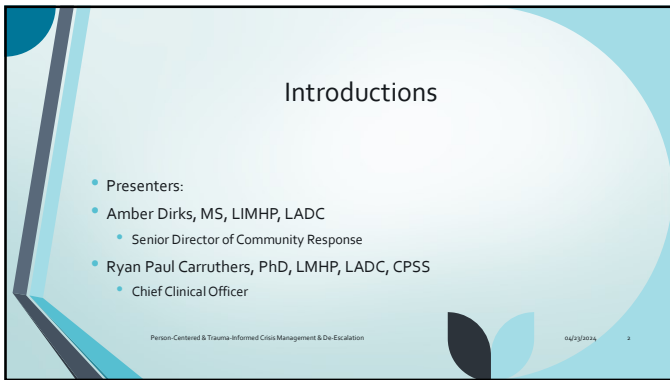


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CenterPointe Model of Care

- Pillar I: Bio-Psycho-Social Model of Integrated Care
- Pillar II: Housing-First, Harm-Reduction Approach
- Pillar III: Philosophy of Strength-Based, Trauma-Informed, Culturally-Appropriate, & Person-Centered Care
- Pillar IV: Using Evidence-Based Practices
- Pillar V: Making Data-Informed Decisions

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Agenda

- Person-Centered Care
- Trauma-Informed Care
- Crisis Management
- De-Escalation
- Putting it All Together

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Objectives RCO

Upon successful completion of this webinar, you will have done the following:

1. Discussed the importance of recognizing, assessing, and responding to risk and challenges for continued safety and well-being under distress.
2. Identified the impact of being confronted with another person's trauma on one's own wellness.
3. Discussed various crisis and emergency situations and how to use organizational/departmental chain of command to address or resolve those issues.

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Slide 5

RCO Need to complete

Ryan Carruthers, 2023-11-08T02:53:03.201

Slide 6

RCO Add Clinical Objectives

Ryan Carruthers, 2023-10-06T16:13:03.381

This Webinar

- Started with a Target Audience of Peer Support
- Expanded Out from There to Include Other Mental Health Professionals
- The Topic is Broad
 - Setting Matters
 - Role Matters
- Some Broad Strokes
- Some Specific, Implementable Changes
- Hope: Everyone Takes Away 1+ Implementable Changes

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Key Terms

Person-Centered Trauma-Informed Crisis Management De-escalation

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- **Person-Centered Care:** Integrated health care services delivered in a setting and manner that is responsive to individuals and their goals, values and preferences, in a system that supports good provider-patient communication and empowers individuals receiving care and providers to make effective care plans together.

Source: CMS, 2024

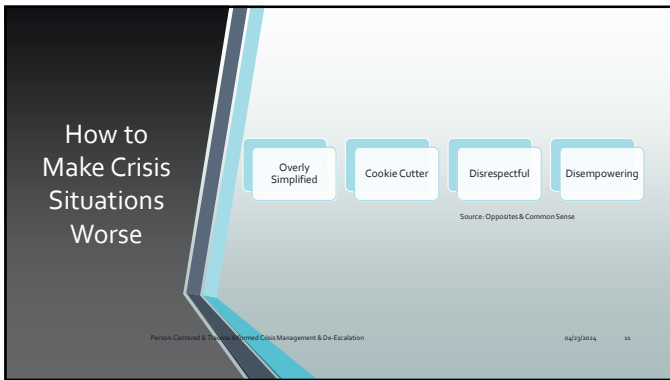
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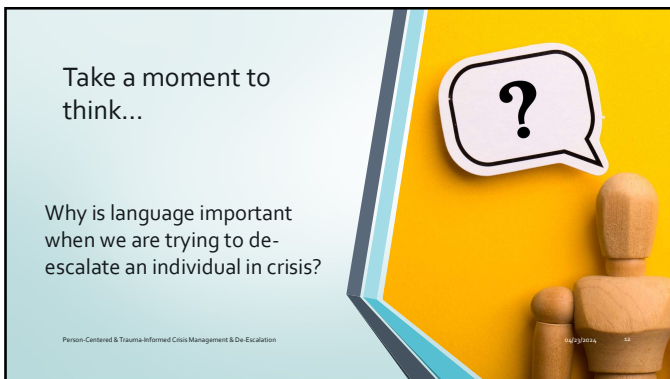
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11



