This presentation is being provided by Center for Effective Discipline, a program of the Gundersen National Child Protection Training Center (Gundersen NCPTC) as an available resource to support No Hit Zone training.

Welcome participants. Introduce self, title, and why your organization has chosen to implement a No Hit Zone (NHZ).

Optional: Consider facilitating an icebreaker activity or a go-around asking participants to introduce self.
What is a No Hit Zone?

A No Hit Zone is an environment that supports a culture of safety and health where:
• No adult shall hit another adult
• No adult shall hit a child
• No child shall hit an adult
• No child shall hit another child

Read the No Hit Zone definition

When people read or hear the definition of NHZs, I recognize that there may be a wide continuum regarding people’s early thoughts, feelings and reactions. Some people may have initial hesitations or questions, while other people may feel a high level of motivation and encouragement. Either is ok.

By the end of the presentation, I hope to have answered some of your questions, increased your understanding about the goals of NHZs, and encouraged you to learn more.

Overall, the No Hit Zone program raises awareness and advocates for healthy relationships & safe environments across the lifespan.
In the 2005, the original NHZ concept was developed and implemented at Rainbow Babies & Children’s Hospital (The “No Hitting Zone” campaign and materials were created and funded by the Department of Child Advocacy and Protection, Dr. Lolita McDavid, Medical Director)

The momentum for No Hit Zone programs continues to grow. NHZs have also started to expand beyond hospitals to various community agencies. Examples of some early champions for No Hit Zones could include:

- University of Louisville – Kosair Children’s Hospital
- Audrey Hepburn Care Center – New Orleans
- Gundersen Health System – recognized as first non-pediatric healthcare systems to implement a systems-wide No Hit Zone
- Dane County District Attorney’s Office in WI
Numerous inquiries from outside organizations led to the development of No Hit Zone implementation training and resources to:

- Unify goals
- Deliver consistent messaging
- Support successful implementation
- Strengthen collaborative work

The Gundersen National Child Protection Training Center supported the adoption of a No Hit Zone program at Gundersen Health System in 2014. In 2016, Gundersen NCPTC began offering assistance to other organizations seeking to implement a No Hit Zone.

www.ThisIsANoHitZone.org was established to coordinate a collaborative movement promoting healthy kids and safer communities through No Hit Zones. The website offers NHZ implementation resources, community engagement materials, sample program materials, and a community network consisting of other organizations interested in No Hit Zone implementation.
No Hit Zone key messages

- No Hit Zones support safe, healthy and nurturing relationships and environments across the lifespan.
- No Hit Zones focus on prevention and supportive intervention at the identification of early distress.
- No Hit Zones promote nonviolent conflict resolution skills, a primary piece of all healthy relationships.

Some key messages of No Hit Zone programs include 1) support healthy relationships and safe environments across the lifespan; 2) a focus on prevention of problems and supportive intervention when needed; 3) promotion of nonviolent conflict resolution skills – a primary pieces of all healthy relationships.

No Hit Zone programs strive to prevent hitting through strategies that increase awareness, provide education, and build skills.

A primary goal of No Hit Zones includes the prevention of hitting a child a form of punishment.
A primary goal of No Hit Zone programs is to support healthy child development through raising awareness of risk factors associated with hitting/spanking a child as a form of physical punishment. Caregivers of children are encouraged to learn safe, healthy effective discipline strategies that promote child learning and a healthy development.

Strategies to support positive child development include:
- Increase awareness about risks associated with physical punishment
- Provide education and build skills for learning safe, healthy, and effective discipline strategies that do not involve hitting
Corporal punishment/physical punishment: Any punishment in which physical force is used and intended to cause some degree of pain or discomfort. This includes spanking or hitting a child with an open hand or object as a form of physical punishment.

A definition of corporal punishment/physical punishment provided on the slide.

In this presentation, corporal punishment/physical punishment/spanking/hitting are of the same concept and may be used interchangeably. Spanking or hitting a child is considered as a form of corporal punishment/physical punishment.
A Primary NHZ Goal: Many people are unaware of risk factors that have been connected to the use of physical punishment on children. Mounting research continues to inform us of increased physical and mental health risk factors associated with the use of corporal punishment on children. Action to provide information to raise awareness and educate, promote safe places and environments, build skills of professionals and caregivers of children, and support for the implementation of policy are effective strategies to promote healthy kids and safer communities.

