Crisis Response: More Than Just Psychological Bandaids

Dwight A. Polk, MSW, NREMT-P
UMBC Dept. of Emergency Health Services
and
Grassroots Crisis Intervention Center

Today’s Objectives
- Differentiate between a behavioral emergency and a crisis.
- Understand factors specific to those in crisis
- List the elements of a MSE
- Know how to approach patients in crisis
- Describe techniques used in an intervention

A little about your presenter…
- Senior lecturer at the University of Maryland Baltimore County (UMBC)
- Licensed social worker
- Practicing paramedic and crisis counselor
- MHP for two CISM teams in Maryland
- Years of experience helping clients with crisis and behavioral emergencies

Providers will often respond to the patient’s emotional crisis with “uncertainty”
Common Reactions

- Oh no, not this stuff again!
- We’re never going to use it!
- Why are we wasting our time?
- We could be practicing skills to help people who really need us.
- I did not sign up to deal with crazy people. Leave that to the shrinks.

Behavioral emergencies require a different approach than medical or trauma related calls

Safety and Behavioral Emergencies

- Some situations present a clear and imminent threat to people involved.
- The threat may extend to emergency personnel.
- Proper training is important.

What is a crisis?

“Any serious interruption in the steady state or equilibrium of a person, family, or group...A temporary disruption of psychological balance wherein usual coping mechanisms fail”

-Jeffrey Mitchell, PhD
Behavioral Emergency

A crisis caused by a change in mood or behavior that cannot be tolerated by the involved person or others; and requires immediate attention.

Cases of people in crisis

- Death of a loved one
- Suicide or suicide attempt
- Chronic mental illness
- Teens with anxiety
- Crime victim
- Phobias
- Families with strife
- Domestic violence
- Sexual assault
- Fear of dying
- Response to illness or injury
- Acute stress reaction

A change in behavior….

- Inability to deal with change
- Reaction by person or others to the change in behavior
- Immediate intervention required

A crisis is always real to the person who is experiencing it!
Changes in people result in an unacceptable or inappropriate change in behavior

3 CAUSES
- Intrapsychic
- Interpersonal, environmental, or situational
- Organic

Intrapsychic Causes
- Behavioral changes must result from within the person i.e. changes within the brain
  - changes in thought process
  - may exhibit a wide range of behavior
  - may be an acute episode of an underlying psychiatric condition

Intrapsychic Examples
- Schizophrenia and psychosis
- Mood disorders
- Anxiety disorders
- Delirium and dementia
- Sleep disorders
- Phobias
- “Explosive Anger Syndrome”

Intrapsychic behavior may result in...
- Homicidal acts
- Paranoid reaction
- Phobia
- Hysterical conversion
- Disorientation/disorganization
- Depression
- Withdrawal
- Catatonic state
- Violence
- Suicidal acts
<table>
<thead>
<tr>
<th>Interpersonal, Environmental, or Situational Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Reaction to stimuli from outside the person</td>
</tr>
<tr>
<td>- Often results from overwhelming incidents</td>
</tr>
<tr>
<td>- Frequency linked to specific incident(s)</td>
</tr>
<tr>
<td>- Range of behavior is very broad</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpersonal, Environmental, or Situational Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Death of a loved one</td>
</tr>
<tr>
<td>- Suicide or suicide attempt</td>
</tr>
<tr>
<td>- Mass casualties</td>
</tr>
<tr>
<td>- Crime victim</td>
</tr>
<tr>
<td>- Acute stress reaction</td>
</tr>
<tr>
<td>- Families with strife</td>
</tr>
<tr>
<td>- Domestic violence</td>
</tr>
<tr>
<td>- Sexual assault</td>
</tr>
<tr>
<td>- Fear of dying</td>
</tr>
<tr>
<td>- Response to illness or injury</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organic Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Disturbance in physical/biochemical state causes significant changes in behavior</td>
</tr>
<tr>
<td>- Area of brain affected determines behavior</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organic Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Alcohol abuse</td>
</tr>
<tr>
<td>- Korsakoff’s syndrome</td>
</tr>
<tr>
<td>- Substance abuse</td>
</tr>
<tr>
<td>- Trauma</td>
</tr>
<tr>
<td>- Dementia</td>
</tr>
<tr>
<td>- Medical conditions</td>
</tr>
<tr>
<td>- Fever</td>
</tr>
<tr>
<td>- Diabetes</td>
</tr>
<tr>
<td>- Electrolyte imbalance</td>
</tr>
</tbody>
</table>
Symptomatology of Crisis

- Anxiety, panic
- Anger
- Helplessness
- Hopeless
- Hapless
- Suicidal ideation
- Withdrawal
- Violence
- Impulsivity
- Self-medication
- Acute stress disorder
- Fluctuating emotions
- Depression

How do you assess the person in crisis?