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Our Language

<p style="text-align: center; color: #0070C0;">Should</p> <ul style="list-style-type: none"> • Focus on OUR Sense of hope, commitment, and belief in the individual's ability to get better • Focus on their strengths, assets, abilities, and personal experiences of their symptoms • Reflect Our respect and unconditional positive regard for them as a unique individual 	<p style="text-align: center; color: #0070C0;">Should NOT</p> <ul style="list-style-type: none"> • Focus on OUR frustrations, struggles, or any belief that the individual will not get better • Focus on their diagnoses, deficits, labels, and a generalized list of symptoms • Reflect our values, judgments, and opinions of their identity, decisions, behaviors, or lifestyle
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Our Language

<p style="text-align: center; color: #0070C0;">Should</p> <ul style="list-style-type: none"> • Be clear, understandable, and free of jargon • Be based Upon evidence-based best practice • Express cultural humility and recognition of how individuals want to be referred to 	<p style="text-align: center; color: #0070C0;">Should NOT</p> <ul style="list-style-type: none"> • Be difficult to understand • Be based Upon confusing data, speculation, or assumptions • Express cultural biases and insistence on referring to individuals by their name or gender assigned at birth
---	---

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Generalized Language Expectations

<p style="text-align: center; color: #0070C0;">At CenterPointe, We:</p> <ul style="list-style-type: none"> • Refer to people as People, or Individuals • Put the person first and focus on their struggle • Recognize the specific symptoms that individuals experience • Use destigmatizing and empowering terminology 	<p style="text-align: center; color: #0070C0;">While Others May:</p> <ul style="list-style-type: none"> • Use general terms like: Patient, Client, or Consumer • Focus on the use of labels and diagnoses • Generalize the symptoms to the individual • Use stigmatizing and condescending terminology
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Specific Substance Use Language Expectations

<p>At CenterPointe, We Say:</p> <ul style="list-style-type: none"> • The people in our services struggle with addictive behaviors • Substance Use Disorder 	<p>While Others May Say:</p> <ul style="list-style-type: none"> • The clients we see are alcoholics/addicts • Substance Abuse
---	--

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Specific Mental Health Language Expectations

<p>At CenterPointe, We Say:</p> <ul style="list-style-type: none"> • They have struggled with mental health issues • They have been diagnosed with schizophrenia • They are experiencing a return of symptoms 	<p>While Others May Say:</p> <ul style="list-style-type: none"> • They are mentally ill • They are a schizophrenic • They are decompensating
---	--

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Specific Symptomology Language Expectations

<p>At CenterPointe, We Say:</p> <ul style="list-style-type: none"> • They are skilled at getting their needs met • They choose not to, would rather not, or prefer other options • They have a tough time with this activity/skill • They tend to become aggressive when upset 	<p>While Others May Say:</p> <ul style="list-style-type: none"> • They are being manipulative • They are non-compliant, and treatment resistant • They are low functioning • They are dangerous
---	--

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Specific Symptomology Language Expectations

At CenterPointe, We Say:

- They haven't found anything that sparks their motivation yet
- They haven't identified their behavior as being a problem.
- They haven't slept in days and struggle with trusting others
- We aren't on the same page. I'm unsure how to work with them.

Wow! That's wild. I can't believe it.

While Others May Say:

- They are unmotivated
- They are in denial
- They are manic and paranoid
- They are being very difficult
- Wow! That's crazy. I can't believe it.

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Specific Suicide Language Expectations

At CenterPointe, We Say:

- They died by suicide
- They survived their suicide attempt

While Others May Say:

- The completed suicide
- They failed at their suicide attempt

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Person-Centered Language

- Not efficient
- Just effective

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A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

Trauma-Informed

Source: SAMHSA, 2014

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Trauma

- Event, or series of events, or set of circumstances
- Experienced by and individual as physically or emotionally harmful or life threatening
- Effects that are adverse and lasting on the individual's functioning and well-being

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Source: SAMHSA, 2014

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Trauma and the Nervous System: A Polyvagal Perspective

Source: <https://www.youtube.com/watch?v=ZdlQRxwT1to>
The Trauma Foundation, 2021

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To Whom Does this Information Apply?

