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# Crisis Intervention Training for Behavioral Health Emergencies



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# The “Memphis Model”



- In 1988, the Memphis Police Department joined in partnership with the Memphis Chapter of the National Alliance on Mental Illness (NAMI), mental health providers, and two local universities in organizing, training, and implementing a specialized unit. This unique and creative alliance was established for the purpose of developing a more intelligent, understandable, and safe approach to mental crisis events. This community effort was the genesis of the Memphis Police Department’s Crisis Intervention Team.
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# Benefits of CIT Training

- Decrease in patient violence and use of restraints
  - Decrease in provider and patient injury
  - Decrease in use of force by law enforcement
  - Better training and education on verbal de-escalation techniques
  - Better advocacy for individuals with mental illness and their families
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# Goals for Today

- Understand specific symptoms of disorders most commonly encountered by first responders
  - Understand the crisis escalation cycle and how to interrupt it rather than feed it
  - Learn verbal de-escalation that really works and understand why it really works
  - Try to not have anyone fall asleep
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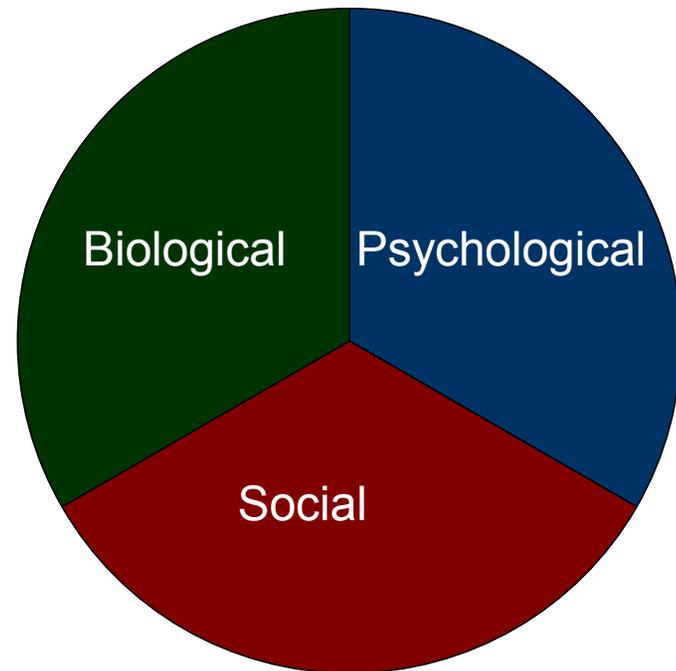
# Understanding mental illness

- A mental illness is a disorder that causes mild to severe disturbances in thinking, perception and behavior
  - Moderate to severe disturbances may significantly impair a person's ability to cope with life's ordinary demands and routines
  - With the proper care and treatment, a person can recover and resume normal activities
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# The Biopsychosocial Model

- Some mental illnesses are believed to have biological causes, just like cancer, diabetes and heart disease
- Some mental disorders are caused by a person's environment and experiences
- Many are likely caused by a combination of factors



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# The scope of the problem

- More than 5 million Americans suffer annually from an **acute episode** of mental illness. Left untreated, disorders of the brain can profoundly disrupt a person's ability to think, feel, and relate to others and the environment.
  - One out of five families will be directly affected by a severe mental illness in their lifetime.
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# Another problem...

- There are 3 to 4 times as many people with major mental illnesses in jail or prison as there are in public psychiatric hospitals.
- Individuals with moderate to severe mental illness who are incarcerated for their behavior spend, on average, 30 percent longer in jail for the same crime as someone who does not have a mental illness
- A disproportionate number of incarcerated individuals with mental illness serve the maximum sentence, or more.

Source: Department of Justice

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# Stigma – One of the biggest problems

- Americans are twice as likely today as they were in 1950 to believe people with mental illness tend to be violent.
- The vast majority of people with mental illness are not violent.
- People with mental illness are 2.5 times more likely to be victims of violence
- Mental illness alone does not increase chances of violence

Hiday V.A., Swanson J.W., Swartz M.S., Borum R. & Wagner H.R, *International Journal of Law and Psychiatry*, (2001), 24 (6); Elbogen, E. B. & Johnson, S. C., *Archives of General Psychiatry*,(2009), 66 (2).

