



- Look for behavioral signs, both physical and verbal, that indicate agitation
- This will be an EMOTIONAL EVENT, try to keep your emotions in check
- Be calm and speak calmly, and maintain a calm tone
- Use short sentences and simple language
- Give the patient time to process and respond before providing additional information
- Repeat directions and choices
- Provide reassurance that you want to help them regain control
- On not challenge, provoke, or insult
- C Listen to the person & be supportive
- Avoid continuous eye contact & avoid staring- Make eye contact, but not excessively
- Identify wants and feelings by listening to verbal and nonverbal cues
- What do you want & ask what is going on?
- Keep stimulation to a level low, try not to add chaos
- Move slowly, no sudden jerky movements, gently announce actions before taking them
- Give the person space if safe, don't corner the person

- Ask the person for some possible options or solutions.
- Avoid touching the person without permission.
- Be patient, don't argue, & don't judge the person.
- The goal is to mitigate the risk of harm to oneself and others while providing symptomatic relief that allows the patient to participate in their care.
- If you cannot deescalate the situation, leave the scene to protect yourself and others.
- If the situation feels unsafe, call the police (read the What to say to the police)
- Use non-threatening body language (visible, unclenched hands and slightly bent knees)
- Maintain at least 2 arm's lengths of distance
- Stand at an angle instead of facing directly
- On not fold arms or turn away
  - Don't whisper, joke or laugh This may increase agitation and/or trigger paranoia.

## Things that are not true!!

- Crisis comes out of nowhere; people just "snap."
  There is no history of unusual behavior.
- The key factor to crisis prevention is maintaining a position of power and authority so the escalating individual knows who is the "boss." That will calm them down.
- A good tactic in crisis prevention is explaining to the escalating individual that their situation is "not that bad". It will help them calm down.
- Telling them that their delusions or hallucinations are imaginary is helpful.

## Techniques to De-escalate a crisis

- . If you can't de-escalate the crisis yourself, call for help with the crisis line or police (inform them that a CIT trained officer is requested)
- If you don't believe there is an immediate danger, call a psychiatrist, clinic nurse, therapist, case manager, or others that are familiar
  with person's history.
- If the situation is life-threatening or if serious property damage is occurring, don't hesitate to call 911 and ask for immediate assistance.
- When you call 911, tell them someone is experiencing a mental health crisis and explain the nature of the emergency, your relationship
  to the person in crisis and whether there are weapons involved.
- Ask the g11 operator to send someone trained to work with people with mental illnesses such as a Crisis Intervention Training officer, CIT for short.



## Psychiatric urgent care centers:

- Connections AZ Urgent Psychiatric Care Center (UPC) 1201 S. 7th Ave. Phoenix, AZ 85007 602-416-7600
- RI International Recovery Response Center (RRC) 11361 N. 99th Ave. Peoria, AZ 85345 602-650-1212, press 2
- Community Bridges Community Psychiatric Emergency Center (CPEC) 358 E. Javelina Ave. Mesa, AZ 85210 1-877-931-9142
- Observation Services for Children and Adolescents (OSCA)
   St. Luke's Behavioral Health Center
   1800 E. Van Buren St. Phoenix, AZ 85006
   602-251-8535

RHBA- Mercy Care Grievance and Appeals If you prefer to file your grievance in writing, please send your complaint to:

Mercy Care Grievance System Department 4500 E. Cotton Center Blvd. Phoenix, AZ 85040 602-586-1719 or 1-866-386-5794 Fax: 602-351-2300