- The people in crisis.
- Their families.
- And YOU, the helper.

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Your Oxygen Mask

- The weight of others' trauma and emotional crises.
- Mirror neurons.
- Work for us, and against us.
- Natural response to someone being agitated is to be agitated.
- Our responsibility: Not mirror them, so that they can mirror us.

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The Brady Effect

- Wins (251)
- Super Bowl MVP Awards (5)
- Completions (7,753)
- Attempts (12,050)
- Passing Yards (89,214)
- Passing Touchdowns (649)
- Super Bowl Victories (7)



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The Calm in the Storm

- Act like you've been here before.
- Don't be shocked by an individual's behavior.
- Shock, as an emotion, works to reinforce behaviors.
- Make mirror neurons work in your favor.

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Key Principles of Trauma-Informed Approach

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice, & Choice
6. Cultural, Historical, and Gender Issues***

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Source: SAMHSA, 2014

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A Note About Culture

- Working Definition of Culture:
- The Lens Through Which an Individual Sees the World

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Culture as a Concept

Inputs

- Things that create the way we see the world.
- Often static, demographic, and historical.
- Examples:
 - Race, Ethnicity, Gender
 - Generation, Country/Region of Origin
 - Urban/Rural/Suburban Upbringing
 - Sexual Preference/Gender Identity
 - Religion, Socioeconomic Status of Family of Origin

Outputs

- Things created by the way we see the world.
- Often fluid, behavioral, and preferential.
- Examples:
 - Music, Food, Hair, Sporting, & Clothing Preferences
 - Beliefs about Authority, Work, Technology, Politics, & Money
 - Language/Dialect Usage
 - Spiritual/Religious Practices

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Bias

- A Coat We Can't Take Off (Agboola, Coupet, Ambrose, & Wong, 2020)
- Self-Awareness and deliberate practice of Trauma-Informed Care can help to mitigate the effects of bias when working with someone in a crisis

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In Other Words

- Trauma-Informed Care Means:
 - Everyone has trauma.
 - We don't know one another's trauma.
 - We don't know what cues another's trauma.
 - Result is a hyper-sensitivity to the potential to retraumatization.

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SAMHSA Crisis Toolkit: Core Elements of a Crisis System

1. Regional or statewide crisis call centers coordinating in real time;
2. Centrally deployed, 24/7 mobile crisis;
3. 23-hour crisis receiving and stabilization programs; and
4. Essential crisis care principles and practices.

Crisis Management

Source: SAMHSA, 2020

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Cycle of Crisis with Interventions

<p>Stage of Crisis Cycle:</p> <ol style="list-style-type: none"> 1. Baseline 2. 3. 4. 5. 6. 	<p>Appropriate Intervention:</p> <ol style="list-style-type: none"> 1. Prevention 2. 3. 4. 5. 6.
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Stage: Baseline

<ul style="list-style-type: none"> • Naturally occurring state • Well Regulated • Primary Brain Energy on Cognition • Rational Thinking Dominates 	<p>Goals:</p> <ol style="list-style-type: none"> 1. Prevention of cues and stressors 2. Prepare for eventuality of cues and stressors 3. Maintain Baseline <p>Accomplished Through</p> <ul style="list-style-type: none"> • Being Mindful of Your Surroundings • Managing Yourself
---	---

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Prevention of Cues and Stressors

- Knowing one's self
- Individualized List of Cues and Stressors
- Minimize Exposure When Possible
- Develop Personalized List of Coping Mechanisms

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Examples of Baseline

- Ability to think clearly and make sound decisions
- Speaking in a normal tone and rate of speech
- Emotions are regulated
- Individual presents as calm and with a relaxed body posture

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Cycle of Crisis with Interventions

