



Virginia Department of
Behavioral Health &
Developmental Services

**WORKBOOK: PRE- AND
POST-LEARNING**

De-Escalation

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Pre-Work

Please read the following information and complete the activities prior to the *De-Escalation* course. We will discuss these topics in further detail during the class.

Mobile Crisis Responder Role

Mobile Crisis Responders (MCRs) are expected to consistently commit to the delivery of crisis interventions in the least restrictive manner while ensuring the safety of the youth and family. The ideal response time for most MCR crisis intervention is within one hour from the time of the call. Mobile crisis intervention services may be provided for a 72-hour period after the initial contact, during which the MCR does the following:

- Delivers immediate and direct intervention (either in-person or telephonically)
- Facilitates “warm hand-offs” to community services
- Provides other follow-up supports

MCRs may also provide Community-Based Crisis stabilization. These services are short-term services designed to support continued de-escalation and crisis stabilization following initial crisis intervention/response that are provided to an individual in their natural environment.

Ideal MCR

What does an ideal MCR look like to you? What characteristics and traits does the ideal MCR exhibit? You may list specific traits and characteristics, draw an image that represents the perfect MCR, or describe an actual person for this role.

Reflection

How well does the previous description/depiction represent you? (**Note:** All answers are private unless you choose to share with others).

What could you do to grow into any places in your ideal depiction that you do not feel represent you? What additional training or experience do you feel you need? How might you get that experience or training?

Additional Support, Training, or Experience Needed	How Can I Get that Support, Experience, or Training?

