M-TAC

Medi-Cal Mobile Crisis Training and Technical Assistance Center

Strategies for Supporting Individuals in Crisis Experiencing Psychosis

A Tool for Mobile Crisis Teams Informed by Voices of Lived Experience

2025

Introduction

This handout highlights key reflections and practice strategies to help crisis teams approach psychosis with cultural responsiveness, dignity, and care. It summarizes the voices of lived experience from four Communities of Practice sessions focused on psychosis and crisis response. Twelve panelists – including individuals with lived experience, family members, and peer providers – shared powerful stories and practical recommendations for mobile crisis teams engaging with individuals in crisis.

Each section highlights core themes, actionable strategies, and voices of lived experience to support more person-centered, culturally responsive crisis care. We encourage teams to use these insights in supervision, team meetings, and training settings to spark reflection, deepen learning, and strengthen crisis response practices. To learn more about the individuals who shaped this resource, see the contributors at the end.

Themes & Strategies

1. Understanding Psychosis Through Lived Experience

Psychosis is deeply personal and cultural, and it is often an intergenerational experience. Mobile crisis teams should lead with compassion, curiosity, and humility. Learning from lived experience can provide mobile crisis teams with deeper insight into an individual's experience and their personal meaning of psychosis (e.g., altered states, non-consensus realities, or spiritual experiences) rather than symptoms of illness. Many panelists with lived experience shared feeling misunderstood, pathologized, or surveilled when interacting with crisis providers. Other panelists had providers who engaged in ways that were person-centered and avoided medicalized labels; these strategies fostered reduced feelings of shame and supported the individual's autonomy.

Voices of Lived Experience:

- ***"It was like too much reality with reality." - Becky***
- ***"I intentionally separate psychiatric and therapeutic care so I don't get labeled disabled." - Nze***
- ***"She wasn't violent—she was terrified. What I saw wasn't aggression, it was fear." - Edith***

Provider Engagement Strategies

Strategy	Description	Example Language
Ask Meaning-Making Questions	Empower the person to define their experience on their own terms. Avoid assigning meaning or assuming context.	• "What does this experience mean to you?" • "Has anything like this happened before? How did you make sense of it?"
Use Open-Ended, Nonjudgmental Questions	Encourage reflection and open dialogue. Avoid using yes-or-no questions or diagnostic terms and phrasing unless introduced by the person.	• "What would you call what you're going through?" • "How would you describe what's happening, in your own words?"
Mirror the Language the Person Uses	Reflect the person's chosen words (e.g., "visions," "messages," "energy,") rather than replacing them with clinical terms.	• "You mentioned 'a spiritual awakening'—can you tell me more about that?" • "What language feels right for you?"
Ask Permission Before Using Clinical Terms	Introduce clinical terms only if necessary. Always seek consent and clarity on how the person relates to these terms.	• "Some people might call that [term], but I want to use whatever language feels right to you. What would you prefer?"

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Strategy	Description	Example Language
Avoid Assumptions About Diagnosis or Identity	Don't presume the person identifies with or accepts mental health labels. Ask if they're familiar with them and if they relate to them.	• "Have you heard terms like 'psychosis' before? • "Do those terms feel like they fit your experience?"

2. Relationships, Power, and Identity

Effective crisis care acknowledges systemic power and personal identity. Many panelists shared they had experienced coercion, control, or assumptions from providers that made them feel disempowered or erased. Panelists shared that their voices felt minimized and overpowered by family and other individuals present during the crisis response. Crisis teams often prioritize the caller's narrative, as this may be the only information available before they arrive on scene. When the caller is requesting assistance on behalf of another person, this framing can cause misalignment with the person experiencing distress.

