



Crisis Management & De-escalation Skills

Agenda

01 Recognizing a Mental Health Crisis

02 Assessing for Risk of Harm

03 Contacting Emergency Services

04 De-Escalation Skills

05 Post-Crisis Next Steps

06 Summary

Learning Objectives

- Describe what a mental health crisis is
- Recognize the signs that a person is experiencing a mental health crisis
- Apply risk assessment skills in various scenarios
- Utilize critical skills in crisis de-escalation
- Create an effective, collaborative safety plan
- Understand when to seek professional help

Reminder: Safety Considerations

The information and techniques presented in this training are meant to educate and prepare you to help someone in crisis-

NOT to replace professional help.

If anyone, including yourself, is in danger, the most important thing you can do is call 911.



Trigger Warning

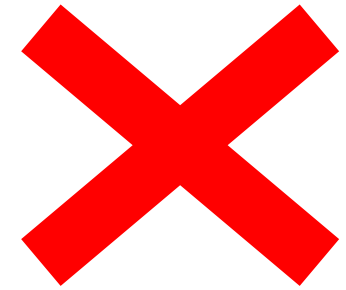


This course includes frank discussion about difficult topics such as suicide. Please feel free to step away from the presentation at any time if you need to.

Contact clinicaltrainingdepartment@beaconhealthoptions.com with any concerns or for help connecting yourself to mental health resources.

True or False

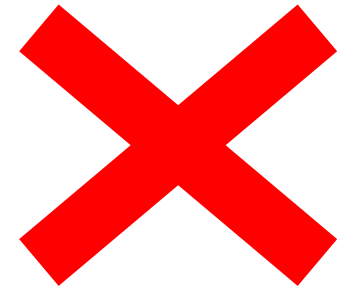
A mental health crisis is always caused by a specific traumatic event



FALSE
There are many factors that could trigger a mental health crisis

True or False

A mental health crisis usually becomes violent



FALSE
People with mental illnesses are more likely to be victims of violence than perpetrators of it

True or False

If someone is in danger, you should call 911 even if they don't want you to.



Photo from Zerbor via <https://www.journalnow.com/>



TRUE

Safety is the most important thing

Introducing Kelly



Kelly has struggled with depression for years. She recently lost her brother in a car accident and, since then, has experienced an increase in her depressive symptoms. Kelly feels hopeless and has stopped taking her anti-depressant medications because she believes nothing can help her. She has not left her bedroom or gone to work in 3 days. You, her coworker, are concerned and decide to stop by her home after work to check on her.

Would Kelly be considered “in crisis”?

Chapter

01

Recognizing a Mental Health Crisis

“CRISIS” (noun)

via Merriam-Webster

- An attack of pain, distress or disordered function
- An emotionally significant event or radical change of status in a person’s life
- A situation that has reached a critical phase



NAMI says: “A mental health crisis is any situation in which a person’s behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community”

Beacon approaches behavioral health crises using the self definition, where individuals define for themselves when they are approaching or are experiencing a crisis

A Mental Health Crisis May Include:



- Intense feelings of distress
- Severe changes in functioning
- Signs of injury without explanation
- Loss of touch with reality (Psychosis)
- Danger to self or others
- Risk of harm or overdose due to substance use

Understanding “Danger to Self or Others”

- Risk of suicide
- Risk of homicide
- Non-suicidal self-harm behavior
- Extreme lack of caring for oneself
- Risky behavior that could cause harm or death to self or someone else
- Command hallucinations instructing harm
- Risk of overdose / poisoning due to substance use



What A Mental Health Crisis Might Look Like

A family member has not gotten out of bed in days

A friend expresses they are considering suicide

A person on the bus doesn't know how they got there

A coworker is abnormally agitated and crying at his desk

A friend who uses drugs is barely conscious

A person in crisis may give no outward indication that they are in crisis

Potential Causes of a Mental Health Crisis

- A major loss or change
- Chronic stress
- Physical health problems
- Disengagement from mental health treatment
- Trauma / Violence
- Lack of social support
- Lack of coping skills
- Biological predisposition



Crisis Management Guide



Chapter

02

Assessing for Risk, Urgency & Suicide



**If at any time you don't feel safe,
leave the situation immediately.**

Assessing Kelly for Risk



You arrive to find Kelly in bed, un-showered, and she is crying.

Kelly's behavior is concerning, but you aren't sure what kind of help she needs.

- ***Should you simply talk to her and offer support, or should you call 911?***
- ***Is she in danger?***
- ***How do you know what to do?***

Risk Assessment: Questions to Ask the Person in Crisis

Are you feeling like you want to hurt yourself or anyone else?

- If yes, gather some details: Plan, Intent, Means

Are you having thoughts of killing yourself or someone else?

- If yes, gather some details: Plan, Intent, Means

When was the last time you drank alcohol / used your drug of choice?

- If recently, find out how much they drank / used
- Any danger of overdose?

When was the last time you ate and/or drank water?

- If it has been a long time, this can indicate danger through lack of sustenance

Are you prescribed any medications?
Have you been taking them as prescribed?

