Crisis Intervention and De-escalation Strategies and Techniques

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M-TAC

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Chat: Today's chat is for ALL QUESTIONS and resource sharing. Hear an echo? Have a question for the presenters? Don't see the slides? Let us know in the chat!
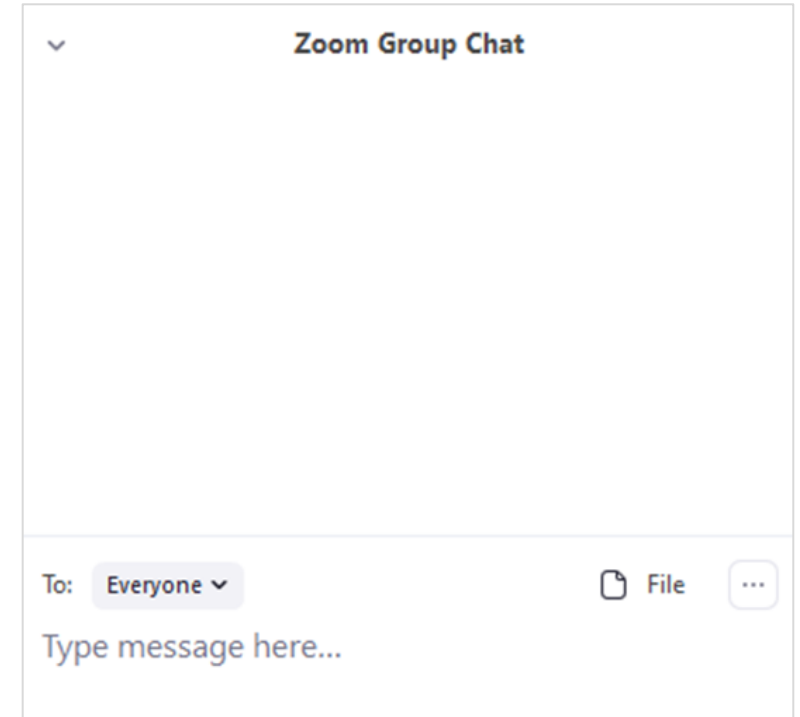
Conflict of Interest and Training Disclosures

Presenters Sydney Gurrola, Angela Castellanos, and Kappy Madenwald have certified that they have no relevant relationships with any commercial or nonprofit organizations that represent a conflict of interest.

This training serves as an introduction to crisis intervention and de-escalation. Participants will receive foundational training on key concepts and approaches but may need additional training to achieve full competency in this aspect of mobile crisis response.

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Mobile Crisis Services

Mobile crisis services provide rapid response, individual assessment and community-based stabilization to Medi-Cal beneficiaries who are experiencing a behavioral health crisis. **Mobile crisis services are designed to provide relief to beneficiaries experiencing a behavioral health crisis, including through de-escalation and stabilization techniques;** reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations and law enforcement involvement.

Behavioral Health Information Notice 23-025

Welcome to Today's Session!

Crisis Intervention and De-escalation Strategies and Techniques

Presenters

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Peer Partner Manager

Person with lived experience.

Angela Castellanos, LCSW

Project Director

CARS

Kappy Madenwald, MSW, LISW-S

Independent Consultant

Introductions

In the chat box, we invite you to share your:

» Name

» Role

» Organization

» One thing you're hoping to learn today

Learning Objectives

Participants will:

1. Increase their knowledge of how and why a behavioral health crisis occurs

2. Review and discuss strategies for approaching a person in crisis in safe and effective ways

3. Increase awareness of de-escalation strategies and signs of escalating conflict

4. Practice identifying the feelings, behaviors, and physical responses individuals experience when they enter a crisis state

5. Increase their ability to assess the needs of individuals in crisis and the role of the mobile crisis team members in crisis intervention and de-escalation

6. Apply what they have learned about crisis intervention and de-escalation to a case scenario

Today's Agenda

» Examine Crisis and Behavior

» The Escalation Cycle in Community Response

» Supporting a Person in Crisis Using Best Practices

» Meet Jackson

» Closing

What is Crisis?

A "behavioral health crisis" refers to any **event** or situation associated with an **actual or potential disruption of stability and safety** as a result of behavioral health issues or conditions. A crisis may begin the moment things begin to fall apart (e.g., running out of psychotropic medications or being overwhelmed by the urge to use a substance they are trying to avoid) and **may continue until the member is stabilized and connected or re-connected to ongoing services and supports.**

- Behavioral Health Information Notice (BHIN) 23-025, p 3

The Power of Positive Behavior

Integrated Experience: the concept that behaviors and attitudes of staff impact behaviors and attitudes of those in their care, and vice versa.

Key Points:

» Individuals do not act out in a vacuum.

» If we stay in control when we encounter a disruptive individual, we can display a positive action which will not escalate the person's behavior:

imbalance = escalation
and
balance = de-escalation

De-escalation Preparedness in Community Response

» Manage yourself before managing others

» Understanding the internal causes of escalation helps us to diffuse the situation

» Our verbal and nonverbal skills help to stabilize a situation

» You are not working in isolation

Celofiga, A, et al. (2022) Effectiveness of De-Escalation in Reducing Aggression and Coercion in Acute Psychiatric Units. A Cluster Randomized Study.

