Safety-Care®
by QBS

THE EVALUATOR'S GUIDE TO

Crisis Prevention & De-escalation Training

Eight questions every school leader should ask before choosing a program

Choosing a crisis prevention training program is one of the most consequential decisions a district can make for student and staff safety. It is also one of the hardest to make well. Program content is proprietary, terminology varies from vendor to vendor, and marketing materials rarely make it easy to compare one program against another.

This is not a new problem. A peer-reviewed study published in Teaching Exceptional Children (Couvillon, Peterson, Ryan, Scheuermann, & Stegall, 2010) reviewed commercial crisis intervention training programs for schools and found that administrators had almost no independent information to guide their purchasing decisions. The researchers compared programs on dimensions like how training time is allocated, which physical procedures are taught, how safety is monitored throughout the escalation process, and how (and how often) staff are recertified. Their conclusion: there were no commonly accepted standards, and the differences between programs were significant.

More than fifteen years later, those comparison dimensions remain the right questions to ask. This guide walks through eight of them, explains why each one matters, and gives you the language to ask vendors directly. Whatever program you choose, your deserve clear answers.

Question 1

How is training time divided between prevention and physical procedures?

Ask every vendor for a breakdown of their basic training hours: how much time goes to understanding how crises can be prevented and the de-escalation strategies staff can use when behavior occurs, how much time is dedicated to physical procedures, and how much to safety monitoring and post-incident practices.

Why it matters: The 2010 review found wide variation in how programs allocated time and noted that many people think of this category of training as physical skills training, even when the greatest need in schools is prevention. Most crisis situations can be prevented or deescalated before any physical intervention is needed. A program that treats physical management as a last resort should show you a curriculum that reflects that philosophy in its hours, with meaningful time on both prevention skills and the safety practices that surround any physical procedure

Question 2

Which physical management procedures are taught, and to whom?

Request a complete list of the physical procedures in the basic curriculum and ask which procedures require advanced training before staff are permitted to learn them.

Why it matters: Programs in the 2010 review ranged from teaching no physical procedures at all to teaching eight or more variations of a single hold type. The researchers noted that floor positions carry the highest documented risk of injury, and that most reviewed programs had stopped teaching the highest-risk positions entirely. A conservative program teaches a small set of well-practiced procedures in basic training and gates higher-risk techniques behind advanced instruction for the limited staff who genuinely need them. More techniques is not better. Safer, simpler, and more practiced is better.

Top Tip

Not every staff member needs the same physical skills. With Safety-Care, organizations or districts choose a certification level that fits each role, so staff who rarely work with individuals with severe behavioral challenges may focus on prevention and de-escalation, and physical management procedures are reserved for the staff who need to use them.

Question 3

How are staff trained to monitor safety during an incident?

Ask what staff are taught to watch for during any physical intervention, whether the program recommends multiple staff be involved, and what role medical or supervisory personnel play.

Why it matters: Every program in the 2010 review that taught physical procedures also trained staff to monitor for signs of physical distress, but the depth varied widely, with some programs devoting as little as 2.5% of training time to these considerations. Strong programs treat monitoring as a core competency: multiple trained staff involved wherever possible, continuous observation of the student's physical and emotional state, and clear criteria for ending an intervention. Ask the vendor to describe exactly what their monitoring training covers.

Question 4

Does de-escalation continue during physical intervention?

This question separates programs philosophically. Ask whether staff are trained to keep using de-escalation strategies while a physical procedure is underway, with the goal of ending it as quickly as safety allows.

Why it matters: The 2010 review specifically identified whether programs continued de-escalation during an intervention and monitored the student's emotional state as an indicator of when to stop. A physical procedure is not a pause in the de-escalation process; it is a moment when de-escalation matters most. Programs built on a prevention philosophy train staff to treat every intervention as temporary and to work actively toward release, not simply to hold until the incident ends on its own.

Question 5

What happens after an incident?

Ask what the program teaches about debriefing with staff and students, and what documentation training and templates it provides.

Why it matters: Post-incident practices received some of the least training time across programs in the 2010 review. That is a missed opportunity, because debriefing is where incidents become data and data become future prevention. A program serious about reducing incidents over time will train staff to document every crisis event, review what preceded it, and adjust supports so the same situation is less likely to recur. Ask to see the documentation tools, not just hear that they exist.

Question 6

What are the certification and recertification requirements?

Ask how staff certification works, how long it lasts, what recertification requires, and how trainer certification is maintained if using a train-the-trainer model.

