

Crisis

Notes by Shaila Gunn

A guide to crisis management

Step 1: Provide reassurance and develop rapport through validation of the problem and use of active listening skills.

- Active and reflective listening
- DO NOT GIVE YOUR OPINION
- Ask open ended questions
- Provide validating and encouraging statements
- Non-verbal communication is key: sit at the same level, lean forward, make good eye contact, nodding along
- Encourage breathing and mindfulness techniques i.e. square breathing with 4s in and 4s out
- Commend the patient for coming in, even if you do not agree with their response to the crisis
- Avoid words or actions that may retraumatize or trigger a patient
- Provide rationale to all questions being asked
- Let the patient establish the boundaries of conversation

Step 2: Evaluate the severity of the crisis and assess the patient's mental, psychiatric, suicidal or homicidal ideation, and medical statuses

- A good mental status exam is key: what are they wearing? How do they look? Can you establish rapport? What common themes are you hearing? How are they communicating? What kind of insight do they have? Are they mentioning thoughts of violence? This can tell you a lot.
- Ask directly about suicidal and homicidal thoughts or intentions (but keep in mind that based on the mental state they may not be reliable)
 - o Note that a good suicide assessment includes assessment of intent, plan, access to lethal paraphernalia such as medications or weapons, past attempts, supports, and a goal-oriented future. This must be adequately documented. If you have any concerns, consider admission.
- Collateral is key – try to get in touch with a family member or loved one.

Step 3: Ensure the safety of the patient and others through voluntary hospitalization, involuntary hospitalization, securing close monitoring by family and friends, or helping to remove a patient from a dangerous situation

- Safety is key, including yours! Never put yourself in a situation where you could get hurt
- Physicians have a duty to warn and protect intended victims of the patient if you are reasonably convinced that they are at risk of imminent harm
- If the patient is at risk, you should help them find a way to remove themselves from a situation and find safe place to stay such as a shelter
 - o This is also a good reminder for patients who experience or are at risk of intimate partner violence – create a safety plan

Step 4: Stabilize the patient's emotional status, explore options for dealing with the crisis, develop a specific action plan, and obtain commitment from the patient to follow through.

- Inquire about maladaptive coping strategies such as denial, withdrawal, self-harm, or use of substances
- Help patient identify their own internal strengths as well as external supports and encourage them to use these
- Share resources with the patient whether it be printed off resources, apps, local counsellors etc.
- Consider a trauma-focused cognitive behavioral therapy within 2 weeks of the event to help prevent acute stress disorders and PTSD
- Monitor for ongoing signs of anxiety, depression, and PTSD and consider non-pharmacologic and pharmacologic treatment as necessary
- If the crisis happens in the context of a mood disorder – can consider starting treatment such as an SSRI
- A note on benzodiazepines
 - o These are very effective when used responsibly and only used with a high degree of caution in those with intense anxiety, agitation, or sleep disturbance after a traumatic event and for no more than 2-4 weeks
 - o They are but a part of the tool kit but also should not be avoided completely
 - o *Co-prescribe with a dose a patient education and never alcohol*
- Put a SMART action plan in place that the patient believes is attainable

Step 5: Follow up with the patient to provide ongoing support and to reinforce appropriate action

- Follow up as reasonable. You may feel compelled to follow up outside of office hours, but it is important to create firm boundaries
- If relevant, educate the caregiver on how to support this individual. For example:

Stage of Patient Behaviour	Recommended Caregiver Responses
Normal, calm behaviour	Use positive approaches, encourage usual routines
Stage A: Prevention (Identify early warning signs that signal increasing stress or anxiety.)	Be supportive, modify environment to meet needs (Identify de-escalation strategies that are helpful for this patient with DD).
Stage B: Escalation (Identify signs of the patient with DD escalating to a possible behavioural crisis.)	Be directive (use verbal direction and modelling), continue to modify environment to meet needs, ensure safety
Stage C: Crisis (Risk of harm to self, others, or environment, or seriously disruptive behaviour, e.g., acting out.)	Use safety and crisis response strategies
Stage R: Post-crisis resolution and calming	Re-establish routines and re-establish rapport

Individual responsible for coordinating debriefing after any significant crisis, and for regularly updating the Crisis Plan:

Name: _____ Tel. #: _____
Name, Designation, Agency

- Assess progress and commend them for any gain, no matter how small
- Have the patient reflect of positive outcomes related to the crisis
- Ask for help when you need it because there are so many resources available to your patients – not just you!

Remember the 5 S's

- 1. Shoulder:** act as the shoulder to cry one. Active listening is key!
- 2. Severity and 3. Suicide:** is the patient a risk of themselves or others?
- 4. Safety:** Identify and address and safety concerns that you've identified. Make the decision to admit or send home with close follow up
- 5. Support/Services:** make sure your patient leaves well equipped and with good follow up

Resources:

Portico Network - Holistic Crisis Planning Toolkit <https://www.porticonetwork.ca/tools/toolkits/hcp-toolkit>

Braedon Paul's Article for Podcasts and Medical Education : https://www.researchgate.net/profile/Braedon-Paul/publication/349126009_Listen_and_Learn_How_the_Podcast_Revolution_Is_Shaping_Medical_Education_UCMJ/links/60220d6f92851c4ed55b8a04/Listen-and-Learn-How-the-Podcast-Revolution-Is-Shaping-Medical-Education-UCMJ.pdf