



Virginia Department of  
Behavioral Health &  
Developmental Services

**VIRGINIA YOUTH MOBILE CRISIS  
RESPONDER TRAINING**

**Course 01: De-Escalation**



# Introduction to the Youth Mobile Crisis Responder (MCR) Training

## Welcome

Welcome to the Virginia (VA) Youth Mobile Crisis Responder (MCR) training.

### *Activity: Participant Introductions*

Let's get to know one another! Be prepared to share your name, how long you have been working as an MCR, and one or two other fun facts about yourself. If you are relatively new in your role, tell us how you came to this role.

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## *Course Curriculum*

This training program is designed to help you with the skills, competencies, and knowledge necessary to successfully provide mobile crisis intervention and community-based stabilization services. In addition, this process is designed to standardize training across the Commonwealth. Standardizing service delivery helps to more consistently meet the needs of youth who may be experiencing behavioral health crises, regardless of disability.

This training consists of six courses that include real-world scenarios with time to practice the skills learned. It is designed to provide you with the skills, competencies, and knowledge needed to successfully provide mobile crisis intervention and community-based stabilization services.

### *Pre-Work and Post-Work*

The pre-work for these courses is designed to introduce the core concepts and theories prior to entering the training. This allows you to make use of the time in class to delve more deeply into the topics and to relate them to the real world and your role as an MCR.

The post-work activities help you expand learning after class. The workbook will ask guided questions about some of the topics presented in the training, and then ask you to create checklists and toolkits you can use on the job.

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### *Youth Mobile Crisis Responder*

The terms “MCR” and “responder” will be used throughout this training to refer to all mobile crisis response workers. MCR can refer to one responder or to a whole team of responders, depending on the situation.

This training also uses the term “caregiver” to represent the parent or any direct caregiver for the youth.

The MCR provides mobile, on-site, and rapid intervention for youth experiencing a behavioral health crisis. This allows for:

- Immediate de-escalation of the situation in the least restrictive setting possible.
- Prevention of the condition from worsening.
- Timely stabilization of the crisis.

MCR teams are generally comprised of a one- or two-person team that is on call and available to respond to a mental health emergency.

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*The MCR is a mental health professional trained in crisis interventions who acts as a mental health first responder to the youth and family experiencing a mental health emergency.*

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### *Trauma-Informed Care Basics*

As an MCR, you must use a trauma-informed care (TIC) approach when working with youth and caregivers.

**What do you think of when you hear “trauma-informed care”?**

The Substance Abuse and Mental Health Services Administration (SAMHSA) says that a TIC approach is a program, organization, or system that does the following:

- Realizes the widespread impact of \_\_\_\_\_ and understands potential paths for \_\_\_\_\_.
- Recognizes the \_\_\_\_\_ and \_\_\_\_\_ of trauma in youth, families, staff, and others involved with the system.
- Responds by fully integrating knowledge about trauma into \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_.
- Seeks to actively resist \_\_\_\_\_.

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**Note:** *A trauma-informed approach is a critical part of helping youth and families in crisis.*

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As an MCR, you will be expected to use a TIC approach with the youth and caregivers you serve. Therefore, the courses in this training focus on using a TIC approach. These training courses will NOT focus on the laws for the involuntary commitment process.



### *MCR Role*

MCRs are involved in five key phases of crisis intervention within their assigned communities.

**Write the names of the phases in the space provided. Note that this table continues on the next page.**

Phase	What an MCR Does
	<ul style="list-style-type: none"><li>• Collaborate and engage in training with law enforcement, child welfare services, school systems, and other entities that have relationships with youth who are at risk for behavioral health crises</li><li>• Help identify gaps in the service system</li><li>• Reinforce a coordinated, systemic approach in planning and delivery of mental health supports</li></ul>
	<ul style="list-style-type: none"><li>• Identify risk factors for crises (e.g., psychiatric, educational, social, or environmental factors that may have triggered the crisis) before symptoms become acute and warrant higher intensive levels of intervention</li><li>• Generate individualized crisis plans in partnership with youth (as age-appropriate) and caregivers that use the information gathered from the triage assessments</li><li>• Provide guidance to caregivers and schools on implementing crisis plans, rapid access to treatments, and referrals linking youth to appropriate resources</li></ul>
	<ul style="list-style-type: none"><li>• Conduct triage, behavioral, functional, and risk screening assessments to determine the danger a youth poses to the youth's self or others</li><li>• Determine the services/supports necessary for resolving the crisis and prevent placement in higher, more restrictive, levels of care</li><li>• Assist in the development of an individualized, strengths-based safety or crisis plan with the youth and family</li></ul>

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**MCR Role (continued)**

Write the names of the remaining phases in the space provided. Note that this table is continued from the previous page.