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# Stigma

- 68 % of Americans do not want someone with a mental illness marrying into their family
- 58 % of Americans do not want people with mental illness in their workplaces

Pescosolido, B. (2009), *Journal of Health and Social Behavior*, Vol. 41, No. 2.

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# Mental Illness is on a Continuum of:

- How Severe
  - How Chronic
  - How Treatable
  - How it Affects the Life of the Person with it
  - How Devastating
  - How Well Accepted
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# Treatment of Mental Illness

- Medications
- Therapy
- Day programs
- Vocational programs
- Supported housing
- Case management



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# Diagnoses commonly seen by first responders

- Anxiety Disorders
- Mood Disorders
- Psychotic Disorders (Schizophrenia)
- Dementias
- Substance Abuse
- Personality Disorders
- Disorders of Childhood (ADHD/ODD)



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## Problem symptoms you will encounter

- ❑ Loss of contact with reality
  - ❑ Inability to control impulses
  - ❑ Seriously impaired judgment
  - ❑ Inability to care for self or meet daily needs
  - ❑ Inappropriate behavior
  - ❑ Potential danger to self or others
  - ❑ Actual harm to self
  - ❑ Lack of insight into illness?
  - ❑ Denial of need for treatment?
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# Schizophrenia

- Average age of onset 15-25
  - Seldom begins before puberty or after 45
  - Affects men and women equally
  - Not especially prone to violence, often prefer to be alone
  - Addicted to nicotine at 3 times the rate of the general population
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# Schizophrenia, Continued

- May be highly disorganized in thinking or behavior
  - Perception of reality may be distorted
  - Withdrawn from society
  - May have peculiar habits
  - Ability to function worsens as the illness worsens
  - Characterized by “positive” or “negative” symptoms
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# Hallucinations

- May be auditory, visual, tactile, olfactory
  - Perception of incoming sensory information that is not experienced by others
  - Auditory most common – can be severely distressing
  - Voices may be very derogatory, say embarrassing things
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# Delusions

- May be bizarre or non-bizarre
  - Grandiose – person possesses special but unrecognized talent, ability, invention
  - Persecutory – ideas of being conspired against, cheated, spied on, pursued, poisoned
  - Erotomaniac – ideas of being loved by another person, usually higher status (famous, significant)
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# Thought Disorder

- Disorganized thinking – difficulty organizing thoughts and connecting them logically
  - Thought blocking – stop abruptly in the middle of a thought; may report that it felt like it was “taken out” of his/her head
  - Neologisms – made up, unintelligible words
  - “Word Salad” – real words, in nonsensical order (usually normal rate and rhythm)
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# Negative Symptoms

- Flat affect (emotions)
  - Lack of pleasure in everyday life
  - Passivity
  - Few or no friends
  - Little or no facial expression
  - Difficulty in abstract thinking
  - Monotone speech
  - Poverty of speech
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# Depression – More than just “sad”

- Persistent sad, anxious or “empty” mood
  - Decreased energy, fatigue
  - Loss of interest in usual activities
  - Sleep disturbances (too much, too little)
  - Appetite and weight changes
  - HOPELESSNESS, pessimism
  - Guilt, helplessness, thoughts of death
  - Suicide attempts
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# Depression, continued

- Difficulty concentrating
- Impaired decision making
- Aches, pains, headaches, cramps, digestive problems that persist even with treatment
- May have a genetic component, be due to chronic, severe situational stress or acute episode of stress



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# Treatment for Depression

- Medication is recommended for moderate to severe depression
  - Cognitive Behavior Therapy is generally effective
  - Medication + CBT = 89% see significant improvement
  - Side effects of medication cited as common reason for non-compliance with medications in addition to cost
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# Bipolar Disorder

- Intense emotional states that occur in distinct periods called “mood episodes”
  - An overly joyful or overexcited state is a manic episode
  - An extremely sad or hopeless state is a depressive episode
  - If mania and depression occur together it is a mixed episode (more common in children and teens)
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# Symptoms of Bipolar Disorder