- If they stopped taking necessary medication or have taken too much, this can be very dangerous

Risk Response Strategies

Avoid

- Eliminate cause of risk



Mitigate

- Reduce probability or impact of risk



Transfer

- Involve a third party to take responsibility for the risk



Accept

- Take no action; move forward with a contingency plan





Suicide Risk & Assessment

Suicide: The Big Picture

In 2019
approximately
1.4 million
Americans
attempted
suicide

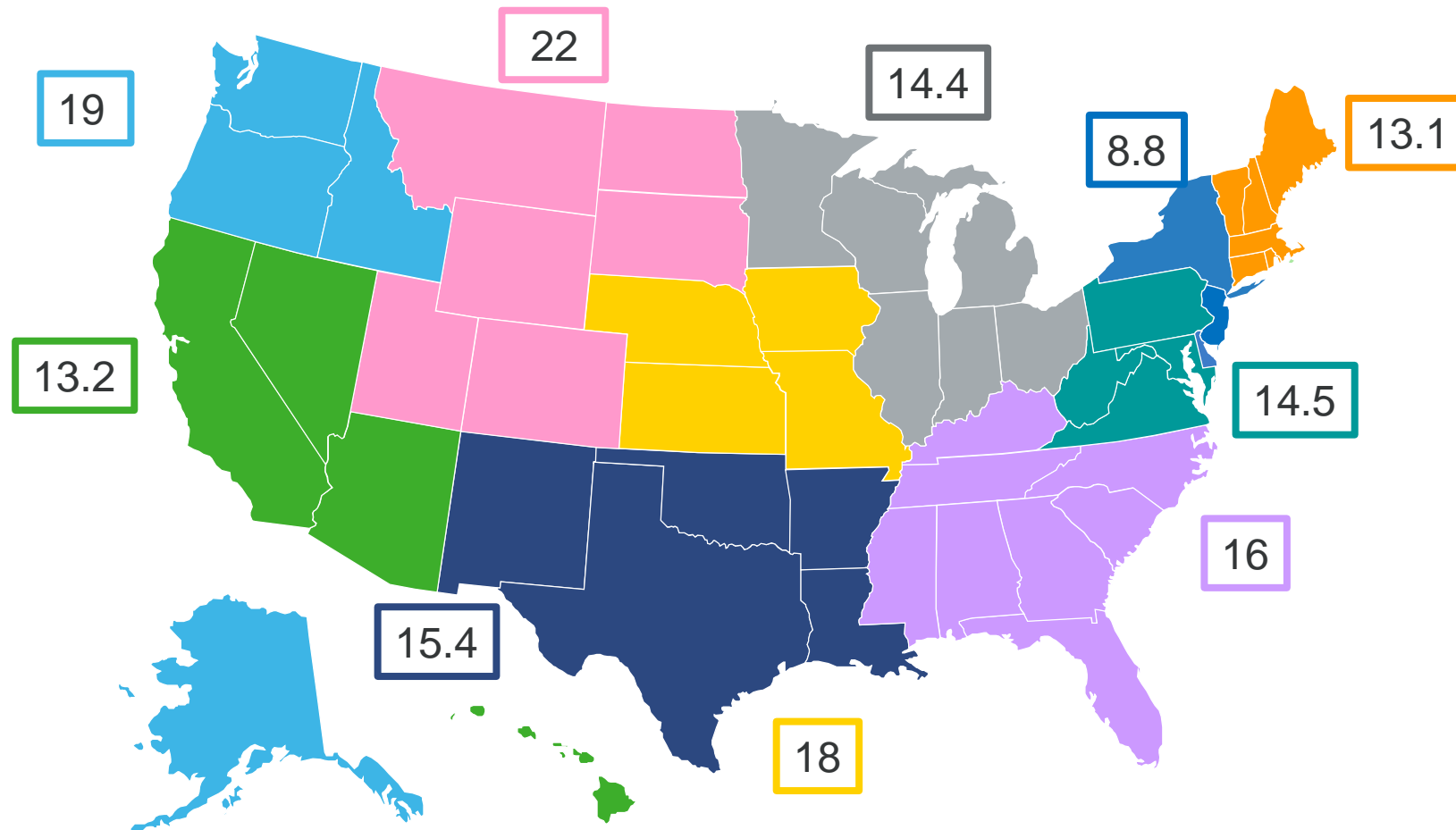
Suicide was
the **10th**
leading
cause of
death for
Americans in
2019

On average
129
Americans
die by suicide
every day

[AFSP.org/statistics](https://www.afsp.org/statistics)

