ODMHSAS Peer Recovery Support Crisis Training-An Overview

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Learning Objectives

Understanding an Overview of the Components of Oklahoma's Trailblazing Peer Recovery Support Specialist Crisis Track which include:

- History of Oklahoma's Crisis Response and Crisis Centers

- What is a Crisis?

- Crisis Care and Response

- Levels of Care

- PRSS Roles, Responsibilities and Professional Skills in Crisis Settings

My Lived Experience

Low Self-Worth

Anxiety and Depression

Substance Use

Suicidal Thoughts, Attempt, Loss

Treatment

Recovery

Fatherhood (Best Thing Ever)

Self-Worth (constant process)

Wellness and Self-Care

Fulfilling over 11-year career in behavioral health (including 5 years in Crisis Services)

PRSS Crisis Training Development

- Developed to improve and educate those experienced and new to working in a crisis level of care.

- Focus Groups
  - 2 included Certified Peer Recovery Support Specialists from across the state of Oklahoma that have experience working in crisis services and those that have received crisis services.
  - 1 included Crisis Level of Care Directors from across the state of Oklahoma

- Expertise and development by PRSS Division: Certified Peer/LPC/Former Crisis Center Director

- Beta Testing: Individuals currently working as PRSSs in Crisis Level of Care and Crisis Directors

PRSS Crisis Training Implementation

➢Virtual: Serving Peers from across the state

➢Free for Oklahoma Certified Peer Recovery Support Specialists

➢Classes: Max set at 50

➢Every other Month

➢2 Days

➢Most agencies and facilities are requiring and or strongly encouraging C-PRSS working in crisis level of care to take the PRSS Crisis Training

"Every little thing counts in a crisis."

–Jawaharlal Nehru

The History of Crisis Services in Oklahoma

Deinstitutionalization
- 1963 Community Mental Health Act

Oklahoma Crisis
- 1982-2022: 40 years!

Reflecting on JFK's Legacy of Community-based Care | SAMHSA

Oklahoma Department of Mental Health and Substance Abuse Services

Crisis Care Locations

Adult Crisis Stabilization

Oklahoma County Crisis Intervention Center (OKC)

Oklahoma Crisis Recovery Unit (OKC)

CREOKS (Sapulpa)

Green Country Behavioral Health Services, Inc (Muskogee)

Family & Children Services (Tulsa)

Grand Lake CMHC (Pryor)

Red Rock BHS (Norman and Clinton)

Lighthouse Behavioral Wellness Centers (Ardmore

Children Crisis Stabilization

Children's Recovery Center (Norman)

Red Rock Crisis (OKC)

Calm Center (Tulsa)

URC

Oklahoma County Crisis Intervention Center (OKC)

CREOKS (Sapulpa)

Grand Lake CMHC (Pryor, Vinita, and Stillwater)

Family & Children Services (Tulsa)

Lighthouse (Ardmore)

Hope (South OKC)

Inpatient

Griffin Memorial Hospital (Norman)

Oklahoma Forensic Center (Vinita)

Tulsa Center For Behavioral Health (Tulsa)

Jim Taliferro (Lawton)

Carl Albert (McAllister)

Northwest Center for Behavioral Health (Ft. Supply)

What is a Crisis?

◦ "A mental health crisis is any situation in which a person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community." NAMI

◦ "An emotionally significant event or radical change of status in a person's life." Merriam-Webster Dictionary

Navigating-A-Mental-Health-Crisis (nami.org)
Crisis Definition & Meaning - Merriam-Webster

Clinical Terminology used in Crisis Settings

Some of the following terms are considered "clinical" meaning that we as peers do not commonly use them in our types of supports. With that said, if a peer is working in an inpatient or crisis setting, they may hear certain terms that are worth defining and understanding.

Clinical Terminology

ANTIDEPRESSANT

ANTIPSYCHOTIC

HALLUCINATIONS: AUDITORY AND VISUAL

CLINICAL

COGNITION

CHRONIC

COGNITIVE IMPAIRMENT

COMORBIDITY

CIT OFFICER

DELUSIONS

DEPRESSION

DUAL DIAGNOSIS/CO-OCCURRING

EARLY INTERVENTION

EMERGENCY DETENTION

EVIDENCE-BASED PRACTICE

FIRST EPISODE PSYCHOSIS

INTERVENTION

MANIA

MOOD DISORDERS

PSYCHOSIS

SCHIZOAFFECTIVE DISORDER

SCHIZOPHRENIA

RECOVERY

NIMH » Glossary (nih.gov)

SUICIDE

**"But I know, somehow, that only when
it is dark enough can you see the stars."
-Martin Luther King, Jr**

When working in Crisis care it is important to understand suicide, the statistics, and how it affects the population.

