



# **Crisis Services Program Summary: Crisis Planning and De-Escalation**

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# Crisis Services Programs

- ICARE
- Mobile Crisis Outreach Team (MCOT)
- Crisis Respite/Residential Units (MCRU, WCRU, & ACRU)
- Local Outreach to Suicide Survivors (LOSS)
- Refugee Services Program (RSP)

# ICARE Crisis Line

A graphic for the ICARE Call Center. It features a smartphone icon with a green 'HELLO' message bubble and a speech bubble icon. To the left of the phone are two circular icons: a blue one with the number '24' and a brown one with the number '7'. To the right of the phone, the word 'ICARE' is written in large, bold, orange letters, followed by 'Call Center' in black. Below this, contact information is listed: 'Call:(817)335-3022', 'Text:(800) 866-2465', 'Toll-free:(800) 866-2465', and 'TTY:(817)569-4488'.

**24**  
**7**

**HELLO**

**ICARE** Call Center

Call:(817)335-3022  
Text:(800) 866-2465  
Toll-free:(800) 866-2465  
TTY:(817)569-4488

Call us anytime for mental health crisis support or access to our services.



# Mobile Crisis Outreach Team (MCOT)

- Short-term, immediate mental health crisis intervention 24/7, 365 days per year for individuals in Tarrant County
- Dispatch to site of the mental health crisis with two qualified mental health care professionals
- 60-90 days of case management and medication management to resolve crisis episode

# Crisis Respite/Residential Units (CRUs)

- Men's and Women's – Ages 18 & Up
- Adolescent (Care House) – Ages 13-17

Short-term, voluntary residential behavioral health treatment for men, women, and adolescents who are experiencing a mental health crisis.

# Local Outreach to Suicide Survivors (LOSS)

- Offers immediate support and resources to individuals in Tarrant County impacted by suicide including suicide postvention with family members and loved ones.
- The goal is to connect loved ones with support and resources quickly after the impact of a death by suicide
- **Contact:** 682-263-LOSS (5677) OR [LOSS@mhmrctc.org](mailto:LOSS@mhmrctc.org)

# Refugee Services Program (RSP)

- Provides culture-specific and trauma-informed case management and crisis intervention to refugees in our community
- The goal is to connect refugees with a psychiatrist, community psychoeducation groups, transportation for appointments, and intervention for 1-6 months.
- In addition, RSP provides support to navigate community resources available

# What is a crisis?

- A Broad Definition:
  - **Crisis** – A disruption or breakdown in a person's or family's normal or usual pattern of functioning. A crisis cannot be resolved by a person's customary problem-solving resources/skills.

Reference: <https://www.dshs.wa.gov/book/export/html/490>

# Urgent, Emergent, or Routine

- **Urgent Services:** Behavioral Health Community Services requires face-to-face intervention within 8 hours of initial referral or assessment
- **Emergent Services:** Behavioral Health Community Services requires face-to-face intervention within 60 minutes of initial referral or assessment. If the individual still needs emergency care, then the individual is assessed by a physician, preferably a psychiatrist, within 12 hours.
- **Routine Services:** Refers to all cases that do not meet criteria for emergent or urgent services (telephonic response within 24 hours)

# A Mental Health Crisis Can Be:

- Behavioral
- Emotional
- Substance Use
- Psychiatric Situation

**Which, if left untreated, could result in an emergency**

What are some crisis scenarios?

# Warning behaviors that may signal risk

- Aggression or fatigue
- Giving away possessions
- Increased use of alcohol or drugs
- Isolating from family and friends
- Looking for a way to end their lives (i.e., searching online, etc.)
- Sleeping too little or too much
- Visiting or calling people to say goodbye
- Withdrawing from activities

# Five types of situations that can contribute to a state of crisis:

- Family
- Economic
- Community
- Significant Life Events
- Natural

Reference: **[Crisis Intervention \(wa.gov\)](#)**

# Risk Factors for a Crisis

Stopping taking medication

Changes in the living situation

Starting something new

Stress

Contraindication of medications

Arguments with significant others

Difficulty sleeping

Start misusing substances

Emergence of new symptoms

# Crisis As a Process

- Pre-Crisis – Develop and Practice ways to respond to various crisis scenarios
- Crisis – Start the crisis response plan
- Post-Crisis – Review, adjust, and update response plan(s)

