Head to Toe Presentation
November 19, 2025
Family Behavioral Health
Catholic Community Services- Crisis service

What are effective techniques and/or resources for de-escalation of students and/or parents during a behavioral health crisis?

- Our staff use standard de-escalation strategies, which is utilizing empathetic language to connect with family/youth.
- All of our staff are trained in Crisis Communication Aggression Safety (CCAS).
    - Part of this training is understanding Primitive vs. Evolved brain
        - Primitive Brain- reactionary brain
        - Evolved Brain- responsive brain
    - Using a sequential step to de-escalate called IRPD
        - Issue a Validation statement, Refer to law/values, Propose a choice, Describe outcome
        - This de-escalation strategy is to help the person in crisis to go from their Primitive to Evolved brain.
- Peer supports can be an effective technique as they are able to connect with family/youth in non-clinical way. Peer supports share their lived experiences to connect, but also to instill hope.
- CCS has other team members, such as Clinical Care Coordinator (C3), who can help with resources, referrals, safety/risk assessments, and de-escalation.
- CCS has collaborated with school for school safety planning when family/youth identifies school as a great stressor to them. (Ex. Addressing bullying, IEP or 504 plan to support their educational needs, or simply advocate for other educational needs and other stressors that families are identifying).

Beyond asking direct questions about suicidal ideation, what are some subtle signs or behaviors that indicate a person's mental health is deteriorating?

- Assessing what "normal" behaviors and/or presentations look like. We do thorough crisis assessment in order to have a better understanding of a person's mental health
    - Examples: grades going down, missing school, new behaviors (withdrawn, isolating, getting in trouble, etc)
    - Changes in appetite and sleeping patterns
    - Changes in mood: more agitated, irritable, sad, extremely happy, etc.
    - Using language that are different from their norm; using subtle statements and/or giving things away.
- Identifying family/youth's protective factors and natural supports

Can you discuss the ethical considerations and best practices for involving a person's family or friends in a crisis intervention?

- Under crisis service we can communicate to caregivers and/or providers about the safety risks and crisis concerns. This is protected under RCW of mental health and confidentiality
- In order for a safety plan to be effective, a responsible adult(s) must be included. Adult supervision and limiting access to means are most effective and a great part of the safety plan.
- We do not do a "promise" safety contract. Having a youth promise for safety can create a false sense of security, can feel coercive and hinder open communication. Focusing on detailed safety plans and building strong therapeutic support/alliances are most effective to support a person in crisis.

How do you assess an individual's ability to safely return home or to the community after a crisis, and what factors are most important in making that decision?

- We assess caregivers' ability to follow through a safety plan and understanding the risk
  - Who are the natural supports?
  - Providing psycho-education (locking up unsafe items and access to means, supervision, mental health, risks)
  - What does transition home looks like?
  - Based on clinician's assessment and if needed and appropriate, CCS can provide in home support.
    - Assist with safety sweep
    - Daytime or overnight support
    - Clock planning
- Identifying protective factors (relationship, spiritual belief, connection to community, future focused)
- Assessing the risk factors: high risk vs. low risk.
  - Ex: a youth taking 30 pills vs taking 2 pills
  - Ex: a youth having several attempts vs. passive thoughts
  - Ex. A youth having a plan and intention vs. passive thoughts
  - Ex. A youth cutting horizontal vs vertical (superficial cuts vs medical attention is needed)