Phase	What an MCR Does
	<ul style="list-style-type: none"> <li>• Provide stabilization services subsequent to acute intervention, such as the following:               <ul style="list-style-type: none"> <li>• In-home supports</li> <li>• Short-term care coordination</li> <li>• Psychiatric crisis stabilization</li> </ul> </li> <li>• May provide stabilization services over the span of a few days or several weeks, depending on the needs of the youth and family</li> </ul>
	<ul style="list-style-type: none"> <li>• Work with the youth and family to further develop crisis resolution strategies</li> <li>• May (with caregivers' permission) engage service providers and/or natural supports identified by the family to share in the development and execution of a crisis resolution plan, which may include the following:               <ul style="list-style-type: none"> <li>• Demographic information</li> <li>• Contacts or resources that would be helpful in a crisis</li> <li>• Child and family/caregiver strengths and needs</li> <li>• Relevant medical information</li> <li>• Risk factors/crisis precipitants</li> <li>• Appropriate community services and supports</li> <li>• Action steps identified by the family</li> <li>• A safety plan</li> </ul> </li> </ul>

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### ***MCR Role (continued)***

**What are the ideal MCR characteristics?** (Refer to your pre-work on page 1. Make note of how other participants respond.)

**What types of crises do you routinely encounter?** (Make note of how other participants respond.)





***MCR Role (continued)***

As an MCR, you can be the first line of defense in helping to decriminalize mental health.

**How might MCRs impact the decriminalization of mental health?**

**Remember: Once you call 911 and the officers arrive on the scene, you, as the MCR, are no longer in control of the situation.**

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### Introduction to De-Escalation

This course focuses on how you can use your skills as an MCR to de-escalate rising situations before those situations get out of control, including providing caregivers and families with tools to help them de-escalate situations themselves.

One of the primary reasons mobile crisis responders (MCR) are called to address a mental health crisis is to \_\_\_\_\_ the presented situation.

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*De-escalation is also known as conflict resolution, conflict management, and/or crisis resolution.*

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No matter what you call the role, you must use a combination of the following critical steps to defuse a crisis:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Such techniques require you to not only know your role, but also how to implement de-escalation techniques.

**Important: Every behavioral escalation does not require police involvement, physical restraints, or psychiatric hospitalization.**

As an MCR, you are tasked with the challenge of preventing further \_\_\_\_\_ of the conflict and engaging in swift \_\_\_\_\_ of the crisis.

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***Course Objectives***

By the end of the De-Escalation course, you will be able to do the following:

- Describe the Mobile Crisis Responder role.
- Describe personal verbal and nonverbal cues that lead to crisis escalation.
- Recognize how our sympathetic nervous system influences our response to escalating situations.
- Recognize the stages of the de-escalation cycle to implement correlated interventions for each stage of a youth in crisis.
- List at least five communication techniques to use during a crisis to de-escalate, including building rapport.
- Recognize additional techniques for de-escalation beyond communication.
- Demonstrate the ability to de-escalate a crisis situation, alone and with a partner.
- Identify when additional help is needed.
- Recognize that de-escalation involves the whole family, not just the youth.
- List practical methods to help the family identify supports during and prior to a crisis.
- Identify ways to assist families in de-escalating situations in the future.
- List the elements of an appropriate safety plan.

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## Recognizing Verbal/Nonverbal Cues

One of the major influences in de-escalating a crisis is recognizing verbal/nonverbal cues as they are happening.

Sometimes, you may observe changes in a youth’s behavior that indicate a \_\_\_\_\_ is about to occur, while other times the crisis could occur suddenly and without \_\_\_\_\_. When you identify early changes in the youth’s behavior, you may be able to \_\_\_\_\_ or prevent a crisis from happening.

Many things can influence a behavioral health crisis. Stressors are challenging for everyone but are often \_\_\_\_\_ for someone living with a mental illness. This is especially true for youth who probably do not understand their \_\_\_\_\_ (e.g., diagnosis, symptoms, behaviors, etc.).

**Think about situations where you were working with a youth that began to escalate. What verbal/nonverbal cues did the youth exhibit before the escalation?**

Try to encourage caregivers to document and take note of warning signs that occur prior to escalation in a journal or calendar with the goal of improving their awareness, preparation, and safety plans.

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### *Verbal/Nonverbal Cues Overview*

What are some of the verbal/nonverbal warning signs for each of the following categories?

Category	Verbal Warning Signs	Nonverbal Warning Signs
<b>Inability to Cope with Daily Tasks</b>		Reduced hygiene practices
<b>Mood Instability</b>		Rapid shifts
<b>Physical/Somatic Symptoms</b>		Facial expressions or eyes look different
<b>Changes in Behavior</b>		Abusive/aggressive
<b>Alterations in Thought</b>		Loses touch with reality



### **Activity: Verbal Cues**

Read the following statements given to youth by MCRs during crisis situations. For each, decide if the statement could lead to escalation, and if so, reword it to make it non-inflammatory.

