

# Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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# WPPNT Reminders

## How to join the Zoom webinar

- **Online:** <https://dhs.wi.zoomgov.com/j/1606358142>
- **Phone:** 669-254-5252
- Enter the Webinar ID: 160 635 8142#.
  - Press # again to join. (There is no participant ID)

## Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- [Download or view the presentation materials](#). The evaluation survey opens at 11:59 a.m. the day of the presentation.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat to communicate with the WPPNT coordinator or to share information related to the presentation.
  
- [Participate live to earn continuing education hours](#) (CEHs). Complete the evaluation survey within two weeks of the live presentation and confirmation of your CEH will be returned by email.
- A link to the video recording of the presentation is posted within four business days of the presentation.
- Presentation materials, evaluations, and video recordings are on the WPPNT webpage: <https://www.dhs.wisconsin.gov/wppnt/2023.htm>



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# Crisis Services: Prevention, Intervention, and De-Escalation

Jenna Suleski, LPC  
Crisis Services Coordinator

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# Objectives

- Review of crisis prevention, crisis warning signs, and possible triggers of crisis
- Understand crisis intervention
- Learn de-escalation skills
- Review general information on suicide
- Examine Wisconsin crisis services

# What is crisis prevention?

- Crisis prevention is an ongoing, person-centered focus on preventing or minimizing the likelihood of a crisis.
- Crisis prevention takes place as an early intervention to avert escalation of a crisis.
- Crisis prevention includes compassionate communication with emotional self-regulation, trauma-informed care, identifying individual triggers and escalators, and wellness/crisis planning.

# Triggers of Crisis

- Symptoms of mental illness
- Emotional dysregulation
- Trauma triggers
- Unmet basic needs
- Feeling a lack of control
- Recent relationship stressors
- Substance use/intoxication
- Medication changes

# Warning Signs of Crisis

- Body language and physical signs
- Increased paranoia
- Coping skills become ineffective
- Changes in eating, sleeping, and hygiene habits
- Isolation and social withdrawal

# What is crisis intervention?

- Crisis intervention is a brief response to mental, emotional, physical, and/or behavioral distress. It is an approach meant to be ameliorative rather than curative. Crisis intervention is used to restore equilibrium to an individual in crisis and minimize the potential for long-term trauma or distress.
- Crisis intervention is not intended to provide psychotherapy or similar treatment but instead offers a short-term intervention to help individuals receive stabilization, assistance, support, and resources.



# Why focus on de-escalation during crisis situations?

- Crisis is alleviated in the moment – the immediate situation has a resolution.
- Safety is no longer a concern.
- The individual in crisis feels some sense of control.
- The appropriate level of care can be coordinated.
- Resources can be provided, natural supports can be utilized, and coping skills can be highlighted.

# Crisis Prevention Versus Crisis Intervention

- Crisis prevention:
  - Understanding the individuals under your care
  - Knowing triggers and warning signs for crisis
  - Using information from crisis plans and care teams
  - Self-awareness
- Crisis intervention:
  - Using appropriate de-escalation skills
  - Ability to build rapport and provide empathy to person in crisis
  - Understanding safety for all is primary goal
  - Self-awareness

# Cornerstones of De-Escalation

- Respect and rapport
- Empathy and engagement
- Active listening and acknowledgement
- Planning and prevention
- Support and stabilization

# Respect and Rapport

- Respect is both a mindset and an action.
- Be present. Do not make your mind up about a person before an interaction.
- Abandon is one-size-fits-all thinking.
- Practice is basic humanity.