*Please be aware that some of the information following may be hard to hear and read.

Suicide - Definition

- **Suicide** is defined as death caused by self-directed injurious behavior with intent to die as a result of the behavior.

- **Suicide attempt** is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury.

- **Suicidal ideation (or intensity)** refers to thinking about, considering, or planning suicide.

NIMH/NIH – Suicide Statistics – https://www.nimh.nih.gov/health/statistics/suicide

Suicide Facts According to the CDC

"Suicide is a problem in the United States across all age groups from teens to older adults. It is important to look at data to understand the scope of the problem."

Suicide is a leading cause of death in the United States,[3] with 45,979 deaths in 2020. This is about one death every 11 minutes.

In 2020, an estimated 12.2 million American adults seriously thought about suicide, 3.2 million planned a suicide attempt, and 1.2 million attempted suicide.

People who have experienced violence, including child abuse, bullying, or sexual violence have a higher suicide risk.

2020-Suicide was the second leading cause of death for people ages 10-14 and 25-34..

Facts About Suicide (cdc.gov)

Special Population Statistics Covered in the Training

Oklahoma

Youth and Young Adults

Veterans

LGBTQIA+

Suicide Rate by Ethnicity

Discussion Prompt following Statistical Information: Does any of this information surprise you?

STRESSORS

Stressors that could lead to or cause a crisis

I. Home or Environmental

II. School or Work

III. Other Stressors

"Navigating a Mental Health Crisis: A NAMI Resource Guide for those Experiencing a Mental Health Emergency"

Signs of a Crisis

- Unable to complete daily tasks like getting dressed, brushing teeth, bathing, etc.

- Verbally saying, writing or insinuating that they'd like to kill themselves and/or talking about death

- Withdrawing from friends, family and their typical social situations

- Showing impulsive or reckless behavior, being aggressive

- Having dramatic shifts in mood, sleeping or eating patterns

https://www.samhsa.gov/data/sites/default/files/Oklahoma_BHBarometer_Volume_4.pdf

Stages of a Crisis: Stage -CDC

- Stage 1

- Stage 2

- Stage 3

- Stage 4

Stages of Crisis Development | WPVHC | NIOSH (cdc.gov)

How Do People Arrive at Crisis Centers?

- Walk-in
  - Includes self, family, friend, etc.

- Hospital Referral

- EMSA

- CMHC or CCBHC

- Private Clinic

- Community Partner

- Shelter

- Law Enforcement

Emergency Detention vs Voluntary

Emergency Detention (ED)

- Title 43A

- Imminent Risk of Harm to Self or Others

- Licensed Mental Health Professional Statement

Voluntary

- Voluntary Admits must still be meeting ED criteria.

- Voluntary admits must be cleared by medical staff prior to discharge.

- Must be willing to receive crisis stabilization services.

- Must be competent to make this decision.

OKLAHOMA STATUTES TITLE 43A. MENTAL HEALTH os43A.pdf (oksenate.gov)

Crisis Center Length Stay

- According to Title 43A those in Emergency Detention status can only be held for a maximum of 120 hours (not counting weekends or holidays) without hearing or notice of hearing.

- Those in Voluntary status can stay as long as treatment is the least restrictive and most appropriate for the individual's treatment needs.

- Average stay is 4-5 days.

OKLAHOMA STATUTES TITLE 43A. MENTAL HEALTH os43A.pdf (oksenate.gov

Community Partnerships with Crisis Centers

Community Mental Health Centers and Certified Community Behavioral Health Clinics

Medical and Psychiatric Hospitals, both state and private.

Substance Use Treatment Centers

Law Enforcement

Non-Profits focused on the needs of the individuals we serve (Homeless Alliance, City Care, Mental Health Association of Oklahoma, etc.)

County Jail and Local Hospitals

Recovery Community Organizations (Peer)

Court Committed Mental Health Treatment

- Mental Health Examination and Petition
- Notice of Hearing
- Hearing
- Testimony
- Judge's order

OKLAHOMA STATUTES TITLE 43A. MENTAL HEALTH os43A.pdf (oksenate.gov

Outpatient

- In the Behavioral Health Care System, outpatient is the lowest "traditional" level of care.

- Psychiatry, case management, wellness, peer support, therapy, primary care, medication, volunteering and career support, etc.

- The goal at this level is to help keep folks in the community and out of higher levels of care.