Voices of Lived Experience:

- ***"Support is not rescue. It's returning agency." - Nze***
- ***"Some hospitals weren't able to support me as a trans person." - Steve***
- ***"Enter the space with humanity." - Skip***

Provider Engagement Strategies

Strategy	Description	Example Language/Actions
Center the Person as the Expert	Acknowledge that the person is the authority on their own experience. Collaborate; don't "fix" or direct without consent.	• "You know yourself best—what feels most important right now?" • "What would be most helpful from me in this moment?"
Level Power Dynamics	Be mindful of the inherent power you hold as a provider. Avoid using authority-driven language or tone.	• Sit or stand at the same level as the person. • Use collaborative language: "Would it be okay if we . . .?" instead of "You need to . . .."
Acknowledge Past Harm or Mistrust	Understand that many people have had negative experiences with systems. Validate their wariness without defensiveness.	• "I know not everyone has felt respected or safe in situations like this. I want to make sure you feel heard and feel that you have choices and control over your life."

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Strategy	Description	Example Language/Actions
Affirm Cultural, Racial, and Identity-Based Experience	People's understandings of their experiences may be shaped by culture, faith, race, gender identity, or trauma. Honor these frameworks.	• "Are there ways your culture or community would describe what you're going through?" • "How do your beliefs help you make sense of this?"
Do Not Prioritize the Family's Experience Over the Individual's Experience	While family input may be valuable, the person in crisis should remain at the center of care and decision-making. Respect their boundaries and wishes.	• "I hear that your family has concerns, and I also want to make sure we're honoring your perspective. What feels right to you?" • "Would you like them involved, or not?"

3. Crisis Requires Radical Empathy and Patience

Empathetic crisis support begins with provider self-awareness and regulation. When crisis teams foster an empathetic and calm presence, they can meaningfully engage with individuals in crisis through a person-focused lens. Many panelists experienced rushed, clinical, or impersonal care, which made them feel invisible, invalidated, or infantilized. It is important for crisis teams to regulate their own energy, move calmly, and prioritize connection.

Voices of Lived Experience:

- ***"Validate their experience, even if that reality isn't shared. It's OK to just listen." - Shannon***
- ***"The way I do crisis response is like midwifery. It takes as long as it takes." - Stefanie***
- ***"Ask people: How do you want to feel?" - Nze***
- ***"Try to withhold judgment. Maybe their anger is valid." - Becky***

Provider Engagement Strategies

Strategy	Description	Example Language/Actions
Lead with Empathy, Not Control	Approach with compassion, not authority. Validate emotions before addressing content.	• "That sounds like a lot to be holding right now." • "You don't have to go through this alone. I'm here with you."
Model a Calm and Regulated Presence	Your tone, posture, and breath affect the person's nervous system. Show steadiness without pressure, as this can offer the individual an opportunity to co-regulate with you.	• Speak slowly, keep body language open, and breathe steadily. • "We have time. There's no rush here."
Stay Grounded in Uncertainty	You may not fully understand the person's experience—and that's okay. Trust-building starts with humility.	• "I may not fully understand what you're going through, but I want to listen and try." • Avoid intellectualizing or trying to "figure it out" too quickly.
Take Time to Build Trust Before Taking Action	Avoid jumping into solutions, assessments, or interventions. Let the relationship lead.	• "Before we make any plans, let's just talk a bit. Whatever you want to share is okay."
Invite, Don't Push	Extend invitations rather than making demands. Give the person space to say "no" or ask for alternatives.	• "Would you feel okay sitting down while we talk?" • "Would it feel okay to keep talking, or would a pause help right now?"

4. Family and Community Involvement: Partnership, Not Control

Many panelists described family involvement that felt intrusive or misaligned, making them feel surveilled, undermined, or silenced. Families themselves may also be in crisis, and their fear can escalate the situation. Families can be powerful allies; however, strategies for engaging families should honor the voice and choice of the individual in crisis. Mobile crisis teams can support families without making them the focus of the intervention and model healthy boundaries to build rapport and trust.

