need to determine the source of the frustration.

Manipulation		
Signs of Impending Aggression		
Visual	Auditory	History of Behaviour
<p>Difficult to interpret at any particular moment</p>	<p>Definite change:</p> <ul style="list-style-type: none"> confusing demands, whining voice, "poor me", words of a pitiable victim may be overly friendly or pleasant outbursts of behaviour accusations, comparisons and trivia in more aggressive tones will change tactics to get what they want threats and may attempt violence 	<p>Personal history</p> <ul style="list-style-type: none"> losing control if there is a history of manipulation, there is a strong chance the manipulating behaviour will continue.

Manipulation: Manipulation can take a variety of forms, including:

Temper Tantrum: When the individual's requests or demands are not met, their response appears to be losing control (i.e. yelling, banging, stomping, etc.).

Playing the Numbers: The manipulating individual attempts to "play" people against each other, hoping that in the confusion, their request/demand will be met. Many different settings provide an abundance of opportunities for this form of manipulation.

Promoting Confusion: The manipulating individual brings in related, but irrelevant, matters into the discussion, leaving the people wondering what the individual really wants, or how the issues being raised by the individual relate to the request/demand being made (i.e. changing the subject, diverting attention, bringing up past events that are not relevant to the discussion, etc.).

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Intimidation		
Signs of Impending Aggression		
Visual	Auditory	History of Behaviour
<ul style="list-style-type: none"> • neutral or unremarkable with the exception of a threatening posture. • physical menacing/crowding (standing very close to or over the individual being intimidated) as a way to threaten danger. 	<p>Voice quality</p> <ul style="list-style-type: none"> • menacing, threatening words • definite pattern - clear and strong demand, believable threat • finally, refusal to comply followed by an attempt to injure through violence 	<p>Personal history</p> <ul style="list-style-type: none"> • bullying and having demands met by using intimidating tactics • extortion • other criminal assault

Trainer's note: Have participants role-play brief scenarios. These role plays don't need to be lengthy or overly detailed; a 30-second demonstration is sufficient to illustrate signs of impending aggression.

Exercise 16:

Pair up participants to perform brief role plays for each motive. While the pairs act out their scenarios, the other participants should observe. Afterward, hold a brief discussion.

Identification Summary

A multi-level approach to observing and describing aggressive behaviour shows us that:

- Assaultive incidents can be categorized into logically (and legally) defined levels of dangerousness.
- Aggressive incidents typically progress through a five-phase cycle.
- Aggressive incidents are signaled by, and grow from, patterns of unbalanced, non-assertive communication.
- A perceived threat to deprive an individual of basic needs may lead to assault.
- Environmental irritants often contribute to aggressive incidents.
- Often relates to social and cultural pressures.
- Aggressive incidents develop from patterns of behaviour that most people are quite familiar with because of daily exposure to aggression and its effects.

While workers may not need to analyze every incident from all perspectives, understanding different types of aggressive behaviour and viewing them from various angles can help in understanding the reasons behind behaviours and certain actions.

Response

Principle

Workers who are able to match their responses to the level of dangerousness presented by the individual's behaviour are less likely to use too much or too little force.

Key Question:

When we are responding to an individual who is displaying aggressive or challenging behaviours, will we be able to match our response to the behaviour demonstrated?

A. Crisis Intervention

Can we talk the individual into stopping the aggressive or challenging behaviour? Our goal is to de-escalate the behaviour.

B. Evasion

If the individual continues to escalate, can we avoid harm by evading?

C. Restraint

- Do we need to restrain this individual?
- If we do not restrain this individual, will someone be seriously injured?
- If we try to restrain this individual, do we have enough people to do it safely?
- Is the worker on duty properly trained?
 1. **Manual Restraint:** Is brief manual restraint working? If not, do we need more help?
 2. **Seclusion:** If brief manual restraint isn't working, is seclusion alone likely to reduce the risk of injury?
 3. **Restraint:** Must we resort to mechanical restraint?

Trainer's note: For evasion and restraint definitions, refer to section 7 and 8.

Principles of Verbal Crisis Intervention

Matching our responses to the level of dangerousness presented by the individual's behaviour is a necessary part of our job. Verbal crisis intervention (or talking an individual into stopping the behaviour) will almost always fit within the definition of reasonable force. It is hard to imagine how gentle and firm instructions to stop the behaviour could be viewed as excessive force.

Verbal crisis intervention is the appropriate response to a situation in which a threat of minor physical injury is present, but without actual physical contact occurring. These situations are classified as "common assaults".

The general principles of verbal crisis intervention are:

1. Self-Control

To respond to an individual effectively, we must maintain our self-control.

2. Identification

It is essential to accurately identify visual and auditory signals that come before an assault. Failure to accurately identify these signals virtually ensures the failure of a crisis intervention attempt. Failure to identify the signals that come before an assault is more likely to lead to further escalation.

3. Communication

Communication should be simple, direct and brief. Remembering and applying the "**rule of five**" will help in minimizing unnecessary speech during crisis intervention. Remember to use assertive communication.

The **Rule of Five**: During verbal crisis intervention, sentences should be limited to no more than five words, and the words used should be limited to five letters or less.

4. Timing

Verbal crisis intervention techniques are appropriate shortly before, during and shortly after the crisis phase of the stress cycle. The timing of particular kinds of communication should be matched to the particular phase in the assault cycle.

5. Patience

The crisis will pass, even if verbal crisis intervention techniques are not successful. Remember your self-control.

6. Spontaneity

An individual's behaviour may change during an incident; you may need to adapt your response as their behaviour changes. You may need to be spontaneous and think on your feet.

Trainer's note: If the following responses for each model have been facilitated in the identification model, there is no need to facilitate again.

Legal Model Response

Reasonable Force

When responding to an assaultive incident, workers are expected to protect themselves from injury but are limited to using "reasonable force". A reasonable amount of force is just enough force for effective self-protection, and no more than is absolutely necessary. As professionals, we are obligated to protect not only ourselves, but our clients (or students and co-workers) from any avoidable injury.

Guidelines for Reasonable Force

1. When the observed behaviour constitutes **common assault**, the reasonable force permissible is verbal crisis intervention
2. When the observed behaviour constitutes **assault causing bodily harm**, the reasonable force acceptable is evasion.

3. When the observed behaviour constitutes **aggravated assault**, the reasonable force acceptable is restraint.

Stress Model Response



Timing of Worker Response

When workers are assigned to respond to an aggressive incident, they must choose a response technique that is appropriate to the particular phase of the assault cycle during which they are intervening. Poor timing can easily ruin a well-intended intervention. These are the guidelines for interventions:

1. During the **triggering phase**:
 - response should focus on self-control
 - expectations should be stated briefly and simply, and should be consistent with the treatment/support plan
 - attempt to talk the individual out of a dangerous response
 - diversion and distraction are additional strategies that may be utilized
2. During the **escalation phase**:
 - verbal crisis communication is the appropriate intervention
 - communication is simple, direct and brief
 - response should match the demonstrated "motive" for assault (i.e. fear, frustration, manipulation or intimidation)
3. During the **crisis phase**:
 - verbal crisis communication continues
 - evasion or restraint may be required, in keeping with reasonable force guidelines
4. During the **recovery phase**:
 - verbal crisis communication should be maintained
 - this is **not** the time for discussing consequences or engaging in lengthy conversation; doing so might re-ignite the energy for assault
 - individuals may choose to self-isolate as part of the recovery process
5. During **post crisis depression**:
 - active listening and unconditional positive regard should be used
 - this is not the time for consequences or determining blame
 - try and determine the source of the crisis and to allow expression of feelings
 - close supervision may be required if the individual is at risk for suicidal thoughts or running away

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- restraint is no longer necessary during this phase
- return to the treatment/support plan at the end of this phase

Developmental Model Response

Trainer's note: Have a group discussion or do table work. Discuss response options as a group when completed. The answers are not inclusive.

Exercise 17:

Have participants write down response ideas or options for each stage of development.

Stage	Identify	Response
Pre-school age children	Easily provoked, with little ability to control their outbursts. Easily provoked by physical/environmental conditions (hunger, cold).	<i>Get on their level. Know their triggers. Be consistent.</i>
Early elementary age children	Usually, have developed control during outbursts to not hurt others.	<i>Get on their level. Use simple language. Listen actively. Validate their feelings. Offer choices. Stay calm. Be consistent.</i>
Late elementary age children	Can usually delay their impulses to fight. Fighting is less frequent.	<i>Speak clearly and directly. Encourage independence. Validate their feelings. Use active listening. Set clear boundaries. Offer praise and encouragement.</i>
Early adolescents	Tendency to provoke adults intentionally. May fight among peers and between rival groups. Poor judgement at this stage.	<i>Offer choices. Maintain open communication. Validate their emotions. Set clear expectations and boundaries. Offer praise and reinforcement. Be patient.</i>
Late adolescents	Mostly able to channel their energy into sports, etc. Relationships may provoke incidents.	<i>Respect independence. Encourage open communication. Set reasonable boundaries. Acknowledge their maturity. Discuss relationships and social issues. Focus on emotional well-being.</i>
Young adults	Rarely express themselves explosively. Isolated incidents.	<i>Respect independence. Maintain open communication. Encourage healthy relationships. Promote emotional well-being.</i>

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	Drug and alcohol abuse make it difficult to inhibit explosive behaviour.	
Middle-aged adults	Rarely have physical fights. Domestic matters may cause inhibitions to break down (adultery, job loss, threat to property, alcoholism, etc.).	<i>Acknowledge their experience. Listen actively. Provide practical support to attain basic needs. Offer advice and guidance when requested – don't just give opinion. Encourage self-care. Promote healthy lifestyle choices. Provide emotional support. Encourage social connection. Respect privacy.</i>
Elderly adults	Healthy elderly avoid violent situations. Physical and mental impairments may cause impulsive violence.	<i>Show respect and dignity. Be patient and understanding. Use clear simple language. Speak clearly and slowly. Active listening. Use validation and redirection. Respect independence – offer guidance when needed. Provide assistance and compassion. Provide emotional support. Respect personal space and privacy.</i>

Communication Model Response

Trainer's note: Go through the de-escalation tips and have a group discussion. These tips are not all inclusive.

The following are some de-escalation tips to use during your responses:

De-escalation tips:

1. Identify yourself and your goal - *"Hello, my name is Linda, I am here to help you."*
2. Remember personal space - maintain a distance of four to six feet.
3. Be empathetic and non-judgemental.
4. Actively listen and use unconditional positive regard - allow for expression of feelings.
5. Look for the reason behind the behaviour.
6. Know and use their treatment/support plan.
7. Use your self-control plan.
8. Use a team approach – take a "time out" if needed to regain your self-control.
9. Respond appropriately to each motive, including appropriate body language.
10. Find a worker who has a good rapport/relationship with the individual and have them talk to them.
11. Respect needs to communicate in different ways (recognize possible socio-cultural differences as well as fear, shame, and embarrassment they may be experiencing).

Basic Needs Model Response

Trainer's note: Have a group discussion or do table work. Discuss response options as a group when completed.

Exercise 19:

By understanding and addressing the needs at each level of this hierarchy, you can tailor your responses and interventions to the individuals you support. Briefly describe your response for each basic need.

Survival Needs:

- Respond by ensuring that survival needs are met, such as food, water, shelter, and rest. This could include an individual living with dementia and not being aware they have these needs met.
- Provide resources such as food assistance programs, clean water sources, and temporary housing.

Safety:

- Respond by creating a safe and secure environment for individuals.
- Implement safety measures such as emergency response systems, violence prevention plans, etc.
- Provide resources and access to stable housing, employment opportunities, healthcare services, and financial assistance to promote security and stability.

Love and Belonging:

- Respond by fostering social connections and supportive relationships.
- Encourage community engagement, collaboration, and mutual support among individuals and groups.
- Provide opportunities for social interaction, group activities, and community events to cultivate a sense of belonging.

Self-Esteem:

- Respond by promoting self-esteem, confidence, and a sense of achievement.
- Recognize and celebrate accomplishments, talents, and contributions to reinforce feelings of self-worth and dignity.

Self-Actualization:

- Respond by supporting individuals in pursuing their unique talents, interests, and aspirations.
- Provide access to education, training, and creative outlets for self-expression and personal growth.
- Encourage individuals to set and pursue meaningful goals, explore new experiences, and strive for self-fulfillment and the realization of their potential.

Environmental Model Response

Trainer's note: There isn't a response for the Environmental Model as there was discussion in the Identification section regarding the Therapeutic Approaches to the Environment.

Interactive Model Response

Trainer's note: Have a group discussion or do table work on some ways you can respond to each component of the interactive model. The answers are not inclusive.

Exercise 18:

When responding to an individual, it is important to think about all aspects that may affect behaviour. Have participants write down some examples of how to respond to each component of the interactive model.

Some examples are provided for each. This list is not inclusive.

Components	Give examples that may affect behaviour.	List some ways you can respond to each component.
Individual	<ul style="list-style-type: none"> • Personal history • Diagnosis • Developmental stage • Mental health conditions • Unmet needs 	<ul style="list-style-type: none"> • <i>Provide choices.</i> • <i>Give respect.</i> • <i>Validation.</i> • <i>Provide personal space.</i> • <i>Physical: provide comfort, attend to any physical needs.</i>
Environment	<ul style="list-style-type: none"> • Physical surroundings (temperature, noise, light) • Staffing concerns • Safety (real or perceived) 	<ul style="list-style-type: none"> • <i>Provide a therapeutic approach to the environment. This is one area we may be able to control and modify.</i>
Mental State	<ul style="list-style-type: none"> • Emotional state • Cognition (confused, disoriented) • Hallucinations, delusions • Coping strategies 	<ul style="list-style-type: none"> • <i>Psychological: be empathetic, actively listen, validate feelings and emotions, offer support.</i> • <i>Spiritual: respect the individual's beliefs and values, offer support.</i>
Worker	<ul style="list-style-type: none"> • Level of training • Communication skills • Attitudes and beliefs • Personal triggers • Personal well-being • Workplace culture 	<ul style="list-style-type: none"> • <i>Maintain self-control.</i> • <i>Monitor your own attitudes.</i> • <i>Know that your values and beliefs may not be those of the individual.</i> • <i>Self-care.</i> • <i>Remember your motivation.</i>

Socio-cultural Model Response

Trainer's note: Go through the key considerations for responding to individuals with the Socio-cultural model in mind.

When responding to an individual, it's important to consider socio-cultural factors. The following are some key considerations:

- Ensure there is understanding when communicating. You may have to use an interpreter or alternative ways to communicate, i.e. Google Translate.
- Be aware of body language, eye contact, and gestures, which can have different meanings in different cultures.
- Address individuals in a culturally and personally acceptable manner, such as using titles, first or last names, unless given permission otherwise.
- Approach each individual, recognizing your own biases and values while being open to learning about their unique cultural background.
- Be sensitive to cultural norms regarding gender roles, such as preferences for a care provider of a specific gender.
- Show respect for elders and authority figures within the individual's culture.
- Consider the individual's access to healthcare, education, transportation, and financial resources, which can impact their ability to follow treatment/support plans.

Considering these socio-cultural key points in how we respond will ensure it is respectful and tailored to the individual.

Common Knowledge Model Response

Trainer's note: Common Knowledge Flow Sheet is on pages 56-59. Pages 35-38 in the Participant Handbook

Crisis Intervention for Fear

Goal: Threat Reduction

Reducing the threat will also reduce the probability that the common assault will escalate.

Guidelines for threat reduction:

Posture:	relaxed and open; hands in full view
Gestures:	slow, palms-up and to the side
Position:	slightly off to the side, and far enough away (8-10 feet, if possible) to make it clear that you are not a threat. <ul style="list-style-type: none">▪ positions directly in front of, or any position behind, can be expected to increase the perceived threat▪ positions at or below eye level can be expected to reduce the perceived threat
Voice quality:	firm, reassuring, confident

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Speech content:	logical, encouraging calm reflection; if promising, ensure the promise is achievable
Eye contact:	if the individual seeks eye contact, it should be given freely; if the individual tries to avoid eye contact, it should not be forced on them. There are many cultures that discourage or limit communication through eye contact
Physical contact:	touch should not be given without permission and should be light with slow movements

Crisis Intervention for Frustration

Goal: Control

Communication that demonstrates self-control contributes to the decrease of frustration and encourages restoration of the individual's self-control.

