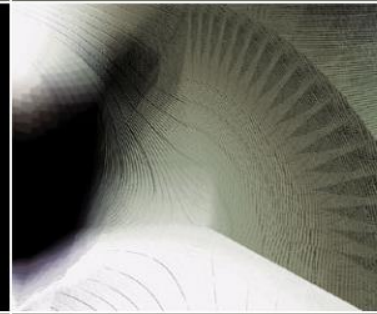


An Introduction to Crisis Intervention

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The background of the slide features a grayscale image of a hand being scanned by a fingerprint scanner. The scanner's surface is covered in a grid of fine lines, and the hand's skin texture is visible. The overall image is semi-transparent, allowing the text to be clearly legible.

Why is this training important?

Brief History of Crisis Intervention

Cocoanut Grove Fire 1942

- Dr. Erich Lindemann professor of psychiatry at Harvard Medical School and worked at Massachusetts General Hospital
- “Symptomatology and Management of Acute Grief” foundation for modern crisis theory



What is a crisis?



- Crisis is not a mental illness, however some may argue that people with these conditions often go into crisis
- An internal reaction to stressors when normal coping mechanisms have broken down
- Loss of homeostasis (balance)

Situations that precipitate a crisis

- **Environmental changes**
- **Internal vs External**

Situations that precipitate a crisis

- **Loss**
- **Traumatic events**
- **Negative medical diagnosis**

Developmental Crisis Events

- **Going away to college**
- **Marriage**
- **Retirement**

Common Signs and Symptoms of Crisis

- **Anxiety**
- **Anger**
- **Sadness**
- **Confusion**
- **Withdrawal**
- **Irritability**
- **Denial**
- **Feeling Isolated**
- **Feeling Misunderstood**
- **Mood swings**
- **Short term memory loss**
- **Feeling Overwhelmed**

What is Crisis Intervention?

- A process to assist individuals in finding adaptive solutions to unsettling events



What is the meaning of the event?

So What Do You Do?

- **Mange your own anxiety (distress)**
- **Consider your personal safety**

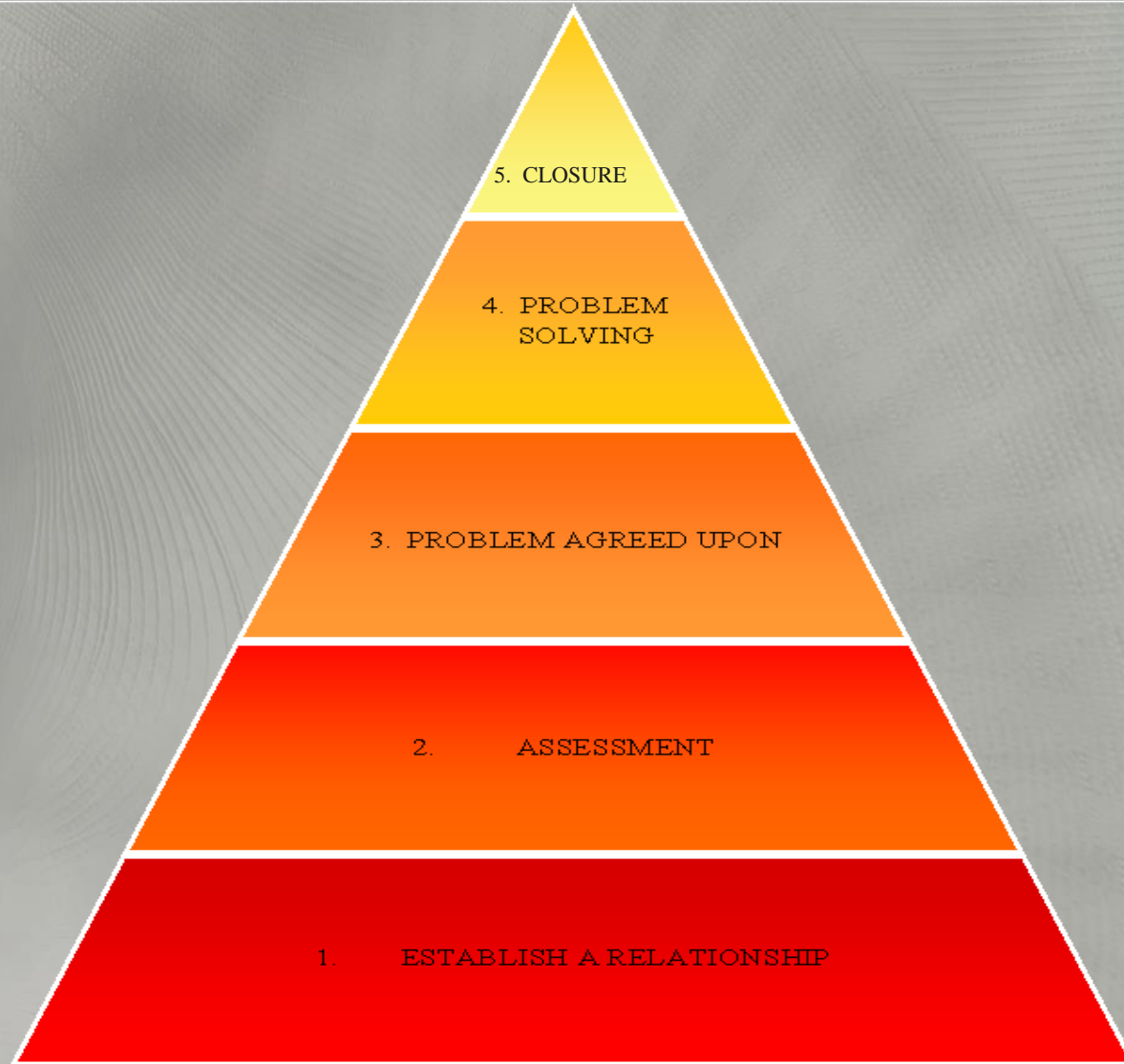
So What Do You Do?



