



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Crisis De-escalation 101

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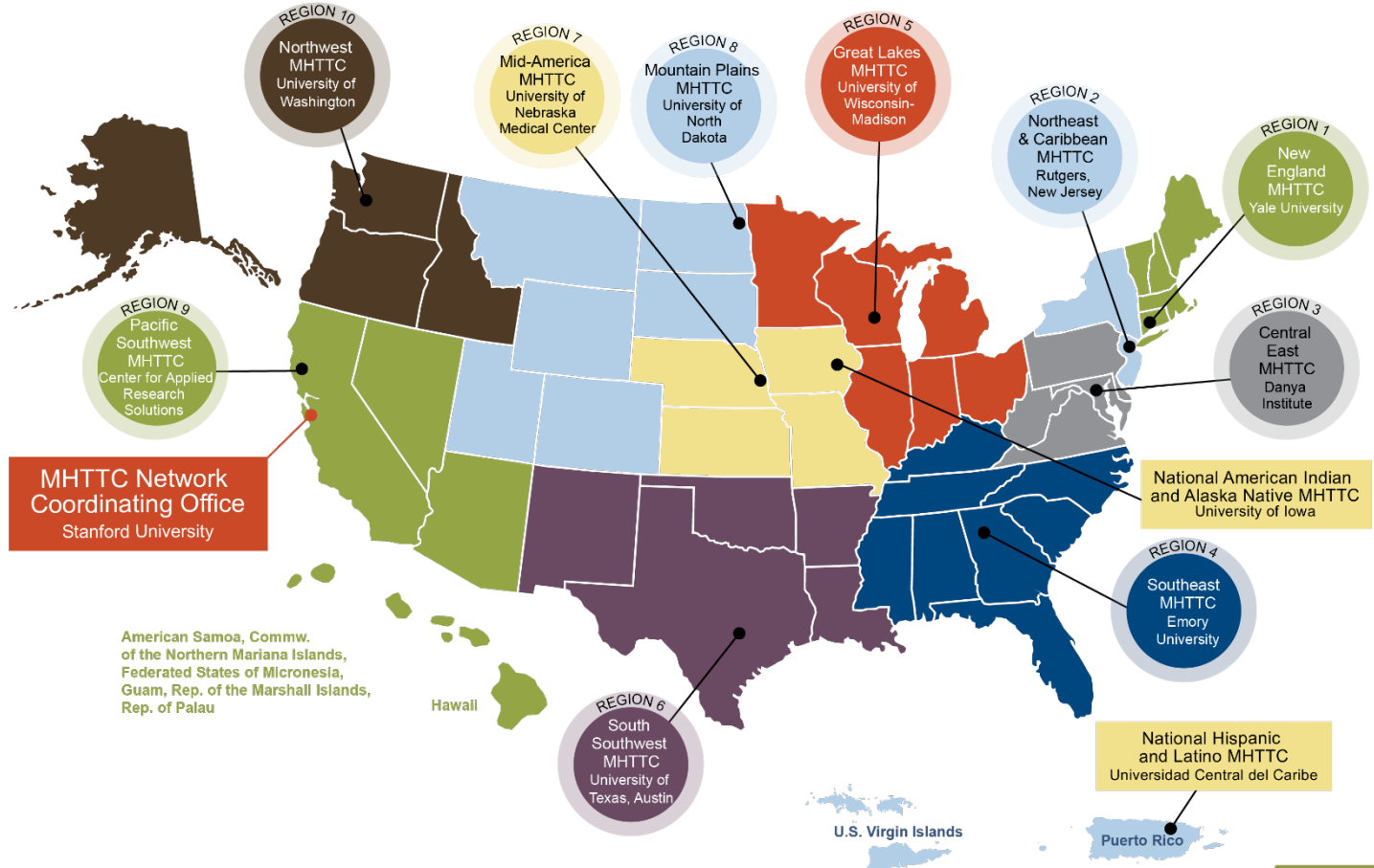
# MHTTC Network



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# Central East MHTTC Goals

## Funded by SAMHSA to:

- **Accelerate** the adoption and implementation of mental health related evidence-based practices
- **Heighten** the awareness, knowledge, and skills of the behavioral health workforce
- **Foster** alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers
- **Ensure** the availability and delivery of publicly available, free of charge, training and technical assistance

# Central East Region

## HHS REGION 3

Delaware  
District of Columbia  
Maryland  
Pennsylvania  
Virginia  
West Virginia



# Goals and Objectives

The goal of this webinar is to provide an overview of best-practice crisis de-escalation techniques.