Optional: A little more information on physical punishment, which includes hitting a child as a form discipline. Physical punishment increases the risk for negative physical, behavioral, and mental health problems. Research confirms that corporal punishment can be considered a RISK factor regarding a child’s development. To help explain RISK factor, I will provide you with an example. Research has confirmed that smoking cigarettes is a well-known risk factor for many health problems (ask audience to list some of these). Smoking as a risk factor was first determined through research and then that information was transferred to the general public which generated the decline in smoking rates in the US. When people knew that smoking was a risk factor inhibiting positive health, the activity of smoking, as a socially acceptable practice, declined. Now, does the action of smoking directly equal a certain death from lung cancer? No. However, does the action of smoking increase the risk that someone could die from lung cancer? Yes, risk increases dramatically. This is a similar example that can be related to corporal punishment. More and more research continues to identify the practice of corporal punishment on children as a RISK factor for physical, mental, and emotional health problems. It is time for professionals to begin transferring this informed knowledge to the public so that families can make informed decisions regarding childhood discipline. Corporal punishment has been identified as a Risk Factor inhibiting child health.
- No Hit Zones provide professionals with an environmental strategy and a public health message that raises awareness about the increased behavioral and mental health risks associated with corporal punishment on children. Parents/caregivers and professionals are encouraged to learn safe, healthy and effective alternatives that promote positive child learning and development.
Many people consider No Hit Zones to be an ‘intervention’ strategy. Yes, supportive staff intervention when hitting is observed is encouraged. However, No Hit Zones primarily serve as a ‘prevention’ strategy.

No Hit Zone programs first strive to prevent a problem and promote positive protective factors that strengthen families throughout our community. The goal is to reduce known Risk Factors, while increasing positive Protective Factors that promote healthy, safe and resilient child development. Healthy child development and strong families are supported through healthy relationships and safe environments.

No Hit Zones:
- Prevent child maltreatment
- Encourage increased parental awareness and knowledge about choice in discipline strategies
- Nonviolent conflict resolution skills are encouraged in all relationships and across the lifespan
- Promote safe places for people of all ages to thrive
- Increase awareness that child development and health is greatly influenced by family interactions and the environment
A No Hit Zone program strives to raise awareness and change attitudes and behaviors; therefore, a layered approach will help influence change and promote a culture of safety and health.

The **Four Strategies for Change** work together and in support of each other. Inclusion of all Four Strategies for Change in the No Hit Zone program maximizes impact and effectiveness. For example, simply providing information to families in the form of brochures is a good strategy; however, when providing information to families is supported by staff training to promote safe places and the use supportive intervention skills then positive outcomes of the overall No Hit Zone initiative is more likely.

The Four Strategies for Change include individual strategies and environmental strategies to influence a change in attitudes and behaviors. Research supports the application of these strategies to influence change. Specific research articles have been highlighted on the website: ThisIsANoHitZone.org

Connect the dots to strengthen support for attitude and behavioral change! When we connect the dots, we form an interconnected web which increases probability for successful attitude and behavioral change.
**Strategy #1:** Provide Information – **Provide information:** Posters; Brochures; Web-based communication; Presentations; Seminars, News stories

**Purpose:** To provide education and raise awareness

The No Hit Zone as a visual statement is supported through the information provided. This is often identified as the easiest component of the No Hit Zone. A variety of No Hit Zone visual materials are available at: ThisIsANoHitZone.org

**Optional:** Facilitate group discussion of ideas on Strategy #1 – Provide Information. How could our organization do this? What would staff like to do?
Strategy 2: Promote safe places

- What can be done in your physical environment to prevent high risk behaviors?
- What promotes positive behavior options?

