



Crisis Prevention & De-escalation

Creating Safety and Calm:

A Shift in Perspective

Learning Goals for Today

2

01

Identify factors that encourage calm

- In your work
- Within yourself
- For others

02

Identify – and avoid! – factors that contribute to dysregulation

- What not to do

03

Better understand the mechanics of a crisis

Who we are

- ▶ Patti Abelson
 - ▶ Supporting staff to provide Person-Centered, Trauma Informed and Strength Based Care, and to practice self-care for multiple decades
- ▶ Eric Severance
 - ▶ From overnight Residential Counselor to managing a Crisis Residence, has made a lot of mistakes and learned from a few
- ▶ Luis Fagundes
 - ▶ Leading staff and providing direct client care for over 20 years in a variety of program settings

- ▶ “We’re building barriers and walls around apartment buildings and public spaces to keep out the diversity of people and uses that comprise urban life... *what is hostile to some is defensive to others.*”

- ▶ Jon Ritter, Architectural Historian at NYU



Diana Nyad on Speaking on NPR



Trauma

6

SHNNY Crisis Prevention 6.27.2023



What it is and why it matters



Universal precaution



How it impacts our tenants

Worldview

Dysregulation

Exaggerated response

Overlapping Principles of Trauma Informed Care & Crisis Prevention



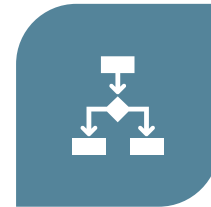
SAFETY



TRUSTWORTHINESS



BOUNDARIES



CHOICE



COLLABORATION



EMPOWERMENT

Maintain Boundaries to Help Maintain Calm

Professional Boundaries



A WAY TO
MAINTAIN A
SAFE AND
THERAPEUTIC
ENVIRONMENT



GUIDED BY
AGENCY
STANDARDS
AND
PROFESSION
AL ETHICS



INTERNAL
AND
EXTERNAL
LIMITS SET BY
CARE
PROVIDERS



A WAY TO
PROVIDE
CLARITY
ABOUT
ROLES



CLARITY ABOUT
RESPONSIBILITIES



CLARITY
ABOUT
RELATIONSHIPS
WITH PEOPLE
IN CARE



AND
RELATIONSHIPS
WITH EACH
OTHER

Think about...

Roles, Purpose, and Responsibilities

- ▶ What are your roles
- ▶ Are there gray areas
- ▶ How are you supported to navigate uncertainty



Emotional Dysregulation

What we may see –

- ▶ A threat
- ▶ Hostility
- ▶ Yelling, screaming
- ▶ Self injury
- ▶ Verbal threats
- ▶ Inappropriate sexual conduct
- ▶ Frozen in place

At its worst – It confirms negative expectations – what do you expect from an intoxicated and/or mentally ill person

