# 12: THE C.A.F. MODEL

Time: 40 min.

Format: Discussion, video, activity

Materials: PowerPoint, Handout: "The C.A.F. Model: Tips for De-

escalation," flip chart and markers

**Competencies:** • Use the C.A.F. (Calm, Assess, Facilitate) Model of crisis

intervention.

## Description

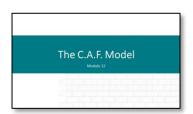
This module teaches the C.A.F (Calm, Assess, Facilitate) Model of crisis response. After learning the model, participants will "road test" the model in a context-based activity.

# Before Training

Print out enough copies of the handout "The C.A.F. Model: Tips for De-escalation" so that each of the participants can have one.

## **During Training**

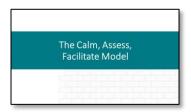
The Calm, Assess, Facilitate Model



## Set Up

#### Ask:

At your workplace, what is standard operating procedure if an incarcerated person has a crisis? (Hint: May hear anything, from talking it out to using restraints, tear gas, etc.).



Here's a concrete model that can be useful for any crisis situation but can be especially useful if the incarcerated person has a mental disorder. It's founded upon de-escalation.

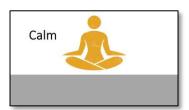
### Lecture

Pass out the handout "The C.A.F. Model: Tips for Deescalation" so that participants can refer to it throughout this module.

#### Present lecture:

The C.A.F. (Hint: pronounce this "kaff") model is a three-step process that you can use as soon as you become aware that something is wrong. Here are the three steps and how to follow them:

**Calm**. Decrease the emotional, behavioral, and mental intensity of the situation. Try to establish the safety of the situation with regard to the safety of the individual, other people who are incarcerated, and correctional officers or other staff.



Briefly check in with participants by asking:

- How could you "calm" a crisis situation at work? How could tone of voice and what you say be important?
- What about body language? Could that be part of the solution? (NOTE: if you have not taught Module 11: Crisis Intervention, then briefly discuss how calm and non-threatening body language can help defuse a crisis.)

Assess. Determine the most appropriate response based on the facts of the situation. Listen to the person in crisis, exercise respect, and try to understand the situation and its meaning from his or her perspective. Identify the facts of the situation before you act. Be alert to potential triggers that could feed into the crisis and endanger anyone involved



Briefly check in with participants by asking:

(for example, interference from bystanders).

 Assessing during a crisis can be hard. What could you do to help yourself assess things clearly before acting?

Facilitate. Promote the most appropriate resolution based on an assessment of the facts. Review various alternative courses of action or options that will help stabilize the individual. Focus only on goals related to the crisis, and build hope for a positive outcome based on the individual's strengths. Provide supportive communication in a nonjudgmental and positive tone. If possible, obtain a commitment from the individual to carry out the identified plan.



Briefly check in with participants by asking:

- How is "facilitating" different from "reacting?" (Hint: should hear answers like "you work with the individual rather than imposing your own ideas, it's more thoughtful, it's based on joint decisions, not snap judgements," etc.).
- Is "facilitating" a standard part of your workplace procedure? How or how not? What are its advantages? (Hint: it lets the person have more of a sense of control over what is happening to him, it builds rapport by working together.)
- Can you think of a circumstance at your workplace where you might "facilitate" during a crisis instead of reacting?

Transition by saying:

Let's add body language and the C.A.F. Model all together with an activity.

## Activity: Can You CAF It?

- 1. Explain that the purpose of this activity is to "road test" the C.A.F. Model in a corrections crisis scenario.
- 2. NOTE: As the facilitator, you will need to critique their decisions based on the criteria for the C.A.F. Model. If they make any decisions that violate the model, point this out to them and why it's not C.A.F.-based. Then, ask them to try again within the parameters of the model.



- a. We'll all work together to see if we can use the C.A.F. Model on a corrections crisis.
- b. I'll give you some information about an event, and we'll work through each step of the model.
- c. Here's what happens:

A woman comes to you and tells you that her cellmate, DeeDee, has gotten some bad news when she opened her mail today. The woman says that DeeDee has been distraught since reading the letter and is saying things like she can't take it anymore. She worries DeeDee may hurt herself during shower time.