2018 rates of suicide per 100,000 residents by region

National rate: 14.8



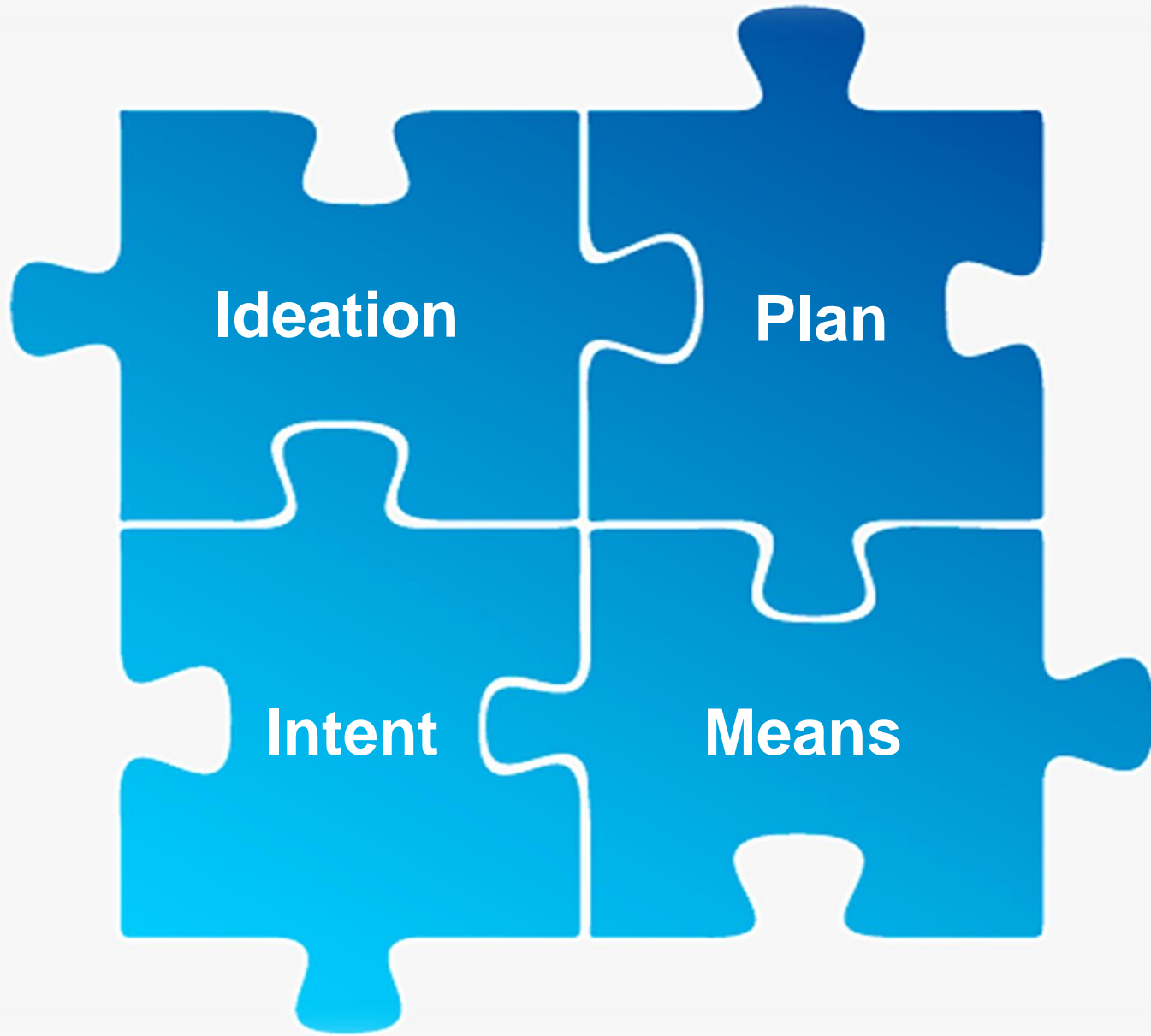
Potential Suicide Scenarios

There are three possible scenarios in a crisis involving suicide:

A suicide attempt is actively in progress

A suicide attempt has not been initiated
but there is a high lethality risk

A suicide attempt has not been initiated
& there is a low lethality risk



COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen with Triage Points for Primary Care

Ask questions that are in bold and underlined.	Past month	
	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you had any actual thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
If YES, ask: <u>Was this within the past 3 months?</u>		

Low Risk
Medium Risk
High Risk

Considerations for Assessing Suicide Risk

- You are not going to “give them the idea”
- Ask directly: ***“are you thinking about killing yourself?”***
- Take it seriously
- Don’t:
 - minimize their experience
 - act shocked
 - compare your own experiences / feelings
 - debate the ethics of suicide



National Suicide Prevention Lifeline

1-800-273-TALK (8255)

- The Lifeline is available 24/7 to help support people struggling with suicidal thoughts
- A great resource for those in a caregiver role who need help assessing and supporting someone in crisis
- Trained crisis workers can talk to the person in crisis and/or help you determine what to do next

What Happens When You Call The Lifeline?

First, you'll hear an automated message featuring additional options while your call is routed to your local Lifeline network crisis center.

We'll play you a little music while we connect you to a skilled, trained crisis worker.

A trained crisis worker at your local center will answer the phone.

This person will listen to you, understand how your problem is affecting you, provide support, and get you the help you need.

Lifeline Center calls are free and confidential, and we're available 24/7.



Class Exercise: Part 1



Recap:

Kelly is in bed, crying, & un-showered when you've arrived to check on her.

- ***What questions would you ask Kelly to help determine if she or anyone else is in danger?***

Class Exercise: Part 2



Kelly states she would never hurt herself or anyone else. She says she ate a bowl of cereal this morning and has been drinking water. Kelly says she hasn't used any drugs or alcohol. She states she stopped taking her anti-depressant medications last week because "they don't help".

- ***Would you call 911 in this scenario?***
- ***Why or why not?***

What did your assessment tell you?

If assessment does
NOT indicate
immediate danger ...

Calling 911 may not
be necessary

If assessment DOES
indicate immediate
danger ...