Strategy #2: Safe, Supportive Environments - **Promote safe places**: Distraction packets; Welcoming atmosphere; Positive messaging

**Purpose: to explore environmental strategies or physical design options for prevention of a problem or provide support to families**

Examples: identify and develop plan for high-risk areas for hitting within the organization, physical arrangement of room, creation of distraction packets, placement of signage and information

**Optional:** Facilitate group discussion of ideas on Strategy #2 – Safe, Supportive Environments. Can your staff identify high-risk areas for problems? What ideas does your staff have that could be done ahead of time within the environment to prevent the problem and promote the positive behaviors? For example: Distraction packets can be used to help prevent a problem. Distraction packets are designed to be provided to families who present in our facility and are appearing anxious, frustrated, stressed, or even bored. Packets created with age appropriate materials (ages 3-6 & ages 7-10) and may include the following items:
- Crayons
- Coloring books; Brain teasers
- Fruit snacks
Strategy #3: Build Skills, Part A: Family - **Build skills of staff and parents/caregivers**: Increase access and support for parents to learn effective and safe strategies to guide children through challenging behaviors

**Purpose: to teach and increase skills needed to achieve change or positive outcomes**
Parents often cite “the professional” as a credible source for parenting help/information. Therefore, we need to equip professionals with the knowledge and skills.

A No Hit Zone is not a program that supports parent learning through raising awareness, providing opportunities for education and skill building, and implementing supportive intervention when necessary. Resources and support for families to learn positive parenting practices can be provided and/or supported in a variety of ways:
Reduce stigma related to parents asking for help; Support parents through public recognition of positive parenting stories; Provide information; Build skills through classes; Promote local community resources available to families

**Optional:** Facilitate group discussion of ideas on Strategy #3 – Enhance Skills, a. Family. How can your organization support an increase in positive parenting or non-violent conflict resolution skills for families in your community? Maybe your organization has the capacity to offer a parent class or maybe your organization is aware of other community supports that could best support the family.
Strategy 3b: Build skills of staff

- Staff education on supportive communication and productive intervention strategies
- Goal is to use de-escalation skills to prevent a problem through early intervention

**Strategy #3**: Build Skills, Part B: Staff - **Build skills of staff and parents/caregivers**: Provide staff training on nonviolent de-escalation skills to prevent a problem through early intervention

**Purpose: to teach and increase skills needed to achieve change or positive outcomes**
Examples: provide No Hit Zone training to staff, increase staff knowledge and skills in support intervention strategies, increase positive communication skills, provide a No Hit Zone champion in your organization who could consult with staff on situations, coordinate de-briefing huddles following a situation, review No Hit Zone procedures, consider providing staff education on mandated reporting laws for your state

**Optional**: Facilitate group discussion of ideas on Strategy #4 – Enhance Skills, B. Staff. Other areas that staff might identify as needed skill improvement areas?
Strategy 4: Implement a No Hit Zone policy

POLICY:
When hitting is observed, it is everyone’s responsibility to intervene and communicate the No Hit Zone policy

PROCEDURE:
• All staff will be made aware of the No Hit Zone policy to ensure and reinforce an environment of safety
• Staff will identify and respond, within their comfort zone, to situations that compromise the safe environment utilizing the training de-escalation skills
• If appropriate, additional intervention will be provided dependent on the level of severity and need

Strategy #4: Policy - Implement a No Hit Zone Policy: Adopt policy that promotes environments with a culture of safety and health

Purpose: to support staff and provide parameters for No Hit Zone interventions conducted by staff
Examples: organizational No Hit Zone policy

The purpose of policy is to provide staff with support and parameters for action within the No Hit Zone environment. Policy sets boundaries and provides guidelines for best practice in No Hit Zone situations that may require staff intervention. Clear communication is provided for staff listing expectations of No Hit Zone situations and policy will support workplace norms and values.
No Hit Zone strategies for change

**OPTIONAL:** Use the No Hit Zone Strategies for Change document to guide discussion and planning for program implementation.
Let’s explore the role of the professional in No Hit Zone programs.

The role of the professional in No Hit Zone workplaces is to 1) Use supportive conversation when working with families and during interventions; 2) Use effective intervention strategies that focus on prevention and early intervention in order to avert a problem. If a problem occurs, supportive communication strategies and action plan for productive intervention will occur. 3) A safe and healthy environment for people of all ages is promoted through staff conversation and actions. Attention is given to develop plans for prevention of a problem and support early intervention.

We all play a role in the promotion of well-being and safe places within our community.
Effective and supportive intervention begins with a review of how we choose to communicate. Communication includes self-reflection and evaluation of total body: the words I chose to say, how my body looks, what nonverbal messages am I sending? How am I saying my words? A successful plan of action will accurately match my response as the professional to the needs of the person/family and situation.

