

14: CRISIS PREVENTION

Time:	45 min.
Format:	Lecture, video, discussion
Materials:	PowerPoint, Video: "Raymond Smith: Crisis Prevention," Handout: "Crisis Prevention," flip chart and markers
Competencies:	<ul style="list-style-type: none">• Describe general communication strategies that can be used to prevent situations from escalating to a crisis.

Description

This module explores strategies to prevent risky or concerning situations from becoming full-blown crises. A video with an expert will highlight the power that correctional staff have in creating the environment in a correctional facility, which can directly affect the chance of crisis. Also, a targeted discussion about an incarcerated man named Justin, a person with a serious mental disorder, will explore how to use best practices in difficult situations.

Before Training

Print out enough copies of the handout "Crisis Prevention" so that every participant may have one.

During Training

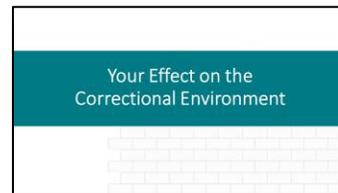
Your Effect on the Correctional Environment



Set Up

Begin by saying:

Correctional environments are complex, but you have a big role in creating the day-to-day environment in your workplace. You have power and influence you may not know about.



Transition by saying:

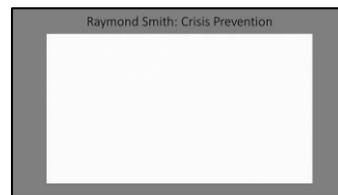
What is that power? And what is the power of your choices?
Mr. Smith has some examples for us.

Video

Play the video "Raymond Smith: Crisis Prevention."

Facilitate the discussion with the following questions:

- Have you been aware of moments at work when you can choose to escalate or de-escalate?
- How can showing respect be powerful in keeping a calm environment?
- Do you feel you have the power to prevent some crises?



Discussion

Give out copies of the handout "Crisis Prevention."

Say:

Let's look at this handout and discuss which of these suggestions may be useful in your workplace.

Work through the four items on the handout. After each item, ask participants what they think about its usefulness. How would they use it in their particular workplace?

Transition by saying:



Let's pull together a number of ideas about crisis prevention by thinking about a particular person.

Justin, When He Doesn't Take His Medications

Lecture

Read the following scenario with Justin's first picture on the screen:

This is Justin. Justin is in his 50s and is serving ten to fifteen years. Justin is difficult to handle. He's been diagnosed with paranoid schizophrenia and has been prescribed medication. But he doesn't take it consistently.



When he isn't on his medication, he is completely unpredictable. When in the grip of his psychosis, he hears voices whispering to him and constantly feels like someone is sneaking up on him. So he often randomly lashes out with his fists or feet, trying to fend off his perceived stalkers.

He's easily triggered into rage and can suddenly become argumentative with COs, shouting and flailing his arms.

He's incredibly disruptive, often violent, and disliked by his peers.

Discussion

Say:

- What are some challenges that occur when Justin doesn't take his medications?
- What are the risks of having Justin under your watch?
- What do you think a crisis with Justin might look like?
- How do you think you could prevent him from having a crisis?

NOTE: Answers to the last question could include: by asking if he's taking his meds, using examples from the crisis

prevention sheet, other ideas from other modules that you've taught the group earlier. Please make certain they offer specific examples and actions they could take.

Justin, When Taking His Medications

Lecture

Say:

Ok, we've talked about Justin when he's not using his medication, which is very challenging. So, what is he like when he **does** take his medication?



Read the following scenario and show Justin's second picture on the screen:

When Justin takes his medication, he's an utterly different person.

The medication certainly calms him down. When he takes it, he's not violent or argumentative. He doesn't hear voices or feel constantly watched and afraid.

However, the medication has some side effects.

The one that's most obvious is that he becomes unfocused and unmotivated. He can be hard to rouse from sleep, or hard to transition from one part of the day to the next.

COs often feel they have to hustle him and raise their voices to get him to pay attention and do what he has to do. They often have to repeat themselves to get him to comprehend and act on what they're saying.

He's definitely less dangerous, but perhaps just as frustrating.

Discussion

Say:

So now we see that Justin actually presents TWO sets of challenges. What are the challenges when Justin takes his medications?

Where do the risks come from? (NOTE: Answers may include that Justin may withdraw or become isolated, worsening his condition. There may be other medications that would reduce problematic behavior without so many side effects. Since Justin can't focus, COs might become aggravated or use excessive force. Also, other incarcerated people may be frustrated with him and take it out on him physically or socially.)

How could you prevent this kind of crisis from happening? (NOTE: Answers may include alerting mental health staff about potential negative reactions Justin may be experiencing, cautioning other COs to be patient, keeping an eye on Justin in his interactions with other incarcerated persons).



Conclude discussion:

How do you think having mental health services involved would help? What could you do at your workplace to alert mental health staff or to coordinate with them?

Conclude module by saying:

What's better than handling a crisis well? Not having a crisis in the first place, right?

A good CO can head off a crisis before it starts, when possible.

Some crises can be prevented and now you have more tools to use.

SOURCES

Module 14

Drapkin, M. (2009). Management and supervision of jail inmates with mental disorders. Kingston, NJ: Civic Research Institute.

Klugiewicz, G. (2011). Responding to mentally ill inmates: The best way to keep everyone safe is to properly train your staff for emotional, medical, and psychological emergencies. Klugie's Correctional Corner. Retrieved online 3/21/2017 at <http://www.correctionsone.com/correctional-psychology/articles/4540353-Responding-to-mentally-ill-inmates/> .

Mental Health First Aid Australia (2014a). Non-suicidal self-injury: First aid guidance. Melbourne, Australia: MHFAA.

Mental Health First Aid Australia (2014b). Suicidal thoughts and behaviours: First aid guidelines. Melbourne, Australia: MHFAA.

National Institute of Corrections (2010). Crisis intervention teams: A frontline response to mental illness in corrections. Washington, DC: NIC.

Richmond, J., Berlin, J., Fishkind, A., Holloman, G., Zeller, S., Wilson, M., Rifai, M., and Ng, A. (2012). Verbal de-escalation of the agitated patient: Consensus statement of the American Association for Emergency Psychiatry Project BETA De-Escalation Workgroup. *Western Journal of Emergency Medicine*, 13(1), 17-25.