

II. STRATEGIES FOR CRISIS PREVENTION

II.A: KNOWING OUR OWN RESPONSE (10–20 minutes)

TRAINER NOTE: Read the following scenario. The purpose is to begin the session by helping trainees to imagine the “worst-case scenario” as a way of tuning into their own response in a crisis. After the scenario write three headings on flipchart: 1) feelings, 2) thoughts and 3) impulses, and record trainees responses accordingly.

CASE: It is 5:15 p.m. on a Friday afternoon before a long-awaited weekend. You are the only staff on-site. You are finalizing your last progress note. You hear yelling coming from the community room. Upon entering the room, you see Eddie, a new tenant, striking Alex, another tenant. Eddie is young and over six feet tall. He easily weighs over 300 lbs. Alex is 56 years old and small-framed. Alex is covering with his hands over his face. Other tenants are pleading with Eddie to stop hitting Alex. Tenants begin to yell at you to help Alex.

- **FEELINGS/PHYSICAL SENSATIONS** — Fear, anxiety, overwhelmed, frustrated, alone, tired, anger, nausea, sweating, faintness, shortness of breath
- **THOUGHTS** — Why does this always happen to me? It’s someone else’s fault I’m in this situation. I wish I could get some backup. I just want to get out of here alive. I don’t know what to do. I want a new career. He deserves what he gets.
- **IMPULSES** — Run and hide, fight, yell for help, call the police, protect the victim, take care of the others, laugh, faint

TRAINER NOTE: Refer to the list made during the opening exercise and discuss how the potential responses fall onto a continuum ranging from fight/flight/freeze.

TRAINER STATES: Let’s look at the “response continuum”:

- How you respond to a crisis can influence or determine the outcome of the situation. It is important to recognize your own initial response when dealing with a fear-provoking situation and how that will affect what occurs next.
- Flight, fight, or freeze response: In times of heightened fear arousal, the increased adrenaline in our bodies can diminish our ability to think things through rationally. The primitive, instinctive response in fear-provoking situations and emergencies is the flight, fight or freeze response. When you experience a sudden burst of fear, blood rushes to our large skeletal muscles (such as the legs), making it easier to flee — and making the face blanch as blood is shunted away from it (creating the feeling that the blood “runs cold” or “drains from your face”). At the same time, your body might freeze,

probably because this was needed to gauge whether we might need to hide or run. Circuits in the brain's emotional centers trigger a flood of hormones that put the body on general alert, making it edgy and ready for action, and attention fixates on the threat at hand, the better to evaluate what response to make.

- The first and most primitive response, running away (flight), jumping in and fighting (fight), or becoming immobile (freeze), are all poor alternatives and can aggravate the situation at hand.
- As professionals, you are obligated to intervene and diminish the negative consequences. The purpose of this training is to help you develop responses that are not based on instinctive/primitive responses but rather more thoughtful and effective interventions. Let's look at how a range of different responses would play out in the situation.

TRAINER ELICITS: HOW MIGHT IT IMPACT THE SITUATION IF YOU DID NOT INTERVENE? [Expected responses include:]

Doing nothing may make the situation worse by conveying it's sanctioned, O.K. with the staff; someone could get hurt.

TRAINER ELICITS: HOW MIGHT IT IMPACT THE SITUATION IF YOU RESPONDED AGGRESSIVELY? [Expected responses include:]

The more you respond with aggression, the greater the likelihood that the situation will escalate. In some ways, an aggressive response fuels the fire.

TRAINER ELICITS: WHAT WOULD AN ASSERTIVE RESPONSE LOOK LIKE? WHAT WOULD BE THE OUTCOME OF THIS TYPE OF APPROACH? [Expected responses include:]

An assertive response would involve assessing the situation, reacting as calmly as possible, taking charge by verbally communicating to the tenants to stop, telling the others to clear out of the way. Communicating the consequences of the behavior and that emergency services have been called, etc.

LEARNING POINT: Trainees will have an understanding of how difficult it is to keep their wits about them (think) and not go into autopilot during a potentially volatile situation. Trainees will also understand the implications of a passive, aggressive and assertive response to conflict.

- Do not position yourself between tenant and the door or behind a static object like a desk; try to be conscious of this and always position yourself near an exit, if possible.

IF THE CONFLICT IS BETWEEN TWO SPECIFIC TENANTS, YOU SHOULD TRY TO SEPARATE THEM FROM ONE ANOTHER:

Sometimes tenants can work out the problem themselves or with the assistance of other tenants if there is a strong community. If you assess that there is potential for violent or assaultive behavior, you should try to remove one of the parties from the situation. Both participants should be spoken with.

DO NOT INTERVENE WITH A TENANT WHO IS CLEARLY DRUNK OR HIGH EXCEPT TO CURTAIL DISRUPTIVE BEHAVIOR:

As we said before, drugs and alcohol disinhibits a person and increases the potential for violence. If a person is not posing an immediate threat by engaging in disruptive behavior, you are usually better off allowing her or him to sleep off the effects of the drugs/alcohol and wait to address the behavior when s/he is sober. If s/he is disruptive, then it may be necessary to call emergency services.

AVOID USING HUMOR OR SARCASM:

In times of stress, some of us may react by trying to sound casual or using humor. While this may work with some tenants, it can often backfire and lead the tenant to believe you are not taking her/him seriously. It is generally better to remain calm and try to reflect that you are hearing the concerns and taking her/him seriously.

DO NOT ENGAGE IN POWER STRUGGLES:

Trying to convince someone or becoming involved in a power struggle is usually counterproductive. This is not the time to argue with a person about their perception or try to get someone to see the other side. The best response is to once again reflect back the concern (e.g., "I see you are really upset about this." "Let's talk more about how we can help you to feel safe."). Do not interrupt or contradict. Think of listening rather than talking the person down.