The Benefits of Positive Behavior

» Remain person-centered

» Practicing trauma-informed approach

» Assist individuals to identify more adaptive responses

» Remain neutral and focused

» Pave the way for positive recovery

» Prevent escalating behavior by being proactive

» Depersonalize crisis situations

» Rationally detach from the situation

The Escalation Cycle in Community Response

Colvin & Sugai (1989) Stages of Behavior Escalation
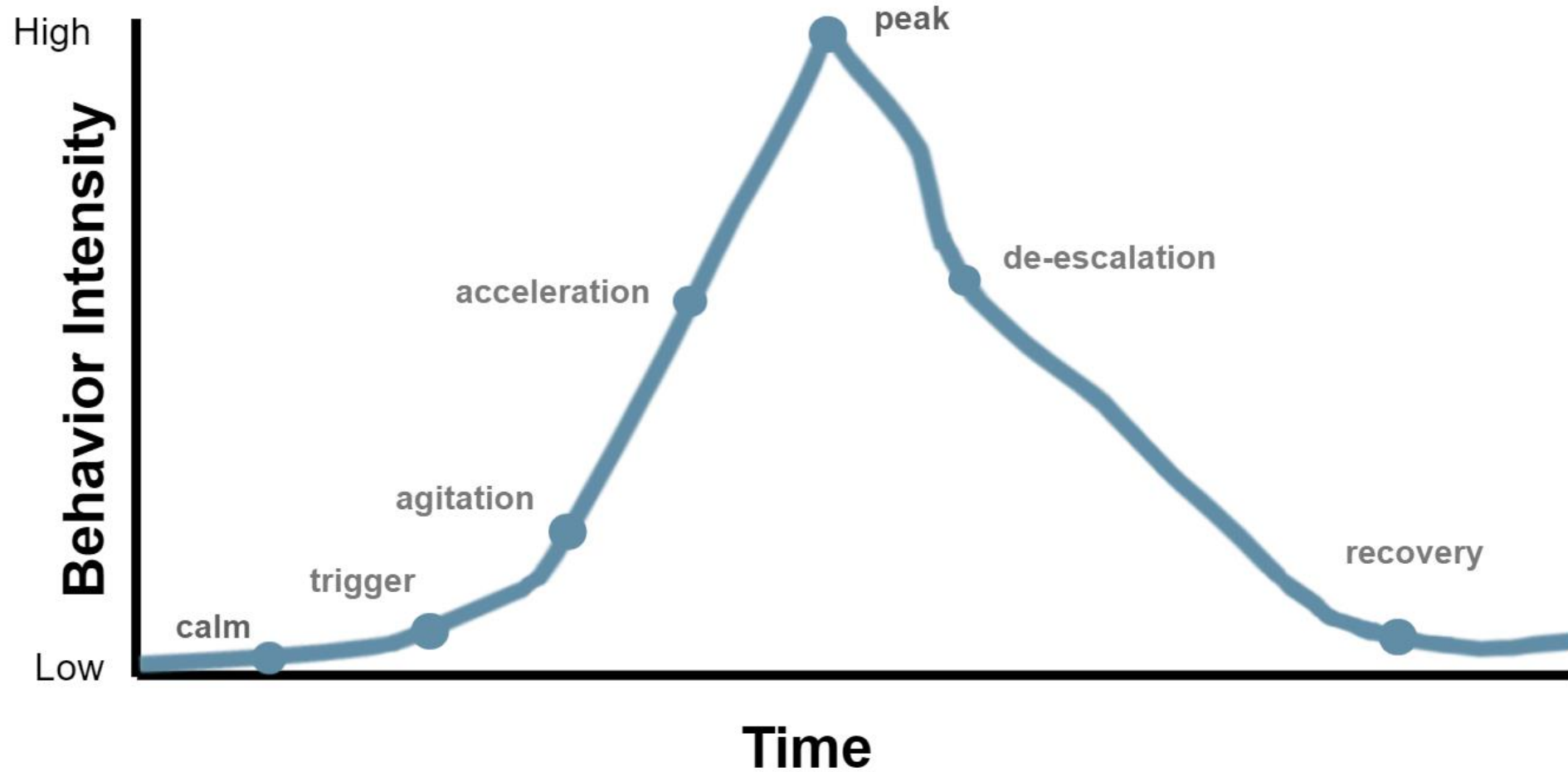
Meet Jackson

Jackson has lived in a 6-bed residential home for 10 years. He has been living there since his mother died and he does not have the resources to live on his own.

Preparing for the Call

Your Mobile Crisis Team receives a request from a local adult residential care home manager for a resident named Jackson. The manager tells you that Jackson is very angry, agitated, pacing around the home, and making threats to kill another resident, who keeps taking his personal belongings. Staff have not been successful at calming him down. You are told that Jackson has lived in a residential home for many years and that he is diagnosed with bipolar disorder. The manager informs you that unbeknownst to her, the resident who was threatened called 911 and has told the manager that police officers are on the way.

Where are you?

Colvin & Sugai (1989) Stages of Behavior Escalation
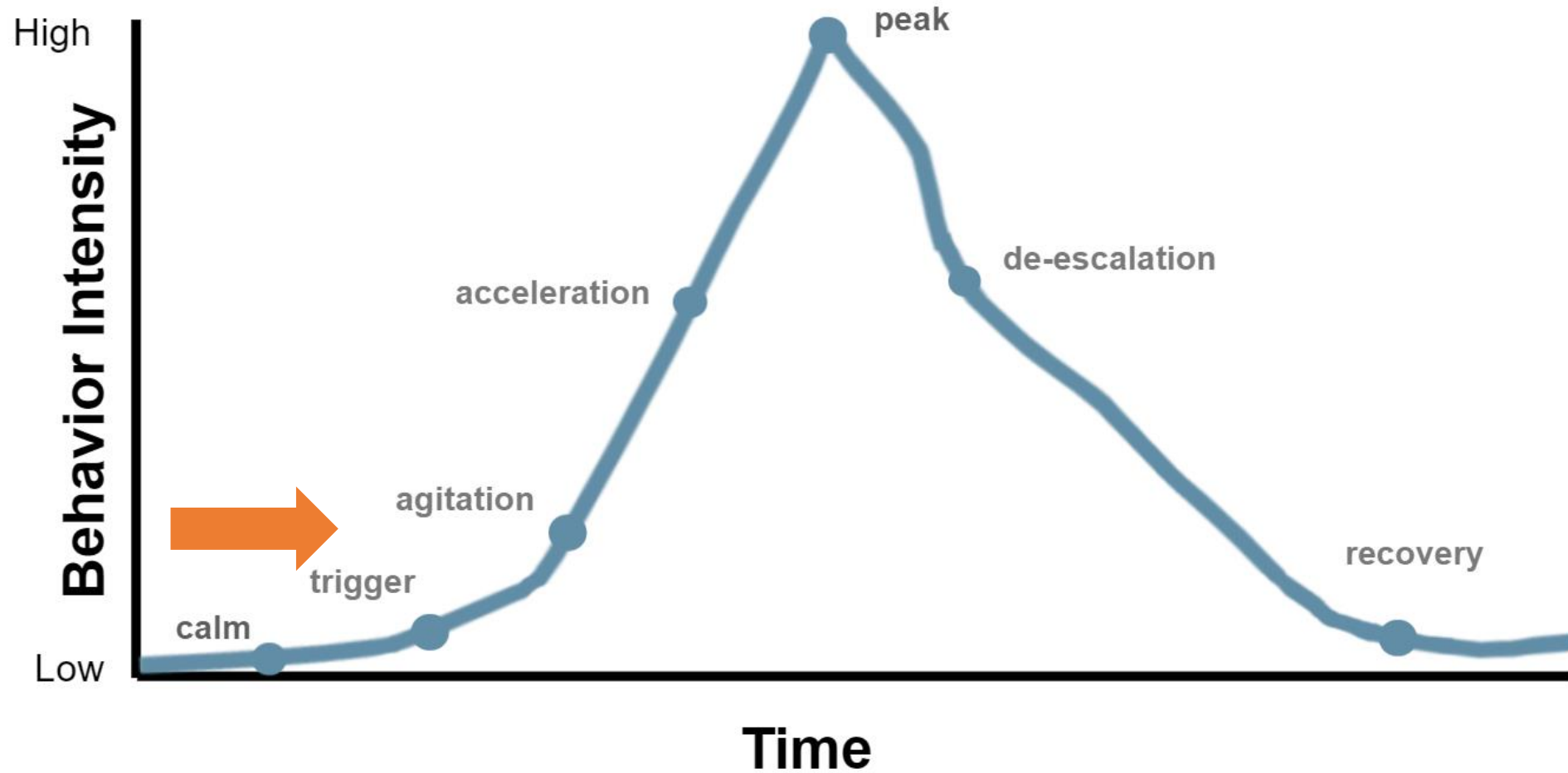
Consider + Chat

