

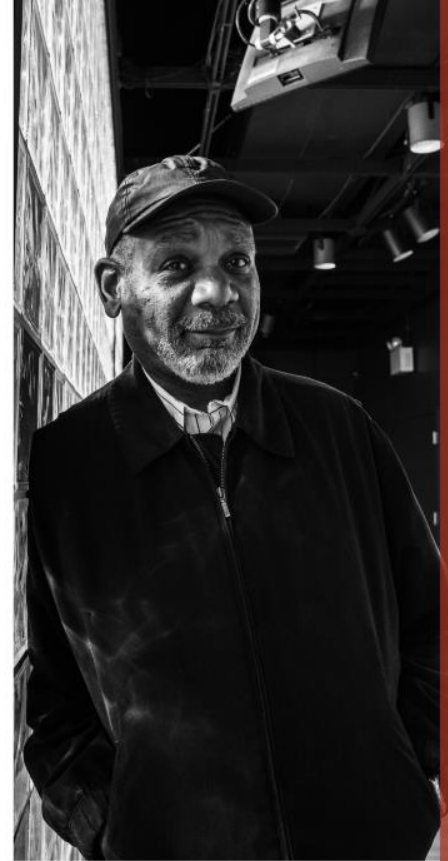


Learn From People Who Do This Work Every Day

Crisis Intervention & De-escalation

Ryan Villagran, MSW & Andrew Spiers, LSW

www.HousingFirstUniversity.org



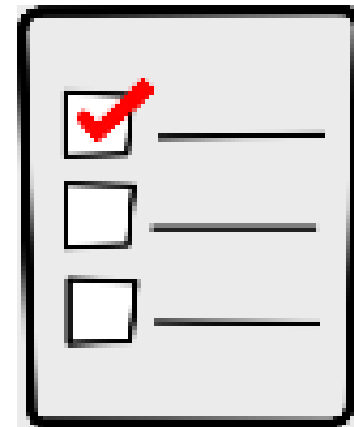
Housekeeping

- Two-hour session with 5 minute break
- We've love to see your faces, please turn cameras on if you're comfortable
- Please remain muted when not speaking
- Drop your questions/comments in the chat
- Certificates of attendance are available
- Course evaluation required to receive a certificate



Today's Agenda

- ✓ What is a crisis?
- ✓ What causes or contributes to the onset of crisis?
- ✓ Signs & symptoms of crises
- ✓ Crisis assessment
- ✓ Tension cycles
- ✓ Intervention & de-escalation skills
- ✓ Ending & follow-up



Learning Objectives

- Describe the Thoughts-Feelings-Actions cycle
- Identify precipitating factors to the onset of crises
- Differentiate de-escalation/intervention strategies for low, medium, and high tension scenarios



Reflection

- Think of a difficult interaction you had with a client in the last month and rate it on a scale of 1-10

1-Fistfight

10-Tea & Hugs

- What would it take to improve that rating by just one or two points?

The What & Why of Crisis



Defining “Crisis”

- A disruption or breakdown in a person’s normal pattern of functioning
- Cannot be resolved by a person’s usual problem-solving resources/skills
- Often caused by
 - Family strife
 - Economic hardship
 - Community/environmental conditions
 - Major life events
 - Natural disasters

Problems & Emergencies

- A ***problem*** that can be solved without outside help/resources is not a crisis
- An ***emergency*** is a sudden need that places someone's life in danger and requires the immediate response of a trained emergency response professional (911)
- Three basic elements of a ***crisis***
 - A stressful situation
 - Difficulty in coping
 - Intervention takes place within 24-72 hours

