Crisis De-escalation

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Challenges

* It isn’t uncommon for providers to stay at SBHC after school hours. They may be alone when a crisis happens.
* No debriefing
  + SBHC staff don’t have a place to talk about their feelings or say that they’ve been affected or are stressed.
  + There is no system to talk about the impact for individuals, the clinic, or community.
  + Certain schools used to do better talking and supporting staff. Unclear if it went away because of budgets.
  + Need buy in from administration—the principal
* Suicide stigma and myths
  + Perception that if you talk about suicide it will happen
* Schools do not have standardized responses or full resources
  + Different protocols for each school in terms of crisis response
  + Not enough counselors at each school so there is no consistent support for students
    - When a crisis happens, a counselor asks what is the school policy and puts it back on the school
  + Schools tend to be reactive instead of proactive
* How to balance boundaries, safety, and giving too much attention? (example—chair throwing by student)
* Not possible to have team response to crisis
  + May be able to pull in VP or school counselor if they are available but often they are busy
  + Consider that it doesn’t have to be someone with the same skill level

Recommendations

* Change can happen in assessing the situation after the fact
* Need to work towards being proactive instead of reactive
  + Create protocols for SBHC so that staff understand and can respond (for example—how to deal with angry parent)
  + Designate a debrief space
  + Assess whether your office has safe exits
* Set up regular check-ins/debriefs
  + At White Bird the first 10-20 minutes of the day is for check-in and see how staff is doing
* Self-care
  + Consider that you are a machine that has its own buttons. Know how to identify your own buttons and your team members so that you can “tap them out”
* Meet someone where they are rather than have them come to your office

Resources

* Cahoots (in Lane County) responds to substance abuse, chronic mental health, mediation needs, and helps to prevent police and EMS being called
* Communities may want to pursue having a model like Cahoots—they are funded through public safety. The county prioritizes mental health.