» What seems to be the essence of this crisis?

» How do you decide the team composition?

» Who is the best fit for this call?

» Roles of each team member?

» What plans might you create with the residential home manager?

» How might you prepare for this mobile crisis service?

» Is the diagnosis a relevant factor in the escalation?

» What is your next step?

» What plan do you make for checking back with your teammate?

Team Composition

» Who is going to carry out the services?

» What type of experience does each team member hold?

» Are there any special skills required for this response?
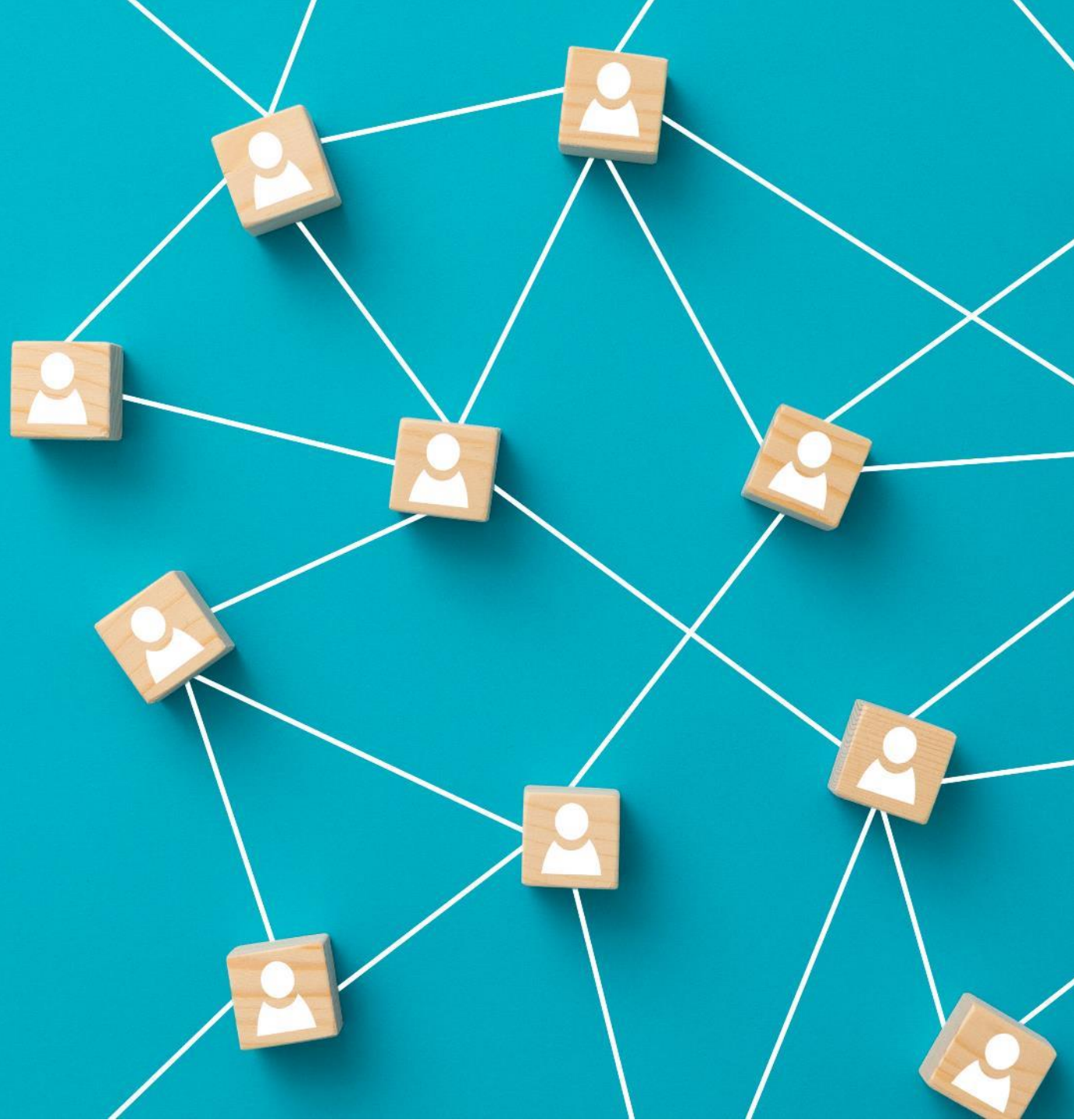
Skills and Strategies: Preparation

» **Strategic Planning:** Who will do what?