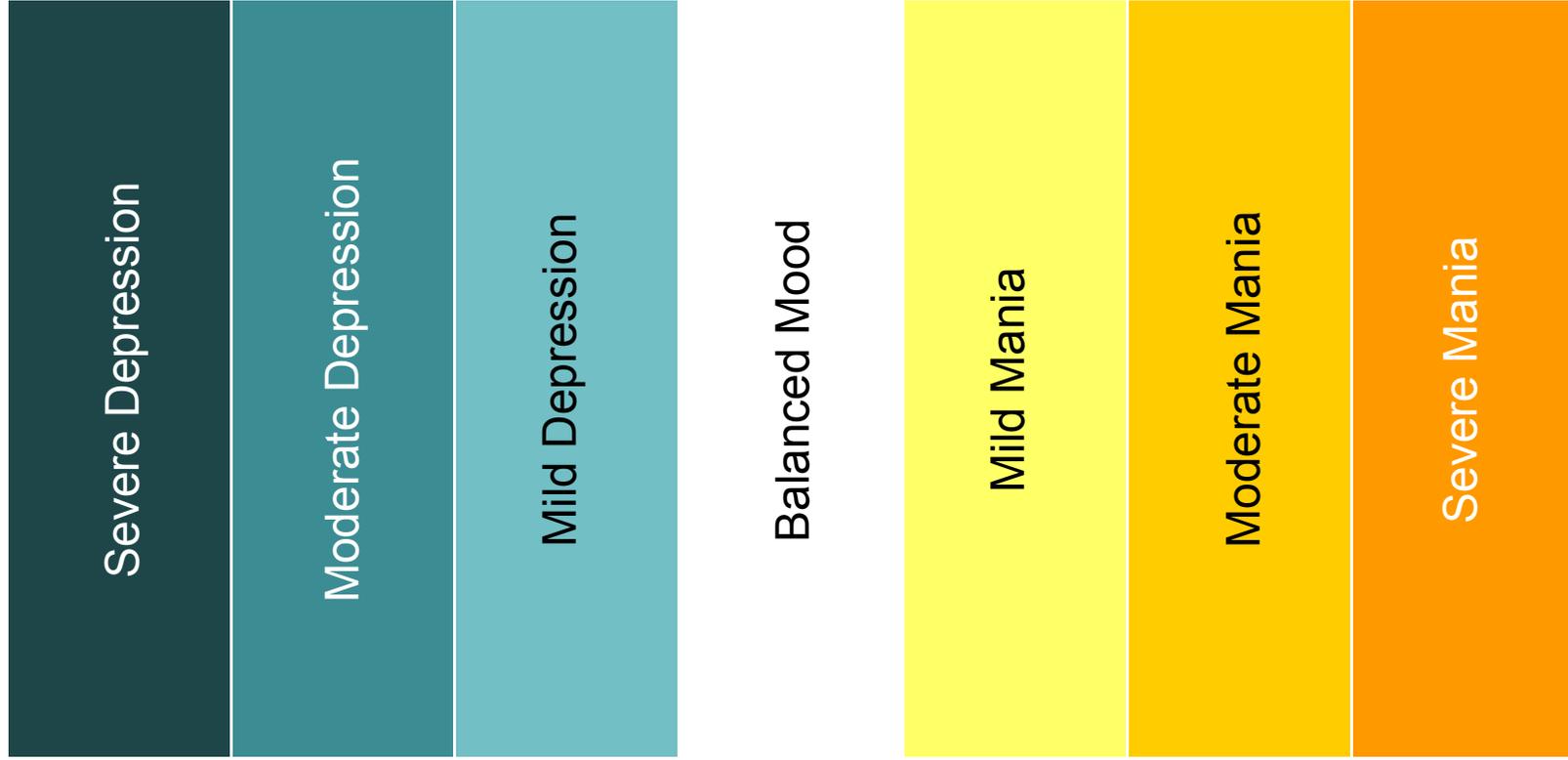
## **Manic Episode**

- High, happy, outgoing
- Irritable, wired, agitated
- Rapid speech
- Racing thoughts
- Easily distracted
- Unrealistic belief in abilities
- Restless
- Decreased need for sleep
- Impulsivity

## **Depressive Episode**

- Worried, empty, sad
- Loss of interest in pleasurable activities
- Tired, “slowed down”
- Problems concentrating, remembering and deciding
- Change in eating and sleeping
- Thoughts of death and suicide

# Bipolar Disorder



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# Posttraumatic Stress Disorder

- Develops in response to severe psychological trauma
  - May experience symptoms of depression, episodes of hallucinations/delusions
  - May be due to a single event or repeated trauma
  - Re-experiencing, Avoiding, Arousal are key components
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# Flashbacks (Re-experiencing)

- Some individuals with PTSD experience flashbacks
  - Special care must be taken when approaching someone while they are in a flashback
  - It is best to verbally connect and orient the person if possible before attempting any hands-on care
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## A few words about suicide...