Crisis in the Workplace

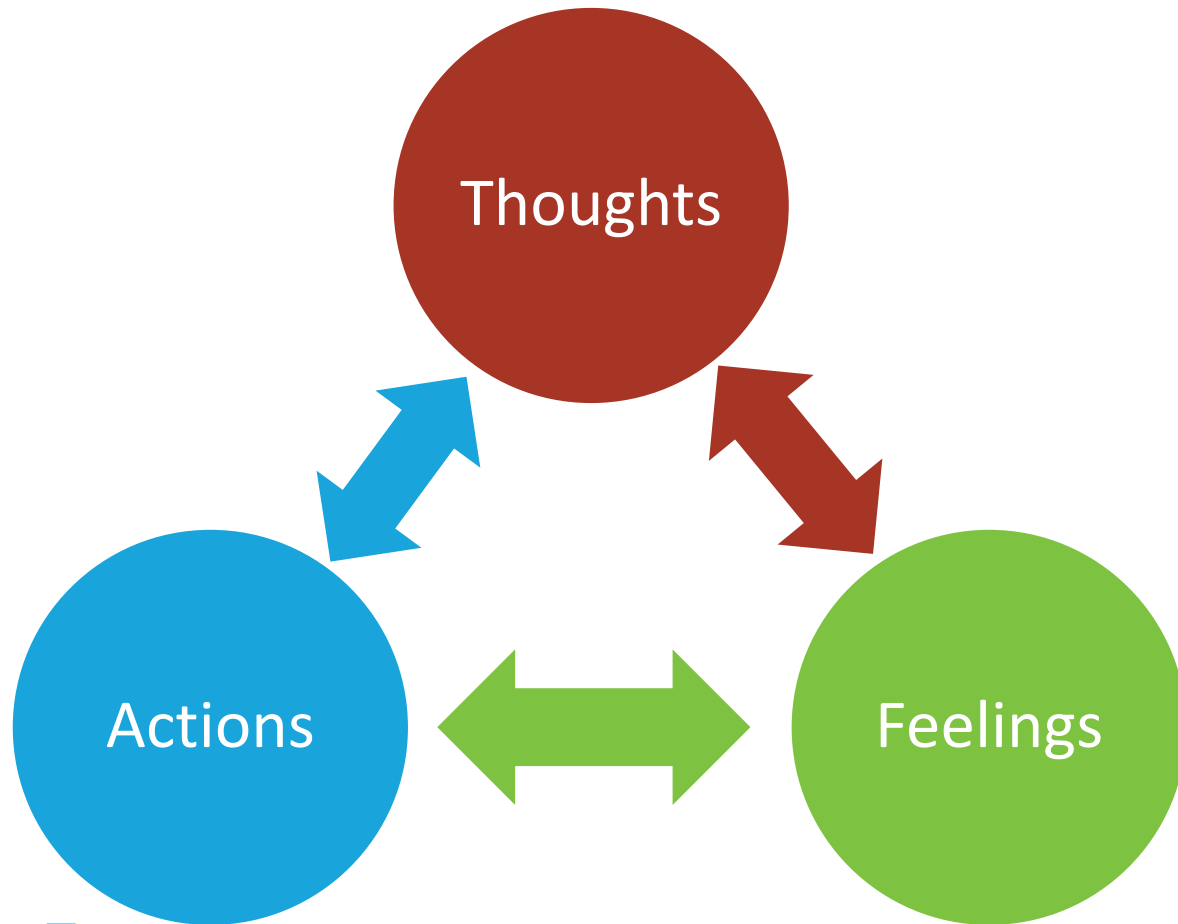
What does crisis usually look like at your organization or with your clients?

- When someone is yelling and staff can't calm them down
- Threat of violence from an outside party
- Acute medical issues
- Significant mental health impairment
- Significant substance use issues



A situation outside of the ordinary where typical interventions, problem-solving, and coping skills are not working.