NEVER

**In the history of calming
down has anyone ever
calmed down by being told
to calm down**

Crisis Intervention Model



So What Do You Do?

Establish a Relationship

So What Do You Do?

Four Steps to Effective Crisis Intervention

Step #1: Listen

- Elements of listening
- Establish rapport and trust
- Identify precipitating problems
- Help the person deal with, identify, and diffuse feelings
- Techniques for listening
- Use first names, ask if it is OK to use the person's first name
- Use content questions
- Ask or use feeling questions or statements

So What Do You Do?

Four Steps to Effective Crisis Intervention

Step #2: Assess

Elements of Assessing

- Determine the severity of the crisis
- Assess potential lethality or physical harm to the person or others
- Identify coping patterns, strengths and resources

Techniques for Assessing

- Find out if the person is suicidal, homicidal, or both
- Find out to what extent the crisis has disrupted the person's normal life pattern. Are daily routines with family, friend, work, etc. affected?

So What Do You Do?

Four Steps to Effective Crisis Intervention

Step #2: Assess

Techniques for Assessing

- Find out if the level of tension has distorted the perception of reality.
- Find out how the person deals with anxiety, tension, or depression.
- Find out what coping methods were used in the past. Do they have variety?
- Find out if family and social resources are potential resources. Are the resources positive or negative?
- Find out what the person used as support in the past. Are they present, absent, or exhausted? Can they combine or use the systems in a new way?

So What Do You Do?

Four Steps to Effective Crisis Intervention

Step #3: Develop an Action Plan

Elements of Developing an Action Plan

- Selectively choose and use appropriate approaches to action planning.
- Assist in modifying previous inadequate coping skills.
- Negotiate a contract or action plan.
- Select appropriate referral resources.
- Plan for immediate action and implementation.

So What Do You Do?

Four Steps to Effective Crisis Intervention

Step #3: Develop an Action Plan

Techniques for Developing an Action Plan

- **Use three basic approaches:**
 1. Start by being non-directive.
 2. Be collaborative by working together on a joint plan.
 3. Be directive if the person does not or will not make a plan.
- **When making an action plan, keep it simple and manageable.**
- **Keep the action plan short-term, 24 hours to three days.**
- **Keep the action plan achievable and focused.**
- **Plan for follow-up provisions.**

So What Do You Do?

Four Steps to Effective Crisis Intervention

Step #4: Close

Elements of Closing

- Review completed action plan.
- Do anticipatory planning for building new ties with resources.
- Plan and provide follow-up.
- Keep the action plan achievable and focused.
- Plan for follow-up provisions.

The Ten Commandments of De-escalation

1. You shall respect personal space

- Two arm-lengths apart
- Maintain usual eye contact
- Always keep an escape rout available for you

2. You shall not be provocative

- Maintain a calm demeanor and facial expression
- Soft spoken but enough to be heard
- Never threaten even covertly
- Be objective

3. You shall establish verbal contact

- Know the person's name and use it
- Use the best person for the job
- Tell the person who you are and establish your role (to deal with the problem)

The Ten Commandments of De-escalation



4. You shall be concise and repeat yourself

- Most persons involved in an escalating crisis will NOT HEAR YOU the first time. Make your message simple, be clear and repeat yourself
- Repetition is essential

5. You shall identify wants and feelings

- Once you have the person's attention, it is time to empathize and strengthen the therapeutic alliance
- Use reflection and clarification techniques
- Validate feelings i.e. "you seem angry, what is going on?"

6. You shall listen

- Try to understand what the person is saying and not what you THINK he is saying
- Do not argue and do not respond to insults with insults or provocation
- How the person is talking and whatever they are saying is a communication vehicle. They are trying to get a message across
- In times of conflict and agitation, it is generally a message of one of the fundamental feeling states (SAD, MAD, BAD). Your job is to interpret that message and respond appropriately!

The Ten Commandments of De-escalation

7. You shall agree or agree to disagree

- Some believe the most important part of de-escalation is in agreeing with the person

8. You shall do anything you can, within reason, to avoid using violence

- It empowers staff to be able to negotiate and sometimes break the rules to avoid a confrontation that will lead to a person becoming violent. This includes things like taking someone out to smoke or take a walk, refusing group, refusing to go to bed or wake up “on-time”. It does not include issues like use of drugs, weapons or behavior that scares or is dangerous to others.

The Ten Commandments of De-escalation

9. You always shall offer choices

- Choice is a powerful tool
- This does not mean offering a list; the offer needs to be fast, clear and simple
- Do not expect them to problem solve, you need to find the alternatives and offer it. (Taking a walk, having a cigarette, listening to music, having a one-on-one in quiet area, food)
- It removes the “fight or flight” choice that the crisis cycle leaves most of us feeling in the moment.

10. You shall debrief the patient and staff



What Would You Do?

- **If you had two clients escalating toward a physical confrontation.**
- **If you were talking to someone and learned they had thoughts and a plan of self harm (suicide)**

What Would You Do?

- **If you were talking with someone and learned that they had a knife.**
- **If you were talking with someone and they become increasingly angry and agitated.**

For Additional Information

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