
Crisis Prevention and Intervention

DMHAS PSH Programs



Agenda



Trauma-Informed Approach

Safety and Tension Centers

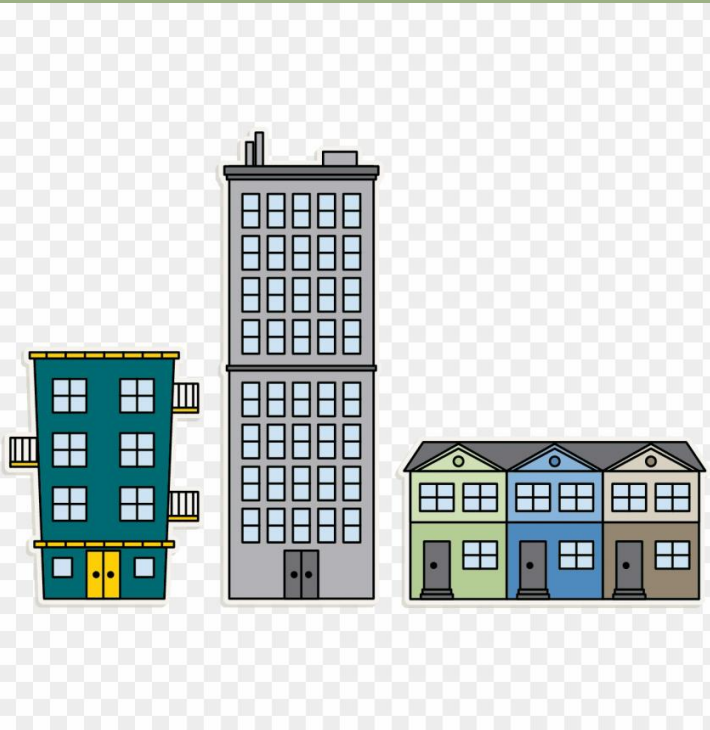
De-escalation Principles and Techniques

Using Mediation

When Things Escalate and the Assault Cycle

Getting Help from the Team and Community

Introduction



Participants in PSH have a variety of life experiences that can create or exacerbate engagement in high-risk and crisis-driven behaviors

These past experiences may cause people to react in a way that is not safe and may precipitate a crisis

Long-term homelessness, post traumatic stress disorders, family/partner violence, substance use, and mental illness are some of the experience's participants may have

Staff working in PSH programs may also be triggered as these issues come up making it more difficult to get enough distance from the situation to effectively intervene

Working to ensure safety of the all tenants, participants, the household and the worker is a critical aspect of the work

Assisting people to reduce or eliminate the risky behaviors is a key focus of services to end homelessness.

Crisis Prevention



- Crisis rarely happens all of a sudden there are usually signs leading up to an incident.
- Crisis prevention starts with a way of being with people
- The work done in engagement sets the tone for the work, mutuality, valuing each persons input and hope for resolution
- Being trustworthy and consistent are key components.
- Setting limits in a consistent and non-personal way is also key
- Crisis or disruptive behavior is often a way that people try to get their needs met. Many people we serve have been in crisis their entire lives
- The system of care for poor and disenfranchised people is also often crisis driven.
- There are tools available here that change that narrative.
- Persistent engagement a great example of that change. Efforts are made to offer services to people without the crisis.
- We want to reinforce ways people get help without the crisis.

Persistent Engagement Exercise

Think of someone who is not engaging

- They may be passively not engaging, aggressively not engaging, or a combo

What do they do during a normal day?

- Are there times when things are calm, or the person seems to be enjoying an activity?

What have you tried to connect with them during those moments?

What behaviors / skills are you rewarding through time and attention?

- This could just be you are happy to see them

How will this connection and knowledge help you in times of strife or in moving things forward?