- Understand what a crisis is.
- Understand what crisis de-escalation is.
- Understand the possible positive consequences crisis de-escalation offers.
- Review 10 possible strategies to use during a crisis de-escalation.
- Apply 10 strategies of crisis de-escalation in 3 different scenarios.
- Review Motivational Interviewing as means to facilitate crisis de-escalation.

# What is a Crisis?

- “An acute disruption of psychological homeostasis in which one’s usual coping mechanisms fail and there exists evidence of distress and functional impairment” (Roberts, p.331, 2005)
- Perception = disruption
- Crisis is the response to a critical incident

# What is a Crisis? (cont.d)



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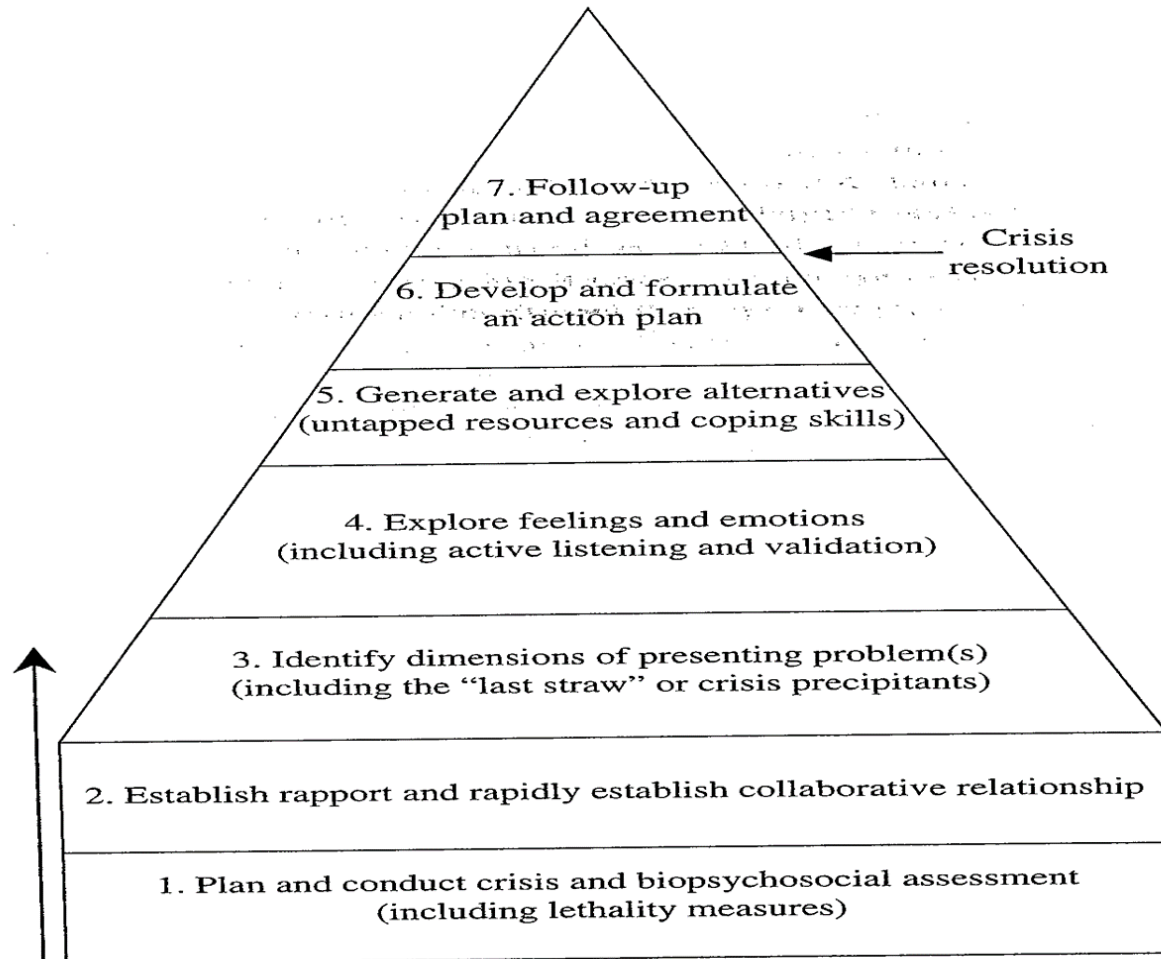
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# For all intents and purposes...

- This webinar focuses on Crisis De-escalation.
- While important for us to know what a crisis is, we need to keep a narrower focus and not let this bleed into broader themes of crisis assessment, intervention, and debriefing.
- We are purely focused on a single incident, with an agitated person, who's reacting to an incident.



