

**AN OVERVIEW of CRISIS INTERVENTION**

***The philosophy:*** At White Bird, we believe that each person deserves respect for his or her beliefs and experience. Our role is to be available to help out where we can, with the least intervention necessary to facilitate a healthy and safe process for everyone.

***This training:*** The intention of this training is to provide an overview of assessment and intervention skills so that a lay-person (not trained in medicine or crisis intervention) can maintain personal safety and recognize when someone might need help. We will go over:

* Self, safety and scene assessment
* Basic interpersonal skills and how to be an ally
* A Model for intervention
* Your questions and concerns
* Basic physical assessment

**If you are receiving this handout without attending the training, please understand that not all of the information is fully explained in the handout.**

**Talk to someone who was there.**

**SELF**

* What tool do we use in an intervention? **YOU!**
* **Who you are** and what you believe determines the quality of your intervention.
* **You can’t control the outcome,** just your part of the process.
* In what condition are you best able to be of assistance? **The best you that you are able to bring - most rested, fed, present, loving, grounded self. No running.**

What you do with your body is ***important****…****even crucial!***

What does your body language say—it always says something! All behavior is communication.

***Grounding*** Use any technique you like. A simple technique is this:

* Notice your legs. Plant your feet at hip's width. Unlock your knees.
* Notice your shoulders. Are they up around your ears? Let them fall down and back and relax the muscles.
* Notice your breathing. Are you keyed up? Deliberately slow your breathing into deep belly breaths.
* Notice your arms. Are they folded - are you fidgeting? Try to let them just hang loosely.

**SAFETY**

***Scene survey***

* Is this an emergency or a situation? An emergency often requires a call to 911 for Police, Fire or Ambulance or to White Bird. A situation is something to be solved.

What is going on? Is there immediate danger—fire, violence, etc.? Do you need more people to be safe in the situation? Who seems to need help?

* Your personal safety comes first.
* Slow down and assess what you see, hear, sense around you.
* Tunnel vision guarantees that you will miss something. It might be important. Broaden your vision.
* If it's safe, move forward.
* If it is not safe, what do you need to do in order to make it so?

***Some tips on Physical interaction.*** How you use your body at a scene to help keep you and others safe.

* Do not block anyone's exit of the situation. Everyone gets a way out. Even if you are concerned about someone's behavior, do not corner them. Do not allow yourself to be cornered.
* If the person you are concerned about is not standing, you should bring yourself to their level of vision safely. Squat or stoop in a way that you can get out of quickly.
* If helping someone up, grasp their forearm with your hand instead of grasping their hand. Try it! You can get away much more easily. Protect your back.
* Remember to keep yourself grounded. Your body language will speak to the people you interact with - it can demonstrate calmness and caring or tension, frustration, etc.

**INTERPERSONAL SKILLS IN A CRISIS**

* How you interact with someone will matter long after the situation is over.
* Can you respect a person regardless of their behavior?
* They will forget exactly what you said, but they will remember how they felt interacting with you.
* How you talk to them will determine what they tell you. If they think you are judging them or that you are impatient, you will not get the whole story.
* This is the stuff that takes heart and intuition to put into practice and real effort to learn. The tips are on the paper, but to use it you've got to internalize it - there is no going through the motions.
* Do you feel particularly capable of changing another person's behavior without making a bad situation worse? Often we can, sometimes we can't. Do you know your limits?
* **Content** (what you are talking about), **Process** (how you are talking about it), **Ground** (how you each are while you are talking) – 3 simultaneous levels involved in any conversation. There is no point in continuing **content** if the **process** is poor and any of you are **ungrounded**. Call for a “process check”, get grounded, clear up the process and only then return to the content.
* ***Interact with empathy.*** You may not have ever been in their shoes, but you can see that they are scared. Appreciate what it feels like to be scared and make it show.
* ***Validate their experience.*** They may have the most bizarre interpretation of events, but it is real for them. Appreciate this and make it show.
* ***Keep it simple.*** Often a person in distress has many issues crashing around him or her. Search for the essence of the situation…do not feel pressured to remember or address everything.
* ***Avoid arguing! Avoid arguing!*** There are ways that you can have a different perspective without arguing. You do not have to respond to everything a person says.
* ***Use “I” messages.*** Instead of saying “You are being really out of control,” try “I’m really concerned about how you are acting right now.” Instead of “You aren't cooperating at all right now,” try “I am really just trying to help you find some options in this situation.”
* ***Whose crisis is it?*** If you become ungrounded, your buttons get pushed, or you feel like you must control the way things turn out, then you have taken the crisis of another person and made it yours. Most people have enough crises in their lives without picking up extras!
* ***Ask open-ended questions.*** “What could I do to help right now?” “What is the worst thing happening for you right now?” — Useful for keeping it simple.
* ***Slow down.*** Unless you have a medical or behavioral emergency, there is no reason to not take the time to make sure you are grounded and that the person you interact with feels that you have time for them.

