

Training Module

Crisis Intervention & De-escalation

Presented by

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July 2014

Objectives

Participants will be able to:

- Explain the importance of assessing and planning for potential crisis.
 - Recognizing crisis situations
- Describe the various safety issues and strategies for working in your environment.
 - Precautions to take
- Learning and Implementing De-Escalation Techniques.

The Importance of Assessing and Planning for Crisis Situations

Why is it important?

APA Statement on Prediction of Dangerousness (March, 1983)

- Psychiatrists have no special knowledge or ability with which to predict dangerous behavior.
- Even in patients with a history of violence, future violent predictions will be wrong two out of three times.

For Care Managers and our Clients

- Safety

How to Assess for Crisis?

Learn to avoid, recognize and diffuse potential crisis situations.

Avoid: What is in our Control?

What precautions are you going to take as a worker in these environments?

- Two staff going on home visits
- Cell phone is charged, extra battery
- Enough gas in your car
- Good directions
- Other staff aware of your schedule - where you are
- Call prior to the visit - pay attention to the background
- What do you know about your client
- What do you know about the level of violence in their past
- Travel during daylight
- Know the environment you are driving through

Assessing Crisis

Physiological Factors

FID (Frequency, Intensity and Duration)

- Drugs
- Alcohol
- Medications
- Fatigue
- Illness
- Fear
- Guilt
- Loss of Control
- Social Situation
 - Arising from the individual's cultural environment, how they were raised, community norms, daily stressors

Crisis & Mental Illness

The majority of crisis are not the direct result of mental illness. Most crisis are a result of:

Combinations of Factors

- Opportunity
- Expectation of Reward
- Expectation of Impunity

Study

- Psychiatric Patients are no more likely to be violent than community norms
- Psychiatric Patients have similar types of aggressive acts, but these acts are more likely to be directed toward family
- Substance Abuse increases the likelihood of violence more in psychiatric patients than in community controls

Assessing Crisis

Learn to avoid, recognize and diffuse potential crisis situations.

Diffuse the situation.

- You are never a passive observer to your safety
- Limit opportunities or the appearance of opportunities to create crisis
- Look at situations for any vulnerability
- Strength in numbers
- Use all your senses to prevent being a victim of a crisis

Crisis Cycle

Three Main Characteristics

- They are temporary
- There is usually aggressive behavior
- There is a pattern

Stimulation

- What are the triggers?
- How should you respond?

Escalation

- What are the behaviors?
- What are your options?

Crisis - Out of Control

- What are the behaviors?
- Use the least restrictive means to manage the situation.

De-escalation

Stabilization

Baseline Behavior or Post-Crisis Drain

Back to Crisis - Out of Control

Assessing Crisis

- Work within your skill set
- Think about what you are wearing
- ID tags - Cut the nylon strap - use Velcro
- Don't carry all your IDs
- Think about what can go wrong
- Be Ready for Work

Planning for Crisis

- Bad things happen to good people
- Have a flight plan
- Working in our field - you must be vigilant
- Have a work and home contact
- Communicate your safety
- Spare glasses, spare keys
- Have flashlights, maps, first aid kits

Safety First

- In many circumstances 2 people reduces victimization by 70%
- 3 people by 90%
- Cell phones
 - What are the limitations
 - Pre-programmed numbers
 - Police, Emergency agencies
 - ICE
 - In case of Emergency
- You should know more than one way in and out of every neighborhood, building and room.
- Consider your prior experience in similar situations.
- Anticipating the unexpected may help you prepare for what may actually happen.
- Form a tentative plan between you and your co-worker.
- Be aware of potential dangers.
- Complacency can be fatal.
- Pay attention to other people.
- Know your surroundings.
- Everyday items can be used as weapons.
- Always have an escape plan.
- Visually frisk everyone.

