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# Becoming Captain: The Art of Leading an Intervention During a Mental Health Crisis

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# Journey Towards Becoming Captain of Your Boat

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# What is a Crisis

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# Mental Health Crisis

*“A mental health crisis is any situation in which a person’s behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community. “*

National Alliance on Mental Illness  
(NAMI)

Most common sign of crisis is “a clear and abrupt change in behavior.”

American Psychological Association (APA)

# The Nature of a Crisis

- Psychological homeostasis has been disrupted
- Patient's usual coping mechanisms have failed to reestablish homeostasis
- The distress created by the crisis has yielded some evidence of functional impairment

## Mental Fitness

- ENDURANCE
  - Mental
  - Emotional
- MOBILITY OF CHOICE
- FLEXIBILITY OF THOUGHT
- BALANCED EMOTIONS
- MENTAL STRENGTH



# Leadership Role During a Crisis

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Leadership is when an individual possesses the ability and the **drive** to lead, give guidance, and supply direction.

### Management

- Control and Order
- Consistency
- Regulation
- Efficiency

MANAGEMENT IS *CONTAINMENT*

### Leadership

- Change
- Vision
- Innovative
- Risk management
- High level decision-making
- Curious
- Influential
- Courageous
- Connection

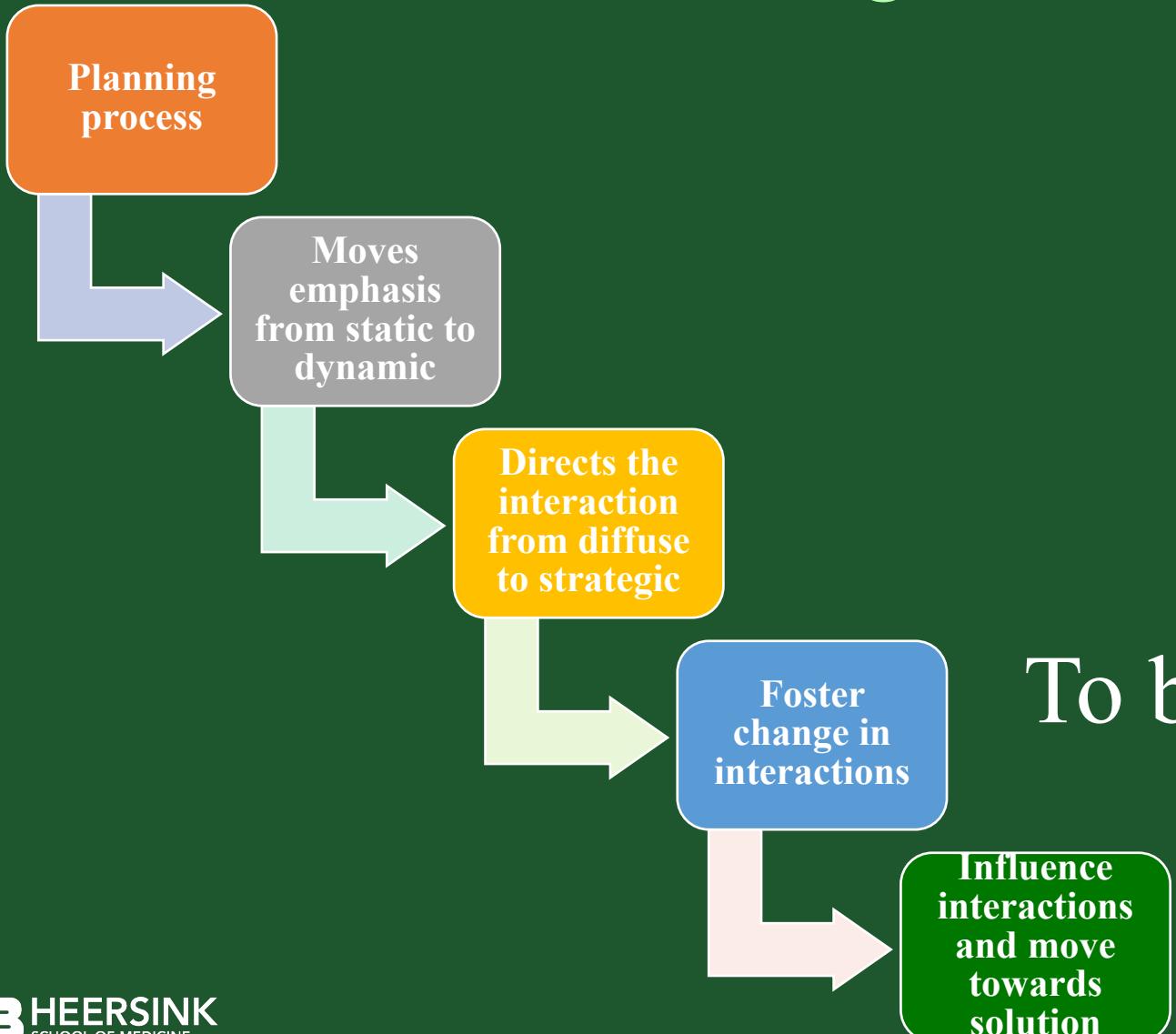
LEADERSHIP IS *ACTION*

# **“Wanted-A Leader!**

In every great crisis, the human heart demands a leader that incarnates its ideas, its emotions, and its aim. Till such a leader appears everything is disorder, disaster, and defeat, the moment he takes the helm, order, promptitude, and confidence follow as the necessary result, When we see such results, we know that a hero leads.”

New York Times, April 25, 1861

# Taking the Helm



To be Captain of = **LEAD**



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# Deescalating Steps and Interventions

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# Safety/Crisis Checklist

- Aviation checklists: IMSAFE checklist is a mnemonic device created to help pilots and co-pilots determine if they are fit to fly.
  - physiological and psychological factors that could impair a pilot's ability and render a flight unsafe, including physical illness, medication, stress, alcohol, fatigue, and emotion.
- Surgical checklists: WHO Surgical Safety Checklist (SSC) – ensures practitioners do not skip important steps in procedures, both in complex, high-stress situations and in seemingly routine ones
- WE ARE HUMAN
  - Studies have shown that increased errors in judgment and cognitive function of the brain, along with changes in memory function are a few of the effects of stress and fatigue.