The Thoughts-Feelings-Actions Cycle



Precipitating Factors

Physical

- Medical needs
- Hunger/thirst
- Fatigue

Environmental

- Too Hot/Cold
- Too Close/Crowded
- Staff behavior

Psychological

- Developmental issues
- Displaced Anger
- Loss of Control
- Frustration/Loneliness
- Mental Health Symptoms
- Trauma

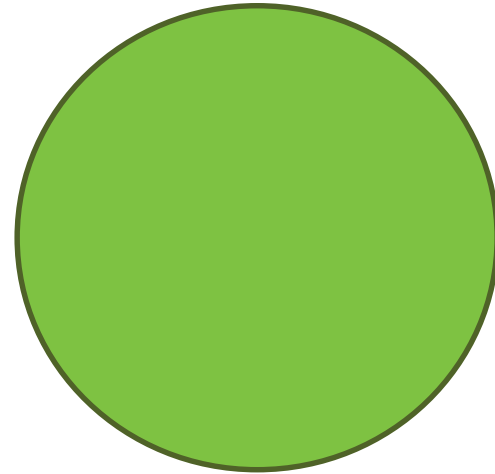
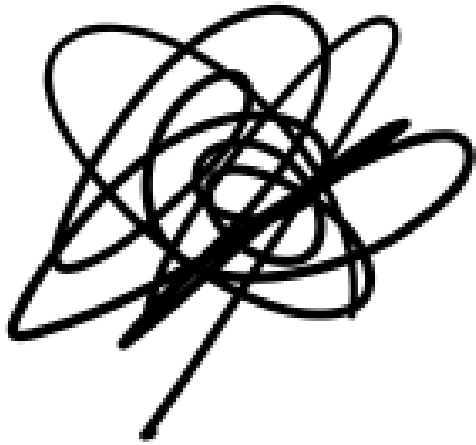


Signs of Crisis

- Raised Voice
- High-pitched Voice
- Rapid Speech
- Pacing
- Excessive Sweating
- Balled Fists
- Excessive Hand Gestures
- Erratic Movements
- Fidgeting
- Aggressive Posture
- Shaking



Solid Object Relationship Model



Be Prepared



Self-Awareness

What sets you off?

- Triggers
- Fears
- Anxieties

How do you set these aside in a challenging situation or a crisis?