Full Group Example

Maria largely stayed by herself. She did not like people talking to her. She had several incidents in the building that involved screaming and threatening behavior and once a fight with another resident. The staff tried to talk to her, and she just stared. Now they are worried about the next incident and were keeping an eye on her. She often leaves the building at night and goes to the quiet lobby or even outside. She leaves during the day, and walks to the park, just sitting on a bench. You did notice that she gravitates to the front desk when they play the radio and sits in the common areas when music is on TV.

How would you engage Maria?

What do you see as opportunities here?

What do you talk to her about?

How will this help next time she gets agitated?





Awareness of Self

One of the main tools we bring to crisis is our self. Effective use of self can make a big difference in how crisis/conflict situations go.

Emotional Inventory

- Are you calm and present? Tense and agitated? Distracted? Happy and ready for anything?

Reaction to the Situation

- Does this trigger your own issues? Does the crisis seem exaggerated or unimportant? Do you feel prepared to handle things? Are you tired of the same thing happening over and over? Are you scared/empathetic/confused or something else?

Resources

- Who/what is available to support you in the situation?

Principles of a Trauma-Informed Approach*

1. Safety

2. Trustworthiness and Transparency

3. Peer Support

4. Collaboration and Mutuality

5. Empowerment, Voice and Choice

6. Cultural, Historical, Racial and Gender Issues

*Adapted from SAMHSA Trauma Informed Care



Helping People Feel Safe and in- Control in Their Environment



Knowing rights and the process: If people know their rights and the process, it establishes a track to get needs met

Redress: If someone feels they have been treated unfairly what is the recourse: Discussion with team, grievance procedures and someone to help them navigate the process.

Paying attention to small clues: If someone is behaving in a way that is different; all staff pay attention. It could be dressing better or worse, it could be a change in affect, it could be a change in schedule, it could be showing up for meals differently, it could be a change in associates or using services differently. We want to ask about it and offer support and/or assistance.

Understand racial, gender and cultural experiences that affect perceptions of safety and sense of control in situations.

Team structure: there are often times when people get agitated when their worker is not there. Working as a team means others can step in. We want to practice people getting needs met by other staff, so in a crisis they do not rely on just one person

Creating norms around safety and respect

What behaviors do you support/reward?

- Kindness
- Helping other tenants or staff
- Having a plan and using it to regain control
- Using established ways for grievances or appeals
- Contributing to plan
- Following up with agreed upon tasks
- Respecting others
- Following the rules or the lease
- Others?



How are they supported?

- Recognizing them in a conversations
- Time and attention
- Following through when people use established ways to resolve problems
- Asking them to share the process in groups
- Write them a letter or recognize with award or certificate
- Mentoring and modeling these behaviors
- Sticking to a predictable process (e.g., if people follow the lease for two months they get a letter acknowledging this)
- Others?

Look for Tension Areas/Centers



Think about where the conflicts are likely to arise:

Is the front door, lobby, mailboxes, and/or staff office a conflict area? Are there ways to ease the tension?

- Is it a **large enough** area so if people have a request, it is not public or draw comments?
- Are the rules clear, explained and **consistently** enforced so everyone knows where they stand?
- Are the rules **equitable**? Do some people get a break while others have to follow set protocols?
- Is the staff put in a place where they are protecting a boundary – which can take on a **confrontational stance**?
- Is the **area safe**, are there things that could do injury in the area?
- Are tenants supported for walking away from a conflict, is there a **place to escape** to?
- Example if someone is having trouble with a neighbor, do they have somewhere to go to get help

Breakout Discussions – Tension Centers

Introduce yourselves to one another

Discussion prompts:

Are there tension centers or areas in your program?

- If so, what are they?
- Are there ways you can think of making them less tense and more calm?

Are there times of the month/year where you experience more conflict/crisis?

- Think holidays, back to school etc.
- Are there things you can do to prevent/minimize conflicts/crises?