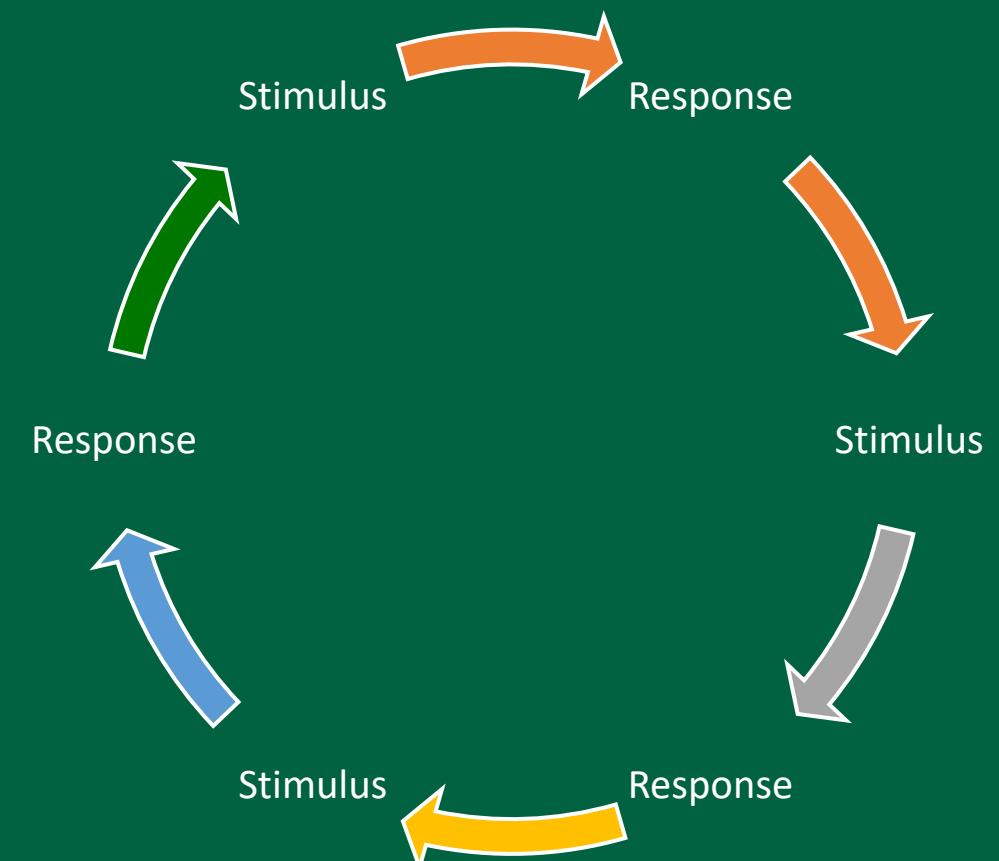
## Mental Health Checklist



**EMOTION**



**ENERGY in MOTION**



# EMOTION



# ENERGY in MOTION

**Stimulus/  
Precipitating  
Event**



Perceive event  
as meaningful  
and threatening



Proceeding rapidly  
to an active state of  
crisis-a state of  
disequilibrium



Unable to lesson impact  
of stressful events with  
known coping skills



Experiencing a  
