

A stylized, light-colored illustration of a plant with several leaves and a cluster of small, round buds or flowers, positioned on the left side of the slide against a dark brown background.

# CRISIS ASSESSMENT & INTERVENTION AND DE-ESCALATION

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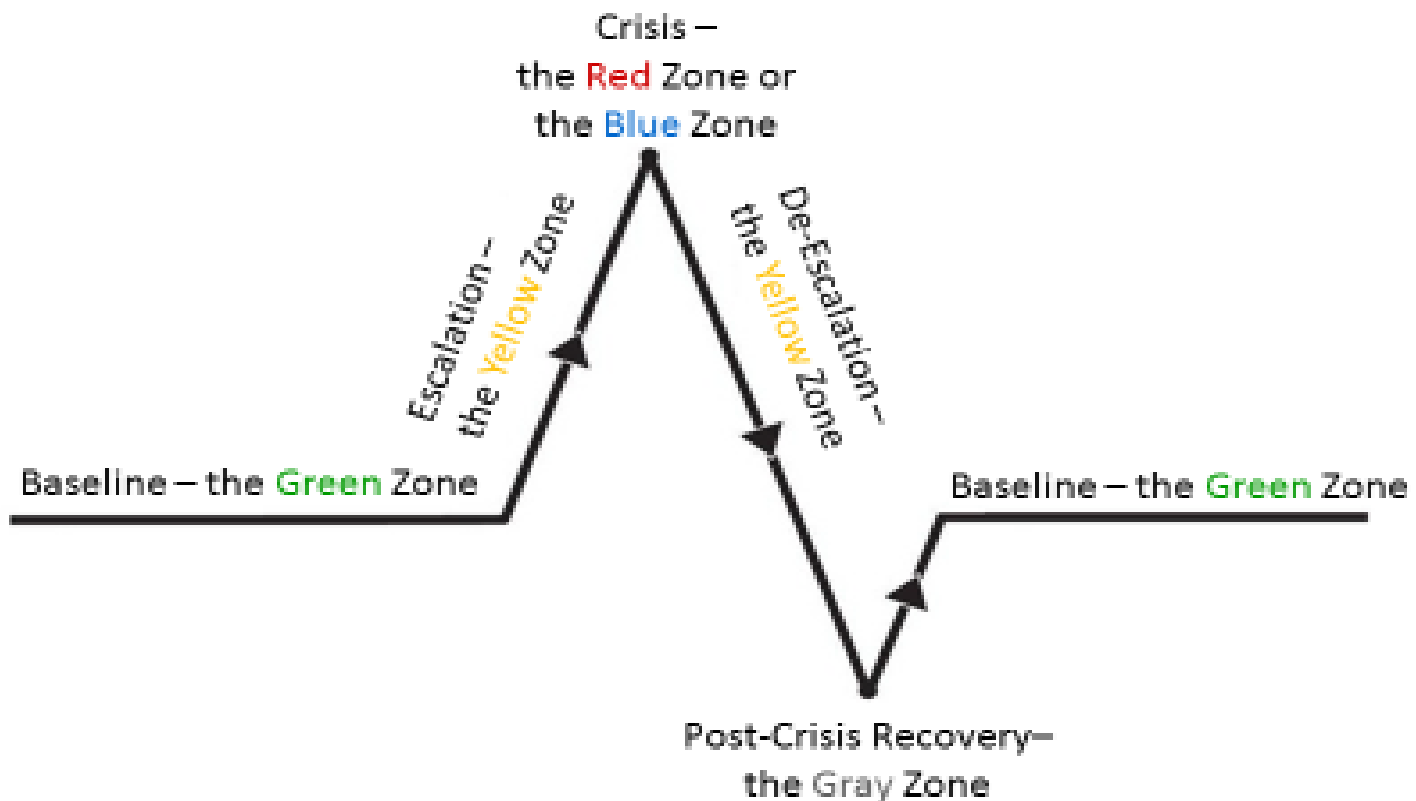
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# We are all crisis managers

- Offering behavioral health support to those in need may (does) fall on all of us.
- Having appropriate knowledge and information about how to de-escalate those in crisis gives us more tools in the kit.
- Start by identifying your personal “hot button” issues or triggers.
- Who can you go to for support and to process critical incidents or crises when they happen?
  - Do you have a trusted colleague you can discuss things with?