The First Response in a Conflict or Crisis



- Think about how you can calm things down
- Does staff have techniques they can use?
- Always have a back up plan if the crisis escalates or if there is a risk of injury
 - Know where to get emergency assistance
 - Be prepared to continue de escalation techniques until help arrives
- If you need to tap out – do and be ready with someone else who can help
- Sometimes leaving and coming back later is the best strategy
- If you have a relationship with the person and know their history, that will help
- Offer options, validate feelings
- Be aware that things like being hungry, thirsty, tired or even needing drugs/alcohol may be the problem and be prepared to deal with that.

De-escalation Techniques*

- Be empathic, respectful and nonjudgmental
- Respect personal space
- Maintain physical safety of all – egress, physical distance, maybe relocate?
- Keep your tone and body language neutral and calm
- Avoid over-reacting – remain calm & professional
- Ignore challenging questions
- If needed, set limits clearly and simply offer choices
- Offer options/choices for relief and to solve the problem – e.g., glass of water, have a seat



De-escalation Techniques* - 2

- Don't say "calm down" but act calmly and slow things down: for example, lower your voice and talk slower
- Listen for the person's feelings and real message.
- Acknowledge person's feelings – frustrated, scared, annoyed, etc.
- Keep the focus on how you can work together to solve the problem
- Allow silence for reflection
- Allow time for decisions
- Positive self-talk – "I can handle this..."
- Seek help as needed and exit situation if safety at risk



Additional Guidance



- Sometimes the first instinct in a conflict or crisis is to take control and yell to stop
- This usually makes it worse – lower your voice take a non-threatening pose if safe and possible
- Don't get in the middle of a conflict, talk from the side or a small distance
- Ensure the person has a means of exit, feeling trapped can escalate a crisis
- Have a way to get help quickly, and ask others to help
- Try to get rid of the crowd of onlookers – nothing escalates things quicker than an audience
- If you feel at risk – leave and get help
- If someone seems delusional - don't try to argue them out of it, focus on the feelings

Break Out Discussions

Join a breakout group

One participant will give a scenario of a conflict or crisis situation that they were able to de-escalate.

- Name two or three techniques that contributed to the resolution
- Why do you think these techniques worked and can they be applied to other situations?

One participant gives a scenario of a conflict or crisis situation that got worse, despite trying to de-escalate it.

- What were the things they tried?
- Why do you think these didn't work?
- What would have been helpful in that situation?
- Can this be applied to other situations with similar issues?



Mediation

- Sometimes, conflicts are ongoing and not just situational
- Mediation is a process to resolve these conflicts
- Each party to the disagreement agrees to participate with an unbiased mediator
- The process is ritualized teaching conflict resolutions skill to participants
- Some of the people we serve have never had an opportunity to resolve conflict in a planful and calm manner
- If possible, offer training for both staff and participants on mediation skills
- There are mediation groups in CT that offer training



Example of a Mediation Process

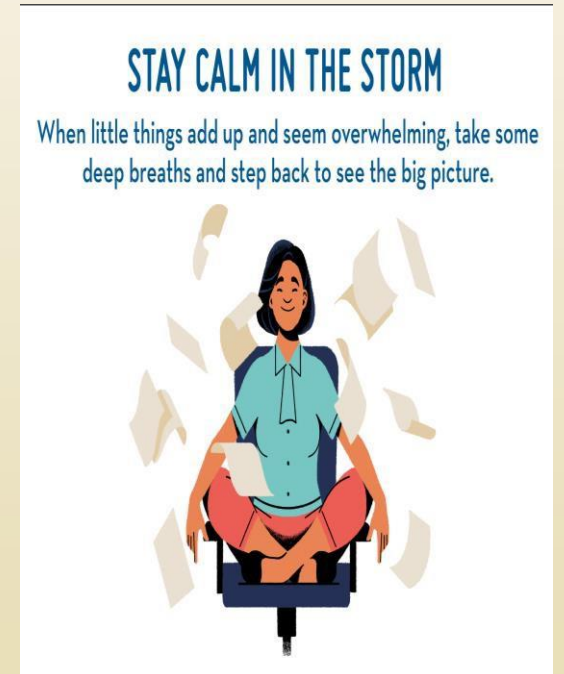


- 1) introductory remarks –
 - Informed by pre-discussion with each party: What are you trying to accomplish, what aides that process, what to you see as barriers to resolution
- 2) statement of the problem by the parties - time limited
- 3) information gathering time – clarify problem
- 4) identification of the problems - shared definition
- 5) bargaining and generating options for solutions
- 6) reaching an agreement.