- Degree of hopelessness is predictive of risk of suicide
  - It's important to ask someone who is in distress if they have thought about it
  - Make sure you can ask the questions directly without showing discomfort
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# Suicide happens on a continuum

- Thoughts may start out as fleeting “it might be better to be dead than to be dealing with/feel like this”
  - If the individual feels he/she can't solve the problem or things don't improve, it may progress to casual planning (If I were going to I might try...)
  - Often at this point an individual can talk themselves out of it (“I don't want to hurt my family” or “I don't want to go to hell”) or easily be talked out of it
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- If the problem still feels unsolvable, planning may become more intense or more specific. The individual may become nearly obsessed with the thoughts of dying and their plan.
  - When an individual reaches “permission-giving” thinking, hospitalization is likely to be necessary. “My family will be sad for a little while but in the long run they will be better off without me.” “Someone else can take better care of my kids than I can.” “I’m hurting them anyway.”
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- This continuum can take seconds, hours, days, months or years to play out.
  - Someone may experience chronic suicidal thoughts (“I think about it all the time”). That doesn’t mean they are not a suicide risk. The idea that someone who talks about suicide won’t do it is a **myth**.
  - Some people talk about it, some people don’t and both groups are potential risks.
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# Personality Disorders



Individuals experiencing these disorders show personality traits that are inflexible, maladaptive or inappropriate for the situation, causing significant problems in their lives.

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# Personality Disorders, Defined

- Enduring pattern of inner experience and behavior markedly different from person's cultural expectations/society.
- Difficulties with
  - ❑ Cognition
  - ❑ Affectivity
  - ❑ Interpersonal functioning
  - ❑ Impulse control



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# Personality Disorders

- Those who have personality disorders also usually have very little insight that they have a problem and tend to believe that the problems are caused by other people, the “system”, or the world at large.
  - People with personality disorders are most often treated for other problems such as chemical dependency or depression
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## Causes:

- Although the causes for these disorders may not seem relevant for first responders dealing with these individuals, their backgrounds are significant.
  - It is believed that many personality disorders are caused by a family history, usually beginning at a young age, of physical or emotional abuse, lack of structure and responsibility, poor relationships with one or both parents, and alcohol or drug abuse in the family.
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# The Most Common Personality Disorders Encountered By First Responders

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# Paranoid Personality Disorder

- Tendency to interpret the actions of others as deliberately threatening or demeaning
  - Expectations to be used or harmed by others
  - Perceives slights from other people
  - Often have conspiracy theories involving the government or other authority figures
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# Some things to keep in mind

- Expect mistrust...don't take it personally
  - Avoid crowding and be aware of personal space
  - Use calm, reassuring tone of voice
  - Explain all actions, protocols, ...give rationale for what you are doing
  - Don't probe too deeply or try to "get into my head"
  - Focus on immediate problems and possible solutions
  - Show respect...
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## And this might be helpful...

- Go slow
  - Don't act too familiar
  - Don't threaten
  - Emphasize that you want to help
  - Don't agree with or argue against conspiracies
  - Be careful with humor
  - Give choices...let the person exercise control whenever possible
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# Antisocial Personality Disorder

- Most commonly recognized in males
  - A pattern of irresponsible and antisocial behavior diagnosed at or after age 18
  - May have one or more of the following:
    - History of truancy as a child or adolescent; may have run away from home
    - Starts fights
    - Use of weapons
    - Physical abuse of animals or other people
    - Deliberately destroying others' property
    - Lying
    - Stealing
    - Other illegal behavior
  - As adults these people often have trouble with authority and are reluctant or unwilling to conform to society's expectations of family and work
  - These individuals know that what they are doing is wrong, but do it anyway
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# Things that might help

- Be direct, honest, and transparent
  - Don't try to manipulate into compliance
  - Don't over promise
  - Be aware of the potential for manipulation and maintain a calm professional stance
  - It will not work to use compassion for other people (“do this for your mother”)
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## Also...