When you approach DeeDee, she looks wildeyed and agitated. As you come nearer, she sees you and backs away against the wall saying, "No. Go away from me, get out of my face!" When you start to speak, she turns her face away from you saying, "This is none of your business! You don't know me! Get out of my face!"



#### Correctional Mental Health

If the first step is Calm, what do you do? Discuss a few options as a group before deciding on what to do.

4. Allow them 2 minutes to explore how they could calm DeeDee. Ask for their plan and critique it. You and the participants should refer often to the C.A.F. Model to check that their responses fit the model.



5. When they've reached a good answer, affirm their choices and move on to Assess by saying the following:

DeeDee is now calmer. She's breathing more easily. She sits down on the ground with her back against the wall.

She tells you that the letter warned her that her parental rights over her daughter may be terminated. That would mean a stranger could adopt her toddler.

She tells you that when she thinks about this, she feels "so crazy she could burst." She says she might as well just ram her head into the wall. Even that would feel better than thinking about that letter. She says she has so many questions about what's going on with her child but no idea who to ask.

- 6. Facilitate a discussion about assessing the situation with the following questions:
  - a. What's the problem here?
  - b. Is there any potential danger to her, you, or others?
  - c. Are there any signs of a mental health concern?
  - d. What are your goals for this interaction?
- 7. Allow the group 2 minutes to discuss the answers to these questions and decide what their goals are.



- 8. Critique their plan, helping them improve it as needed.
- 9. Move on to Facilitate with the following questions:
  - a. To facilitate your goals, what steps can you take? What are a few ways you could act to achieve your goal?



- b. What's the plan with the least amount of physical or emotional damage to anyone?
- c. How do you plan to speak to DeeDee? What words would you use? What kind of body language or posture do you want to use?
- 10. Once they formulate a good plan to facilitate, tell them that DeeDee follows through the plan and does not harm herself. She is able to go on with her day, and there is no crisis.

## Discussion

Debrief the "Can You C.A.F. It?" activity with the following questions:

- Was it easy or hard to make a good plan with this crisis?
- Did you find you had to be creative and find new ways of thinking about crisis resolution?
- If you had responded to the event without using the C.A.F. Model, what would you have done?
- What strengths does the C.A.F. Model have? What other kinds of scenarios might you use it in on the job?
- What are some situations in which it wouldn't be useful? (Hint: riots, mass chaos, etc.)

### Conclude:

 Can we connect remaining calm and the C.A.F.
Model with showing respect for the people who are incarcerated?



### Correctional Mental Health

• What are some benefits to remaining calm? What are some drawbacks?

Say:

You can use your handout of the C.A.F. Model for future reference on the job. You now have another tool to help address crises at work.

## SOURCES

## Module 12

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Klugiewicz, G. (2011). Responding to mentally ill inmates: The best way to keep everyone safe is to properly train your staff for emotional, medical, and psychological emergencies. Klugie's Correctional Corner. Retrieved online 3/21/2017 at http://www.correctionsone.com/correctional-psychology/articles/4540353-Responding-to-mentally-ill-inmates/.

Mental Health First Aid Australia (2014a). Non-suicidal self-injury: First aid guidance. Melbourne, Australia: MHFAA.

Mental Health First Aid Australia (2014b). Suicidal thoughts and behaviours: First aid guidelines. Melbourne, Australia: MHFAA.

National Institute of Corrections (2010). Crisis intervention teams: A frontline response to mental illness in corrections. Washington, DC: NIC.

Richmond, J., Berlin, J., Fishkind, A., Holloman, G., Zeller, S., Wilson, M., Rifai, M., and Ng, A. (2012). Verbal deescalation of the agitated patient: Consensus statement of the American Association for Emergency Psychiatry Project BETA De-Escalation Workgroup. Western Journal of Emergency Medicine, 13(1), 17-25.