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Crisis Intervention and Safety

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# 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?

HEABC Health Employers  
Association of BC

## 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

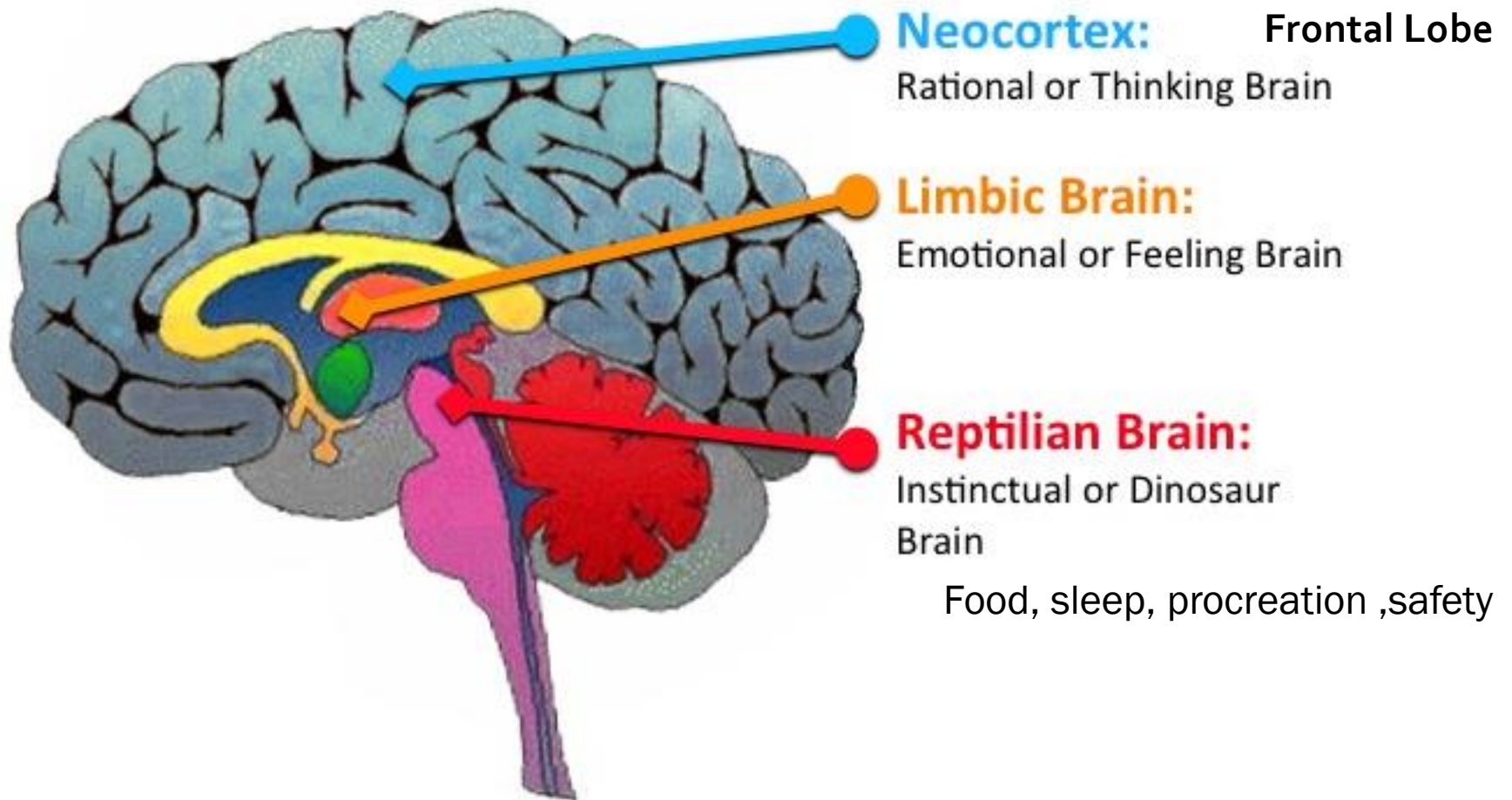
- ❖ How can I help you?
- ❖ We can work together through this
- ❖ It's OK to feel like that
- ❖ What do you need at this time?
- ❖ Don't give up
- ❖ I can't promise, but I'll do my best to help
- ❖ I don't understand. Please tell me what you mean.
- ❖ You've come a long way
- ❖ I'm here for you
- ❖ I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





# 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 you 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 New
- Family
- Medical – Withdrawal, Delirium

# Cues for situational aggression: STAMP

- **S**taring and eye contact
- **T**one and volume of voice
- **A**nxiety
- **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.** not  
antagonism,  
hostility, ag  
bative