» **Environmental Awareness:** Each skill will vary depending on the environment in which you are providing the response (i.e., open vs. closed environments).

» **Non-verbal Cues**

- Open body posture
- Eye contact

Cross Systems Collaboration

Effective community stabilization requires looking beyond the identified person receiving the service:

» What is the nature of the larger disruption?

» Who is impacted?

» What other systems/partners have responsibilities here?

Steps we can take include:

» Effective engagement of and communication with system/cross-system partners

» Supportive consultation and collaborative planning

When our engagement is well received, we:

» Build mutual trust and their belief in our efficacy

» Increase the likelihood they will use the mobile crisis services again, and reduce use of Emergency Department and 911

» Demonstrate approaches and strategies that work

Pre-deployment Tips

When you receive a service request, consider: Who are the essential parties?

» Are their subjective experiences and priorities the same or different?

» Are their subjective experiences legitimate?

» Whose priorities are important in successfully resolving this crisis?

Mobile Crisis Services often involve:

» Engaging with multiple parties

» Managing different experiences and different priorities
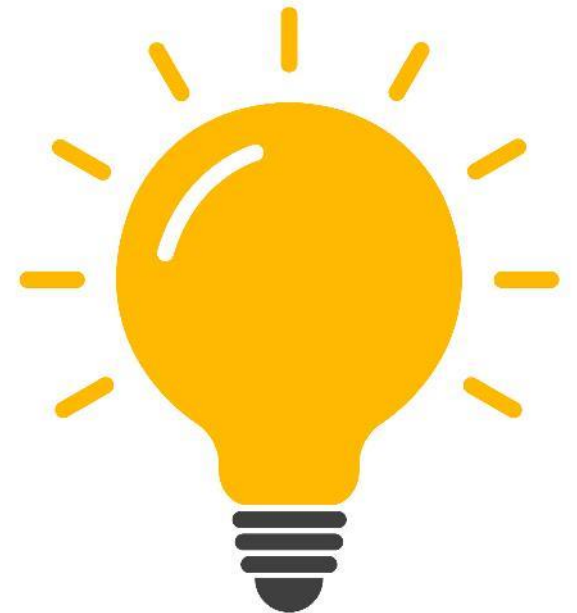
From Jackson's Lens…

"I hate living here, nobody respects my belongings or personal space. I hate having to share a space with someone different every other week while I'm stuck here day after day. This new resident never leaves me alone. The staff here don't listen to me when I tell them about this person stealing from me, they only listen when I make threats. The more extreme the threat, the quicker I'll get what I need. All I want is for my things to be left alone. It shouldn't be like this, but what choice do I have when nobody listens to me?"

Arrival

You arrive at the residential home and see a chaotic scene outside. One police officer is interviewing a man near their cruiser. Another is talking with a woman on the porch. On the side of the house, you see a man that is pacing, agitated, and yelling. A woman is telling him to calm down.

Where are you?

Colvin & Sugai (1989) Stages of Behavior Escalation
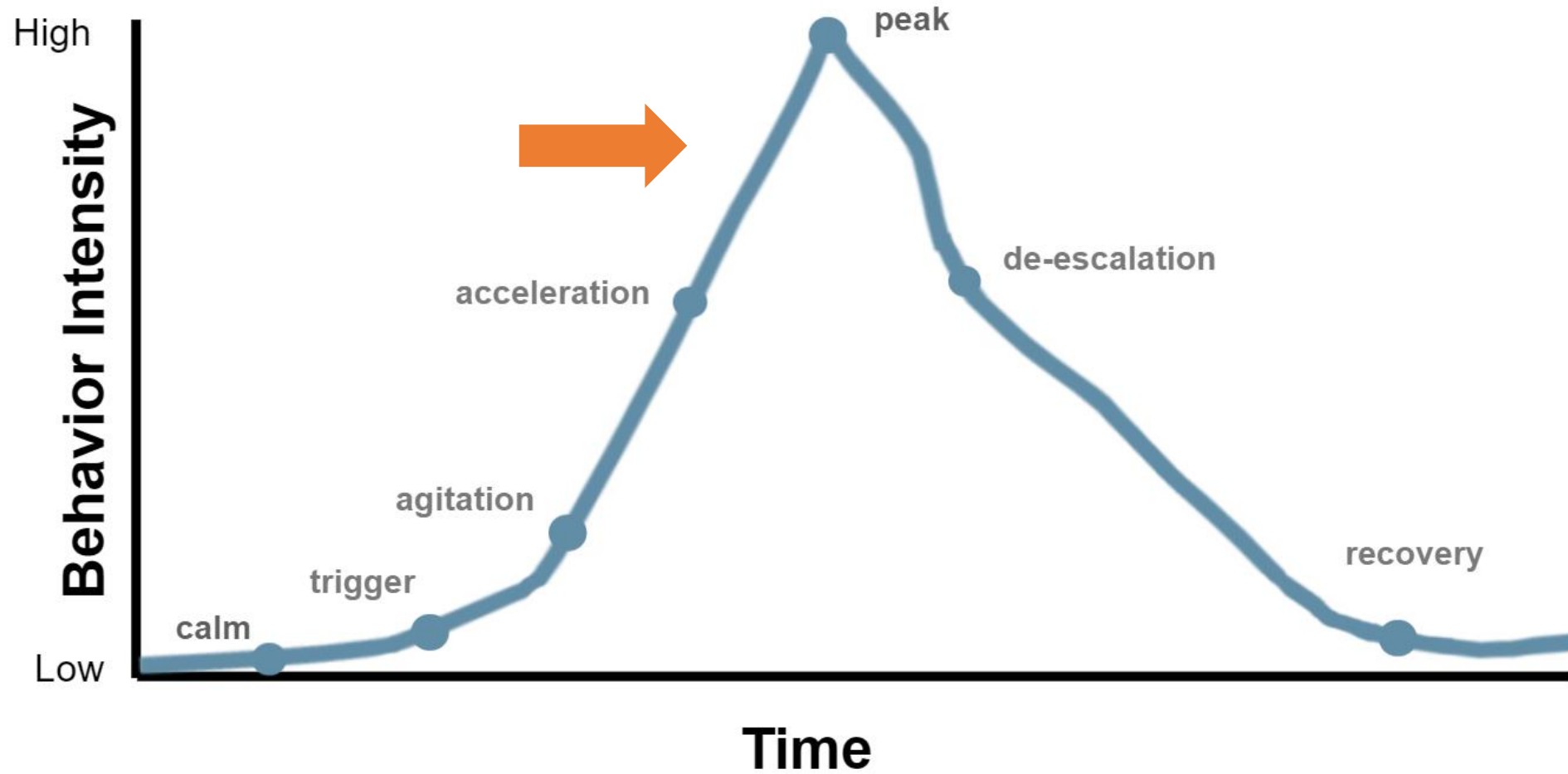
Consider + Chat

» What is your first step?