Safety Issues and Strategies

- Be aware of your own body language
- Pay attention to non-verbal communications
 - 85-90% of a message is perceived through non-verbal communication
 - 10-15% of our message is perceived through verbal communication
- Eye movements
- Head movements
- Facial expressions
- Breathing
- Body movement
- Difference between verbal and non-verbal cues
 - Pay attention to non-verbal
- Control your Emotions!
- STOP
 - Stop - slow down the action and avoid panic driven decisions
 - Think - think logically based on situations and your abilities
 - Observe - observe alternate solutions
 - Plan - plan your survival
- Be prepared for confrontation
- Keep hands open and up
- Have a plan
- Take a 45 degree stance
- Lower your voice
- Be aware of other people in the environment
 - is anyone on a different floor
 - is anyone sleeping
- Pay attention to:
 - Alcohol or drug use by clients or other family members
 - Domestic Violence
 - Presence of weapons
 - What your body is telling you

De-escalation Strategies

If it feels wrong, it probably is wrong!

- BLINK - Malcolm Gladwell
- It is dangerous to place rapport over safety
- Slow down and give yourself time to think
- Understand your role and your co-workers role when you go into a situation - crisis or not
- Work as a team
- Communicate and collaborate with each other prior to the situation happening

Verbal De-escalation

- Do not take things personally
- Listen and Hear
- Remain calm, avoid over-reaction
- Pay attention to your tone of voice
- Be aware of words you use
- Don't be afraid to use silence

What to say

- I want to be sure I heard you correctly when you said:
- Reframe what they are telling you without using jargon
- Try to clarify- ask questions
- You must set limits
 - I am not going to let you hurt someone else, so let's figure out what we can do about ...
- Examples: Handouts

Do not get into power struggles!

What not to say

- Don't talk to me that way...
- Stop being disrespectful...
- I am not going to talk to you, if you keep cursing....
- I am not going to listen to you if....
- No wonder nobody wants you...
- Nobody loves you, I am all you have, so you better...

What not to do:

- Approaching an aggressive youth
- Invasion of Personal Space
 - Arm and half

Control the situation, not the client

- Emphasizing the connection with the client as a means of resolution
- Aligning yourself with the client
 - How do you align with the client?
 - What can you say?
 - De-escalation Strategies
- If the Client is Anxious - Staff can be Supportive
- If the Client is Angry - Staff can be kind and be able to Listen
- If the Client is Defensive - Staff can be Directive
- If the Client is Depressed - Staff can be Reflective and Empathetic
- If the Client is Acting Out Physically - Staff may have to act with a Physical Response
- If a Client is Non-compliant - Staff can Re-enforce expectations

Additional Tools

- Safety Contract
- Life Space Interview - 5 Step Model
 - Used after the crisis
 - Handout
- Process the Event
 - What was the worst part?
 - Talk about it with your co-workers
- Critique the Event
 - What went well?
 - What could have been done differently?
 - What is the follow-up? (follow company policy)



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Crisis Intervention & De-escalation - Training Module Post- Test

Name: _____ Date _____

1.) When going into a client's home for the first time, what are 4 things you would need to pay attention to in order to maintain safety:

- 1.) _____ 2.) _____
3.) _____ 4.) _____

2.) What are the 4 categories of factors used when assessing crisis?

- 1.) _____ 2.) _____
3.) _____ 4.) _____

3.) What do you do in the 3rd stage of assessing a crisis?

4.) Read the following scenario and answer the questions below:

You are a TSS worker going to meet with your client Joey for your 4th visit. Joey is 10 years old and has Autism. Joey lives at home with his mother and 5 year old younger brother. When you arrive at the home, you see that Joey's younger brother is playing video games in the living room. His mother is cooking dinner and Joey is sitting in the living room watching his brother play games while he reads a book. Joey is non- verbal and when you walked in he got up and started over to his brother and took the controller from his brother and started to scream and flap his hands. He then started to bang his head against the wall.

a.) What were the possible triggers?

b.) How would you respond based upon the crisis intervention model?

c.) What are the behaviors?

d.) What would be a least restrictive means to manage the situation?

