

Before

Crisis

Defining Crisis

Activity 1—what is crisis—how do we define crisis?

Crisis is individual to the person. It occurs when the individual's normal problem solving skills are not accessible. The individual becomes over stimulated and this can lead to a loss of control.

Because crisis is individual to the person, we often miss the cues which suggest the individual is in crisis. We also run the risk of using our own perceptions and definitions of crisis that tell us that an individual should be in control. We need to be alert for subtle changes in behaviour and to inquire and be available to assist in addressing anxiety, fear, terror, or anger.

Precipitating factors that can lead to crisis

Perceptions can create a powerful response. These factors create a pervasive sense of fear, reactive behaviors and increased stress as well as increased negativity. This leads to elevated stress levels which impacts on our interpersonal communications. The following are often precipitating factors involved with anger, fear, and crisis.

Activity 2—factors influencing crisis

Environment

Environmental factors can be:

- Social status, class, gender, and sexuality are just some of the factors that can create feelings of persecution, isolation and increased stress.
- Environmental factors often contribute to frustration and a reduced ability to tolerate. For many of the clients that we deal with, personal loss can be overwhelmingly driven by the fear of losing safety and security associated with having housing. For some of our clients it is the pressure of being housed after experiencing homelessness or instable housing.
- Perceived power centres are places such as offices in a school or some government agencies. These are places where people may feel that they lack power over what is



happening to them or around them. Doorway thresholds in perceived power centres can become power barriers. Allowing or not allowing people to enter or exit. Individuals may feel the need to overcome this barrier as a means of establishing control.

- The environment in which interactions occur. This includes:
 - Institutionalized, interpersonal atmospheres that focus on mistakes and punishments and isolates the individual.
 - The size of the area you are in.
 - If the lighting is bright or dark.
 - The colour of the paint in the room.
 - The furniture arrangement.
 - The temperature. For example, if the temperature is too cold or too hot, people may be distracted and unable to focus on what is being said.

The following should be considered for the best environmental impact:

- Create an organizational culture that supports openness, creates transparency in communication and supports our clients in their endeavours.
- Ensure that our environment is inclusive, warm, supportive, and fosters responsive behaviour, increased confidence, a sense of empowerment, and reduced stress.
- Take into consideration the physical environment. Is the physical environment comfortable, has proper lighting, accessible, and friendly in appearance?

History

Our personal histories are where we develop triggers that cause us to react to certain behaviours and situations we encounter. Studies have been conducted that show that how we are raised affects how we deal with things as adults. Our personal histories affect our:

- Physical well-being.
- Ability to form relationships
- View of ourselves as good/bad or capable/incapable.

Trauma

Trauma is the result of an individual's experience that is physically, emotionally, or mentally harmful. It has lasting adverse effects on the individual's functioning and mental, physical, social, emotion, or spiritual well-being.

Trauma is often associated with behavioural health and chronic physical health conditions such as substance use, mental health conditions, and risky behaviours. Individuals who have experienced trauma often lack the resilience to deal with change. Resilience refers to an individual's ability to cope with adversity and adapt to challenges or change. Resilience develops over time and gives an individual the capacity not only to cope with life's challenges but also to be better prepared for the next stressful situation. This change may include becoming housed after a period of homelessness or precarious housing. It can also be an individual's attempt to overcome or manage disease or symptoms such as limiting or abstaining from the use of alcohol or drugs.

Physiological arousal

Individuals who have experienced trauma may have an elevated baseline of arousal. Even when there are no external threats or demands present they may still be in a state of continued alarm. Being homeless or precariously housed places an individual in survival mode which is associated with an elevated state of arousal. Even after being housed in a stable environment an individual's baseline of arousal may continue to be elevated. This often leads to individuals acting out when faced with perceived threats.

Beliefs

Our beliefs are shaped by our history. We negotiate our lives by thinking and reflecting on how we organized our knowledge about particular events, persons, roles and concepts. For example, how we may have the belief that we are bad people and that individuals, especially people in authority, are always trying to punish us. This belief would shape our response to individuals in authority.