Call 911 right away

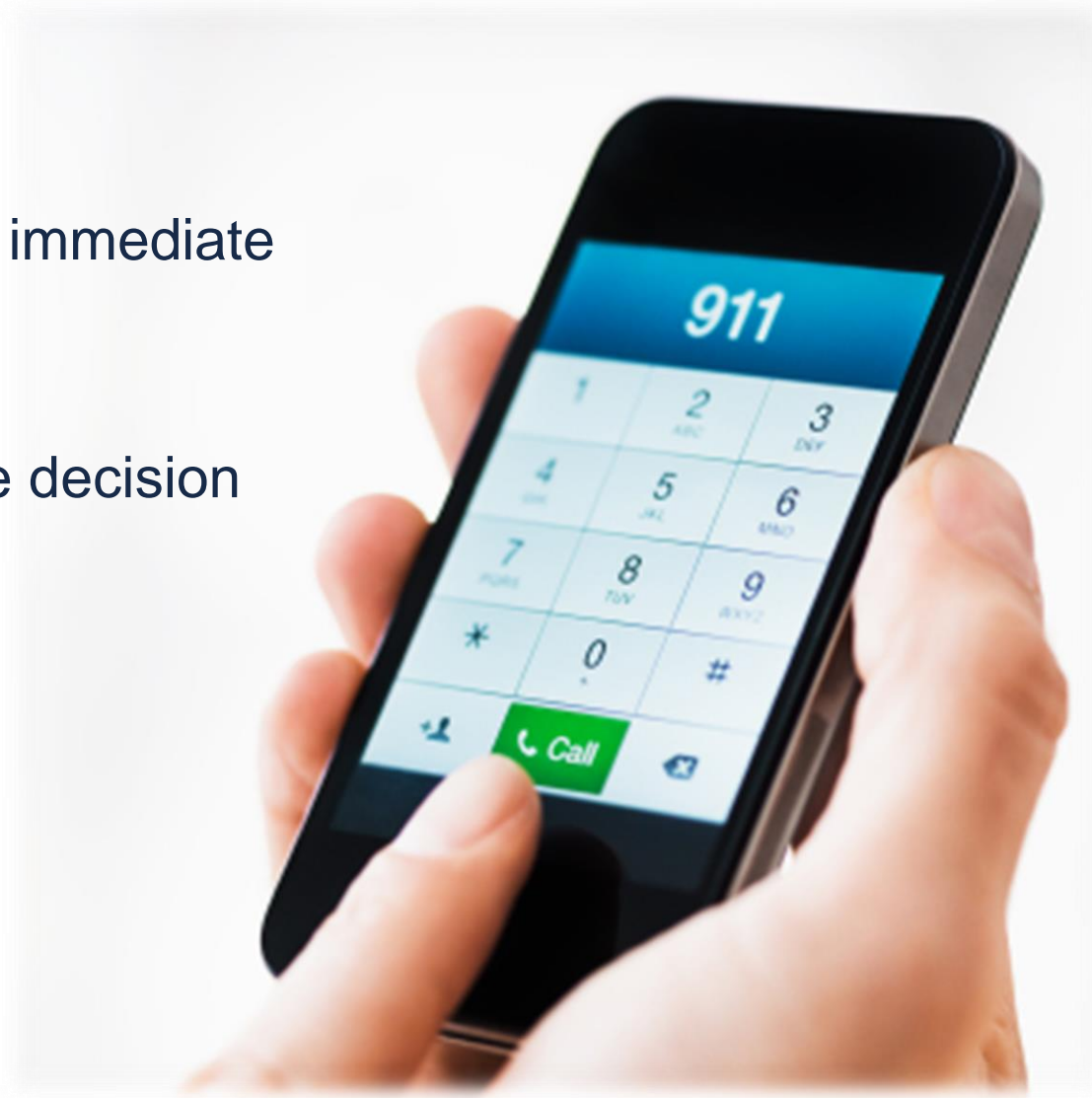
Chapter

03

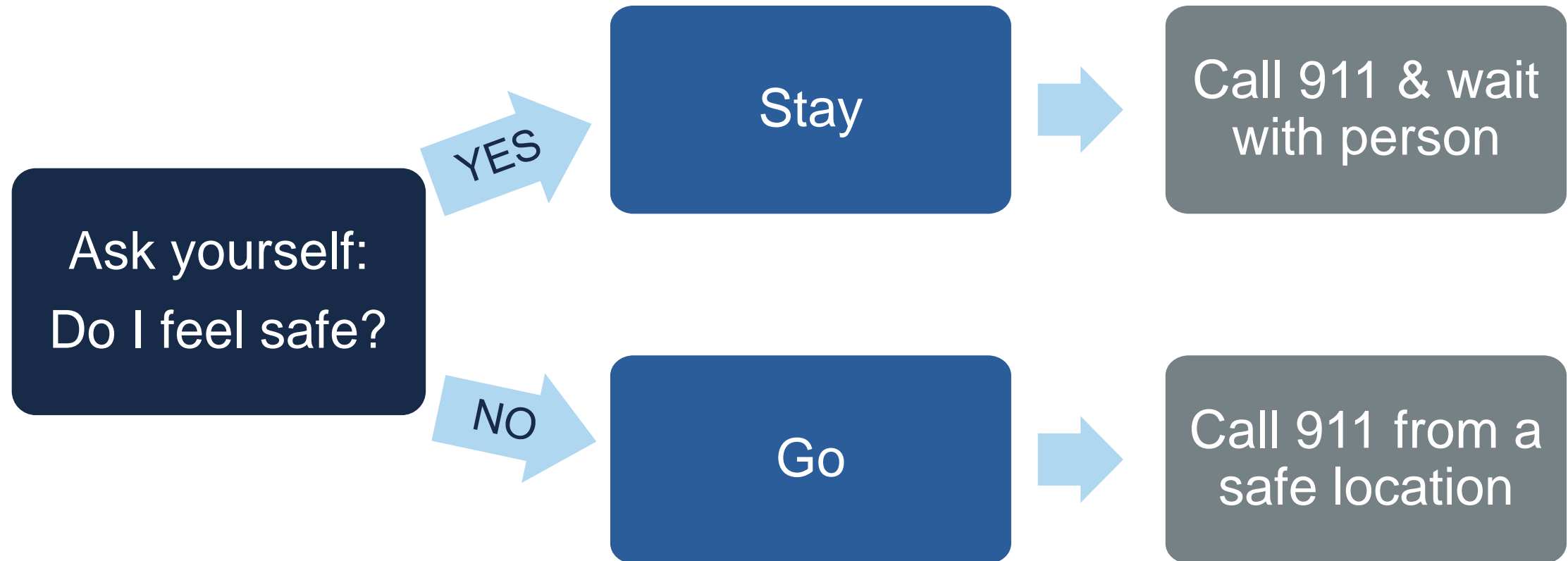
Contacting Emergency Services

Making the 911 Call

- If your assessment indicates that someone is in immediate danger, call 911 right away
- If you “aren’t sure”, trust your gut; make the safe decision
- “Better safe than sorry”
- Ask if it’s “OK” to call 911 for them
- Tell the truth about what you are doing



Should I Stay or Should I Go?



What to say to the 911 Operator



- Describe the crisis in specific terms
 - **“My coworker says he is hearing voices and might hurt himself”**
 - *Instead of* - “Something is wrong with my coworker”
- Report any harm/ threats of harm to self or others
- Share knowledge of existing diagnoses or medications
- It’s not unethical to share “private” information
- Request an emergency responder trained in mental health crisis intervention

While you wait...

- Be open & honest
 - Answer questions if you know the answer
 - Ask if there is anyone else you can call for them (family, friend, therapist)
 - Practice de-escalation to keep everyone calm
- **If at any point the person becomes aggressive, leave the situation immediately- wait from a safe place**

"I'm worried that you're in danger. I'm going to call 911 to get us some help. I want to keep you safe."



Chapter

04

De-escalation Skills

De-escalating Kelly



Kelly is overwhelmed by her emotions. She is crying and pacing around the room now. She is having a hard time expressing herself to you because she is so upset.

How can you help?

“DE-ESCALATION” (noun)

via Oxford Dictionary

- Reduction of the intensity of a conflict or potentially violent situation



De-escalation techniques are used in mental health crises to maintain a level of calm in a stressful situation & reduce the likelihood of violence or harm.