Done in one or more 60 to 90-minute sessions

Crisis

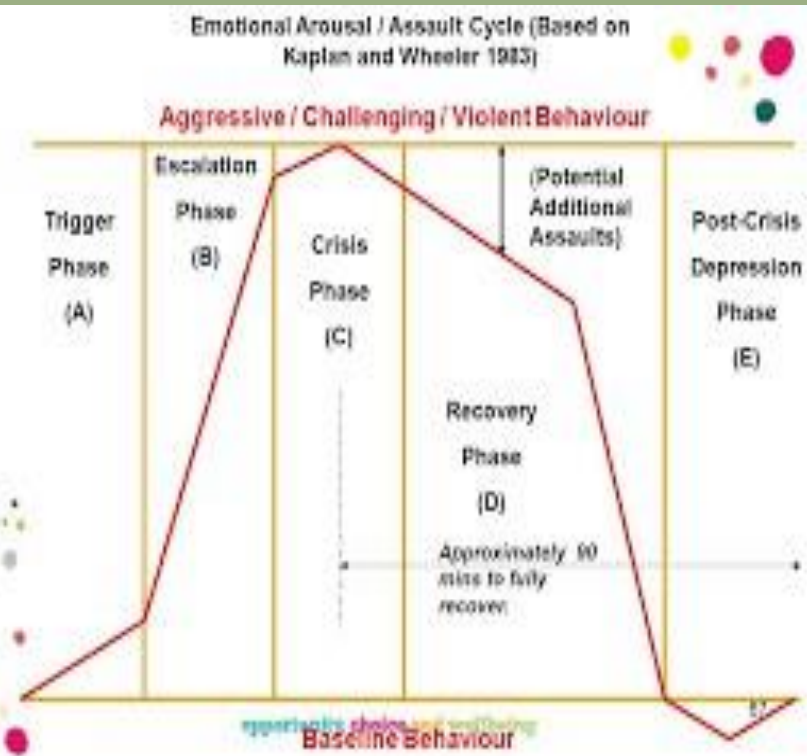
- Sometimes even with the prevention techniques, relationship, planning, de-escalation and program structure crisis does escalate
- There are many things we can not control
- We want to be aware of resources available to us in this situation and what to do in the time it takes to access these resources, what support we have immediately
- Planning is key with your colleagues, your supervisor and the senior staff in the program. Programs should have policies and procedures about dealing with crisis - both what to do and how to get help
- Finally, it is important to understand the physiology of a crisis response to guide our interactions



The assault cycle

How people progress through crisis

- When and how to intervene depends on assessment skills
- Early, we can use the de-escalation techniques. As the diagram shows people may be triggered and we need to prepare to respond.
- As people escalate, they are flooded with adrenalin and de-escalation becomes a containment strategy
- Try to remove the person from the conflict or refocus. Be aware adrenalin is still high.
- We do not want to ask the person to talk about the incident or be reintroduced to the conflict until in post-crisis phase. It will re-escalate quickly.
- The time to debrief or mediate is after the adrenalin has dissipated (approximately 90 minutes).
- If we can not limit the person's access, remove everyone else from the scene.



