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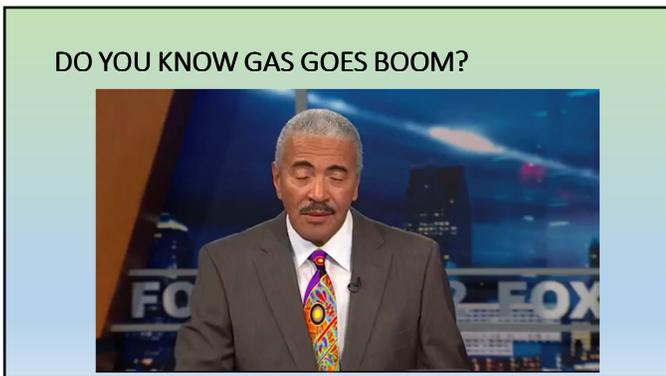
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“COMPEL” “WARRIOR”

“WIN” REPRESENT “FIGHT”

“ARGUE” “BATTLE”

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THINGS I'VE LEARNED

- Crises are barriers to the attorney-client relationship.
- It's the **our duty** to take the appropriate steps **to make the relationship work** with the client.



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**THINGS I'VE LEARNED**

Understanding what crisis looks like can assist you:

- Determining **necessary services** for the victim
- **Communicating crisis symptoms** to qualified professionals for diagnosis and treatment



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**AND A BIT OF GOOD NEWS...**



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LET'S TALK ABOUT STRESS



- Stress is a state of **mental or emotional strain** or **tension** resulting from adverse or very **demanding circumstances**.
- **Impact may vary.**
  - What stresses you may not bother me
  - Coping mechanisms (or lack of) determine response.
  - We develop coping mechanisms based on genetic and environmental factors

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WHAT STRESSES YOU OUT?




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COMMON STRESSORS: PATH TO CRISIS

- |  |   |
|--|---|
| Accidents  | Mental disorders  |
| Being arrested                                     | Changes in living conditions  |
| Appearing in court                                 | Additional family obligations   |
| Not having a support system                        | Retirement  |
| Changes in employment                              | Physical illness  |
| Change in school status                            | Natural disasters   |
| Death of a significant person in the person's life | Sexual dysfunction  |
| Relationship troubles                              | Money problems  |
| Substance abuse                                    | Loss or impending loss of something significant in the person's life. |

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### COMMON STRESSORS FOR OUR CLIENTS



- **Incarceration**
  - Isolation from friends and family
  - Difficult interactions with other inmates
  - Dietary and sleep pattern changes.
- **Disruption of routine**
  - Time spent in court
  - Loss of job
  - Loss of home
- **Uncertainty**
  - When will it all end?
  - How will it all end?
  - When will my life return to normal?

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### COMMON STRESSORS FOR OUR CLIENTS

- Financial concerns for dependents
- Substance abuse withdrawal
- Untreated mental health disorders
- And on, and on, and on...



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### CRISIS (DEFINED)

cri·sis  
\krīsis/  
noun

A time of intense difficulty, trouble, or danger.

**Results from stress and tension in a person's life.** As stress mounts to unusual levels and coping skills are ineffective, and crisis occurs.

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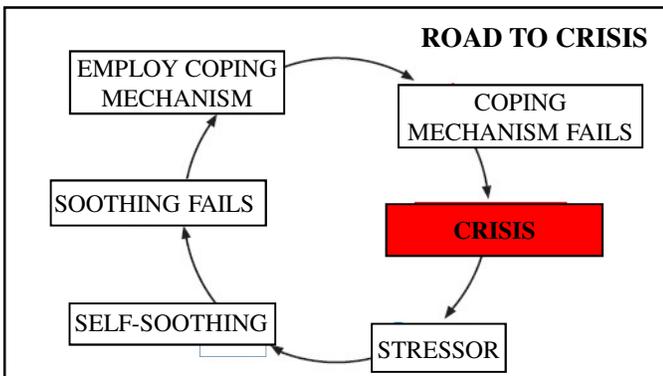
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### ROAD TO CRISIS



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### COMMON SIGNS OF REACTION TO STRESS

- |  |                       |
|--|-----------------------|
| Preoccupation with the crisis to the exclusion of other areas of life          | Depression            |
| Diminished performance or function   | Anxiety               |
| Poor concentration   | Sleep disturbances    |
| Change in activity or appetite   | Increased fatigue     |
| Deterioration of memory  | Irritability          |
| Confusion  | Anger or Hostility    |
| Withdrawal   | Authority Issues      |
| Excessive use of sick leave, or physician visits with non-specific complaints. | Hysterical reaction   |
|  | Alcohol or drug abuse |
|  | Cognitive distortion  |

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AM I INTERACTING WITH SOMEONE IN CRISIS?

