Crisis Prevention in Patient Encounters

HOPE Clinic Executive Board



Purpose

To better prepare **you**, the future health care provider!

To create a safe and respectful environment for yourself, those you work with, and those whom you serve.



Goals

- To learn how to identify behavior levels as a crisis develops
- To learn how to effectively intervene at different behavior levels
 - Verbal and nonverbal techniques
- To feel comfortable demonstrating/practicing CPI techniques



Protocol

- 1. Clinic Coordinator will introduce themselves to the CHUM Staff on duty.
- 2. If a patient presents, threatening themselves or others- contact Clinic Coordinator immediately!
- 3. Remove yourself from harm.
- 4. Clinic Coordinator will contact preceptors and CHUM staff to notify them of the situation.
- 5. Clinic Coordinator or CHUM Staff will call 911 for police assistance.
- 6. Student volunteers, preceptors, and Clinic Coordinator will debrief during clinic recap.



Crisis Prevention 101



Levels of Behavior

- Anxious
- Defensive
- Acting-Out
- Tension Reduction



Anxious

Behavior: fidget, pacing, withdrawn, talkative

Response: SUPPORTIVE

- Tone, volume, cadence
- Personal space
 - "Showing concern" or "Reacting"
 - Sit down, supportive stance



Defensive

Behavior: Challenging, confrontational, argumentative, non-compliant

Response: DIRECTIVE

- Release→ Let them blow off steam!
- Redirect; Give simple and clear instructions
- Rational Detachment
 - Don't take things personally
- Limit Audience



Acting Out

Behavior: Physically acting out, someone is a danger to themselves of others

Response: Intervene before it gets to this level



Tension Reduction

C- ontrol: Patient and clinicians involved need time to calm down and regain control

- O- rient to basic facts of crisis
- P- atterns, triggers
- I- nvestigate alternative ways to handle situation
- N- egotiate what you will do to avoid the situation in the future
- G- ive students involved support and encouragement



Vignettes

Drug Seeking

Often we get residents of CHUM approaching us to seek narcotics.
This can be anything from cough syrup with codeine, to oxy, etc.

Threat to self/others

 Less frequently, we may see a patient that threatens to hurt themselves or others.

Sexually Explicit

 Very often our female and even male volunteers get catcalled/hit on/approached/preyed on/what have you. It's often uncomfortable and difficult to prevent/dissuade.



Wrap-Up

- Thank you
- Post-survey

References:

http://www.crisisprevention.com/