# Empathy and Engagement

- Offer space/time and give the individual some control
- Understand that you are seeing the individual in one of their worst moments
- Advocate for the individual and provide validation to their feelings
- Seek to understand, ask for clarification, let the individual tell you their feelings and their current experience
- Provide nonthreatening explanation to increase an individual's feeling of safety

# Active Listening and Acknowledgement

- Acknowledge their perspective and emotional responses
- Paraphrase, summarize, reflect, and redirect if necessary
- Listen to what the individual says instead of listening to your thoughts about how you want to respond
- Consider your words and style of communication carefully (this includes voice tone, nonverbal communication, facial expressions, etc.)
- Be comfortable with some silence

# Prevention and Planning

- Let the individual participate in the outcome and what happens next
- Create a manageable plan to move forward
- Connect to community resources and social supports
- Determine what level of care is necessary

# Support and Stabilization

- Review coping mechanisms and support systems an individual has in place
- Look for signs of stability – lowered volume of voice, calmed breathing, relaxed posture, appropriate eye contact, control of emotional responses, insight
- Contract for safety



# Roadblocks to Impactful De-Escalation

- Failure to identify the situation as a crisis
- Lack of self-awareness
- Ineffective listening
- Getting stuck in a power struggle

# Understanding Suicide

- Data from the Centers for Disease Control and Prevention shows 45,979 individuals died by suicide in 2020.  
([cdc.gov/mmwr](https://www.cdc.gov/mmwr))
- Wisconsin has a higher suicide rate than the national average.
- Suicide is the second leading cause of death for individuals ages 10-24.
- Women have a higher number of suicide attempts, while men have a higher number of completed suicides.
- Common myth: asking a person about suicide will make things worse and increase the risk of suicide.

# Suicide Awareness

- Warning signs of suicide
  - Verbal statements: direct and indirect
  - Changes in typical behavior
  - Unexplainable anger, emotional dysregulation, and irritability
  - Significant life events
  - Situational depression
- Suicide researchers found a “deadly triad” exists in the combination of three factors
  - Emotional distress
  - Alcohol and/or substance use
  - Access to firearms

# Suicide Assessment

- Ask the question:
  - Be direct: “Are you thinking about killing yourself?”
  - Get over the awkwardness.
  - Do not place your own judgements or stigma onto this question.
  - If you’re not comfortable with this question, find someone who is.
  - How you ask the question is more important than what you say.

# Suicide Assessment

- Assess:
  - Ideation: frequency, intensity, duration
  - Plan: timing, location, lethality, preparatory acts
  - Means: availability, access to plan, ability to complete plan
  - Intent: extent to which the individual (1) expects to carry out the plan and (2) believes the plan/act to be lethal versus self-injurious
  - History: past attempts, aborted attempts, rehearsals (tying noose, loading gun) versus non-suicidal self-injurious actions

# Coordination and Follow-Up

Appropriate facilitation and coordination of services after appropriate de-escalation, stabilization, and assessment



Promotion of the most appropriate disposition/resolution



Knowledge of community resources paramount



Maintain flexibility relating to outcomes and alternatives

# Wisconsin Crisis Services

Emergency mental health services programs

([Wis. Admin. Code ch. DHS 34](#))

