

HANDOUT 1

Building a Culture of Confidence

How using a clinical approach to challenging behavior increases the *Care, Welfare, Safety & SecuritySM* of all.



Duty to Care

- Employees of the Criminal Justice field, have a duty to care for those in their charge. These employees are also always balancing the care and welfare of those individuals with the safety and security of others in their care, staff and the community as a whole.
 - Inmates/clients have already been punished
 - Our job is to *protect* them, sometimes *from* themselves
 - This becomes a clinical approach rather than a punitive approach
- *Care, Welfare, Safety and SecuritySM* is a delicate balancing act that requires a culture that supports these balanced priorities.

Current Trends in Criminal Justice

- Deinstitutionalization = fewer inpatient mental health facilities operating with even fewer available beds to house mentally ill individuals.
- Three most populous “*mental health institutions*” in the United States are jails— New York, New York’s Riker’s Island; Chicago, Illinois’ Cook County Jail; and the Los Angeles County, California, Jail.
- Diversion initiatives (drug courts, mental health courts) are available post-arrest to redirect offenders with mental illness with the primary goals to provide treatment options that would not otherwise be available to offenders and to decriminalize nonviolent actions that are a byproduct of mental illness and substance use/abuse.
- Individuals coming from backgrounds of trauma are another significant portion of the jail population (the situation of being incarcerated itself being one of example). Restorative justice practices are helping to reduce recidivism, offer rehabilitation over punishment, and can be more cost-effective

Current Trends in Training within the Criminal Justice System

- What has really changed?
 - Very little, with little continuity or connection between curriculums
- Changing the culture within the criminal justice system requires a different “world view” shaped through education and training.
 - These necessary trainings/educational pieces include things like: CIT training, behavior management training (not just physical responses), PBIS training, Trauma-Informed practices etc....
- We find ourselves expecting the same level of training, in the same approaches, to be productive and effective with a significantly different population; and frankly one, we’re not familiar with.

Different Responses through Training

- Best way to overcome fear and anxiety is through training and education
 - Education through training helps us recognize the cause of behavior and separate it from the individual
 - Respond to an inappropriate behavior rather than “punish” or “control” the individual
 - We can gain/maintain control by giving control
 - Training and practicing skills in variety of realistic situations and settings lets us become more proficient and confident in successfully responding to behaviors with clinical underpinnings vs. those driven by criminal thinking

Key Considerations

- Where can we create choice in environments where choices are necessarily limited.
 - Cafeteria example
- How do we alter communication strategies in situations where processing deficits are easily perceived as noncompliance.
 - Waypoint example
- How do we intentionally reduce incidence of 'use of force'
 - Focus on early warning signs, limit setting, listening skills, understanding the underlying causes of the behaviors, and DEBRIEFING

Implementation of Training

- Model of training has to provide detailed, tailored program for all employees to follow, and engage them in real-life scenarios (through role-playing, examples of directives, lecture) applying principles to daily practices
- Everyone must be trained.
- Culture change comes slowly, and the training must recognize and honor the reluctance to buy-in: 1) identify your partners; 2) gain leadership buy-in; 3) involve all stakeholders; 4) predict uncertainty; 5) take advantage of collateral benefits – the outcomes are worth it.

The Reality, in Numbers



Research by TechValidate

Why Our Customers Seek Out CPI Training

What challenge(s) caused your organization to seek out Nonviolent Crisis Intervention® training?



Note: this is a multiple-choice question – response percentages may not add up to 100.

Source: TechValidate survey of 990 users of Crisis Prevention Institute

Published: Sep. 9, 2015

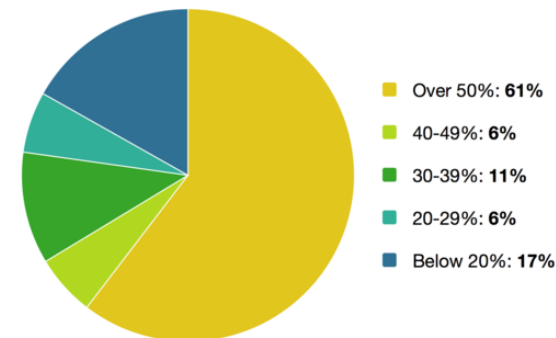
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Research by TechValidate

61% of Correctional Facilities Cut Use of Force in Half

How much has the use of force been reduced since implementing CPI techniques?



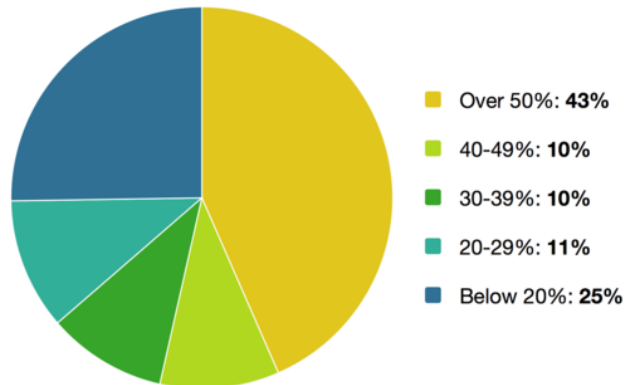
Source: TechValidate survey of 66 users of Crisis Prevention Institute

Published: Jan. 11, 2016

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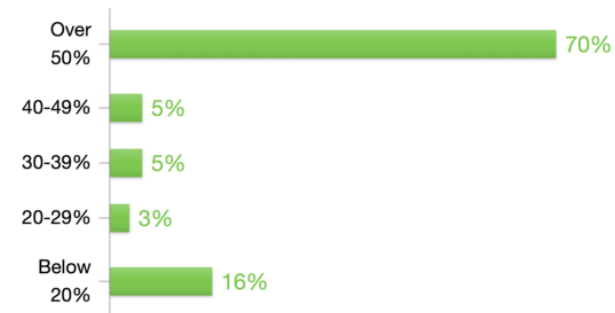
Majority of Psychiatric Facilities Reduced Workers' Comp Claims by More Than Half


As a result of implementing CPI techniques, how much have worker compensation claims decreased?



70% Cut Use of Force in Half

"How much has the use of force been reduced since implementing CPI techniques?" Staff in juvenile facilities, law enforcement, and security say:



Source:  TechValidate survey of 37 users of Crisis Prevention Institute

Published: Oct. 12, 2015

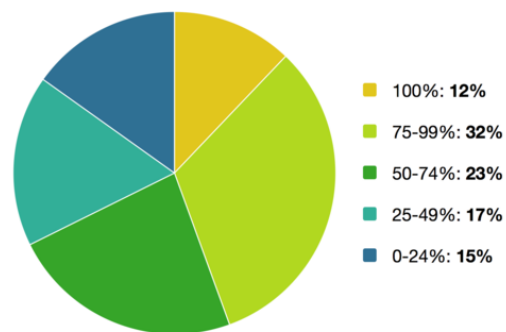
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Published

CPI Customers in Behavioral Health: Reducing Restraint Use

Since implementing CPI training, how much have you decreased the use of physical restraints and seclusions?



Conclusion

The main obstacle to culture change is old paradigms. “We’ve always done it this way.”

Establish a vision, develop motivators, provide the data (you can only change what you measure), unlearn old behaviors, and support the learning of new behaviors.

Implement with fidelity: change in culture, change adult professional behaviors, change relationships with stakeholders and service users.

Thank you! Questions?

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