**Voice:** How you say what you say is important! This includes the tone of your voice, volume, how fast you talk. Many strong messages are conveyed through the “how” we say what we say. If the words you chose to say during an intervention are received by the other person as said with a condescending tone, that person will mostly like respond back based on the “tone” they translated versus the word we say. During a supportive intervention, our goal is to focus on Total Voice Control – awareness of our how our voice is sounding to the other person.

**Body:** How important is body language? Very important! The strongest messages that we send during a time of communication are sent through our body language. Body language says a lot (provide a couple examples that audience can relate to – i.e. teenager rolls their eyes at you, toddler frowns and stomps feet, husband-wife conversation, talking with a co-worker about something important and that co-worker glances at their wrist watch or looks at the clock on the wall). Recognition of our body language is key during No Hit Zone interventions. If there is a mismatch between the words that I am saying and the message that my body language is conveying, my body language message will usually, if not close to always, send the strongest communication message. The response that I receive back from the person probably has a lot to
do with my body language messages and how I was saying my words. *Key – remember, when there is a mismatch between my words and body language – my body language will send the strongest message that the person will most likely respond to.

Optional activity to demonstrate the strength of nonverbal communication: Ask audience to make a circle shape with their hands. Once the audience has done this and have their eyes on you, tell them to “now simply place that circle on your cheek”. While you say “cheek” actually place your circle on your chin. This activity illustrates the power of body language. Most people will following the message that your body language sends versus your words. Many people will have their hand placed on their chin (like you – following the message you communicated through body language) even though you clearly said “cheek”. Clearly, our body language sends a strong message when we communicate. Body awareness is critical in staff ability to provide a supportive intervention.

Use Active Listening Skills: A key component to a successful intervention is “how we respond to the various reactions we may receive” during our attempt to complete a supportive intervention. Stay calm, don’t take the reactions personal, remain supportive in your approach. Acknowledge thoughts, feelings, or emotions of the person and reflect back to them what you see. Use your supportive communication skills.

Have a Plan: Effective intervention skills will be more successful when there is a plan in place ahead of time. Every situation will be different; however, if you have a plan and practice possible scenarios ahead of time, you will be more likely to be successful then if you are coming up with you actions in the problem moment. After a NHZ situation occurs or an individual intervention, reflect on how it went. Learn from it and make necessary improvements for next time. Debrief No Hit Zone situations or possible scenarios with a team to improve your organizational effort. Identify high-risk areas so that you can plan prevention strategies ahead of time and discuss early intervention strategies.
So remember that presentation is everything! 90% of our communication is based on “how we say what we say” and our nonverbal (body language). Very little is our words acting alone. Self-reflection on communication messages sent before and during an intervention. Following an intervention, evaluate how the intervention went and areas you could improve upon.

The “success” of an intervention can be thought of as dependent on 10% of what happens or what the situation presents us and 90% based on how we respond. Our communication strategies during attempts to provide supportive intervention will influence our effectiveness to de-escalate, model appropriate nonviolent conflict resolution skills, and support others in times of need.
No Hit Zone strategies for effective intervention

**OPTIONAL:** Make a T-Chart and take some time to share ideas of staff actions that *support* an effective intervention on one side of the T-Chart. Then share staff actions that may *inhibit* effective intervention.

**Optional:** How can your organization maximize support intervention actions and minimize actions that are not supportive and may escalate the problem?
### Optional: Before showing answers, have participants work with partners or small groups to develop a list of Do’s and Don’ts of supportive, effective intervention. Interventions will be challenging, but how can we best set ourselves up for success?

### After discussion, you can share this T-Chart of actions that support of inhibit an effective intervention.

### Other Supportive Tips:
Be aware that many adults may yell or “pop” their children in the open, but take their child to a more private setting to physically punish them
Sympathize with the frustrations, stresses and other emotions that parents may be experiencing
Acknowledge that you respect their role as a caregiver, and their right to discipline, but this does not include spanking while in our offices
Never compromise your own safety, and always respect your personal comfort zone
“You must manage yourself before you can lead someone else.”
Zig Ziglar, Author and Motivational Speaker

Discuss the importance of staff remaining calm during an intervention. A dysregulated professional will not be able to help another dysregulated or highly escalated individual.