- Take suicidal statements seriously
  - Be aware of potential for violence, especially if other issues co-occur with the disorder
  - Set limits on unacceptable behavior
  - Give clear directions
  - Help the person “save face” when possible
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# Borderline Personality Disorder

## ■ Borderline

- ❑ Pattern of unstable, intense relationships
  - ❑ “splitting, absolutes & switches” love/hate, all/nothing
  - ❑ Self-image disturbance (self-hatred)
  - ❑ Impulsivity (spending, sex, SA, reckless driving, binge eating, etc.)
  - ❑ Recurrent suicidal behavior, gestures, threats, self-mutilating behavior
  - ❑ Intense fears of abandonment
  - ❑ Rapid mood swings
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# Keep these things in mind

- Stay with the person
  - Be alert to indicators of suicide or homicide
  - Reassure that help is available
  - Be prepared for shifts in emotion
  - Try to manage your own emotional reactions
  - Monitor family and friend impact
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## Skills that will help

- Go slowly to develop trust
  - Don't argue...reflect back what you have heard
  - Avoid appearing to abandon the person
  - Watch your boundaries – they will cross them!
  - Focus on the person's strengths and ways they have coped in the past
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WHEW!



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# Crisis

- A crisis is a **perception** of an event or situation as an intolerable difficulty that exceeds the resources and coping mechanisms of the person.
  - Unless the person obtains **relief**, the crisis has the potential to cause severe affective, cognitive, and behavioral malfunctioning. (Gilliland & James 2001)
  - A crisis is a temporary condition wherein one's **usual coping** mechanisms have failed in the face of a perceived challenge or threat. (Everly & Mitchell, 1997)
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## Crisis Intervention...continued

- The focus of crisis intervention is not on past crises and not on chronic factors contributing to the current crisis
  - The focus of crisis intervention is on what is happening *here and now*
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# Fundamental Principles of Crisis Intervention Skills

- (a) Safety and Communication
- (b) Patience and Understanding
- (c) Caring / A Sincere Attitude (Genuine)
- (d) Dignity and Respect
- (e) Honesty
- (f) Offer of Hope
- (g) Leadership

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# Know Yourself

- Confidence
- Resist Negative Thoughts
- Be Prepared
- Be Clear and Precise
- Be Absorbent – “soak up” every detail
- Be Flexible

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# Active Listening Exercise



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# Things Your Mother Taught You

- Be nice
- Be yourself
- Look calm
- Pay attention
- Treat others the way you would want to be treated



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# Preliminary Crisis Responses

Assess safety issues

Remove distractions or disruptive people

Be helpful

Practical assistance

Present a genuine willingness to help

Speak slowly -- using short sentences -- repeating

Move slowly

Remain calm

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# Preliminary Crisis Responses Cont.

- Number One Obstacle - FEAR (everyone)
- Be friendly, patient, accepting and encouraging -- always offer safety -- (never compromise yours/others safety)
- Okay to acknowledge delusional and hallucinatory experiences are real to him/her.
- If possible announce your actions or movements
- Gather information but always be respectful of feelings

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# Mehrabian's Rule

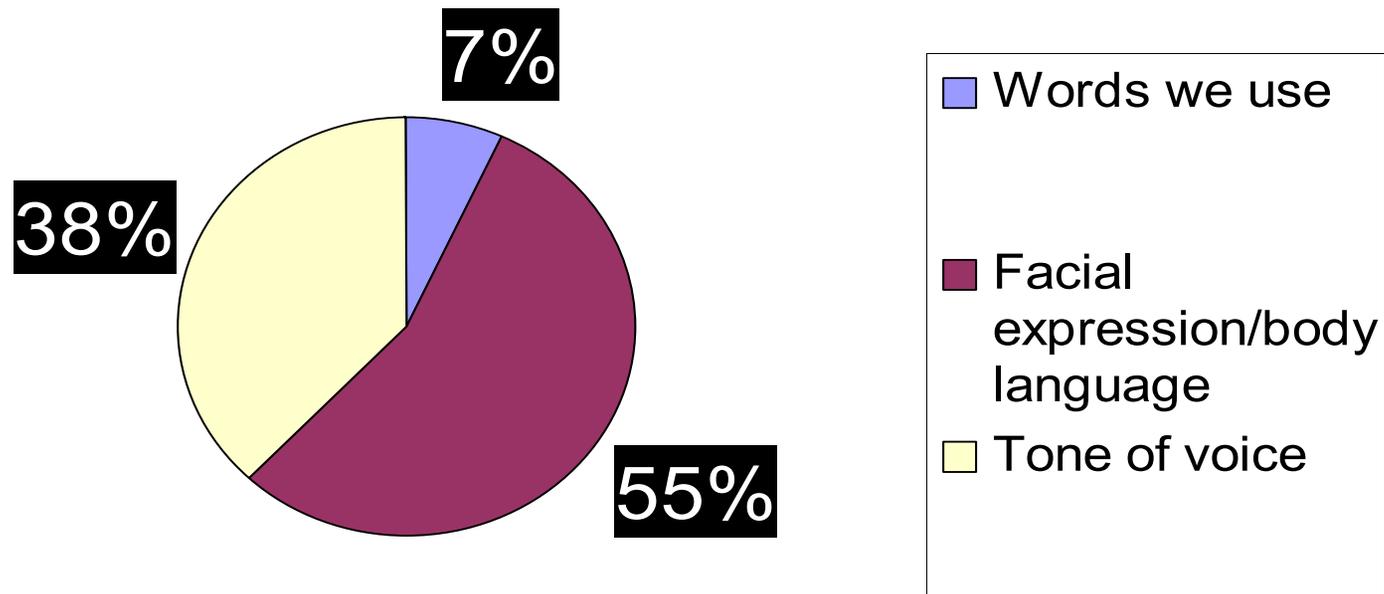
- Albert Mehrabian established the importance of three elements in any face-to-face encounter:
    1. Words used
    2. Tone of voice
    3. Body Language
  - Congruence among all three elements is essential for effective communication
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## Mehrabian's Rule, continued