- Is the individual exhibiting any of the common signs of stress?
- How are they communicating distress?
  - Verbally or nonverbally
  - Crying out/Exploding
  - Withdrawing
  - General symptoms of anxiety or depression




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AM I INTERACTING WITH SOMEONE IN CRISIS?



- Is the behavior normal for the individual?
- If normal, is the behavior exaggerated?
- How do we know?
  - Friends
  - Family
  - Employers or Co-workers
  - Counselors
  - Our co-workers

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AM I INTERACTING WITH SOMEONE IN CRISIS?

Look for Verbal Cues

- Bewilderment:** "I never felt this way before."
- Danger:** "I am so nervous and scared."
- Confusion:** "I can't think clearly."
- Impasse:** "I feel stuck; nothing I do helps."
- Desperation:** "I've got to do something."
- Apathy:** "Nothing can help me."
- Helplessness:** "I can't take care of myself."
- Urgency:** "I need help now!!!"
- Discomfort:** "I feel miserable, restless, and unsettled."




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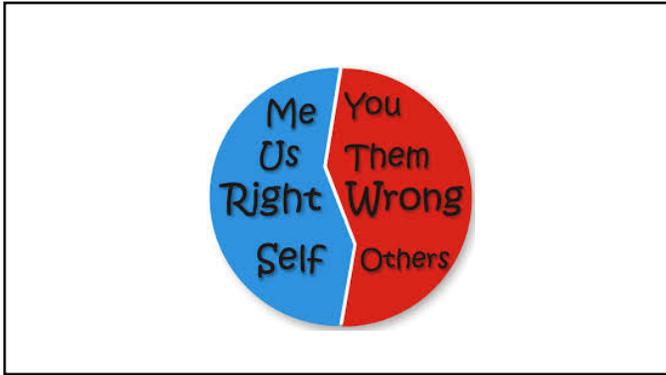
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<p>“SHE’S AN <b>ABUSE VICTIM</b> SO SHE CRIES ALL THE TIME.”</p>	<p>“I CAN’T STAND REPRESENTING SEX OFFENDERS, THEY <b>ARE SUCH CRY BABIES.</b>”</p>
<p>“GOOD JOB HANDLING THAT <b>DIFFICULT CLIENT!</b>”</p>	
<p>“SHE’S <b>CRAZY</b>, JUST IGNORE IT WHEN SHE YELLS!”</p>	<p>“HE IS <b>UNDIAGNOSED ADHD</b> SO HE CAN’T SIT STILL.”</p>

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### OWN YOUR BAGGAGE



- What could someone say to you that would elicit an angry reaction?
- Why does it evoke this response?
- What are some "hot button" issues that you have heard co-workers express?
- Why do you think they find this offensive?

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### IDENTIFY YOUR "HOT BUTTONS"

- Create a list of "hot button" issues for yourself. Think about why those bother you.
- By doing this...
  - You are aware that they exist
  - You take away their power




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### DON'T FORGET TO...

- **Practice Deep Breathing.** Use the 4-Count Method.
  - Inhale on a 4 second count.
  - Hold for 4 seconds.
  - Exhale on a 4 second count.
- **Relax.** Don't make your stress another stressor for the crisis victim.




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### CLEAR THE MACHINE



Tell yourself:

- "I have all the time I need to help with the problem."
- "I have the skills necessary to address this problem."
- "I have resources available to assist me in assisting this person."
- "My goal is to communicate, not conquer."
- "Regardless of what is said, this is not about me."
- "I don't have to give back what I get."

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### "DIFFICULT" BEHAVIOR IS OFTEN ROOTED IN CRISIS

Negative behaviors can be the result of:

- mental illness
- substance abuse
- expressed coping mechanisms




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### ASK YOURSELF...