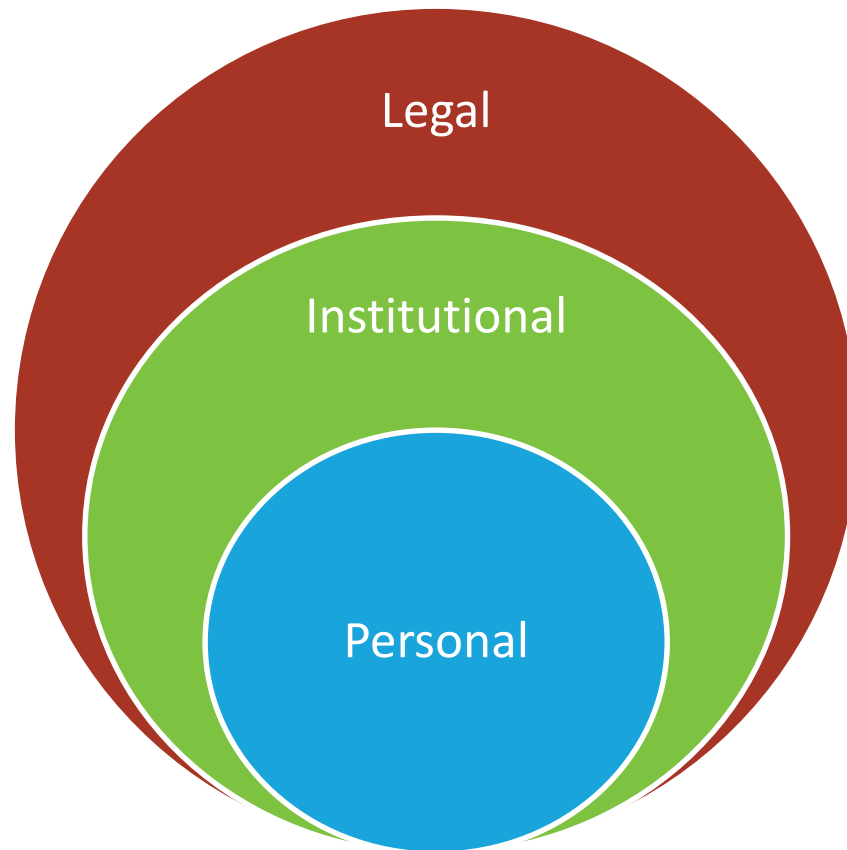
Preparation

- What do I need to do to get in the mindset for the person I'm serving?
- You may have a full day or seconds to do this
- Consider personal history, history with organization, physical needs/accommodations, cultural factors, relationship to authority
- Starting new every day

Is this in my wheelhouse?

- Practice at your level of expertise
- Fulfill your organizational mission
- If it's not appropriate to proceed, end gracefully & refer (internal or external)
- Be prepared with next steps for both a positive/successful de-escalation or a negative/unsuccessful de-escalation

Know your boundaries

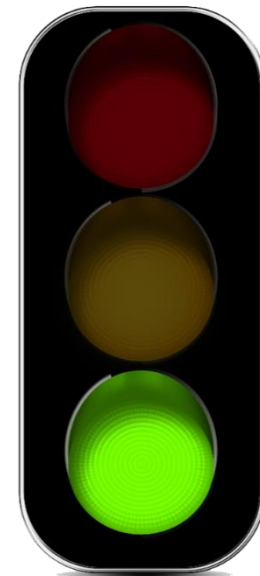


Tension Cycles



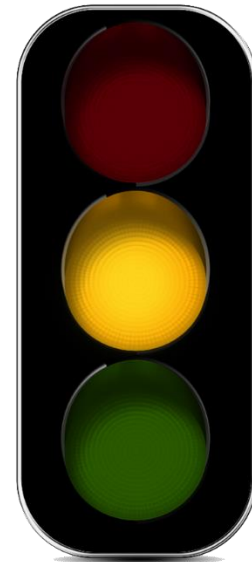
Early Cycle (Low Tension)

- Relationship skills are your primary tool
- Steady, calm voice
- Eyes at the same height if possible
- Relaxed face and body
- Active listening
- Acknowledge feelings
- Communicate dignity and respect
- Avoid touch



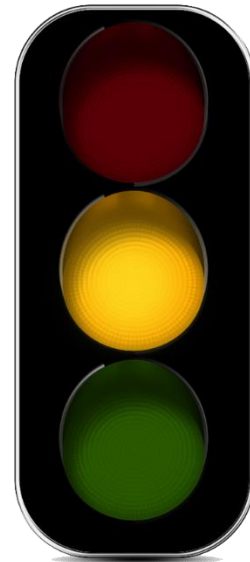
Mid Cycle (Medium Tension)

- Limit setting
- List consequences without threats
- External controls are institutional, not personal
- Empathize with feelings not behaviors
 - “I understand you’re frustrated, but it isn’t okay to threaten staff.”
- Respond selectively
- Give choices whenever possible



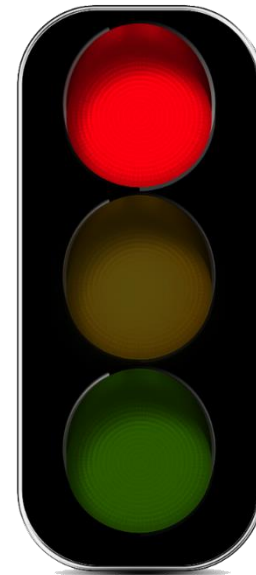
Setting Limits (Mid cycle)

- Offering choices (with consequences)
- About teaching and guiding
 - Seizing an opportunity
 - Setting a structure for positive decision making
- About Listening
 - Discovering what motivates
- **NOT about**
 - Ultimatums or threats!
 - Punishment or an opportunity to exert power
 - Doing all the talking



Late Cycle (High Tension)

- Physical expressions of tension begin
- Participant may harm or threaten to harm themselves, others, or physical property
- Severely abusive language, sexual harassment, or other safety concerns may emerge
- May easily turn into an *emergency*
- Trust your gut when it comes to safety
- End the encounter if needed



Low

- Relationship skills
- Active listening
- Acknowledge feelings
- Speak calmly

Medium

- Limit setting
- Respond selectively
- Offer safe choices
- List potential consequences

High

- Engage other staff or supports
- End the interaction
- In extreme cases: 911

Movement between levels of tension in an interaction is expected.