# The Escalation Cycle





# The crisis / panic cycle

- Symptoms of panic can be backed down at any point during escalation, until someone is in crisis, and then the crisis needs to be managed.
- Different techniques for a panic attack (particularly if they are familiar to the person) vs anger
  - Share some examples of things you already use to help someone with panic / anxiety
- Active listening, as an intervention, can be a helpful tool at ANY stage of the crisis / escalation cycle.
- LEND A HAND is a model for evaluating risk and determining appropriate responses.



# LEND A HAND

LEND = Actions to take

- LISTEN
- ENGAGE
- NOTICE
- DECIDE
  
- ASSESS

HAND = Areas of focus

- HEALTH
- AVAILABLE RESOURCES
- NARRATIVE
- DANGER

This model was developed from research and practice in the areas of clinical psychology, community mental health, substance use intervention and treatment, and inpatient and outpatient behavioral health care. It is informed by de-escalation training in correctional settings as well as disaster behavioral health response and recovery.



# L.E.N.D. LISTEN

- **L = Listen by using active techniques to truly understand the other person's concerns.**
- Listening means not jumping in with a solution. It means demonstrating that you *care about them by being available and willing to fully understand their story* and experience.
- If someone says they are 'fine' or 'good', do you know what that means to them? Ask clarifying questions to get more information.
- Seek to understand and empathize, not to "fix" unless the person is requesting specific ideas.



# L.E.N.D. ENGAGE

- If it is safe to do so, **engage with the person in crisis** to understand their story. Don't dismiss them or their concerns.
  - This might mean finding a quiet place to talk, or if that doesn't feel safe, find a place to listen to them where your co-workers can see what it happening and check on you.
- Identify and **engage resources or other people or information** that would be the best fit from the perspective of the person in need (the same set of resources are a not a good fit for everyone).
- Stand or sit NEXT to the person, rather than directly in front of them.
- Don't block access to exits



# L.E.N.D. ENGAGE

## Gottman's Emotion Coaching

- 5 Step Process

1. Be aware of emotions and motivation
2. Recognize emotional expression as an opportunity for connection
3. When we seek to understand that is when people feel supported
  - Refrain from discounting, shaming, criticizing or blaming
4. Listen empathetically
5. Label emotions and seek to understand emotions 'underneath' the anger or distress (is there a source of fear or sadness?)
6. Help the person identify an appropriate way to address the problem.





# L.E.N.D. NOTICE

- Tune in to yourself. Be aware of your own reactions; the tone of voice you use, your non-verbal messages, and your choice of words. Monitor yourself in order to stay calm and to not take the situation personally, even if the words become personal.
  - Mirror neuron exercise
- **Non-verbal messages are particularly important.** Be aware of the things that you are ‘saying’ to the other person with your posture and position. Listen to what the person is saying, as well as HOW they are saying it. Are they telling you they are OK, but showing little or no emotional expression? Do their non-verbal messages match their words? Does yours?



# L.E.N.D.

## DECIDE (level of concern)

- If your personal safety is threatened, or if your instincts are telling you that there is something seriously dangerous or life threatening at stake, don't handle the situation alone.
- If the situation is more unknown, and you need more information, then follow the rest of the model to make a more thorough evaluation of the person in crisis and their circumstance.
- There is a BIG difference between being uncomfortable and unsafe.
  - Discuss and share differences or examples of how to "decide" those differences
  - Physical or verbal "violence" or "threat" is very different from agitation, upset or anger.
  - Be mindful of cultural differences in the expression of emotion, and the ethics about not judging something as being pathological when it is not.



# A = ASSESS

- Using the HAND acronym, assess the person in crisis by asking specific questions that target each area. Use the corresponding worksheet to determine reasonable next steps based on your assessment.