At its best –

An opportunity to help heal

Understanding Dysregulation and Helping from a Trauma Informed Perspective



The experience of emotional dysregulation

Emotions escalate quickly and are hard to control

Behavior gets out of hand and is difficult for the person to manage



How to help

Connection and communication

Self awareness and emotional labor



Promoting safety

The importance of Trauma Informed Care

Resonance



EMPATHY



VALIDATION



SELF-
AWARENESS

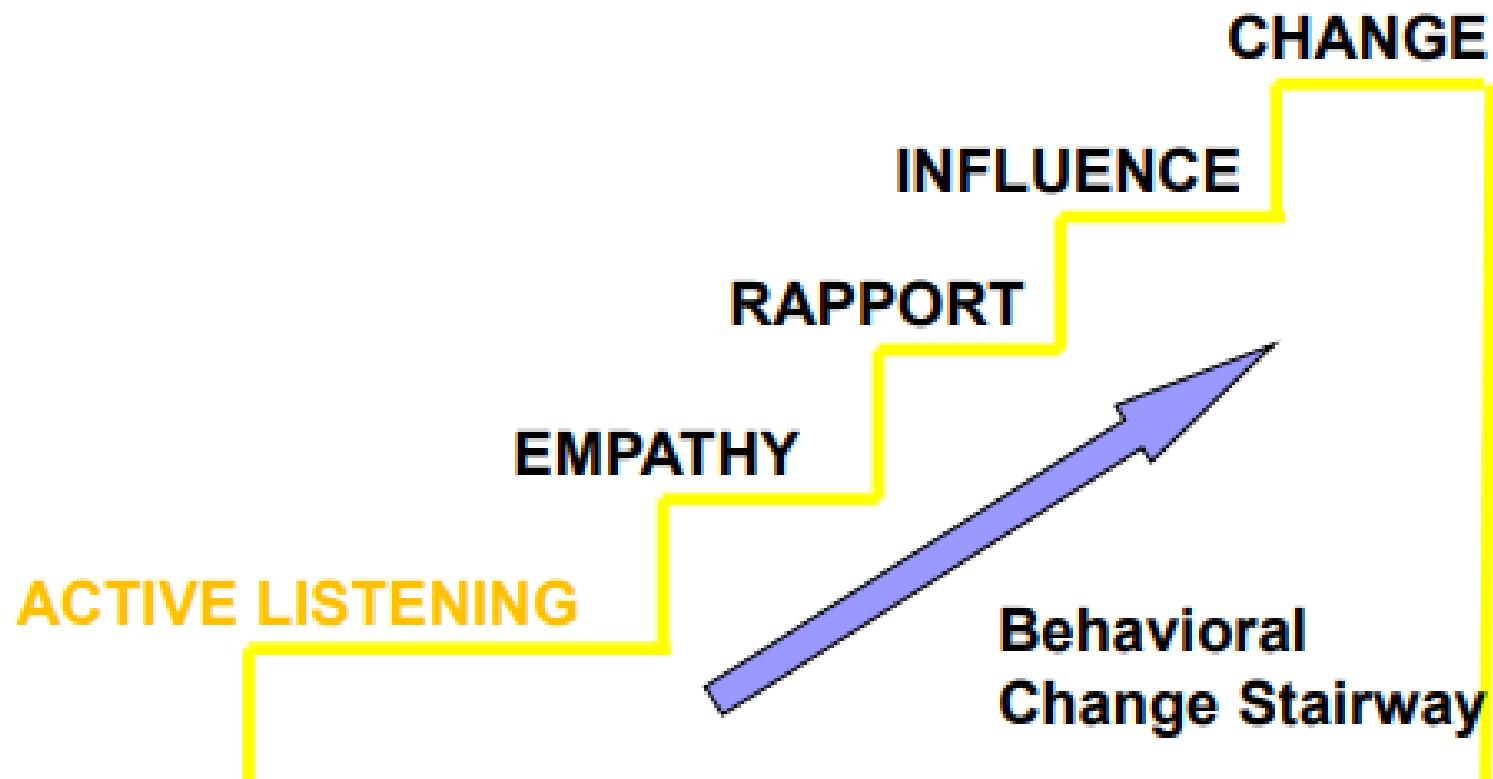


De-escalation starts with you

It is not what we do to or for a person – it is something we do with a person

- ▶ Self awareness and self control
 - ▶ Recognize your triggers and your response to stress
 - ▶ Acknowledge and breath
 - ▶ Manage feelings, thoughts, fears, negative judgments and expectations
 - ▶ Act do not react

Influencing Behavioral Change



Self Awareness

-What are you communicating and how?

- ▶ Demonstrate with body language that:
 - ▶ You will not harm the tenant
 - ▶ You want to listen
 - ▶ You want everyone to be safe
- ▶ Respect Personal Space
 - ▶ Your safety
 - ▶ Tenant's safety
 - ▶ Trauma triggers
 - ▶ Both should be able to leave the room without feeling blocked in
 - ▶ Maintain 2 arms length distance
 - ▶ Property is personal

Mind body connection



Relax posture



Breathe



Open hands



Half smile

The first principle: **Listen!**

17

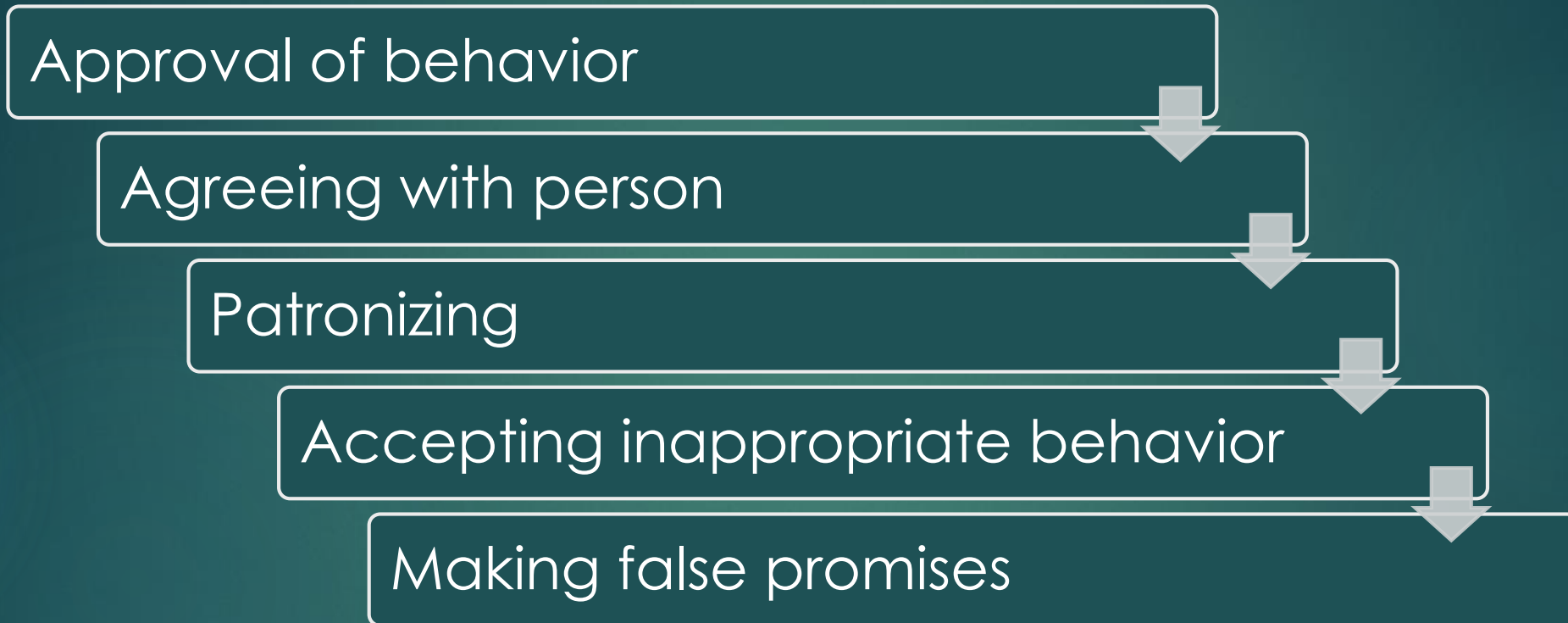
Active Listening is the most effective prevention and de-escalation technique.

