

Crisis Intervention Reference Guide for First Responders

Created in partnership with:



BENTON COUNTY
MENTAL HEALTH COURT



Ombuds for Behavioral
Health Svcs. Inc.



Interacting with
someone in a
psychotic crisis

Signs and
Symptoms of a
Mental Illness

Medications

Suicide
Prevention

Community
Resources

Interacting with someone in crisis...

ENSURE THAT YOUR SAFETY COMES FIRST!

PROCEED TO INTERACT AS YOU:

- Approach in a non-threatening manner
- Take your time. Listen. Be calm.
- Maintain supportive and appropriate tones
- Give simple requests and clear instructions
- Establish trust and rapport slowly
- Define inappropriate behavior
- Detail choices and/or consequences
- Refocus on the problem
- Ask how you can help them
- Use "I" statements

AVOID:

- Validating hallucinations
- Giving too many choices
- Taking things personally
- Asking "why?"
- Arguing, whispering
- Ridiculing, deceiving or touching

BE AWARE OF:

- Medication needs
- Non-verbal communication
- Suicide risks (thoughts, attempts, family history)

"What am I seeing that I shouldn't be seeing? What am I NOT seeing that I should be seeing?"

Someone in crisis might.....It helps if you

Be fearful.....Stay calm
Be insecure.....Be accepting
Be withdrawn.....Initiate non-threatening conversation
Be preoccupied.....Minimize distractions
Be overstimulated.....Lower your voice
Have poor judgment.....Not expect rational discussion
Experience paranoia.....Avoid arguing their beliefs
Feel lost or hopeless.....Refer to community resources
Have changing plans.....Be supportive
Become easily agitated.....Validate agitation
Have trouble with reality.....Be simple and truthful
Have changing emotions.....Stay focused, be flexible
Believe delusions are real.....Avoid arguing
Have little empathy for you.....Use empathy
Have trouble concentrating.....Be brief, repeat
Have low self-esteem and motivation.....Stay positive

Consider using distraction tools such as:

- Music
- Gum
- Cigarettes
- Coffee/water

In a crisis situation, or for immediate consultation, contact: Lourdes Health Crisis Services (509) 783-0500.

Signs and Symptoms of a Mental Illness

- Confusion or disorientation
- Diminished, exaggerated or muted feelings/emotions
- Strange behaviors (inappropriate dress, unusual social behaviors, etc.)
- Too much or too little sleep
- Significant unintended weight loss or weight gain
- Excessive or slowed movements
- Fatigue or loss of energy
- Feelings of worthlessness, helplessness, hopelessness, shame or guilt
- Difficulty concentrating
- Thoughts about death with/without a specific suicide plan or attempt
- Mania – great happiness, inflated self-esteem, racing thoughts, increased physical activity with little or no sleep
- Concrete thinking – interpreting things literally and having a difficult time with abstract thoughts or ideas

Anxiety Disorders

Anxiety Disorder:

- Panic
- Phobias (irrational fear of something with little actual danger)
- Generalized or excessive worry
- Heart palpitations, sweating, trembling, chest pain, nausea, shortness of breath

Obsessive Compulsive Disorder (OCD):

- Persistent unwanted intrusive thoughts, urges or actions that must be performed
- May involve safety concerns, repetitive behaviors or rituals which are time-consuming

Post-Traumatic Stress Disorder (PTSD):

- Exposure to actual or threatened death, serious injury, or sexual violence
- Recurrent, involuntary and intrusive distressing memories of the traumatic event(s)
- Irritable behavior with angry outbursts, flashbacks, reckless or self-destructive behavior

Other disorders

Autism:

- Deficits in social interactions such as recognizing social cues
- May not be able to communicate verbally
- Developmental delay

Attention Deficit Hyperactivity Disorder (ADHD/ADD):

- Hyperactivity, impulsivity, fidgeting, aggression, lack of restraint
- Difficulty focusing, forgetfulness, anger, anxiety, mood swings

Mood Disorders

Major Depressive Disorder:

- Appears sad, tearful or shows no emotion
- Thoughts of suicide
- Decreased interest in pleasurable activities
- No appetite or excessive appetite
- Fatigue
- Excessive sleep or very little sleep
- Feelings of worthlessness, helplessness, hopelessness, shame or guilt
- Trouble thinking, concentrating or communicating

Bipolar Disorder:

- Mania (inappropriate elation and euphoria, increased talking speed or volume, racing thoughts)
- Exaggerated self-esteem, grandiosity
- Decreased need for sleep
- Easily distracted
- Starting multiple activities but not completing any
- Excessive involvement in potentially destructive activities
- Rapid shifts between symptoms of mania and symptoms of depression

Schizophrenia and other Psychotic Disorders

The person has a distorted perception of self and/or the world

Delusions: “Fixed False Beliefs”

- Believes I am God, a movie star or the devil
- Feels I am being controlled/manipulated by outside forces such as the radio or the government
- Feels I am being talked about, perhaps in the press or on TV or spied on

Hallucinations:

- Seeing things that are not there
- Hearing things that no one else hears
- Can be experienced in any of the five senses

Disorganized Symptoms:

- Talking in sentences that make no sense or using nonsense words
- Shifting quickly from thought to thought
- Moving slowly
- Repetitive movements or gestures such as pacing, rocking, walking in circles

Negative Symptoms: “What am I *not* seeing that I should be seeing?”