# H.A.N.D HEALTH

- You are not being asked to diagnose anyone with a medical condition- just use your powers of observation to gather more information about the person.
- Do they exhibit poor self care? Has it been a while since they showered last or slept?
- When was the last time they had a solid meal?
- Are their clothes laundered/ clean? If they are wearing dirty clothes, could that be explained by their job or other activities?
  - It is important not to confuse health related hygiene issues with access to resources.
- You are the best experts in the norms for the population you serve.



# H.A.N.D.

## AVAILABLE RESOURCES

- Internal AND External resources
- Internal: coping skills and abilities that the person has developed over time. Often those with chronic SMI have very well-established coping patterns that work for them.
- External: friends, family, and other external sources of social support in the area.
  - Do they have a religious or social group?
  - What about co-workers or other people who can help get them through a rough time?
  - What about kids and pets? Often both children and animals are key factors in helping people get through a difficult emotional time.



# H.A.N.D. NARRATIVE

- Evaluate both speech process (speed, tone) and content (subject matter, train of thought).
- Does their story make sense? it is coherent or are they jumping from one thing to the next?
- Does it change if they repeat it? Do key elements change?
- Are they speaking especially quickly, or so slowly so that it is hard to follow?
- Is there a tone of paranoia?
- Is there a sense of hopelessness?



# H.A.N.D. DANGER

- Upset and Angry is not the same thing as Dangerous.
- ASK directly what it is that they would like to do or to see happen.
- Be mindful of implicit biases you may hold about what and who is “dangerous”.
- If they indicate that they are an active danger to others, then outside (additional) supports need to be included in the intervention in order to keep them and others safe.
- Everyone in crisis should be asked about suicidal thoughts.
  - Remember your suicide prevention training.
- If the person in crisis is an immediate threat to themselves or others, you shouldn't seek to manage the person on your own unless clinically unavoidable.



# Options for the post-crisis period

Ask / assist clients in the development of a safety plan or coping card.

Have them identify

- Triggers
- Warning signs (thoughts, feelings and behaviors)
- What works?
  - Get a list going with them of things they have tried and used successfully
  - Leave things off that haven't worked before
  - If they are stuck, suggest some options.
    - Keep in mind behavioral activation techniques
    - Consider having a few 'go-to' interventions available – DBT skills, sensory oriented interventions, apps you like etc.



# Practice the **REST** Model

**Reward:** Reward yourself for a job well done. Build reinforcements into your work. Help pay attention to this aspect for maintaining resilience.

**Establish:** Establish healthy boundaries. When you are off duty, stick to that boundary.

**Share:** Share your feelings, concerns, and stories. Participate in support and consultation groups. Make time for connections and activities in your life.

**Trust:** Trust your support network and reach out as needed. Refer people elsewhere if you are too tired or compromised emotionally to be able to offer support.



# Resilience Development

## Purpose

- What motivates you? What goals do you have right now? **(don't think too long term or big picture).**

## Connection

- To whom or what are you connected? Connection can be anything that prevents isolation.

## Adaptability

- How can you make adjustments that are needed, to time, space, fun, expectations, etc?

## Hope

- How can you shift your thinking from 'threat' to 'challenge' and what are the realistic opportunities you have?



What can we **do** that doesn't add **more** work?

## **MEDIC Model** for health care providers

### Model

Model resilience as a priority. Focus on purpose, connection, adaptability, and hope. Practicing resilience has a domino effect with others. They see you do it, and they do it too. Modeling resilience is one way to work smarter and not harder.

### Engage

Engage in active listening with colleagues. This increases connection and is very effective for both the speaker and the listener. Start with simple, open-ended questions.

### Develop

Develop healthy boundaries around work and personal time. Time off is **not** for work (emails, calls, etc.). This is particularly important for those who work changing shifts. Off time is still off time, regardless of when it takes place.

### Identify

Identify small, workable pieces of a personal plan. Who can you talk to? What activities can you do that give you a **true** break and allow some space? **Smaller** goals and timeframes. Music, TV, books, outdoors. What works for **you**?

### Change

Change expectations and priorities about performance success. Shift your thinking from large to small scale. Try to let go of long-held, large-scale expectations, and adapt them for the current situation.