<p>Stage of Crisis Cycle:</p> <ol style="list-style-type: none"> 1. Baseline 2. Cue/Stressor 3. 4. 5. 6. 	<p>Appropriate Intervention:</p> <ol style="list-style-type: none"> 1. Prevention 2. Natural Coping OR Supportive Intervention 3. 4. 5. 6.
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Stage: Cue/Stressor

- Something happens
- External Event or Internal Stimuli
- Can Become Focus of Individual
- Can Activate Trauma Response

Goals:

1. Identify and utilize natural coping
2. Intervene early before dysregulation beings

Accomplished Through

- Often happens naturally
- Knowing when something meaningful happens to the individual
- Offer support, and utilize active listening

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Examples of Cue/Stressor

- Loss of a relationship or death
- Change in financial situation or loss of job
- Argument with a family member or partner
- Using drugs or alcohol
- Exposure to a trauma cue, such as abuse in a relationship
- Lack of social supports

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Cycle of Crisis with Interventions

<p>Stage of Crisis Cycle:</p> <ol style="list-style-type: none"> 1. Baseline 2. Cue/Stressor 3. Early Signs of Distress/Agitation 4. 5. 6. 	<p>Appropriate Intervention:</p> <ol style="list-style-type: none"> 1. Prevention 2. Natural Coping OR Supportive Intervention 3. Natural Coping OR Early Intervention 4. 5. 6.
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Stage: Early Signs of Distress/Agitation

- Noticeable Difference in Presentation of Individual
- Something is "Off"
- Can Manifest in Various Ways
- Less Cognitive and More Emotional Energy
- At risk for Further Escalation

Goals:

1. Identify and utilize natural coping
2. Disrupt Further Escalation

Accomplished Through

- Quickly identifying
 - "There's a skill for this."
 - - Emotional Regulation
 - - Mindfulness
- Provide Reassurance

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Examples of Early Signs of Distress/Agitation

- Irritability
- Raising voice
- Speaking more quickly
- Restlessness
- Standing and/or pacing
- Difficulty concentrating
- Hard time problem solving

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Cycle of Crisis with Interventions

<p>Stage of Crisis Cycle:</p> <ol style="list-style-type: none"> 1. Baseline 2. Cue/Stressor 3. Early Signs of Distress/Agitation 4. Escalation 5. 6. 	<p>Appropriate Intervention:</p> <ol style="list-style-type: none"> 1. Prevention 2. Natural Coping OR Supportive Intervention 3. Natural Coping OR Early Intervention 4. Natural Coping OR De-Escalation Intervention 5. 6.
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Stage: Escalation

- Individual is Upset
- Emotional Energy Dominates
- Cognitive Energy Minimal
- Can Manifest in Various Ways
- May Present a Danger
- Be aware of Proxemics

Goals:

1. Maintain personal safety
2. Assess for Individual/Community safety
3. De-escalate individual

Accomplished Through

- De-escalation Techniques
- Will go into depth shortly

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Examples of Escalation

- Yelling and/or verbal threats
- Threatening physical gestures and/or stance
- Urgency to have the situation fixed
- Thinking no one else understands
- Hopelessness and helplessness related to the crisis
- Engage in self-injurious behavior and/or experience increase thoughts of suicide

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Cycle of Crisis with Interventions

<p>Stage of Crisis Cycle:</p> <ol style="list-style-type: none"> 1. Baseline 2. Cue/Stressor 3. Early Signs of Distress/Agitation 4. Escalation 5. Fatigue/Exhaustion 6. 	<p>Appropriate Intervention:</p> <ol style="list-style-type: none"> 1. Prevention 2. Natural Coping OR Early Intervention 3. Natural Coping OR Cognitive Intervention 4. Natural Coping OR De-Escalation Intervention 5. Natural Processing OR Intentional Avoidance 6.
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Stage: Fatigue/Exhaustion

- Happens when the Crisis Subsides
- They are De-Escalated
- Reduction in Emotional Energy
- Not Necessarily Increase in Cognitive Energy
- Often the End of Brief Intervention

Goals:

1. Engage Supports
2. Plan for Follow-Up, Continued Safety
3. Prevent Re-Escalation

Accomplished Through

- Stay with Them (As possible)
- Be Patient for a Return to Baseline
- Practicing Distress Tolerance Skills