OKLAHOMA STATUTES TITLE 43A. MENTAL HEALTH os43A.pdf (oksenate.gov

Urgent Recovery Center

- Could be described as a "Behavioral Health Emergency Room"

- Chairs not beds; Evaluation, Referral and Connection hub

- Emergency Assessment

- Case Management

- Peer Recovery Support

- Referral

- The goal is to stabilize at the lowest and least restrictive level of care

Chapter 23 Final effective 9-15-21.pdf (oklahoma.gov)

Crisis Stabilization Unit

16 Individual Beds (can be more now due to IMD waiver)

Groups

Peer Support

Therapy

Medications

Treatment Team

Detox

Case Management and Discharge Planning

24 Hour Observation

Chapter 23 Final effective 9-15-21.pdf (oklahoma.gov)

Inpatient Hospitalization

According to Title 43A:

- "Inpatient treatment" means the process of providing residential diagnostic and treatment services on a scheduled basis;

- "Inpatient treatment" means treatment services offered or provided for a continuous period of more than twenty-four (24) hours in residence after admission to a mental health or substance abuse treatment facility for the purpose of observation, evaluation or treatment;

Community/Mobile Response Team

- Help connect, transport to, and provide follow-up to outpatient and substance use treatment.

- Provides peer recovery support, case management, and crisis intervention.

- Helps with the "warm handoff" between levels of care

What About Youth?

Youth Crisis
MOBILE RESPONSE

Youth Mobile Crisis
833-885-CARE(2273)

- Partnership with Department of Mental Health and Substance Abuse and Heartline.

- Designed to support children, teens and young adults who struggle with mental, emotional, and behavioral challenges at home, school, and in life.

- Goal is for youth with serious emotional disturbances to have access to supports necessary to remain in their home and communities.

Youth Mobile Crisis: PowerPoint Presentation (oklahoma.gov)
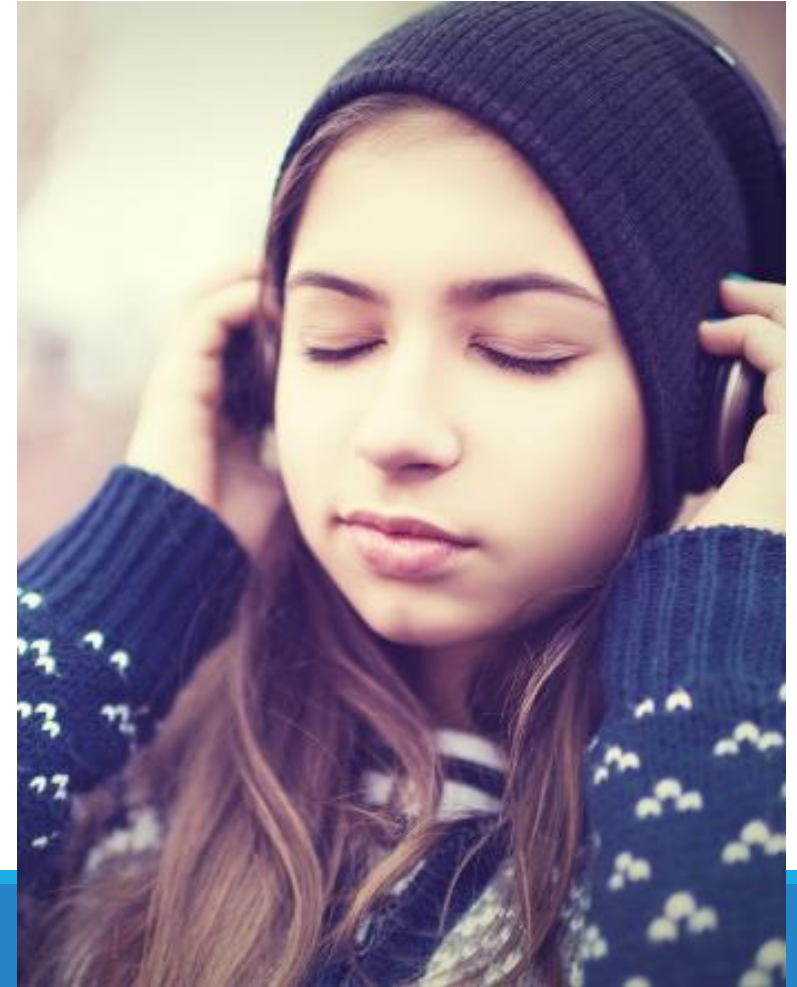
Youth Mobile Crisis

- Staffed 24 hours a day, 7 days a week.