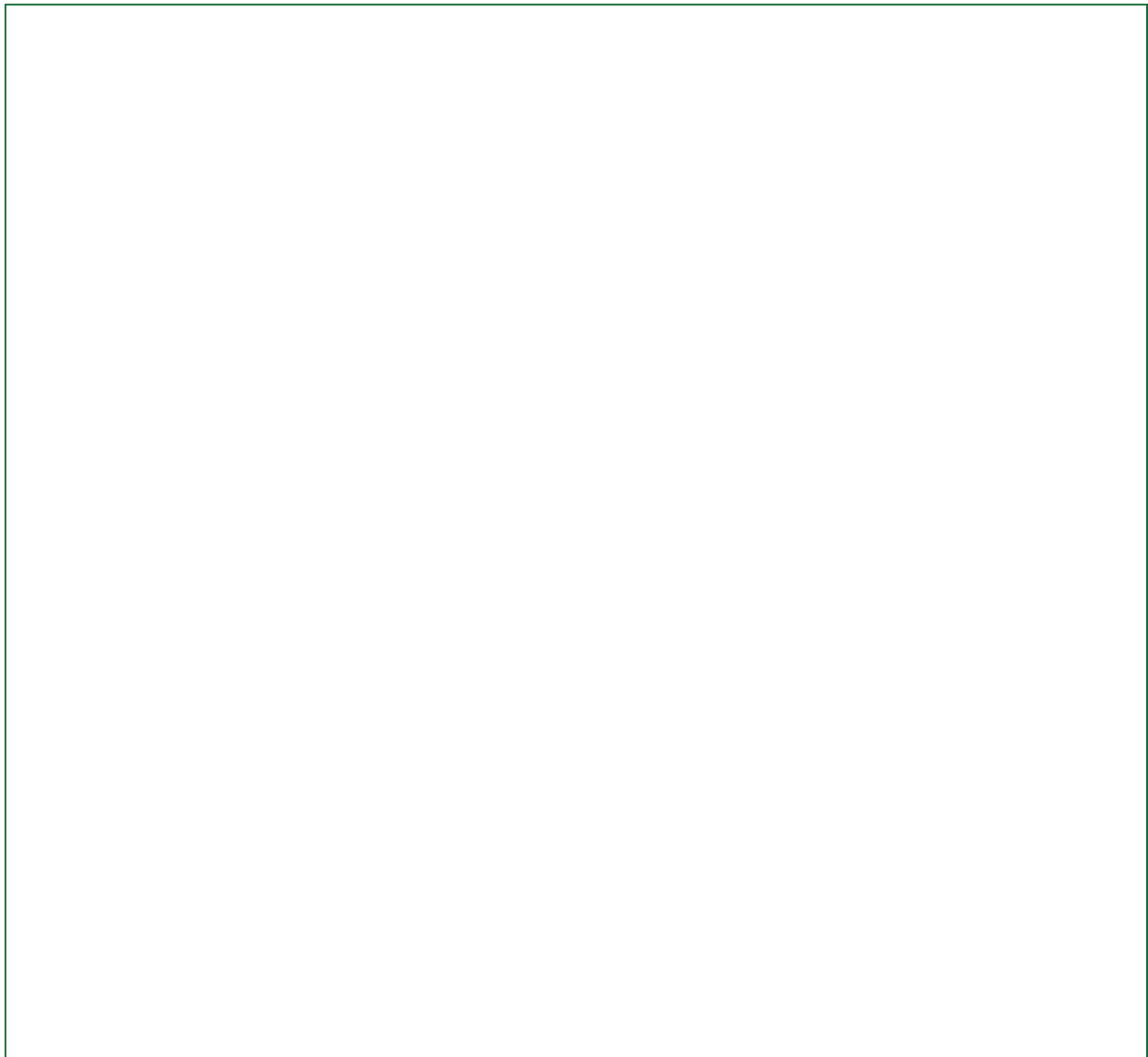
Real-Life Examples

For an example of how one community is using MCRs, please watch the Ted Talk from Leslie Herod, Colorado State Representative. Her talk from December 2020, "What if mental health workers responded to emergency calls?" can be viewed at the following link (9 minutes, 35 seconds):

https://www.ted.com/talks/leslie_herod_what_if_mental_health_workers_responded_to_emergency_calls

Reflection

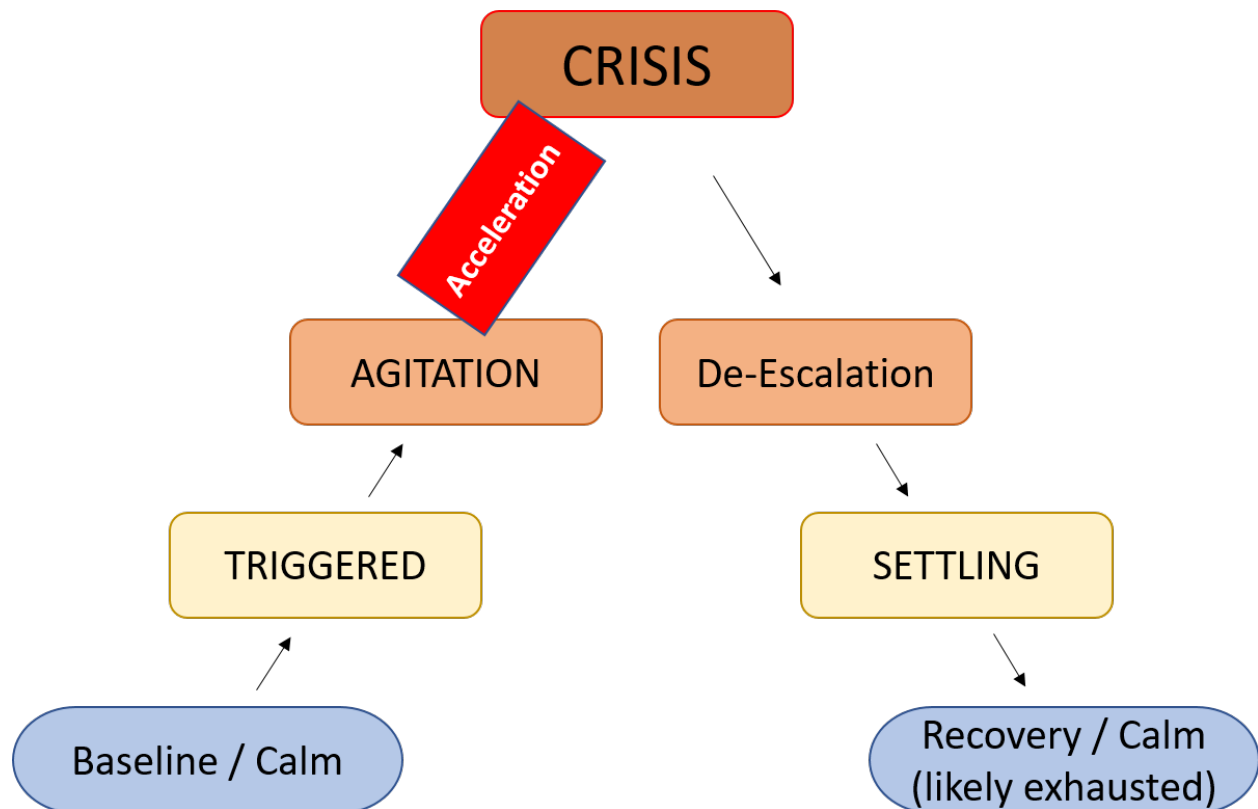
What did you learn from this video? How does this inspire you?