"Should I intervene?"

- Remain centered and ready.
  - Intervention isn't always necessary. The person may eventually self-calm.
- Be present.
  - People don't want to feel alone.
  - Being and staying there with them in the moment can be enough.

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DO NO HARM



“HURRY SLOWLY”

The individual already believes that there is no time and no hope to solve the problem. Don't compound the issue.

- **No artificial deadlines**
- **No unreasonable expectations** for outcomes.
- All action should **be calm, swift, and purposeful.**

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AND FINALLY...



- **Respect.** Always treat people as human beings, not just cases.
- **Recognize.** Intervene within the limits of your background. Ask for help when you're over your head.
- **Partner.** When possible, intervene with someone else, especially in cases where there is more than one crisis victim.
- **Persist.** Once you begin to intervene, don't stop. Discontinue only when you are relieved by someone with greater skill than your own.

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Let's Begin!

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### WHAT IS DE-ESCALATION?



#### EMOTIONAL FIRST AID

- **Recognize** the problems
- **Stabilize** and slow the emotional bleeding
- **Transfer** the individual to a qualified professional for diagnosis and treatment.
- **Follow-up** with the individual after diagnosis and therapeutic treatment.

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**rec·og·nize**  
/ˈrɛk.əɡ.nɪz/

verb

verb: recognize, 3rd person present: recognizes, past tense: recognized, past participle: recognized, gerund or present participle: recognizing; verb: recognise, 3rd person present: recognises, past tense: recognised, past participle: recognised, gerund or present participle: recognising

1. identify (someone or something) from having encountered them before; know again.  
"I recognized her when her wig fell off."  
• identify from knowledge of appearance or character.

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### RECOGNIZE



- **Safety First.**
- **Single point of contact, at least initially.**
- **It's not just about what's being said...**
- **Understand the issue(s).**

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RECOGNIZE

- **Evaluate on the on the spot.** Be quick, accurate, and comprehensive enough to understand what you are observing.
- **Not a social history.** Focus on the present crisis and the events that occurred in the last 48 hours. What started this?
- **What's missing?** What would normally be said or done by someone in a similar situation?




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RECOGNIZE



- **Allow the crisis to be their crisis.**
  - **Crisis is in the eye of the beholder.** The way the victim perceives the world is their reality.
  - **Accept their right to feel how they feel.** The way they see the world right now is real to them.
  - **Look for islands of sanity.**

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RECOGNIZE



- What is troubling the person now?
- Why did they go into crisis at this particular time?
- Which problem is of most immediate concern?
- Which problem must be dealt with first?
- Which problems can be immediately managed?
- What variables will hinder the process?
- How can I help the most in the least amount of time?

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**sta·bi·lize**  
/stəˈbɪlɪz/

**verb**

verb: **stabilize**, 3rd person present: **stabilizes**, past tense: **stabilized**, past participle: **stabilized**, gerund or present participle: **stabilizing**; verb: **stabilise**, 3rd person present: **stabilises**, past tense: **stabilised**, past participle: **stabilised**, gerund or present participle: **stabilising**

make or become unlikely to give way or overturn.  
"the craft was stabilized by throwing out the remaining ballast"

- make or become unlikely to change, fail, or decline.

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**STABILIZE**



**GOALS**

- Relieve anxiety
- Eliminate anger
- Prevent further disorientation
- Enable problem-solving
- Ensure the victim does not harm self or harm others.

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**BREATHE**

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### ENGAGE



- Use a **“door opener”** Be direct, don’t create opportunities to close the door.
  - This—“John, I can tell that something is bothering you today. Let’s sit down and talk about it.”
  - Not this—“Hey, John. What’s wrong? Do you need to talk?”
- Create a **private space** without an audience.
  - Onlooker anxiety
  - Energy drawn from the crowd.
  - Losing face.

