

SontarahLife Family Crisis Center Crisis Prevention & Intervention Training Manual



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Participant Reflection – “Tell Me Something About You”

Please complete the following prompts. Your responses will help you reflect on your values, motivations, and professional purpose in crisis-prevention work.

1. Describe two personal strengths that you bring to your role.

2. How do you respond when others are judgmental?

3. What inspired you to choose this career or field of service?

4. If you could change one thing in your life experience, what would it be and why?

5. What do you believe is your greater purpose or reason for serving others?

6. In your opinion, what does it mean when someone is a “blamer”?

Keeping All Students Safe Act

Date: 05/18/2023

Purpose:

To prohibit and prevent seclusion, mechanical restraint, chemical restraint, and dangerous restraints that restrict breathing, and to prevent and reduce the use of physical restraint in schools, and for other purposes.

Key Provisions:

- No student shall be subjected to unlawful seclusion or restraint by program personnel, a law enforcement officer, or a school security guard, while attending any program that receives Federal financial assistance.
- The use of physical restraint as a planned intervention shall not be written into a student's education plan, individual safety plan, behavioral intervention plan, or individualized education program (as defined in section 602 of the Individuals with Disabilities Education Act (20 U.S.C. 1401)), except that a program may establish policies and procedures for use of physical restraint in program safety or crisis plans, provided that such a plan is not specific to any individual student.
- Each State, in consultation with program officials and State Directors of Head Start Collaboration (as described in section 642B of the Head Start Act (42 U.S.C. 9837b)), shall ensure that a sufficient number of program personnel are trained and certified by a State-approved crisis intervention training program to meet the needs of the specific student population in each program.
- Each program shall establish procedures to be followed after an incident involving the imposition of physical restraint upon a student, which shall include each of the following: Procedures to provide to the parent of the student, with respect to such incident, A meeting between parents of the student and the program, as soon as is practicable, and not later than 5 school days following the incident (unless such meeting is delayed by written mutual agreement of the parent and program).
- The Secretary shall carry out a national assessment to determine the effectiveness of this Act, which shall include: identifying evidence-based personnel training models with demonstrated success in preventing seclusion and preventing and reducing the number of physical restraint incidents in schools and Head Start programs, including models that emphasize positive behavioral interventions and supports and de-escalation techniques over physical intervention.
- In a case in which physical injury or death of a student or of a child enrolled in a Head Start program occurs in conjunction with the use of seclusion or physical restraint or any intervention used to control behavior at a school or Head Start program, the local educational agency serving such school or the agency administering a Head Start program under the Head Start Act (42 U.S.C. 9801 et seq.) shall have procedures to: notify, in writing, not later than 24 hours after such injury or death occurs and provide any information that the protection and advocacy system may require.

- If any provision of this Act, an amendment made by this Act, or the application of such provision or amendment to any person or circumstance is held to be unconstitutional, the remainder of this Act, the amendments made by this Act, and the application of the provisions of such to any person or circumstance shall not be affected thereby.

Signed: _____ Date: ____/____/____

Client Rights



Every child, youth, or client served through SontarahLife programs is entitled to the following rights. These rights must be respected, upheld, and protected by all staff and service providers at all times.

- The right to be treated with dignity, respect, and compassion.
- The right to remain free from physical harm, neglect, or abuse of any kind.
- The right to remain free from verbal, emotional, or psychological abuse.
- The right to have their voice heard and opinions acknowledged.
- The right to make informed choices regarding their care and personal decisions.
- The right to have time and space to calm down in a safe environment.
- The right to feel secure, valued, and protected in all settings.

Signed: _____ Date: ____/____/____



10 Ways to Encourage Positive Behavior

Creating positive behavioral outcomes begins with the caregiver's consistency, empathy, and ability to model respect. The following are ten effective ways to encourage positive behavior in clients or children across all care settings.

- **Model Respect and Patience** – Demonstrate the same calm and respectful communication you expect from others.
- **Recognize and Praise Effort** – Offer sincere acknowledgment when positive behavior is observed, reinforcing self-esteem and motivation.
- **Provide Clear Expectations** – Set consistent boundaries and explain them in age-appropriate, respectful terms.
- **Encourage Choice and Independence** – Allow individuals to make simple choices, promoting a sense of control and responsibility.
- **Use Positive Language** – Focus on what to do rather than what not to do; redirect behavior in an encouraging tone.
- **Maintain Consistency** – Respond to behaviors with fairness and predictability to create emotional safety.
- **Listen Actively** – Give full attention when individuals express their thoughts or frustrations to promote trust and validation.
- **Create a Supportive Environment** – Ensure the physical and emotional setting is calm, safe, and conducive to learning and cooperation.
- **Offer Constructive Feedback** – Provide feedback that teaches, guides, and empowers rather than criticizes.
- **Model Self-Control** – Demonstrate emotional regulation during stressful moments; calm energy often leads others to calmness.