- When the words spoken are inconsistent with the speaker's tone of voice and / or body language then the listener will be more influenced by the speaker's tone of voice and body language
  - The Mehrabian equation: 7% – 38% – 55% refers to communications involving the speaker's feelings or attitudes
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# Communication



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# Constantly Evaluate the Crisis

- Appearance & Demeanor
- Level of Control (cooperating)
- Level of Fear (fragile or unpredictable)
- Level of Disorder (intensity)
- Confusion / Withdrawn
- Presence of Risk (negative risk factors)
- Presence of Resources (positive resources)

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# Keys to Unlocking Communication Barriers

## Topics of Discussion

Medication

Cigarettes

Services & Housing

Search for Common Interest

Friendly talk is always important and necessary - even under difficult circumstances

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# Listen, Listen, Listen

- Non verbal is “verbal” – you and the consumer -  
What does the Consumer see in you?
- Don’t ignore your thoughts, experiences, instincts, feelings, surroundings – listen carefully to the person who is in a crisis, but also, “listen” to yourself.
- You have time – does the Consumer see your “time” in your listening skills?

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# Basic Skills for First Responders

- Empathic Understanding
- Genuineness
- Acceptance

Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95-103; Norcross, J.C. (Ed.) . (2002). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. New York: Oxford University Press.

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# Empathic Understanding

- The ability to understand another's concerns and feelings
- Sets the stage for successful crisis resolution
- Is not sympathy

Carkhuff, R. (1969). *Helping and human relations. Vol. 1: Selection and training*. New York: Holt, Rinehart, and Winston; Gilliland, B.E., James, R.K., & Bowman, J.T. (1989). *Theories and strategies in counseling and psychotherapy* (2<sup>nd</sup> ed.). Englewood Cliffs, NJ: Prentice Hall.

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## Empathic Understanding...continued

- Focusing on the consumer and his/her world—Block out distractions
- Attending to words, voice tone, and body language
- Restating or reflecting what the consumer is saying about the crisis situation and what the consumer is feeling

Egan G. (1975). *The skilled helper*. Monterey, CA: Brooks/Cole; Carkhuff, R. & Pierce, R.M. (1975). *Trainer's guide: The art of helping*. Amherst: Human Relations Press.

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## Communicating Empathic Understanding: Accurate Restatement

Restating what the consumer is **saying** about the crisis

Consumer: “I don’t know what to do. My family doesn’t want me here.”

CIT: “Let me see if I understand you. You’re not sure where you can go for the night. Home doesn’t seem like the best place for you right now.”

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## Communicating Empathic Understanding: Accurate Reflection

- Reflecting what the consumer is **feeling** about the crisis

Consumer: “I’m sick and tired of them taking my check and then putting me out.”

CIT: “Let me make sure I hear what you are saying. You’re sick and tired of people trying to take advantage of you.”

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## What is accomplished by using reflection and restatement?