# Robert's Model of Crisis Intervention



# Positive impact of crisis de-escalation

1. Prevent violent behavior
2. Avoid the use of restraints
3. Reduce patient anger and frustration
4. Maintain safety of those around
5. Improve relationships between provider and person
6. Enable a person's ability to manage their own emotions. Build confidence
7. Help a person to developing feelings of hope, security, and acceptance (TJC, 2019, p.1)



# **10 Crisis De-escalation Strategies**

# Strategies 1-10

1. Be empathic and non-judgmental
2. Respect personal space
3. Use non-threatening body language
4. Avoid overreacting
5. Focus on the person's feelings
6. Ignore challenging questions
7. Set Limits
8. Choose wisely what you insist upon
9. Allow for silent reflection
10. Allow time for decisions

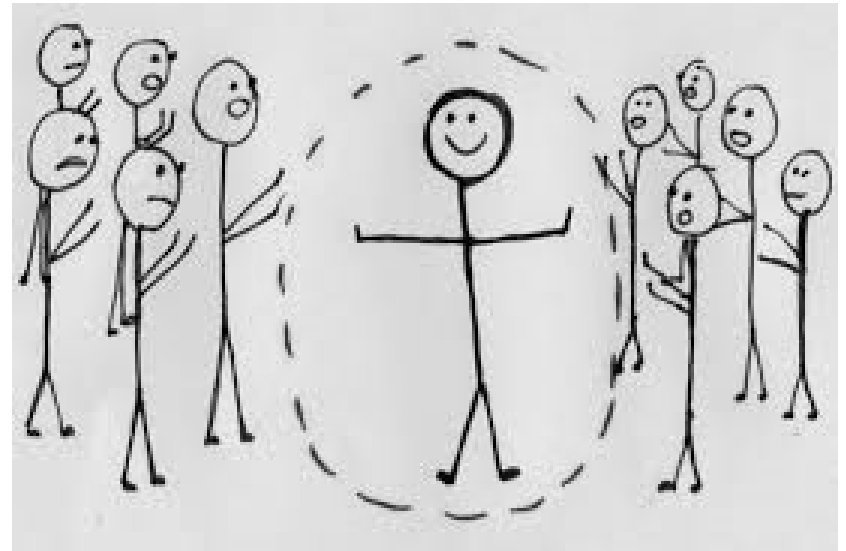
# Be empathic and non-judgmental

- Done with good reflective listening.
- Doesn't impose our own values and thoughts about what is going on.
- Helps the person feel understood.



# Respect personal space

- Both about our safety and the safety of the person we are engaging.
- Good rule of thumb is two body lengths away.



# Use non-threatening body language

- Not standing above a person. Standing at equal height if possible.
- Arms uncrossed, unclenched hands.



# Avoid overreacting

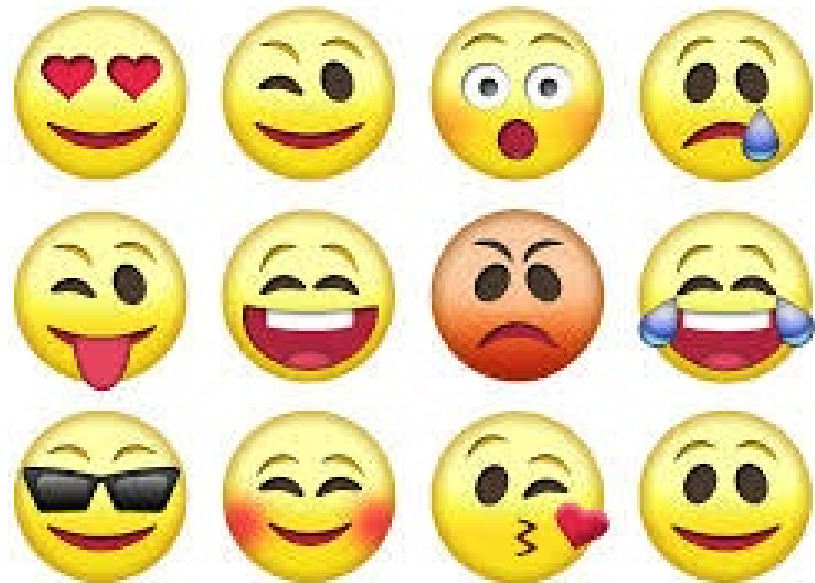
- Avoid blaming, shaming, confronting, or labeling.
- If you are feeling upset or overwhelmed, we aren't in a great space to respond.





# Focus on the person's feelings

- Timing of this is important.
- Don't tell a person how they are feeling. Ask good questions and reflect what's going on.