» Who are the essential parties to engage?

» What team members take which roles?

» In what order do you approach the parties?

» What might you do as a team?

» What might you do separately?

Cross Systems Collaboration

When responding to a call (e.g., school, homeless shelter), connect with the most senior person or their designee (principal, manager in charge) so they are:

» Aware of the nature of the crisis.

» Aware of our presence, role, goal, and any limits to what we will do.

» Engaged in (or assigning someone to be engaged in) problem-solving.

» Considering broader facility implications and opportunities that are in their control.

» Contacted again when we leave.

» Prepared to follow through internally once we have left.

Cross-Systems Collaboration

When law enforcement is on the scene:

» Clarify roles and priorities for each party.

» Seek consensus on who will lead.

» Communicate on current status and again as you are preparing to depart.

» Be prepared for law enforcement to leave when they have completed their scope of work (communicate any concerns with them doing so).
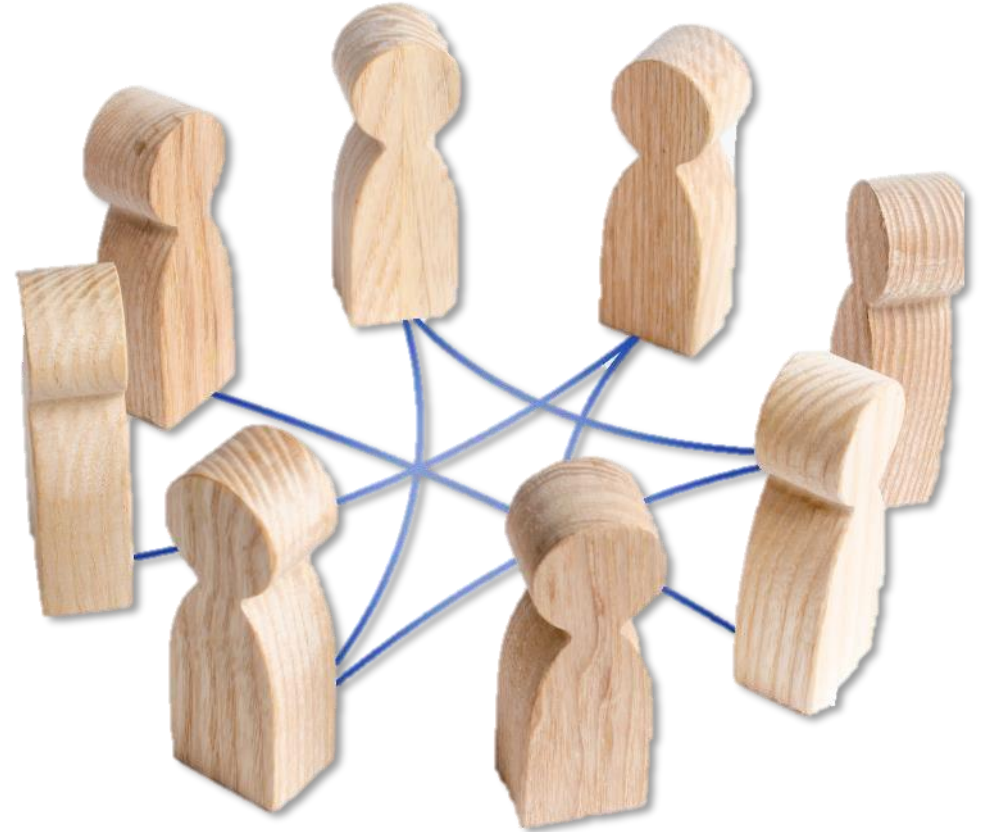
Skills and Strategies: Arrival

» Establish rapport with cross system partners.

» Develop consensus on how to proceed.

» Situational Awareness: Is it safe to approach? Is there a confidential space to speak to the person in crisis?

» Consult with team members.

Engaging Staff

» We can see you have your hands full here.

» When you have a minute, we would like to introduce ourselves.

» We were requested to come to the scene by (insert name).

» Are you familiar with our agency and Mobile Crisis Services?

» Do you have any updates about what happened/what is happening?

» How is Jackson doing now?

Engaging Staff

» How are the staff doing?

» The purpose of our service is to support Jackson in crisis de-escalation, problem-solving, planning, and considering any treatment options that might make sense. Often, things are resolved well enough that people can stay where they are.

» Do you have any thoughts about what you would like to see happen?

» How does Jackson relate to others in the home?

» We would like to talk to Jackson, and then circle back to talk to you. How does that sound? Is there anything else we need to know beforehand?

Engaging Law Enforcement

» We'd like to introduce ourselves. Is now a good time?

» We were requested to come to the scene by (insert name).

» Are you familiar with our agency and Mobile Crisis Services?

» We would like to meet with Jackson to try and de-escalate the situation and do some problem-solving.

» Is now a good time to do that, or should we wait until you have finished your work?

Engaging Law Enforcement

» Are there any other things you think we should know?

» Do you anticipate Jackson will be arrested or face charges?

» If it is indicated, do you have any concerns about him leaving here for treatment services?

» We will touch base with you if we leave first. Could you please do the same?

From Jackson's Lens...

"All these people are useless. They called the cops on me and now this escalated way farther than it needed to. I wish someone would have just listened to what I was needing. Now everyone is just scared I'm going to hurt someone. I don't understand why things must be this hard. I'm mentally exhausted and angry, I feel like I'm being treated like I'm incompetent and my needs don't matter. What's going to happen to me now? I don't want to be arrested or hospitalized, but why else would they call these people? They just don't want to deal with me. I just wanted someone to listen; yelling and causing a scene seems to be getting everyone's attention."