- Trained call specialists work with the caller to de-escalate situations

- Assess young person's needs and create a plan

- If needed, disperse a mobile response team to the household.
  - In some cases, a mental health worker can arrive in as little as an hour.

- Immediate relief is provided, and call specialists follow up with the youth and family to provide a long-term plan and support services.

Youth Mobile Crisis: PowerPoint Presentation (oklahoma.gov)

Youth Mobile Crisis Outcomes

- 79% of youth and young adults were diverted from a change in placement.
  - Of the 21% of youths not diverted, 82% experiencing change in placement went to Inpatient Hospitalization.

- 90% of youths at risk of school disruption returned to class.

- 78% of callers said they would use the Crisis Call Center again.

- Program is data-driven: strategic decisions are made based on data analysis and interpretation.

Youth Mobile Crisis: PowerPoint Presentation (oklahoma.gov)

Mobile Crisis and 988

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OKLAHOMA's Comprehensive Crisis Response ⚠️

Current State of Crisis

4.1 % of adults in Oklahoma had serious thoughts of suicide in the past year. 1 in 10 students reported attempting suicide in the past 12 months. Each week, approximately 300 Oklahomans are admitted for urgent care or crisis mental health services.

Goal ✓

The ODMHSAS believes that Oklahomans deserve to have mental health and addiction services within reach. Building the Comprehensive Crisis Response Continuum is an evidenced-based approach to helping us reach this goal, meeting people where they're at, when they need it most.

Overview

ODMHSAS is building a comprehensive crisis response continuum to enhance services Oklahomans receive when experiencing a psychiatric emergency with the goal of providing immediate access at the lowest level of care.

1 — One Call Away Helpline

It all starts with an easy to remember helpline number (988) staffed by mental health professionals to answer calls around the clock of those experiencing a mental health crisis. Approximately 80% of crisis calls can be resolved at this touchpoint.

2 — When Necessary Mobile Crisis Team

When needed, the 988 call center will dispatch statewide mobile crisis teams to the situation for further assessment and intervention. Approximately 70% of crisis situations can be resolved at this touchpoint.

> Reducing the need for law enforcement intervention and costly hospitalizations.

3 — Follow Up Appointments

Every level of the continuum will be equipped with the ability to make same day or next day appointments at every Community Mental Health, Community Behavioral Health, and Comprehensive Community Addiction Recovery Centers across Oklahoma.

4 — Integrated Technology

Every law enforcement officer across the state will be equipped with 24/7 access to a licensed behavioral health practitioner to assist with assessment, evaluation, and connection to treatment.

5 — Getting There Transportation

Each year, over 20,000 trips are made by law enforcement to assist Oklahomans in need of mental health crisis services. This model allows the ability for private sector companies to provide transportation services to individuals experiencing a psychiatric crisis greater than 30 miles.

> Reducing the need for law enforcement to transport long distances.

> Will place mental health professionals in law enforcement dispatch in the metro areas.

6 — Nearby Care Facilities

The continuum will add 50% more urgent care and crisis centers across the state – diverting 90% of those needing inpatient psychiatric hospital care.

> Minimizing law enforcement travel for assessment and treatment.

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What is Law Enforcement's Role?

- Welfare Check

- Protective Custody

- Transport when appropriate

- Intervention when the danger level is high

Transportation

- EMSA

- Police Transport

- Oklahoma House Bill 2877
    - Takes transportation of more than 30 miles away from police to a contracted and appropriate vendor

    - Puts telehealth tablets in the hands of law enforcement

Screenings

- Columbia

- PHQ-9

- ACE

- Wellness Assessment

Important Documents for the Emergency Assessment

Peace Officer Statement

- Must be written by Law Enforcement.

- The client was placed into protective custody and brought to the nearest evaluation center.

- Must evaluate within 12 hours. May stay up to 23 hours 59 minutes.

Third-Party Statements

- Written by a member of the community

OKLAHOMA STATUTES TITLE 43A. MENTAL HEALTH os43A.pdf (oksenate.gov)

Third-Party Statement

Vital information as to why the person is in need of help.

Include current objective observations of behavior, statements etc. that are a cause of concern for the individual.

Any history can be helpful.

IN RE: THE PROTECTIVE CUSTODY OF:

_____

THIRD PARTY STATEMENT

I, _____ , the undersigned, state that on the _____ day of

_____, 201__, at _____ o'clock __m I observed _____(name) at

_____(location) in _____ County, Oklahoma, do the

following (describe activity or incident personally observed):

_____

_____

_____

_____

_____

_____

That upon such basis, I have a reasonable belief that this person has a mental illness or is alcohol

or drug dependent to a degree that immediate emergency action is necessary.