The Power of Choice

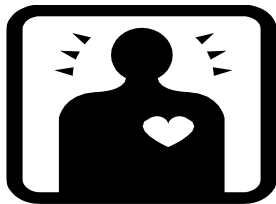
Every individual's behavior is influenced by two primary internal sources. Each source drives the actions that result in either a successful or unsuccessful outcome. Understanding these sources allows caregivers and staff to recognize why a person reacts the way they do and how to guide them toward better decision-making.



1. Thinking and Responding (Logic)

This is the place of control — where individuals process information, think before acting, and consider possible outcomes before responding. When a client is operating from this mindset, they are responding rationally rather than reacting impulsively. Thinking and responding requires self-awareness, reflection, and the ability to imagine the consequence before making a choice.

Example: A client pauses to take a deep breath and chooses to walk away from a stressful situation instead of arguing.



2. Feelings and Reactions (Instinct)

The feelings and reactions is the place of no control — where clients instinctively behave based on what their environment is presenting at that time. This is where behavior is reflective of what the client is feeling in that moment rather than what they are thinking. When clients act from this emotional state, their actions are often impulsive and instinct-driven.

Example: A client feels threatened or frustrated and immediately yells, throws an object, or withdraws before thinking through the result.

Turning Points

Events in a person's life both big and small; good and bad accumulatively that makes you the person you are.

Powerful Questions



Powerful questions are purposeful. They are designed to guide a client toward a teachable moment and a sense of self-discovery, helping them reflect on their thoughts, emotions, and choices. When used correctly, powerful questions can calm heightened emotions, promote critical thinking, and encourage more positive decision-making. Remember: The goal of powerful questioning is not to interrogate, but to empower the client to think, reflect, and make positive behavioral choices.

Powerful Questions Should Support:

- Creative Thought – Helping the client see new possibilities.
- De-escalation – Shifting the focus away from conflict toward calm understanding.
- A Different Perspective – Encouraging the client to consider how their actions affect themselves and others.

Examples of Powerful Questions

Use open-ended, reflective questions that cannot be answered with a simple 'yes' or 'no.' These promote dialogue and reflection.

- To Support Creative Thought:
 - What are some other ways you could handle this next time?
 - What might help you feel more in control of this situation?
 - If you could change one thing about what just happened, what would it be?
- To Support De-escalation:
 - What do you need right now to feel safe or calm?
 - How can I help you make this situation better?
 - What would make it easier for you to take a break right now?
- To Support a Different Perspective:
 - How do you think your actions made others feel?
 - What outcome would you like to see happen next?
 - What do you think might happen if you try a different choice next time?

Personal Space and Aggression

Understanding personal space and recognizing the early warning signs of aggression are essential components of crisis prevention. Maintaining awareness of physical boundaries and emotional cues helps staff respond effectively before a situation escalates.



Recognizing Early Indicators of Aggression

Changes in a client's behavior, body language, or routine can signal distress or frustration. Early intervention at this stage can prevent escalation. Common early indicators include:

- Noticeable changes in normal routines or behavior.
- Facial expressions that show anger, fear, or frustration.
- Tense or threatening body language.
- Pacing, restlessness, or repetitive movements.
- Withdrawal, avoidance, or becoming unusually quiet.

Responding to Aggression

When aggression begins to surface, maintaining personal safety and professionalism is the priority. Effective responses include:

- Maintain Safe Distance – Stand at an angle and keep adequate space between yourself and the client.
- Identify Exit Routes – Always be aware of your surroundings and accessible exits.
- Use Open, Non-Threatening Gestures – Hold both hands out, palms visible, to show non-aggression.
- Give Clear, Calm Instructions – Speak with a steady tone and avoid shouting or arguing.
- Call for Support – Engage another staff member or supervisor as soon as possible.
- Remove Triggers – Eliminate or reduce environmental factors contributing to escalation.
- Ensure Safety for All – Clear other clients or bystanders from the area if necessary.