Our beliefs shape our perceptions. This may include such things as respect and expectations of behaviour. For example, if someone shuts us down by walking away from us we may believe that the person is disrespectful. This will influence how we approach and behave around them. People who believe they are threatened become rigid and restricted which can create problems in their communication, self-talk and physical well-being. For many who have experienced anger as a win-lose dynamic, it is possible they may become aggressive or defensive in dealing with angry people.

Self-talk

Self-talk refers to the inner dialogue that we carry around in our heads and may hear ourselves replaying as we encounter a specific situation. Self-talk influences our behaviours and our physical well-being. Self-talk can be positive. For example, the world is a good place, I am a good person. Self-talk can also be negative. For example, the world stinks, I am a failure. Self-talk can also be a way of coping that can inform our reactions and influence our responses. If we can shift our own and our clients self-talk from being negative to positive we can shift behaviours and emotional well-being. If we have encountered a negative situation, have been reprimanded and are feeling isolated and out of touch, our self-talk is likely to be negative.

Communication skills

Communication skills are the ability to talk about what is going on with our-self. It is about what we see and think. It is also about being able to talk about what we need from the people around us.

Triggers

Activity 3—identifying potential triggers

Self-awareness is vital to effective crisis management and intervention. Understanding how we are affected, triggered and influenced by crisis situations will help us to respond effectively rather than react inappropriately. As workers we need to identify and manage what we bring to each crisis. Self-awareness is a powerful resource when we engage individuals in crisis. Self-awareness helps us to remain in charge of ourselves, maintain emotional and physical balance, and allows us to not personalize the situation, and engage the individual in crisis. To help us become more self-aware we need to examine our own values that might be in conflict as well as our own triggers.

It is not personal—focus on “being effective” and not “being right.” Try not to personalize attacks made against you. Remember that though the person’s words may be insulting, we must try to remember that they are acting out of their own sense of helplessness or powerlessness in the situation.

Activity 6—listening skills

During

Escalation spiral

As housing workers we normally work under a no-contact mandate. This means that when physical violence is believed to be imminent we are instructed by our agencies to disengage from the client and the situation, minimize any potential threats to staff and others, and call the police.

As conscientious housing workers we will attempt, with every verbal means at our disposal, to de-escalate the situation so it doesn’t reach the point of physical violence. In examining the escalation spiral we can begin to develop communication strategies that can provide guidance in matching potential interventions with the level of the clients’ escalation.

Escalation can be further triggered or simply encouraged because of a mismatch. Clients should be engaged in a light to heavy progression, from compassionate witness to benevolent guide. Limits need to set after a rapport has been established, the same may not be said of the reverse.

Agitation/anxiety/distress

Agitation/anxiety/distress behaviours are usually characterized as some form of change from baseline behaviour. Pacing, crying, yelling, and hand wringing are examples, but it is the change in usual or baseline behaviour that indicates this level of escalation. Many of our clients are in a heightened state of baseline behavior. This normally occurs when an individual feels the continued effects of trauma.

Challenging for information (with intense overt and covert emotional affect)

Often framed as rational questioning seeking a rational response, these types of challenges are loaded with emotional energy, challenge, and confrontation.

Power struggles

Power struggles are usually driven by a sense of disempowerment or loss of control over decisions impacting one's life. They often have little to do with the content of the issue. If we allow ourselves to be drawn into a power struggle we help build a win-lose situation, as we compete for who is right or who wins.

Refusal/defiance/resistance

This is the stage where the client will not follow or complete a task or stop certain behaviours. This level of escalation is a heightened stage of irrationality and is characterized as a refusal to follow through with a reasonable request.

Venting (verbal and para-verbal)

Verbal "acting out" or displayed behaviour is often a release of emotional energy and an increase in loss of rational control. Adrenaline in the body contributes to this loss of rational control. Behaviour is characterized by yelling, swearing, and unfocused, un-specific, non-directed threatening. It can also be experienced as seething, repressed rage waiting to explode.