# Suicide/Homicide and Lethality Assessment

- Be Direct, “**Are you having thoughts of killing yourself or anyone else?**”
- Ideation – the formation of ideas or concepts
- Plan – An intention or decision about what one is going to do; a decision or arrangement made in advance
- Means – an action or system by which a result is brought about; a method for implementation
- Intent – Intention or purpose; a resolve or determination to act

# Helpful Curriculum

- A Journey Toward Health and Hope (SAMHSA)
- Avoiding Crisis Situations (Eli Lilly)
- Action Planning for Prevention and Recovery (SAMHSA)
- Managing Crisis (Team Solutions)

## **For individuals who have recently lost someone due to suicide:**

- [A Handbook for Survivors of Suicide \(American Association of Suicidology\)](#)
- [https://suicidology.org/wp-content/uploads/2019/07/SOS\\_handbook.pdf](https://suicidology.org/wp-content/uploads/2019/07/SOS_handbook.pdf)
- [https://brandmentions.com/wiki/Crisis\\_Theory](https://brandmentions.com/wiki/Crisis_Theory)

# After the Crisis

- After a person experiences a crisis or hospitalization, it is important to follow up and provide continuity of care for that individual
- You may choose to spend more time with the individual than usual and check on the individuals more frequently
- This is a good time to work with individuals on relapse prevention and coping skills
- Create a safety/crisis plan

# Processing after the Crisis Experience

## Effective Skills

- Discussing feelings
- Giving unconditional caring and support
- Setting realistic expectations and limits
- Discussing lessons learned by everyone

## Ineffective Skills

- Placing blame
- Setting conditions for caring and support
- Setting unrealistic expectations and limits
- Putting the person in the “hot seat”

# What Crisis Planning Is and Is Not

## IS

- Crisis planning is more than just filling out a form!
- Crisis planning is an intervention
- Crisis planning is a **collaborative** process, not concurrent
- Crisis plans are **individualized**
- Crisis planning is a way to allow patients to “tell their story”
- Crisis planning is a step-by-step intervention

## IS NOT

- Crisis planning is not a way to treat depression, anxiety, substance use, hopelessness, or persistent stressors
- Crisis planning is not paperwork to be updated
- Crisis planning is not a curriculum

# Introduce the Crisis Safety Plan to the client

- When staff complete the **CSSRS** (Columbia Suicide Severity Rating Scale), and the score is “6” or greater, the patient will need to meet with a QMHP and complete a safety plan.

# De-Escalation Strategies and Skills:

How to help using **Talk** as our tool

# Goal of De-Escalation

- Provide client with basic information on how to reduce the level of conflict in a crisis situation
- Thus, increasing the level of safety for everyone

# What is Escalation?

**An increase in intensity or seriousness of something**

- An increase in:
  - Hostility
  - Tension
  - Competitive Behavior

# What Causes Escalation?

# What should we “EXPECT?”

Some Patients,  
especially with higher  
LOC's, will have little  
to no skills to manage  
conflict....

They will have little  
to no interpersonal  
and/or emotional  
regulation skills....

And are easily  
Overwhelmed  
Flooded  
And/or  
Triggered....

# Why is escalation happening?

- To avoid difficult feelings, thoughts and emotions.

- Negative or hostile behaviors help avoid or “numb out” the situation.