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### STAND AT AN ANGLE



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### POSITION

- One foot in back of the other with the back foot at a **45 degree angle** with space between your legs.
  - **Engages** and shows that you’re interested
  - **Less confrontational** than squaring off
  - **Decreases reaction time**, if reaction is necessary.
- Keep your hands in plain sight



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**POSITION**

- **Encourage sitting.** Sitting eliminates pacing, and pacing can stimulate.
- **Last one standing.** If the person refuses to sit, remain standing.
- **Equality, not authority.**
- **Lean in** to show you're interested in what's being said
- Watch for escalation and **remain prepared** to move away




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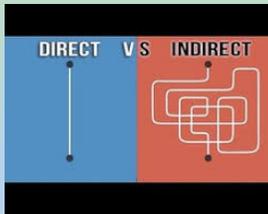
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**DISCUSS**

- **Get them talking. Keep them talking.**
- **Conversation, not cross-examination.** Ask short direct questions, one at a time. Allow space for a response.
- **Don't interrupt.**
  - Don't interject an argument.
  - Don't try to talk over the person.
  - Don't offer suggestions until they have said their piece.




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**DISCUSS**

- **Everyone gets a turn.**
  - Allow each person to speak without interruption.
  - Set ground rules and be clear that they be followed.
- **You're not a mind reader.** Clarify, don't assume.
  - "Tell me more about that"
  - "Take your time, I really want to know what is going on"
- **Use "I" and "we" language** rather than "you."




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**DISCUSS**

- **Be honest.** Trust builds confidence.
  - If you don't know say so.
  - Do not promise things that cannot happen.
- **Be clear and concise** in your message.
- **Accentuate the positives, eliminate the negatives.**
- **Don't impose your values.** Avoid judgements, preaching, and arguing.




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**DISCUSS**



- **Listen and sum up.**
  - Given a chance, most people will speak.
  - Listen attentively and reflect feelings.
  - Paraphrase what you are hearing.
- **Seek input.** Often the person will have a solution for their problem.
- **Brainstorm all the possibilities.** Irrational ideas are sometimes exposed and disappear when heard out loud
- **Get feedback.** Ask the victim to find out if you're on the right track.

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GUIDE



- **Don't be intimidated.** Allow them to speak freely and ventilate feelings.
- **This too, will pass.** Help them see the crisis as temporary.
- **What happened last time?** Ask how traumatic events were managed in the past and help draw from past successes.
- **I believe in you.** Look for opportunities to reinforce their strengths and positive qualities
- **Change of scenery.** If you can't remove the crisis from the person, remove the person from the crisis

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MOVE SLOWLY AND SMOOTHLY

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GUIDE

- **Empathy, not sympathy.**
- **Be the calm you wish to see.** Use personal presence, strength, control, and demeanor to provide the calm they need.
- **Avoid rapid, jerky movements.** Agitated people startle easily.
- **Maintain personal space.**
- **Use your eyes and voice.**
- **Poker face.** Avoid reacting to the victim's anger by showing frustration, anger, fear, or hostility.




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### GUIDE

- **Focus the conversation.**
- **Apologize.**
  - Accept legitimate complaints and criticism.
  - If the person is partially right, concede the point.
  - If they will not accept the apology, move on.
- **Change the subject.** Draw them into a conversation about a benign subject.
- **Everybody wins.** Offer multiple positive options.




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### SET A DIFFERENT TIME TO TALK?

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### RE-EXAMINE

- **If things are going well, continue toward referral.**
- **If not...**
  - **Take a break.** Acknowledge that things are not going well and take a short break.
  - **Make an interaction exit plan for everyone.** Determine how you will disengage and what each of you will do after.
  - **My fault, not yours.**
    - "I'm having trouble concentrating."
    - "If we continue, I'm not going to make much sense and nothing will be resolved."




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SEPARATE



It ain't over 'til it's over.

- **Withdraw strategically.**
  - Give a reason.
  - Set another time to talk
  - Disengage and don't dwell.
  - Keep your promise to meet.
- **Consult with others prior to the next meeting.**
  - Where did things go wrong?
  - What part of the problem am I?
  - What can I do differently next time?
  - Am I the most qualified to assist?
  - Who else should I involve?

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RESOLVE

Help the parties to the crisis make an agreement on the plan to resolve the crisis by answering

- Who?
- What?
- Where?
- When?
- Why?
- What if?
- How much?




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RESOLVE



- **Offer hope** that solutions are possible
- **Develop options**
- **What part do I play?**
  - Assure them that you want to help.
  - Ask what they want or need you to do.