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Examples of Fatigue/Exhaustion

- Decreased energy
- Express remorse, shame, or guilt related to behavior
- Lingering emotions can leave them vulnerable to re-escalation
- Difficulty engaging in conversation

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Cycle of Crisis with Interventions

<p>Stage of Crisis Cycle:</p> <ol style="list-style-type: none"> 1. Baseline 2. Cue/Stressor 3. Early Signs of Distress/Agitation 4. Escalation 5. Fatigue/Exhaustion 6. Return to Baseline 	<p>Appropriate Intervention:</p> <ol style="list-style-type: none"> 1. Prevention 2. Natural Coping OR Early Intervention 3. Natural Coping OR Cognitive Intervention 4. Natural Coping OR De-Escalation Intervention 5. Natural Isolation OR Intentional Avoidance 6. Postvention
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Stage: Return to Baseline

- Return of Notable Cognitive Energy
- Increased Emotional Stability
- Crisis Intervention May Not Get them Here
- Hope for Crisis Resilience

Goals:

1. Prevention of cues and stressors
2. Prepare for eventuality of cues and stressors
3. Maintain Baseline with New Knowledge

Accomplished Through

- Occurs Naturally
- Postvention

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Prevention of Cues and Stressors

- Knowing one's self
- Individualized List of Cues and Stressors
- Minimize Exposure When Possible
- Develop Personalized List of Coping Mechanisms

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Examples of Return to Baseline

- Feeling hopeful and able to advocate for self
- Capable of following through with plan following crisis
- Ability to concentrate and make sounds decisions
- Physically relaxed and calm
- Managing emotions and coping effectively

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Benefits of Good Crisis Care

1. An effective strategy for suicide prevention
2. An approach that better aligns care to the unique needs of the individual
3. A preferred strategy for the person in distress that offers services focused on resolving mental health and substance use crisis
4. A key element to reduce psychiatric hospital bed overuse
5. An essential resource to eliminate psychiatric boarding in emergency departments
6. A viable solution to the drains on law enforcement resources in the community
7. Crucial to reduce the fragmentation of mental health care

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Source: SAMHSA, 2020

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De-escalation: Helping someone who is escalated to restabilize back to their Baseline state so that they can manage their own needs.

Source: Service Alternatives, Inc. Training Institute, 2012

De-Escalation

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Research Is Clearly Unclear

- Most research focuses on avoidance of Seclusion & Restraint
- Strategies generally include:
 - Calm environment
 - Risk assessment
 - Milieu-based interventions (i.e. Sensory rooms)
 - Peer-based interventions
 - Staffing Changes (i.e. increased ratios of individuals:staff)

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Source: AHRQ, 2016

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Note:

- We are not covering ANY information about the use of Seclusion and Restraint
- However, it is generally considered an intervention of last resort in environments that practice it.
- Always follow agency-specific policies and procedures.
- Techniques that are useful to de-escalate conflict and agitation are NOT the same as those that are meant to achieve safety, such as seclusion and restraint. (Slaatto, Mellblom, Kelppe, Baugerud, & Kjobli, 2020)

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Safety First Mindset

- Never put yourself in harms way (i.e. between two escalated individuals)
- Non-physical intervention (i.e. hand off)
- Violence Necessitates 9-1-1

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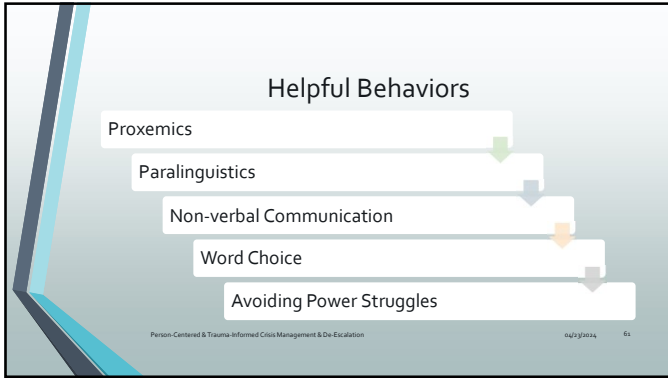
Collaboration Tips

1. Respect personal space.	6. Listen closely to what the person is saying.
2. Do not be provocative.	7. Agree, or agree to disagree.
3. One person should establish verbal contact.	8. Set clear limits.
4. Be concise and keep it simple.	9. Offer choices and optimism.
5. Identify wants and feelings.	10. Debrief with the person and staff.