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Stages of Escalation

MCRs' primary responsibility is to improve the presented mental health situation. Effective crisis response addresses the mental health concerns strategically and sequentially. In order to reach this goal, MCRs should be knowledgeable of the commonly referred to escalation or de-escalation models that are derived from the work of Geoff Colvin (2004). Colvin conceptualized crisis behaviors as "acting-out behaviors" that occur on a seven-stage continuum leading up to and following a crisis. The escalation model presents guidance for MCRs to identify the stage of escalation the youth is demonstrating and implement interventions deemed most effective for the specific stage (see Figure 1).

Figure 1: Stages of Escalation/ De-Escalation Model



Baseline/Calm Stage

During the Baseline/Calm stage, the individual presents as calm and cooperative based on their usual affect. It is important to remember that an individual's baseline of behavior is a steady state of well-being typical to that person's affect and personality. Keep the following in mind:

- The overall goal is to keep the individual functioning in a calm, healthy state for the purpose of productive interactions with self, others, and the environment.
- Maintain a clear, consistent, productive environment and build rapport with the goal of teaching feelings identification, use of effective communication, and identifying adaptive coping tools to practice routinely.

What might this look like? What behaviors might you notice in this stage?



Triggered Stage

The Baseline/Calm stage cannot last forever; that is not a realistic expectation. There are a wide range of triggers that disrupt a person's Baseline/Calm state. Youth experiencing mental health crises usually have unresolved conflicts that trigger their escalating behaviors. It can be difficult to intervene unless there is a known trigger influencing the escalation. MCRs can best assist youth and families during this stage by identifying triggers influential to a specific youth's escalation. When triggers are identified and effectively addressed, it aids in guiding the family to work towards their baseline. This 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. Keep the following in mind:

- Focus on prevention and redirection of the youth's unsafe behaviors.
- If appropriate, remove or weaken the trigger's impact either through environmental adjustment or preparing the youth/family on how to cope with the trigger in the future.
- Assist the youth and family in using replacement tools and coping strategies to increase the likelihood of feeling as though a need is addressed or met.

- When working with nonverbal or low-communicative youth, it is helpful to identify precursors to the escalating behaviors, including, but not limited to, the following:
 - Any environmental changes that influence the youth's sensory sensitivity (e.g., temperature change, lighting adjustments, unwelcomed smells or tastes, hungry or sleepy feelings, texture of materials, etc.)
 - Modification to a schedule or routine that disrupts the youth's typical transitions from one activity to the next
 - An unmet demand that might include the youth not receiving something the youth asked for or expected to obtain

What might this look like? What behaviors might you notice in this stage?



Agitation Stage

When an individual reaches the Agitation stage of escalation, they are increasingly focused and upset about the unresolved trigger(s). The agitated individual might demonstrate avoidant behaviors that may come off as oppositional. During this stage, an individual's reasoning abilities begin to decline. It is critical to intervene as soon as possible. However, it should be noted that depending on how long the youth has been agitated, strategies that would have worked initially may not be as well received or could influence further escalation. Keep the following in mind:

- Focus on increasing the predictability and safety of the individual's environment by either removing the bystanders or keeping the individual in an isolated space with a preferred adult (e.g., caregiver and/or MCR).
- Verbalize instructions and questions calmly and concisely while utilizing non-confrontational nonverbal behaviors.
- Allow for silence, giving the individual time to process presented information, self-regulate, and respond to questions.
- Aid the individual in identifying and utilizing replacement skills and coping strategies.

What might this look like? What behaviors might you notice in this stage?