Any false statement given to the officer by the person upon whose statement the officer relies

shall be a misdemeanor offense.

Name:

_____

Print

_____

Signature
Address:
City/State/Zip:

A Bad Example of a Third-Party Statement

Jane Doe needs help. Three years ago, she said she wanted to hurt herself. I think she needs inpatient help. Her brother told me she has been behaving strangely.

Why is this not the best example of a third-party statement?

A Good Example of a Third-Party Statement

"Today, (2/1/20), I observed Jane Doe screaming at people that were not there. She said, "I will kill you, demon." I observed Jane Doe walk into the street without paying attention to cars or traffic and she was nearly hit. Jane does not respond appropriately when I try to speak with her, and responds with, "I will die and so will you.""

Why is this a good example?

Consumer Rights

Chapter 15 (know them and review periodically to stay fresh)

Each consumer has the right to be treated with dignity and respect

Microsoft Word - Chapter 15 Final eff 10-01-17 (oklahoma.gov)

Why are consumer rights important to an individual that are experiencing a crisis?

Confidentiality

- Confidentiality is an integral part of the PRSS code of ethics.

- In order for an individual to feel safe discussing information, they must know that the information they are sharing is kept confidential.

- Laws are in place to keep clients safe. The Health Insurance Portability and Accountability Act (HIPAA) contains a privacy rule that protects medical records and personal health information and that includes information about mental health.

Stigma

- According to the American Psychiatric Association, more than half of people with mental illness don't receive help for their disorders. This can be because they have concerns about being treated differently.

- There are different types of stigma:

  - **Public Stigma**- negative or discriminatory attitudes that others have about mental illness

  - **Self-stigma**- refers to the negative attitudes, including internalized shame, that people with mental illness have about their own condition.

  - **Institutional stigma**- more systemic, involving policies of government and private organizations that intentionally or unintentionally limit opportunities for people with mental illness.

Psychiatry.org - Stigma, Prejudice and Discrimination Against People with Mental Illness

Harmful Effects of Stigma

- Stigma and discrimination can contribute to worsening symptoms and reduced likelihood of getting treatment. Self-stigma leads to negative effects on recovery among people diagnosed with severe mental illnesses.

- Effects can include:

  - reduced hope

  - lower self-esteem

  - increased psychiatric symptoms

  - difficulties with social relationships

  - reduced likelihood of staying with treatment

  - more difficulties at work

Psychiatry.org - Stigma, Prejudice and Discrimination Against People with Mental Illness

Busting Stigma

- How can we reduce the stigma of having a mental illness or substance use disorder?

  - Talk openly about mental health

  - Educate yourself and others – respond to misperceptions or negative comments by sharing facts and experiences.

  - Be conscious of language – remind people that words matter, also, using person first language.

  - Encourage equality between physical and mental illness

  - Show compassion for those with mental illness.

  - Normalize mental health treatment, just like other health care treatment.

  - Choose empowerment over shame - "I fight stigma by choosing to live an empowered life.

Psychiatry.org - Stigma, Prejudice and Discrimination Against People with Mental Illness

Trauma

- Many individuals in crisis centers have experienced some type of trauma.

- The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as: "resulting from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."

- Examples of trauma include, but are not limited to:

  - Experiencing or observing physical, sexual, and emotional abuse;

  - Childhood neglect;

  - Having a family member with a mental health or substance use disorder;

  - Experiencing or witnessing violence in the community or while serving in the military; and

  - Poverty and systemic discrimination

Key Ingredients for Successful Trauma-Informed Care Implementation (samhsa.gov)

Trauma

- Experiencing trauma, especially during childhood, increases the risk of serious health problems throughout life.

- Trauma informed care can help providers build rapport with clients and engage their clients more effectively, which can in turn, improve outcomes for the client.

Key Ingredients for Successful Trauma-Informed Care Implementation (samhsa.gov)

Trauma Informed Care

- Trauma informed care shifts the focus from "What's wrong with you?" to "What Happened to You?".

- This means:

  - **Patient empowerment**: Using individuals' strengths to empower them in the development of their treatment;

  - **Choice:** Informing patients regarding treatment options so they can choose the options they prefer;

  - **Collaboration:** Maximizing collaboration among health care staff, patients, and their families in organizational and treatment planning;

  - **Safety:** Developing health care settings and activities that ensure patients' physical and emotional safety;

  - **Trustworthiness:** Creating clear expectations with patients about what proposed treatments entail, who will provide services, and how care will be provided.