When to Use De-escalation

**In an
emergency**

- Practice until 911 arrives

**In a non-
emergency**

- Practice until person is calm enough to talk

When De-escalation is Ineffective



High Reactivity



Psychosis



Intoxication



Physical Aggression

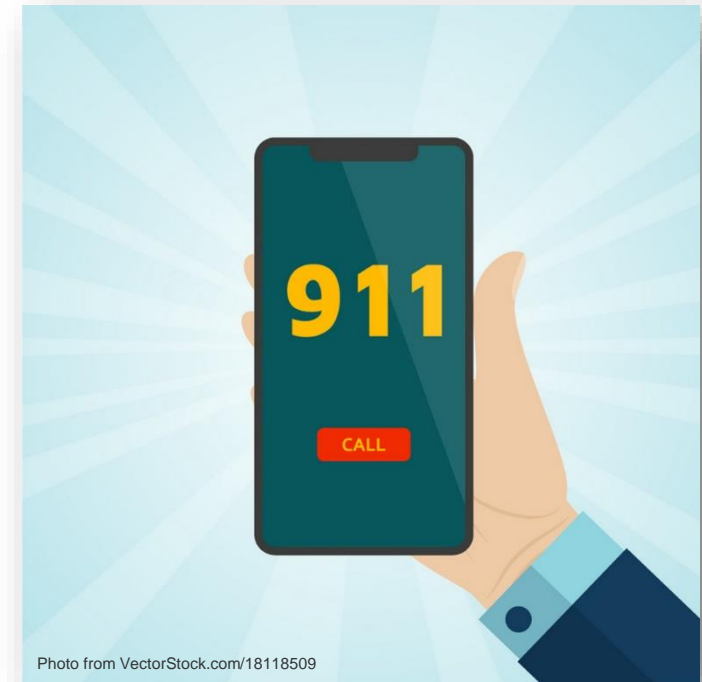


Photo from VectorStock.com/18118509

De-escalation Skills

Non-verbal
Communication

Para-verbal
Communication

Active Listening

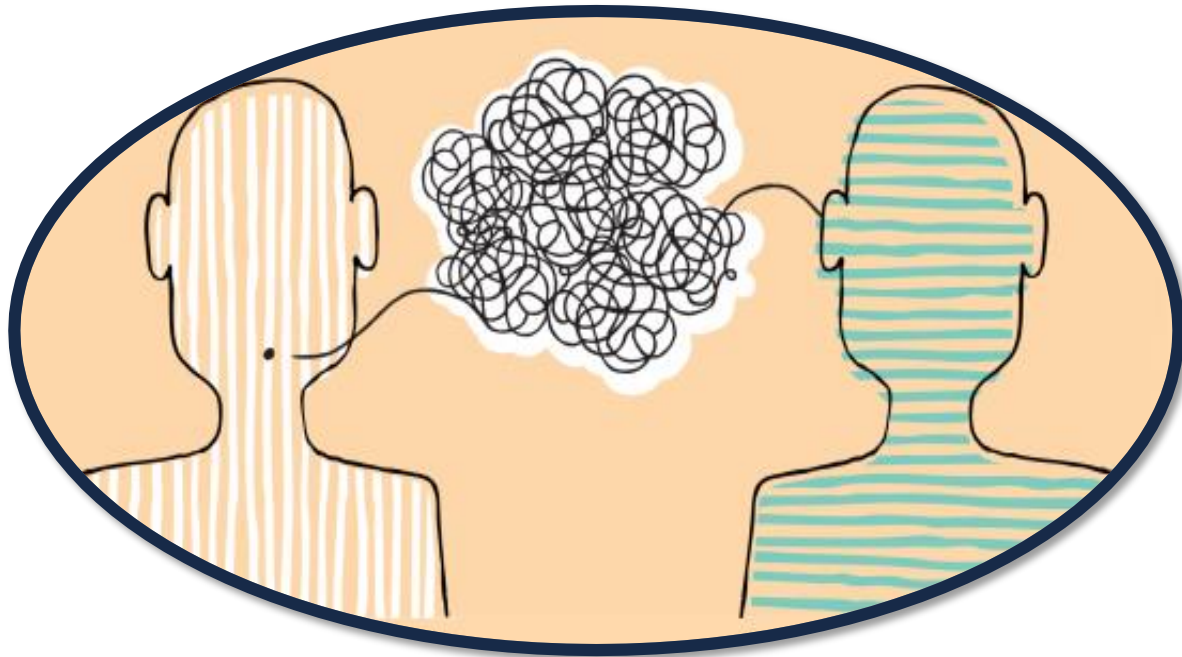
Building Rapport

Non-Verbal Communication

- Remain Calm
- Eye Contact
- Facial Expression
- Body Language
 - Mirroring
- Movement
- Giving Space
- Environmental Awareness



Para-verbal Communication



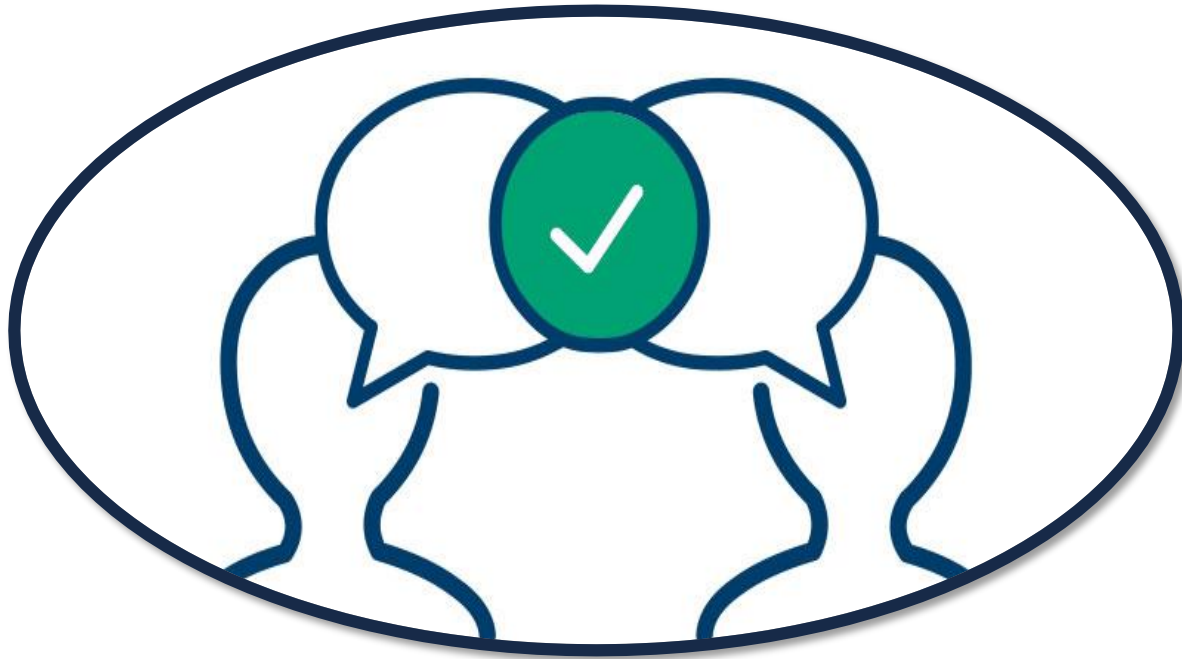
- “How you say it”
- Tone of voice
- Pitch of voice
- Volume of voice
- Pace of speech
- Emphasis on certain words

