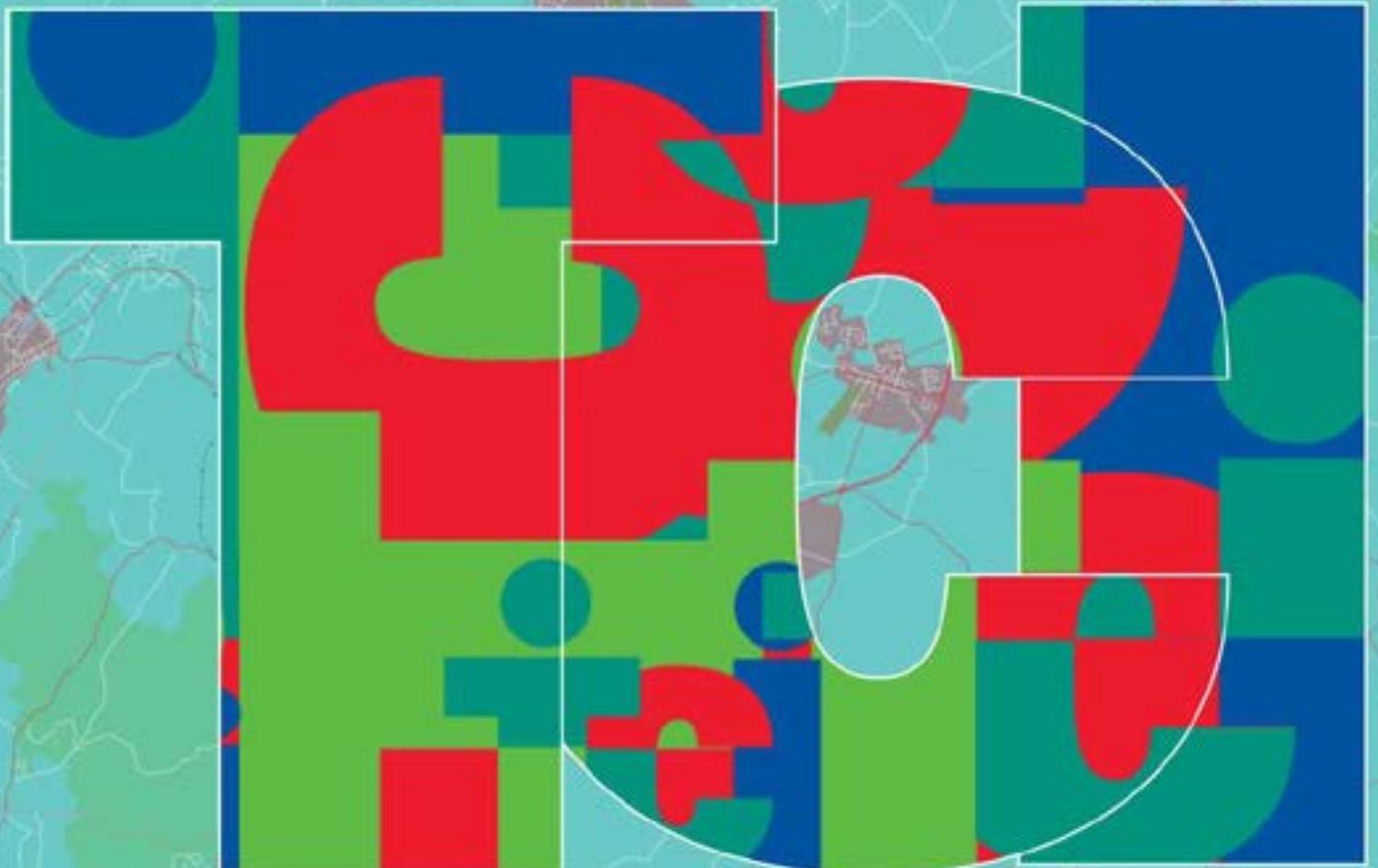
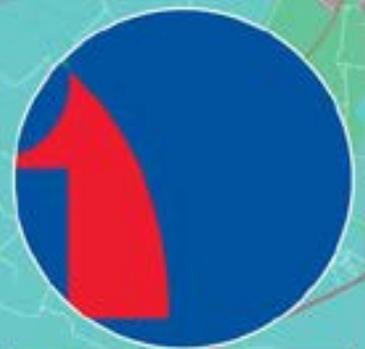