**1. I want to help, but I will need your input and guidance.**

Lead to Escalation?	Reword (If Applicable)
<input type="checkbox"/> Yes	
<input type="checkbox"/> Maybe	
<input type="checkbox"/> No	

**2. What is the problem? Is it really worth going to the hospital over?**

Lead to Escalation?	Reword (If Applicable)
<input type="checkbox"/> Yes	
<input type="checkbox"/> Maybe	
<input type="checkbox"/> No	

**3. I can call for additional supports if you don't want to listen to me. It's going to get worse, though, if I call someone else here; so, work with me.**

Lead to Escalation?	Reword (If Applicable)
<input type="checkbox"/> Yes	
<input type="checkbox"/> Maybe	
<input type="checkbox"/> No	

**4. Let's talk about what's on your mind and how you want this situation to end.**

Lead to Escalation?	Reword (If Applicable)
<input type="checkbox"/> Yes	
<input type="checkbox"/> Maybe	
<input type="checkbox"/> No	

**5. I completely understand what you are going through.**

Lead to Escalation?	Reword (If Applicable)
<input type="checkbox"/> Yes	
<input type="checkbox"/> Maybe	
<input type="checkbox"/> No	



***Activity: Nonverbal Cues***

For this activity, think about escalating situations you have witnessed or experienced.

**List nonverbal cues you have seen that could escalate a situation.**

**List nonverbal cues you have seen that could de-escalate a situation.**

**Explain how you could use nonverbal techniques to help de-escalate a specific crisis.**



**Sympathetic Nervous System Responses**

When have you experienced a physical response to stress?

When I ...	...I experienced these physical response(s):

During the Crisis stage and peak of escalation, specific areas of the brain are modified by a neurochemical stress response. In times of a mental health emergency and/or critical stress, the cerebral cortex is emotionally hijacked by the limbic system. When this happens, a person’s logic is overrun by \_\_\_\_\_, and there is no reasoning with that person during the crisis state. During a mental health crisis, the brain is activated to respond in a survival mode of \_\_\_\_\_, \_\_\_\_\_, or \_\_\_\_\_.

The amygdala, which is influential in \_\_\_\_\_ and \_\_\_\_\_, is part of the limbic system. It sends distress signals to the hypothalamus, the relay center for the body’s five senses, and activates the adrenal glands, releasing adrenaline (epinephrine). The sympathetic nervous system (SNS) process triggers the involuntary bursts of energy to the body’s internal organs, increasing \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.





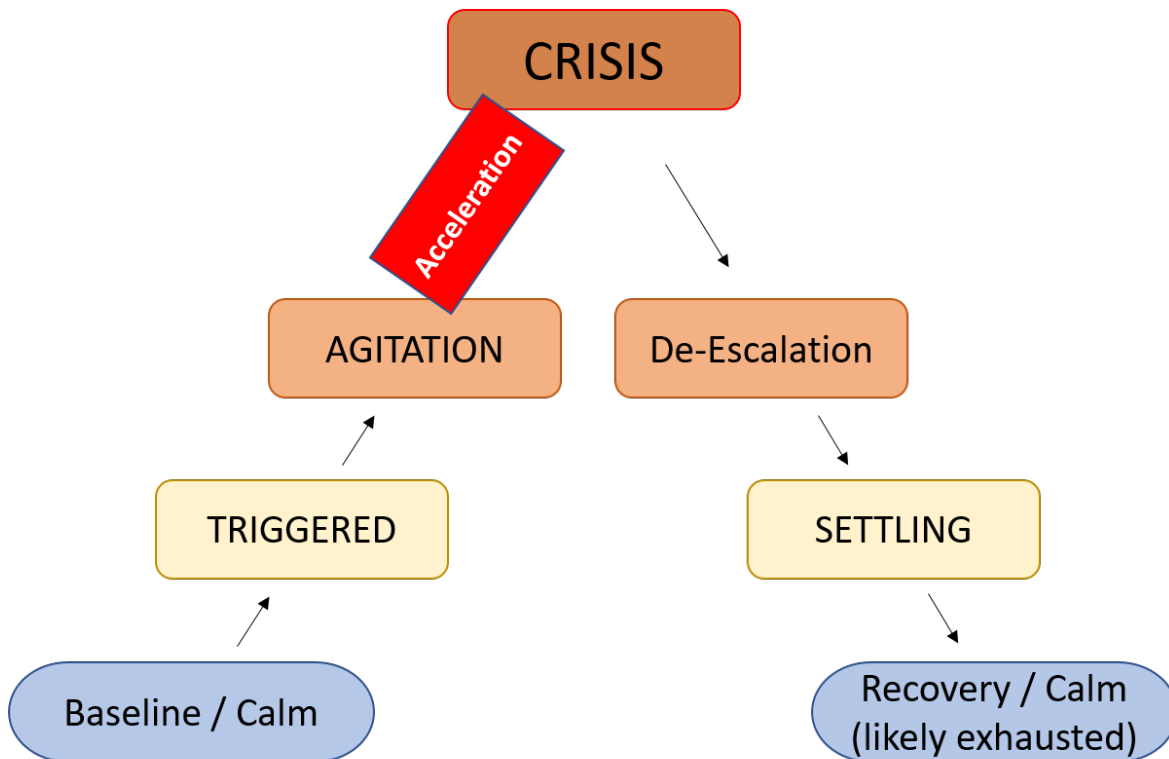
## Using Effective Communication Skills to De-Escalate Crisis Situations

### Escalation/De-Escalation Cycle Overview

Since your primary responsibility as an MCR is to improve a presented mental health situation, you must be able to address mental health concerns strategically and sequentially. Geoff Colvin (2004) developed an escalation/de-escalation model that conceptualizes crisis behaviors as “acting-out behaviors.” He mapped out these behaviors on a seven-stage continuum, leading up to and following a crisis.