# Ignore challenging questions

- It's not uncommon when someone's upset that they challenge us with difficult questions.
- Avoid these questions with silence or reflections that direct the conversation in another direction.



# Set Limits

- Don't promise things you can't follow through with.
- Don't set limits to things you can't control or enforce.

## #SettingLimits

TIP 3 OF 5

### WHAT SETTING LIMITS ...

IS

Offering choices with consequences.



IS NOT

Making threats and giving ultimatums.

How to set limits effectively:  
[crisisprevention.com/settinglimits](http://crisisprevention.com/settinglimits)



# Choose wisely what you insist upon

- Is what you're insisting upon more about you or the person you're working with?
- Rule of thumb, people don't like being told what to do.



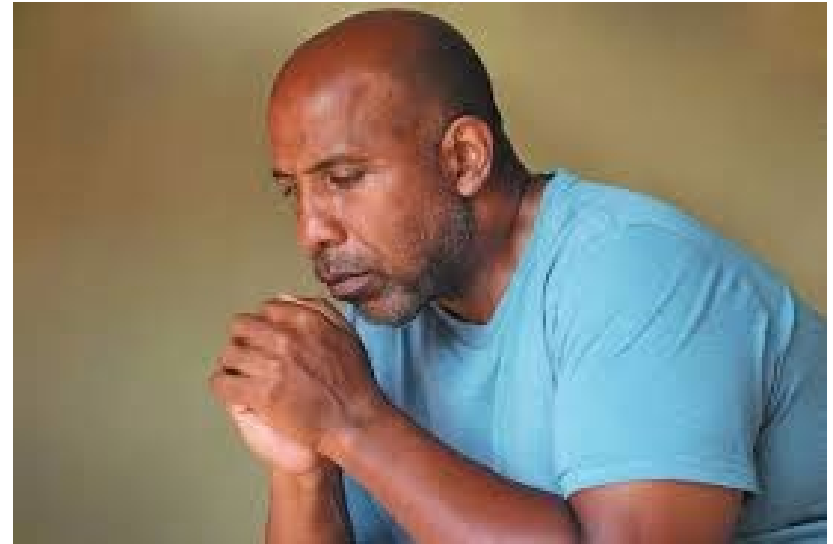
# Allow for silent reflection

- Silence is powerful. We don't have to respond immediately to what a person says.
- Take time to be intentional and thoughtful about how you respond.



# Allow time for decisions

- Don't set a time limit you can't reinforce.
- When people feel like they don't have a choice, they often choose the opposite of what we are hoping for.





# Case Studies & Strategy Application

# Emanuel

ID	<ul style="list-style-type: none"><li>• Emanuel is a 16-year-old, Mexican-American, male, sophomore student.</li><li>• He recently moved to the East Coast from Texas and hasn't had an easy transition.</li><li>• He holds a great deal of resentment towards his parents for moving and remains consistent in his feelings and attitude that, "This place sucks. If my parents cared about me, they wouldn't have moved."</li></ul>
Incident	<ul style="list-style-type: none"><li>• Emanuel was having a rough morning and to help himself "get through the day" he went out to the parking lot during lunch and had a few sips of vodka from the pint he keeps in his car. He returned to class after lunch and when the teacher called on him to answer a question he didn't answer. The teacher called on him again to answer the question and he yells out, "You can call on someone else. I'm done today." The teacher pressures on for Emanuel to answer and it's clear that he's becoming agitated. He starts tearing paper out of his book, crinkling up each piece, and throwing it at the teacher.</li></ul>



# What strategies do we use?

- Imagine you're the teacher. Which of the ten strategies would you integrate into your crisis de-escalation?
- How might you approach this intervention to bring Emanuel back to his baseline behavior?
  1. Be empathic and non-judgmental
  2. Respect personal space
  3. Use non-threatening body language
  4. Avoid overreacting
  5. Focus on the person's feelings
  6. Ignore challenging questions
  7. Set Limits
  8. Choose wisely what you insist upon
  9. Allow for silent reflection
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# Process

- Let's work through this. I selected the following as the most important strategies to integrate.
- 1, be empathic and non-judgmental
- 2, respect personal space
- 3, use non-threatening body language
- 4, avoid overreacting
- 8, choose wisely what you insist upon
- 9, allow for silent reflection
- 10, allow time for decisions

