

■ WHAT ARE THE SIMILARITIES AND DIFFERENCES BETWEEN **CPS** & **THE SAFETY CARE MODEL?**

WHAT IS COLLABORATIVE & PROACTIVE SOLUTIONS (CPS)?

The CPS model focuses on helping kids and caregivers solve the problems that are causing concerning behaviors (rather than focusing on concerning behaviors and de-escalating or modifying them). The problem solving is collaborative (meaning, the student is fully involved in the process) and proactive. The model views concerning behavior as a child's "frustration response," and helps caregivers move away from motivational explanations for such behavior and toward understanding that a variety of skills are implicated when students are having difficulty handling problems and frustrations. The model also helps caregivers focus on crisis prevention rather than crisis management.

WHAT IS THE SAFETY CARE MODEL?

Safety-Care, created and provided by the company QBS, is a competency-based "crisis prevention" training program for professionals working with individuals who may exhibit potentially dangerous behaviors. Grounded in Applied Behavior Analysis (ABA) research, it emphasizes positive reinforcement. The training uses behavioral instruction techniques like errorless learning, task analysis, and role-playing to ensure proficiency in essential skills. The model is said to be "progressively restrictive," designed to provide staff with skills for prevention, minimization, and management of dangerous or challenging behaviors, with the option of restraint if deemed necessary.

Safety-Care distinguishes itself from other crisis prevention programs through its extensive use of Applied Behavior Analysis (ABA) principles. Safety-Care reports that instead of learning to "set limits" or engage in confrontational interactions, Safety-Care trainees are taught to ignore challenging behaviors and concentrate on the individual's strengths and skills. This is achieved through prompting, recognizing, focusing on, shaping, and reinforcing approximations of more desirable behaviors. As noted on the Safety Care website, "Physical procedures are designed to be both effective and gentle. Each procedure avoids any stress/hyperextension of joints, pain, or skin damage. Holds are used only when there are no other safe choices and only with utmost care for an individual's safety and well-being."

Safety Care is also said to focus on encouraging specialists to understand the effect that past trauma may have on current behavior, within the context of a "whole person" understanding of the individual. Safety-Care's curriculum teaches trainers to identify and help manage triggering events.

WHAT IS THE RESEARCH BASE FOR SC?

We were unable to locate any academic or peer-reviewed published research documenting the effectiveness of Safety Care. We contacted Safety Care directly and were told that, in their own research on a pediatric psychiatric hospital, Safety Care produced a 78% reduction in patient injury, a 50% reduction in staff injuries, and a 30% reduction in restraint and seclusion after two years of implementation. "Beyond that, customers have shared lots of anecdotal data with us showing good outcomes, but that is not published research. Additionally, we have drawn on the ABA and PBIS literature to embed well-evidenced protocols such as differential reinforcement and functional communication training into the curriculum."

■ CAN SAFETY CARE BE IMPLEMENTED IN COMBINATION WITH CPS?

CPS does not teach the use of restraint. The principles of these two models appear to be too divergent to be implemented simultaneously.