

## BEHAVIORAL HEALTH SERVICES TRAINING SERIES

# BHS-013

## Mental Health Crisis Response

Participant Guide

Statutory Basis: MN §245I.05 Subd. 3(c)(2) | MN 245D.09 Subd. 4

<b>Course Code</b>	BHS-013
<b>Estimated Duration</b>	2.5 Hours
<b>Passing Score</b>	80%
<b>Audience</b>	DSPs, BHPs, MHRWs, Peer Specialists
<b>Statutory Basis</b>	MN §245I.05 Subd. 3(c)(2); MN 245D.09 Subd. 4

### LEARNING OBJECTIVES

By the end of this course, you will be able to:

- Define mental health crisis and identify common types that occur in direct care settings
- Recognize behavioral, emotional, cognitive, and physical warning signs of a developing crisis
- Describe all seven stages of the escalation cycle and the appropriate staff response at each stage
- Apply a person-centered crisis intervention framework that prioritizes dignity and safety
- Identify when and how to contact crisis resources including mobile crisis, crisis lines, and emergency services
- Describe post-crisis documentation requirements and recovery support strategies
- Understand your role and limitations as a direct support professional during a mental health crisis

## SECTION 1: WHAT IS A MENTAL HEALTH CRISIS?

### Understanding Crisis in Direct Care Settings

A mental health crisis is any situation in which a person's mental health symptoms or behavioral responses pose a risk to their safety or the safety of others, or significantly disrupt their functioning. Crises are not failures — they are medical events that require a trained, calm, and prepared response.

In 245D and behavioral health settings, crises most commonly occur when:

- A person's support needs exceed what is currently in place
- Environmental stressors or triggers overwhelm coping capacity
- A change in medication, routine, or living situation creates instability
- Unmet needs — physical, emotional, relational — reach a threshold
- Trauma responses are activated by familiar triggers

### Types of Mental Health Crises

Crisis Type	Examples
<b>Psychiatric Crisis</b>	Psychosis, severe depression, mania, suicidal ideation, panic attack
<b>Behavioral Crisis</b>	Aggression, self-injury, property destruction, elopement risk
<b>Trauma Response</b>	Flashback, dissociation, acute anxiety triggered by trauma reminders
<b>Substance-Related</b>	Intoxication, withdrawal, or drug-induced psychiatric symptoms
<b>Medical Emergency</b>	Seizure, stroke, diabetic crisis — may present as behavioral crisis

**IMPORTANT:** A medical emergency (seizure, diabetic crisis, cardiac event) may look like a behavioral crisis. Always consider medical causes when someone's behavior changes suddenly or dramatically.

## SECTION 2: WARNING SIGNS — RECOGNIZING A DEVELOPING CRISIS

### Early Recognition Is Your Most Powerful Tool

Crisis rarely arrives without warning. When you know what to look for and act early, you can interrupt the escalation cycle before it reaches a peak. The chart below organizes warning signs by category.

Category	Warning Signs to Watch For
<b>Behavioral</b>	Increased agitation, pacing, restlessness, refusal to engage, verbal threats, property destruction
<b>Emotional</b>	Sudden tearfulness, emotional lability, expressions of hopelessness, extreme fear or panic
<b>Cognitive</b>	Confused thinking, paranoid statements, responding to internal stimuli (voices), disorganized speech
<b>Physical</b>	Rapid breathing, flushing, clenched fists, sweating, inability to sit still
<b>Verbal</b>	Escalating volume or pitch, rapid or fragmented speech, threatening statements, crying out

### Know the Individual's Baseline

Warning signs only make sense when you know what is normal for each individual. Review the person's Support Plan Addendum and talk with your supervisor before your first shift so you understand:

- What their typical mood and behavior look like when they are stable
- Known triggers and early warning signs specific to this person
- What strategies have worked in the past during difficult moments
- What the person wants you to do when they are in crisis (their preferences)

## SECTION 3: THE ESCALATION CYCLE

### Seven Stages — Seven Opportunities to Help

Behavior escalates in predictable stages. Each stage is an opportunity for intervention. The earlier you act, the easier the intervention. Waiting until peak is the hardest and riskiest place to respond.

Stage	What You May Observe	Your Response
<b>CALM</b>	At baseline — no distress signals	Build relationship, teach skills, reinforce positive behavior
<b>TRIGGER</b>	Something raises distress	Most powerful intervention point — address the trigger immediately
<b>AGITATION</b>	Pacing, raised voice, muscle tension	Lower your voice, increase space, reduce demands, offer preferred activity
<b>ACCELERATION</b>	Escalating behavior, threatened language	Clear area, ensure safety, minimize verbal interaction, do not argue
<b>PEAK</b>	Most intense crisis moment	Ensure physical safety; EUMR only if imminent serious harm criteria met
<b>DE-ESCALATION</b>	Behavior starting to decrease	Calm presence, no demands, no discussion of incident, allow space
<b>RECOVERY</b>	Returning toward baseline	Allow space, offer comfort, debrief only when fully calm, document

## SECTION 4: CRISIS INTERVENTION — YOUR ROLE AND APPROACH

### Person-Centered Crisis Response

Your job during a crisis is not to control the person. Your job is to ensure safety, reduce distress, and help the person return to calm as quickly and with as much dignity as possible. Everything you do should be guided by respect for the person's autonomy and humanity.