**Courses and Programs  
Procedures for Sponsoring  
Timelines  
Certification**

# Bringing the TCI System To Your Organization



**Dear Colleague,**

As requested, I am sending you information on how to bring our Therapeutic Crisis Intervention (TCI) Program to your organization. Our goal is to disseminate model techniques in the prevention of institutional child abuse and neglect by preventing and de-escalating aggressive behavior in residential child care facilities. Residential child caring agencies have been able to reduce the need for physical restraint by effectively implementing our Therapeutic Crisis Intervention system. Implementation of TCI has resulted in an increased ability on the part of staff to manage and prevent crises. Implementation studies have also shown an increased knowledge and skill on the part of all staff to handle crisis episodes effectively and a change in attitude regarding the use of physical restraint.

If TCI is to be an effective crisis management system for your organization, you need to address five general criteria: (1) leadership and program support, (2) clinical participation, (3) supervision and post crisis response, (4) training and competency standards, and (5) critical incident monitoring and feedback. There is a description of these criteria on page 6 of this brochure to help you decide whether TCI is right for your organization. Information about how we can help you implement the TCI System is on page 10.

Many larger organizations request onsite training of trainers in order to train large numbers of trainers in a cost effective manner. Please see page 11 for information about sponsoring an onsite training of trainers.

The TCI certification program is designed to develop, maintain, and strengthen the standards of performance for individuals who have successfully completed the requirements of the TCI training of trainers. This process affirms our commitment to ensure that TCI is implemented in child caring agencies in a manner that meets the developmental needs of children, and the safety of both children and staff. Please note that all participants must pass the certification requirements during the training in order to train TCI. Attendance alone does not qualify them to be TCI trainers.

If you need any other additional information, please contact us.

Sincerely,



**Martha Holden**

*Senior Extension Associate*

*Project Director*

*Residential Child Care Project*

# **Therapeutic Crisis Intervention**

## **Bringing TCI to Your Organization**

### **Residential Child Care Project**

*Bronfenbrenner Center for Translational Research*

*College of Human Ecology*

*Cornell University, Ithaca, NY USA*

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## TCI Programs Offered Onsite

The Residential Child Care Project is prepared to bring the following programs to your organization:

### System Wide

#### Comprehensive TCI Implementation Package

This is the most comprehensive program the RCCP offers. It includes assessment, technical assistance, and training, that takes place over an 18 month period. Staff from the RCCP work with the residential facility to implement the TCI model of crisis prevention and management. Please contact the RCCP for pricing information for this package.

### Training

#### TCI Training of Trainers Program

This program includes an initial assessment and planning meeting and a five day training of trainers program. The number of training participants is limited to 20. The cost of this program is \$30,500. US; £25,200. UK; €34,500.

#### TCI for Families (TCIF) Training of Trainers Program

This program includes an initial assessment and planning meeting and a five day training of trainers program. The number of training participants is limited to 20. The cost of this program is \$30,500. US; £25,200. UK; €34,500.

#### TCI for Schools (TCIS) Training of Trainers Program

This program includes an initial assessment and planning meeting and a five day training of trainers program. The number of training participants is limited to 20. The cost of this program is \$30,500. US; £25,200. UK; €34,500.

### TCI Updates

Two day training programs are offered for those who have completed any of the above train the trainer programs. The number of training participants is limited to 25. The cost of these program is \$11,000. US; £7,600. UK; €10,400. Note that TCI trainers are required to attend and successfully complete a TCI update every two years in North America, Bermuda, and Australia, and every year in OCFS agencies in New York State and in the United Kingdom and Ireland to maintain their certification status. (For more information about certification, please go to page 11).

The RCCP is offering one day updates for TCI trainers who have successfully completed two two day updates, preferably the Designing Refresher Training Update and the Post Crisis Response Update. The number of training participants is limited to 25. The cost of these one day updates is \$6,000. US; £4,200. UK; and €5,800. Ireland.