The Approach

Jackson is now sitting in a private area, on the back porch of the residential home and the young woman, who you now know is a staff person, is watching him from across the yard. He is still clearly upset, pounding his fists on the table, and yelling about being mistreated.

Jackson says to you, "*There is no reason for me to have to meet with you! I am the victim—why am I the one in trouble? I have rights! She (residential home staff) had no right to make me leave my room and call the cops on me. They never believe me! That is how those staff are in this place. You can't trust any of them.*"

Where are you?

Colvin & Sugai (1989) Stages of Behavior Escalation
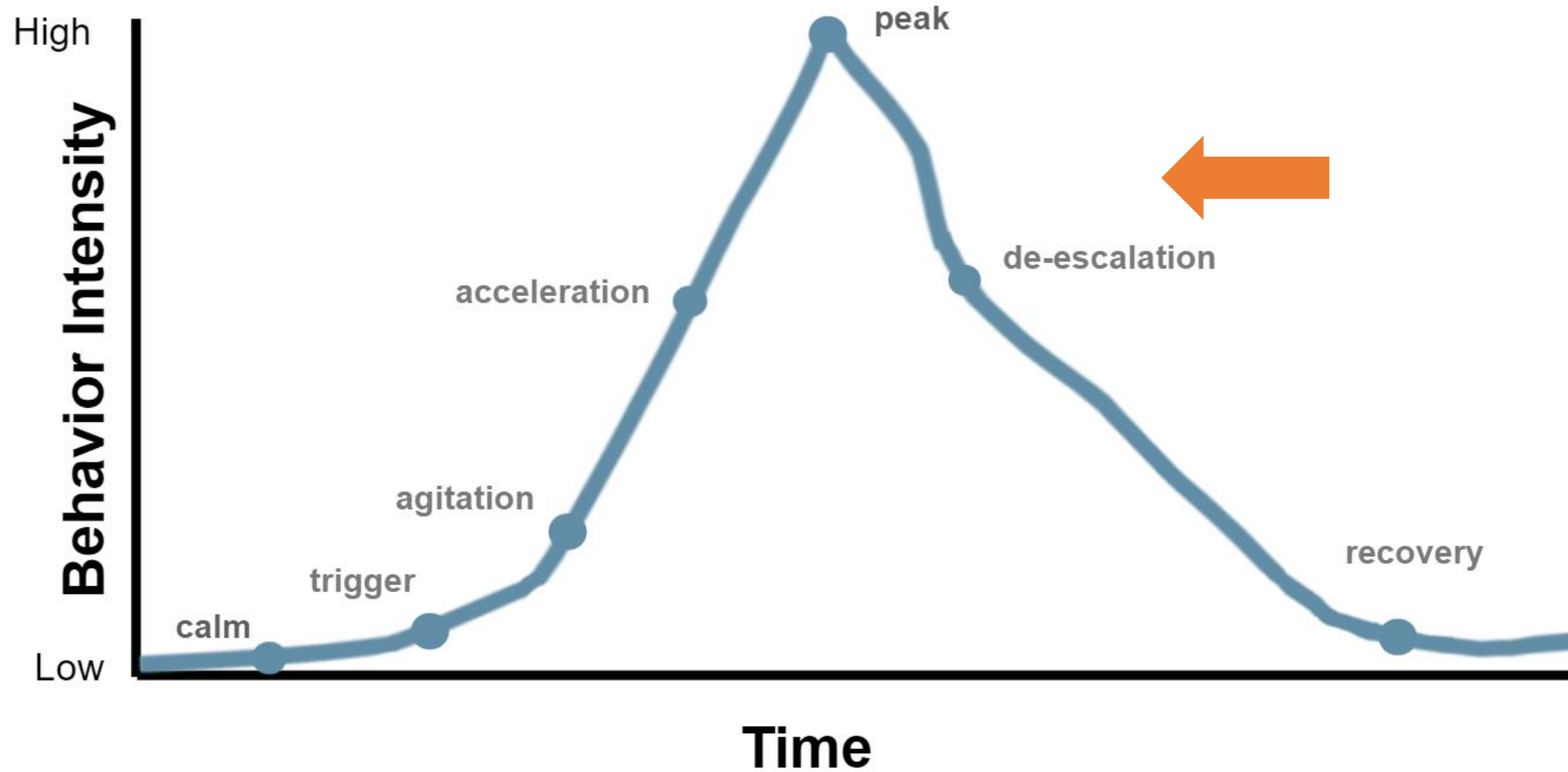
Consider + Chat

» How would you approach Jackson?

» Are there any mental steps you are taking?

» Are there any stories you have about Jackson?

» Are there any verbal and non-verbal approaches you might employ?

Skills and Strategies: The Approach
Verbal Intervention

Be	Avoid
1. Calm	1. Overreacting
2. Safe and isolate the situation	2. Getting in a power struggle
3. Prepared to enforce limits	3. Making a false promise
4. An active listener	4. Showing disinterest
5. Aware of nonverbal cues	5. Being closed off
6. Consistent	6. Using jargon (it tends to confuse and frustrate)

Active Listening

Definition: Active listening is a way of listening that involves full **attention** to what is being said for the primary purpose of understanding the person.

Key Elements

Using a variety of **active listening** tools will convey to the individual that you are safe and supportive. Examples:

» **paraphrasing** what is said

» allowing for **silence and reflection**

» **validating** how they feel (reflecting an emotion)

Empathic Listening

Definition: An active process to discern what a person is saying.

Key Elements

» Be nonjudgmental.

» Give undivided attention.

» Listen carefully to what the person is really saying (focus on feelings, not just facts).

» Allow silence for reflection.

» Use restatement to clarify messages.

Empathic Listening Goals in De-escalation

» Listen to obtain an understanding from the person in crisis.

» Identify their most pressing issue.

» Identify the key facts most important to the person in crisis.

» Identity the core emotions and feelings the person in crisis is experiencing.

» Identify what their needs are and what can be done to meet those needs.

» The focus is on providing relief and resolution.