high level of  
subjective  
discomfort



Increased fear,  
tension, and/or  
confusion

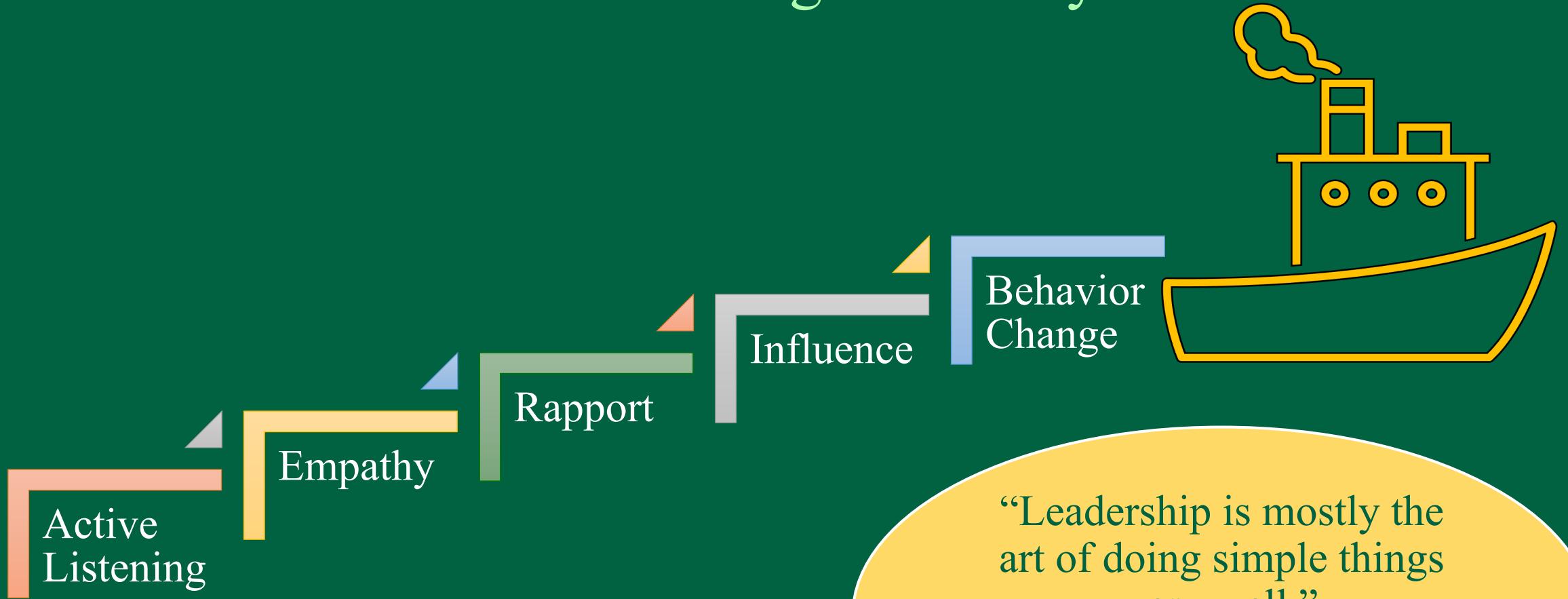
*"As soon as someone judges, criticizes, dismisses, or ignores the cycle of pain, reactivity ramps up, compounded by shame, remorse, and rejection. The act of validation, simply saying, 'I can see things from your perspective,' can short-circuit that emotional detour."*

