

NAMI Maryland Annual Conference

October 19, 2019

Crisis Intervention and Safety

Karin F. Taylor PMH CNS BC
kftaylor@jhmi.edu

Outline and Objectives

- Recognize the importance of Situational Safety
- Identify timing and actions that can impede effective interactions
- Discuss the cycle of aggression, focusing on anxiety and anger. Identify productive ways to interact

My Goals

- You leave this room with ideas to apply
- Have a better understanding of what drives some people's behavior
- Feel more empowered

Our Vision

Crisis Prevention Management (CPM)

- An environment of civility and safety
- A comprehensive approach to prevent and address aggression by patients and their visitors
- Develop team safety through communication and tools
- Recognition of the importance of trauma informed care and the effects we can have upon others

What keeps you safe?

- Situational Awareness
- Communication with your Patient/Client/Consumer/Family
- Team/ Family Communication

Situational Awareness

Point of Contact Risk Assessment

Person

- How does the person appear?
- Have they changed since I last saw them or were described?
- How physically close do I need to get?
- Is this an emotional crisis or behavioral emergency?

Point of Care Risk Assessment

Environment

- Is the area safe?
- Are there potential weapons?
- Do I have a safe exit?
- Where is the door?
- How close are you to the person?
- Who knows where you are?
- Can I easily get help?

Task/Conversation (Nice vs. Must)

- Does this need to be done right now?

How am I feeling? (Can I be effective?)

- What am I sensing?
- Am I settled enough?
- Am I wearing anything that could be grabbed?
- Am I in a safe situation

Communication with your Patient/Client/Consumer/Family

What gets in the way?



Statements people find to be supportive

NETI

What and How we say it

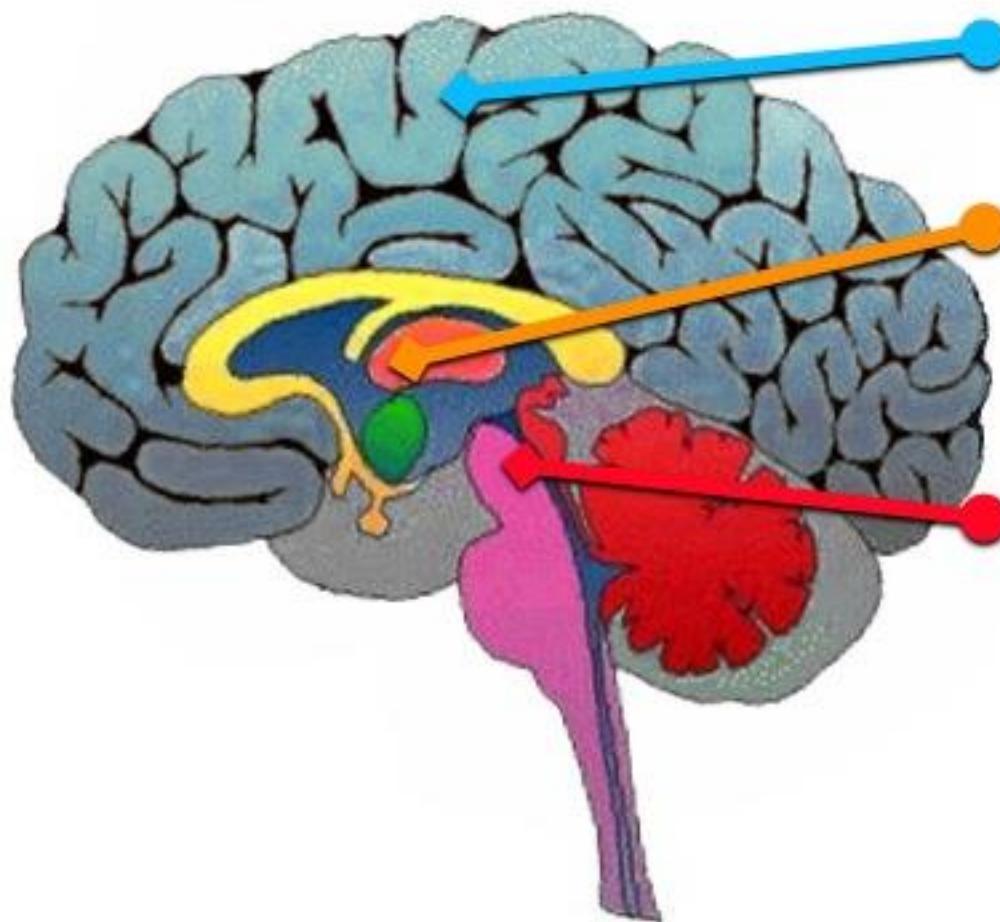
- ❖ How can I help you?
- ❖ We can work together through this
- ❖ It's OK to feel like that
- ❖ What do you need at this time?
- ❖ Don't give up
- ❖ I can't promise, but I'll do my best to help
- ❖ I don't understand. Please tell me what you mean.
- ❖ You've come a long way
- ❖ I'm here for you
- ❖ I admire your courage in dealing with this pain.
- ❖ Don't give up

Triggers

- An immediate emotional reaction in response to a stimuli
- We all have them!
- Positive
- Negative

You need to recognize your own
Triggers!





Neocortex: Frontal Lobe

Rational or Thinking Brain

Limbic Brain:

Emotional or Feeling Brain

Reptilian Brain:

Instinctual or Dinosaur
Brain

Food, sleep, procreation ,safety

Amygdala Hijack

Daniel Goleman 1995

<https://www.youtube.com/watch?v=aHm3ZKzVP7w>

- Amygdala hijacks your stress response disables the frontal lobe and activates the flight or flight response
 - Cortisol and adrenaline
- You don't make rational decisions or control your responses

Frontal Lobe

- Thinking
- Abstract
- Organizes response
- Right from wrong
- Predicting probable outcomes
- Controls impulses

Limbic System & Frontal Lobe

What about US?