The escalation model in Figure 1 can help you identify the stage of escalation the youth is demonstrating and which intervention to implement for that specific stage.

Figure 1: Stages of Escalation/De-Escalation Model



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***Stages of the Escalation/De-Escalation Cycle***

Your pre-work (pages 4 - 8) presented seven stages of escalation with the intervention to implement for each specific stage.

**Fill out the following table to review the Baseline/Calm stage.**

Stage	How does the youth present?	What strategies can you use to de-escalate at this stage?
<b>Baseline/Calm</b>		

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**Stages of the Escalation/De-Escalation Cycle (continued)**

Fill out the following table to review the Triggered stage.

Stage	How does the youth present?	What strategies can you use to de-escalate at this stage?
<b>Triggered</b>		

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*The Triggered stage is a window of opportunity to diffuse or mitigate the situation by recognizing the youth’s warning signs or behavioral cues. The goal is to assist the youth and family in handling triggers to reduce the frequency of mental health crises.*

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***Stages of the Escalation/De-Escalation Cycle (continued)***

Fill out the following table to review the Agitated stage.

Stage	How does the youth present?	What strategies can you use to de-escalate at this stage?
<b>Agitated</b>		

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**Stages of the Escalation/De-Escalation Cycle (continued)**

The Acceleration stage is another opportunity to prevent escalation to the peak of a crisis.

Fill out the following table to review the Acceleration stage.

Stage	How does the youth present?	What strategies can you use to de-escalate at this stage?
<b>Acceleration</b>		

**Remember: These accelerating actions are not about you; they are more about the youth/family’s experience of emotional discomfort.**

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***Stages of the Escalation/De-Escalation Cycle (continued)***

Fill out the following table to review the Crisis stage.

Stage	How does the youth present?	What strategies can you use to de-escalate at this stage?
<b>Crisis</b>		

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**Activity: Stages of Escalation**

Read each scenario and determine which stage of escalation is represented. (This was in your pre-work on pages 4-8.) Then, in the table provided, write the appropriate stage of escalation next to the scenario.

**Scenario 1**

Kyle is a 13-year-old male who resides with his mother, stepfather, and two younger siblings. When you arrive to the home, you witness Kyle crying, yelling profanities, flailing his arms, and pacing. He does not notice that his stepfather has opened the door to let you in the home. As the stepfather fills you in on the situation, the mother is trying to speak calmly to Kyle. However, Kyle continues to pace, curse, cry, and yell: "I hate my life! I hate you, I hate this, and I hate me! Damn virus! The virus hates and you," pointing to his parents, "take away everything good!" Kyle then drops to the floor in a squatting position, rocking himself at a moderately fast pace as he begins to punch the floor. The younger siblings are frozen, watching the situation as the mother begins to cry. The stepfather turns to you and says, "We don't know how to help him right now."

**Scenario 2**

Trish is a 16-year-old female who primarily resides with her mother, but is visiting her grandmother, whose home you are called to. When you enter the home, the grandmother informs you that Trish has locked herself in the bedroom and will not let her in. The grandmother tells you that she has called Trish's parents and older brother who are on their way to the home now. You are escorted to the door of Trish's bedroom where you hear items being thrown and glass broken, as well as what you assume is Trish punching the walls. The grandmother knocks on the door to let Trish know that you, the MCR, have arrived to help. Trish immediately swings open the door and screams ferally at you and the grandmother, who then bursts into tears. You notice that Trish has scratch marks on her face and arms and a red bruise on her forehead. She is breathing fast, and her room is in complete disarray. After Trish finishes screaming, she just stands there glaring at you and the grandmother.

Scenario	What Stage Is It?	Stages of Escalation
Scenario 1		Baseline Calm
		Triggered
Scenario 2		Agitation
		Crisis



Activity: Stages of Escalation

Read the scenario and determine which stage of de-escalation is represented. Then, in the table provided, write the appropriate stage of escalation next to the scenario.

Scenario 3

You are called to the scene where Jay, a 9-year-old child, was reported to be experiencing a behavioral health crisis. As you approach the home, you are greeted by Jay’s older sister, mother, and a neighbor who called the crisis call center. They inform you that Jay and his father are inside the home. When you enter the home, you see Jay’s father sitting on the floor in a bear hug pose, holding and rocking Jay. The father is humming a familiar tune while Jay is grunting, poorly trying to get out of his father’s grasps. You slowly approach, but then Jay begins to scream, bites his father’s arm, and increases squirming while the father continues to hold him. The father quickly asks you to either sit on the couch (behind them) or stand in the kitchen, both of which are out of Jay’s eye sight. You walk to the kitchen and notice that after several minutes of the father holding and rocking Jay, Jay ceases the screaming, biting, and grunting. Jay continues to squirm as the father continues his hold. The father begins humming again as Jay begins to hum along as he yawns. You then exit the room and begin interviewing the other family members.