~Kiera Van Gelder  
The Buddha and The Borderline: My Recovery from BPD

# Crisis Intervention

- IT IS A PROCESS
  - *Work* through the crisis event with the person to assist him/ her in exploring the traumatic experience and his/her reaction to it.
  - Make behavioral changes and interpersonal adjustments.
  - Mobilize internal and external resources/supports.
  - Reduce unpleasant or disturbing affects related to the crisis.
  - Integrate the event and its aftermath into the patient's other life experiences.

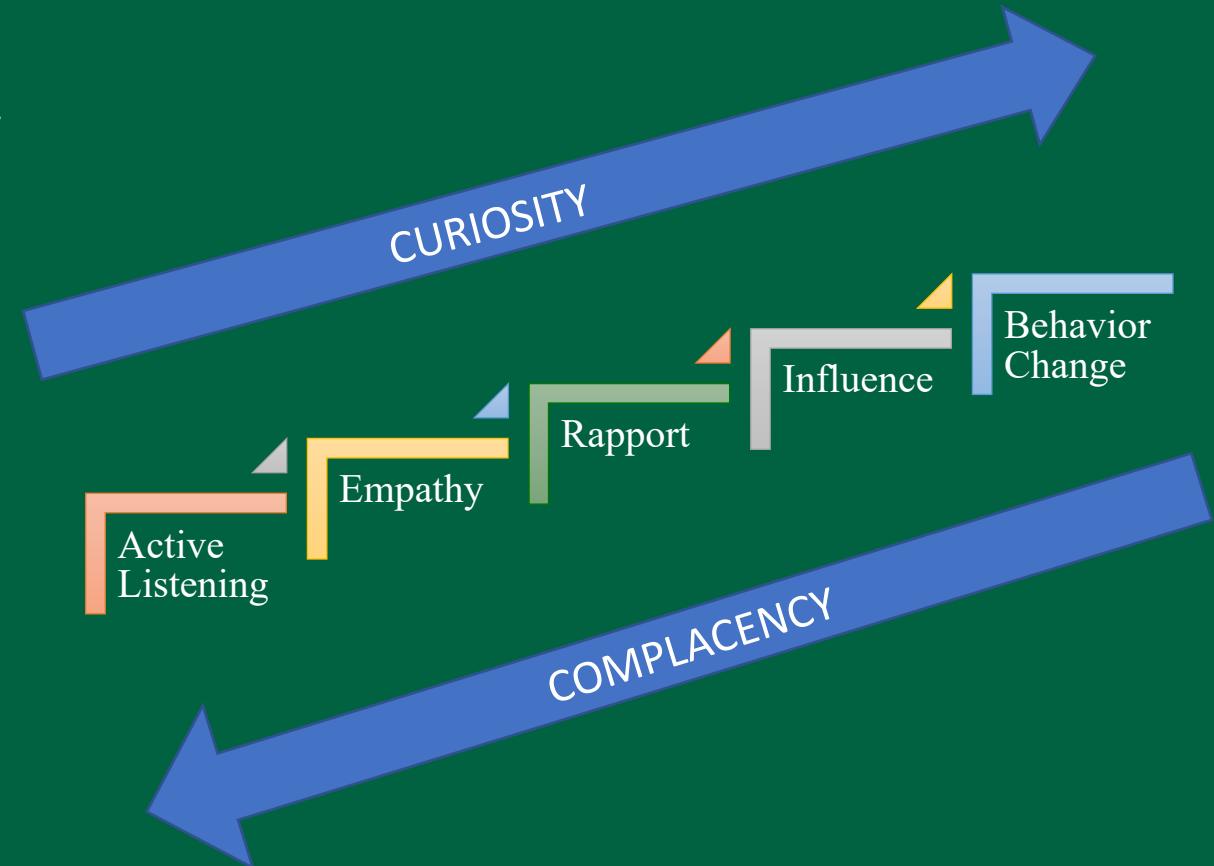
# Behavioral Change Stairway Model



“Leadership is mostly the art of doing simple things very well.”