## Preplanning Considerations

### A Model for Eliminating the Need for Restraint

In his book, *The Fifth Discipline, The Art and Practice of the Learning Organization*, (1990, p. 3) Peter Senge defines learning organizations as:

*...organizations where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together.*

Organizations can only learn when the people that make up the organization learn. Leadership must foster openness, collaborative decision making, professional development, and a shared vision of how the organization should work. Leadership needs to set bold goals and high expectations for staff and children and provide the support and resources necessary to achieve the goals. Implementing TCI with the goal of reducing the need for high risk management strategies requires that organizations put in place a system to promote learning and reflective practice.

For TCI to be an effective crisis management system, the following five general domains need to be addressed: (a) leadership and program support, (b) clinical participation, (c) supervision and post crisis response, (d) training and competency standards, and (e) critical incident monitoring and feedback (Nunno et al., 2003).

**Leadership and program support.** The level of effectiveness to prevent and reduce the need for high risk interventions depends on and begins with leadership's commitment (Bullard, Fulmore, & Johnson, 2003; Carter, Jones, & Stevens, 2008; Colton, 2008; CWLA Best Practice Guidelines, 2004; Donat, 1998, 2005; Farragher, 2002;

Hellerstein et al., 2007; Huckshorn, 2006; J. A. Miller et al., 2006; Murphy & Bennington-Davis, 2005; NASMHPD, 2003; Nunno et al., 2003; Paterson et al., 2008; Petti et al., 2003; Stefan & Phil, 2006; Thompson et al., 2008). When leadership is fully informed about the TCI crisis prevention and management system and understands its foundation, leaders can support the necessary components that are integral to its implementation and maintenance. Policies, procedures, and guidelines that are clearly written and communicated assist staff members in knowing what to do when confronted with potential crises. Staff members throughout the organization know how to prevent, de-escalate, and contain a young person's aggressive and acting out behavior in line with organizational guidelines.

A clear program philosophy and framework of care are essential for establishing an organizational culture that promotes the growth and development of children and young people with emotional and behavioral difficulties and for establishing organizational practices that are in the best interests of the children (Anglin, 2002; M.J. Holden, 2007). Leaders can promote an organizational culture that establishes an environment where children can thrive by valuing developmentally appropriate and therapeutic practice above control and expediency.



Figure 1. Five Domains for an Effective TCI Management System

With a positive, trauma sensitive, and strength based culture and climate, an organization can decrease its reliance on punitive and coercive interventions and restraints (Bullard et al., 2003; Colton, 2008; Farragher, 2002; Hellerstein et al., 2007; Huckshorn, 2006; J.A. Miller et al., 2006; Murphy & Bennington-Davis, 2005; NASMHPD, 2003; Paterson et al., 2008; Petti et al., 2003; Stefan & Phil, 2006). Organizations that decrease use of restraints can have positive child outcomes (Glisson, Dukes, & Green, 2006).

By providing sufficient resources including adequate and qualified staff, support for regular external and internal monitoring, and clear rules and procedures that have safeguards against abusive practices, leadership promotes positive programming and an organizational culture to sustain the therapeutic milieu.

**Clinical participation.** Clinical services play an important role in overseeing and monitoring children's responses to crises. Developing and implementing an individual crisis management plan (ICMP) is critical to responding appropriately and therapeutically to a young person in crisis (Bullard et al., 2003; Carter et al., 2008; CWLA Best Practice Guidelines, 2004; Donat, 1998, 2005; Farragher, 2002; Hellerstein et al., 2007; Huckshorn, 2006; Murphy & Bennington-Davis, 2005; NASMHPD, 2003; Nunno et al., 2003; Paterson et al., 2008; Salias & Wahlbeck, 2005; Stefan & Phil, 2006). These plans are most effective when developed with input from team members and the child and the child's family, and are written in clear and concise language so that the care staff can implement the plan.

