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## What is a crisis situation

- How do you define a crisis?
  - Loss of control
  - Loss of balance
    - People who are struggling with many issues are like a **tightrope walker**... Sometimes, just a little something can make them fall
  - Like being in a **blizzard** (you feel lost, no benchmarks)



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## Establish trust

- Active listening
  - Use reflections, reformulate phrases to make sure you understand and the person feels listened to
- Install cultural safety
  - Be aware of the colonial impact
  - Cultural awareness and sensitivity: recognize differences and similarities, respect the person's values and beliefs (empathy, not judgment)
  - Cultural humility: acknowledge that you don't know and be aware that you have biases (self-awareness)

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## Establish trust

- Non verbal communication
  - Visual contact, be comfortable, show you care (e.g., don't stay in the porch)
- Try to avoid the word "why"
  - Instead ask open questions (e.g., "tell me more")
- Validate the request for help (however how it is done, particularly for men and youth – e.g., crying, screaming, etc.)
- Inform the person on how the intervention will work (steps)
- Do the intervention in the language chosen by the person

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## Assess the situation

- Collect information to understand the situation. We often have the wrong interpretation of the crisis.
  - Use reformulation, reflection and validation
- Focus on the **immediate problem**: by doing that, we make sure that the person in crisis (and yourself) does not exhaust her adaptive energy on less pressing concerns. **You have to be directive here.**
- Encourage the expression of emotions. Allow the person to do it in the "wrong way"
  - Talk about the emotions and validate them
  - Ask about intention (e.g., suicide verbalization)

→ The aim is to **stabilize** the situation of the person and to help **identify the trigger**

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## Action plan

- **Solution oriented:**

It is not the time to go over all her life and talk about everything. That does not mean that we don't care, we will simply come back on that later with the person. We want to end the crisis.

- **Be directive in a respectful way:**

Do not tell what to do but reframe

- **Ask open questions:**

For example: What do you need right now ? How can I help to improve the situation ? What can I do to help?

- **Respect silences**

- **Give a sense to the crisis:**

Help the person to regain control over her situation  
Make sure she does not feel judged on her behaviour

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## Action plan

- **Break the isolation:**

Discuss formal forms of support (Social services, CLSC, hospital)  
Explore informal forms of support (friends, family, community)

- Trace the line between **immediate** VS long-term needs: Don't get overwhelmed: **pinpoint what is creating the crisis right now.**

- Explore strategies used in the past: **Don't use new strategies**

- Co-construct a **short term** plan

- Check the person's willingness to follow the plan
- **SMART objectives** (for the person and yourself)



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## Intoxication

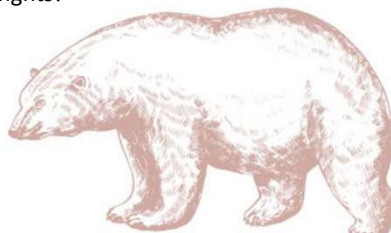


- Assess the level of intoxication: are they in danger?
- If coherent: do your intervention as usual
- If not coherent: wait until they are
- If they do not remember: talk with them about the situation and make a plan for the next time (e.g., if they fight with a friend, avoid drinking alone afterwards, etc.).

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## Trauma-informed approach

- Be aware that the way **services** are organized at the moment have an impact on the well-being of patients (e.g., biomedical approach, medevac, the place of care, the high placement rates of children, etc.)
- Understand the link between **traumatic history** and the current behaviours: adaptation strategies to survive
- Focus on the person's **strengths**: They can be personal strengths or collective strengths!



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## Take care of yourself

- Working with people in distress can be hard on yourself; it is normal to feel exhausted. You are often alone and intervening with people you may know.
- Depending on your level of **energy**, your way of intervening can be different. If you are tired (end of your stretch, many crisis situation in short period of time, night's shifts, etc.), you may be **more restrictive**. On the other hand, when you are full of energy, you may be **more permissive and patient**. Being aware of that will help you take better care of yourself and put your limits.
  - Cues: take a break from the intervention, call a colleague or your boss, if possible do the intervention with someone else, use existing tools (e.g. Suicide intervention grid, *grille d'évaluation de l'état mental*, etc.)

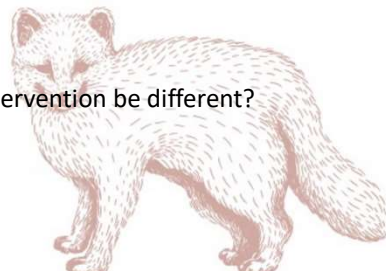
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## Clinical vignette

Elisapie is 17 years old. You receive a call from her mother, saying that her daughter is yelling, bashing the walls and threatening to kill herself. It's been going on for an hour now. The mother tells you that she is afraid and wants her out. There are small children in the house and she does not want them to see that. She does not have time to deal with her daughter right now.

You know that Elisapie has lost her brother one year ago and since that time, she is struggling: drinking, skipping school, fighting with her mother. Recently, she had a fight with her best friend and that friend insulted her on Facebook. Since it happened, she does not want to go to school.

- If she was locked in her room, would your intervention be different?



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## Bibliographie

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