Break time!



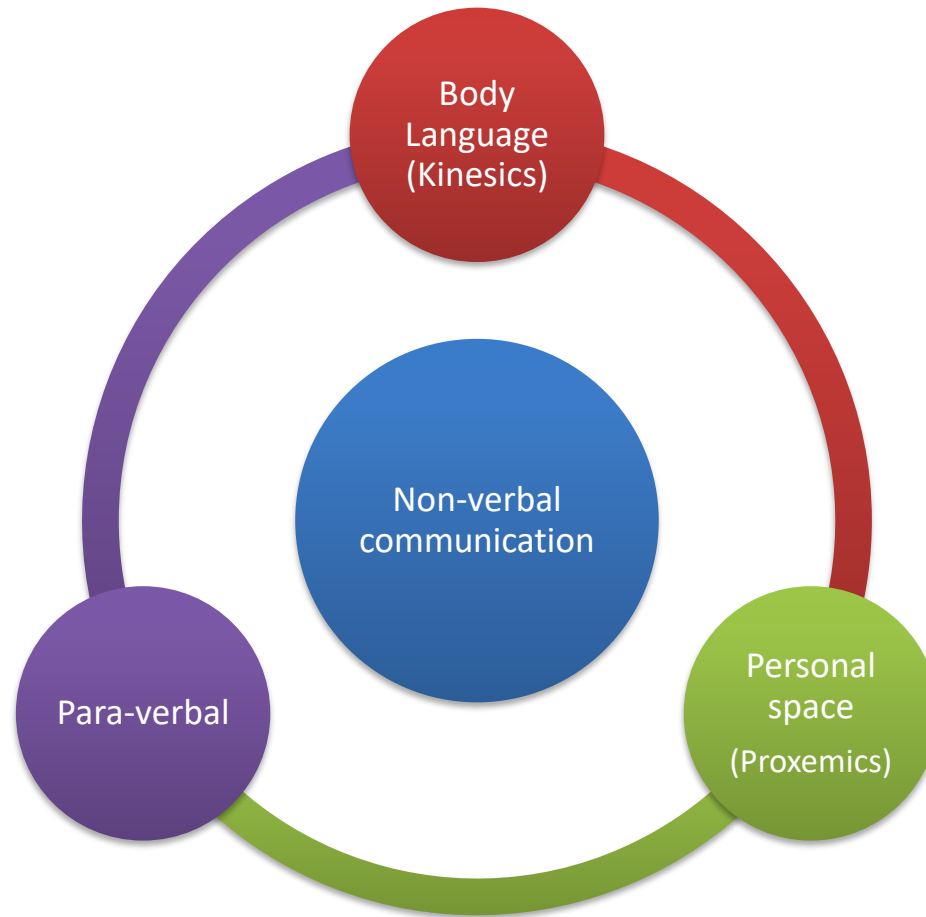
Intervening



Intervention Goals

- Tension is like energy and requires discharge. We want to avoid that happening in a way where violence can occur towards themselves or others.
- The earlier you intervene, the more tools you have at your disposal.
- Reasoning with an enraged person is not possible. **Your goal is to calmly bring the level of agitation down to a safer place.**
- Avoid shame—our clients have already experienced enough of this and it may worsen the situation.