### The Four Priorities

- **Safety** — Your safety and the person's safety come first. Never put yourself at direct physical risk.
- **Calm** — Your calm is contagious. The most powerful tool you have is your own regulated nervous system.
- **Connection** — Maintain a therapeutic relationship. People in crisis need to feel heard, not controlled.
- **Dignity** — Every decision you make should preserve the person's dignity, even at peak crisis.

### What To Do — Crisis Response Steps

1. Remain calm. Regulate yourself first. Slow your breathing. Lower your voice.
2. Assess the immediate safety of the environment. Remove hazards if you can do so safely.
3. Reduce stimulation. Lower noise, reduce the number of people in the immediate area.
4. Use calm, simple language. Acknowledge what you observe: 'I can see you are having a hard time right now.'
5. Follow the person's support plan strategies. Implement what you know about this individual.
6. Contact your supervisor immediately. Do not manage a crisis alone if you can get help.
7. Contact crisis services or 911 if the situation exceeds your capacity to maintain safety.
8. Document everything after the event. Accurate, timely documentation protects the person and the agency.

**REMEMBER:** You are a direct support professional, not a therapist. Your role is to provide safety, de-escalation support, and connection — and to get additional help when needed. Knowing when to call for backup is a strength, not a failure.

## SECTION 5: WHEN AND HOW TO CALL FOR HELP

### Crisis Resources You Must Know

Resource	When to Use / Contact
<b>Your Supervisor / On-Call Manager</b>	Call immediately when a crisis begins — do not manage alone
<b>Mobile Crisis Team (Local)</b>	Person in psychiatric crisis who needs immediate clinical support; less restrictive than 911
<b>988 Suicide &amp; Crisis Lifeline</b>	Call or text 988 — suicidal ideation, severe psychiatric distress, emotional crisis
<b>NAMI MN Warmline: 651-288-0400</b>	Non-emergency support; peer-to-peer crisis support line
<b>911 / Emergency Services</b>	Imminent risk of serious physical harm; medical emergency; situations beyond your control
<b>Agency Designated Coordinator</b>	All crises must be reported to the DC per MN 245D.06

## SECTION 6: AFTER THE CRISIS — DOCUMENTATION AND RECOVERY

### Documentation Requirements

Minnesota 245D requires documentation of all incidents, including crisis events. Accurate and timely documentation is not optional — it is a legal requirement that protects the person, you, and the agency.

Your documentation must include:

- Date, time, and location of the crisis event
- Behavioral description — what you observed, using objective language (not interpretive labels)
- Antecedents — what happened before the crisis began
- Interventions used and the person's response to each
- Whether crisis services were contacted, and the outcome
- Injuries, if any, to the person or staff
- Notification of the Designated Coordinator and time of notification
- Person's status at the conclusion of the event

### Supporting Recovery

The period following a crisis is critical. People often feel shame, exhaustion, or confusion after a crisis event. Your approach in the recovery stage matters enormously.

- Allow space and time — do not rush debriefing
- When the person is calm, offer comfort (preferred food, activity, quiet space)
- Do not discuss the crisis immediately — wait until the person is fully regulated
- When appropriate, engage the person in understanding what happened and what might help next time
- Inform your supervisor and DC of the event and the person's post-crisis status
- Take care of yourself — crisis response is emotionally demanding; debrief with your supervisor

## SECTION 7: KNOWLEDGE CHECK — REFLECTION QUESTIONS

Use these questions to check your understanding before taking the quiz.

### Reflection Questions

9. What is the difference between a behavioral crisis and a psychiatric crisis? Give an example of each.

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10. At which stage of the escalation cycle is staff intervention most effective, and why?

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11. Name three things you should do immediately when a crisis begins.

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12. When would you call 988 versus 911 during a crisis? What factors would guide your decision?

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13. What are two things you should include in your post-crisis documentation?

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**QUICK REFERENCE — CRISIS RESPONSE AT A GLANCE**

 DO	 DO NOT
Stay calm and regulate yourself first	Argue, threaten, or raise your voice
Use simple, clear, quiet language	Use physical restraint except as a last resort per policy
Acknowledge feelings without endorsing behavior	Crowd the person — give physical space
Call your supervisor immediately	Manage a crisis alone — get help
Follow the person's support plan	Promise things you cannot deliver
Document accurately after the event	Wait to report — notify DC promptly
Call 988 or mobile crisis when appropriate	Leave the person completely alone at peak crisis

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