Voices of Lived Experience:

- ***"My greatest teacher was my daughter. Families need to feel empowered." - Bonnie***
- ***"Some people just need to hear: You're OK." - Nze***
- ***"Don't underestimate the power of one trusted adult." - Jason***

Provider Engagement Strategies

Strategy	Description	Example Language/Actions
Clarify Boundaries Between the Person and the Family Narrative	Avoid treating family perceptions as the full truth. Prioritize the individual's voice, even when the family is distressed or demanding action.	• "I hear your family's concern, and I also want to make space for your own view. What feels true for you right now?"
Don't Share Information Without Consent	The person in crisis has a right to privacy unless there's an imminent safety concern. Always seek consent before sharing details with family or others.	• "Would it be okay if I shared a bit of what you've told me with your family?" • "You can decide what's shared and what stays between us."
Recognize Family and Cultural Roles with Care	Acknowledge that in some cultures or communities, families play central roles. Respect this without overriding the individual's rights or needs.	• "We know family is important in many communities. Let's also check in with [person's name] about how they'd like their family to be involved."
Coach Families in Supportive Communication	Help families shift from controlling or reactive language to calm, validating approaches.	• "Instead of correcting their experience, try saying something like, 'I'm here with you,' or 'That sounds like it's really hard for you right now.'"
Avoid "Rescue" Framing or Over-Involvement	Treat the person in crisis as capable. Avoid treating family as saviors. This reinforces helplessness and undermines autonomy.	• "We want to support [person's name] in ways that build their confidence and control over their situation, not take over for them."

5. Coordinated Specialty Care (CSC) and Healing Pathways

Mobile crisis teams play a pivotal role in connecting people to care that reflects their identity, values, and goals, not just whatever is available in the system or what others want for them. Many panelists described CSC as transformative—but only when it was accessible, culturally relevant, and paired with autonomy. Panelists shared that when referrals are inappropriate or misaligned with identity, it can be retraumatizing and lead to lower levels of engagement or even disengagement from services completely.

Voices of Lived Experience:

- ***"It's not just the warm handoff—it's where you're sending them." - Steve***
- ***"CSC was a safe haven when I was hopeless." - Sean***
- ***"I didn't realize I was in a CSC program—it just felt like I had a whole team who cared." - Davy***

Provider Engagement Strategies

Strategy	Description	Example Language/Actions
Explain What CSC Is—and What It Isn't	CSC is one pathway, not the only one. Clarify that it offers multidisciplinary, recovery-oriented support, not forced treatment or lifelong labeling.	• "I hear your family's concern, and I also want to make space for your own view. What feels true for you right now?"
Offer Alternatives Like Peer Respite, Warmlines, and Culturally Grounded Services	Provide a range of options, especially ones led by peers, grounded in community, or reflective of the person's cultural or spiritual lens.	• "There's a peer-run respite nearby where you can go to rest and reflect." • "Some people call warmlines to talk with others who've been through similar things."
Frame Healing as Multidimensional	Recovery is not only about symptoms—it's about meaning, connection, autonomy, and identity. Encourage people to define healing for themselves.	• "What does healing mean to you?" • "What would feeling more grounded or in control look like in your life right now?"
Understand That Peer Support Is Essential, Not Optional	Peer support offers lived-experience wisdom that clinical teams can't provide. It should be integrated into all care, not treated as an "extra." Mobile crisis teams should ensure that peer roles are available and visible within the support system.	• "Would you like to talk with someone who's lived through similar experiences?"
Support Self-Directed Recovery Plans	Let the individual take the lead in setting goals and defining success. Encourage collaboration, not compliance.	• "What do you want to work on first?" • "You get to decide what your recovery looks like. We're here to support your vision, not impose one."

What's Next?

Use this handout as a springboard for ongoing reflection and team learning. Bring these strategies into supervision, team huddles, or policy conversations to deepen practice and cultural responsiveness.

We recommend exploring these companion resources:

- **Responding to Psychosis: A Visual Tool for Mobile Crisis Teams –** *an illustrated scenario that brings these strategies to life through dialogue, tips, and reflection prompts.*
- **Mobile Crisis Response Training Discussion and Facilitation Guide –** *a set of discussion questions and exercises to connect training concepts to real-world practice.*

Contributors

This resource was written in collaboration with the Medi-Cal Mobile Crisis Training and Technical Assistance Center Team and 12 individuals with lived experiences of psychosis, family involvement, and peer support. We are deeply grateful to the following individuals for generously sharing their stories, insights, and expertise.

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