Threats and intimidation

Threats of physical violence or direct intimidation are associated with this level of the spiral. The unfocused or non-specific threat has now become focused on you, another person, the client themselves, or property. The risk of escalation to physical acting-out is more likely.

Physical Violence

Assaultive behaviour (including sexual assault) and physical violence is a risk in crisis situations. Self-harm is a form of physical violence.

The effects of substance use on escalation

Substance abuse can impair a person's judgement, making it more difficult for them to think out alternative solutions or consider realistically what the consequences of their actions might be. An individual who is intoxicated or high on drugs is less inhibited and therefore more likely to act on the basis of initial thoughts or emotional reactions..

Substance abuse can also interfere with emotions, reshaping a person's feelings about a stressful situation and making them more angry, anxious, or depressed, and hopeless.

Substance abuse can play a major role in dis-inhibiting people's behaviour. Many illegal drugs as well as the the inappropriate use of alcohol can make an individual more likely to act impulsively. This di-inhibition can contribute significantly to the escalation process and can be a key indicator of how far escalation may go.

In addition, the long-term effects of using opioids, such as Fentanyl includethe inability to demonstrate good judgement and an inability to interact or engage socially. It can also initiate or worsen pre-existing mental health conditions, including depression, anxiety,

and paranoia. It can also change an individual's perception of reality or cause hallucinations.

Crisis phases

The **trigger phase**—the event which triggers the rest of the cycle. A threat is perceived and the body begins to prepare to meet it

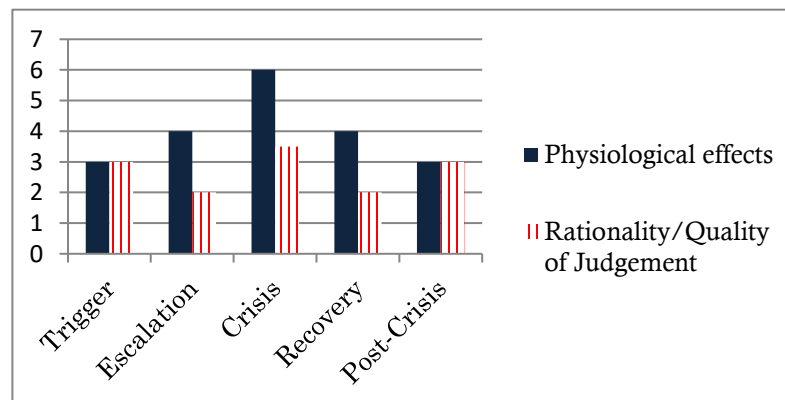
The **escalation phase**—during this phase the body's arousal systems prepare for a crisis. The body prepares to attack or defend by dumping adrenaline into the blood stream. The body might then react by:

- a) Increasing respiration (rapid breathing).
- b) Increasing heart rate and blood pressure.
- c) Tensing muscles (jaw, neck, shoulders and hands).
- d) Increasing voice volume and pitch.
- e) Changing eye behaviour.

The **crisis phase**—this phase begins with the “flight or fight” crisis. The body has maximized its preparation and a physical response is issued. Unfortunately quality of judgement has been significantly reduced by this point and decisions are made without benefit of best reasoning. People in crisis phase are highly volatile and need to be addressed in simple, direct and non-provoking statements.

The **recovery phase**—once action has been taken to resolve the crisis phase, the body begins to recover from the extreme stress and expenditure of energy. Unfortunately, the adrenaline does not leave the blood stream all at once so the level of arousal tapers off until normal limits are reached. Quality of judgement returns as reasoning begins to replace the survival response.

The **post-crisis depression phase**—after normal physiological limits have been attained, the body enters a short period in which heart rate, etc. slip below normal levels to gain homeostasis (balance). During this phase, awareness/energy returns to the forebrain allowing an assessment of what has just occurred. This often leads to feelings of guilt, regret, and emotional depression.