Getting Help



- Have a discussion in the team about when to call for help. Know who to call: mobile crisis, your supervisor, the police or ambulance, take person to a walk-in clinic (with someone else)
- Is the person at risk to themselves or others, is the person making threats, does the person not responding to attempts to de-escalate and remain in the situation?
- Do you have the resources to remove the person from the situation in order to give them a chance to calm down?
- Do you feel like the situation is escalating or that the situation is getting out of control?
- What help is available to you within the program, what outside resources can you call on. What is their response time? What is the plan until they arrive?

Coordinating with Community Partners



Crisis Prevention includes meeting basic needs and engagement

Look for a relationship with the last services they engaged with get information about what has been helpful, what education was provided, can they transfer some of the trust and engagement

Meet basic needs: do you need assistance from other agencies to increase income and access housing?

What about issues with mental or physical health what do you need in order to help people stabilize and prevent crisis, what do you need to address crisis when it occurs?

What about housing what relationships do you need in order to prevent crisis, what about when there is a crisis where do you need assistance?

Working with Clinical Services

Clinical Consultation: using services or internal program resources to case conference and plan regarding people that may be at risk has been helpful to avoid a crisis situation

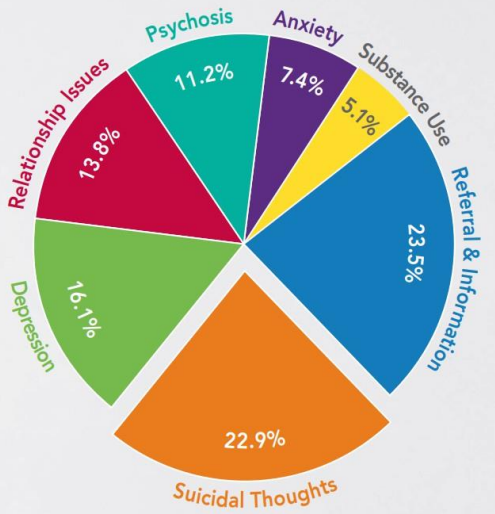
Some programs have nurses available from a medical clinic or internally to case conference and plan around medical issues

Connecticut has mobile crisis services that may accompany the police on mental health calls, CIT officers in the police department and the Crisis Teas and walk in clinics that provide information & referrals, the suicide prevention hotline, in-person assessments, crisis services.



Working with Mobile Crisis

78% of crisis calls are for reasons other than suicidal thoughts.



As with any program you want to meet with them and ensure that the issues that are coming up in your program are eligible for their services

What can you expect in terms of the initial visit and follow up

What is the time frame once the referral is done?

- This is many cases will decide how you use this service

When is it better to call the police, is it possible to request at CIT officer (trained in working with mentally ill people)

You have licensed clinicians available in your agency who can apply for transport to an ER? DDMHAS

How will the follow up with the hospital be handled

<https://portal.ct.gov/dmhas/cmhc/services/cmhc-mobile-crisis-intervention-and-evaluation>

<https://www.ctbos.org/wp-content/uploads/Mental-Health-Resources-.pdf>

What about working with the Police/ EMS?

- When calling the police or EMS in a Crisis, look at your policies and procedures, be prepared to gather the info you will need. Note the call and if behavioral health ask for a trained CIT officer
- Ask staff to note the badge numbers of police and EMS staff
- You want to give all information that you have available, in a crisis situation you can usually share information such as medications
 - Describe why you called in behavioral terms
 - Calling the police or ambulance for someone overdosing is also protected