Key Principle

De-escalation begins with self-control. Staff must remain calm, grounded, and aware of their tone and body language at all times. A calm presence communicates safety, helping clients mirror stability and reduce aggression.

Mood Disorders and Mental Illness

Mental health conditions affect thoughts, emotions, and behavior. Recognizing the characteristics of common disorders helps staff respond with empathy, patience, and appropriate support.

Common Mental Health Disorders

Disorder	Description
Major Depression	A mood disorder causing a persistent feeling of sadness, hopelessness, and loss of interest or pleasure in daily activities.
Anxiety Disorder	A mental health condition characterized by excessive worry, fear, or nervousness strong enough to interfere with daily functioning.
Bipolar Disorder	A disorder involving extreme mood swings ranging from depressive lows to manic highs.
Dementia	A group of cognitive and social symptoms that interfere with memory, reasoning, and independent functioning.
Attention-Deficit/Hyperactivity Disorder (ADHD)	A chronic condition marked by difficulty sustaining attention, hyperactivity, and impulsiveness.
Schizophrenia	A serious brain disorder that causes distorted thinking, hallucinations, delusions, and difficulty distinguishing reality.
Obsessive-Compulsive Disorder (OCD)	A condition involving persistent, unwanted thoughts (obsessions) that lead to repetitive behaviors (compulsions).
Autism Spectrum Disorder (ASD)	A developmental condition that affects communication, social interaction, and behavior in varying degrees.
Post-Traumatic Stress Disorder (PTSD)	A condition triggered by experiencing or witnessing a terrifying event, leading to flashbacks, anxiety, or emotional distress.

Common Medications and Classifications



<u>Condition</u>	<u>Common Medications</u>
ADHD	Adderall, Ritalin, Strattera
Depression	Wellbutrin, Zoloft
Bipolar Disorder	Abilify, Seroquel, Zyprexa
Seizure Disorders	Lamictal

Common Side Effects

Nausea, headaches, vomiting, weight gain, fatigue, weakness, dry mouth, dizziness, sleep disturbance, cough, or withdrawal symptoms.

Mandated Reporting

Mandated reporting is both a legal and ethical obligation. All professionals who work with children, youth, or vulnerable adults are required by law to report any suspected abuse, neglect, or exploitation immediately. Understanding your role and responsibilities ensures that every individual remains safe and protected.



Definition

A mandated reporter is any individual required by law to report known or suspected cases of abuse or neglect. This includes, but is not limited to:

- Teachers, child care providers, and school staff.
- Medical and mental health professionals.
- Social service workers and crisis intervention staff.
- Law enforcement and first responders.

When to Report

Reports must be made immediately when there is reasonable suspicion that a child or vulnerable adult has been:

- Physically abused – causing injury, harm, or risk of harm.
- Emotionally abused – through threats, intimidation, or verbal harm.
- Sexually abused or exploited.
- Neglected – denied basic needs such as food, shelter, supervision, or medical care.

Remember: You do not need proof — only reasonable suspicion that abuse or neglect may have occurred.

How to Report

Follow your organization's internal policy first and then notify the appropriate state or local authority. In Arizona, reports can be made through the following:

- Child Abuse Hotline: 1-888-SOS-CHILD (1-888-767-2445)
- Adult Protective Services (APS): 1-877-767-2385

When reporting, be prepared to provide:

- The individual's name, age, and address.
- The nature of the suspected abuse or neglect.
- Any details or observations that led to your concern.
- Your name, position, and contact information (as the reporter).

Legal Protection and Penalties

Mandated reporters are protected by law when making good-faith reports. You cannot be penalized or sued for reporting suspected abuse. However, failure to report suspected abuse or neglect is a crime under Arizona Revised Statute (A.R.S.) §13-3620.

A person who violates this section is guilty of a class 1 misdemeanor, except if the failure to report involves a reportable offense, the person is guilty of a class 6 felony.

Key Principle

Mandated reporting is not just a requirement — it is an act of protection, advocacy, and care. Your report could be the first step in keeping someone safe from further harm.

Reporting

Accurate and timely reporting is essential to ensure safety, accountability, and compliance with agency policy and state law. All staff must document any incidents, restraints, or concerning behaviors immediately following the event.



Restraint Reporting

- Type of restraint used
- Reason for restraint
- Duration (how long the restraint was performed)
- Precipitating events (lead-up to the restraint)
- Exit strategy (how the restraint was safely concluded)

Incident Reporting

Incident reports must be completed for any event that threatens safety or disrupts the program environment, including:

- Sexual activity or misconduct
- Violent or aggressive behavior
- Property damage
- Bodily injury (including self-inflicted harm)
- Criminal activity or law enforcement involvement

Report the facts immediately!