**A MODEL OF INTERVENTION**

* Assess for safety
* Make contact at a feeling level

-Establish rapport and trust

-Reflect your feeling response to his/her feelings

* Explore the problem that is happening now

-What was the precipitating event?

-Encourage the client’s expression

-Encourage specificity

* Summarize the problem

-This lets you check your understanding and also demonstrates you are listening and care enough to get it right

* Focus on a specific area

-Help them chose a part amenable to immediate possible relief

* Explore the client’s resources

-What has worked in the past?

-Is there anyone else who can help?

* Make an agreement

-Plan of action

-Baby steps

-How will they know it is working?

**Speak with integrity. Don’t take it personally.**

**Don’t make assumptions. Always do your best.**

**HAVE FUN, and TAKE CARE OF YOUR OWN PHYSICAL and MENTAL WELL-BEING.**

Thanks,

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**PHYSICAL ASSESSMENT**

This is not a substitute for using EMS for a full assessment, but some of these concepts can give you a brief idea of how someone is doing. It also gives you helpful things to report when you call for help.

What do you look at initially to assess a person's physical well-being? Some of our favorites are:

**Level of Consciousness**

**Airway**

**Breathing**

**Circulation**

***1. Level of Consciousness.*** “*He's awake but he makes no sense!” “She was passed out but woke up when I said her name!”* Level of consciousness (and we're not talking enlightenment here) is important in the immediate sense:

● If someone is unconscious, they have difficulty protecting their airway, which is not conducive to life.

● If someone is fully awake, yet highly disoriented, they may have trouble keeping themselves in a good situation.

**Responsiveness:**

**A** — Alert He is noticing you as you walk up to him!

**V** — Verbal She has her eyes closed but responds instantly when you talk to her.

**P** — Pain He is just lying there and doesn't wake up when you talk to him, but he comes to when you pinch him.

**U** — Unresponsive It doesn't matter what you do…this person is out cold.

**Orientation:** A boring, yet reliable way to assess mental orientation is to ask a person about three things:

1. Self – who are you?

2. Place – where are you?

3. Time – what day is it?

Please call for help immediately for anyone who is responsive only to pain or who is unresponsive, or anyone whose orientation is poor in these 3 fields or in your best guess.

***2. Airway.*** To have an open airway, you must not have any foreign obstruction and your tongue needs to be OUT of the back of your throat.

● A fully conscious person has a gag reflex that tries to kick anything out of the back of the throat that interferes with the airway.

● A person with a low level of consciousness has a poor gag reflex. A person who is unresponsive will NOT have a gag reflex.

● The WORST position for someone who is not fully conscious is on their back.

● You should call for help immediately for someone who is low enough to not keep their airway open.

**ALERT! ALERT!**

When you encounter a person who is not fully responsive and you have reason to believe they do not have a severe back or head injury, you should IMMEDIATELY roll them onto their side. This protects their airway and prevents vomit from going into the lungs.

***3. Breathing.*** The brain keeps the respirations going!

● If someone's LOC (level of consciousness) is too low, the brain may take a break.

● If someone does not have a good airway (because their tongue is in their throat?) they will not breathe well.

● Anyone breathing <10 times or >30 times per minute is worthy of concern.

● Anyone who only keeps breathing well if you pester them is NOT OK and needs medical attention.

***4. Circulation.*** Blood flow either inside or outside of the body…what an important thing.

Are they bleeding? Do they have a pulse? How do you find a pulse?

● A fabulous shortcut—if they're breathing, then they have a pulse!

● If they are bleeding excessively or they do not have a pulse, this is a genuine emergency…and you knew that already.

● To deal with someone who has no pulse, you need to know CPR, which is outside the scope of this training. Learn it sometime—it's a kick!

***5. Other things to notice.***

● Are they **losing consciousness** quickly? If so, call for help immediately — you don't know how low they're going to go.

● Are they having a **seizure**? If so, clear the area around them of things they can bang into, cushion their head, and DO NOT PUT ANYTHING IN THEIR MOUTH.

● How is their **walking**? If they simply cannot walk without help, they may need more help, depending on how the other things are…like LOC, A, B, C.

● **Behavior**…Are they being outrageous enough that they might hurt themselves or someone else? You may need more help.