



# Individual Data Collection Template

Date: \_\_\_\_\_ Incident Location: \_\_\_\_\_

Department: \_\_\_\_\_ Client name: \_\_\_\_\_

Name(s) of staff involved in intervention (list Team Leader first):  
\_\_\_\_\_  
\_\_\_\_\_

Log completed by: \_\_\_\_\_

**Briefly describe the location and any activities preceding the incident (include any Anxiety-related behavior):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CPI Verbal Escalation Continuum<sup>SM</sup> levels exhibited:**

- Questioning
- Release
- Refusal
- Verbal threat/Intimidation
- Other: \_\_\_\_\_

**Briefly describe the behavior exhibited:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Staff response/intervention:**

- Answered question
- Ignored the challenge
- Redirected to task
- Allowed to vent
- Moved the audience
- Set limits
- Re-set limits
- Took threat seriously
- Documented threat
- Sought assistance
- Other (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

**Briefly describe limits that were set:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Limit Setting:**

- |                         |                              |                             |                          |                              |                             |
|-------------------------|------------------------------|-----------------------------|--------------------------|------------------------------|-----------------------------|
| Limits were clear:      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Limits were enforceable: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Limits were reasonable: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Limits were effective:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Results:**

- Behavior increased after verbal intervention:  Yes  No
- Behavior didn't change after verbal intervention:  Yes  No
- Behavior reduced after verbal intervention:  Yes  No
- Tension Reduction achieved:  Yes  No



# Individual Data Collection Template

If client acted out physically, please continue.

## Physical Behavior Exhibited

### Self-Abusive:

Client engaged in behavior causing self-harm:  Yes  No

If yes, describe self-harming behavior:

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### Physically acting-out toward others (non-staff):

Strike (i.e., punch, slap, kick, use of weapon)\_\_\_\_\_

Grab (i.e., wrist grab, choke, hair pull, bite)\_\_\_\_\_

Number of other clients injured by the behavior: \_\_\_\_\_

Number of clients who required medical attention: \_\_\_\_\_

Number of clients who were hospitalized: \_\_\_\_\_

### Physically acting-out toward others (staff):

Strike (i.e., punch, slap, kick, use of weapon)\_\_\_\_\_

Grab (i.e., wrist grab, choke, hair pull, bite)\_\_\_\_\_

Number of staff injured by the behavior: \_\_\_\_\_

Number of staff who required medical attention: \_\_\_\_\_

Number of staff unable to return to work the following day: \_\_\_\_\_

## Staff Response/Intervention:

Target was moved\_\_\_\_\_

Strike was blocked\_\_\_\_\_

Grab was released (i.e., wrist grab, choke, hair pull, bite)\_\_\_\_\_

Client/audience was moved to a safer location\_\_\_\_\_

### CPI's Nonviolent Physical Crisis Intervention<sup>SM</sup> was used:

CPI *Interim Control Position*<sup>SM</sup>

CPI *Children's Control Position*<sup>SM</sup>

CPI *Team Control Position*<sup>SM</sup>

CPI *Transport Position*<sup>SM</sup>

Other: \_\_\_\_\_

Estimated duration of physical intervention: \_\_\_\_\_

Client was referred to administration

Assistance secured from police/security

Client injured during intervention

Injury required medical attention

Injury required hospitalization

## Results:

Behavior increased after physical intervention

Behavior didn't change after physical intervention

Behavior reduced after physical intervention

Debriefing process was initiated

## Definitions:

**Verbal Behavior:** Client became verbally challenging and exhibited questioning, refusal, release, and/or threatening behavior.

**Physical Behavior:** Client's behavior was physically aggressive toward self or others; behavior placed self or others in imminent danger.

**Physical Restraint:** Staff responded with CPI's *Nonviolent Physical Crisis Intervention*<sup>SM</sup> techniques. These do not include the use of mechanical or chemical restraint.