Abuse and Neglect



Types of Abuse

Physical Abuse – Causing pain, injury, or harm to an individual through hitting, biting, slapping, or other uninvited physical contact.

Sexual Abuse – Any unwanted or exploitative sexual contact, including fondling, harassment, or coercion.

Emotional Abuse – Using language or behavior that demeans, threatens, humiliates, or dehumanizes another person.

Programmatic Abuse – The use of unauthorized restraint or any unapproved intervention technique that violates policy or individual rights.

Neglect

Neglect involves failure to provide adequate care or attention to an individual's basic needs, which may include:

- Withholding prescribed medication.
- Failing to provide appropriate clothing or hygiene.
- Denying access to food or drink.
- Leaving a client unsupervised (staff abandonment).

Key Principle

Failure to report suspected abuse or neglect may result in disciplinary action and legal consequences under state law. Your report protects the client, the staff, and the integrity of the program.

Scenarios: Applying De-Escalation in Real Situations

The following scenarios are designed to illustrate practical strategies for managing real-life behavioral challenges among both children and adults. Each example demonstrates how calm communication, consistency, and empathy prevent escalation and promote safety.

Scenario 1: Verbal Escalation (Youth Setting)

Situation: A 12-year-old student becomes agitated after being told to stop using their phone in class. They raise their voice, saying, 'You're always picking on me!'

De-Escalation Response: Maintain a calm tone. Acknowledge their feelings ('I understand this feels unfair right now') and redirect by offering two choices — for example, 'You can keep your phone in your pocket or place it on my desk until break.' This restores control and respect.

Scenario 2: Adult Client Refusal

Situation: An adult client in a group home refuses to take prescribed medication and becomes defensive when reminded.

De-Escalation Response: Avoid arguing. Validate autonomy by saying, 'It's your choice, and I respect that. Can we talk about what's making you uncomfortable with taking it?' Engage in active listening and seek to understand the barrier before re-approaching.

Scenario 3: Physical Intimidation

Situation: A teenage client becomes angry and steps into a staff member's personal space during a disagreement.

De-Escalation Response: Maintain appropriate distance and use non-threatening body language (hands visible, relaxed posture). Speak slowly and calmly: 'I'm going to take one step back so we both have space to think.' This models self-control and restores physical safety.

Scenario 4: Emotional Outburst

Situation: A foster youth begins crying uncontrollably after being redirected from a group activity.

De-Escalation Response: Do not dismiss the emotion. Offer empathy: 'It looks like you're really upset — do you want to take a break or talk about what happened?' Provide space and reassurance before returning to structure.

Scenario 5: Adult with Anxiety or PTSD

Situation: An adult client in a crisis setting becomes anxious when hearing loud noises and starts pacing rapidly.

De-Escalation Response: Lower environmental stimuli — reduce noise, dim lights if appropriate, and speak softly. Encourage grounding techniques such as breathing or counting exercises. Validate the experience: 'You're safe here — let's take a few deep breaths together.'

Scenario 6: Peer Conflict

Situation: Two residents in an adult behavioral program begin shouting and accusing each other during group time.

De-Escalation Response: Use clear, directive statements: 'Let's take a short break to calm down.' Separate the individuals and address one at a time. Reinforce expectations for respect, then allow both parties to share their perspectives when calm.

Scenario 7: Defiance or Testing Boundaries (Youth)

Situation: A child repeatedly ignores directions and laughs when corrected.

De-Escalation Response: Stay composed and consistent. Avoid power struggles. Say, 'I can see you're not ready to follow directions right now — let's take a break and try again when you're ready.' Consistency builds trust and reduces testing behaviors over time.

Scenario 8: Grief or Personal Loss (Adult)

Situation: An adult client becomes withdrawn and irritable after losing a family member.

De-Escalation Response: Approach gently and offer support, not solutions. 'I notice you've been quieter lately — I'm here if you want to talk.' Normalize emotion and provide access to additional support if needed.

Scenario 9: Group Tension

Situation: A group of clients starts complaining about rules during a meeting, causing collective frustration.

De-Escalation Response: Acknowledge group emotion: 'I hear that many of you feel frustrated about this policy.' Allow controlled venting, summarize what's been said, and guide toward problem-solving: 'Let's find one part we can work on together.'

Scenario 10: Self-Harm Concern

Situation: A youth begins expressing feelings of hopelessness or talks about 'not wanting to be here anymore.'

De-Escalation Response: Take every statement seriously. Use calm, direct communication: 'I'm really glad you told me that — your safety matters to me.' Engage crisis protocol immediately and stay with the person until help arrives.

20 Ways to De-Escalate

Successful crisis prevention begins with awareness, empathy, and consistent professionalism. The following 20 strategies promote calm, trust, and safety in moments of potential escalation.

#	Strategy	Description
1	Teach Positive Alternatives	Guide children and clients toward appropriate ways to express frustration or strong emotions through problem-solving or creative outlets.
2	Keep Your Word	Follow through on promises. Reliability builds trust and security.
3	Listen More Than You Speak	Allow clients to express themselves without interruption. Listening de-escalates tension.
4	Build Rapport	Create positive connections early. People calm down when they feel understood.
5	Be Consistent	Apply rules fairly and consistently to prevent confusion and frustration.
6	Be Creative in Discipline	Use teaching-based consequences instead of punishment. Focus on accountability.
7	Time-Out and Time-In	Use time-outs for calming and time-ins for teaching reflection and growth.
8	Know the Client's Routine	Be aware of triggers, patterns, and preferred routines to prevent escalation.
9	Choose Words Carefully	Avoid harsh words or 'no' without reason. Offer explanations and options.
10	Recognize Early Warning Signs	Notice body language, tone, and posture before a crisis develops.
11	Show Empathy	Relate appropriately. Empathy validates emotions and encourages calm.
12	Demonstrate Respect	Treat every individual with dignity and patience.

13	Be Honest	Communicate truthfully. Integrity builds long-term trust.
14	Model Positive Behavior	Display the same calm and conduct you expect from others.
15	Use Tough Love When Needed	Follow through with consequences without enabling negative behaviors.
16	Maintain a Safe Environment	Ensure proper lighting, secure doors, and awareness of surroundings.
17	Ensure Staff Training	Keep all staff informed of emergency procedures and roles.
18	Know Your Environment	Identify safe zones, exits, and potential risks. Prioritize safety.
19	Promote Teamwork	Encourage collaboration, open communication, and regular staff debriefs.
20	Remember — It Starts with You by making it not about you	Stay calm, self-aware, and focused. De-escalation begins with your mindset.



When the Storm Is Over...

What are some things you can do after the episode? Remember C.H.I.L.D.D.

Step	Meaning	Description
C – Calm Down	Stay calm	Maintain composure to think clearly. A calm presence helps the child/client de-escalate emotionally.
H – Help	Call for assistance	Follow agency protocol by contacting another staff member, crisis response, or emergency services if needed.
I – Injury	Check for injuries	Examine both staff and client for visible injuries or pain complaints. Provide first aid or contact EMTs for serious concerns.
L – Learn	Reflect on the event	Do not hold grudges. Use the incident as a learning opportunity for both you and the client.
D – Decide	Determine next steps	Collaboratively decide consequences with the client when appropriate: 'What do you think the consequences should be?' Encourage accountability.
D – Document	Record accurately	Document the event in detail without adding opinion or judgment—stick to facts only.

Environmental Safety Reminder:

Keep the facility free of objects that could be used as dangerous weapons. Lock up all sharp or hazardous materials and ensure they remain out of reach.

SontarahLife Family Crisis Center

Crisis Prevention & Intervention Training Manual

Level II: Emergency Safety Response Techniques & Escorts (Certified Staff Only)

This Level II section is designed exclusively for staff who have successfully completed the SontarahLife Crisis Prevention & Intervention Level I course and are authorized to perform Emergency Safety Response Techniques (ESRT). These methods align with Arizona Revised Statute §15-105 and the Keeping All Students Safe Act (05/18/2023). All physical interventions must be used only as a last resort, performed only by certified staff, and documented immediately.

Approved Reasons for Emergency Safety Response

- The client is attempting to harm themselves.
- The client is attempting to harm another individual.
- The client is attempting to harm staff.

Emergency Safety Responses are never to be used as punishment or for staff convenience. Their purpose is solely to prevent imminent harm and restore safety.

Emergency Safety Response Techniques (ESRT Methods)

ESRT emphasizes safety, dignity, and control — never pain or intimidation. All techniques must allow for free breathing, communication, and circulation at all times.