Debrief – After all is calm, talk it through



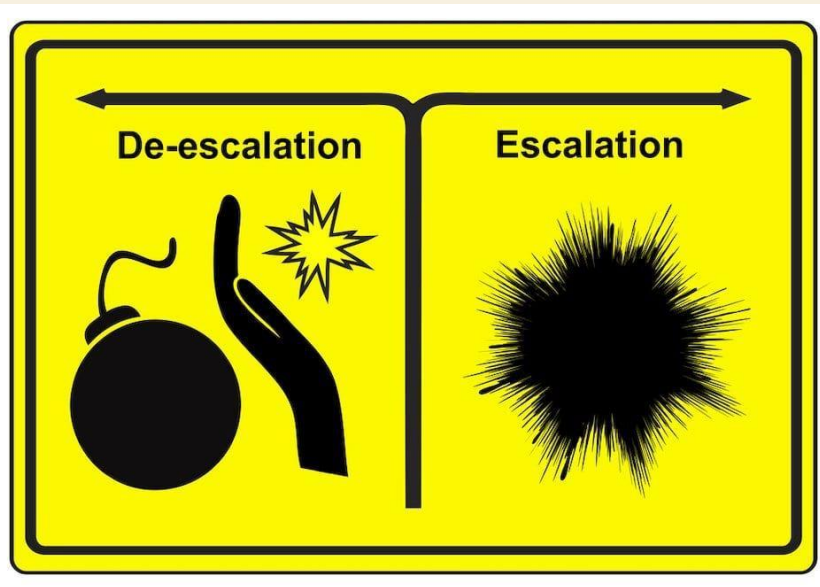
- Enlist your colleagues, supervisor or even the person's clinical services to talk through what happened, the response and get ideas for other things to try
- Give yourself time to process the incident
- Talk about what happened in a team meeting so everyone can learn from your experience
- Have a plan if things re-ignite
- In a calm moment talk it through with the person and get feedback.
 - Develop a crisis plan based on this experience

Program Resources



- The best defense against crisis is preparation
- Know when to ask for a clinical consultation and what you can expect
- Know the patterns you are seeing and develop a plan as a team. The consistency and structure will help
- Information about observed behavior and response to de-escalation will be helpful in the development of a plan
 - As mentioned, the signs are often subtle, but crisis does not come from nowhere
- Crisis is often an opportunity to accept services and we want to be prepared to take advantage of it
- Teamwork and consistency based on patterns of behavior is an affective crisis prevention technique

De-escalation Exercise



Groups of 3

- One person is the client/tenant/participant who is escalating
- One person is the staff person trying to intervene
- One person is the observer and reporter. If there are 4 people in the group, 2 observers

Examples:

- Lost phone, not getting a ride, annoyed with staff for not meeting need, mad at neighbor/partner for perceived slight/insult, angry with security or kitchen staff, upset about unforeseen expense, or use your own

Goal – engage the participant in problem-solving by using de-escalation techniques.

Observers identify most helpful interventions and report back.

Discussion - Patterns

What are the patterns of conflicts/crisis you are seeing?

- Are there patterns related to anything we discussed?
 - Tension Centers
 - Consistent response by the team
 - Response to de-escalation techniques
 - Did you try mediation after the conflict / crisis?
- Are there policies and procedures by role in how to respond?
- What do you need in order to prevent or de-escalate these crisis?



Staff Safety



All crisis has the possibility of escalating, and everyone has to be safe

We discussed in session one that staff not insert themselves in a conflict.

If a conflict escalates to a physical confrontation or even a heated argument don't get in between people. Use de-escalation techniques from a distance and get help. There is no expectation that program staff physically intervene in fact it puts everyone at risk

Let the person have a little time after a crisis, that is not the time to figure out what went wrong. The person's adrenaline is still up and can escalate quickly

In the office or home always be aware of the exit and let your team know where you are.

Prepare to go with someone else or ask the person to meet in a public area

Agreement by the team about home visits is key, inconsistency on policy is often cause for strife

Closing

- Prevention is the goal and the environment of the program is key to creating an atmosphere of safety.
 - Promote the behaviors that are desired
 - Pay attention to tension centers
 - De-escalate when we can
 - Mediate if we can/teach mediation skills
 - When things escalate, continue de-escalating
 - Engage the team
 - Have a program plan, policies and procedures
 - Debrief to learn
- Next Week: Deeper dive on psychiatric and substance use crises and engaging external community resources



Wrap up



Many thanks!

See you next week.

PLEASE TURN ON YOUR CAMERAS
TO SAY GOOD-BYE

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