# Sandra

ID	<ul style="list-style-type: none"><li>• Sandra is a 58-year-old, African-American, female who presents to the emergency room reporting of chest pain and a headache.</li><li>• She historically presents on colder evenings when she doesn't make it to the shelter in time to secure a bed.</li><li>• However, she does have legitimate health concerns.</li></ul>
Incident	<ul style="list-style-type: none"><li>• After being evaluated by the nurse and physician and receiving a warm meal and some medicine to address her chest pain and headache, she was informed that she was not being admitted and was discharged to the community. Sandra became agitated and states, "I'm not being discharged! You can't send me out there on a night like this. Besides, I'm not feeling well. I'm having stomach cramps too you haven't addressed."</li></ul>

# What strategies do we use?

- Imagine you're the nurse. Which of the ten strategies would you integrate into your crisis de-escalation?
- How might you approach this intervention to bring Sandra back to her baseline behavior?
  1. Be empathic and non-judgmental
  2. Respect personal space
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# Pat

ID	<ul style="list-style-type: none"><li>• Pat is a 28-year-old white male who presents to his wife's counseling appointment. Pat and his wife have been struggling with stress related to their jobs.</li><li>• Their stress frequently leads to verbal conflicts.</li><li>• While his wife began individual counseling to address her problems Pat has declined individual counseling and marital counseling but agreed to go to this one appointment.</li></ul>
Incident	<ul style="list-style-type: none"><li>• During the session, Pat became agitated when the therapist suggested to Pat that he could be more supportive to his wife by listening more instead of blaming and accusing her of causing stress in their relationship. Pat began yelling, walked out of the session into the waiting room, and yelled, "I knew this counseling was a crock and you were down here making me look bad! That's all you do, blame others instead of taking accountability for your own crap!"</li></ul>

# What strategies do we use?

- Imagine you're the counselor. Which of the ten strategies would you integrate into your crisis de-escalation?
- How might you approach this intervention to bring Pat back to his baseline behavior?
  1. Be empathic and non-judgmental
  2. Respect personal space
  3. Use non-threatening body language
  4. Avoid overreacting
  5. Focus on the person's feelings
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# Motivational Interviewing

- MI is a collaborative communication style that helps people resolve ambivalence regarding decisions and problems, while evoking intrinsic motivation to make said decisions.
- **Assumes** motivation is fluid and can be influenced.
- Motivation is influenced in the context of a **relationship** – developed in the context of an encounter with a student.
- Principle tasks – to work with **ambivalence** and **resistance.**
- Goal – to **influence** change in the direction of healthy decision making.

# Three Core Communication Skills

- Asking- using questions (open and closed) to gather information, to understand the person's problem, and to express curiosity.
- Listening- using reflections to express empathy, to encourage the person to express and reveal more about what's going on, and to guide the conversation.
- Informing- providing data, facts, and information that might be helpful to a person.
- We use both reflections and questions to Ask, Listen, and Inform.

# Reflections

- Reflective Listening

- Simple Reflections: using the person's words to repeat back what was said.

- Often parrots what the person said (does little to guide the student to intrinsic motivation)

Ex. "You're overwhelmed," "You're worked up," "You're angry"

- Complex Reflections: statement used to guide the person in conversation. Typically offers direction, depth, or emotion to what the person just said.

- Guides the person to express intrinsic motivation/change talk
- Can help build partnership and express empathy

Ex. "You're thinking about making a change," "Your tired of feeling down," "You want to hang out with your friends without feeling pressured to drink."

# Questions

- Questions
  - Both open and close-ended questions can be impactful in a conversation
  - Reflections tend to build collaboration while questions tend to move us further apart from each other (be careful of how many you ask)
  - Questions should be relevant to the context of the conversation

Ex. “When you think about finding a counselor, how might you do that?”

“You reached out because you are struggling with your health and some other stressors, which do you want to talk about first?”

“What do you know about coping skills to manage stress?”

“What do you think about this information I just gave you?”

# Three Styles of Communicating

FOLLOWING

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GUIDING

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DIRECTING

The style of communicating depends on where the client is in their readiness to make a change and what we are trying to accomplish.

Following: Listening predominates and typically has no agenda. You are following the persons' lead.

Guiding: Helping persons to find their way. Actively supporting a person in sorting things out for themselves

Directing: Tells a person what's going on, or what to do, with the expectation that the person will follow.

# Practice Exercises

1. Respond to the following “person in crisis” statements with a reflection aimed at getting the person back to their baseline state.
2. “I’m done with this. Why do you care what I do? I’m not doing anything you want me to do. Just try me and see what happens.”
3. “I’m tired of this crap. You always do this. You don’t care, you just want me to get out of here.”
4. “Why should I be surprised? The two of you, here, together talking about me. I’m not the reason all of this has happened. Has she told you why we are really in this mess together.”

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# The End

Reach out to me at:

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# Questions



# Appreciation



# Contact Us



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