

Attachment A: Crisis Intervention Communication Strategies

- A. Staff Self-Awareness – It is vital that when staff respond to a crisis that they are aware of “self” including, but not limited to:
 - 1. Control your response.
 - 2. Be aware of your own body language; use non-threatening, non-verbal gestures and stances.
 - 3. Don’t take verbal insults personally as this will only manifest as a defensive or aggressive response.
 - 4. Recognize your personal feelings about when a patient is in crisis and how it affects you.
 - 5. Identify and avoid power struggles. Power struggles often result from a demand for compliance or an effort by staff to “gain control.” Body language and tone of voice communicate a message as much as words. Avoid “you” vs. “me” conflicts. Power struggles often result from staff’s goal that patients follow the rules vs. individualization of treatment.
 - 6. Be aware that your presence can be intimidating to a patient experiencing a crisis.
- B. Approach the Patient
 - 1. Treat the patient with courtesy and respect.
 - 2. Remain calm.
 - 3. Remain aware that patients who have mental illnesses may be overwhelmed by sensations, thoughts, frightening beliefs, sounds and the environment.
 - 4. Be aware of language, hearing and cultural differences, as well as, fear, shame and embarrassment the person may be feeling.
 - 5. Model how other staff positively interacts with patients who are in crisis.

C. Open Communication with the Patient

1. Speak in a clear, non-threatening manner.
2. Be sincere and honest.
3. Introduce yourself to the patient.
4. Only one person should speak to the patient at a time. More than one person speaking at a time can confuse a patient who is in crisis, particularly if they are also trying to manage symptoms such as auditory hallucinations.
5. Invite the patient to sit down. If possible, you should sit too; however, maintain safety.
6. Give direction in ways that positively engage the patient in the interaction.
7. Reassure the patient that they will be safe and you are there to help them.
8. Attempt to engage verbally as this suggests that verbal intervention is succeeding.
9. Convey the impression that you want to listen and what they have to say is important.
10. Acknowledge the significance of the situation to the patient.
11. Ask the patient how you can help.
12. Allow quiet time for the patient to respond; silent pauses are important.
13. Do not assume that a non-responsive person is not listening.
14. DO NOT PROMISE WHAT YOU CANNOT DELIVER.
15. Identify and use active listening skills when talking with the patient.

D. Use Redirection

If the patient is unable to calm him or herself; redirect the patient with strategies that have previously worked to calm the patient as outlined in his/her treatment plan. They may include, but not be limited to: re-orientation, re-positioning within the treatment environment, writing in a journal, listening to music, reading, watching TV, and/or if available and appropriate, making a phone call.