Guidelines for exercising control:

Posture:	self-confident, leading, in control
Gestures:	firm, directing, palms out and gesturing down
Position:	using our stance, be directly in front of the individual, and just outside of their striking range
Voice quality:	quiet, firm, strong tones, low enough to make the individual strain to hear
Speech content:	repetitive, confident directives without threat
Eye contact:	direct and accompanied by facial expressions that indicate firm directives are being given
Physical contact:	if physical contact is required, it should be made firmly but without excessive movement

Crisis Intervention for Manipulation

Goal: Detachment

Communication that indicates refusal to become involved in manipulation will decrease the likelihood of manipulation.

Guidelines for detachment:

Posture:	closed, relaxed
Gestures:	gestures of disapproval or mild irritation, non-engaging, detached from the situation (e.g., show no emotion), closed posture (e.g., cross your arms)
Position:	close enough to physically intervene, if necessary, but far enough away to show non-involvement (4-5 feet) <ul style="list-style-type: none"> ▪ turning slightly away, but do not turn your back on the individual
Voice quality:	detached, mechanical, slightly bored
Speech content:	quiet, repetitive
Eye contact:	avoid eye contact to show non-involvement
Physical contact:	if physical contact with the individual who is manipulating becomes necessary, it should be handled as quickly and unemotionally as possible. Try to make contact with clothing only, as contact with flesh may portray involvement

Crisis Intervention for Intimidation

Goal: Communicate Consequences

Clear communication of the consequences to reduce the probability that an intimidating individual will escalate to have their demands met.

Guidelines for communicating consequences:

Posture:	poised and ready to move or react quickly (standing)
Gestures:	few and far between, to avoid the impression of momentary unreadiness and weakness
Position:	position yourself at a defensive advantage, -such as standing with your back to an exit (not allowing it to be blocked by the individual), having a chair, table or desk between you and the intimidating individual
Voice quality:	matter of fact, monotone, emotionless. Maintain self-control
Speech content:	clear and direct statements of consequences, repeated as often as necessary. Avoid threats and unrealistic consequences
Eye contact:	should be used sparingly, to emphasize a statement
Physical contact:	if physical contact is necessary, it should be completed as quickly, smoothly, and matter-of-factly as possible

Trainer's note: Ensure you complete role plays in your training sessions as they provide the opportunity to practice appropriate responses and receive a return demonstration that the worker has acquired the knowledge, and skills related to de-escalation.

Exercise 20:

Verbal Crisis Intervention and De-escalation

Divide into teams to role-play each of the motives. While role-playing the motives, have the participants practice their communication skills (verbal crisis intervention and de-escalation). Use the examples provided or have the teams come up with their own. Have participants fill in the common knowledge flow sheet in their exercise workbook, the signs of impending aggression, as well as the approach techniques they observed in each role play. Following the role-play, discuss what was demonstrated by those intervening as well as the motive.

The purpose of the role-play is not to do everything correctly, but to practice the new skills and to learn both from the successful and not-so-successful attempts at intervention and de-escalation.

Fear: terrified about surgery, unfamiliar environment

Frustration: long wait times in an emergency room, slow progress of rehabilitation

Manipulation: an individual who uses drugs, trying to get more pills from a nurse, with diet restrictions in place, and the individual is trying to get more food

Intimidation: wanting preferential treatment, a family member trying to get preferential treatment for their loved one

Optional exercise: Show the videos for the common knowledge model (fear, frustration, manipulation and intimidation) and have the participants fill in the common knowledge flow sheet in their exercise workbook, the signs of impending aggression and the approach techniques they observed.

Case studies

Trainer's note: To enhance learning outcomes, use the following case studies. Select case studies that would be relevant to your participants. Have a group discussion on what the common motive is and approaches that would be effective to de-escalate the situation. These case studies are found in the participants' exercise workbook. For case studies in an educational setting go to the semi-secure login for PART®.

Case Study #1 – Resident “Jane”

Jane is a 68-year-old resident who is pleasant most of the time. Jane often hides in her room and makes mumbling sounds. She is, at times, loud, shouting “No!” and making other repetitive loud noises and squawks.

Jane has dementia, and her disease is progressing. Jane doesn't like workers rushing her and needs time to process information. Jane has lost control of herself in the past and physically and verbally assaulted others.

What is the common motive?

- Frustration, Fear?

What are some possible approaches?

Approaches should include: respond with assertive communication, verbal crisis intervention for each motive, de-escalation techniques, and therapeutic approaches to the environment.

Case Study #2 – Public Health “Mom”

Mom arrives at the public health office with a toddler and a baby for an immunization appointment. Mom appears out of breath when she checks in, the toddler is touching things and not listening to requests not to touch, and the baby is starting to squawk. The nurse is running late, and Mom is made aware.

Mom states the baby missed nap time for this appointment, and she doesn't have time to reschedule – she is too busy. Mom threatens to report the nurse/receptionist to the manager. Mom says, “You guys are always behind. Why even make appointments? The other nurse doesn't make me wait this long”.

What is the common motive?

- Frustration, Manipulation?

What are some possible approaches?

Approaches should include: respond with assertive communication, verbal crisis intervention for each motive, de-escalation techniques, and therapeutic approaches to the environment.

Case Study #3 – Emergency Room “John”

John, a 45-year-old man, arrives at the emergency room (ER) with severe abdominal pain. He registers at the front desk and is told to wait for his turn. The ER is crowded, and there are several patients ahead of him.

After waiting for an hour, John starts to feel increasingly frustrated, and he notices that people who arrived after him are being seen by doctors. He approaches the front desk and demands to know why he hasn't been seen yet. He raises his voice, complaining loudly about the wait time and accusing the workers of neglect.

What is the common motive?

- Frustration

What are some possible approaches?

Approaches should include: respond with assertive communication, verbal crisis intervention for each motive, de-escalation techniques, and therapeutic approaches to the environment.

Case Study #4 – Mental Health Crisis “Sarah”

Sarah, a 28-year-old woman, arrives at the emergency room with her friend. Sarah is experiencing severe anxiety and panic attacks, which have escalated over the past few days.

The ER is busy, and the wait times are long. Sarah becomes increasingly agitated and starts pacing back and forth and hyperventilating. Sarah's anxiety peaks, and she begins to shout that she can't breathe and needs to leave. She attempts to exit the ER, but her friend and a security guard gently stop her, trying to reassure her that she needs to stay to get help. This makes Sarah feel even more cornered and out of control, and she starts to lash out verbally, yelling and crying.

What is the common motive?

- Frustration, Fear?

What are some possible approaches?

Approaches should include: respond with assertive communication, verbal crisis intervention for each motive, de-escalation techniques, and therapeutic approaches to the environment.

Case Study #5 – Intellectual Disability

An individual is diagnosed with intellectual disability and works part-time. The afternoon worker, who is new, comes in and tells everyone that lunch break is over, and it is time to get back to work. The individual sighs loudly and yells, “But I didn't get my break until late”. The worker checks the log and sees that the individual clocked out at 12:00 pm. When the worker comes back and tells the individual that they have had a full lunch break, the individual throws a chair and screams, “no I didn't, Jessica said I could have an extra-long break, I don't like you!”

What is the common motive?

- Manipulation, Frustration?

What are some possible approaches?

Approaches should include: respond with assertive communication, verbal crisis intervention for each motive, de-escalation techniques, and therapeutic approaches to the environment.

Case Study #6 – Group Home

An individual is diagnosed with Fetal Alcohol Spectrum Disorder (FASD) and is supported in a group home. The individual walks close to the worker when they are doing dishes. The individual leans into the worker's body and says, "If you don't get me my smokes *right now*, you won't like what will happen." The individual waves their fist in front of the worker's face.

What is the common motive?

- Intimidation

What are some possible approaches?

Approaches should include: respond with assertive communication, verbal crisis intervention for each motive, de-escalation techniques, and therapeutic approaches to the environment.

Trainer's note: Go through Key Information for Response. Encourage group discussion on each point.

Key Information for Response

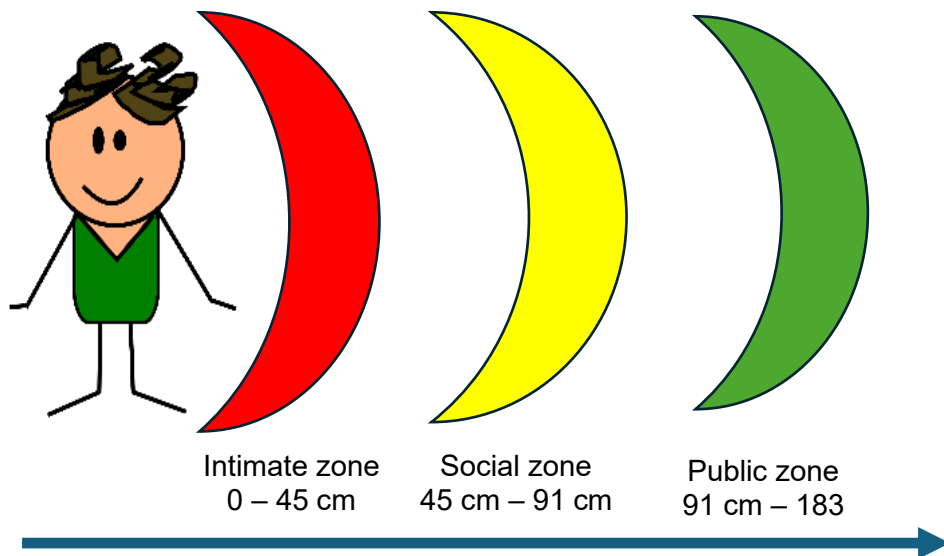
Personal Space

As an individual becomes increasingly fearful or angry, the amount of space an individual needs to feel comfortable increases. Standing or sitting too close may be interpreted as an invasion of their personal space (whether deliberate or not). You should maintain a distance of at least four to six feet, which is farther than an individual can lunge, punch or kick.

Public zone: 91 – 183 cm (3 - 6 ft): individual feels comfortable in large group settings

Social zone: 45 – 91 cm (18 in. - 3 ft): individual feels comfortable in workplace settings, social events

Intimate zone: 0 – 45 cm (0 - 18 in.): individual feels comfortable in this zone with family, friends and close colleagues



Distance

When approaching a physically aggressive individual, maintain a distance from them of at least an arm and a half of their arm. This safe distance does not allow time for them to move in to strike or kick you.

If the individual is holding an object in their hands, add the length of the object to the safe distance.

Stance

When talking to a potentially assaultive individual, one should:

- stand slightly sideways to protect the vulnerable middle areas of the body. Standing sideways toward the individual utilizes the strongest dimension of the stance; standing

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sideways also permits you to lean sideways (away from the individual) faster and farther than you would be able to lean in a backward direction.

- Hands and arms should be held ready to deflect an assault. Arms can be held (but not folded) across the chest. Never turn your back on or take your eyes off the individual.
- Maintain proper postural balance, keeping the hips directly above and between the feet, and the shoulders directly above the hips. Body weight should be centred between the feet. Knees should be slightly flexed to allow for smooth and rapid movement.

In this stance, you are poised and ready for movement, at an angle and not straight on; the most vulnerable parts of your body are turned away from an assault.

Placement of Arms

Keep your hands visible. Arms should be ready for movement. Avoid clasping hands or crossing arms.

When dealing with a potentially aggressive individual, remember that it is more difficult to hit a moving target than a stationary one. Movement should be slow and accompanied by verbal de-escalation strategies. Movement should remain in front of the individual.

Eye Contact

When approaching an individual, maintain eye contact as in a normal conversation. Look frequently into their eyes, but avoid staring since this may be interpreted as threatening. Keep in mind cultural differences.

By keeping visual contact with the individual, we can better anticipate what is going to happen. The individual will typically look at the intended target of an assault (look up if reaching for our hair or look down if a kick is planned). A visual glance is an index of intention; the individual might glance at an object before grabbing it to use as a weapon. Knowing the individual's intentions can help you anticipate, prevent or minimize the effects of an assault.

When approaching an individual, if we maintain eye contact with them, their eyes might help to tell us their mood. Knowing their mood will help us respond in an appropriate way.

Trainer's note: Go through Therapeutic Approaches. Use the bold points as questions to your group and use the bullet points to top up information and to encourage group discussion.

Therapeutic Approaches

Validate the Individual:

- Listen with respectful attention to any attempt to communicate.
- Take the time necessary to understand what the individual is saying.
- Make eye contact when talking to the individual.
- Communicate with the individual at their level of functioning. Tune into their needs by sensitive listening and observation.
- Do not patronize or put down the individual.
- Address them by their proper name, unless they give you permission to call them differently.
- Use touch selectively and appropriately.

Respect the Individual's Privacy:

- Do not move into the individual's personal space or move too rapidly.
- Respect the individual's territorial boundaries.
- Allow the individual to bathe and perform basic functions in private if possible.
- Draw curtains or shut the door when care is given, or privacy is needed.
- Do not make eye contact with the individual when giving personal care.
- Allow the individual to spend more time alone if possible.

Interview the Individual and Family to Determine History and Present Problems:

- Identify losses.
- Identify physical abilities or illness.
- Identify coping skills.
- Identify an individual's ability to verbalize and express feelings.
- Identify life-stage concerns.
- Identify supports, e.g., family, significant others.

Complete a Mental Status Evaluation to Determine:

- Individual's level of orientation.
- An individual's short-term and long-term memory.
- Individual's judgement level and ability to make decisions.

Determine the Individual's Level of Functioning:

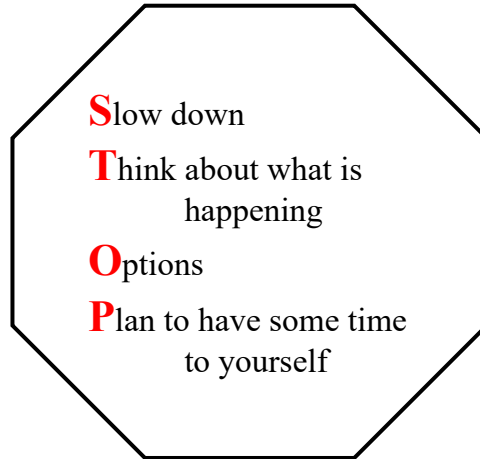
- Identify independent functions and encourage them to perform at their level of ability.
- Expect the individual to operate at their highest level.
- Do not make unreasonable demands on the individual.
- Consider the individual's limitations and assist them to negotiate their surroundings.
- Encourage the individual to make choices when possible.
- Establish a supportive environment of acceptance and caring.

Determine How the Individual Perceives and Relates to Non-traditional Workers:

- Identify cues that indicate if the individual is upset when approached by particular workers.
- Assist workers when possible, considering both individual and worker preferences.
- Be aware of the individual's attitude towards workers. Realize that a negative attitude towards workers may not be personal but related to biases.

STOP Strategy

By using assertive communication, workers automatically reduce the chances that an incident will occur. When an incident does occur, use the STOP strategy.



Response Summary

1. Can we de-escalate the individual prior to escalation and/or crisis?
2. Match your response to the level of dangerousness presented – always keep in mind reasonable force guidelines.
3. Choose a response technique that matches the phase of the assault cycle.
4. Remember the general principles of verbal crisis intervention and de-escalation techniques.
5. Verbal crisis intervention should follow the approach techniques in the common knowledge model.

Trainer's note: The following pages have the Common Knowledge Flowsheet for each motive. These flowsheets were developed as a one-page document for easy reference.

Common Knowledge Flowsheet - Fear

Common Motive	Signs of Impending Aggression			Goal		
	Visual	Auditory	History			
Fear				Threat Reduction		
Individuals will react, possibly by displaying aggressive behaviours, when they feel they are being assaulted or when they think that someone is going to take something away from them that is a basic need, necessary for their well-being.	posture - tense, prepared to defend, hide or run away skin colour - pale or ashen (depends on natural skin tone) facial - wide-eyed or fearful	voice quality - whining, pleading breathing - rapid, shallow, irregular	get to know the individual's history, as fear could be considered a threat to their physical, emotional, or psychological well-being	Reducing the threat will also reduce the probability that the common assault will escalate.		
Approach Techniques						
Posture	Gesture	Position	Voice Quality	Speech Content	Eye Contact	Physical
relaxed and open, hands in full view	slow, palms-up and to the side	slightly off to the side, and far enough away (8-10 feet, if possible) to make it clear that you are not a threat.	firm, reassuring, confident	logical, encouraging calm reflection; if promising, ensure the promise is achievable.	if the individual seeks eye contact, it should be given freely; if the individual tries to avoid eye contact, it should not be forced on them. There are many cultures that discourage or limit communication through eye contact.	touch should not be given without permission and should be light with slow movements.

Common Knowledge Flowsheet - Frustration

Common Motive	Signs of Impending Aggression			Goal		
	Visual	Auditory	History			
Frustration				Control		
Individuals may become aggressive and injure themselves or others, sometimes damaging property, as an expression of frustration.	posture – tense and escalated skin colour - tones of purple or red; splotches (may depend upon natural skin tone) facial – tense, focused, and angry	voice quality - menacing, aggressive, loud breathing - loud, deep, long breaths	whether or not the individual's behaviour typically escalates quickly. Determine the source of the frustration	Communication that demonstrates self-control contributes to the decrease of frustration and encourages restoration of the individual's self-control.		
Approach Techniques						
Posture	Gesture	Position	Voice Quality	Speech Content	Eye Contact	Physical
self-confident, leading, in control	firm, directing, palms out and gesturing down	using our stance, be directly in front of the individual, and just outside of their striking range	quiet, firm, strong tones, low enough to make the individual strain to hear	repetitive, confident directives without threat	direct and accompanied by facial expressions that indicate firm directives are being given	if physical contact is required, it should be made firmly but without excessive movement

Common Knowledge Flowsheet - Manipulation

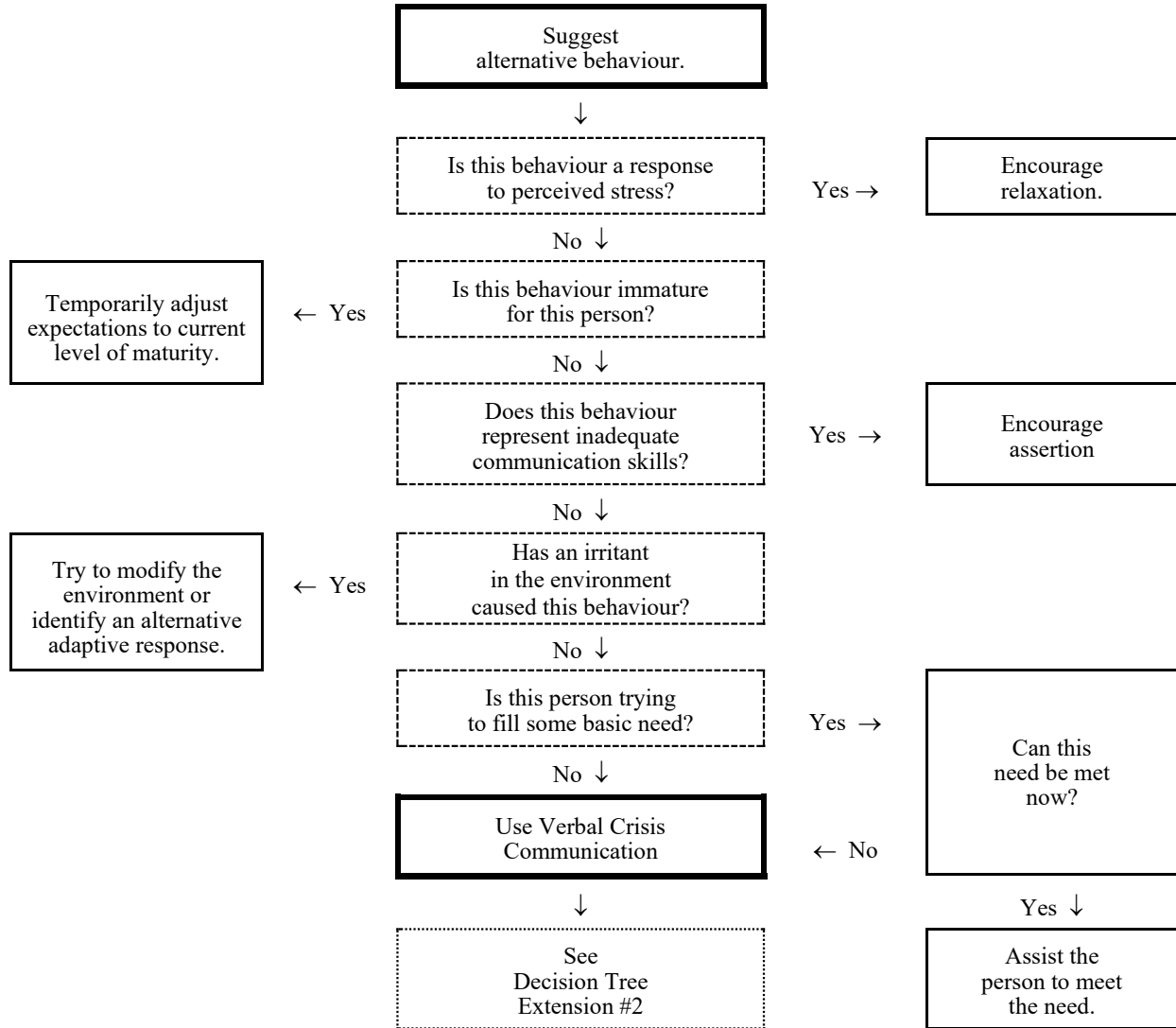
Common Motive	Signs of Impending Aggression			Goal		
	Visual	Auditory	History			
Manipulation				Detachment		
Individuals can become impulsive and explosive in an effort to manipulate others into giving them something. (i.e. emotional control, physical objects)	difficult to interpret at any particular moment	definite change - confusing demands, whining voice, words of pitiable victim; may be overly friendly or pleasant; accusations, comparisons and trivia in more aggressive tones; will change tactics to get what they want; threats and may attempt violence	-losing control -if there is a history of manipulation, there is a strong chance the manipulating behaviour will continue.	Communication that indicates refusal to become involved in manipulation will decrease the likelihood of manipulation.		
Approach Techniques						
Posture	Gesture	Position	Voice Quality	Speech Content	Eye Contact	Physical
closed relaxed	gestures of disapproval or mild irritation, non-engaging, detached from the situation (e.g., show no emotion), closed posture (e.g., cross your arms)	close enough to physically intervene, but far enough away to show non-involvement (4-5 feet)	detached, mechanical, slightly bored	quiet, repetitive,	avoid eye contact to show non-involvement.	if physical contact becomes necessary, it should be handled as quickly and unemotionally as possible. Try to make contact with clothing only, as contact with flesh may portray involvement.

Common Knowledge Flowsheet - Intimidation

Common Motive	Signs of Impending Aggression			Goal		
	Visual	Auditory	History			
Intimidation				Consequences		
The individual may threaten or instill fear to intimidate others to get what they want. (i.e. physical or emotional threat)	-neutral or unremarkable with the exception of a threatening posture. -physical menacing/crowding (standing very close to or over the individual being intimidated) as a way to threaten danger.	-menacing, threatening words -definite pattern - clear and strong demand, believable threat -finally, refusal to comply followed by an attempt to injure through violence	-bullying and having demands met by using intimidating tactics -extortion -other criminal	Clear communication of the consequences to reduce the probability that an intimidating individual will escalate to have their demands met.		
Approach Techniques						
Posture	Gesture	Position	Voice Quality	Speech Content	Eye Contact	Physical
poised and ready to move or react quickly (standing)	few and far between, to avoid the impression of momentary unreadiness or weakness	position yourself at a defensive advantage, such as standing with your back to an exit, having a chair, table or desk between you and the intimidating individual	matter of fact; monotone; emotionless; Maintain self-control	clear and direct statements of consequences, repeated as often as necessary. Avoid threats and unrealistic consequences	should be used sparingly, to emphasize a statement	if physical contact is necessary, it should be completed as quickly, smoothly, and matter-of-factly as possible

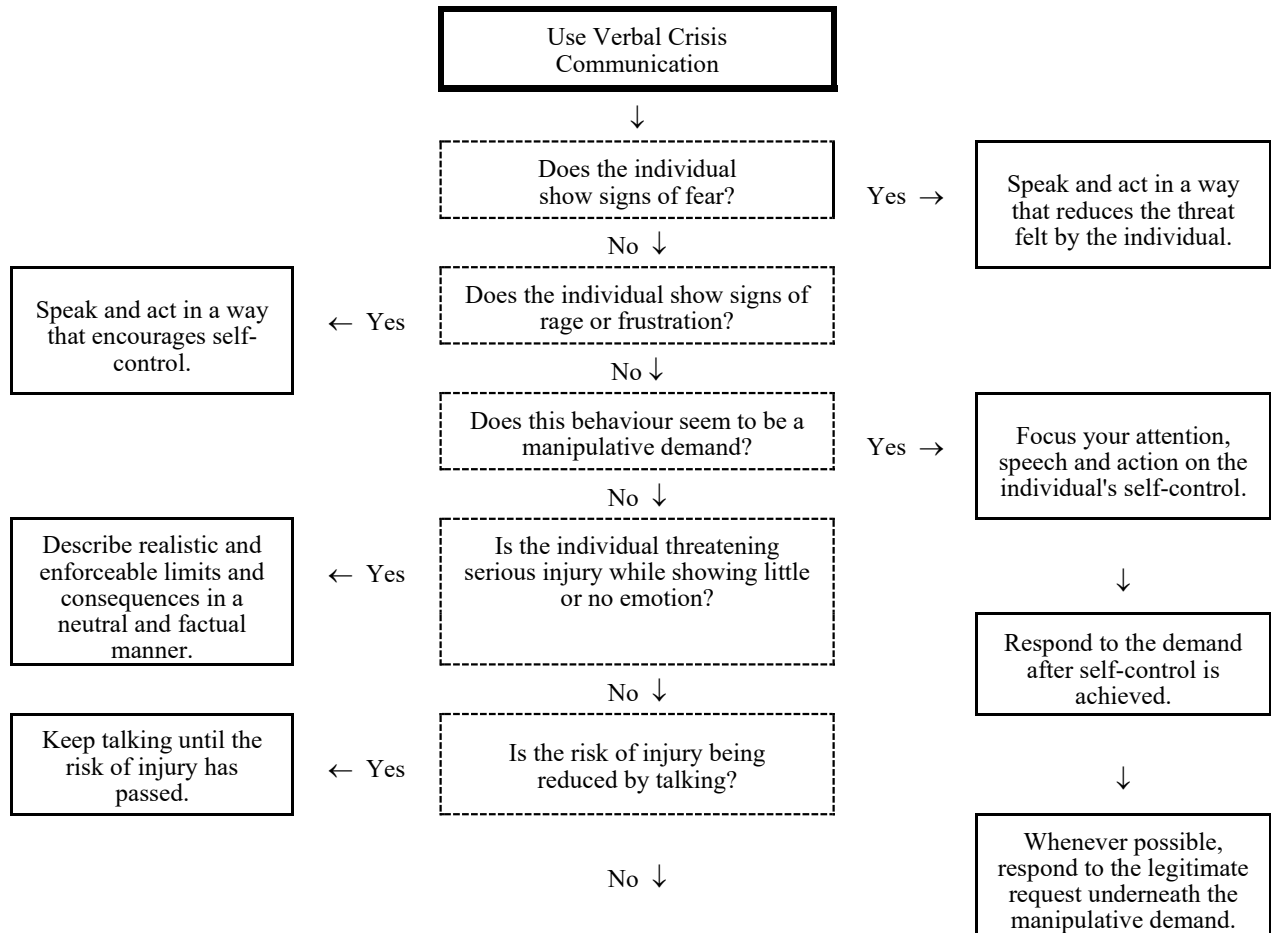
Decision Tree Extension #1

Suggesting Alternative Behaviour



Decision Tree Extension #2

Using Verbal Crisis Communication



Intermediate Response ↓
Training in the PART® Intermediate program is required for this level of response

Use Evasive Techniques

See Decision Tree Extension #3

Recording

Principle

The primary purpose of written reports is to enhance communication among team members. Complete and accurate documentation provides the team with essential information, allowing for timely adjustments to treatment or support plans when needed. These reports also help identify underlying causes of incidents, modifications to treatment plans or corrective actions. All reported incidents should be followed up by your OHC or designated representative, and only factual information should be documented.

In addition to recording incidents, it is important to document and communicate any interventions or changes in an individual's behaviour.

Key Question:

Do my reports accurately reflect the incident and worker interventions?

A complete report of an incident is based on ten points: who, what, when, where, why, how, injuries, notification, simplicity, and follow-up.

1. **Who:** Accurate identification of all of the people directly involved in the incident.
2. **Where:** An exact or adequate description of the location of the incident.
3. **When:** The time(s) or time frames and date of the incident. Avoid generalizations such as Monday morning, after dinner, etc.
4. **What:** An accurate description (not interpretation) of what happened during the incident.
5. **How:** A description of how the worker intervened.
6. **Why:** Identify the visual, auditory and historical signs that might explain the motive for the assault. Remember to document facts only.
7. **Injuries:** Statement of visible injuries or a statement attesting to the absence of injuries.
8. **Notification:** A statement of who was notified of the incident: physicians, family, supervisors, social workers, etc.
9. **Simplicity:** The report should be easy to understand.
10. **Follow-up:** Have a plan to follow up once changes to treatment/support plans or corrective actions have been implemented.

Trainer's note: Ensure workers know their employer's policies and procedures for reporting. You may go through this information now if applicable.

Remember:

If it isn't in writing, it didn't happen.

**If it is written incorrectly, it happened the way you wrote it.
Keep your language simple, short and jargon-free.**

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Trainer's Note: This is the start of PART® Intermediate. Reference technique videos found in the semi secure log in for trainers.

Evasion

Principles

Evasive techniques are designed to allow avoidance of the intended pain or injury, without retaliation or overreaction. Evasive techniques meet the criteria for "reasonable force" when responding to a brief episode of assault causing bodily harm.

Basic principles of evasion:

- 1. Keep talking**
The best option is to verbally de-escalate the individual into stopping the assault. The individual is most likely to hear and respond to their name, so start your communication with their name. Then give a brief directive or instruction to stop.
- 2. Stay out of the way**
Stay out of striking range when you are talking to an individual you believe is potentially assaultive. Keep your weight lightly balanced on the balls of your feet. Keep your back straight and your head up.
- 3. Get out of the way**
If you can't stay out of the way, then get out of the way as quickly as possible. Getting out of the path of an assault is also called evasion. While evading, you should stay balanced and move smoothly. You should also continue to verbally de-escalate the individual. Don't turn your back on the individual and know your exits.
- 4. Cover up**
When an assault cannot be evaded, try to cover the vital areas that are being assaulted. As you are covering the vital areas, turn and move away from the individual.
- 5. Deflect blows and kicks**
If you have covered yourself before any contact is made by the individual, you may have time to deflect a blow. When deflecting a limb, physical contact is only momentary and used to prevent impact and injury. There is no attempt to hold or control the individual.

When you are deflecting a blow, try to **close** the assault. When you deflect the individual's limb so that it crosses the middle of their body, you are closing the assault. If you deflect the limb so that it moves away from the centre of the individual's body, you are opening the assault. It is much harder for the individual to hit or kick you with an arm or leg that has just been deflected away from you.

Deflection means to make an individual or object change direction, but it does not mean plant your feet and push the individual. Use the momentum from the contact to help you move. Use your hands (not only fingers) to help you get out of the way.

6. **Call for HELP!**
Call for help when available – call loudly but without panic. Know and follow your employer's internal policies and procedures, including what to do in case of an emergency when working alone.
7. **Be patient**
Be patient and try to remember your self-control techniques. Most assaults lose momentum and stop in a matter of minutes.
8. **Control yourself**
Use your self-control plan and let it work for you. If you lose control, you are much more likely to be injured.
9. **Roll with the punch**
When evading an assault, keep moving, rather than staying stationary. Use the **side-step, back-step and pivot** to move out of the way. Make short steps. Keep your feet close to the floor.
10. **Escape holding assaults**
When the goal of an assault is to hold rather than strike (e.g. hair-pulling, biting, scratching, pinching or choking), move your body weight quickly toward the point of contact to minimize the risk of injury, prior to attempting an escape.

Evasion Techniques

Trainer's Note: Participants **must** sign a Fit for Training Declaration prior to participating in the exercises and techniques. Keep the signed declarations in your files. The declaration can be found under Section 14, *Forms*; you can copy it as required for your sessions. Follow your internal policies and procedures for record keeping.

Ensure workers remove all rings, watches, etc. that could potentially injure their partner.

Definitions

Evasion: To avoid or escape from something or someone.

Deflection: The technique to redirect momentum to prevent making physical contact.

Tracking: Tracking is the action of visually following the movement of the individual's fists, arms or legs while maintaining your stance. Your hands may follow the motion of the limb to deflect if needed.

1. Warm Up

The following activities will help you to determine if you are physically able to move quickly and keep your balance. These activities will be repeated during the PART® course to help you prepare for a return demonstration by warming up your muscles.

Trainer's Note: additional and alternative warm up activities are in Appendix A and B.

Mobility & Warm-up Activities

The warm-up activities described ARE NOT a guarantee against injury. They are, however, one form of reducing that possibility.

Guidelines:

1. Wear comfortable, loose-fitting clothing and remove any dangling jewellery.
2. Make the activities more enjoyable by using music.
3. **If any activity hurts excessively**, stop. Some stiffness is normal when you begin; however, if the soreness is great, then you have probably over-stretched and must progress more slowly next time.
4. **Breathe normally**, trying to exhale on effort (i.e. breathe in **before** you stretch and breathe out **as you stretch**).
5. **Never stretch when muscles are cold**. To increase blood flow to muscles, a gentle warm-up has been included.
6. **Do not strain or bounce!** The preferred method of stretching can be achieved by slow, gradual stretching to a point just past the comfortable range and then holding for ten seconds.
7. Do not be discouraged if your range of flexibility is small. Progress slowly - stretching a little further each day.
8. Do not perform these activities right after eating, as this may result in cramps or an uncomfortable feeling.
9. Know your own limits and progress slowly and consistently.
10. Be SAFE but HAVE FUN!

Each of the following activities is performed from the stance position. If at any time during these activities you lose your balance or experience pain, STOP and discuss the difficulty with your PART® trainer or instructor.

1. Stance

- a. stand with your back straight
- b. keep your chin up so that your back stays straight
- c. keep your weight balanced lightly on the balls of your feet
- d. spread your feet shoulder width apart - soft knees (don't lock your knees)
- e. move one foot a few inches behind the other to assist with balance

Check your stance and make sure that you feel comfortable and ready to move quickly. At this point, your hands should be hanging loosely at your sides.

<p>2. Deep Breathing Place your hands lightly on your hips. As you take a deep breath, slowly raise your arms straight out to your sides and then above your head. Repeat this three times.</p>
<p>3. Neck Mobility Tilt your head toward your left shoulder, taking care not to move your head past the distance you feel you are able to without experiencing pain. Do not overstretch your neck muscles. Roll your head toward your right shoulder, then forward so that your chin is pointed to your chest. Then move your head toward your left shoulder and finally straight up, completing a small rotation. Do not roll your head back as this puts too much strain on the small bones in your neck. Repeat this three times. Reverse the direction, starting with your right shoulder, and repeat this three times.</p>
<p>4. Shoulder Rolls Slowly move your shoulders upward (toward your ears). Gently roll your shoulders back so that you feel your shoulder blades pulling together. Stop this movement if you feel pain. If you are not feeling pain, move your shoulders down and forward, completing a circle. Repeat this three times. Reverse the direction of the shoulder roll and repeat three times.</p>
<p>5. Side Stretch In the stance position, slowly slide one arm down your thigh only as far as comfortable. Do not overstretch your side muscles. Repeat this again on the other side, again slowly sliding your arm down your thigh.</p>
<p>6. Heel Lifts While performing this activity, keep your knees flexed, back straight and chin up. Lift your heels completely off the floor so that your weight is balanced on the balls of your feet. Optional: tighten your buttocks and abdomen as you raise your weight off the floor. Lower your heels so that you are again standing flat-footed. Repeat this three times.</p>
<p>7. Balance on One Foot While performing this activity, keep your knees flexed, back straight and chin up. Bend your right knee and lift your right foot completely off the floor, dangling it next to your left calf, so that your weight is balanced on your left foot. Maintain this position for 10 seconds. Lower your right foot so that you are again balanced on both feet. Repeat this activity again and use the opposite foot.</p>
<p>8. Crouch Assume the STANCE. Put your forearms in front of your chest. The fingers of your hands should now be on each side of your chin. Rotate your hands so that your palms are facing forward, in the same direction as you are looking. Your hands should now be saying "stop". Press your elbows into your lower ribs. Move each foot about several inches beyond shoulder width. Flex your knees more so that you feel like you are about to sit down in a chair. Move one foot several inches backward while keeping your shoulders and head facing forward. This position will be called the crouch. This position can be assumed with the right foot forward and the left foot back or the reverse. The exact position of the feet is not important. It is important that you feel comfortable and ready to move quickly out of the path of an assault.</p>
<p>9. If you are unable to maintain your balance in the crouch position for ten seconds without experiencing pain, adjust your position so that you are comfortable and able to move. If you are not used to this position, you may experience a slight burning sensation in your thighs and calves.</p>
<p>10. Sidestep (shuffle) CROUCH. Move two steps toward your left by first pulling your right foot next to your left foot, and then moving your left foot to the left, forming a new defensive crouch position. Keep your feet close to the floor, lightly sliding them on the floor as you move. Repeat once more to the</p>

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left; then shuffle two steps to the right in the same manner. Remember to keep your feet close to the floor, back straight, chin up, and to maintain your balance throughout the movement.

11. Backstep (shuffle)

CROUCH. Move your left foot back behind your hips. Weight should be evenly distributed between both feet. Remember to keep your feet close to the floor as you move. Now pull your right foot back into the CROUCH position. Do not pull your right foot past your left foot. Repeat so that you have shuffled two steps backwards and have ended in a CROUCH. Repeat this exercise, starting with the right foot forward in the crouch position. Remember to keep your feet close to the floor, back straight, chin up, and to maintain your balance throughout the movement.

12. Pivot

CROUCH, keeping your left foot stationary. Pivot your entire body on the ball of your left foot so that you are facing right by moving your right foot in a circular sweep backwards and ending in another CROUCH. Remember to keep your feet close to the floor, back straight, chin up, and to maintain your balance throughout the movement.

Trainer's Note: The next activities are simulations of moves you will use during escort or manual restraint techniques. They will help you to understand the importance of teamwork and coordination when hands on techniques are used when working with a team member.

13. Kneel

Assume the STANCE. Take one step forward with your right foot. Once you have your balance (stabilized), slowly lower your left knee to the floor. For added support, your hands may be placed on your thighs as you lower your left knee to the floor. Maintain proper body alignment. Repeat this exercise, starting with the left foot forward and lowering your right knee to the floor.

14. Team Step Position

- Stand next to your partner, side by side, facing the same direction. You should be standing close enough to your partner so that one foot, knee, hip and shoulder are touching the corresponding parts on your partner. The limbs that are closest together are called the "inside" limbs, and those farthest apart are called the "outside" limbs.
- Pivot so that you are facing slightly away from each other. Keeping your inside feet stationary, pivot back with your outside feet, but keep your shoulders and head facing forward in the same direction as your stationary inside feet.
- Spread your legs wide enough to maintain a stable stance. Your inside knees should be flexed at least as much as in the defensive crouch position. Your outside knees will be a little less flexed. Keep your back straight and chin up.
- **Check your position.** You should feel balanced and stable. You should now be able to move in unison with your partner. If you are experiencing pain or discomfort, stop the exercise and describe your discomfort to your trainer or instructor.

15. Team Step Forward

- From the **Team Step Position**, move your back feet forward a few inches, then slide your front feet forward a few inches. Repeat this process several times. This will cause you to shuffle forward a few inches at a time. We call this organized shuffling a team step forward.
- Keep your feet close to the ground and maintain your balance. Try to move in unison with your partner, as a team. Repeat this exercise until you are able to take five team steps forward without losing your balance.

16. Team Step Backward

Reverse the team step forward technique and move backward, stepping back with your inside foot first. Repeat this exercise until you are able to take three team steps backward without losing your balance or tripping over each other.

17. Team Kneeling

- From the **Team Step Position**, move your inside feet so that your legs are spread as far apart as they can be and still allow you to be comfortable and stable. Maintain your balance, keep your back straight and your chin up throughout this manoeuvre.
- Grasp your partner's inside hand with your inside hand. With your hands grasped, step forward with your outside foot, slowly kneel on your inside knee, bend over and touch the floor with your grasped hands. Return to an upright kneeling position, then stand up slowly, keeping your back straight and chin up. Repeat this exercise while facing in the opposite direction.

Trainer's Note: Take a moment and have everyone complete a self-risk assessment (including yourself). If any of these movements are beyond your capacity or may lead to you injuring or re-injuring yourself, or if you have any doubts about your abilities, please talk to me before continuing. If you are sure that you cannot complete some of these movements safely or comfortably, please let me know.

Trainer's Note: Important information that must be repeated throughout the practice:

We do not want you to be injured in this class, so *please move slowly and carefully*. Do not surprise your partner or get into a strength contest with your partner. The purpose of practice is not to see if we can effectively “get out” of the holds, but to ensure we remember the principles if a real-life situation arises. If you feel pain or exhaustion, stop practicing and tell me.

For each of the moves, I will first demonstrate them one move at a time. After each demonstration, you will practice with your partner while I observe each of you. If I ask you to stop, you must stop immediately.

If you have a question about a similar assault that is not listed, please let me know, and I will try to answer it for you.

The following is a sequence of responses from the least amount of aggression from the individual to the most aggressive.

2. Talk and evade

This is a series of evasive moves. To practice the evasive moves, you should be standing just outside of your partner's striking range.

- Take the **stance** while you **talk** to an individual who is potentially assaultive. Use a brief directive or instruction to stop.
- Quickly determine which area of your body is under assault.
- Make an immediate choice of which direction to move in, so you are out of the path of assault.
- Use the **side-step**, **back-step** or **pivot** to move away from the assault.

Remember to use your observation skills and watch for any signs of impending aggression.

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Trainer's Note:

- divide the group into pairs
- have each of the pairs practice the evasive moves several times to ensure they are comfortable and familiar with each one
- remind everyone that when playing the role of the assaultive individual, they are to make their moves slow, careful and obvious
- there is to be no tricks, sabotage or surprises - practice is to be slow
- keep a visual of the participants and coach and mentor as needed

Practice the evasive techniques with your partner. **Remember to practice slowly and carefully.**

Punch to the face	avoid any contact, move away while tracking the path of the blow. Hands should be in the stop position in front of your face.
Overhead blow to the top of the head	move to the side of the individual's body that is used to assault you while tracking the individual's hand. Hands should be in the stop position, protecting your head.
Punch to the midsection	avoid any contact, move away while tracking the path of the blow. Hands should be in the stop position, protecting your midsection.
Lunging assault for the throat	move away from the individual using tracking motion. Don't turn your back on the individual. Hands should be in the stop position in front of your face, protecting your throat.
Kick to the Lower Leg	move away from the individual while tracking the path of assault. Hands should be positioned to protect the lower limbs.
Kick to the Thigh	move away from the individual while tracking the path of assault. Hands should be positioned to protect the lower limbs.
Kick to the Stomach	move away from the individual while tracking the path of assault. Hands should be positioned to protect the lower limbs.
Kick to the Head While Kneeling	move away from the individual while tracking the path of assault. Hands should be positioned to protect the lower limbs.
Knee to the Groin	lift your leg at a 90-degree angle while turning to protect your groin. Hands should be positioned to protect the groin.

Trainer's Note: When all evasive moves are completed, move on to next step.

*If you are not able to evade, you may need to **talk, crouch, cover and roll.**

3. Talk, crouch, cover and roll

This is a series of moves designed to help you **cover vital areas** when there is potential for being punched or kicked.

To do these moves, you should be standing within striking range of your partner.

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- Quickly determine which area of your body is under assault, crouch and cover your vital areas.
- Immediately choose your direction to move so you are out of the path of assault.
- Use the **side-step, back-step or pivot** to move away from the assault.

***Remember to keep talking.
Practice talking as well as moving.***

*Practice the **talk, crouch, cover and roll** with your partner. **Remember to practice slowly and carefully.**

Trainer's Note: Practice various assaults from point 2 - **Talk and Evade**. When sample assaults are completed, move on to next step.

4. Talk, and close the assault

This is a series of moves designed to help you **deflect punches and kicks**. I will first demonstrate the moves for you.

***Remember to keep talking
while you move.***

To do these deflection moves, you should be standing within striking range of your partner.

- Quickly determine which area of your body is under assault and cover your vital areas.
- Immediately choose your direction to move so you are out of the path of assault.
- Use your hands, open palms and not just fingers, to deflect punches and high kicks, and your legs to deflect low kicks, as you use the side-step, back-step or pivot to move away from the assault.

Practice **talk and close the assault** with your partner. **Remember to practice slowly and carefully.** Always return to the stance position once the technique has been completed.

Punch to the face	deflect the individual's arm across the midline of their body, using the momentum to move out of the way – physical contact is only momentary! Hands should be in the stop position in front of your face.
Overhead blow to the top of the head	deflect the individual's arm using downward momentum to move away. Move to the side from which the assault originates so that you move away from the individual's limb (e.g., if the blow is coming with the right fist, move to the individual's right). Hands should be in the stop position to protect your head.

Trainer's Note: Demonstrate an overhead blow while the worker is sitting. Use the same principles as above to deflect the blow and get out of the way.

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Punch to the Midsection	deflect the individual's arm by using the momentum to move out of the way. Hands should be in the stop position to protect your midsection.
Lunging Assault for the throat	both of your hands should make contact at the arm of the individual, redirecting them while you move out of the way. <ul style="list-style-type: none"> ▪ one of the advantages of the sideways stance is that you are facing the individual at an angle and not straight on, thereby giving them less of your body to strike. ▪ move, out of the way.
Kick to the Lower Leg	deflect the individual's leg with your leg. This will cause the individual to pivot around and away from you.
Kick to the Thigh	deflect the individual's leg with your leg. This will cause the individual to pivot around and away from you. If you don't have time to deflect with your leg you may deflect away with your hands.
Kick to the Stomach	deflect the leg away with your hands and move out of the way. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <i>Trainer's Note:</i> Don't practice this technique as this could cause a participant to fall – only speak to the principle and provide demonstration. </div>
Kick to the Head While Kneeling	deflect the kick with your hands, using the momentum to get up and out of the way.
Knee to the Groin	deflect with your knee or if time is limited, with your hands on the individual's leg.

Trainer's Note: When all deflective moves are completed, move on to next step.

5. Escape

This will be a series of **escape moves**. I will first demonstrate the moves for you. Each of the moves will be based on the moves you learned when responding to punches and kicks.

Consistent with the principles of evasion, the deliberate use of pain to force the individual to release their grip is not acceptable.

- Limit the effect of the assault by moving into (rather than away from) the grasp of the assaultive individual.
- Find the weakest point of the grasp and work against that point.
- Use weight, leverage and surprise to get away from the assault.

Practice the demonstrated assaults with your partner.

Remember to practice slowly and carefully.

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Trainers note: Be prepared to respond participants questions regarding similar assaults. Use PART® principles to answer the questions.

Remember:

- don't over-reach with hands or legs
- be prepared to respond to two assaults at once (e.g. a punch and a kick)
- do not put yourself in a vulnerable position.
- be cognizant of individuals with potential balance problems.

Trainers note: Prior to practicing techniques, ensure participants have permission from their partners.

Capture	
Pinch Release (Capture)	<p>Individual pinches your arm</p> <p>Option 1</p> <ul style="list-style-type: none"> ▪ cover the individual's hand with your free hand and grasp the thumb muscle. At the same time, apply pressure on the individual's hand ▪ step in, move towards the point of capture with full body weight ▪ this will cause the individual to weaken their pinch hold ▪ move out of the way <hr/> <p>Option 2</p> <ul style="list-style-type: none"> ▪ cover the individual's hand with your free hand, and apply pressure on the individual's fingers ▪ step in, move towards the point of capture with full body weight ▪ this will cause the individual to weaken their pinch ▪ move out of the way
Scratch Response (Capture)	<p>Individual is scratching your arm.</p> <ul style="list-style-type: none"> ▪ cover the individual's hand with your free hand, and apply pressure on the individual's fingers ▪ step in, move towards the point of capture with full body weight ▪ this will cause the individual to weaken their scratch ▪ move through the scratch and out of the way
Bite Release (Capture)	<p>Option 1</p> <ul style="list-style-type: none"> ▪ move in towards the individual ▪ place your index finger under the individual's nose and use a vibrating motion

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<p><i>Trainer's note:</i> DO NOT physically bite your partner during practice. Each release technique would be dependent on the severity of the bite. This should be one fluid motion.</p>	<ul style="list-style-type: none"> ▪ this motion will cause the individual to release the bite
	<p><i>Trainer's Note:</i> Don't practice this technique - only speak to the principle and provide demonstration.</p>
	<p>Option 2</p> <ul style="list-style-type: none"> ▪ move in, toward the individual ▪ push the bitten part of your body deeper into the individual's mouth ▪ hold the individual's nostrils closed, preventing breathing (temporarily) ▪ individual will open their mouth to breathe, allowing an opportunity to escape ▪ move out of the way
	<p><i>Trainer's Note:</i> Don't practice this technique - only speak to the principle and provide demonstration.</p>
	<p>Option 3</p> <ul style="list-style-type: none"> ▪ place your free hand on the back of the individual's head (bottom) for postural support of the neck ▪ push the bitten part of your body deeper into the individual's mouth ▪ push your arm in and down, causing the jaw to release ▪ move out of the way

Trainer's Note: Seek permission from your partner prior to the hair pull technique. Do not actually pull your partner's hair.

<p>Hair Pull Release (Capture)</p>	<p><i>Trainer's Note:</i> speak to other types of hair pulls and apply PART® principles to get out. Tell participants that they may need to call for help if they don't feel the grip release.</p>
	<p>Option 1 Individual pulls your hair from the front:</p> <ul style="list-style-type: none"> ▪ step in, towards the individual ▪ cover individual's grasping hand to immediately establish control ▪ push the individual's grabbing hand(s) firmly down against your head ▪ move your head towards the individual at a 45-degree angle (reposition the grabbing hand into an awkward position) ▪ drop either foot back ▪ move your head down and walk backwards ▪ when you feel their grip releasing, move back and out of the way
	<p>Option 2 Individual pulls your hair from the front or rear</p> <ul style="list-style-type: none"> ▪ step in, towards the individual ▪ cover individual's grasping hand to immediately establish control ▪ jump and scream ▪ the element of surprise should cause the individual to release their grasp ▪ move out of the way

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	<p>Option 3 (if no further assault is anticipated) Individual pulls your hair from the front or rear</p> <ul style="list-style-type: none"> ▪ step in, towards the individual. ▪ cover individual's grasping hand to immediately establish control ▪ appeal to an individual's sense of humour
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Trainer's Note: Some participants might feel uncomfortable with their partner placing hands on their neck. If this is the case, suggest that the partner place their hands on the shoulders instead.

Choking	
<p>a. Choking With Hands From Front (Release)</p>	<ul style="list-style-type: none"> ▪ step in, towards the individual. ▪ tuck chin inward as close to your chest as possible, while maintaining an upright position. ▪ raise both arms straight up at the same time, outside of the individual's arms (e.g., as if you were cheering for a touchdown!); then bring both arms downward at the same time, in an arc motion so that your upper arms come down over the individual's wrist/forearm. One arm may make contact with the individual. ▪ as you rotate downward, the individual's grip will be broken. ▪ move out of the way.
<p>b. Choking With Hands From Rear (Release)</p>	<ul style="list-style-type: none"> ▪ step back, towards the individual. ▪ tuck chin inward as close to your chest as possible, while maintaining an upright position. ▪ raise both arms straight up at the same time, outside of the individual's arms (e.g., as if you were cheering for a touchdown!); then rotate and bring both arms downward at the same time, in an arc motion so that your upper arms come down over individual's wrist/forearm Only one arm may make contact with the individual. ▪ as you rotate downward, the individual's grip will be broken. ▪ move out of the way.
<p>c. Rear Forearm Choke (Release)</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Trainer's Note:</i> have participants remove their glasses for this technique so they don't get damaged when they are trying to release.</p> </div>	<ul style="list-style-type: none"> ▪ individual applies a forearm choke by grabbing you around the neck with one arm and uses the other arm to add strength to the grasping arm. ▪ step back, move towards the individual. ▪ tuck the chin behind the individual's forearm. Simultaneously step back, turn your head sideways (towards the wrist of the grasping arm), keeping your chin down (now the airway is protected).

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	<ul style="list-style-type: none"> ▪ place one hand on the individual’s grasping wrist, and place one hand underneath their elbow. ▪ step backwards past the individual, with the same foot as the grasping wrist, as you push up on their elbow and pull down on their wrist. ▪ move out of the way.
Bear Hug Escape	
<p>a. Individual’s arms around your arms.</p>	<ul style="list-style-type: none"> ▪ take a deep breath in and extend the chest out ▪ push arms out to the side ▪ turn your head to the side to protect your nose ▪ wedge closed fists under the individual's wrists/hands. Do not interlock fingers. ▪ simultaneously shift your weight forward quickly, use the bum butt and push out hard with your hands, move out of the way
<p>b. Individual’s arms underneath your arms.</p> <div data-bbox="209 919 563 1066" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><i>Trainer’s Note:</i> Video demonstrates fingers interlocking which is still acceptable.</p> </div> <div data-bbox="209 1367 563 1640" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><i>Trainer’s Note:</i> Tell participants that when Option 2 is performed, there is a chance that both you and the individual will be going to the floor.</p> </div>	<p>Option 1</p> <ul style="list-style-type: none"> ▪ simultaneously, step back toward the individual, expand your chest by inhaling deeply ▪ clasp your hands together (knuckles down), forcing your elbows outward, applying pressure against the individual’s forearms/wrists ▪ turn your head to the side to protect your nose ▪ simultaneously shift your weight forward quickly, use the bum butt and push out hard with your hands ▪ move out of the way <div data-bbox="597 1213 1414 1304" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><i>Trainer’s Note:</i> Don’t practice this technique - only speak to the principle and provide demonstration.</p> </div> <p>Option 2</p> <ul style="list-style-type: none"> ▪ raise your legs from the floor so that the individual must carry your entire body weight ▪ ensure your knees are raised up toward your chest, in a tuck position ▪ wait for the individual to tire ▪ due to tiring, the individual will not be able to sustain their grip, and you will be able to breathe by taking small gulps of air as the individual tires ▪ gradually wedge a bit at a time by clasping your hands together, forcing your elbows outward, applying pressure against the individual's forearms/wrists ▪ turn your head to the side to protect your nose ▪ simultaneously shift your weight forward quickly, use the bum butt and push out hard with your hands ▪ move out of the way

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Arm Grab Escape	
<p>a. Individual grabs your wrist with one hand.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Trainer's Note:</i> if needed, grasp your own captured hand and continue with two hand technique.</p> </div>	<ul style="list-style-type: none"> ▪ step in, towards the individual ▪ make a fist with your captured hand, and roll your fist with your palm inward towards your body until the smallest part of the wrist appears between the individual's thumb and forefinger (which is the weakest part of their grip) ▪ keep your elbow close to your body ▪ bend your fist toward your own wrist, and with a quick motion, pull your wrist through the individual's grasp ▪ move out of the way
<p>b. Individual has a hold of your arm, and both their thumbs are up.</p>	<ul style="list-style-type: none"> ▪ move in, towards the individual ▪ grasp your captured hand from above ▪ broaden your stance ▪ rotate your arms up in a full arc, as the thumbs are the weakest point of the grip ▪ move out of the way
<p>c. Individual has one thumb up and one thumb down.</p>	<ul style="list-style-type: none"> ▪ move in, towards the individual ▪ grab your own captured hand with your free hand from underneath. (do not interlock fingers). ▪ simultaneously, with your full body weight, step through the grasp while doing a corkscrew motion with your arm. ▪ move out of the way

Blows with Objects (DO NOT DEMONSTRATE OR PRACTICE)

<p>Assault with Chair</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Trainer's Note:</i> Only speak to the principles of response when an individual assaults or attempts an assault with a chair.</p> </div>	<ul style="list-style-type: none"> ▪ Disarm on upswing as the individual is bringing up the chair, deflect on upswing and push it out of their hand. ▪ Defensive hug - if the individual already has the chair up in the air to assault, move in and hold on to them at their waist. ▪ Deflect with chair - use your own chair, and when they swing the chair at you, deflect it away with your chair ▪ Disarm with chair – when they swing with the chair, lock your chair with theirs and take it away from them. ▪ Makeshift shield - a chair can also be used as a shield. Deflect objects that the individual might throw at you.
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Balance Control Techniques

Trainer's note: the following balance control techniques may not be needed in all work areas. Only demonstrate if there is a need. Discuss when these techniques would be appropriate to use, for example: an individual is attacking another individual, or an individual is running out into a busy street.

Balance control techniques are designed to control the individual for a short period of time. Do not attempt to use these techniques to restrain or escort the individual

**Remember, the assaultive individual may not be able to feel pain.
Use reasonable force!**

Hip pivot - used if the individual has no or loose clothing - grab the hip bones from behind and pivot individual around.

Clothing pivot - used if no belt - grab individual by the clothing at each side of waist and pivot the individual around.

Belt pivot - get behind the individual if possible, using both hands get a hold of belt at back and pull straight back, pivot individual around.

Belt and shirt control - grab the shirt with one hand at middle of back just below shoulder blades with other hand grab the belt using a palms down grip. You can pull the individual backwards, move them forwards or pivot them around.

Intermediate Program Summary:

- Evasive techniques are designed to allow avoidance of the intended pain or injury without retaliation or overreaction
- Evasive techniques meet the criteria for “reasonable force” when responding to a brief episode of assault causing bodily harm

**Reminder:
If teaching Advanced, it is recommended to have a minimum of four participants.**

PART® Advanced

Trainer's Note: This is the start of PART® Advanced. Reference technique videos found in the semi-secure log-in.

IMPORTANT INFORMATION: When using Advanced techniques, injury to workers and the individual may increase, so it is imperative that trainers teaching Advanced have regular and thorough review of techniques by attending recertification every 2 years. Participants receiving Advanced must also be re-evaluated every 2 years.

Trainer's note: To receive a complete Advanced certificate, participants must demonstrate understanding and competence in all areas of this section, including wall and floor assisted restraint. At times, there may be a need to teach certain techniques due to specific employer requirements - if you teach certain techniques and not the entire Advanced program, you must check and initial the Intermediate certificate for the applicable techniques taught. The Advanced principles must always be taught, even if only teaching certain Advanced techniques. Document this on the attendance list (or other records) for the employer to retain.

Restraint

During this program, all participants **must** practice techniques slowly and carefully. If at any time during this program participants feel pain or exhaustion, they must **stop** practicing and tell you!

If at any time they are unsure of a technique, they must **ask** you for assistance.

Definition of Restraint

Restraint is the forcible and involuntary deprivation of the liberty to move about. If an individual has been deprived of the liberty to move freely, and if that deprivation was forcibly imposed against the will of the individual, the individual has been restrained.

Types of Restraint

There are four types of restraints used by professionals. They are listed below in ascending order from the least restrictive and intrusive method to the most restrictive and intrusive method.

Manual Restraint	Seclusion	Mechanical Restraint	Chemical Restraint
<ul style="list-style-type: none">•restricting voluntary movement by holding the individual.	<ul style="list-style-type: none">•restricting voluntary movement by locking an individual in a room. If an individual cannot leave the room at will, the room is considered locked.	<ul style="list-style-type: none">•restricting voluntary movement by means of belts, cuffs, soft ties or similar devices.	<ul style="list-style-type: none">•restricting voluntary movement by means of medications.

The PART® program® covers manual restraint only. The use of other types of restraints are not taught in the PART® program®. Know your policies and procedures for manual restraints and always use professional judgement.

Manual Restraint

Manual restraint is appropriate when:

- responding to aggravated assault;
- the assault is expected to end quickly;
- the intervening workers can reasonably expect to achieve safe control, or when
- a team of two or more trained workers is available.

Basic Principles of Manual Restraint

1. Master evasion techniques

To perform a manual restraint effectively, you must first master evasion techniques. Keeping your balance and going with the flow of an assault are crucial. It's also essential to have patience, self-control, and the willingness to call for help.

2. Master capture techniques

In evasion techniques, the force of the assault is deflected in a circular pattern. In manual restraint, the force of the assault is captured (held) in a circular pattern and pivoted downward or sideways.

In manual restraint, you remain in place and pivot with the force of the assault, attaching weight to the assaultive individual's limb. The assaultive individual's limb is thus "captured" at points between the joints, limiting the capacity to assault.

3. Get a "grip"

Whenever possible, the capturing grip should be made on the assaultive individual's clothing rather than on the flesh. A grip on the flesh is only as strong as its weakest point, which is the thumb: grasping clothing lessens the chance that the assaultive individual will work against our thumbs, thus causing us to weaken or lose our grip.

4. Use weight, *not* strength

Limiting the capacity to assault is achieved by attaching body weight to the assaultive individual's limb. The idea is to have the assaultive individual tire by using their strength against the overpowering weight and leverage of the intervening workers.

5. Avoid pain

Consistent with the principles being taught, deliberate use of pain is **never** necessary in manual restraint. State of mind, medications, and high adrenaline may cause permanent damage being done before the individual registers intense pain.

6. Use only reasonable force

Aggravated assault is dangerous and should be responded to with enough force to minimize injury.

7. Maintain a proper ratio

Intervening workers must determine if there is a favourable size/weight ratio before attempting a manual restraint. Intervening workers should have a 100 per cent height and weight advantage over the assaultive individual. The capturing workers must have a leverage advantage. There is a leverage disadvantage when the workers are more than four inches shorter or taller than the individual they are attempting to capture. Always use professional judgement and evaluate the situation.

One-to-one situations have proven very dangerous and should be avoided, regardless of the size of the assaultive individual. Problems with one-on-one restraint include, but are not limited to:

- An inability to see the assaultive individual's face, which is necessary to check for proper breathing and circulation.
- A danger of restricting breathing by compressing the torso of the individual, making it difficult for the diaphragm to pull air into the lungs.
- Providing an emotional trigger for an individual who has been sexually assaulted.

8. Be a team player

When a manual restraint is necessary, **only** one worker should be the designated captain. Ordinarily, this is the worker being assaulted, who "calls" the capture. The captain is the only one who communicates with the individual, but may change if:

- the captain is losing control,
- if another worker has a better relationship with the assaultive individual
- or the individual faces a different direction.

Workers need to follow the directions of the captain. Disagreements regarding the directions given by the captain should be resolved after the incident.

9. Select the least intrusive restraint position

Always manually restrain an individual in the most dignified and least intrusive manner possible. PART® teaches four basic manual restraint positions. The **standing restraint** position is the least restrictive restraint position. The **escort and wall restraint** positions are more restrictive, and the **floor restraint** position is the most restrictive position used in PART® training.

10. Monitor breathing and circulation very closely

Restraining workers should avoid any position that puts pressure across the assaultive individual's long bones, joints or spinal cord. Adequate/safe restraint can be achieved by limiting the ability to move the limbs without risking breakage or similar damage. It is also important to avoid positioning weight on the chest cavity. The boa constrictor kills its prey by allowing it to breathe out but not in. Weight on an assaultive individual's chest can have the same effect.

The captain should check with the individual during manual restraint to see that breathing is not being interfered with, that blood circulation to the hands and feet is adequate, and that pressure is not being put across the bones, joints or lungs.

Remember:

The decision to manually restrain should always be based on a comparison of the risk of injury associated with the restraint position selected against the risk of using a less intrusive method or not restraining at all. Before choosing to deprive a person of their liberty to move about, you should ask yourself:

What is the worst thing that is likely to happen if this individual isn't restrained right now?

Rules for Manual Restraint

Workers must determine if there is a favourable size/weight ratio before attempting physical intervention. Intervening workers should be 100 per cent heavier than the individual. If intervening workers are shorter by four inches or more than the individual, three or more workers should be on the team.

1. Don't attempt to contain unless:
 - **twice the height**
 - **twice the weight**

For example, a 180 cm (5'11") tall individual who weighs 80 kg (176 lbs), you would need 360 cm (11' 10") and 160 kg (353 lbs). If each worker were 167 cm (5'6") and 68 kg (150 lbs), you would need 3 workers to restrain that individual.

2. Assess the size and weight of the individual and make sure that you have an advantage before physically intervening in an assaultive incident.
 - In incidents involving children, a single worker may physically intervene if the worker has a height and weight advantage of at least 50 percent.
 - In incidents involving adults or larger children, team methods should be used. The intervening workers should be roughly equivalent in height to the assaultive individual and have a combined weight advantage of at least 100 percent.
3. Only the captain talks to the assaultive individual. The captain will use the "rule of five" (statements of no more than five words, words containing no more than five letters) along with the principles of verbal crisis intervention. The captain may change during a restraint depending on the relationship with the individual or who the individual is facing.
4. When using restraint techniques, you need to be cognizant of circulation/breathing checks.

Trainer's note: It is important during practice of these techniques to have a word that participants can call out to be released immediately from any restraint moves practiced in this program. Decide on a word that wouldn't regularly be used in everyday conversation, for example: pineapple.

Standing Restraint

Principles

This position is used to prevent the individual from injuring with arms and hands. It provides an opportunity to get close enough to the assaultive individual to communicate while reducing the ability of the individual to assault. It is also the first step in achieving more restrictive restraint when necessary.

In some instances, standing restraint will be the only form of restraint necessary to prevent injury. When the individual being held stops the assault and responds to the worker verbally, they can be gradually released. Once the individual is released, continue with their treatment/support plan.

Standing Restraint Techniques

Standing Restraint from a Blow	<ul style="list-style-type: none"> ▪ deflect the arm away from you ▪ move in and capture the assaultive individual's arm with your hands above the wrist and elbow – grab clothing if possible ▪ DO NOT TWIST THEIR ARM BEHIND THEIR BACK ▪ move in behind the individual and capture using the balance control technique
Standing Restraint from an Overhead Blow	<ul style="list-style-type: none"> ▪ deflect the blow away from you ▪ move in and capture the arm just above the wrist and elbow ▪ grab clothing if possible and pull the arm down, keeping the individual off balance ▪ move in behind the individual and capture using the balance control technique
Standing Restraint from Holding Assaults	
Choking with Hands from Front (escape and capture)	<ul style="list-style-type: none"> ▪ move into the assaultive individual ▪ use intermediate technique for the front hand choke to escape the hold ▪ capture the individual above the wrists ▪ individual will be behind you ▪ pull them forward, keeping them off balance

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<p>Choking with Hands from Rear (escape and capture)</p>	<ul style="list-style-type: none"> ▪ move into the assaultive individual ▪ use intermediate technique for a rear hand choke ▪ pivot around, the individual will be in front of you ▪ capture the individual above the wrists and push them back, maintaining grasp of wrists
<p>Lunging Assault (deflect and capture)</p>	<ul style="list-style-type: none"> ▪ moving quickly to the side ▪ deflect the lunge away from you ▪ grab by the shoulder, swivel the assaultive individual around ▪ move in behind and use the balance control technique
<p>Rear Forearm Choke (escape and capture)</p> <p><i>Note: Do NOT twist their arm behind their back!</i></p>	<ul style="list-style-type: none"> ▪ escape using the intermediate technique for rear arm choke ▪ drop weight down and step back so you are behind the individual ▪ capture the individual using the balance control technique
<p>Arm Grab (escape and capture)</p>	<p>Both thumbs up</p> <ul style="list-style-type: none"> ▪ move into an assaultive individual by taking a step forward ▪ grasp your captured hand with your free hand from above, pushing the captured elbow in and upwards. Be careful not to elbow the individual in the face ▪ take a step behind ▪ capture the individual using the balance control technique
	<p>One thumb up and one thumb down</p> <ul style="list-style-type: none"> ▪ move in by taking a step forward ▪ grasp your captured hand with your free hand from underneath ▪ twist your arm like a corkscrew ▪ take a step behind ▪ capture the individual using the balance control technique
Standing Restraint from Kicks	
<p>Kick to the Thigh (deflect and capture)</p>	<ul style="list-style-type: none"> ▪ deflect the kick with your leg or arm so the assaultive individual is facing away from you ▪ move in behind ▪ capture the individual using the balance control technique <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Trainer's Note:</i> Don't practice this technique as this could cause a participant to fall – only speak to the principle and provide demonstration.</p> </div>
<p>Kick to the Stomach (deflect and capture)</p>	<ul style="list-style-type: none"> ▪ deflect the kick with your hands so the assaultive individual is facing away from you ▪ move in behind ▪ capture the individual using the balance control technique

Knee to the Groin (deflect and capture)	<ul style="list-style-type: none">▪ deflect the knee so the assaultive individual is facing away from you▪ move in behind▪ capture the individual using the balance control technique
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Escorts

Principles

This position is most often used to forcibly move an individual away from the source of their agitation. The restrained individual is held in a standing position and is forcibly walked from one place to another.

A captain is determined prior to performing escort techniques. All workers should develop a set of consistent and simple signals that the captain will use. Signals can be lowering or raising one hand, crossing or uncrossing arms - regardless of the standard signal your team chooses, all workers must know what each signal means.

Trainer's note: have a discussion on when an escort would be appropriate.

Two Worker Escort

- workers position themselves arms-length away from the assaultive individual and arms-width away from each other, so that each has an equal chance of stopping the individual, no matter which way they move. Workers must maintain communication with each other
- captain talks to the individual to see if they will come willingly or be worker escorted (if individual won't go)
- captain - uses the pre-determined signal that indicates to their co-worker to be prepared for escort
- captain - uses the pre-determined signal that indicates to their co-worker the initiation of the escort
- workers - simultaneously take one step forward with the foot closest to the individual and quickly grab the individual's clothing (if no clothing, grab the arm) above the wrist with the hand closest to the individual
- workers take a step around the individual, move their other arm under the individual's arm and grasp their own shirt
- workers' knees go behind the individual's knees
- workers' hip is against the other workers' hip
- signal from captain says when to move – on the command of **ready**, in unison, workers move their outside foot forward – on the command of **step**, step forward with inside foot
- this will cause the individual to forcibly take a step forward
- repeat steps as necessary

To go through doorway (backwards)

- captain signals other worker to stand still - captain pivots themselves and the escorted individual around and signals to take three (3) steps back in unison
- when through the doorway captain pivots again and continues escorting in a forward position

Three Worker Escort

- do the same procedure as a two worker escort, the third worker stands on the individual's side and becomes the captain who signals the start of the escort
- the captain then moves to the back and uses the belt and shirt control
- captain will signal when to move - **ready - step** - then repeat as necessary

Three Worker Reversed Escort

- same as two workers
- third worker pivots on the captain's signal
- three (3) steps backward and on the captain's signal, pivot again and continue escort

Wall Assisted Restraint

Principles

Wall assisted restraint is a more intrusive variation of the escort position. The individual who is struggling so vigorously that they cannot be restrained effectively in an escort position may possibly be effectively restrained in a standing position with their body held against a wall.

Two Worker Wall Assisted Restraint

Once the assaultive individual is in a two-worker escort, the team will escort the individual to the wall with the individual facing the wall.

To contain the assaultive individual at the wall:

- contain the individual's arm to the wall with palm turned out
- place one hand above the wrist and one hand above the elbow
- place your forearm on the individual's back
- place your knee behind their knee
- place the inside arch of your foot at the individual's heel, securing the foot to the wall

Three Worker Wall Assisted Restraint

- the third worker will be in a belt and shirt control position, assisting with restraint
- check circulation/breathing to ensure the individual is not being held too tightly. This should be done by the worker whom the individual is facing (this worker then becomes the captain), as this worker has the best visual advantage

Floor Assisted Restraint

Principles

The individual, who is struggling so vigorously that they cannot be effectively restrained in either a standing restraint, an escort or a wall assisted restraint position, is lowered to the floor to be restrained. The surface of the floor provides additional restraint. The individual is held with their face toward the floor. The floor-facing position is also known as a prone position. The prone position prevents the use of the individual's largest muscle groups. Restraining the individual in a face-up (supine) position leaves workers vulnerable to the actions of the largest and most exercised muscle groups.

Times when the supine position may be used:

- history of sexual abuse will include having been abused while being restrained in a prone position.
- obese or pregnant individuals because an enlarged abdomen will press upward into the diaphragm (making breathing more difficult)

There is, however, an increased risk of aspiration (choking on something that has been inhaled) for individuals restrained in a supine position. Close and frequent observation to minimize the risk of choking is necessary.

The floor assisted restraint position is the most restrictive and intrusive method of manual restraint taught in PART® training. Floor assisted restraint may be used as a preparatory step for even more restrictive and intrusive forms of restraint (not taught in PART®):

- seclusion
- mechanical restraint (belts or cuffs)
- chemical restraint. Used to hold an individual still on the floor so that injectable drugs may be safely administered.

There are realistic risks of injury to both the restrained individual and the workers during the floor assisted restraint. Use professional judgement in deciding whether the floor assisted restraint is needed to hold the individual in place or using a less intrusive restraint method would suffice.

Two Worker Floor Assisted Restraint – starting from the escort position
<ul style="list-style-type: none">▪ all moves are performed simultaneously▪ transition your grasping hand from your shirt to the individual's front of the shoulder, while maintaining grasp of their wrist▪ with your knee behind theirs, buckle them to their knees. Immediately let go and allow them to use their hands to protect themselves while going to the floor▪ go down at the same time on your inside knee on the outside of their legs▪ quickly, contain the individual's arm with palm up, with one hand above the wrist and one hand above the elbow and your forearm across their upper back▪ place your knee on the inside of their leg, with your ankle on the outside to secure their leg▪ captain communicates with the individual and makes sure they can breathe
Three Worker Floor Assisted Restraint – starting from two worker floor assisted restraint
<ul style="list-style-type: none">▪ on command from the captain, the third worker secures the legs

- one at a time, the workers release a leg for the third worker to secure
- third worker sits on the individual's legs with knees on the outside of the individual's knees and ankles on the inside of the individual's ankles and hands on the individual's hips

Four or Five Worker Floor Assisted Restraint

If the fourth worker is required, they would secure one leg, and the third worker would secure the other

- on command from the captain, the fourth worker would secure one leg
- secure the leg by placing your knee on the inside and ankle on the outside on each leg
- one hand on the individual's hip and one on the floor

If the fifth worker is required, they would sit on the lower back with knees bent, resting on the floor and hands securing the shoulders.

Release From Manual Restraint

- once the individual has calmed down and will no longer become assaultive, the captain will request that each worker, **one at a time**, release the individual
- Start release with the fifth worker, then the worker directly behind the captain to release one leg, then the opposite arm, then the other leg, then the captain and release of the last arm. Release of the individual in a slow, managed and controlled manner

Three Worker Floor Assisted Restraint

This technique is only to be used as a last resort. There is a greater chance of injury to the worker with this restraint compared to the other floor assisted restraints.

- the heaviest worker stands to the side of the assaultive individual. Assignment is secure legs
- when command is given by the captain (e.g., lowers their arm), the worker to the side secures the individual's legs with their arms. Making sure their head is behind their knees, the worker kneels with the knee closest to the assaultive individual on the floor
- **at the same time**, the other two workers' assignment is the arms. Step forward with the leg closest to the assaultive individual - take a large step toward them, grasping clothing (if no clothing, grab the arm) on the arm above the wrist, pulling the individual forward. Let go of individual once they start to fall. At the same time, pivot around so you are facing the other worker. Bringing the individual to the ground face down, allow them to put their hands in front of themselves to protect themselves
- Third worker - (heavier worker) sits on the individual's legs with knees on the outside of the individual's knees and ankles on the inside of the individual's ankles and hands on the individual's hips
- Other two workers are positioned on their knees at the individual's side - the individual's arm is placed at their side with palms up, your knees against their arm. Hands secure, arm above wrist and elbow on each side

Four Worker Floor Assisted Restraint

If the fourth worker is required, they would secure one leg, and the third worker would secure the other.

- on command from the captain, one worker moves one arm out and contain individual's arm with the palm up, with one hand above the wrist and one hand above the elbow and your forearm across their upper back
- the other worker then moves the other arm

- the third worker releases one leg so the fourth worker can secure the other
- secure the leg by placing your knee on the inside and ankle on the outside of each leg
- one hand on the individual's hip and one on the floor

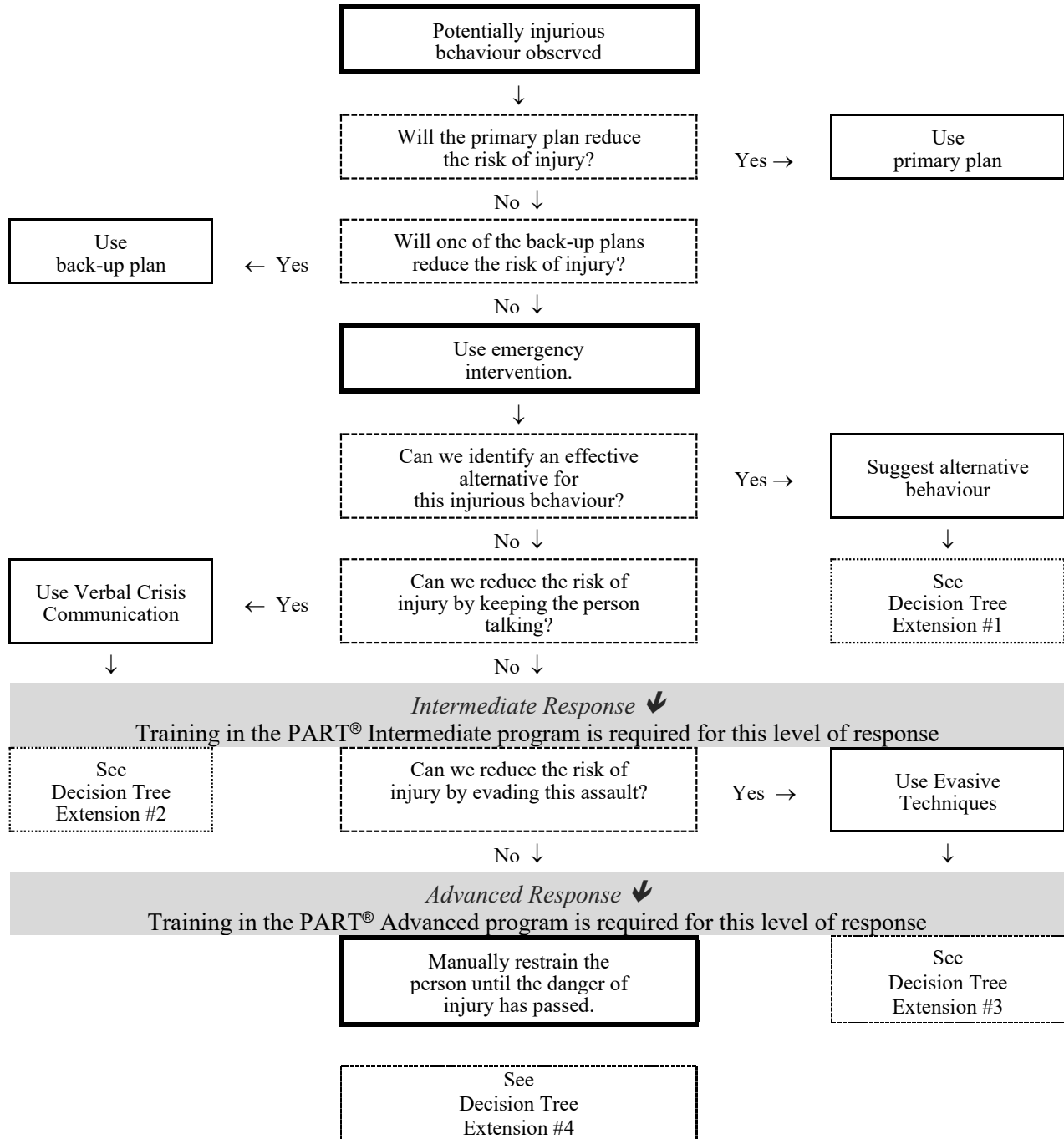
If the risk is higher to move the arms out, leave the arms in at the individual's side. If a fifth worker is required, follow the same procedure for the fifth worker as mentioned above. If transitioning to the fifth worker, the arms must be moved from the individual's side at this point. Continue to follow the same procedure for the fifth worker as mentioned above.

During restraints, the individual should be continually checked for circulation and breathing.

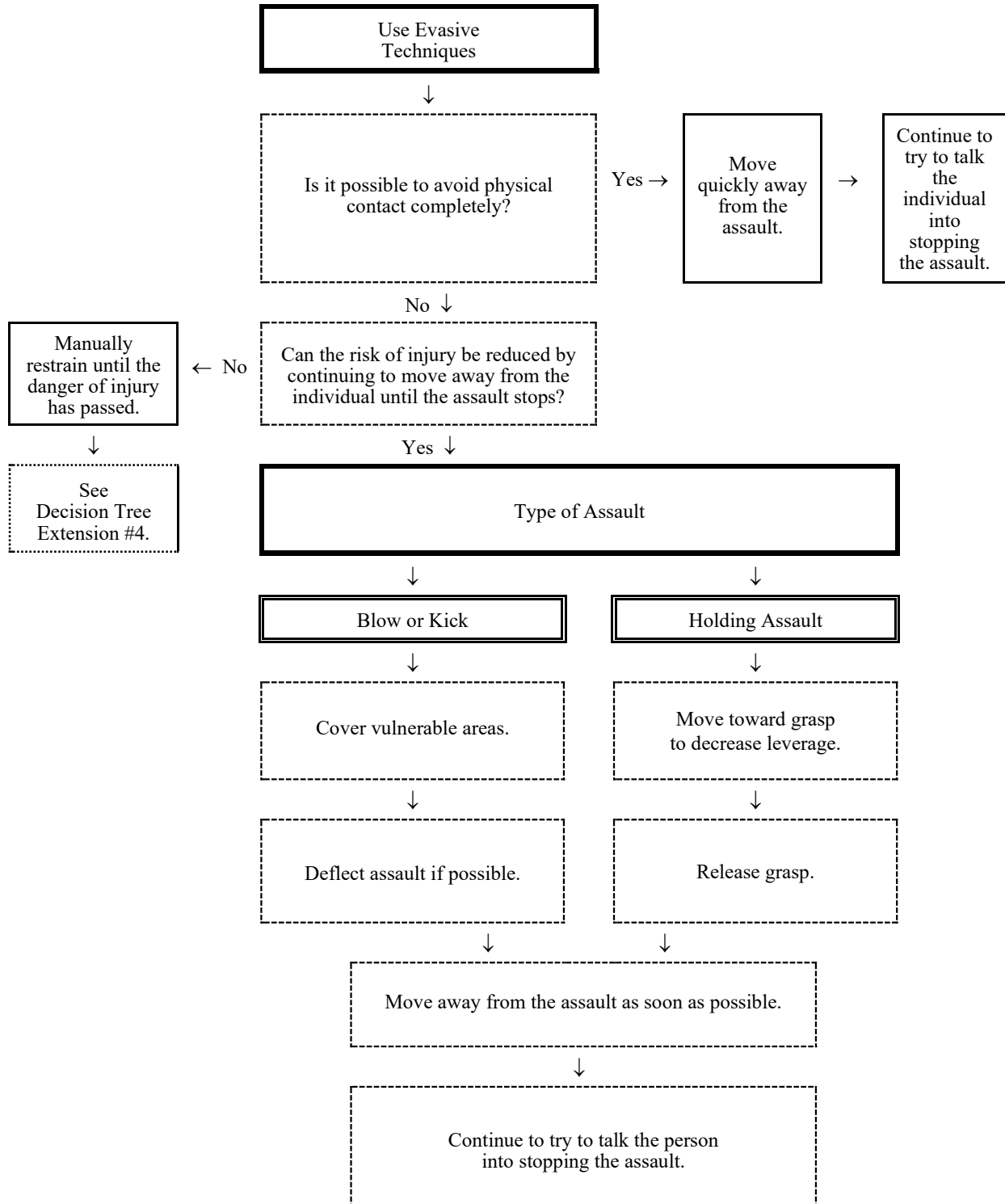
Advanced Program Summary

1. Remember teamwork - everyone knows their role and the signals used.
2. One worker is designated the captain. This is the only worker who communicates with the individual. The workers must obey the commands of the captain during the incident. If the workers disagree with the captain, these disagreements are to be discussed after the incident is over.
3. Use weight against strength. Not strength against strength.
4. Use reasonable force.
5. Before physically intervening, workers must weigh whether the risks of injury associated with getting involved will be greater than the risk of not intervening. Do we have to restrain the individual?

Decision Tree for Responding to Injurious Behaviour

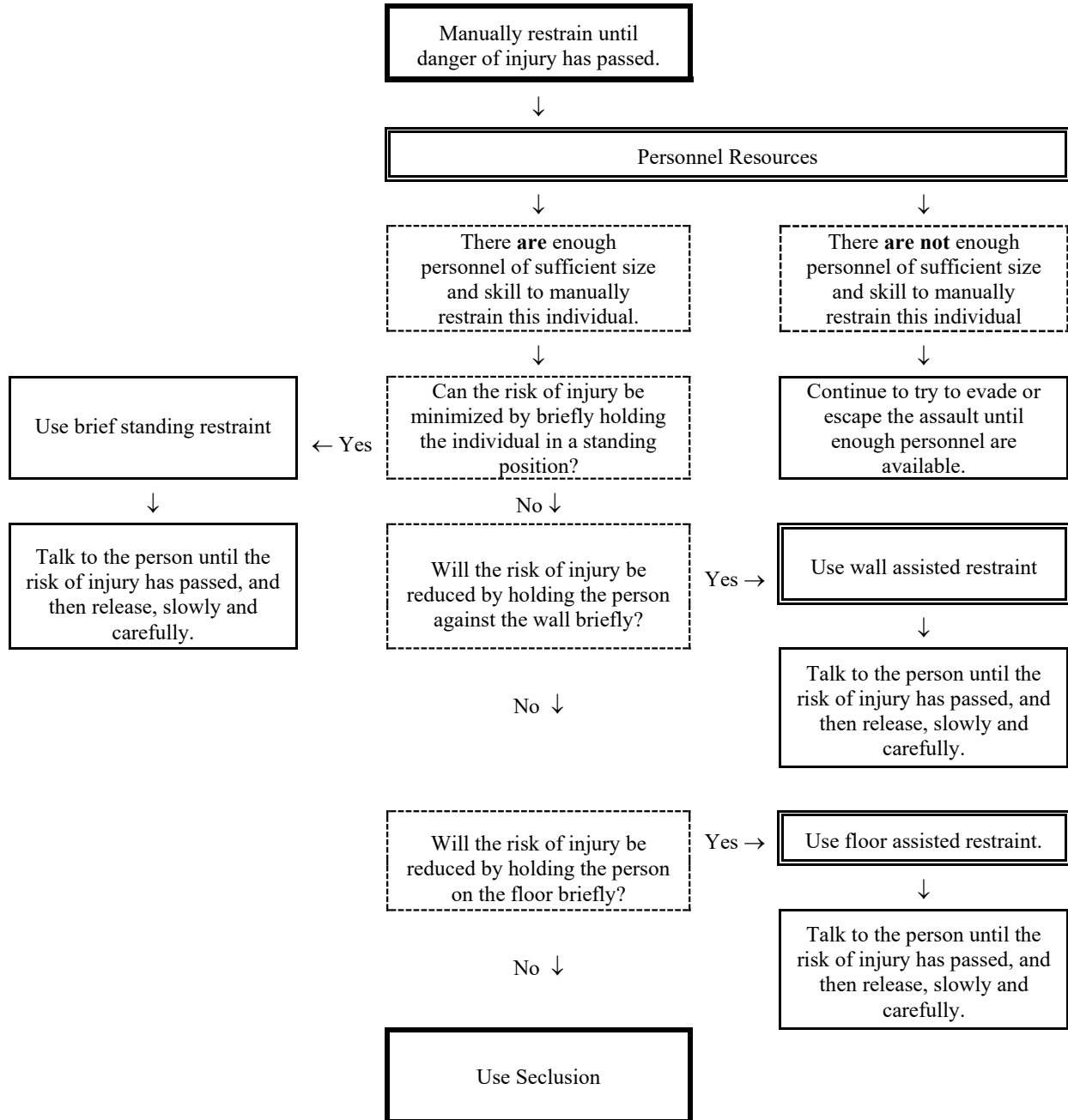


Decision Tree Extension #3 Using Evasive Techniques



Decision Tree Extension #4

Manual Restraint



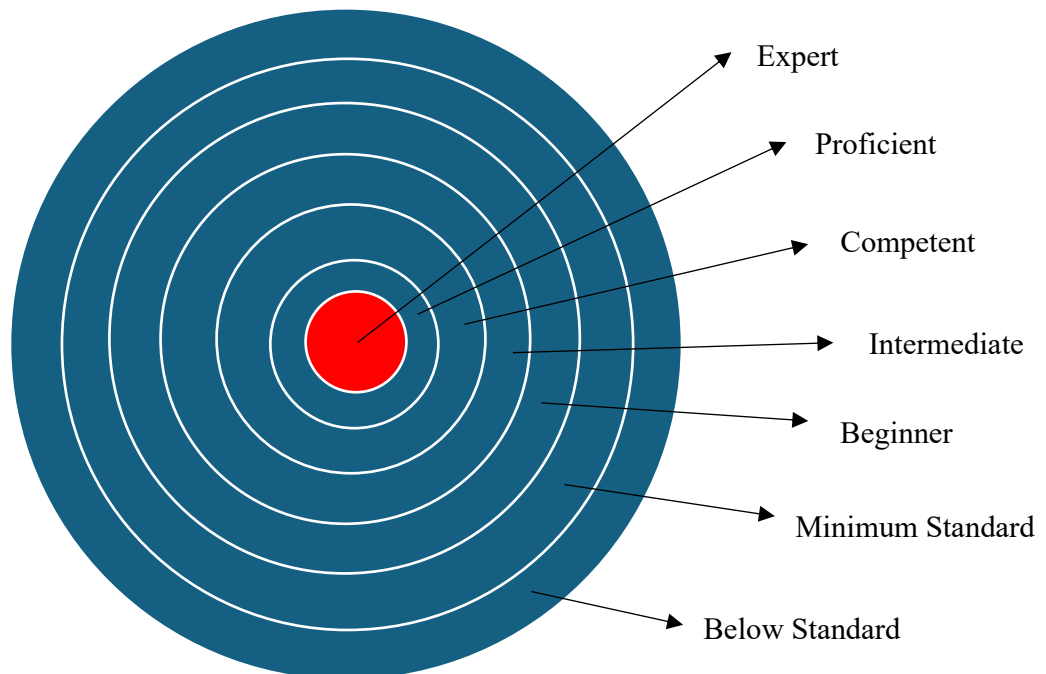
Standards of Practice

Standards of Practice for human service professionals who are responsible for the care and supervision of individuals with aggressive or assaultive behaviour.

About These Standards

The standards divide expertise into levels: below standard, minimum standard, beginner, intermediate, competent, proficient and expert.

One of the easiest ways to picture this system of evaluation is to use a target board as an analogy. By thinking of the expert level of performance as the target “bullseye”, and the minimum standard level of performance as the absolute edge or limit of the target, the model begins to make sense.



Defining professional expertise in the human service occupations is a difficult proposition. Our definitions of competent performance cannot be exact until behaviour analysts achieve more exact methods for predicting human behaviour. There is fairly wide agreement among professionals, however, about what constitutes unacceptable performance. The current professional consensus is reflected in laws protecting individuals from unnecessarily restrictive and intrusive forms of emergency intervention.

About the Performance Categories

There are eight categories of performance in this revision of the standards. These categories are: professionalism, preparation, assessment, verbal crisis intervention, evasion, manual restraint, and recording.



Professionalism is a term that describes a worker's suitability for the demands of the job. For the most part, we attribute unprofessional performance to poor morale, while competent professional performance is attributed to skill. Cynicism, pessimism and ridicule are some of the observable characteristics of unprofessional behaviour. If a worker interacts with individuals in a harsh or punitive way that provokes fights which could have otherwise been avoided, there is an observable performance problem.

Preparation is the term used to describe how well the worker is prepared to respond to aggressive or assaultive incidents. To be properly prepared for these situations, an employee is expected to:

- dress in a manner that presents the least possible risk of injury to self or others,
- be alert, attentive and observant,
- be ready to move quickly, which means being ready and able to run at least several quick strides, when necessary,
- be able to control their natural response (fight or flight) to being startled, threatened or hurt.

Assessment refers to the process of evaluating an individual's condition to determine if they are about to become violent. When an individual is being violent, the term assessment refers to the process of determining how dangerous the individual is or what type of injury the individual is likely to inflict.

Verbal crisis intervention refers to a set of communication techniques used to decrease the probability of injury during an incident. If an individual is assaulting but has not yet caused bodily harm, then the goal of verbal crisis intervention is to de-escalate the situation. Even when the individual is in the process of causing bodily harm, the goal of these communication techniques is to stop the injurious behaviour as soon as possible, and wherever possible to minimize the need for physical intervention.

Evasion refers to a set of evasive and escape techniques designed to minimize the risk of injury to both the assaultive individual and the worker. None of the techniques used in this field should seek

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to control an assaultive individual's movement by intentionally inflicting pain or damaging tissue. Workers in this field have a responsibility to protect those individuals, even those whose disabilities are manifested in assaultive behaviour.

Manual Restraint may only be used when the assaultive individual presents a clear and immediate danger of serious physical injury, and only for the period that the individual is dangerous. Manual restraint may only be used for the purpose of minimizing the risk of serious physical injury. While there is a wide variety of acceptable manual restraint techniques, any technique which restricts circulation or breathing, intentionally subjects the individual to pain, or immobilizes the individual by causing tissue damage is not acceptable.

Manual restraint should never create more injury than the assaultive individual was likely to create.

Manual restraint methods range in restrictiveness from holding an assaultive individual still while the individual is standing to holding an individual in a prone position on the floor. Workers are expected to use the least restrictive method possible. That means that the workers must choose a method that is restrictive enough to reduce the danger of injury, but no more restrictive than is absolutely necessary.

Recording refers to the written records of an assaultive incident. The primary purpose of documentation is to provide a method of communication among all employees who work with the individual.

Standards

The **below standard** rating represents unprofessional behaviour. A consistent rating of below standard across all performance categories for an assaultive incident that resulted in injury would usually lead supervisors to conclude that the worker involved had intentionally or negligently contributed to injuries sustained during the incident. This level of performance would be unacceptable in any case.

The **minimum standard** rating is the least that can be viewed as acceptable performance during an incident. This rating indicates that a worker's performance was marginal or barely acceptable. If an individual is injured as a result of performance at this level, the worker is not ordinarily held personally liable for the injuries. Performance at this level represents a reasonable effort to avoid injury, even if the effort is unsuccessful.

The **beginner** rating represents the performance one could expect from an adequately trained worker who has little experience with the group being treated. If an individual is injured during an incident where a worker performed at or above this level, the worker is not usually held personally liable for the injuries. Workers at this level require frequent coaching.

The **intermediate** rating represents the performance of properly trained workers with a moderate level of experience. Workers performing at this level generally require close monitoring.

The **competent** rating represents professional performance. Workers performing at this level can be trusted to carry out their assignments in a consistently professional manner, with routine supervision. The competent level of performance is the standard against which performance is measured. Performance below this level needs improvement. Performance above this level should be consistently recognized and regarded.

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The **proficient** rating represents the performance of advanced professionals who can serve as role models and mentors for other, less experienced workers. These workers tend to self-monitor and initiate their own improvement.

The **expert** rating represents an almost mythical level of performance. While some employees can have flashes of brilliance which clearly fall in the expert range, consistent performance at the expert level is rarely observed. This rating describes an ideal to strive for.

Professionalism

Below Standard	Communication with others reflects dislike of or disrespect for other individuals, management and the agency.
Minimum Standard	Communication with others reflects a neutral attitude toward other individuals, management and the agency.
Beginner	Communication with others reflects a generally positive attitude toward other individuals, management and the agency.
Intermediate	Communication reflects a positive attitude and acceptance of the organization's goals. Behaviour demonstrates a consistent attempt to operate within the organization's guidelines.
Competent	Communication with others reflects a positive attitude. Behaviour is consistently within organizational guidelines. Constructive comments about programs or activities are made at appropriate times, such as at staff meetings or to the supervisor.
Proficient	Communication with others reflects a positive attitude and enthusiasm. Behaviour exemplifies organizational philosophy. Acts as a role model/mentor for workers.
Expert	Communication with others reflects a positive attitude and enthusiasm. Behaviour exemplifies organizational philosophy. Presents managers with carefully considered analyses of problems and recommends workable solutions.

Preparation

Below Standard	Clothing and accessories prevent adequate movement and allow for avoidable injuries during incidents. Engages in activities that prevent observation of individuals. Fails to respond or responds punitively with screams, threats or counter-assaults during an incident.
Minimum Standard	Clothing and accessories allow adequate movement and do not present a risk of injury. Does not engage in activities that prevent observation of individuals. Is willing to respond to assaultive incidents and does not scream, threaten or counter-assault.
Beginner	With regular coaching, attempts to choose clothing and accessories which provide for ease of movement and protection from avoidable risk of injury; engages in routine, periodic observation of individuals; and attempts to maintain self-control during assaultive incidents.
Intermediate	With close monitoring; chooses clothing and accessories which provide for ease of movement and protection from avoidable injuries; engages in routine, periodic observation of individuals; and maintains self-control during assaultive incidents.

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Competent	With routine supervision, chooses clothing and accessories which provide for ease of movement and protection; observes the individual's condition, in cooperation with other workers, at frequent intervals; maintains self-control during assaultive incidents.
Proficient	On their own initiative behaves at a consistently competent level and set an example of preparedness for fellow workers. Coaches and guides less experienced workers in how to prepare for assaultive incidents.
Expert	Prevents avoidable injuries through competent observation, correct choice of clothing and accessories, adequate mobility and maintaining self-control.

Assessment

Below Standard	Intentionally ignores or incorrectly identifies the level of dangerousness threatened and the motive of the individual for an incident.
Minimum Standard	Makes minimal attempts to identify the level of dangerousness threatened and the motive of the individual for an incident.
Beginner	With regular coaching, attempts are made to identify the level of dangerousness threatened and the motive of the individual for an incident.
Intermediate	With close monitoring, one can generally identify the level of dangerousness and the individual motive for an incident.
Competent	Reviews information regarding an individual's condition before the start of work. Correctly identifies the level of dangerousness and motive for assault. Determines what adjustments in activities may be required to prevent an incident.
Proficient	Reviews information regarding the individual's condition daily prior to assuming direct care duties and plans for adjustments in activities to prevent incidents. After correctly identifying the individual's motive for assault, the professional suggests adjustments to treatment plans that prevent incidents while teaching the individual alternatives to assault.
Expert	Prevents incidents by reviewing information regarding the individual's condition daily prior to assuming duties and adjusts activities to meet the individual's needs. Is actively involved in planning and scheduling group activities that are consistent with individual treatment/support plans and provides opportunities for individuals to learn alternatives to assault.

Verbal Crisis Intervention

Below Standard	When communicating with an individual who is threatening to physically injure, but is not currently attempting to cause bodily harm, they communicate in a way that is provocative or threatening.
Minimum Standard	When communicating with an individual who is threatening to physically injure, but who is not currently attempting to cause bodily harm, they communicate in a manner that is not provocative or threatening, but may be ineffective.
Beginner	With regular coaching, attempts to use communication techniques that match the individual's motive for assault.
Intermediate	With close monitoring, attempts are made to use communication techniques that match the individual's motive for assault. The attempt is strained, but successful.

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Competent	Uses communication techniques that match the individual's motive for assault. Consistently uses personal style combined with correct technique to successfully intervene on a verbal level.
Proficient	Consistently uses correct communication techniques to successfully intervene on a verbal level. Coach's other workers in the careful selection of verbal intervention techniques.
Expert	Assesses the potential effect of triggering events and adjusts activities to divert the attention of the individual from assault. Use of crisis intervention techniques is then unnecessary.

Evasion

Below Standard	Counter-assaults or fails to move out of the way of the assault.
Minimum Standard	Tries to evade but does not use a technique that is consistent with evasion principles.
Beginner	With regular coaching, attempts to defend oneself or others from assault. Attempts to evade using evasion principles, although inexperience may prevent success at this level.
Intermediate	With close monitoring, uses evasive techniques to prevent injury.
Competent	Consistently and successfully uses evasive techniques to avoid injury.
Proficient	Quickly moves away from assaults or deflects with minimal contact. Successfully prevents the injuries attempted during the assault and teaches other workers to do the same.
Expert	Moves away from assaults quickly without making contact.

Manual Restraint

Below Standard	Chooses a manual restraint technique that is likely to cause greater injury to the assaultive individual than the injury threatened in the assault. Twists or puts painful pressure on the assaultive individual's joints, arms, legs, or spine. Restricts breathing or circulation of the individual.
Minimum Standard	Attempts to choose a manual restraint technique that does not injure but makes avoidable mistakes.
Beginner	With regular coaching, restrains only to prevent serious injury; attempts to restrain only when having a sufficient height and weight advantage; and attempts to function as a team member.
Intermediate	With close monitoring, restrains only to prevent serious injury and only when having a sufficient height and weight advantage. Functions as a team member.
Competent	Consistently uses restraint only to prevent serious injury and follows all guidelines for manual restraint.
Proficient	When faced with an assaultive individual who intends to create serious injury, they intervene successfully with brief and painless physical contact.
Expert	When faced with an assaultive individual who intends to create serious injury, they successfully intervene and only use physical contact if absolutely necessary.

Recording

Below Standard	No record of assaultive incident made, or the record is intentionally misleading or inaccurate.
Minimum Standard	A record of an assaultive incident is written, but may not include all necessary information. The record may be so vague that it is not helpful to other workers.
Beginner	With regular coaching, attempts to make a complete behavioural description of the incident.
Intermediate	With close monitoring, write a complete behavioural description of the incident.
Competent	Consistently writes a complete behavioural report in emotionally neutral language. The record is well organized, concise and without ambiguous language.
Proficient	Consistently writes at the competent level and teaches others to attempt to do the same. Records written by employees at this level tend to improve treatment planning.
Expert	Complete behavioural record written at a competent level. Writer identifies and articulates insights not previously obvious to the treatment team.

Appendix A

Alternative Warm-up Activities

These are gentle activities to warm up muscles and prepare for stretching.

Neck: Sit in a chair, arms and shoulders relaxed. Slowly drop your head forward, raise your head back up slowly, then slowly drop your head to your left side, raise your head back up slowly and then slowly drop your head to your right side. **Do NOT roll your head back.**

Shoulder Circles: Sit in a chair, arms and shoulders relaxed. Slowly rotate your shoulders forward (about 10 times) and then backward (about 10 times).

Arm Circles: Sit in a chair, arms and shoulders relaxed. Arms stretched from side so level with the shoulders, bend hands at the wrists so fingers point toward the ceiling. Circle arms forward, making small rotations (about 10 times) and then backward in small rotations (about 10 times).

Hands and Fingers: Sit in a chair, arms and shoulders relaxed. Close your fists tightly and then extend your fingers (repeat about 10 times). Relax your arms and gently shake your hands.

Waist Circles: Standing, feet shoulder width apart and hands on hips. Slowly rotate your hips in a big circle - same action as a hula-hoop (10 times in each direction).

Ankle Rotations: Sit or stand. Rotate ankles in a small circle (about 10 times in each direction).

Knee Lifts: Standing, feet should be width apart and hands on hips. While keeping your back straight and your tummy tucked in, slowly lift one knee up (to waist level if you can), then gently lower your leg back down (repeat about 10 times for each leg).

Additional activities can be found on the *Stretching and Strengthening for all Seasons* video. Visit www.saswh.ca to obtain the video.

Appendix B

Additional Warm-up Activities

The following activities increase muscular flexibility and may prevent muscle soreness and injury. To protect your knees, you may wish to do these activities on a mat rather than a hard floor. These activities should not be completed if you experience any pain.

Double Arm Stretch: Kneeling on the floor and sitting back gently on your heels, grasp your hands behind your back and gently pull your arms up. When you feel a moderate stretch, STOP and hold to the count of 10 (repeat this three times).

Arm and Shoulder Stretch: Kneeling on the floor and sitting back gently on your heels, take your right arm and slowly reach up and over your right shoulder as if you are trying to scratch your back. Take your left arm and put it behind your back from the left side. Try to stretch your arms so your hands meet in the middle of your back. Hold this for 10 seconds (repeat this three times).

Trunk Stretch: Kneeling on the floor, stretch your right leg out to the side while still kneeling on the left knee. Place your right hand on your right leg, raise your left arm over your head and bend sideways toward your straight leg. Hold to a count of 10 and repeat with your other side.

Hamstring Stretch: Sit on the floor with your legs straight out in front of you. Place your hands on your knees and slowly move your hands down your legs toward your toes. It is not essential that you touch your toes. Try to keep the back of your knees on the floor as you complete the stretch. Hold this for a count of 10 and repeat three times.

Groin Stretch: Sit on the floor with your legs as far apart as possible while keeping them straight. Place your hands on the floor in front of you. Keeping your back straight, walk your hands forward on the floor, between your legs, in a straight line - only until you feel a slight tug. Hold this for 10 seconds and repeat three times.

Thigh Stretch: Kneel on the floor, but do not sit back on your heels. Bring your right heel up to your right buttock and then push your right hip out. A stretch should be felt in your right thigh. Hold this for 10 seconds and repeat it three times.

Calf Stretch: Stand arm's length facing a wall with your palms against the wall. Keeping your heels on the floor and your buttocks tucked in, lean forward, allowing your elbows to bend - do this until you feel a stretch in your heels. Hold this for 10 seconds and repeat three times.

Tummy Tucks: Lying on your back, bend your knees and put your arms by your side. Press the small of your back into the floor. Curl your head and shoulders only, off the floor, hold and relax - try to exhale as you curl up. Repeat this 10 times and increase as you feel improvement.

Body Relaxations: Lying on your back with your knees bent and your arms by your side - eyes closed. Breathe in and out slowly; try to relax as many muscles as you can.

Appendix C:



Saskatchewan Association for
Safe Workplaces in Health

SASWH TRAINER AGREEMENT CONTRACT

Please be advised that by signing off on this contract, it is a confirmation of your compliance to the standards for program quality and control and delivery set by the Saskatchewan Association for Safe Workplaces in Health (SASWH). You are approved as a trainer for the employer listed on this form only, and are not for hire to any other employer unless they have been identified and approved by SASWH.

Each employer has a license agreement with SASWH that highlights all additional program compliance requirements. If you have not done so already, you are encouraged to read and familiarize yourself with the contents of your employer's agreement with SASWH.

Agreement Terms

I, the undersigned, agree to the following terms as a SASWH trainer:

1. **Copyright and License Compliance**
 - I will follow all copyright and license agreements as provided by SASWH.
 - I will not add images, content or any material that has not been approved by SASWH to any training materials or resources.
 - I will not remove or alter SASWH branding from any resources.
2. **Program Guidelines**
 - I will strictly adhere to the program guidelines set by SASWH, which include but are not limited to class size, training duration, and content delivery.
 - I understand that these guidelines are established to ensure consistency and quality across all training sessions.
3. **Maintaining Trainer Status**
 - I acknowledge that failure to comply with the above terms may result in the removal of my SASWH trainer status.
 - I understand that maintaining my trainer status is contingent upon my adherence to these terms and following the SASWH trainer guidelines to maintain trainer status.

Acknowledgement

By signing this contract, I acknowledge that I have read, understood, and agree to comply with the terms outlined above. I understand that any violation of these terms will lead to appropriate action by SASWH, including potential removal of my trainer status.

SASWH Program:	_____
Employer:	_____
Trainer Name:	_____
Trainer Signature:	_____ Date: _____
Employer:	_____
Instructor Name:	_____
Instructor Signature:	_____ Date: _____

This contract is binding and will be enforced to maintain the quality and integrity of SASWH programs. For questions or further clarification, contact info@saswh.ca.

Appendix D:



Saskatchewan Association for
Safe Workplaces in Health

COMPLIANCE CHECKLIST FOR SASWH TRAINING MATERIALS

Purpose

This compliance checklist is designed to ensure that all SASWH instructors/trainers adhere to the copyright and license agreements, follow approved content and guidelines, and maintain the integrity of SASWH training programs, materials and resources.

Please review and complete the following checklist to ensure compliance with SASWH standards. Submit the completed checklist, along with training materials (i.e. PowerPoint presentations) for approval.

Copyright and License Compliance

- Follow the terms of all copyright and license agreements as provided by SASWH.
- Ensure there are no unapproved:
 - o Images;
 - o Content; or
 - o Materials added to training materials or resources.
- SASWH branding should not be removed or altered in any way.

Maintaining Instructor/Trainer Status

- Failure to comply with the above terms may result in the removal of instructor/trainer status.
- Maintaining instructor/trainer status is contingent upon adherence to these terms and following the SASWH instructor/trainer guidelines to maintain instructor/trainer status.

Instructor/Trainer Acknowledgement

- I have read and understand the compliance checklist.
- I agree to the terms and conditions outlined in the contract.

SASWH Program:	_____
Materials/Resources Version Approved:	_____
Employer:	_____
Instructor/Trainer Name:	_____
Instructor/Trainer Signature:	_____ Date: _____
SASWH Instructor Name:	_____
SASWH Instructor Signature:	_____ Date: _____

Ensure that this checklist is completed and signed to confirm compliance with SASWH guidelines and standards to the applicable version. The version approved "as is", no other edits may be completed unless re-approved and documented by an SASWH instructor.

This contract is binding and will be enforced to maintain the quality and integrity of SASWH programs. For questions or further clarification, contact info@saswh.ca.