1. You are making sure you correctly heard what the consumer said.
  2. The consumer recognizes that you are trying to understand him/her.
  3. The consumer recognizes that you affirm their feelings as real and legitimate.
  4. If you are mistaken, the consumer can correct your understanding.
  5. The consumer is listening to you.
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# Empathic Understanding – Getting the right information

- Open ended questions:

1. Start with: What, How or When and encourage the consumer to tell us more
2. Request a description: “Would you tell me about...?” “Could you please tell me what is happening...?”

- Avoid Why questions:

Why questions lead to defensiveness...and long answers

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What is accomplished when you use open ended questions?

1. You are able to get more information
  2. You can assess the person's level of dangerousness
  3. You can assess whether the consumer is in touch with reality
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# Empathic Understanding...continued

## ■ Closed ended questions:

1. Start with “Are you...” “Do you...” “Will you...”
  2. Request specific information: “Are you thinking of harming yourself?” “Are you hearing voices?”
  3. Obtain a commitment: “May I call your doctor...family....?” “Will you agree to get in the ambulance?”
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# Acceptance

- The consumer has a right to have his or her own feelings, thoughts, or behaviors
  - CIT respects the dignity of each person without regard to sex, race, age, sexual orientation, cleanliness, etc.
  - Acceptance is not easy when consumer is behaving in bizarre or hostile manner
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# Communicating Acceptance

## **Person in Crisis**

- Fearful
- Anxious
- Angry / hostile
- Insecure
- Paranoid
- Acting strangely
- Speaking bizarrely
- Poor personal hygiene

## **CIT Officer**

- Respectful Introduction
  - “Please”
  - “Thank you”
  - Smiling when appropriate
  - Considers: What if this person in crisis were a member of my family?
  - Demonstrates courage
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# Owning or “I” Statements

- “Owning” means taking responsibility for what I am thinking, feeling and saying
  - “I” statements are used sparingly since the focus is on the consumer
  - “I” statements are essential for communicating what the CIT Officer needs
  - “I” statements are essential for assisting consumers who need direction
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# Owning or “I” Statements

- CIT: “I want you to tell me how many pills you have taken.....”
  - CIT: “I understand you are angry and upset. I want you to slow down so I can understand you.....”
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# Owning or “I” Statements

- Broken Record

Using a clear and calm voice, the CIT Officer repeats a request for compliance.

- CIT: “Yes, I understand you are angry and upset. I want you to slow down so I can understand you...Yes, I understand how upset you are about someone calling an ambulance, but right now, I need you to slow down and talk with me about getting some help for you...Yes, I see how irritated you are, but right now, I want.....”
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## Caution: Things to Avoid

- Shouting -- more shouting -- and louder shouting
  - Moving suddenly -- giving rapid commands/orders
  - Forced discussion
  - Maintaining direct, continuous eye contact
  - Touching the person (unless necessary)
  - Crowding the person
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## More things to avoid...

- Body or Verbal Language expressing anger, impatience or irritation
  - Assuming that a person who does not respond cannot hear
  - Using inflammatory language - “crazy” “psycho” “mental”
  - Challenging delusional or hallucinatory statements
  - Misleading the person.
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## Skills Training

- Skills Training uses real situations
  - Everyone feels uncomfortable in Skills Training
  - Everyone makes mistakes in Skills Training
  - Skills Training is a learning experience
  - Feedback will be constructive
  - We will be working as a team to assist one another in skills development
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# Skills Training

- Introduce yourself:  
CIT: “Hello, sir / ma’am. My name is \_\_\_\_\_. I’m an EMT with the \_\_\_\_\_ Department. Can you tell me your name?”
  - Ask open ended questions: What—How—When ?
  - Use positive reinforcement:  
CIT: “I appreciate...Thank you...That’s helpful.”
  - Use restatement / reflection
  - Stay away from feelings when it escalates
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# Crisis Escalation Cycle

- Uncertainty
- Questioning
- Refusal
- Demanding
- Generalized Acting Out
- Specific Acting out
- Recovery
- Rapport
- Cooperation