"

Nonverbal behavior sends a powerful message. Often, the first impression you make is based upon how you look. The challenge is how to make that impression useful in the service of crisis intervention.

- Mitchell & Everly Critical Incident Stress Management

Skills and Strategies: The Approach
Non-Verbal Intervention

Be	Avoid
1. Aware of silence	1. Excessive silence
2. Aware of expressions/eye contact	2. Being overly expressive
3. Aware of body language	3. Closed body language
4. Aware of posture	4. Being too rigid
5. Respectful of personal distance	5. Interfering with personal space
6. Aware of how you say what you say: tone, volume and cadence	6. High volume, choppy cadence and tone

De-escalating Effectively

» What is happening?

» Say more about that (mistrust, feeling blamed…).

» That sounds very (upsetting, scary)--your feelings make a lot of sense to me.

» What do you have a hard time (trusting)?

» What do you think the staff do not understand?

De-escalating Effectively

» How is it that you came to live in this home?

» What has your experience been like living here?

» What is the hardest part about it?

» What are the things that you do like about it?

» When do things go best for you in the home?

From Jackson's Lens...

"At least these people are listening to me. Nobody ever lets me share my side of the story. I like how these people will listen and let me talk. I still don't trust them, but it feels good to be able to vent and not feel judged. I don't feel the need to yell right now, and I feel calmer."

Engagement

Jackson is much calmer now. His motor agitation has settled, and he is engaged with the team. He is listening and expressing his thoughts and feelings. He says he does not want to kill the other resident, and never would but he is angry at him and very tired of living in the residential home, not having privacy, and having people get in his things.

Where are you?

Colvin & Sugai (1989) Stages of Behavior Escalation
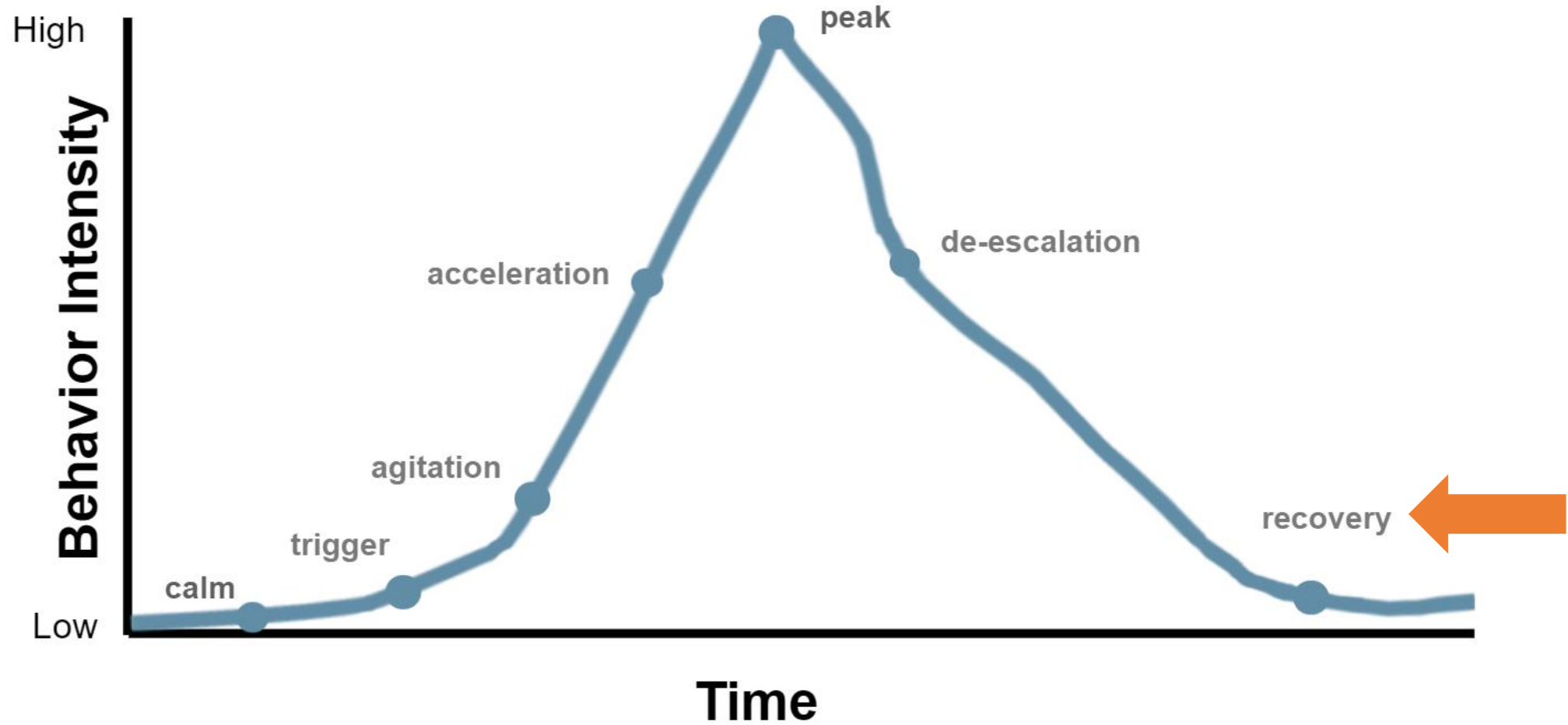
Consider + Chat

» What verbal strategies might you use to continue the conversation?

» What cues are available that would indicate Jackson is ready for a resolution?

» What strategies might you use to move Jackson towards resolution?

Collaborative Problem Solving

» Determine the safest next steps.

» Recognize that you cannot force individuals to act appropriately.

» Effective limit setting means offering choices, stating the consequences of those choices, and stating the positive choice first.

Key Elements

» Simple and clear

» Reasonable

» Enforceable

Collaborative Problem Solving

» I am curious, how do you think the staff are feeling about today?

» Do you have thoughts on what might happen if you make threats again?

» Do you think it is likely that could happen again?

» Do you have any ideas that would make you feel safer/less worried about your belongings?

Collaborative Problem Solving

» Based on what happened today and how you are feeling, you do meet the criteria for … (hospitalization)?

» Have you experienced hospitalization before? What made it helpful? Did anything make it hard?