At intake, a risk assessment of the child's propensity to engage in high risk behaviors and the conditions that have provoked these behaviors in the past can provide valuable information. Key questions to address are (a) How can high risk behaviors be prevented? (b) Is there a need for an ICMP? (c) What intervention strategies should be used if an ICMP is necessary?

Well developed ICMPs include strategies for preventing, de-escalating, and managing potential high risk behavior specific to the child. Included in the plan are specific physical interventions, if appropriate, or alternative strategies if physical intervention is not an option. It is important to screen all young people in care for any pre-existing medical conditions that would be exacerbated if the young person were involved in a physical restraint. Any medications that the young person may be taking which would affect the respiratory or cardiovascular system should also be noted. If there is a history of physical or sexual abuse that could contribute to the young person experiencing emotional trauma during a physical restraint it is equally important to document it in the plan. Ongoing reviews of the young person's crisis plan with revisions as the child's condition changes will help staff develop more effective ways to prevent and intervene with the child's high risk behaviors.

**Supervision and post crisis response.** Frequent and ongoing supportive supervision, mentoring, and coaching are essential for creating and sustaining an organization's ability to reduce the need for restraint and maintain good quality care (Bullard et al., 2003; Colton, 2008; CWLA Best Practice Guidelines, 2004; Donat, 1998, 2005; Farragher, 2002; Huckshorn, 2006; J.A. Miller et al., 2006; Murphy & Bennington-Davis, 2005; NASMHPD, 2003; Nunno et al., 2003; Petti et al., 2003; Ryan, Peterson, Tetreault, & van der Hagen, 2008; Thompson et al., 2008). Reflective and supportive supervision is built into the implementation and ongoing monitoring of the TCI crisis management system. Supervisors who are fully trained in all of the prevention, de-escalation, and intervention techniques can provide effective supervision, coaching, and monitoring of their staff members. Fully trained and effective supervisors have reasonable expectations with realistic time frames and schedules for staff so that staff can accomplish tasks and respond to young people's needs in a thoughtful and well-planned manner.

This post crisis response system ensures that all young people and staff receive immediate support and debriefing following a crisis as well as a brief medical assessment (Bullard et al., 2003; CWLA Best Practice Guidelines, 2004; Farragher, 2002; Huckshorn, 2006; J. A. Miller et al., 2006; Murphy & Bennington-Davis, 2005; NASMHPD, 2003; Nunno et al., 2003; Petti et al., 2003). Once things are back to normal, all staff members involved in the restraint deconstruct the incident to develop strategies for intervening in the future. It is important to notify families when their child has been involved in a physical intervention. Building a discussion of crisis incidents into team/unit meetings helps staff learn from these situations and provides accountability and support at the highest level.

**Training and competency standards.** Training and professional development are a cornerstone of any professional organization. Programs that keep staff informed and updated on the special needs of the young people in their care can enhance treatment and child outcomes. A comprehensive training agenda includes prevention, de-escalation, and management of crises as well as child and adolescent development, trauma sensitive interventions, and individual and group behavior support strategies (Bullard et al., 2003; CWLA Best Practice Guidelines, 2004; Donat, 2005; Farragher, 2002; M. J. Holden & Curry, 2008; Huckshorn, 2006; Murphy & Bennington-Davis, 2005; NASMHPD, 2003; Nunno et al., 2003; Paterson et al., 2008; Petti et al., 2003; Ryan et al., 2008; Thompson et al., 2008).

TCI training is only one part of a comprehensive staff development program that provides core training, as well as specialized training based on the population served. TCI training is only to be conducted by a certified TCI trainer. The TCI training should be 4 to 5 days in length with a minimum of 28 classroom hours. If the training is less than 28 hours, the physical restraint techniques should not be taught. TCI trainers are required to

attend a Cornell University sponsored TCI Update and pass testing requirements at least every 2 years (1 year in New York State and the United Kingdom and Ireland) in order to maintain their certification.

Training for direct care staff to refresh skills is required semiannually at a minimum. Refreshers are designed to give staff the opportunity to practice de-escalation skills, Life Space Interviewing, and physical restraint skills. At the completion of the original training and each refresher, staff are expected to perform the skills at an acceptable standard of performance. Documentation of these training events and staff's level of competency is critical in order to maintain the TCI system and ensure that staff can competently use high risk physical interventions. In addition, the health and fitness level of all staff members trained in the use of physical interventions should be considered.