Optional: Consider discussing strategies that staff can use to remain calm

Some strategies that can help staff to remain calm during a supportive intervention include:
- Have a plan ahead of time (include a back-up plan as part of your plan 😊)
- Try not to take the behavior personally
- Self-reflect and evaluate after the intervention. How did it go? What worked and/or did not work well?
- Prepare a specific strategy that you will use to keep yourself calm (e.g. deep breath, count to 10, etc.)
"Lead in” to supportive intervention

- Can I help you with something?
- Most 2 year olds find it hard to sit for long periods. Would it help if I found something for him to play with?
- You’ve been waiting for a while. Could I bring you both a drink of water?
- May be appropriate to share the No Hit Zone policy

Situations may occur in designated NHZs where staff may need to intervene and advocate for the “No Hit Zone” environment. There are a variety of ways staff can “lead in” to start a supportive intervention with the goal of interrupting the potential escalation. What are some examples of a “lead in” that could interrupt a potential escalation? **Optional:** Ask staff to discuss with a partner and write 1-2 more lead-ins down to share with large group.

**Possible lead in’s to interrupt escalation:** Reflect their language or statements; Identify the thoughts and feelings they be experiencing as normal. Examples:

“Can I help you with anything?”
“You’ve been waiting a while. Would you like me to find out when someone will be with you?”
“Most children that age can’t sit still for very long. Would it help if I found them something to play with?”
“Do you have anyone here supporting you?”
“Can I help?”
“For the safety and protection of everyone, we participate in a “No Hit Zone”. What can I do to help you or your family?”

Sympathize with the frustrations and stresses the parents may be experiencing. Acknowledge that you respect their role as a parent/caregiver.

**For some situations, staff may find comfort in simply being able to state the policy of the workplace as being a No Hit Zone as there lead-in. In other situations, you can may provide a supportive intervention without even mentioning the No Hit Zone policy or environment.**
• Goal is to prevent situation from escalating through interruption

• Early intervention at first signs of caregiver stress is key to preventing physical punishment or violence

• A calm, sympathetic presence is often the most effective intervention strategy to prevent escalation

• Have a plan for identified high-risk times and places

Practice of de-escalation to support successful intervention

Hitting and other disruptive behaviors may put professional staff in a difficult situation. Remember these 4 steps for successful de-escalation and the opportunity to avert a problem.

• PREVENT: Discuss ahead of time the identification of high-risk areas or strategies that could be used to prevent the occurrence of hitting. The first goal is to prevent problem while raising awareness and advocating for safe and healthy environments. When prevention does not work, we seek to complete early intervention.

• EARLY INTERVENTION: Interventions will have a greater chance of success if employed during the early signs of a problem. Ask audience to provide you with what could be identified as early signs of caregiver stress or a problem in the designated No Hit Zone? (i.e. increased voice volume, language, noticeable change in behavior (anxiety), inappropriate behaviors). At identification of early signs, we use an “interruption” strategy. We seek to interrupt the stress or problem with the goal of de-escalating the situation. Interruption: can be used to de-escalate a situation in which adults and/or children begin to raise their voices, curse, and show others signs of stress and inappropriate behaviors that occur prior to hitting and other disruptive behaviors.

• CALM, SYMPATHETIC: Do not underestimate the ability to stay calm during problem situations as a productive strategy to de-escalate a situation. This can be difficult to do during situations that can generate strong emotions in staff. Our ability to stay calm and...
acknowledge the stress/difficulty of the situation for the person will move us toward a successful de-escalation.

- **HAVE A PLAN:** Review plans for identified high-risk areas ahead of time. Set up prevention strategies to prevent problems. Focus on early identification. Continue periodic review or staff huddles on debriefing situations and talking about intervention strategies. Keep a continuous focus on improvement.

A focus to de-escalate an identified problem and have a plan ahead of time will increase our ability to collectively interrupt the early signs of problem, intervene with appropriate and supportive strategies, and accurately match our intervention to the intensity of the situation – helping us avoid an overreaction. Our goal is always to prevent the problem from escalating.