Active Listening

- Pay Attention
- Don't interrupt
- Validate / Affirm Feelings
- Empathize
- Summarize / Paraphrase
- Clarifying questions
 - Avoid "Why"
- Non-verbal cues e.g. nodding



Building Rapport



- Introduce yourself & use their name
- Create hope – talk about the future
- Be genuine
- Empathize
- Offer Options
- Make them say “yes”

Immediate Coping Skills

Self-Expression

- Calling a friend
- Journaling
- Prayer
- Art



Relaxation Techniques

- Breathing exercises
- Stretching
- Music
- Meditation



Distraction

- Take a shower
- Go for a walk
- Have a snack
- Do a hobby



How is Kelly doing?



De-escalation is working.

Kelly is now sitting comfortably and is able to talk to you. Still is still upset, but is feeling calmer and is now open to accepting help.

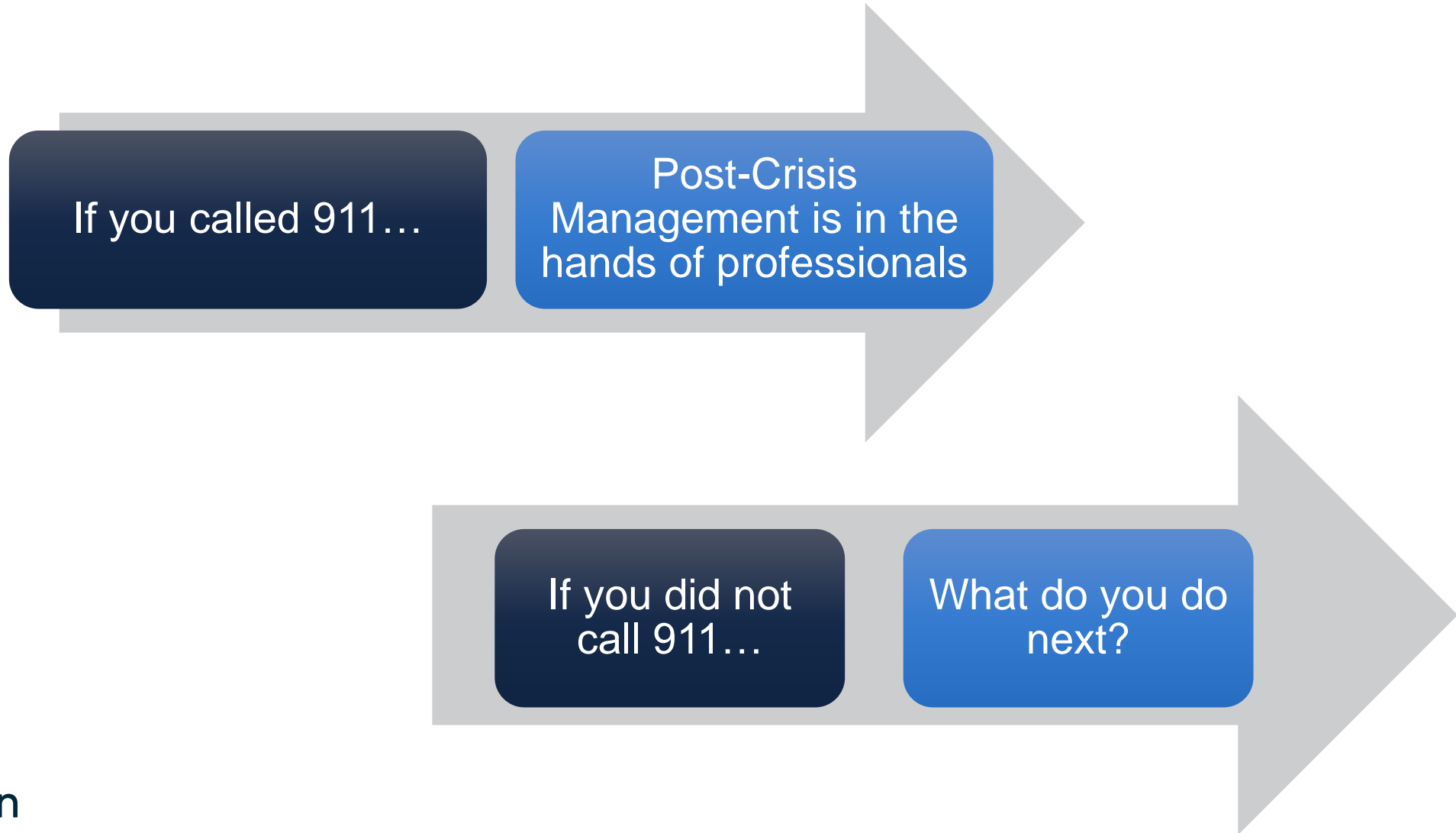
What would you do next?