~Captain Mike Abrashoff

- **Active Listening> FOUNDATION, 1<sup>st</sup> step**
  - Encourages conversation through the use of open-ended questions.
  - Paraphrase understanding of the patient's story.
  - Attempt to identify and confirm emotions expressed by the patient.
  - Utilize intentional pauses in the conversation for emphatic effect.
- **Empathy>CONNECTION**
  - Display an understanding of the perceptions and feelings of the patient.
  - Build relationship.
  - Convey genuine interest in and concern for the patient.
- **Rapport>TRUST**
  - Have conversation-BE HUMAN
  - Positive reframing of the situation
  - Explore areas of common ground
- **Influence>NEGOTIATE/Solution Focused**
  - Begin to make suggestions to the patient
  - Explore consequences of actions
  - Explore potential and realistic solutions
  - Define more adaptive behaviors
- **Behavioral Change>On the Boat**
  - Depends on the first four steps.
  - If a relationship is established, proposed solutions to the conflict will affect the desired behavioral change



# Psychosis

- Majority of hallucinations :
    - auditory and persecutory type.
    - voices are degrading and demeaning to the patient.
  - Usually in a state of extreme **fear** and **agitation** in response to the hallucinations
    - Calming techniques may seem like the obvious choice, but is it?
  - Persecutory and command hallucinations frequently occur together, along with corresponding delusions.
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- Paranoid delusions
    - forget about changing his /her mind or reasoning him/her out of belief.
    - Be straightforward and calm, clear and direct, and focus on solving concrete problems.
    - Neither agree nor disagree with the delusional ideas or motives.
    - Acknowledge the content of the delusion.
    - Keep the focus on the present reality.
  - Be careful to offer any psychological interpretation or help, this may further alienate and infuriate the pt.

# Suicidal Patients

- Suicide: intent of crisis intervention is to instill doubt in their judgment, logic, and disrupt timing of his/her plan
  - Over 50% of people who consider or commit suicide are under the influence of alcohol or some other judgment affecting drug.
  - Talk to buy time, let reason replace emotion, delay action until help arrives or they agree to be taken to the hospital.

*“The mind is its own place,  
and in itself*

*Can make a Heaven of Hell,  
a Hell of Heaven.”*

~Milton 1667

# HOPEFLOATS(your boat) Checklist

**U**

**UNDERSTAND  
STORY by ACTIVE  
LISTENING**

- Open-ended questions
- Identify and confirm emotions
- Intentional pauses in the conversation
- Paraphrase
- Mirroring

**C**

**CONNECT and  
EMPATHIZE**

- Tone of voice
- body language
- Empathy statements

**A**

**ACTIVATE  
RAPPORT**

- Be Human
- Relational
- Appropriate humor
- Converse

**N**

**NEGOTIATE and  
INFLUENCE  
SOLUTIONS**

- Define the problem.
- Make suggestions
- Explore realistic solutions

**B**

**BEHAVIOR  
CHANGE**

- Propose solutions to the crisis that will affect desired change
- Implement the plan (referrals)
- Assess the outcome

# Captain

# Resources

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"Navigating a Mental Health Crisis: A NAMI Resource Guide for Those Experiencing a Mental Health Emergency" (Crisis Guide) provides important, potentially life-saving information for people experiencing mental health crises and their loved ones. This guide outlines what can contribute to a crisis, warning signs that a crisis is emerging, strategies to help de-escalate a crisis, available resources and so much more.  
[https://emergency.cdc.gov/cerc/ppt/CERC\\_Psychology\\_of\\_a\\_Crisis.pdf](https://emergency.cdc.gov/cerc/ppt/CERC_Psychology_of_a_Crisis.pdf)

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International Critical Incident Stress Foundation (ICISF) [www..icisf.org](http://www..icisf.org)

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*Homepage.* Mental Health America. (n.d.). Retrieved November 1, 2022, from <https://www.mhanational.org/>