While No Hit Zone do encourage supportive interventions when hitting is observed, remember the importance of staff action to prevention the problem or de-escalation at the first signs of stress! An example of a NHZ intervention promoting the prevention of a problem: A staff identifies a single parent in the waiting room of the organization. The mother is showing signs of stress as she tries to feed her infant who is fussing while trying her best to corral her energetic 3 year old child. Her voice is rising in volume as she tells the 3 year old to stop jumping and climbing the waiting room furniture. A staff person recognizes this as a common struggle for parents. The staff person decides to intentionally stop over by the mother and her children. The staff person offers to walk the child over to the available bird cage to observe the birds. The staff person asks for the mom’s permission to do so and says they will stay within the mom’s sight. *Success! A great NHZ intervention example. Stress de-escalated and potential problem averted!*

How can your organization support the prevention of problems and/or de-escalation of the potential problem through early interruption and supportive staff intervention. Consider having a discussion with your staff about this topic as you move into **Scenarios and Discussion.**
Optional: Use the scenarios to review what can be done regarding prevention, early intervention, or intervention in each scenario – Goal is to prevent or avert a problem if possible. What role or options does the professional have to provide a supportive response in these provided scenarios?

There is no cookie-cutter situation. Situations will be different which is why we work to develop a plan ahead of time and practice our responses. It is a good strategy to have multiple options as strategies that could be used as a supportive staff response. Interventions work best when back-up strategies are available. A key opportunity for staff to learn and improve skills will be supported through debriefing as a team following No Hit Zone interventions. Discuss what worked and what didn’t work – decided on possible changes to be made.
There are a variety of options that you can do as the instructor to facilitate scenario discussion. You can use all 6 scenarios provided, select a couple to review, or develop your own scenarios that may be more applicable to your organization’s NHZ. The goal of the scenarios is to discussion productive intervention options for staff to support the NHZ.

**Scenario Facilitation Options:**
- Divide into small groups. Provide markers and large paper. Ask small groups to come up with possible supportive intervention tips on the large paper to present to large group.
- Divide into small groups. Ask participants to act out the scenario using a positive NHZ lead-in to interrupt escalation.
- Divide into small groups. Before the training, you will have written out the 6 scenarios and placed them each in a different envelope. Pass the envelopes out to the groups. Ask the first group to review their scenario and write out an “ineffective response” to the scenario. Rotate envelopes to new groups. Ask the second group to review the scenario and write out an “effective response” to the scenario. Rotate the envelopes to new groups. Ask the third group to review both the “ineffective response” and “effective response” and see if they can pick out which one has the greatest chance to be successful and helpful. Review the third group’s responses, reflections, etc. as large group.
- Pick up a couple scenarios and review them as a large group.
Scenario #4: You observe an elderly woman who is being escorted by a younger adult. The younger adult looks frustrated and is holding the hand of the elderly women. As they are walking, the younger adult is jerking the arm of the older women.

Scenario #5: A family consisting of 2 adults and 3 children is observed in your facility. The adult male looks angry and has begun to swear at the adult female. The children look visibly shaken and the youngest starts to cry.

Scenario #6: Two 8 year old boys are playing a game on an iPad. You overhear one boy tell the other that it is his turn to play the game. The other child replies that it is his turn and hugs the iPad to his chest. In response, the boy without the iPad hits the other child and attempts to grab it away.

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Remember key No Hit Zone messages

- No Hit Zones support safe, healthy and nurturing relationships and environments across the lifespan.
- No Hit Zones focus on prevention and supportive intervention at the identification of early distress.
- No Hit Zones promote nonviolent conflict resolution skills, a primary piece of all healthy relationships.

In conclusion of our first NHZ training, I’d like to end by reminding you of the 4 key No Hit Zone messages. Together, through our NHZ program, we can raise awareness and advocate for healthy and safe environments at our organization and in our community.

Communicate this productive NHZ message when sharing information about your No Hit Zone

It may be helpful to share your contact information if you are your organization’s designated No Hit Zone Contact to answer further questions, provide more information, and be available for consultation on NHZ situations and planning efforts.
Let's foster safe and healthy environments for people of all ages to thrive!

ThisIsANoHitZone.org

We all share the responsibility for promoting the well-being of children and adults in our community.

Support for planning and implementing No Hit Zones can be found at www.ThisIsANoHitZone.org
References