Non-verbal Communication



Verbal Intervention

- Assessing safety
- Using power positively
- Understanding the layers of limits
- Putting aside personal ego
- Rethink the meaning of success
- 3 essential questions:
 - *Who am I?*
 - *Who is this person?*
 - *What do I want to have happen?*

Communication Among Staff

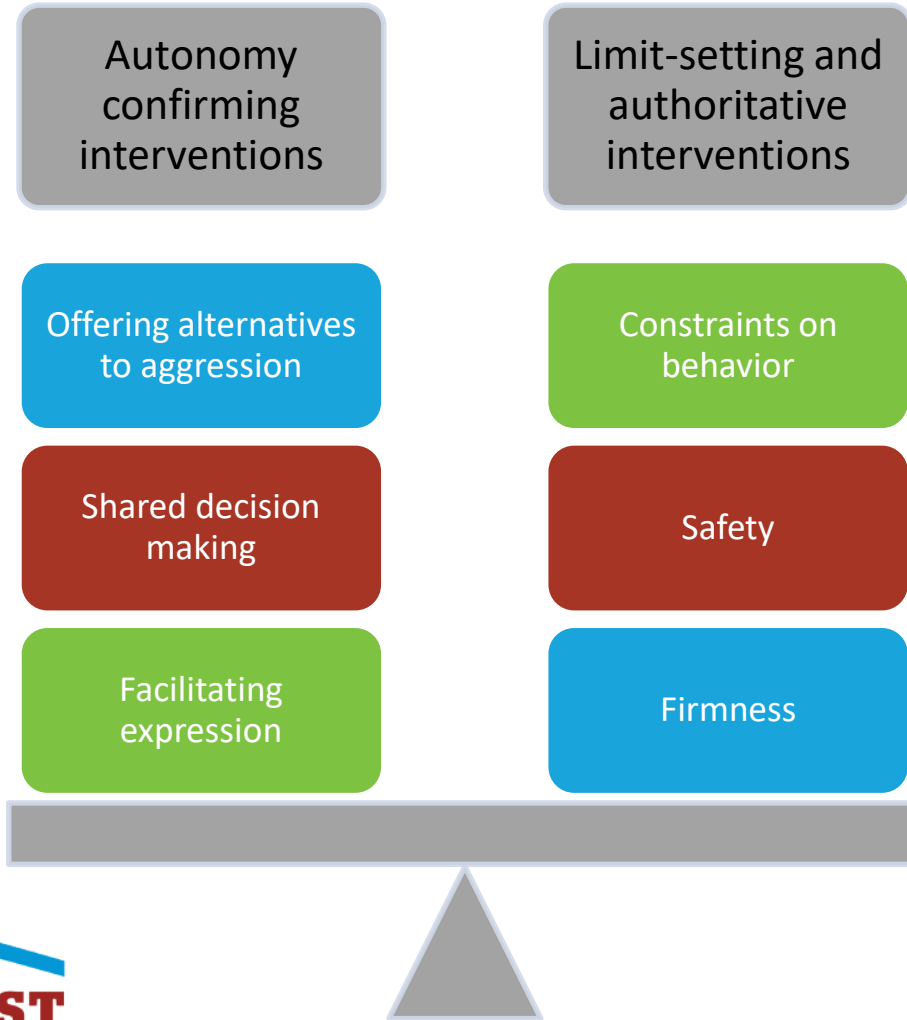
- Misinformation or inaccurate communication is going to heighten anxieties
- If not directly involved or asked to share, be careful of “playing telephone,” details easily get twisted
- Confirm before you convey
- Should there be point people?