TRY TO PROVIDE OPTIONS:

One of the principals of reactance theory is the notion that all people respond better when provided with choices rather than given directives. People will probably experience resentment if s/he sees you as an authoritative parent. On the other hand, too many choices, particularly when a person is disorganized or agitated, can be further confusing. Instead, use simple statements, such as, "You have one of two choices here. You can either put down the remote control and talk with me privately about what's going on, or you can continue to hold onto it and probably no one's needs will get met." This points out the natural consequences of the situation and gives the tenant a choice.

ADOPT A SUPPORTIVE YET FIRM STANCE:

Remember that an alliance is crucial when working with an agitated person. A principal of hostage negotiation is to convince the perpetrator that the mediator is working in their best interest. The same holds true here. Try to approach the situation as a problem that can be solved together.

MODULATE YOUR VOICE:

Talk slowly and evenly without yelling. Speaking in a calm voice can often help persons to calm down and assist with de-escalating a situation.

AVOID TOUCHING ANYONE IN A CRISIS:

An agitated person may respond negatively towards being touched while in an angered state. Unless you are sure what the response will be, avoid putting your hands on a person in this phase. Respect the person's physical space.

DO NOT IDENTIFY YOURSELF WITH AUTHORITY:

The technique of "one downing" involves putting yourself in a less powerful position by reflecting that you do not have ultimate authority. For example, if the tenant is angry that s/he cannot do something, the worker can respond, "I agree with you that this rule is hard to follow, but unfortunately I cannot fix that right now." This technique deflects some of the anger.

LEARNING POINTS: Trainees will have an understanding of how to respond to someone who is in the escalation phase of the assault cycle and the importance of ensuring support from co-workers during this phase.

III.D: CRISIS PHASE AND CORRESPONDING INTERVENTIONS (10–20 minutes)

TRAINER STATES: The “crisis phase” is characterized by the person becoming totally out of control and jeopardizing his or her own safety or the safety of others.

CASE: Bill continues to deny that he took John’s Walkman. John grows angrier and reaches behind the chair on which he was sitting. He stands up and pushes Bill. Bill falls to the ground with John standing above him. John strikes Bill with his fists stating that he wants his Walkman back.

TRAINER ELICITS: WHAT WOULD YOU DO NOW? [Expected responses include:]

TEAMING: If there are other staff around, the most effective intervention is to work as a team. Each person’s role on the team should be clear before the situation erupts. As new staff comes aboard, they should be trained about emergency response and their roles. The principal of teaming is to break up essential tasks. In this case, the following roles should be designated prior to a crisis encounter:

- Talking and “listening” the tenant down: An agitated person usually responds better to one person interacting with them rather than several staff. A person who knows the tenant best may be the natural choice here. Listening with empathy can help de-escalate an angry person. However, if you feel threatened, know how to back down/back out. (“I’ll be right back, what your saying is very important and I want someone else to hear as well.”)
- Crowd control: Someone should be responsible for clearing the area of onlookers and escorting the rest of the tenants to a safer place. This also may include asking tenants to wait in their apartments until the problem has been resolved.
- Calling 911: Someone should be designated to this task and should be clear about how to request help on the scene. We will go over these directions later in the training when we review how to involuntarily hospitalize a tenant. Sometimes it is helpful to have a code word so a worker does not have to shout “Call 911!” across the room, but instead says to other staff: “I’m thirsty, and want some water. Do either of you want some?” Most often, staff can indicate to other staff by conveying a “look” that indicates emergency services should be called.
- All staff should secure the area by removing sharp items such as scissors, three-hole punches and other potential weapons when there is indication that someone is escalating. This again can be communicated by a code word to diminish heightened anxiety.

TRAINER ELICITS: WHAT MIGHT BE WARNING SIGNS THAT SOMEONE MIGHT BE CONSIDERING SUICIDE? [Expected responses include:]

WARNING SIGNS

- Giving away personal items
- Tying up loose ends/business
- Stockpiling medication
- Sudden improvement in mood or increased energy (signaling resolution)
- Worsening symptoms of depression
- Social isolation/withdrawal
- Talking about dead people
- Joking about death (pre-suicidal statement)

BRIEF LECTURE:

The three areas that need to be assessed when someone indicates suicidal ideation include intent, formulation of a plan and means to that plan.

ASSESS FOR INTENT

- Does the person say s/he wants to die?
- Can the person imagine living without pain?
- Does the person say s/he wants to be put out of his/her misery?
- Can the person contract to stay safe and not harm him/herself?

ASSESS FOR PLAN AND MEANS

- Does the person have a well-thought out plan?
- Is there a time frame: today, tomorrow, some future time?
- How does the person imagine s/he would kill self?
- Does the person have access to the means (gun, medication and roof)?

INTERVENTIONS FOR ALL CASES OF SUICIDAL IDEATION

- Notify other staff and supervisors
- Obtain a psychiatric consultation
- Remove potential hazards (e.g., medications, weapons, etc.)
- Do not leave the person alone while evaluating

IF ASSESSED TO NOT BE IN ACUTE DANGER

- Provide close observation (set up a plan with the entire team)
- Contract for safety
- Discuss plan (e.g., talk to therapist, do not isolate, attend program daily, etc.)

IF ASSESSED TO BE IN ACUTE DANGER

- Hospitalize

When in doubt, it is always better to have a psychiatrist determine how serious the danger of suicide is.

LEARNING POINTS: Assessing suicidal ideation and providing the proper interventions with potentially suicidal tenants are often confusing tasks for workers in housing programs. It is crucial for workers to understand risk factors, warning signs and their role in managing suicidal crisis in their programs.