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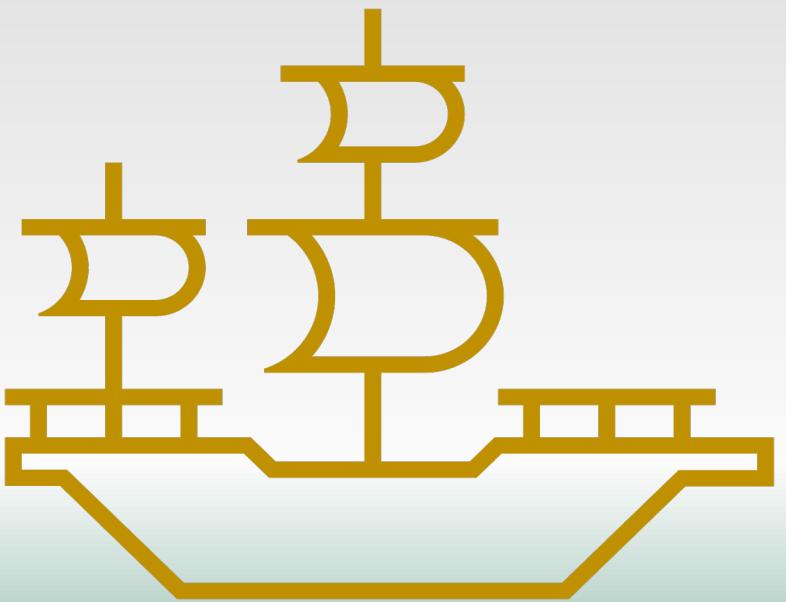
Gelder, K. V. (2010). *The Buddha & The Borderline: My Recovery from borderline personality disorder through dialectical behavior therapy, buddhism, & online dating.* New Harbinger Publications.

# References

- 
- American Psychological Association. (n.d.). *How to help in an emotional crisis*. American Psychological Association. Retrieved November 1, 2022, from <https://www.apa.org/topics/mental-health/help-emotional-crisis>
- 
- Bullock, J., Whiteley, C., Moakes, K., Clarke, I., & Riches, S. (2020). Single-session comprehends, cope, and connect intervention in acute and crisis psychology: A feasibility and acceptability study. *Clinical Psychology & Psychotherapy*, 28(1), 219–225. <https://doi.org/10.1002/cpp.2505>
- 
- Cavanagh, J. F., Frank, M. J., & Allen, J. J. (2011). Social stress reactivity alters reward and punishment learning. *Social cognitive and affective neuroscience*, 6(3), 311–320. <https://doi.org/10.1093/scan/nsq041>
- 
- Everly , G. S., & Athey, A. (2022). Crisis Leadership (resilience) Predicts overall leadership effectiveness. *Crisis, Stress, and Human Resilience*, 4(1).
- 
- Fassinger, R. E., & Shullman, S. L. (2017). Leadership and counseling psychology: What should we know? where could we go? *The Counseling Psychologist*, 45(7), 927–964. <https://doi.org/10.1177/0011000017744253>
- 
- Godoy, L. D., Rossignoli, M. T., Delfino-Pereira, P., Garcia-Cairasco, N., & de Lima Umeoka, E. H. (2018). A Comprehensive Overview on Stress Neurobiology: Basic Concepts and Clinical Implications. *Frontiers in behavioral neuroscience*, 12, 127. <https://doi.org/10.3389/fnbeh.2018.00127/>
- 
- Gregory M. Vecchia, Vincent B. Van Hasseltb, and Stephen J. Romanoc, “Crisis (hostage) negotiation: current strategies and issues in high-risk conflict resolution,” *Aggression and Violent Behavior* 10 (2005).
- 
- Treadwell, J. R., Lucas, S., & Tsou, A. Y. (2014). Surgical checklists: a systematic review of impacts and implementation. *BMJ quality & safety*, 23(4), 299–318. <https://doi.org/10.1136/bmqs-2012-001797>
- 
- World Health Organization Press. 2009. p. 2. ISBN 978-92-4-159855-2. Archived from <https://www.who.int> on November 7, 2021.



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Destination Arrived,  
Captains!

Thank you all for taking  
part in this voyage.  
I now hand you the  
keys to your own  
boats:  
**HOPEFLOATS**