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# Uncertainty

## TRY TO:

Provide Structure

Introduce Self

State Purpose

## AVOID:

Passivity

Counter-  
transference



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# Questioning

## TRY TO:

Address relevant questions

Use short, direct answers

## AVOID:

Defensiveness



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# Refusal

## TRY TO:

Use a simpler request

Redefine behavior

## AVOID:

Power Struggle



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# Demanding

## TRY TO:

Provide legitimate support

Recognize the crisis

## AVOID:

Intervening prematurely



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# Generalized Acting Out

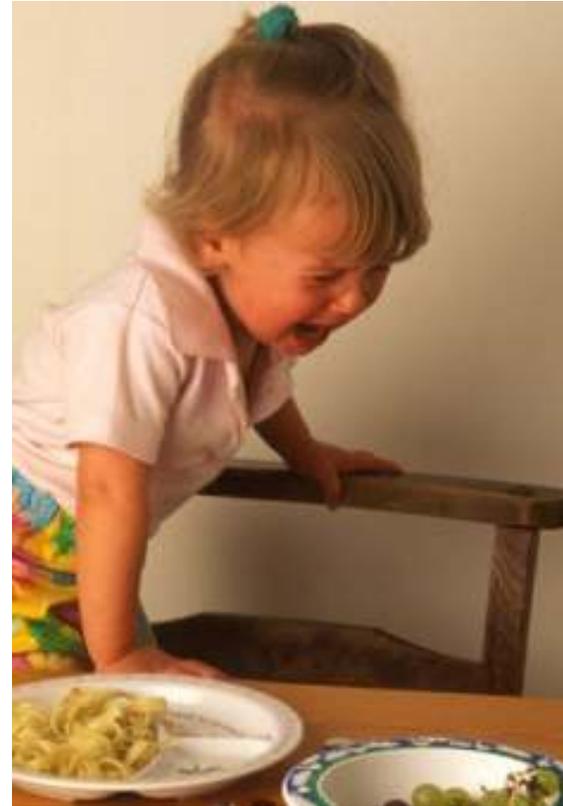
**TRY TO:**

Have patience

Wait them out

**AVOID:**

Excessive risk to  
self



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# Specific Acting Out

TRY TO:

Be careful

Use limit setting  
movements

AVOID:

Ignoring danger  
signals



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# Recovery

TRY TO:

Reinforce calm  
behavior

AVOID:

Re-escalation



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# Cooperation

TRY TO:

Make behavioral  
requests

AVOID:

Excessive  
demands



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# The “Never” Plan

Never too early to develop a plan

Never too late to change a plan

Never a bad idea to assess or re-assess a plan

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## Important Keys: Know When to Act

A person in crisis may be acting dangerously, but not directly threatening any other person or him/herself.

**Key Point:** If possible - Give the person some time to calm down.

**Note:** This requires patience and understanding -- also, a continuous safety evaluation of the crisis event.

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# Your Verbal Crisis Plan

- (1) Introduce Yourself
- (2) Obtain the Person's Name ... "What's your name?"
- (3) Expressing to the person what you are seeing .
  - Express the emotions you are seeing
  - What do you see?
  - Use the I word – "I can see you're angry."
- (4) Summarize ... to be an "active listener" you should "summarize"
  - ✓ Communicating with the person in crisis
  - ✓ Summarize the information that you have learned/obtained

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## Play Number 1 and 2

### Verbal Crisis Plan: Things Your Mother Taught You

- (1) Introduce yourself: (your style)

Hi. My name is Kathy or Dr. Jansen

I'm with the \_\_\_\_\_ Department

- (2) Can you tell me your name?

- **Be respectful and polite**
- **Keep the introduction simple**

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## Play Number 3 – Identify emotions

- Expressing to the person what you are seeing ... Some say this is “emotional labeling”

I can see you're angry.

I can hear from your words that you're upset.

I can see you're very angry.

You seem to be upset.

You appear to be confused – I would be too under these circumstances.

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## Play Number 4

### Summarizing

Consumer: “Everyone is always bothering me – the devils take my money, I can’t get my case manger to do anything, I am getting kicked out of my apartment, the FBI is the cause of my phone problems, I don’t like taking my meds they make me sick. Nobody cares - it makes me angry!”

#### CIT Summary

- (The “engagement”) – “Okay, let me see if I understand you.”
  - (The summary) – “You’ve told me that people are bothering you and that your case manager is not helping you. That your meds are hurting you because they make you feel sick. Did I understand you correctly?”
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# Your Verbal Crisis Plan

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  - ✓ Communicating with the person in crisis
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# REMEMBER...



You have the ability to make a tremendous difference in someone's life.

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*Thank you, and  
have a great day!*



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