Managing a Crisis

How to prevent escalation, when to call for help,
and what to expect when help arrives

The following are notes from a presentation by Charlie Lerner, LCPC, manager of Crisis Intervention Services at Thrive Counseling Center in Oak Park.

A crisis intervention call usually starts with a call to 911. Police often have some level of training to de-escalate a psychiatric crisis, and will request a crisis intervention worker accompany them or meet them at the scene. It's important to tell the emergency services dispatcher that the crisis is psychiatric, not criminal, even if violence is threatened. If loud noises may alarm the individual in crisis, let the dispatcher know that police should approach without sirens.

"A typical scenario for a call is when somebody who is challenged with a mental illness has escalating symptoms because they have gone off their medication," Lerner said. "Either they or a family member or a neighbor call 911. Officers go in first to evaluate the situation, and then we come in."

Relatives should call for help whenever a situation is out of control or appears headed that way, and there is the potential that someone could be harmed. Lerner stressed that if you're unsure whether to call, it's best to err on the side of caution. Thrive handles 40 to 60 crisis interventions a month, Lerner said. Costs are covered by taxpayer funds, private insurance, or assessed on a sliding scale for those without insurance

"If you have a situation where symptoms are escalating and you think the situation is beyond your control or could go beyond your ability to handle, call 911. In the event a crisis intervention worker might be needed, it's good to have them there. You want to err on the side of caution because you don't want someone to get hurt."

Once a crisis intervention team is called, "there are only two possible outcomes," Lerner said. "An individual will be hospitalized or they won't."

Most police departments offer some training in managing a psychiatric emergency, and most have access to crisis intervention workers. It's wise to call before a crisis to ask how your local department handles psychiatric crises. The benefit of police training, even if it is only an hour a year, is that officers learn "there is a distinction between the acting out of a person challenged with a mental illness and a crime. In our experience, police show a pretty high sensitivity."

Someone with a mental illness who is not acting out of criminal intent will not be charged with a crime, he said.

A crisis intervention worker has 3 objectives:

1) To assess the situation by talking to police, the individual in crisis, family members and sometimes neighbors.
2) To stabilize the situation by defusing the crisis or hospitalization.
3) To refer the individual in crisis to whatever services or treatment can prevent future crises. These can include counseling, drug rehab or family therapy.

“We are governed by what is in the best interest of the client,” Lerner said. “We assess whether the person in crisis is at risk of harming themselves or others in the foreseeable future,” he said. “If we can answer that question yes, the person is going to be hospitalized.”

If the person in crisis is in high school or under 18-years-old, parents have the authority to choose hospitalization or to keep the child at home. If the individual is an adult, that crisis intervention workers or police can make that determination.

“We have the power to hospitalize an adult against their will,” Lerner said. This action requires that the person be transported to an emergency room any medical needs can be assessed and a commitment petition can be signed by a physician. In addition, a Uniform Screening and Referral form is completed at the hospital. With these documents, an individual can be involuntarily admitted to a psychiatric unit for 7 days; if the individual refuses to stay after 7 days, then a judge must rule on whether that individual is competent to be released.

If crisis intervention workers deem that an individual needs to be hospitalized or, parents of a juvenile make this call, “police will use whatever force is necessary. They will restrain the person and strap them to a gurney if that is necessary,” Lerner said.

Bizarre behavior is not enough to warrant hospitalization, but psychosis generally is sufficient. About 56% of crisis calls result in hospitalization.

Individuals transported from the Oak Park and River Forest area are generally taken to Oak Park Rush Hospital, the closest emergency room. After an initial evaluation, family members can request transport to any hospital in the Chicago area.

Lerner recommended several strategies that parents can sometimes use defuse a crisis:

1) Back away from a person in crisis. Everyone needs personal space, and someone in a psychiatric crisis needs more space than usual. If the person feels crowded, it may add to their feeling of being threatened.

2) Adjust your posture and gestures so you will not be seen as threatening. Stand with your body at a 45-degree from the person in crisis. Keep your hands at your sides or folded in front of you. Don't put your hands in your pockets.

3) Keep the tone and volume of your voice lower than the person in crisis. Model a tone/volume/demeanor you want them to adopt.

4) Don't make direct eye contact for more than a second. This can be threatening to a person who is psychotic.

5) Try to understand what they are feeling and respond to that. Ex: "I can hear that you're really scared. Is there anything I can do to help with that?" Or: "You sound really sad. Can I do anything to help?"

Crisis workers are also trained to assess their personal risk. They look around and to sure that there is nothing that could be used as a weapon against them. They position themselves so they can escape if necessary. They do not physically engage or restrain the client—that is the job of police. If they believe violence is imminent, they are instructed to flee.

Sometimes a crisis call comes because of fears that someone will attempt suicide. Lerner said crisis intervention workers look for three things:
1) Are they talking about suicide? (Ideation)
2) Do they have a plan?
3) Do they have the means to carry out a plan? Is there a gun in the house? Is there medication in the house in lethal quantities?

Ideation can be active or passive. Lerner said an example of passive ideation is stating: "I wish I could go to sleep and not wake up."

"A lot of people have thought about suicide, and there are a lot of reasons they would want to die, " he said. "But there are also a lot of reasons they would never do it—their religion, or not wanting to cause their family pain."

Crisis workers spend time talking to the individual to get a clear idea of what they are thinking. They look for future orientation—are they planning something next spring, next month? Someone who is truly suicidal seems absolutely hopeless, Lerner said. They feel intolerable pain, and suicide may seem like a coping mechanism to end that pain. It's important to engage the person and let them know you understand, while offering hope and other options to lessen the pain they feel.

"Contracting for Safety" a tool where individuals make a written or oral contract not to hurt themselves, has not been shown to work, Lerner said. However, making "A Plan for Safety" can be effective. It includes thinking out in advance what the person can do if they are feeling hopeless and suicidal. Ex: They could

call 911, a relative, a friend or neighbor. This plan is something concrete and manageable.

A few of the parents who attended the meeting have children with cognitive disabilities who have destructive rages. When these children have a crisis, they don't need hospitalization, but parents may need urgent assistance to protect other children and calm the raging child.

In such a situation, Lerner advised parents to call 911 and explain the disability and that a crisis intervention worker is needed. "If you are afraid it will escalate or you need another set of hands to contain it, we would respond," he said. "In that case, we would ask the parent, 'What will help here? What has worked in the past?' We wouldn't take the child to a hospital, because that's not what is needed."

Other Chicago area resources include: The University of Illinois Medical Center, where they have a program to treat first episode psychosis. The University of Illinois Medical Center Dept of Child Psychiatry has outstanding services in pediatric mental health. In addition the U of I Institute for Juvenile Research in Chicago has pediatric clinics for mood disorders, anxiety disorders and autism.