Table with 3 columns: Scenario, What Stage Is It?, and Stages of Escalation. The 'Stages of Escalation' column lists Triggered, Crisis, Settling, and Recovery/Calm.

Notes:

Five horizontal lines for writing notes.





***Communication Techniques***

There are several verbal and nonverbal de-escalation techniques that can be used in a crisis situation to de-escalate.

First, practice \_\_\_\_\_ by checking-in with your emotions and behavioral responses. Maintaining a \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ mindset sets the foundation of implementing trauma-informed techniques. One way to help you do this is to identify what you, as an MCR, have control over, which is what **you** communicate verbally and with body language.

Work on becoming aware of what your \_\_\_\_\_ says about your internal thoughts and feelings.

In addition, remind yourself of your training and the skillsets that you possess to assist the youth and family who are currently experiencing a crisis.

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***Communication Techniques (continued)***

Review the information in Appendix A: De-Escalation Techniques and Reminders.

**Which of the listed techniques have you used and found success with?**

**What was new or surprising in this list?**

**Do you have any other ideas that are not in this list?**

**What other questions do you have about this list?**



### ***Activity: Using Communication to De-Escalate***

Review the following scenario and consider what communication strategies you could use to de-escalate the situation.

#### ***Scenario 1***

Juliann, a 10-year-old, adopted female diagnosed with autism and ADHD, is highly aggressive towards her adoptive parents. Jane, the adoptive mother, has medical and mental health issues of her own, and the father, Jason, does not like to get involved.

The parents have received many services in home, school, and community settings for their daughter; however, they have not been able to implement the interventions they have been taught. Their adopted daughter threatens them weekly and displays aggression towards them whenever they do not give her what she wants (e.g., video games, outside play, etc.). Jane called the crisis line because she said Juliann is throwing objects in the home, but she does not think they need to call law enforcement at this point.

When you get to the home, you are immediately inundated with a rising crisis, because Juliann throws a doll at you as you walk in the door, angry that her mother called the crisis line again. The flying doll infuriates the mother, so she begins yelling expletives at Juliann while the dad walks out of the room, shouting, "I don't have time for this crazy crap anymore!" Jane immediately crumples onto the couch and starts crying, talking through her muffled cries about how she cannot control Juliann anymore and is at her wit's end. In the meantime, Juliann is standing near the side door, wild-eyed and flushed, looking like she may bolt at any moment.

**What communication strategies could you use to de-escalate this situation?**



### ***Activity: Using Communication to De-Escalate***

Review the following scenarios and consider what communication strategies you could use to de-escalate the situations.

#### ***Scenario 2***

You have been called to the home of Peter, a 17-year-old male youth, who is seeking assistance with mental health services and “a place to go” after being kicked out of his home by his father. Peter reports that he got into an argument with his father two days prior. When his father became aggressive, Peter ran away because he was afraid of abuse. The police got involved and took Peter back home. That morning, Peter and his father had another argument, and Peter’s father kicked him out. When you arrive, Peter is standing outside his home, looking disheveled, tired, and sleepy. He tells you that he recently moved here from North Carolina, which is where his mother lives, and he has no one in the area he can ask for help. He says his mother uses meth, so he will not go back to North Carolina. He starts to become agitated as he talks about her. His father is standing in the doorway and says he does not want Peter in the house.

**What communication strategies could you use to de-escalate this situation?**

#### ***Scenario 3***

You have been called to the home of a 14-year-old youth named Jocelyn. Her mother called the crisis hotline because Jocelyn, who has recently been diagnosed with ADHD and bipolar disorder, came home from school disoriented and agitated. When her mother asked her what was wrong, Jocelyn began to sob uncontrollably and ran to her bedroom, locking herself in the room. Jocelyn’s mother does not want to involve the police, but her daughter will not answer her, and Jocelyn’s father is at work.

**What communication strategies could you use to de-escalate this situation?**



## **Using De-Escalation Techniques Beyond Communication**

### ***Additional De-Escalation Techniques***

**How might you show respect for the youth and family's personal property?**

**How might you use non-threatening body language when approaching the youth?**

**How might you respect personal space?**

**How might you keep the stimulation level low for the youth in crisis?**

**Remember: Always move slowly and be patient.**



### ***Activity: Using Additional Techniques to De-Escalate***

Read the following scenario and answer the associated questions.

#### ***Scenario 1***

Fred, an MCR, arrives at a foster home within his county where a youth recently moved in three days prior. The 16-year-old male youth previously resided with another foster family in a different county. The youth's current foster care social worker is taking steps towards getting the youth in a therapeutic group-home, given the youth's frequent hospitalizations, mental health emergencies, and lack of academic engagement.

