

## Psychological Intervention in Crisis Resolutions Home Treatment

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### Overview

- What defines a crises?
- A psychological model for working on Crisis Resolution Home Treatment Teams and other acute care settings

### Possible causes of crises

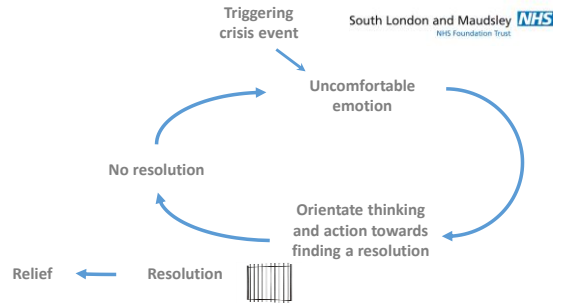
- Economic / financial problems
- Work place stress
- Relationship problems
- Bullying
- Major life loss
- Changes in life circumstances
- Bereavement
- Trauma
- Abuse
- Threat to self / others
- Isolation
- Self neglect
- Vulnerability
- Sleep problems
- Poverty
- Loss of secure environment
- Drug and alcohol use
- Physical and mental health problems

### Personal crises

- A temporary state of upset or disorganisation, characterised chiefly by an individuals inability to cope with a particular situation using customary methods of problems solving, and by the potential for a radically positive or negative outcome" Slaiuku (1990)

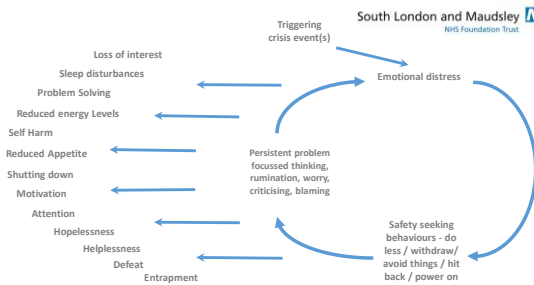
### Psychological effects of personal crises

- Extended periods of heightened emotion
  - Tension, stress, fear, sadness, guilt, shame, anger, paranoia, elation, numbness
- Sense of and/or actual immediate loss, defeat and threat
- Sense of and/or actual vulnerability
- Sense of being out of control / things running away from us
  - Cognitive pressure / stress
- Difficulties coping with demands
  - Cognitive shifts – attention, concentration, motivation, cognitive bias, hyper-vigilance
- Instinctual / habitual survival responses
  - avoidance, fight/flight/freeze/appease, problem solve



### Suicidality

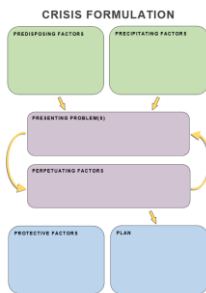
- Suicide occurs as a end point in the search for a solution to intolerable and unbaiting emotional distress
- Can bring a sense of control and emotional regulation
- Negative reinforcement
  - "If it brings relief it must be the right thing to do" - progression into intent & planning
- Relief from symptoms whilst planning
- Hopelessness, helplessness, defeat and entrapment (O'Connor and Nock, 2014)



## Psychological Crisis Intervention

### Assessment formulation

- Crisis specific
- Places felt experience at the centre
- Avoids duplication
- Can be carried out before face to face contact



### Making safe

- Address immediate risks
- Reduce access to means
- Identify upcoming events
- Empower people to manage the risks with which they present
- Recruit helpful others where possible

## Validation of the crisis journey

- Active listening
  - Summarising / use accurate reflections
  - Show an interest (verbal and non-verbal gestures)
  - Give prompts (tell me more, is there anything else)
- Validation – feelings, reactions, thoughts
- Be open to revisions
- Avoid making assumptions
- Non-judgemental
- Identify and label emotions

## Welfare and essential needs

- Often reasons for crises
- Welfare advisors
- Welfare needs to be addressed before psychological work
- Foundations for safety – reduces threat
- Form on functional validation
  - "I know your needs and here is something to help"

## Modelling problem solving

- Ability to think clearly is compromised during crises
- Cognitive biases and unhelpful thinking styles cloud judgement
- People have searched for solutions
- Not found an acceptable one
- HTT has access to possible alternatives
- Modelling problem solving at beginning
- Helping the person to problem solve for themselves comes later

## Crisis specific psycho-education

- Explanation of psychological response to crisis situations
- Third person
- What defines a crisis
- What psychological experiences contribute to distress
- What are the common symptoms experienced during crises
- How does this fit with the persons experience?

## Emotional regulation

- Down regulation of emotion
  - Vagal nerve activation & activation of parasympathetic NS
  - Distraction
  - Soothing rhythm breathing
  - Adapted mindfulness practices
  - DBT
    - Dive reflex
    - Intensive exercise
    - Paced breathing
    - Progressive muscle relaxation (paired)

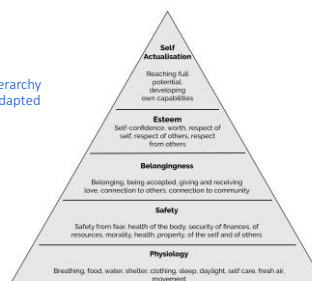
## Working with emotional over-control

- Up regulation of emotion
  - Shutting down emotions is a psychological defense
  - Emotions connect us to experience
  - Shutting down leads to numbness / disconnect
  - Long term - emotional and social isolation
  - Increase connection with feelings
  - Skills for managing emotions – reconnecting can feel scary

## Establishing baseline functioning

- Build the right foundations
- Start with the basics
  - Is the person doing things as well as they normally would? If not then its an area for for work
- Establish good baseline functioning

Maslow's Hierarchy  
of needs – adapted



## Activate (de-activate) behaviourally

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Aim to return to pre-crisis functioning  
 Reclaiming and reconnecting to what is not lost  
 Increase activity – pleasurable/enjoyable and satisfying/rewarding  
 Pursue interests – new & old  
 Make plans for the future  
 SMART goals - Short / medium / long term  
 Maslow's Hierarchy of Needs – do the basics and do them well

## Graded recovery

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- Gradually return to pre-crisis functioning
- Manage anxiety
- Don't run before you can walk
- Listen to your mind and your body
- Relapse indicators

## Building social and emotional connectedness

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- Social and emotional isolation are not the same thing
- Building social connection involves helping people find places to go and meet people
- Emotional connectedness require being open to connecting
- What is acceptable for the person?
- What would be too much?

## Re-establishing cognitive effectiveness

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- Thinking is automatic and instinctual
- State dependent
- Thinking is helpful but can cause problems
- Can create/maintain distress – ruminating, worrying, blaming, criticising
- Rarely taught how our minds work or how to use them effectively
- Skills development on how and when to engage and disengage with thinking

## Safety Planning

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## Follow up, self help and self directed learning

- Stepped care
- Northumberland Tyne and Wear NHS Trust / Mersey Care NHS Trust
- Overcoming Series / recommended reading
- Self help apps – recommended by SLAM

## Discharge planning and endings

- Endings should start at the beginning
- Support people at their most distressed & vulnerable
- Often people with attachment difficulties
- Leaving support will be scary and it is a time of increased risk
- Preparedness for what comes next
- Good robust discharge planning with follow up team

## References

- O'Connor R.C., & Nock M.K. (2014). The psychology of suicidal behaviour. *Lancet Psychiatry*, 1 : 73-85.
- Sullivan, L. (2018). De-medicalising crisis resolution home treatment teams – A psychological intervention for acute care services. *Clinical Psychology Forum*, October Issue.
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