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### RESOLVE

- **Take responsibility and take over.**
  - Sum up the situation
  - Give instructions
  - Have them wait while you take care of the situation.
  - Be specific about when you will return with results
  - Provide progress updates
  - Inform the of what you are unable to do.
- **Stay engaged.** If there is legitimate concern that leaving might result in harm to them or someone else, otherwise...
- **Don't back them into a corner.** If they try to disengage, let them. Leaving can be an attempt at calming




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### re·fer·ral

*/rəˈfərəl/*  
noun

- an act of referring someone or something for consultation, review, or further action.
- the directing of a patient to a medical specialist by a primary care physician.
  - a person whose case has been referred to a specialist doctor or a professional body.

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### REFERRAL



- Be familiar with the resources that are available.
- Investigate possible referral sources.
  - Contact local hospitals and community mental health facilities about requirements for admission and treatment.
  - Visit agencies in the community that provide assistance to crisis victims.

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**REFERRAL**

Ask:

- Do they accept referrals?
- Is crisis a high priority?
- What services are provided?
- Is the agency a 24 hour facility?
- What are their fees and accepted methods of payment?
- Is transportation available to and from the facility?
- What will they need to give feedback when an intervener tries to follow after the referral?




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**WHEN MAKING A REFERRAL**



- Give the referral information slowly, clearly, and concisely. Repeat.
- Print the information about the referral source for them.
- Carefully review the information with them.
- Make contact with the referral agency by placing the call with them.

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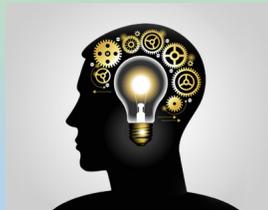
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**WHEN MAKING A REFERRAL**

Before they go...

- Is the information your provided clear?
- Is there any reason that would keep them from making contact with the agency, or keeping an appointment once it is set?
- Identify problems and deal with them on the spot.




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**fol·low-up**  
/ˈfɔːl.oʊ.əp/

*noun*

a continuation or repetition of something that has already been started or done.

- an activity carried out as part of a study in order to monitor or further develop earlier work.  
"follow-up interviews"
- further observation or treatment of a patient, especially to monitor earlier treatment.  
"patients who require proper medical follow-up"

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**FOLLOW-UP**



- If they have not made contact with the referral agency, find out why.
- If necessary, deal with reasons for not contacting referral agency.
- Re-refer as appropriate.

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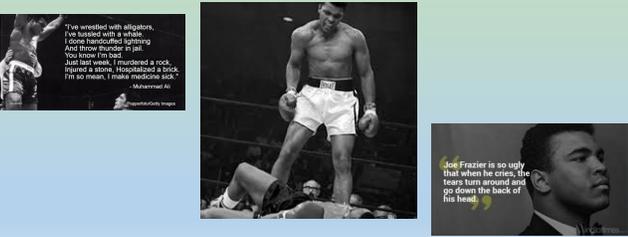
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**The Greatest...**



*"I've wrestled with alligators,  
I've bussed with a whale,  
I gone handcuffed spinning  
And throw thunder in jail.  
You know I'm bad.  
Just last week, I munched a rock,  
punched a man, hospitalized a doc,  
I'm so mean, I make medicine sick."*  
- Muhammad Ali

*"Joe Frazier is so ugly  
that when he cries, the  
tears turn around and  
go down the back of  
his head."*

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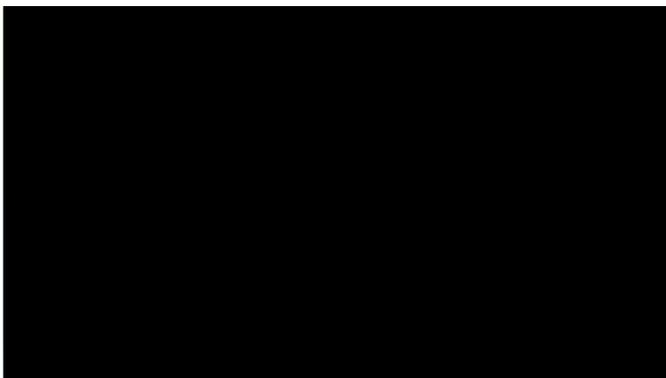
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# Questions?

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