



Steps in Crisis Intervention

1. **Define the Problem.** Explore and define the problem from the patient's point of view. Use active listening, including open-ended questions. Attend to both verbal and nonverbal communications.
2. **Ensure Personal Safety.** Assess lethality, criticality, immobility and seriousness of threat to patient's physical, emotional and psychological safety. Assess internal impact as well as environmental situation.
3. **Provide Support.** Communicate (by words, voice, body language) a caring, positive, nonpossessive, nonjudgmental, acceptant, personal involvement with the one in crisis and the family.
4. **Examine Alternatives.** Assist in brainstorming choices available now. Search for immediate supports. Ask later about possible consequences of each option.
5. **Plan.** Develop a plan with your patient which:
 - provides something concrete and positive for the patient to do now with definite action steps which the patient can own and comprehend; a variety of constructive psychomotor activities may be considered whenever appropriate.
 - is realistic in terms of the patient's coping ability.
 - uses appropriate and available referral resources.
 - includes many forms of collaboration {prayer, relaxation techniques, etc.}
6. **Commitment.** Help the patient commit to a definite action step.
 - a. Ask the patient to verbally summarize the plan and commitment.
 - b. Demonstrate your part of the commitment if you collaborate.
 - c. Follow up on the patient's performance or in obtaining assistance.

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LISTENING

- observing, understanding and responding with empathy, genuineness, respect, concreteness, acceptance, non-judgment and caring

ASSESSING

- evaluating the patient's present and past situational crises in terms of coping ability, mobility, lethality and need for your aid

ACTING

- your involvement in the crisis is non-directive, collaborative or directive, according to the assessed needs of the patient and the availability of environmental supports