**Documentation and critical incident monitoring and feedback.** Documentation, data analysis, and feedback to all levels of staff teams are an important part of restraint reduction efforts (Bullard et al., 2003; Carter et al., 2008; CWLA Best Practice Guidelines, 2004; Donat, 2005; Farragher, 2002; Huckshorn, 2006; J. A. Miller et al., 2006; Murphy & Bennington-Davis, 2005; NASMHPD, 2003; Nunno et al., 2003; Petti et al., 2003; Stefan & Phil, 2006; Thompson et al., 2008). Data management includes the documentation of staff supervision and training and the documentation and monitoring of critical incidents throughout the facility. An agency-wide committee appointed by leadership with the authority and responsibility to enforce documentation requirements and track the frequency, location, and type of critical incidents as well as any injuries or medical complaints that occur in the facility helps to monitor the effectiveness of the TCI system. This documentation and monitoring system allows the facility to review incidents and make decisions about individual and organizational practice and recommend corrective actions.

In addition to a facility-wide restraint review committee, a clinical review of critical incidents and a team or unit review can assist organizations in making changes to help reduce high risk situations. These reviews focus on different aspects of the critical incident and provide feedback on any information or suggestions to the team, clinician, or administration. Some type of benchmarking or red flagging should call attention to any situation that exceeds the norm and requires a special review. For example, this red flag might appear when the number of incidents per month exceeds a set number, when restraints exceed a certain length of time, or when specific complaints or injuries that are unlikely to occur during a restraint are reported.

Residential child caring agencies have been able to reduce physical restraint episodes and aggressive behavior by following these guidelines and effectively implementing the TCI system. Implementation of TCI has resulted in an increased ability on the part of staff to manage and prevent crises. Implementation studies have also shown an increased knowledge and skill on the part of all staff to handle crisis episodes effectively, and a change in staff attitude regarding the use of physical restraint when TCI is implemented as designed (Nunno et al., 2003).

## Comprehensive TCI Assessment and Implementation Package

The Residential Child Care Project has developed a comprehensive implementation package for residential child care agencies. An organization can expect an increased ability to prevent and manage crisis situations, including fewer physical restraint episodes, fewer injuries to children and staff, increased knowledge and skill levels on the part of all staff to handle crisis episodes effectively, and an overall change in the organizational culture.

Over a 24 month period, staff from Cornell University's Residential Child Care Project will work closely with the residential agency to implement the TCI model of crisis prevention and management. This includes:

- an assessment of the current crisis prevention and management system
- a plan to implement TCI tailored for the organization
- onsite training of trainers program
- onsite technical assistance to implement the comprehensive TCI system

### Assessment Phase

RCCP staff will meet with agency staff to administer surveys and to conduct interviews (all surveys and interviews are confidential and anonymous); observe child-staff interaction; and review agency policies, procedures, and critical incident reports. The assessment process focuses on the five critical organizational domains; leadership, supervision, clinical oversight, training, and critical incident monitoring. At the end of the phase, RCCP staff will conduct an assessment and planning meeting with key agency staff.

### Training Phase

Selected agency personnel will attend a "Training of Trainers in TCI" program. Using a train the trainer approach, RCCP staff will instruct selected supervisory and training staff to deliver TCI in-service training to all levels of residential child care staff. The selection of candidates for our TCI train the trainer program is critical to the success of TCI in your agency. Given the nature of their responsibility to play a key role in implementation, the training participants should have "hands on" experience in dealing with children in crisis. If they are effective role models for new and experienced care workers they can instill positive and supportive values to child care staff and can coach and give corrective feedback to staff more effectively. The participant should be committed to conducting ongoing training for your staff for a period of two years. It will be helpful to have training responsibilities written into the job description.

### Technical Assistance Phase

An agency implementation team will meet with RCCP staff throughout the project to help facilitate the process and to tailor the model to meet the organization's specific needs. Technical assistance and training will be ongoing and available throughout the life of the project.