The body's response during crisis video

The body's response during crisis

When a “threat” perceived by the brain, the sympathetic nervous arousal system is activated. This nervous system is part of the automatic or involuntary nervous system. In other words, it is switched on and we cannot consciously—in most cases—control it.



When we are stressed an area in the brain called the hypothalamus is stimulated. This area of the brain then releases hormones into the bloodstream. This causes our adrenal gland to release adrenalin and cortisone. These chemicals are needed to help us prepare for “fight or flight.”

Once aroused with the “fight or flight” response, the human body is ready to react. Unfortunately, it is not always possible to “fight or flee” from a stressor. This means that we remain in a stress induced state for long periods of time which can cause various degrees of distress.

Activity 8—the body's response to crisis

Perceptions

Perception test video

Selective perceptions

People often hear what they want to hear. This is especially true if it supports what we believe, value or decide. When we receive a message that disagrees with what we believe, we unconsciously change the message by adding or taking away from what was said.

Individuals with a psychotic illness and/or active substance abuse problem often have a tenuous sense of personal boundaries and often seem to need an even greater amount of personal space.

Culture

The culture that we are raised in may give us a perceived bias, prejudice or cause us to be close-minded. Culture can be defined as:

- The region of the country where you grew up.
- Your ethnic, racial or religious background.
- Your economic status.

Activity 8—strategies for helping individuals experiencing crisis

Crisis Spiral interventions

Agitation Anxiety Distress	• Defuse yourself before you attempt to defuse the other person. • Observe, notice and prepare. Angry, frustrated, and frightened people usually indicate their mood prior to being engaged by staff. • Notice their non-verbal behavior. • Use positive self-talk for yourself. • Stay respectful and model appropriate behaviour for the client. • Be clear that your intent with the other person is to help them and support them, and not to order, criticize, or demand. • If appropriate, use empathic and active listening skills to affirm feelings.
Challenging for information	• Listen to the “content” of their issue, not just the tone. • Be respectful. • Use their name, or a term of respect. Avoid endearments. • Give the information requested in a respectful way. • Ask questions to clarify issues. • Focus on showing understanding of their concern from their point of view. • Try to understand their need for information.
Power struggles	• Focus on defusing the power struggle and hostility/resistance first and solve the content of the issue second. • Reframe back to the issue they wish to resolve, and away from your real or perceived authority over them. • Ask questions. • Refer to a supervisor if appropriate. • Continue to show empathy for their situation. Remember, you do not need to agree with what they feel or why they feel that way to empathize. • Invite them to offer solutions. • Depending on their reasoning abilities, decide to “reach inside” and empathize with their feelings about the issue or choose to “stay outside” with the facts or content of their problem .
Refusal Defiance Resistance	• Use consequences that the client chooses rather than orders from you. • Use behavioural limits rather than judgements. For example, “please lower your voice so I can hear you better rather than “lower your voice!” • Begin to set limits, outline consequences, or enforce boundaries in the following ways: ○ Use positive limits. ○ Focus on acknowledging what they want or need even if it is not possible in the moment to achieve this. ○ Set your limits and recognize when you have reached them so you know to disengage. ○ Use limits that are fair under the circumstances, and are within your ability to enforce or will be supported by your supervisor/agency.

	• If the individual is thinking impaired, you may act as a “compassionate guide” and direct the behaviour rather than add confusion with too many choices
Venting	• Listen to the “content” of the venting. What are they actually saying? • Begin to assess the risk for violence by asking yourself the following questions: ○ Do they have a history of violence? ○ What is their level of thinking impairment? ○ How focused is the anger or is it a state of being angry at the world? ○ What is the level of anti-social behaviour? • If possible, allow them to vent. • Remove onlookers or other clients and take the individual to a quieter or private area to vent. • Respond with empathy and, if possible, set limits.
Threats Intimidation	• Alert your co-workers and/or manager when appropriate. • Always take the threat seriously. • If appropriate, name the behaviour and set limits. • Disengage. • Document and communicate the incident according to your agency’s policies.
Physical violence	• Evasion. • Distraction. • Disengage.