- We get scared or angry
- Many of us have past trauma
- We all have triggers that can bring an emotional response
- Our brains work the same way: Flight Fight-Freeze
- The Limbic System takes over – FEEL
- Forget how to do simple things & Over react

How do we take care of ourselves and others?

- Don't forget to breath
- Time out
- Make a plan
- Work as a team, no one is alone
 - Relief during shift
- Relieve/Remove someone at that moment

Crisis

CDC defines crisis as an acute emotional upset manifested in the inability to cope emotionally, cognitively or behaviorally. A person is unable to solve problems as usual.

(CDC 2015)

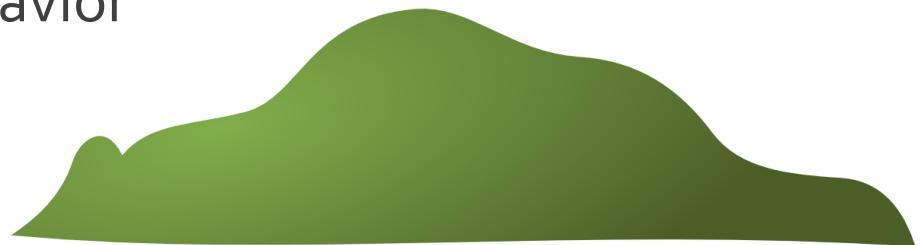
- In the hospital patients and families are experiencing or have experienced some type of crisis situation
- At home/clinic a crisis can always occur
- Temporary in nature!

What are common ways of dealing
with stress and crisis outside of the
health care setting?



A Crisis Model

- Destructive behavior
- Disruptive
 - Anxious – Angry
 - Triggering Event
 - **CALM**



QUIET DOES NOT = CALM

RECOVERY

People In Crisis

- ▶ *Over react to situations
- ▶ May have difficulty receiving and/or interpreting information
- ▶ Have difficulty making decisions
- ▶ Need direction/suggestions
- ▶ Want to be listened to and feel they are being heard

Anxiety/ Anger - Set the Stage

- Decrease noise
- In hallway take to a room/ lounge for “their privacy and so I can listen better”
- Inform if there is a time element involved
- Make a plan for this- come back at X time to continue
- Utilize a huddle for more ideas and help
- Try to make the pt/ loved one part of the team – how will you work together
- Don’t forget to breath

Anxiety/ Anger Communication

- Don't say you know how that/they feel
 - Be careful labeling feelings
- Ask what they think would be helpful-any triggers you or they notice?
- Always what you **can do** not can't
- In the past what has worked?
- Distraction can be helpful

Anxiety/Anger Communication

- Remember comfort items, sleep kit.... Must meet the level of intensity
- Don't try to change their mind.
- Agree to disagree
- Recognize this isn't easy
- ******Blameless apology – need to be sincere that you are sorry for their EMOTIONAL state.

Anxiety/Anger Communication Steps

1. Listen and allow appropriate emotions

Refocus to the here and now, this is all you have control over

Recognize it isn't easy; admire their courage; validate experience – "anyone would be..."

Relate to their feelings "that sounds...."

Clarify with questions "you were told Correct?"

2. Rephrase what was important to them

3. Clarify their knowledge..."What have you been told so far?"

4. State what you will/can do. Ask if they have any other ideas...."what has worked in the past"

5. When you leave *restate* what you will do

6. Go back and give updates

Two different assessments

Static

- Fight/ Flight/ Freeze
- Past trauma
- Past history of violence
- Cognitive vulnerabilities
 - IDD, Dementia
- Personality vulnerabilities

Dynamic – changeable factors

- Crisis – Unable to use usual coping strategies
- Psychiatric Symptoms
- Many can be triggers
 - Situation out of their control
 - Being told “No”
 - Pain
- Intoxicated
- Bad News
- Family
- Medical – Withdrawal, Delirium

Cues for situational aggression: STAMP

- **S**taring and eye contact
- **T**one and volume of voice
- **A**nxiet
- **M**umbling
- **P**acing

• Danger assessment tools can vary

• This tool with the acronym STAMP identifies five distinct elements of nonverbal cues-they indicate potential for violence in the patient or those accompanying them

(Luck, 2007)

DASA - Dynamic Assessment of Situational Aggression

J. Agloff & M. Daffern 2006

1. Irritability (can't tolerate being around others)
2. Impulsivity
3. Unwillingness to follow directions
4. Sensitivity to perceived provocation
5. Easily angered when requests are denied
6. Negative attitudes
7. Verbal threats

Anger Specific Communication

- Approach an angry person as an anxious person
 - Our own anxiety can get in the way of that... What tricks do you do?
- Will need more time to process information
- Bring in another member of the team for support, if it will help your comfort
- Is it reasonable but poorly stated with profanity or accusations?
- Watch for behavior changing and cycling up
 - Remember safe distance from the person
- **If behavior becomes disruptive let them know you are not feeling safe and why**
 - Give option of staying and discussing without X behavior or coming back after a cooling off period

Disruptive Destructive

- Use your frontal lobe!
- Remember situational awareness
- Walk away
- Can the person cycle down?
- Do you need to call for help?

anger -
belligerence -
aggression. noi
antagonism,
hostility, ag
natives