Fred knows, however, that placement for a therapeutic group home is going to take a while. He informs the foster family and youth that if he cannot calm the youth down, he will call 911 to have him transported. Therefore, Fred thinks of ways to have the case reassigned to the MCRs and social workers that worked with the youth in his previous county. Fred already knows that it can take a long-time for placement in a group home and wants to get enough information during the interview to pass on to someone else. Fred learns that the youth has a history of complex trauma and a formal diagnosis of Disruptive Mood Dysregulation Disorder, as well as grief and loss. Unfortunately, the youth is noncompliant with recommended psychotropic medication and is ambivalent towards engaging in therapy sessions. Since the youth is likely to be hospitalized, Fred decides not to interview the other two youths in the home to gather information about the crisis. Fred speaks to the foster care parents to gather information on the mental health providers currently working with the youth and informs the foster family that he will reach out the next business day with a copy of the release of information.

#### **What did Fred do well?**

#### **What could Fred have done better?**



### ***Activity: Using Additional Techniques to De-Escalate***

Read the following scenario and answer the associated questions.

#### ***Scenario 2***

Mary visits the home of an 11-year-old male youth living with his mother and three siblings. The biological father of the youth in crisis is in and out of the home but happens to be there the night of the youth's behavioral health crisis. Mary interviews all individuals in the home to learn more about the immediate crisis. The youth initially refuses to speak to Mary, so she waits until the youth has visibly de-escalated to the point of engaging in an interview. The father and mother begin arguing about their economic difficulties in the background while Mary tries to interview the youth. The parents' arguing causes the youth to get a little upset. Therefore, Mary tells the parents that they are only making the situation worse and need to step outside the home. One of the youth's younger siblings reaches for a hug, which Mary gives, because she feels bad for the children living in such chaos. Mary decides to look into community supports that deliver a wide range of supports to meet every family member's needs (e.g., therapy referral, case management, food pantry, and mentor programs).

**What did Mary do well?**

**What could Mary have done better?**



### *Role-Play: De-Escalation*

Role-play the following situation that is already getting out of control and try to de-escalate. Take turns playing each role, trying to practice de-escalation techniques based on the current reading of the scenario. The person playing the sister in the group will observe and take notes on what went well and what could be done differently. After you complete the role-play activity, switch roles and role-play again, repeating until everyone has a chance to play all roles.

- **MCR:** You just stepped into a home, and 15-year-old Johnny is screaming, beating on walls, and destroying furniture. You are thinking that it might take a while to manage these behaviors. You see whom you assume is his mother and another teenage youth in the room. You just found out that your work load has been expanded—even though you were already at your peak capacity—so you are already in a bad mood and feeling a little shaken. Whenever Johnny screams, you really just want to call 911.
- **Johnny:** You are a 15-year-old male who feels threatened by your sister's insults and aggressive behaviors toward you. You are hearing voices, and the medication that your mother gave you this morning is making you feel "out of it." As you are beating on walls and destroying furniture, a command voice just tells you to run out of the house and grab your sister by the neck, because "she is evil." On top of it all, a stranger just came into your home, so you are feeling very confused. The stranger who just came to your home has noticed you acting differently and is starting to ask you questions. You are contemplating following the voice's commands and are babbling aloud about grabbing her evil neck.
- **Claire:** You are Johnny's 13-year-old sister. You have been scared out of your wits for so long over Johnny's crazy behavior. You just want it to stop. You really hate him right now! You just want Johnny to be taken to the hospital, so you start trying to provoke some of the conflict so the MCR will call 911.
- **Johnny's Mother:** You are home with your son, Johnny, and daughter, Claire. You called the Crisis Call Center to come and take Johnny to the hospital. You feel that "there is no hope" for improvement with Johnny because of his crazy voices and aggression. You tell the MCR that "Johnny will never change."

**What could you do to de-escalate this situation?**





## Recognizing Situations That Require Additional Help

### *Recognizing When to Request Additional Help*

Calling law enforcement should be a last resort in a mobile crisis response, but there may be times when you need to do so. This section provides you with some direction on when to request additional help but be sure to always follow your agency directives first.

Law enforcement can, and sometimes has, influenced individuals' experiences of trauma (e.g., racial, community, etc.). By calling law enforcement, you are indicating that the **police** will decide what is going to happen to the youth who is experiencing the mental health crisis. Do not unnecessarily call on law enforcement. Remember, each county or region may differ in their standard procedures, so how law enforcement responds may be different. Not all law enforcement officers will have been trained in dealing with mental health crises.

**Remember: Once you call law enforcement and they arrive, you, the MCR, no longer control the situation.**

**What should you do BEFORE you get into a situation where you are considering calling law enforcement?**

If you do call law enforcement, try to prepare the family, if at all possible. Explain to them what to expect and help them understand possible outcomes.

Once law enforcement arrives, you may ask if the officer is wearing a body camera and ask them to turn it on, if it is not already activated. Everyone has the legal right to make this request as well as to obtain the card of the officer and the officer's supervisor.