Standing Supportive Hold (Primary ESRT Method)

- Approach calmly from the side or behind while speaking supportively.
- Say: “I’m here to help keep you safe.”
- Stand shoulder-width apart with one foot slightly back for balance.
- Slide both arms under the client’s arms, securing gently above the elbows.
- Interlock your forearms across the upper torso — never across the chest or throat.
- Keep your head turned aside to avoid head-butts.
- Guide the client’s balance backward onto their heels to stabilize.
- Continue calm reassurance: “You’re safe. Take a breath. I’m not here to hurt you.”
- Release slowly once the client regains control.

Never lift, twist, or apply downward pressure. Always monitor breathing.

Defensive Safety Steps During an Emergency Safety Response

Hair-Pull Response

Lower your center of gravity (bend knees, do not pull back). Secure the wrist or hand that is gripping hair and move toward the grip to reduce tension. Stabilize the client’s arm with your free hand and say, “Let go — I’m not pulling away.” When released, step back and resume verbal de-escalation.

Punch Avoidance

Maintain arm-length distance when possible. Angle your body sideways and raise one forearm vertically in a non-aggressive guard. If a swing occurs, move diagonally away and guide momentum past you — do not block with force. Re-establish verbal direction.

Kick Avoidance

Keep one foot behind for balance and a wide stance. If kicked at, step back and pivot sideways to redirect force; do not grab the leg. Create space and guide the client off balance if necessary. Maintain a calm tone throughout.

Team Emergency Safety Response (ESRT – Two- and Three-Person Methods)

Team-based ESRT increases safety and control while reducing risk of injury. The lead staff member gives clear commands and coordinates timing.

Role	Primary Responsibilities
Lead (at rear/side)	Directs commands; maintains supportive hold; monitors breathing and distress; calls transitions and release.
Assistant A (arm/side)	Controls near-side arm above elbow; mirrors lead positioning; communicates changes.
Assistant B (opposite arm/side, if present)	Controls far-side arm above elbow; mirrors Assistant A; watches surroundings and hazards.

Two-Person Supportive Hold (Team ESRT)

- Lead calls: "Team to me. Supportive hold ready."
- Lead positions behind/side; Assistant A at the other side facing the same direction as the client.
- Both slide one arm under each of the client's arms, securing gently above the elbows (no wrist grabs).
- Forearms align across the upper torso without crossing the chest or throat; heads turned aside.
- Lead checks: "Breathing okay? Ready to move."
- If movement is required: "Team moving, three-two-one, move." Maintain short, shuffling steps.
- Release on command when calm: "On my count — three-two-one — release."

Immediate Stop Conditions

All Emergency Safety Responses must be stopped immediately when any of the following occur:

- Any sign of breathing difficulty, chest pressure, vomiting, or medical distress.
- Client says they cannot breathe or indicates pain.
- Loss of consciousness, seizure activity, or sudden limpness.
- Transition toward prone/supine position that cannot be immediately corrected.

Post-Incident Documentation & Debriefing

- Complete an incident report within 24 hours noting reason, duration, and ESRT technique used.
- Perform and document health/injury checks for client and staff.
- Conduct a debrief to identify triggers, early-warning signs, and prevention strategies.
- Submit to supervisory review for compliance and quality improvement.

Restraint Reporting Requirements

All Emergency Safety Responses must be documented immediately following the event. Required documentation includes:

- Type of ESRT used (standing, two-person, three-person)
- Reason the Emergency Safety Response was initiated
- Duration of the Emergency Safety Response
- Precipitating events and early warning signs observed
- Exit strategy and how the ESRT was safely concluded
- Health and injury check results for all involved parties

The term “Emergency Safety Response Techniques (ESRT)” is the official SontarahLife FCC designation for all approved physical intervention methods used in Crisis Prevention & Intervention Level II training. This terminology is adopted in compliance with Arizona Administrative Code R9-10-716 and aligns with state regulatory language for Emergency Safety Response (ESR) documentation.

Thank You

Thank you for choosing SontarahLife's Crisis Prevention & Intervention Training. Your commitment to safety, empathy, and professionalism helps create a more stable, supportive care environment for all individuals served.



Please Complete the Training Evaluation

Participants are asked to provide feedback on this training to help improve future sessions. Include your name, date, and training location on your evaluation form before submission.

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Training Approval Statement

This training is approved and suitable for SontarahLife's Crisis Prevention and Intervention techniques. It provides staff and client protection through approved, trauma-informed crisis methods. No modifications or unauthorized variations should be used during implementation.