  - **Seeking to actively resist re-traumatization** (i.e., avoid creating an environment that inadvertently reminds patients of their traumatic experiences and causes them to experience emotional and biological stress)

Key Ingredients for Successful Trauma-Informed Care Implementation (samhsa.gov)

"People who are hurting don't need Avoiders, Protectors, or Fixers. What we need are patient, loving witness. People to sit quietly and hold space for us. People to stand in helpful vigil to our pain."
-**Jawaharlal Nehru**

Peer Role in Crisis Care

"A transformative element of recovery-oriented care is to fully engage the experience, capabilities and compassion of people who have experienced mental health crises. Including individuals with lived mental health and substance use disorder experience (peers) as core members of a crisis team supports engagement efforts through the unique power of bonding over common experiences while adding the benefits of the peer modeling that recovery is possible."

SAMHSA – https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf "National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary

PRSS Role in Crisis Care

- Beacon of Hope
  - As a PRSS inpatient, you are tangible example of Recovery
  - Recovery can and does happen

- Lived Experience

- Support & Advocacy
  - Supporting & addressing consumer needs
    - Inpatient needs & issues
    - Needs & issues relating to consumer's life outside of crisis unit
      - Including the reasons for Crisis

PRSS Role in Crisis Care

- Recovery Plans, etc.

  - Recovery Plans

  - Wellness Plans

  - Relapse Prevention Plans

- Groups

- Self-Care

  - Model recovery for consumers

  - Ensure personal health and well being

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PRSS Role in Crisis Care

- Targeted Outreach

- Targeted Follow-up

- Member of the Crisis Response Team

- De-escalator

- Engagement

- Call-Center Staff

Sometimes it's "All Hands-on Deck!"

Who Will My Team Members Be?

- Psychiatrists

- Nurse Practitioners

- Therapists

- Case Managers

- Wellness Coaches

- Mental Health Technicians

- Patient Care Assistant

- Registered Nurse and Licensed Practical Nurse

- Other PRSSs

Shifts

Day Shift: Usually 7am-3pm

- These shifts usually have majority of administrative staff available
- Meetings

Evening Shift: Usually 3pm-11pm

- Administration is not there during the latter of the shift (less oversight)
- Many Consumers are Active during this time
- Autonomy of staff is needed and adherence to policy and procedure

Night Shift: Usually 11pm-7am

- Fluctuating Shift (slow at times and very active at times)
- Autonomy of staff is needed and adherence to policy and procedure

Special Precautions

At times consumers require a higher level of observation or precaution in order to ensure safety.

The physician and/or nurse may order a special precaution. The nurse must obtain the physicians order within a certain timeframe.

Special precautions should never be used to be punitive and be the least restrictive option in order to maintain the consumer's safety.

Policy and Procedure for the special precaution should be followed exactly as prescribed in the order, the consumer's life depends on it.

Special Precautions & 15-Minute Checks

Urgent Recovery Centers, Crisis Stabilization Units, and Inpatient Hospitals require precautions and observations depending on the acuity of the client being served.

Standard Observation (15-minute checks)

- For the safety of the consumer, it is vital that the assigned staff lay eyes on the consumer every 15 minutes, ensuring the client is breathing, and medically stable.
- This must be charted and stored per your facilities record keeping policy.
- Abide by facility policy and procedure.
- 15-minute checks save lives!!!

Examples of Special Precautions

- **Close Observation or Line-of-sight**: Client must be within the assigned staff's line-of-sight at all times. Charting per policy and procedure. (Frequency, Content, etc.)

- **One-to-One (1:1):** Client must be within arms-length of the assigned staff. Charting per policy and procedure. (Frequency, Content, etc.)

Reasons for Monitoring Levels (not limited to):

- **Assaultive/Aggressive Behavior**

- **Disorganized**

- **Elopement**

- **Falls**

- **Medical conditions**

- **Seizures**

- **Suicide/Suicide Prevention/Self Harm**

Least Restrictive Environment:

According to state law it is required that the courts, law enforcements, treatment facilities, providers, and treatment plans ensure the consumer is placed in the least restrictive environment and given the least restrictive treatment in order to the safety and care of the costumer.