» What would you think about going to the hospital today?

» Are there other ideas you have that could be considered instead of hospitalization?

From Jackson's Lens...

"I feel a little better now. I'm still angry that things had to escalate this much, but my body feels calmer, I can breathe now. I didn't realize talking it out and having a calm space and presence to do that would be helpful for me. I'm just tired and frustrated more than I am angry. I don't feel heard here. I don't feel like my personal space is protected here, and I don't have anybody to talk to about it. I wish more staff responded the way these peer advocates did, things never would have gotten this bad."

Recovery

Jackson is calmer, but you look towards the house and see that the manager and staff member are talking and appear to be upset and shaken by what happened.

Consider + Chat

» What other factors may contribute to Jackson escalating again?

» What considerations should you include in safety planning (i.e., staff agitation, physical environment safety)?

» How might you include the residential home staff as part of the safety plan?

Recovery - Person in Crisis

» Individual now has physical and emotional control.

» Able to establish the facts about what happened.

» Discuss and bring awareness to patterns.

» What alternatives does the individual have for future changes?

» Aim for negotiation and agreement for future behavior.

» Give responsibility, support, and encouragement.

Recovery - Others

» All staff must be in control before discussing the incident.

» Exchange information about the facts.

» Review the information: are there patterns in the ways staff respond to crisis situations?

» Explore ways to prevent future interventions.

» Agree to changes that will improve future efforts to prevent and respond to crises.

» Express trust and respect.

Tension Reduction Strategies for Jackson

What good ideas do you have for:

» Feeling safer in your home?

» What to do when someone takes your things?

» When you are stressed, what kinds of things calm you down the best?

From Jackson's Lens...

"I feel better, but why does the group home staff still look upset? I didn't hurt anyone. I don't understand why I keep being painted to be the bad guy."

"That's a relief that the officers are leaving; they were never needed in the first place. Their presence felt intimidating and insulting that the staff felt it was even needed. I guess I made some scary threats, but I didn't mean them."

Tension Reduction Strategies for Staff/Family

» What was the experience like for you and your team?

» Have you all had a chance to catch your breath?

» How is it that Jackson came to this home?

» How has his experience living here been?

» When does he do best?

» In what circumstances does he struggle?

» What approaches work best?

» Jackson mentioned that (a locked drawer) would help him feel less worried about his belongings. I am curious, is that something he could get?

Tension Reduction Strategies for Staff/Family

If a staff member takes a STANCE, get curious.

Facility Supervisor: *Jackson needs to go to the hospital.*

Mobile Team: *SAY MORE—What are the good reasons for Jackson to go to the hospital?*

I am curious, has he been hospitalized before? How did he experience it? I am curious, do you think he had a good health benefit?

Are there some alternatives that are acceptable to you that might help Jackson feel safer at home, and reduce the likelihood of another incident?

Safety Planning

Now we turn to using our cross-collaboration systems/supports.

Consider + Chat

» Basic needs

» Referral arrangements

» Warm handoffs

» Direct linkages

» Follow-up

What services are you able to provide once the situation has stabilized?

Tension Reduction Strategies for Staff/Family

» Jackson has some ideas for feeling safer in the house and for managing his feelings—Jackson, could you share those thoughts?

» (Manager) has some thoughts about what might help as well. (Manager), could you share those thoughts?

» Which of these ideas could go into a safety plan?

» Are we missing anything important?

» Does this feel like it is a plan that could work?

From Jackson's Lens...

"I feel like I'm in a much better space to voice my frustrations now that I was able to talk it out. I hope they're going to hear me out this time, I don't like escalating things, but I just feel like I don't have a choice when I'm not being heard. Having someone who will listen, empathize with me, and support me with my concerns instead of brushing me off feels most supportive for everyone involved. I don't appreciate the judgment, being ignored and blamed, and being spoken to like my opinions and feelings don't matter, nobody would."

Consider + Chat

» How soon after an incident can you debrief with staff?

» What factors should be considered in deciding when debriefing should take place?

» What can you do immediately to improve your debriefing or communication with individuals in your care?

» What can you do immediately to support your own experience during this crisis response?

Post Action Support

Review	Respond	Remind
How did it go?	How has this mobile crisis service affected you?	What will I do to take care of myself?
What was the effectiveness of the team composition?	Is there anything to debrief that significantly impacted the outcome for Jackson?	
What was the use of the mobile crisis service for Jackson?	Who do I reach out to if I need additional support in my role as a mobile crisis responder?	
Did the mobile crisis service go as planned? With Jackson? With the staff? With others involved in the crisis?		
Did the collaboration go as planned?		
How did it go for me?		
What was the easiest? Hardest?		

Learning Opportunities

» It is important to debrief what worked as a team or individually.

» Tracking interactions will support expanding on different strategies and lead to improved supervision.

» Supporting individuals on the team will also lead to job satisfaction.

Post Action Support…
Reminding and Expanding

» How can we prevent burnout?

» How can we manage it by being intentional about the work?

» How might we adopt or cultivate practices that enhance our outreach approaches (clinicians and peers alike)?

Summary

» Crisis de-escalation is an integrated experience.

» Being aware of precipitating factors supports your understanding of what the person in crisis is experiencing.

» Our attitudes can impact the de-escalation process.

» Verbal and non-verbal communication support the de-escalation process.

» Collaboration with (and sometimes de-escalation of) other players is part of the mobile crisis service experience.

» There is no perfection in this work, but we can make it more predictable and influence the outcome by our planful approach.

Equipping Your Teams

Crisis Prevention Institute, Inc.

» Person-Centered Training Programs

» 1980 research supported

» Train the Trainer Model

Pro-ACT, Inc.

» Principles

» 1975

» Train the Trainer Model and Employee Training

Questions

Appreciation!

Your feedback is important to us!

Post-Survey, attendees must opt into the 90-day survey so we can collect your emails to send out the Certificates of Completion.

The completion of this survey is vital to our quality control and to the future funding of this project, as it allows us to provide you with training and technical assistance at no cost. In addition, it allows us to continually improve our services and provide the information and resources you need in the field.

Please take a few minutes to complete the survey!
Your time and feedback are greatly appreciated and valued!

References

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