Why it matters: Physical and verbal de-escalation skills decay without practice. The 2010 review found recertification requirements ranging from every six months to none at all, with annual recertification the most rigorous common standard. A program that requires annual recertification for both staff and trainers is making a statement about competency: these are skills to be maintained, not a box to be checked once to meet compliance requirements. If a vendor's certification never expires, ask them why.



Top Tip

Ask how staff keep their skills sharp between certifications. A procedure practiced once a year is not a well-practiced procedure. Safety-Care's Technique of the Week gives teams short, regular practice so skills stay fluent when it matters.

Question 7

Is the program aligned with trauma-informed practice?

Ask how the program accounts for students with trauma histories, sensory sensitivities, or disabilities that change how they experience physical contact and crisis situations.

Why it matters: The authors of the 2010 review raised a concern they could not answer within their data set: whether any program trained staff on the risk of retraumatizing students with histories of abuse or sensory differences. They flagged it as an open question for the field. Today it should be a requirement, not an open question. Physical intervention can be a traumatic event (for staff and students alike) even when performed correctly, which is one more reason prevention-focused training matters. Ask vendors to show you specifically how trauma-informed principles appear in their curriculum, rather than accepting the phrase as a label.

Question 8

Does the program fit the framework your district already uses?

Ask how the training integrates with MTSS, PBIS, or the behavioral frameworks your teams already know, and whether its strategies are consistent with applied behavioral science.

Why it matters: The 2010 review pointed to positive behavior supports as an evidence-based approach that reduces the situations requiring physical intervention in the first place. Crisis prevention training should be the layer that completes that system, not a separate philosophy competing with it. A program grounded in the same behavioral science as your MTSS and PBIS work gives staff one consistent way of understanding behavior, from universal supports all the way through crisis response. If the vendor cannot explain how their model connects to yours, staff will be left to reconcile the difference on their own.



How Safety-Care Answers These Questions

Safety-Care by QBS, was one of the programs included in the 2010 peer-reviewed review, evaluated alongside the most established trainings in the field. The curriculum was developed by behavior analysts on the principles above: prevention first, a conservative and carefully gated set of physical procedures, continuous de-escalation and safety monitoring during any intervention, thorough incident documentation, and annual recertification for every certified staff member and trainer.

Today, Safety-Care supports more than 3,700 organizations and certifies more than 300,000 staff annually. Organizations implementing Safety-Care have documented reductions of more than 58% in the use of physical management, more than 70% in seclusion hours, and more than 57% in injuries, alongside improved staff confidence in intervening with crisis behaviors.

Whatever program you evaluate, ask all eight questions and expect specific answers. To see how Safety-Care answers them for your district, visit **qbs.com** or talk with our team.

Reference

Couvillon, M., Peterson, R. L., Ryan, J. B., Scheuermann, B., & Stegall, J. (2010). A review of crisis intervention training programs for schools. *Teaching Exceptional Children*, 42(5), 6–17. Program comparison data reflect vendor self-reports collected in 2009 and are cited here as historical context. The study uses the terminology of the research literature and federal regulation, including "restraint and seclusion."

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8 Questions to Ask

Before You Choose a Crisis Prevention Training

A quick-reference checklist grounded in peer-reviewed research on how crisis prevention programs actually differ.

- [ ] **How is training time divided between prevention and physical procedures?**
  Look for meaningful hours spent on prevention and de-escalation, not just physical skills.
- [ ] **Which physical management procedures are taught, and to whom?**
  Higher-risk procedures should be gated behind advanced training.
- [ ] **How are staff trained to monitor safety during an incident?**
  Multiple trained staff, continuous observation, clear termination criteria.
- [ ] **Does de-escalation continue during a physical intervention?**
  The goal should always be the fastest, safest path to release.
- [ ] **What happens after an incident?**
  Ask to see the debriefing process and documentation tools, not just hear about them.
- [ ] **What are the certification and recertification requirements?**
  Annual recertification for staff and trainers signals real rigor.
- [ ] **Is the program aligned with trauma-informed practice?**
  Ask for specifics, not just the label
- [ ] **Does the program fit the framework your district already uses?**
  It should complete your MTSS & PBIS investment, not compete with it.

Scan to access the full Evaluator's Guide to Choosing the Right Crisis Prevention Training

Couvillon, et al. 2010

A 2010 peer-reviewed study in Teaching Execptional Children found that school administrators had almost no independent way to compare crisis prevention vendors on these dimensions. These eight questions are the right place to start.