# What does an escalating person look like?

## Early warning signs

- Change in mood and level of anxiety
- Pacing, movement (toward or away)
- Changes in what the person is saying, how they are saying it (tone and volume)
- Changes in baseline behaviors
- Eyes – watchful, scanning, assessing, staring
- Concentration problems
- Disorganized behaviors
- Gestures – jerky/uncontrolled

# *Explosive Phase*

## **Face**

- Pale, flushed, lips tighten over teeth
- Eyebrows drop to cover/protect eyes
- Break stare, then look at intended target
- Chin drops to protect neck

## **General**

- Breathing rapid and deep
- Clenched fists
- Stance goes from square to bladed
- Body movement may stop OR rocking from heel to toe
- Lowering of entire body to lunge

***TIME TO GET HELP or CALL 911***

# Assess – Don't Assume

There is **ALWAYS** something the individual wants

**Q-Tip**

Quit

Taking

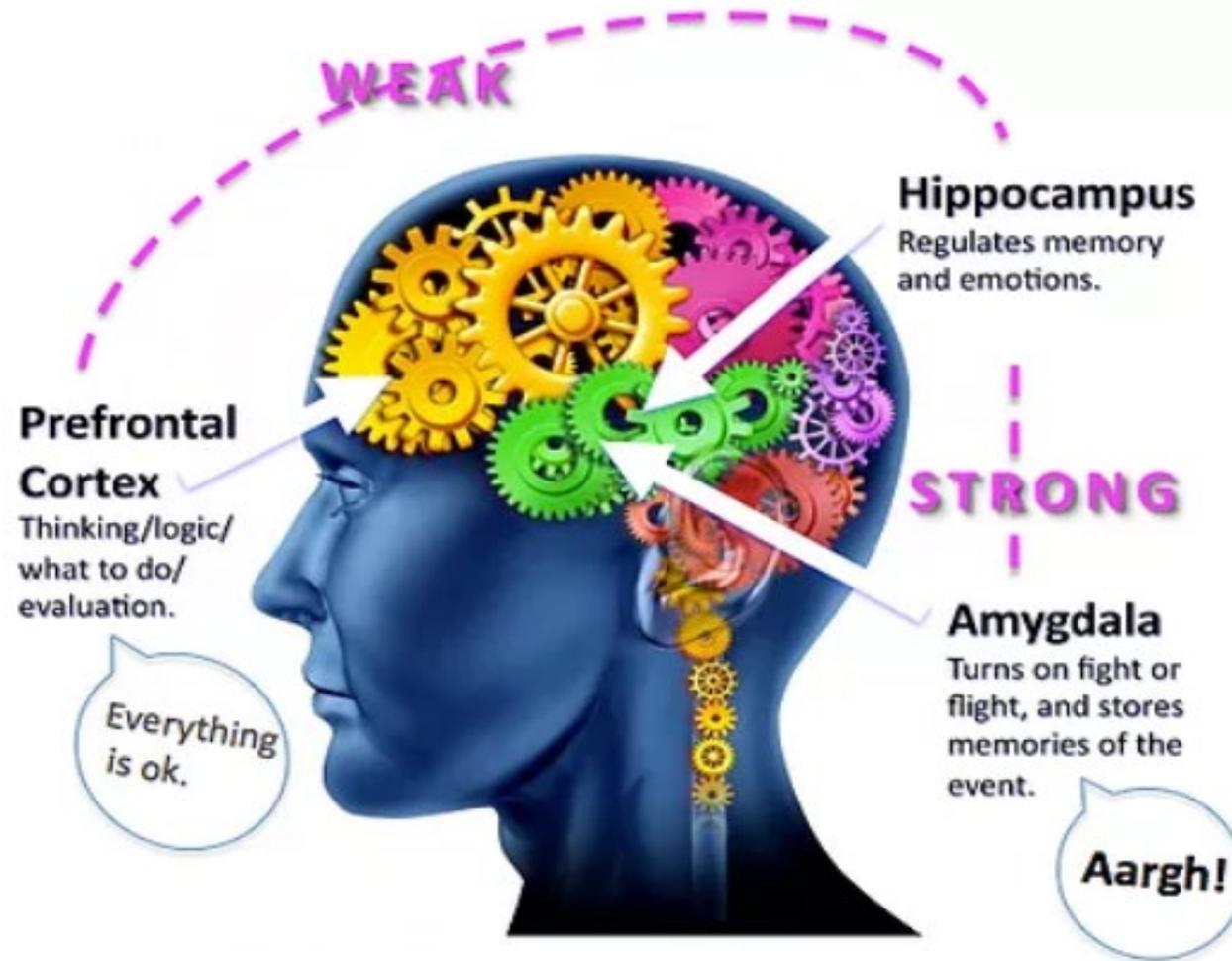
It

Personally

What we can't expect or predict, we can be prepared for!