Acceleration Stage

Once the Acceleration stage begins, it could lead to a missed opportunity to prevent escalation to the peak of a crisis. Self-regulation coping strategies are very important at this time because the agitation is self-perpetuating. Accelerating behaviors by the youth often aim at engaging others to become triggered and/or to attend to the individual's maladaptive behaviors. Keep the following in mind:

- Pause rather than responding immediately to the youth's actions (if safe) in order to demonstrate your controlled, calm demeanor in contrast to the youth's intensifying state. Engaging in power struggles only further escalates the situation and demonstrates your inability to maintain emotional consistency and regulation.
- Remain focused on the agenda of de-escalation and remember that going back down to baseline is difficult for some and requires patience.
- Continue specific interventions utilized in the previous stages. Maintain calmness, respect, and detachment to the behaviors exhibited by the individual. In other words, check in with yourself and do not demonstrate that you are anxious (or irritated) to the youth and family. These accelerating actions are not about you, but rather more about the family's experience of emotional discomfort.

What might this look like? What behaviors might you notice in this stage?

Crisis Stage (The Peak)

When at the peak of an escalation, the youth has lost control of their emotions and behavioral responses. The youth's ability to think logically and rationally has further declined, making it extremely difficult for the youth to process information and make sound decisions. During the Crisis stage, the youth's fight, flight, or freeze response is activated. We will review the neurobiological processes of the body's crisis response later in this course. Keep the following in mind:

- The goal during this stage is to assist the youth with regaining control of their emotions.
- Attention should be directed towards maintaining a safe environment for the MCR, the youth in crisis, and surrounding family members (including pets).
- This is where safety precautions and procedures are implemented, as will be discussed in the *Safety* course.
- Allow physical space and time to respond and de-escalate.
 - This is not the time to discuss consequences or making threats.
 - It is fine to address the concern of safety and the desire to keep the youth safely in the home.
 - Do not chastise, minimize, threaten, blame, accuse, or assume. Trauma-informed care (TIC) is of the upmost importance for de-escalation.
- Provide reminders to yourself and family members that de-escalation is not a magic wand that works instantaneously, and no one calms down on someone else's time.
- Continue specific interventions utilized in the previous stages. Maintain calmness, respect, and detachment to the behaviors exhibited by the youth.

What might this look like? What behaviors might you notice in this stage?

Body's Response During Crisis

During a crisis, specific areas of the brain are modified by neurochemical stress response. The sections of the brain responsible for emotion, motivation, decision-making, and behavior are shown in Figure 2.

Figure 2: Brain Structure

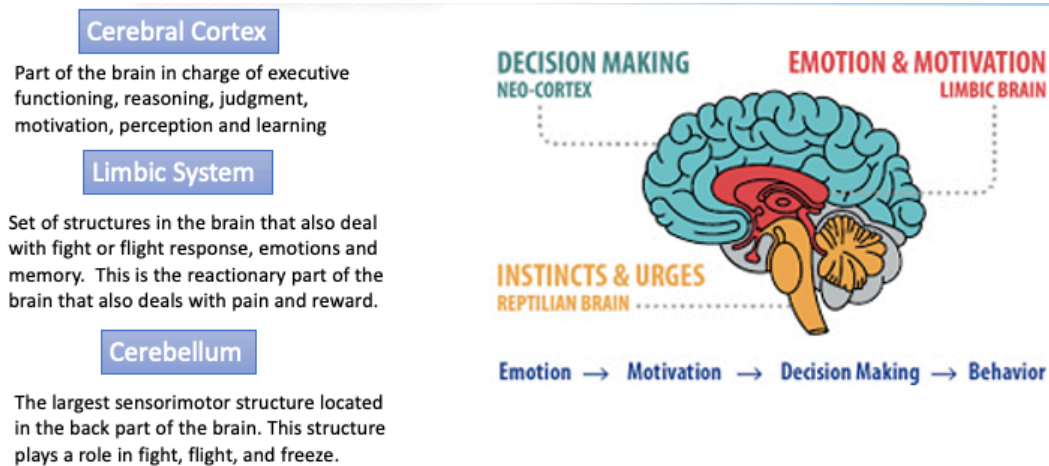
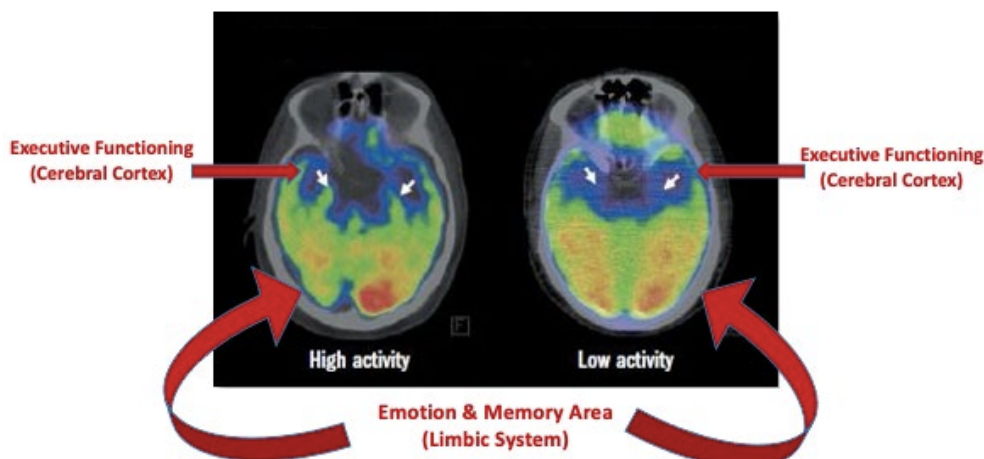