### Special Features

- Organizational capacity to maintain the TCI system
- Onsite training and technical assistance
- Selected agency staff trained as trainers in TCI
- Training materials to conduct 30 hours of in-service training

For further discussion of this project, please contact Martha Holden at 607 254 5337.

## Sponsoring Onsite Training

The process for bringing the TCI training of trainers to your agency is as follows:

1. In North America, you will work with Eugene Saville, RCCCP Project Assistant, to determine a mutually convenient week during which this program could be offered. (Please see Timeline for Sponsoring a TCI Onsite Training on page 8). In the United Kingdom and Ireland, you will work with local RCCCP representatives. \*
2. At a date decided by you and a RCCCP staff member, an assessment and planning meeting will be scheduled for your organization to prepare for implementing TCI.
3. The completed applications (page 14) of all training candidates must be received by the RCCCP 30 days prior to the training. If the applications are not sent to us by the designated date, the training will be cancelled. Upon receipt of the applications, the RCCCP will send information and assignments to the candidates to be completed before the training. Substitutions may be made up to two weeks prior to the training. Substitutes must receive materials mailed prior to training from the person they are replacing.
4. If you wish to open the training to other agencies, please let us know. We must have prior review of any materials that will be sent out to other organizations promoting the training. We also require that the tuition fee remain at \$2,125./£1,650./€1,950. per participant in the five day TCI training of trainers program, \$830./£800./€925. per participant in the two day TCI update trainings, and \$500./£415./€480. per participant in the one day TCI update trainings.
5. At the completion of the training, your agency will be billed for the cost of the program:
 

TCI Training of Trainers	\$30,500. /£25,200. /€34,500.
TCIF Training of Trainers	\$30,500. /£25,200. /€34,500.
TCI Two Day Updates	\$11,000. /£ 7,600. /€10,400.
6. The RCCCP is offering one day updates for TCI trainers who have successfully completed two two-day updates, preferably the Designing Refresher Training Update and the Post Crisis Response Update. The number of training participants is limited to 25. The cost of these one day updates is \$6,000. US; £4,200. UK; and €5,800. Ireland.

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\* In the United Kingdom and Ireland, contact our TCI Europe representatives at [tcieurope@cornell.edu](mailto:tcieurope@cornell.edu)

## Timeline for Sponsoring an Onsite Training

### Before Training Occurs

- 16-20 weeks** The sponsoring agency and the RCCP set a training date; the agency contact person is established.
- 12-16 weeks** The agency contact person works with Eugene Saville, RCCP Project Assistant or local representative, to secure an appropriate training site and lodging for TCI instructors. The agency distributes information and applications for training. *(Any materials to be distributed that are not Cornell University originated must be reviewed by the RCCP before distribution).*
- 6 weeks** Training site details are confirmed with the RCCP.
- 5 weeks** The agency sends completed candidate applications to the RCCP. Training will be cancelled if applications are not received 30 days prior to training. The RCCP sends confirmation letters and reading assignments to candidates. If there are substitutions, the substitute candidates must receive the information two weeks prior to training from the person they are replacing. Travel arrangements are confirmed.
- 1 week** RCCP finalizes details with agency. Materials are sent to the site.
- One Month Before or After Training Occurs** Assessment and Planning Day: This meeting, held from 9:00 am to 4:00 pm, involves assessing the current crisis management system according to TCI criteria and developing a plan to fully implement TCI. RCCP staff will meet with key staff members of your organization to present TCI implementation criteria, facilitate your staff in assessing your present system of crisis management, and help develop a plan specifically tailored for your agency to successfully implement TCI. There is no maximum number of participants in the assessment and planning meeting. The members of the group should have the authority to carry out the implementation plan. This work group should be carefully selected to represent various expertise, disciplines, and programs.