# Fight, Flight, or Freeze Response



# Four ways to de-escalate situations with communication:

## 1. Show Genuine Compassion

- Extend empathy toward the other person(s) and their situation. Find an appreciation for their perspective.

## 2. Be Inquisitive

- Ask open questions to formulate a clear understanding. Strive to learn not just the, “what” but also the , “why” and the, “how”

## 3. Listen carefully to understand (not to respond)

- Do you find yourself interrupting or tuning the other person out to think ahead to what you want to say?

## 4. Speak respectfully

- Choose your words carefully and calmly. Offer a response that builds up rather than tears down.

# De-escalate YOURSELF first

Remember to breathe!

## **Act Calm:**

- Maintain eye contact
- Neutral facial expression
- Relaxed body
- Keep gestures to a minimum

## **Reassure Yourself:**

- Positive Self Talk
- Project Success

**Ask for Help!**

## **Position yourself for safety:**

- Avoid the “danger zone” – within two arm lengths
- Safety zone – outside of person’s reach
- Zone of influence – within safety zone, but still close enough to communicate effectively
- Use natural barriers

# De-escalation protocol

- Identify yourself and your intent: *“My name is X. I’m here to help”*
- Use a calm, low voice and make eye contact
- Keep body language respectful and stay two arm lengths away



# De-escalation protocol

- Calmly, but firmly, outline limits of the setting. Phrase issues based on **SAFETY**, not because it's a rule or policy
- Use active listening and collaborative problem solving
- If escalation continues, reduce stimulation from the setting (move to a quiet area or remove the audience)
- Offer choices

# 10 Points to De-escalation

1. Calm yourself before interacting with the individual
2. Respect personal space – always remain two arms lengths away from an escalated individual
3. Begin to assess for lethality
4. Be concise
5. Identify wants and feelings
6. Listen closely to what the individual is saying
7. Agree, or agree to disagree
8. Lay out the rules and limits
9. Offer choices and optimism
10. Plan to follow-up



# De-escalating Positively:



# De-escalation strategy

- Set clear limits
- Use active listening
- Be non-judgmental
- Use non-threatening nonverbals
- Focus on feelings
- Choices & optimism

# As the “listener,” your job is:

- Attending: Giving your physical (and mental) attention to another person
- Following: Making sure you are engaged by using eye contact. Use nonintrusive gestures (nodding your head, saying okay, or asking infrequent questions.)
- Reflecting: Paraphrasing and reflecting, using the feelings of the other person.

**This does not mean that you agree, just that you “want to understand”**

**Use Empathy**

How we react in return determines whether the situation escalates, de-escalates, or becomes mutually or individually tolerable.

Remember: To help others, we  
need to take care of ourselves  
as well

# Drop-the-Rope



- When there is no safety issue or risk:
- When something is not needed immediately
- Unplug from the power struggle

**It's Not About "You"**

# The 4 C's of Staying Healthy

1. Connect with yourself
2. Connect with others
3. Connect with your community
4. Create joy and satisfaction

# Types of Self Care

## Physical

- Eating regularly
- Sleeping regularly
- Medical check-ups
- Exercise
- Taking proper care of physical injuries and illnesses

## Psychological

- Unplugging (phone, internet, TV)
- Self-reflection
- Saying NO (appropriately)
- Doing something unrelated to work
- Engaging in hobbies
- Taking PTO



# Contact Information

**Shaun Hill, Clinical Supervisor**

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# Questions?



For more information on any of our services, visit:



[www.MHMRtarrant.org](http://www.MHMRtarrant.org)

[Facebook.com/MHMRtarrant](https://www.facebook.com/MHMRtarrant)



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