**Notes:**

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***Recognizing When to Request Additional Help (continued)***

**What situations would require that you call law enforcement?**

**When the youth has run away from home, what can you do to help caregivers?**

**What should you do when the youth has moderately to severely injured a family member during a crisis?**



### *Activity: Getting Help*

Work with a partner to make a list of common situations in which you might need help. Then, make a list of resources available to call on for help in the situations you listed.

Situations Where You Need Help	Resources Available to Help



## Engaging the Family

### *How the Family Contributes to the De-Escalation Process*

You can use similar strategies, interventions, and communication for each stage of the escalation model, as well as your skills, to assist the entire family in de-escalating to a lower stage of the model.

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**Remember:** *When one person within the family is escalated, the entire family is in crisis.*

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**List some examples of when a family member inadvertently escalated a situation.**

**List some examples of when a family member helped de-escalate a situation. What did they do that helped?**



### *Practical Methods to Help the Family Identify Supports*

Engaging the family means welcoming the family in a collaborative, solution-focused discussion directed towards not only de-escalation, but also identifying supports. Help the family identify things they have to help, such as people, church, teachers, etc. (support factors) to lay a foundation from which they can become more self-reliant.

**List the support factors in the following table.**

Support Factors	Examples
	<ul style="list-style-type: none"><li>• Being aware of everyone's personalities, likes, dislikes</li></ul>
	<ul style="list-style-type: none"><li>• Family that lives nearby</li></ul>
	<ul style="list-style-type: none"><li>• Daycare/camps</li><li>• Connections with therapeutic providers</li><li>• Donation and food pantries</li></ul>
	<ul style="list-style-type: none"><li>• Church groups</li></ul>
	<ul style="list-style-type: none"><li>• Getting involved in athletics at school or in the community</li></ul>
	<ul style="list-style-type: none"><li>• Multi-Tiered System of Supports [MTSS]</li></ul>
	<ul style="list-style-type: none"><li>• Employee assistance program (EAP)</li><li>• Work schedule</li></ul>

**Notes:**

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***Activity: Supports***

Working with a partner, generate a list of questions that can be used to help families identify supports during/prior to a crisis.

Question	Type of Crisis to Support (if applicable)



## Safety Plans

### *Safety Plan Elements*

**What is the essential role of a safety plan?** (Refer to your pre-work on pages 12 - 14.)

**How do safety plans tie into de-escalation?**

**Notes:**

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***Exercise: Reviewing Completed Safety Plans***

Work with a partner to review two completed safety plans. Refer to Appendix B: Sample Safety Plans. Once you review each one, answer the following questions.

***Safety Plan 1***

**What elements does this plan include?**

**Where is this plan not adequately completed?**

**What could you do to help the youth complete the inadequate sections?**

***Safety Plan 2***

**What elements does this plan include?**

**Where is this plan not adequately completed?**

**What could you do to help the youth complete the inadequate sections?**





## Conclusion

### Course Objectives

The following are the learning objectives you have completed for this course:

- Describe the Mobile Crisis Responder role.
- Describe personal verbal and nonverbal cues that lead to crisis escalation.
- Recognize how our sympathetic nervous system influences our response to escalating situations.
- Recognize the stages of the de-escalation cycle to implement correlated interventions for each stage of a youth in crisis.
- List at least five communication techniques to use during a crisis to de-escalate, including building rapport.
- Recognize additional techniques for de-escalation beyond communication.
- Demonstrate the ability to de-escalate a crisis situation, alone and with a partner.
- Identify when additional help is needed.
- Recognize that de-escalation involves the whole family, not just the youth.
- List practical methods to help the family identify supports during and prior to a crisis.
- Identify ways to assist families in de-escalating situations in the future.
- List the elements of an appropriate safety plan.

**Notes:**

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***Activity: Wrap-Up***

**Select the objectives you feel you understand better than when you started the course.**

**Select the objectives you feel you need more research/practice to master.**

You can use this activity to gauge where you think you may want to focus on further research/practice after completing the course.