## Responsibilities of the Sponsoring Organization

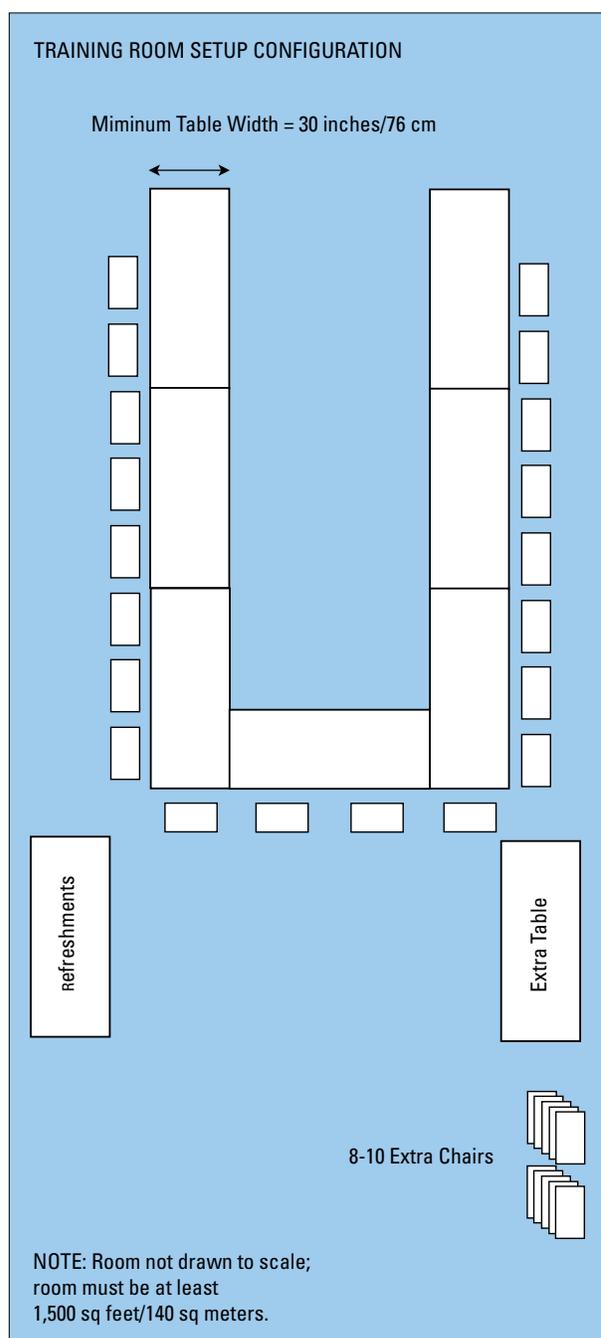
### Training Room Requirements

- The training room must be available as follows
  - For TCI Train the Trainer Programs:**  
8:00 am until 6:00 pm Monday - Thursday  
8:00 am until 4:00 pm Friday
  - For TCI Updates:**  
8:00 am until 6:00 pm daily
- The training room must be at least 1500 sq. feet (140 sq meters) with no obstacles (i.e., columns).
- Set up should be a “U-shaped” arrangement of standard size banquet tables at least 30 inches (76 cm) wide. Place chairs on the outside of the “U,” and 8-10 extra chairs in the room.
- There should be an extra table to the side for organizing training materials.
- Coffee, tea, fruit, and/or pastry (e.g., pastry, muffins, bagels) should be set up first thing in the morning and available to participants at their leisure. Drinks should be replenished at 10:30 am.
- Soft drinks should be set up between 2:30 pm and 3:00 pm.
- There must be one flip chart stand with flip chart paper and markers.
- There must be a screen/monitor capable of projecting a PowerPoint™ presentation.
- There must be a screen/monitor (capable of playing DVDs and running Microsoft PowerPoint™) with external speakers. If a computer cannot be provided, contact RCCP immediately.

### Registering Training Participants

The agency is responsible for registering training candidates. RCCP provides an application form

for this purpose (see page 14). All completed applications must be received by the RCCP 30 days prior to the training. If the applications are not received by this date, the training will be cancelled. Upon receipt of the applications, the RCCP will send information and assignments to the candidates to be completed before the training. Substitutions may be made up to two weeks prior to the training.



For more information about the Residential Child Care Project,  
please visit our web site at <http://rccp.cornell.edu>