Remember, a demand is an expression of need. People escalate when they feel misunderstood, alone, ignored, and not listened to.

Validation: Beneath a demand is a need

- ▶ Listening empathically to the person for understanding
 - ▶ Cannot listen when stressed or when you feel threatened
 - ▶ Listen not just to words but to body language and other verbal cues
 - ▶ Do not argue
 - ▶ Communicate verbally and nonverbally that you want to understand
 - ▶ Check in “I think you are saying _____. Do I have that right?”

Validation is not



ABC's of Verbal De-escalation:

20

Don't

- ▶ Fake attention
 - ▶ Roll your eyes, raise your voice, point your finger, sigh, lose your temper, etc.
 - ▶ Make false promises
 - ▶ Cut people off
 - ▶ Argue
-
- ▶ Get in a power struggle or make threats
 - ▶ Use jargon
 - ▶ Say, "Calm down."
 - ▶ Take it personally
 - ▶ Be judgmental

ABC's of Verbal De-escalation:

Do

- ▶ Listen
- ▶ Use the person's name
- ▶ Ask, "How may I help you?"
- ▶ Speak slowly / role model calm
- ▶ Use restatement/paraphrase for clarification
- ▶ Validate their feelings
- ▶ Explain next steps (now I am going to call....)
- ▶ Give options whenever possible, but no more than 2 or 3 choices
- ▶ Allow time for reflection, feedback and input
- ▶ Ask for their idea or solution (partner/collaborate)
- ▶ Use simple, clear language
- ▶ Use a Team Member/Supervisor for Support

The Crisis Cycle

Phases

1. Triggering
2. Escalation
3. Crisis
4. Recovery
5. Post-Crisis



Early intervention

When does crisis begin? Watch video in reverse – what were indicators - in client's behavior or change in risk factors

There are almost always early indicators that a person is becoming upset

Crisis cycle – when initially triggered there is best chance of partnering with a tenant whose brain is not yet overwhelmed by stress hormones

Avoid power struggles

▶ **Tug of War**

- ▶ You want to achieve something – the person wants the opposite and digs in heels

▶ **Impasse**

- ▶ You feel you have tried every possible solution to solve a problem

▶ **Failure to agree**

- ▶ Holding very different opinions

Use validation, collaborative problem solving, exercise mindful self-awareness throughout

Techniques

Name the power struggle

Explore outcomes

Remove yourself and try again

Post Crisis Phase

▶ Safety Plan with Tenant

- ▶ What were early warning signs?
- ▶ What were the triggers?
- ▶ What are strategies for the future?
- ▶ Rehearse plan for coping; help tenant step outside habitual response, for example, hitting back or lying. Construct a realistic alternative and practice!
- ▶ Revise Safety and Treatment Plan as needed

▶ Revisit Crisis with Team

- ▶ What were the early warning signs?
- ▶ Were/are other providers aware?
- ▶ Were there opportunities to intervene earlier?
- ▶ Did you feel supported by your team?
- ▶ If changes are in order, are you making them?

Do not give up – stakes are high for us and for clients

26



Obstacles are common



Label behavior – never the person



Expect the same process again and again. Celebrate small successes.



Consistency



Optimism



Own hopelessness – it is a feeling that will pass



Pay attention to the physical and interpersonal environment, to the tenant & course, to yourself.