Chapter

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Post-Crisis

Next Steps



Post-Crisis Management Guide

De-briefing

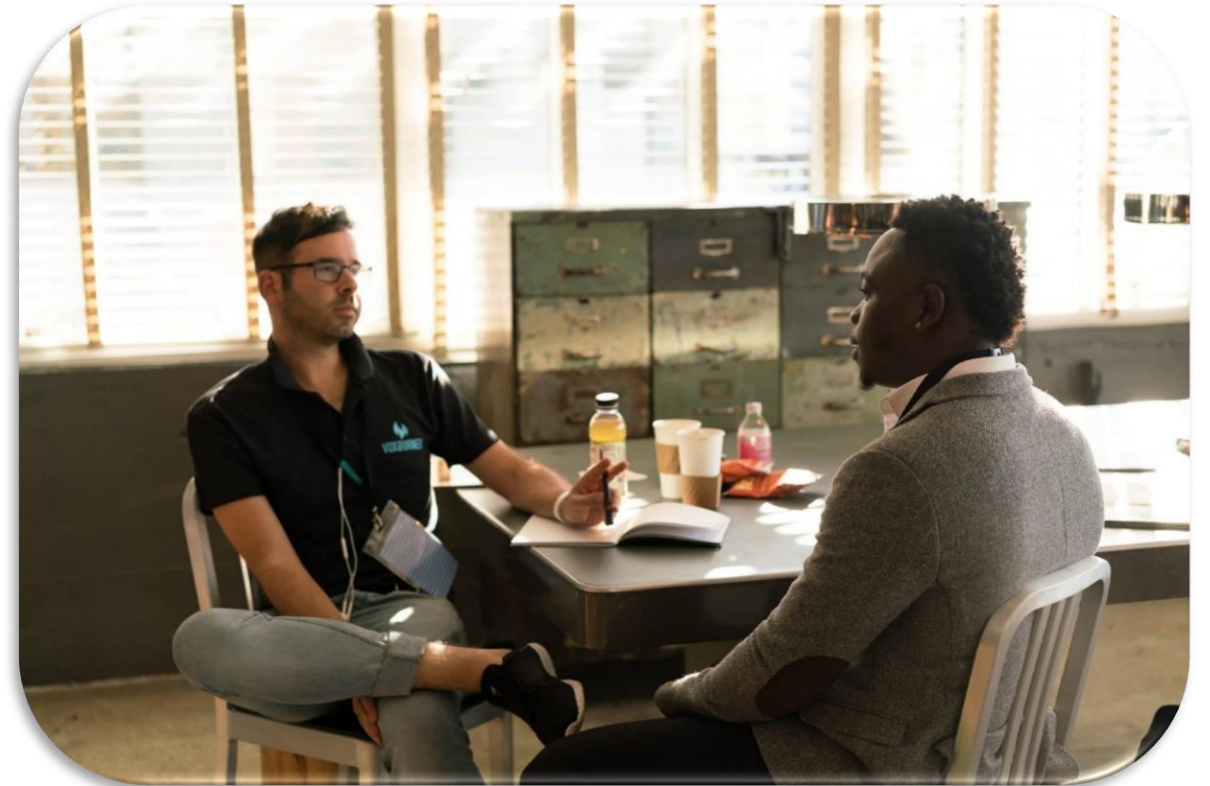
Safety Planning

**Connect to
Treatment**

Ask for Help

De-Briefing

- Plan for the immediate future
 - What will they do when you leave?
 - Are other support people available?
 - Brief risk re-assessment
- Understand what happened
 - Identify triggers
 - Identify warning signs
 - Recognize what helped the crisis pass



Safety / Crisis Planning

Components of an individualized safety plan:

Warning signs of crisis for the person

Triggers or stressors for the person

Identification of social supports

Identification of healthy, effective coping skills

Emergency Contact information

List of current medications / diagnoses

Sample Safety Plan

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____
4. Place _____

Step 4: People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Connect to Treatment

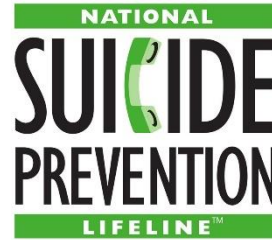
- Do they have existing behavioral health providers?
 - Encourage contacting them
 - Offer to help them call, or to drive them to the office
- Are they interested in starting treatment?
 - Call their insurance company
 - Beacon clinicians can help refer members to services
 - Search online via [SAMHSA.GOV](https://www.samhsa.gov)
 - Call NAMI for help
- This is their choice; all you can do is encourage and assist



Ask for Help



WWW.NAMI.ORG
Call **800-950-NAMI**
Or text "NAMI" to **741741**



Call **1-800-273-TALK**
Or go to
<https://suicidepreventionlifeline.org/chat/>



WWW.SAMHSA.GOV
Call **1-800-662-HELP**



Call the # for behavioral health
on their insurance card

Chapter

06

In Summary

Key Takeaways

A mental health crisis can present itself in a variety of ways

Risk assessment is key in determining whether there is danger present

In an emergency, the most important thing you can do is call 911

You must prioritize your own safety above all else

De-escalation skills can help you manage a crisis more effectively

Crisis plans help a person & their loved ones anticipate & manage future crises

Connection to behavioral health treatment should be encouraged post-crisis

Other Trainings



ASIST



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Thank You!

**Any Questions? Feel free to email:
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