De-escalation

- Both a personal and a team effort
- It is the responsibility of all staff to support each other in handling escalating situations
- Intervention strategies will depend on the cycle of tension
- Might begin manageable and then extend beyond your capacity
- More than just what we *say*

Pliability



Criteria for Ending



Ending Gracefully

- How do you end sessions that aren't working?
- Maintain all the supportive elements previously discussed
 - *Be respectful, authentic, and concrete*
- Be aware of your own presentation and tap out/hand off if needed
- Be appropriately honest



When a crisis becomes an emergency:

- If your best efforts to de-escalate the situation with a client are not working...
 - If the situation is worsening significantly...
 - If the client becomes physically violent, or is directly threatening others...
- End the engagement
 - Get support (other staff, building security, etc.)
 - Mobile Crisis Unit?
 - In EXTREME CASES - 911

Safety

- Clinicians may need to take extreme action when our own sense of safety or the safety of a participant is jeopardized
- The feeling of safety is subjective
- Police involvement can be an extremely unsafe experience for people in crisis and those experiencing mental health episodes

Now what?



Communication & follow-up

- What is necessary for services to continue?
- Safety List
- Could we just restart at another time, or with adjustments?
- Was there a misinterpretation of your support aggravated by external factors?
- If discharge is necessary, what referral or resources will you provide and how?

Debrief

- Be sure to debrief with coworkers, team members, and a supervisor after a major incident
- Talk it through & plan for next time
 - What worked? What can be improved?
 - Case conference?
- Debriefing reduces compassion fatigue
- Practice Rational Detachment

Let's Practice



Choose an Intervention

Throwing an object
across the room

Making threats of
self-harm

Shouting insults

Shouting general
threats of physical
harm

Holding and
waving an object
[heavy book, pipe,
two-liter bottle]

Posturing

Two participants
yelling at one
another

Low tension

Medium tension

High tension

Fist Fight or Tea & Hugs?

- Revisit the scenarios you discussed in the beginning of this session
- Try to utilize at least 2-3 of the skills we've just discussed
- How would those new approaches have changed the outcome?
- Think of a situation that may require these new tools. How do you think it will go?



Review

- Crisis is different from a problem or an emergency, and can be brought on by various physical, psychological, or environmental factors.
- De-escalation requires specific skills meant to reduce tension and your intervention should match the stage of the tension cycle.
- It's about what you say, how you say it, body language, and more.
- Find a balance between support and limit-setting
- Self awareness is KEY!!!



Learn From People Who Do This Work Every Day

Ryan Villagran, MSW

Training Specialist

rvillagran@pathwaystohousingpa.org

Andrew Spiers, LSW

Director of Training & Technical Assistance

aspiers@pathwaystohousingpa.org

To learn more visit
www.HousingFirstUniversity.org



References

- Crisis Prevention Institute (2020). *Nonviolent Crisis Intervention: A Program Focusing on Safe Management of Disruptive and Assaultive Behavior*. Retrieved February 11, 2019, from <https://www.crisisprevention.com/CPI/media/Media/Resources/research/empiricalSupport.pdf>
- National Alliance on Mental Illness. (n.d.). Calling 911 and talking with police. NAMI. <https://www.nami.org/Your-Journey/Family-Members-and-Caregivers/Calling-911-and-Talking-with-Police>.
- Price, O., & Baker, J. (2012). Key components of de-escalation techniques: A thematic synthesis. *International journal of mental health nursing*, 21(4), 310-319.
- Price, O., Baker, J., Bee, P., Grundy, A., Scott, A., Butler, D., ... & Lovell, K. (2018). Patient perspectives on barriers and enablers to the use and effectiveness of de-escalation techniques for the management of violence and aggression in mental health settings. *Journal of advanced nursing*, 74(3), 614-625.
- Richmond, J. S., Berlin, J. S., Fishkind, A. B., Holloman Jr, G. H., Zeller, S. L., Wilson, M. P., ... & Ng, A. T. (2012). Verbal de-escalation 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.
- Spencer, S., Johnson, P., & Smith, I. C. (2018). De-escalation techniques for managing non-psychosis induced aggression in adults. *Cochrane database of systematic reviews*, (7).
- Washington State Department of Social and Health Services. (n.d.). *Crisis Intervention*. Retrieved February 11, 2019, from <https://www.dshs.wa.gov/book/export/html/490>