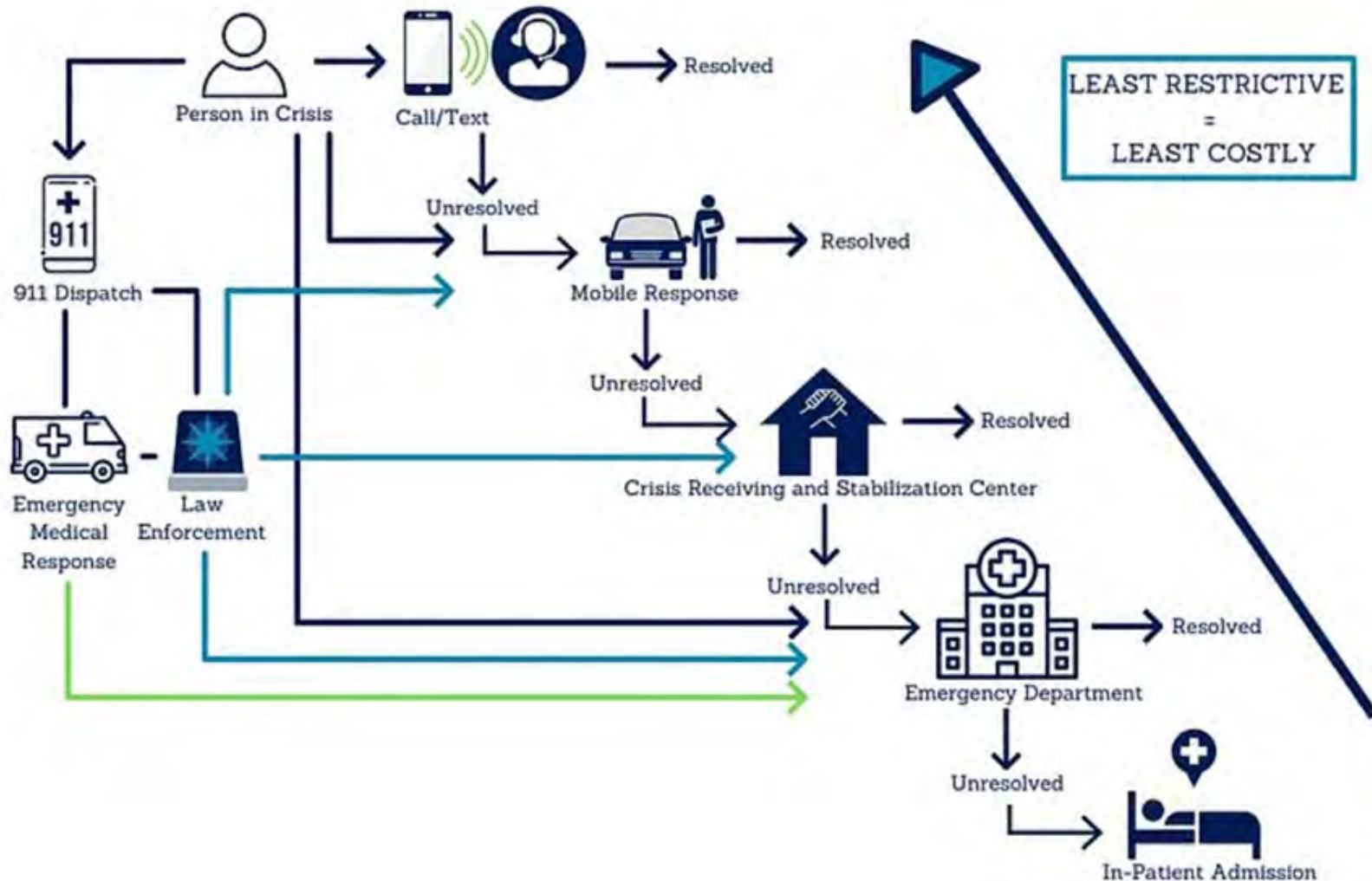
- Only counties can be certified crisis programs.
- DHS Division of Quality Assurance certifies and surveys programs.
- Many counties contract with private vendors for one or more service(s).

# Minimum Crisis Service Program Requirements

- 24/7 phone service
- 8 hours/7-day per week mobile crisis services
- 8 hours/5-day per week walk-in crisis services
- 24/7 short-term voluntary and involuntary hospital
- 24/7 linkage and coordination
- Services for youth and adolescents



# Crisis System Graphic



# Training & Networking

- [Crisis Intervention Network](#) (monthly meetings)
- [Behavioral Health Training Partnership](#)
- [Crisis Intervention Team \(CIT\) Training Wisconsin](#)
- [Wisconsin Dementia Care Project Learning Center](#)
- [Crisis Intervention Conference](#)
- [Mental Health and Substance Use Recovery Conference](#)

# Questions?

[www.dhs.wisconsin.gov/prevent-suicide](http://www.dhs.wisconsin.gov/prevent-suicide)

[www.dhs.wisconsin.gov/crisis](http://www.dhs.wisconsin.gov/crisis)