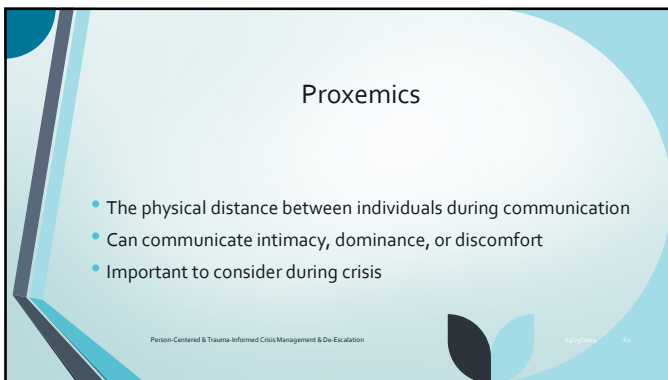
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Source: Stubbe, 2023 (Adapted for person-first language.)

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Paralinguistics

- Non-verbal aspects of your speech
- Tone, pitch volume
- Conveys emotions and attitudes

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Implementing Appropriate Paralinguistics

- Eye contact, as culturally appropriate
- Calm tone of voice
- Speak slow and clear
- Avoid standing with crossed arms
- Keep an open stance and remain at the same level as the individual

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Word Choice

- Words Matter
- No Advise
- Instead, Offer Reassurance and Information

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Implementing Appropriate Word Choice

- Person-centered language
- Non-judgmental words
- Not assigning blame
- Focused on hope

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Avoiding Power Struggles

- An effort to assert one's authority, will, or superiority over another
- Leads to tension, opposition, and resistance

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Implementing Appropriate Avoidance of Power Struggles

- Don't give advice, instead give reassurance and accurate information
- Allow voice and choice of preferences for help receiving

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Postvention

- Debriefing, processing the events
- Often includes documentation
- With the individual and/or other staff
- Helps the helper
- May include Employee Assistance Program involvement for staff
- What are the lessons learned? For the individual? The family? The staff?
- Includes follow-up actions with the individual

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“ De-escalation, within a person-centered and trauma-informed framework, refers to a deliberate and compassionate approach aimed at reducing emotional distress and preventing the further escalation of tension or crisis. ”

Putting It All Together

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One Model – Mental Health First Aid

- A – Approach, assess for risk of suicide or harm
- L – Listen nonjudgmentally
- G – Give reassurance and information
- E – Encourage appropriate professional help
- E – Encourage self-help and other support strategies

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Suicide Risk Screening/Assessment

- Should be completed in EVERY crisis interaction
- Must ask the question directly
- Professional responsibility
- Recommended resource: Zero Suicide Institute

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Listening Non-judgmentally

- Using primarily Open-Ended Questions
- Affirming the Strengths of the Individual
- Active, Reflective Listening
- Summarizing what the individual shared for understanding
- OARS from Motivational Interviewing

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Give Reassurance & Information

- Reassure the Individual they CAN overcome the Crisis
- Accurate Information
- Advice shuts them down

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Encourage Professional/Self-Help

- Crisis Interventions are the opportunity to connect to resources
- Know what's available in your community
- Give them options for NEXT crisis
- 9-8-8: Call, Text, Web-based chat
- 402-475-6695: CenterPointe's Local 24/7 Crisis Hotline

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Special Scenarios

- Opioid Overdose
 - Carry NARCAN® - This is a Physical Health Emergency, but you CAN save a life.
- Psychosis
 - A different version of reality doesn't have to be overcome for the crisis to be overcome.
- Law Enforcement
 - Now training on person-centered and trauma-informed de-escalation (Lavoie, Alvarez, & Kandil, 2022).

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