Figure 3 shows a PET/CT scan of a brain that highlights the areas of the brain that are changed with stress. The brain on the left is in crisis, as compared to a calm brain on the right.

Figure 3: Brain in Crisis vs. Calm Brain



During a crisis, a person's emotions are predominant, with logic taking a lesser role. A youth at a crisis stage of escalation has diminished emotional behavioral control, demonstrating a decreased ability to effectively problem-solve, as well as having an increased hypersensitivity to stimuli (both internal and external). They often have impaired awareness and recall of events.

Stages of De-Escalation

During de-escalation, the youth is past the peak of their escalation, the body is coming out of fight-or-flight mode, and behaviors are beginning to subside. The youth will begin to exhibit a decrease in energy or even present as exhausted. This is not uncommon given that the person's body just experienced a stress-related response to a triggering situation. Keep the following in mind:

- The primary purpose at this stage is to assist the youth in regaining composure by allowing for time and space, self-soothing, and the review of calming strategies.
- The timing of interventions is important for a supportive and successful progression towards the youth's calm state. This is when the MCR needs to be strategic with their skills and ensuring the use of TIC.
- You should continue specific interventions utilized in the previous stages. Maintain calmness, respect, and detachment to the behaviors exhibited by the individual.

Settling Stage

In the Settling stage, the youth visually presents as calmer and may verbalize requests (e.g., water). Stay focused on guiding the youth to a calm state. Keep the following in mind:

- Continue to provide time to recover from the escalation.
- Be observant of a reduced tense appearance, normal breathing, and readiness to appropriately respond to you and/or family.
- This is a good opportunity to present simple, easy-to-answer questions leading to safety screening and continuing to assist towards baseline. These include the following:
 - Yes or no questions
 - Likert question such as scale of 1-10 (with 10 being the most intense)

What might this look like? What behaviors might you notice in this stage?

Recover Stage (Calm)

When the youth returns to Baseline/Calm stage, the youth may feel embarrassed, remorseful, or ashamed. Sometimes the youth is not able to verbalize thoughts, feelings, or details regarding the “acting out behavior.” Keep the following in mind:

- This is when you should attempt to further assess and ask questions.
- Focus on debriefing and solution-focused discussion to transition the youth back on task with the assessment, safety plan, and/or restorative behaviors.
- Allow the youth to return to familiar activities/tasks.
- Try to return to the initial request if the trigger was a directive or denial of access to something desired, being cognizant of the following:
 - If applicable, do not negatively reinforce the escalation by taking away the initial directive or demand.
 - Do not negotiate consequences for serious or at-risk behaviors (e.g., restricted access to harmful items, activities, or reduced supervision).
 - Communicate a supportive outlook directed towards the youths’ success of de-escalating.
- Lead into safety planning.

What might this look like? What behaviors might you notice in this stage?

Safety Plans

The essential role of a safety plan is to help lower the risks of a behavioral health crisis, as well as provide strategies for the youth and family to use if a crisis were to re-emerge in the future. Improving a youth's projections for success requires not only good crisis response services, but also effective safety planning from the MCR and the family.