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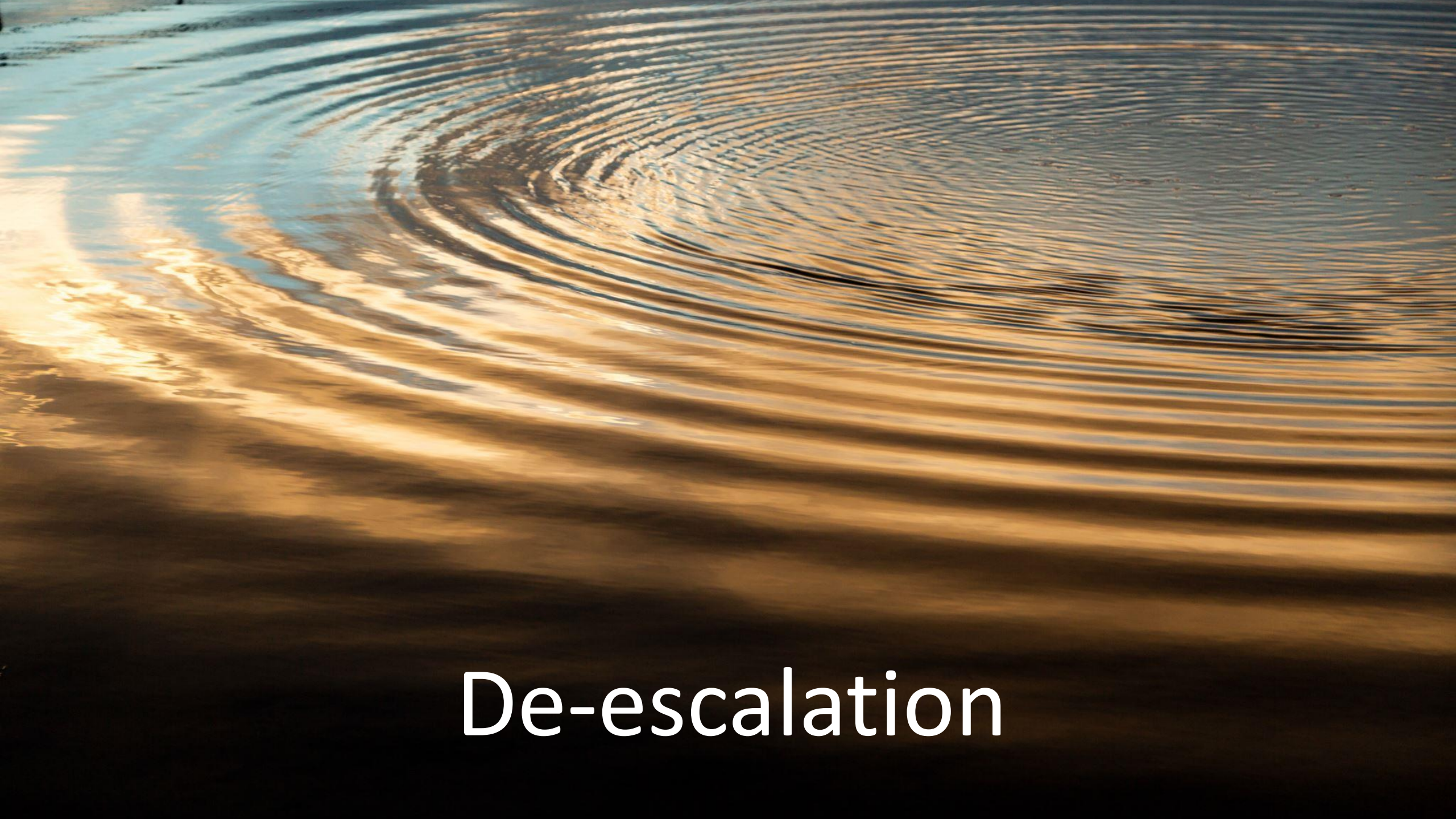
De-escalation

Navigating Consumer Symptoms

Psychosis

Substance induced psychosis

Suicide Ideation/Intensity

Mania

Depression

Prevention

The key to de-escalation is prevention.

Use a trauma-informed approach to all interactions.

Help maintain a safe environment.

Listen.

Non-judgement.

Share-power (avoid power struggles).

Connect.

Empathy.

Respect.

Crisis De-escalation

Sometimes despite our best efforts of prevention, escalation to a crisis happens.

Sometimes we are called to respond to a crisis that has already escalated.

In these circumstances, it is vital to be prepared in order to keep yourself and others safe.