Assessment

- High incidence of EMT injury
- Cannot render care if you become a victim
- Unless you are adequately trained, or have appropriate backup... AVOID....
  - Patients with weapons
  - Riot scenes
  - Fire scenes
  - Hostage situations

Assessment

- When the scene is secure, observe the scene for evidence
  - Violence
  - Substance abuse
  - Suicidal attempt
  - Aggravating factors
    - Family
    - Reminders of past trauma
Communication Techniques

“The Foundation for Intervention”

Initial Approach
- Unconditional positive regard
- Introductions
- Addressing patients
- Build trust and rapport
- Environment
- Confidentiality

Keep Assessment Simple
- Don’t become distracted with noise and chaos.
- Be accurate at identifying risks and be efficient.
- Use familiar tools such as SAMPLE & OPQRST
- Conduct a mental status or “SEA-3” examination
- Use your experience
- LISTEN TO YOUR GUT

Mental Status Examination (MSE)
- The “behavioral secondary survey”
  - Appearance and behavior
  - Speech
  - Thought content and flow
  - Mood (subjective)
  - Affect (objective)
  - Perceptions
  - Cognitive capacity

Responding to Psychological Emergencies by Thomas & Woodall (Delmar)
SEA-3 Mental Status Examination

- Speech
- Emotion
- Appearance
- Alertness
- Activity

(Everly and Mitchell)

The Communication Process

- Communicate calmly, somewhat slower
- Align, do not contradict initially
- Do not threaten
- Accept and reassure
- Shift from “Concept” to “Process” to deflect hostility
- Provide direction and structure

Table 3-2: The SEA-3 Assessment Tool

<table>
<thead>
<tr>
<th>SEA-3 Factor</th>
<th>Questions to Ask or Observations to Make</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech</td>
<td>Quantity and quality of speech, as well as the flow and the organization of the content of the speech</td>
</tr>
<tr>
<td>Emotion</td>
<td>Dominant mood, appropriateness of mood, absence of emotion, euphoria, depression, anger, hostility, fear, anxiety, apprehension</td>
</tr>
<tr>
<td>Appearance</td>
<td>Unkempt, unclean, clothing disheveled, dirty, archaic, unusual or bizarre, unusual physical characteristics</td>
</tr>
<tr>
<td>Alertness</td>
<td>Oriented to person, place, and time, has insight into internal psychological reactions, can judge personal behavior as appropriate or not, memory and intellectual functions appear intact, stream and content of thought appears appropriate, hallucinations, delusions, thought disorders</td>
</tr>
<tr>
<td>Activity</td>
<td>Appropriateness of facial expressions, posture, movement, and interactions with helper</td>
</tr>
</tbody>
</table>

The Communication Process

- “Door openers”
- Attending
- Open-ended questions
- Noncommittal acknowledgments
- Content paraphrasing
- Active listening
- Self-disclosure of what’s happening with you at that moment
Nonverbal Communications
- Awareness of Others
- Awareness of Self
- Posture and Position
- Facing the Speaker
- Gestures and Expressions
- Eye Contact

Techniques for Obtaining Information
- Checklists are not practical
- Direct and indirect questioning
- Allow patient to take the lead unless:
  - essential information must be obtained
  - patient is depressed or minimally engaged
  - patient is suicidal
- If reluctant, do not press for information
- Do not be judgmental!

Behavioral Emergency Intervention & Management

Goals of Crisis Interventions in Behavioral Emergencies
- Securing physical safety
- Removing the person from danger
- Reducing disturbing stimuli
- Lowering tension
- Preventing physical violence
Core Principles of Crisis Intervention

- Simplicity
- Brevity
- Innovation
- Practicality
- Proximity
- Immediacy
- Expectancy

Safety in Behavioral Emergencies

- Providers should remain at a safe distance.
- If the situation is unsafe, exit and call law enforcement.
- Know your protocols.

SAFER-R Model

- **S**tabilize
  - Create a calm environment
  - Be professional
  - Offer words of support to help them feel safe
  - Treat life-threatening emergencies
  - Have “therapeutic presence”

- **A**cknowledge
- **F**acilitate
- **E**ncourage
- **R**ecovery
- **R**eferral
SAFER-R Model

- **Acknowledge**
  - Evaluate and recognize the current situation
  - Gather information
  - Be empathetic
  - Explain why you are there

- **Facilitate**
  - Determine if cognitive processes are intact
  - Think of the type of help the client needs
  - Assist family members as needed
  - Pass on helpful information when appropriate

- **Encourage**
  - Continue to build rapport
  - Continue to reorient patient & family
  - Move them toward help or transport
  - Explain your concerns
  - Encourage the victims to take action in their own best interests

- **Recovery**
  - Be empathetic and reinforce that they are in good hands
  - Reinforce your treatment and transportation plan
  - If the situation is resolved, the person may be released from your care
SAFER-R Model

- **Referral**
  - Assist the victim or family in identifying additional resources
  - Suggest community organizations, clergy, or support groups
  - Recommendation for additional crisis intervention services or professional care if available

The Emergency Petition

- History of or demonstrating mental illness, AND
- Presenting with a threat to harm self, OR
- Presenting with a threat to harm others

Using Restraints (1 of 2)

- Restraining a person is always a last resort.
- Keep safe and wait for law enforcement.
- Consult local protocols.
- Work slowly and do not rush the person.

Using Restraints (2 of 2)

- Never use anything that will cause injury such as wires, belts, or ropes.
- Chemical restraint with consultation.
- Never restrain anyone in a face-down position.
So let’s put things together…
Resources

- *Emergency Response to Crisis* by Mitchell & Resnik
- *Prehospital Behavioral Emergencies & Crisis Response* by Polk & Mitchell
- *Responding to Psychological Emergencies* by Thomas & Woodall