Safety plans are typically divided into multiple sections that include identifying the following elements:

- Triggers or Risk Factors
- Warning Signs
- Coping Skills
- Protective Factors/Trusted Adults
- Resources

Triggers, Risk Factors, and Warning Signs

You should lead a discussion with the youth and family about identifying the potential risks of a crisis, such as triggers, in order to better prepare them to recognize the following stressors:

- **Internal stressors** – occur within an individual
- **External stressors** – occur in the individual's surroundings

Internal/external stressors can include the following:

Internal	External
• Feelings	• Interactions with others
• Negative thoughts	• Schoolwork/home responsibilities
• Physical illness	• Room temperature or lighting
• Hunger	• Situations/environment (e.g., social)

Coping Skills

Similar to stressors or triggers, coping skills can be internal and external. MCRs are expected to help the youth and family identify coping skills that the youth can access and use. It is a good idea to identify coping skills for the youth's different daily environments (e.g., school, home, and community).

The following are some examples of internal and external coping skills:

- Internal (tools that only require yourself)
 - Positive self-talk or cognitive reframing
 - Deep breathing
 - Grounding
 - Progressive muscle relaxation
- External (tools outside of your body)
 - Stress ball or fidget tool
 - Sport equipment (e.g., basketball, weights, skateboard)
 - Art (e.g., literary, sketch, paint, sculpture, dance)
 - Playing with a pet

Protective Factors/Trusted Adults

MCRs typically concentrate on warning signs and addressing other deficits of the family, especially when the youth is "symptomatic." However, you should also include a focus on protective factors, specifically asking the youth to share which adults they trust to include in their protective circle of support. Review the following list of topics that you can broach to shed light on the youth's access to trusted adults:

- Steps the family can take in the future to prevent or address escalating behaviors
- Trusted adults and support to whom the youth and family can talk to when noticing warning signs
- Ways the family can reduce possible triggers/stressors
- Trusted adults inside and outside of the home

Resources

For the Resources section of the safety plan, you should cover the available, community-based mental health resources with the youth and family. You should share the following information:

- Local Crisis Call Center, local community services board emergency services programs, or 911, if there are immediate safety concerns
- National Suicide Prevention Lifeline – 1-800-273-TALK (8255)
- National Center for Missing and Exploited Children – 1-800-THE-LOST (1-800-843-5678)
- National Runaway Switchboard – 1-800-RUNAWAY (786-2929)
- Texting ACT to the Crisis Text Line at 741741
- Local crisis line number (National Alliance on Mental Illness [NAMI] Affiliate)
- Web sites which the youth and family can utilize

Creating a Crisis Kit

Youth who have experienced a crisis or reoccurring crises will benefit from developing a crisis kit that includes their safety plan, information folder, and a small tote bag or backpack with comfort-coping items, such as snacks, games, fidget tools, and/or books. They should keep this crisis kit in an easily accessible place in the home, car, and school. You can suggest that the family consider packing an emergency bag that includes a change of clothes and basic hygiene supplies that can be kept close to their front door or kept in the family vehicle in case a crisis occurs that requires a speedy transport to the Community Services Board (CSB) or emergency room (ER).

MCRs should instruct families to go over the plan with the youth, and if comfortable doing so, with the school social worker or guidance counselor. They should keep copies in several places (e.g., in a drawer at home or visible on the wall, in the glove compartment of the car, in their smartphone, on a bedside table, in their wallets, etc.).

Post-Work

Complete this portion of this workbook after attending the *De-Escalation* course.

Reflection

What are your key takeaways from the De-Escalation Class?

Toolkits


It may be helpful to have a toolkit that you can use to de-escalate situations (so you are not constantly reinventing the wheel). It may also help to have a toolkit you can give to youth and their families to help them de-escalate situations on their own.

Personal Toolkit

What strategies do you want to remember to use when you are working to de-escalate a situation? Try condensing these items into a small list you can print onto an index card so you can carry it with you.



What are some items you might want to keep with you to use in times of crisis? Can you make up a small bag of these items to carry with you?



Caregiver Toolkit

Use your knowledge of de-escalation techniques to help caregivers and families de-escalate situations. Put together a list of techniques that families could use in times of crisis. As you build this toolkit, keep your families in mind and what types of materials would serve them well (e.g., fliers, checklists, strategies, a list of items to include in a “crisis bag” they can keep handy, etc.).

A large, empty rectangular box with a thin green border, intended for the user to create their Caregiver Toolkit. It occupies the central portion of the page below the introductory text.

Once you have the list and ideas, create the toolkit in a format that you can easily carry with you and give to your families.

Getting Help

In the class, you began a list of situations in which you might need help, and listed the resources available to help.

Please complete the following list. Reach out to others (such as your supervisor, coworkers, or other agencies) for resources you might be able to use.

Situations Where You Need Help	Resources Available to Help