Environment

Individuals experiencing symptoms of mental illness and/or substance use for the majority are non-violent and peaceful, but there can be times and/or situations when violence can happen. To ensure everyone's safety it is important to be mindful of the following:

Be aware of your environment

Look for danger
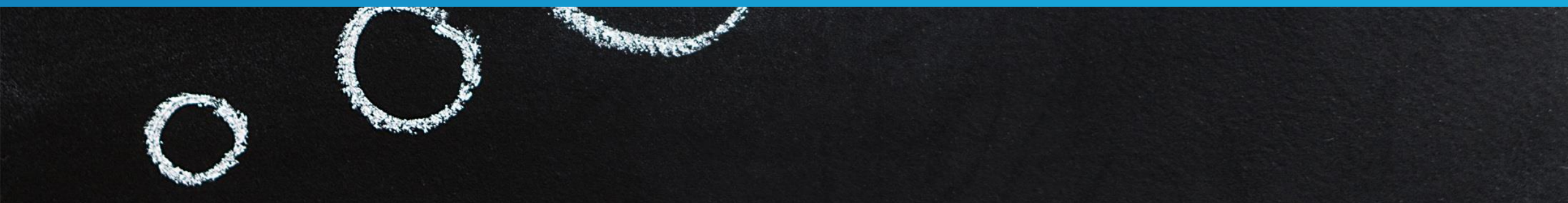
Weapons

Objects

Other people

Keep a safe distance

Don't be alone-Respond as a team

Know your exits

"...when it comes to crisis de-escalation we need to change our way of thinking from talking someone down to "listening someone down."
-Tony Stelter, MHR, C-PRSS, LPC

Preventing Escalation

Listen with your ears and eyes

Listen to what the individual is saying or trying to say

Listen to their breathing

- Is it rapid?

Watch their non-verbal communications

- Clinched fists

- Pacing

Hands waving in the air

Support

Validate the individual's feelings

Be empathetic

No judgement

Use lived experience when appropriate

Be authentic and honest

Let them know that it's safe

Patience

01
You must have patience in a crisis situation

02
Don't think that things have to happen fast

03
Share power

04
Keep active listening

Helpful Tips

Re-direction

After listening and if appropriate in the moment ask if the person wants to sit down.

Model calm

Calm breaths

Relaxed stance

Be your authentic self

Don't assume

Listen, Listen, Listen

You

- Be mindful of your actions and reactions

- Maintain a calm presence

- Be mindful of your triggers

- Be present in the moment

Training Role-plays

- The goal of role-play is to simulate events that may happen on the job to help better prepare you for real life situations

- It's important to remember:

  - Don't stigmatize clients

  - Be Respectful

Discharge Planning and Warm Handoffs

Discharge Planning starts on day 1!

Referrals to: Residential Substance Use Treatment, Outpatient, Support Groups, Housing, Other Community Resources.

Safety and Wellness Planning

Warm Handoffs:

Ensuring the connection between levels of care

- Work with client on making appointment- go with them in some cases.

- Build connections and relationships with the community partners that referrals are made to (example: fellow PRSSs at those locations).

- Communicate.

- Follow-up (calls, letters, home visits, etc.).

- Releases of Information are vital.

Communication

In your role as a PRSS, you may communicate with:

- Families.

- Co-workers.

- Treatment Team.

- Judges and Lawyers.

- Community Partners.

- Law Enforcement.

- Consumers.

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Example Quiz Question

A family member is very upset that things are taking so long and doesn't understand why they have to do so much intake paperwork.

In this situation you should:

- A) Be rude back
- B) Ignore them
- C) Show empathy, listen, and help them with the paperwork because it's understandable that they are upset because they are concerned for their family member and sometimes that can come out as anger.
- D) Go tell your supervisor

Self-Care

As a natural instinct, healthcare and other providers often times neglect their self-care as the care for other individuals.

It is essential that we prioritize self-care in order to prevent burnout and other issues that can arise as we do the challenging work of taking care of others.

Why Self-Care is Important

We thoroughly cover:
- Triggers/Activators
- Burnout
- Compassion Fatigue
- Turnover
- Adaptive Coping Strategies

Boundaries

WITH YOUR JOB

- Knowing you cannot be all things to all people at all times. This can quickly lead to compassion fatigue.

- Seek and maintain healthy relationships and experiences in your own life outside of work. Being overly involved with work and clients puts you at risk for disclosing personal information.

- Take your lunch breaks, take time off, and know when to say no.

WITH CLIENTS

- Social media.

- Personal phone numbers.

- Keep it professional.

- No personal relationships.

- Clients aren't our friends, support, sexual partner, confidant, etc.

- You aren't the only one that can help them

Lived Experience Videos: Receiving Crisis Care and Working in Crisis Care

Lived experience receiving crisis care: https://youtu.be/aZwM9cdJ-h8

Lived experience working in crisis : https://youtu.be/FoMqHOpHSIg

Results

As of the end of April 2022:

- 4 Trainings (September 2021, November 2021, January 2022, April 2022)
- 95 Oklahoma peers have completed training
- Training Participant Survey Results

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Questions?

THANK YOU!

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