### Appendix A: De-Escalation Techniques and Reminders

- **Keep your voice calm and steady.**
  - There is no need to raise your voice, use sarcasm, or sound irritable/hostile.
  - Remember that the calmer you are, the more likely the youth may return to a calmer state.
  - If you are low and they are high, it will naturally encourage them to meet you in the middle.
- **Allow for silence and time for the individual to respond and/or process information.**
  - Many may experience silence as awkward and want to fill that space. However, that is a cultural perspective of the MCR as a professional or based on personal experiences.
  - Sometimes the best choice, and a powerful communication tool, is to give the youth silence to reflect on what is currently occurring and what has led up to the present moment.
  - Silence also provides the MCR with the opportunity to observe, scan the environment, and recognize any notable changes with the youth or family.
  - Silence does not have to go on for an extended period of time but do allow space for it.
- **Ask how you can help.**
  - MCRs may be seen as experts in delivering crisis response. However, the youth and family are experts in their household and themselves as individuals.
  - Just as the youth and family can learn from the MCR, the MCR can also learn from them.
- **Gently announce actions before initiating them.**
  - It is a best practice to inform the youth and family of your next steps, even something as simple as sitting or standing (e.g., "I am going to stand up now.").
  - Behavioral responses from MCRs without warning can be interpreted as abrupt and/or hostile.
- **Be empathic and nonjudgmental.**
  - Do not judge or be dismissive of the distressing feelings the person is identifying.
  - Remember that the person's feelings are real to them, whether or not you think those feelings are justified.
  - Respect those feelings, keeping in mind that whatever the person is going through could be the most important event in that person's life at the moment.
- **Be nonconfrontational in use of verbiage.**
  - Avoid using abbreviations or healthcare terms. Keep it simple and convey thoughts in a way that can be easily understood by anyone.
  - Do not patronize. Just because you are keeping the language simple does not mean that the person you are assisting is not intelligent. It is fine to say, "I can provide more detail into what I mean by that," or, "would you like to know more?"
  - Try to avoid challenging questions that bait you into the acceleration or escalation stages. Confronting or arguing with youth who ask challenging questions rarely results in de-escalation. Redirect their attention to the issue at hand to bring their focus back to how you can work together to solve the presented problem.



### Appendix A: De-Escalation Techniques and Reminders (continued)

- **Respond to the youth's expressed problems or conditions.**
  - Doing this will help create a sense of trust with the MCR. Facts are important, but how a person feels is the heart of the matter. Watch and listen carefully for the youth's real message.
  - It is fine to say what you observe or how things might seem, such as, "that must be scary," or, "I'm noticing that you are fidgeting with something. Are you nervous?" Supportive words like these will let the person know that you understand what is happening—and you may get a positive response.
- **Use "I" statements that place the focus on the communicator instead of the recipient.**
  - Such statements allow people to know in a nonthreatening way how the other person feels, why they feel that way, and what the youth can do to remedy the situation.
  - Here is an example:
    - Speaker – "That's dumb."
    - Listener – "I understand that you don't think that's important right now."
- **Set clear limits for youth and family to follow (verbal and behavioral).**
  - You might be asked personal questions by the youth and family.
  - Typically, individuals in an emergency want to know if the person responding can help or empathize with the experience.
  - Remember that too much self-disclosure is inappropriate and is more about you rather than the youth and families you are serving.
  - You can empathize to build rapport, but divulging many personal details is too much.
- **Identify the most important concern at that moment.**
  - There could be multiple layers to the emergency.
  - Strategically address everything with concern to safety (i.e., most at-risk to least).
- **Guide the youth and family toward identifying a plan of action to an acceptable crisis resolution.**



## Appendix B: Sample Safety Plans

### Sample Safety Plan 1

#### Know When to Get Help

What warning signs indicate you are beginning to struggle with your problem?

Headache

#### Coping Skills

What can you do, by yourself, to take your mind off the problem?

Take an aspirin

What obstacles might there be to using these coping skills?

I don't know

#### Social Support

If you cannot deal with your distressed mood alone, contact your trusted adults. List several people and their contact information, in case your first choices are not available.

Name	Phone Number/E-Mail/Address
Nobody	

#### Get Help from Professionals

If your problem persists or if you have suicidal thoughts, reach out to your professional support system.

<b>Local Emergency Number</b>	Don't know
<b>Professional Contact or Agency</b>	Don't know
<b>Suicide Hotlines in the United States</b>	1-800-SUICIDE 1-800-273-TALK 1-800-799-4889 (for deaf or hard-of-hearing) Crisis Text Line: Text Hello to 741741



## Appendix B: Sample Safety Plans (continued)

### Sample Safety Plan 2

If you sometimes struggle with suicidal thoughts, complete the following form. When you are feeling suicidal, follow the plan one step at a time until you are safe. **These feelings will pass.** Keep the plan where you can easily find it when you need it.

**What do I need to do to reduce the risk of me acting on the suicidal thoughts?**

Go to my mother for help

**What warning signs or triggers are there that make me feel more out of control?**

Voices in my head

**What have I done in the past that helped? What ways of coping do I have?**

Go to bed

**What can I do to help calm and soothe myself?**

Go to bed

**What will I tell myself (as alternatives to the dark thoughts)?**

These aren't real

**What would I say to a close friend who was feeling this way?**

You're going to be okay

**What could others do that would help?**

Stay with me when I'm scared

**Who can I call for support?**

Friend or relative:	Mom: 111-111-1111
Health professional:	Dr. Joe: 555-555-5555
Telephone helpline:	

**Where is a safe place I can go?** \_\_\_\_\_

**If I still feel suicidal and out of control:**

I will go to the: Hospital

If I can't get there safely, I will call: Mom: 111-111-1111



## **Appendix C: References**

Colvin, G. (2004). *Managing the Cycle of Acting-Out Behavior in the Classroom*. Eugene, OR: Behavior Associates.