- Lack of emotion or moods that don't fit the situation
- Unresponsive to questions
- Reduced energy or lack of motivation
- Poor hygiene and grooming
- Withdrawal from family, friends

Medications

[Brand name (generic)]

Mood stabilizers (intended to stop highs (mania) and lows (depression) from occurring; :

- Lithium
- Depakote (valproic acid)
- Lamictal (lamotrigine)
- Neurontin (gabapentin)
- Tegretol (carbamazepine)
- Topamax (topiramate)
- Trileptal (oxcarbazepine)

Anti-depressants:

- Celexa (citalopram)
- Cymbalta (duloxetine)
- Effexor (venlafaxine)
- Lexapro (escitalopram)
- Paxil (paroxetine)
- Prozac (fluoxetine)
- Wellbutrin (bupropion)
- Zoloft (sertraline)

Medications

[Brand name (generic)]

Anti-psychotics (used to manage psychosis; major tranquilizers; used to treat schizophrenia and bipolar disorders):

- Abilify (aripiprazole)
- Clozapine (clozaril)
- Geodon (ziprasidone)
- Haldol (haloperidol)
- Invega (paliperidone)
- Risperdal (risperidone)
- Seroquel (quetiapine)
- Zyprexa (olanzapine)

Benzodiazepines (“benzos”; primarily used to treat anxiety):

- Ativan (lorazepam)
- Klonopin (clonazepam)
- Librium (chlordiazepoxide)
- Valium (diazepam)
- Xanax (alprazolam)

It should be noted that many medications prescribed for treatment of mental illness are also used to treat other medical conditions not involving mental illness.

SUICIDE PREVENTION

Remain calm...Build rapport...
Listen...Show compassion...Offer support

ENGAGE IN CONVERSATION

- **Social isolation and loneliness-**
What do you like to do for fun? Who are you closest to?
- **Recent loss or stressful life event-**
What are the stressors in your life?
- **Terminal illness or chronic pain-**
Do you have a physical illness?
- **History of trauma or abuse-**
Have you ever been physically or sexually abused?
- **Prior suicide attempts-**
Have you ever attempted suicide in the past?
- **Family history of suicide-**
Do you know anyone who has committed suicide?
- **Substance abuse-**
Do you use drugs or alcohol?
- **Mental illness-**
Have you ever seen a mental health counselor?

ASSESS FOR RISK

DON'T BE AFRAID TO ASK THE HARD QUESTIONS:

THE MORE "YES" ANSWERS, THE HIGHER THE RISK

- Are you having thoughts of suicide?
- Do you have a plan?
- Do you have what you need to carry out your plan?
- Do you know when you would do it?
- Do you intend to commit suicide?

A LACK OF PROTECTIVE FACTORS INCREASES RISK

- What are your reasons for not?
- Who would be sad if you were gone?

HIGH RISK:

Serious Intent-Meticulous Planning-Lethal Method

LOW RISK:

Ambivalent Intent-Lack of Planning-Lack of Means

Lourdes Health Crisis Services is available for phone or in-person consultation by calling (509) 783-0500

1-800-784-2433 (suicide)

or

1-800-273-8255 (talk)

Mental Health Community Resource Information

Lourdes Health Crisis Services (formerly CRU) 783-0500

500 N Morain
Kennewick WA 99336

Benton County Mental Health Court 735-8476 ext. 3353
7122 W Okanogan 509-820-0006 after hours
Kennewick WA 99336

Catholic Family and Child Svc. 943-2590
2139 Van Giesen
Richland WA 99352

Chaplaincy Behavioral Health 783-7417
2108 W. Entiat Ave.
Kennewick WA 99336

Comprehensive Healthcare 412-1051
2715 St. Andrews Lp., Ste D
Pasco WA 99301

Day Spring Ministries 582-1011
2625 W. Bruneau Pl.
Kennewick WA 99336

Domestic Violence Services 582-9841
3311 W. Clearwater Ave. 24hr Crisis line: 800-648-1277
Kennewick WA 99336

Grace Clinic 735-2300
800 W. Canal Dr.
Kennewick WA 99336

Housing Resource Center 783-5284
7102 W. Okanogan Pl., Ste 201
Kennewick WA 99336

Lourdes Counseling Center 943-9104
1175 Carondelet Drive
Richland WA 99352

Mental Health Community Resource Information

Lourdes Cullum House 946-5918
208 Cullum Avenue
Richland WA 99352

Lourdes Desert Hope (Detox) 547-9000
1020 S. 7th
Pasco WA 99301

Lourdes PACT 545-4462
224 N 7th Ave
Pasco WA 99301

Lutheran Community Service 735-6446
3321 W. Kennewick Ave, #150
Kennewick WA 99336

Nueva Esperanza (TCCH) 545-6506
715 West Court
Pasco WA 99301

Support, Advocacy and Resource Center (SARC) 374-5391
1458 Fowler Street
Richland, WA 99352

Transitions 946-7115
1175 Carondelet Drive
Richland WA 99352

Tri-Cities Food Bank 586-0688
424 W. Deschutes Ave.
Kennewick WA 99336

Union Gospel Mission 547-2112
112 N. 2nd Ave
Pasco WA 99301

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**There is immense power when a group
of people with similar interests gets
together to work towards the same
goals.”**

-Koyenikan

Funded By:

