PHOENIX TRAINING GROUP Crisis Management Chart

	Pre-Crisis Baseline	① Trigger (Detonation Point)	② Escalation	③ Crisis	④ Recovery	⑤ Post Crisis Depression (Equalization)	Client De-briefing	Post-Crisis Baseline
Subjects' Behavior	Client is at their normal baseline level of behavior with fluctuations of emotions & activities.	Increase in anxiety with sharp change in baseline behavior Restlessness Sudden adrenaline spike	Physical aggression Threating behavior Verbal aggression Passive/aggressive & subtle aggression Isolation Momentarily behavior shift from Re-direction & Distraction Technique	Threats of Violence Violence toward themselves or others Physically acting out Heightened irrational response Possible need for physical intervention Able to respond to de-escalation.	More cooperative Responds to staff de-escalation or limits positive way Anger & aggression begins to lessen Still agitated but at lower intensity Releases control	Sleep Silence Crying Accepting lack of control (submission) Desire to talk about incident Medicated Verbal demands Confusion	Quiet Receptive to coping skills Unreceptive to coping skills Blaming Accepting responsibility for actions Appreciation	Return to baseline responses & communication Reintegration with peers Isolation Deviation in previous, pre-crisis baseline
Coping Ability	Normal array of coping skills with daily challenges & ability to withstand typical stressors.	Defensive Normal coping skills not working well Emergency coping skills engaged	Coping skills extremely rigid Responding to internal or external threats with threats Chaotic thought process Distractible higher on the escalation scale.	Coping skills flatline Unable to use rational critical thinking May only stress respond to limits or physical force Reasoning shuts down	Coping ability begins to return Reactive thinking shifts to critical thinking Able to hear rational requests Responds to meds & physical limitations.	Coping abilities begin to reconstitute to either lower level of functioning or baseline level Acceptance of responsibility Understands reason for staff's response	Able to accept new coping skills Able to use previous coping skills Resistance to coping skills Able to listen	Able to accept new coping skills Regression back to old coping skills Seeking help from staff to improve.
Emotion Range & Rationality	Able to effectively think and respond to rational communication. Emotions congruent to situation.	Ability to respond to rational communication diminishes Anger and emotions take over Thought process & rationality diminish	Resistant to authority Hostility Random questioning Oppositional & uncooperative Compulsion to escape Withdrawal	Chaotic thought Process Reactive thinking takes over Irrational feelings of persecution or threat Fight or Flight initiates	Able to calm Able to listen to reason Reduced verbal and physical outbursts Bargaining Crying Emotional breakdown	Relief Remorse Depression Shame Anger Guilt Thankfulness Emotionally spent	Depression Guilt Remorse Suicidal thoughts or actions Acceptance of staff's help	Normal emotional responses Able to withstand stressors better Quiet and withdrawn
Goal for the Client	To maintain normal emotional reactions & independence of thoughts and actions.	Return to normal baseline by reducing perceived threat. May respond to rational requests of therapeutic intervention. Inability to respond to therapeutic intervention	Return to equilibrium by reducing perceived threat, loss or challenge Intimidation & threats to get what they want or don't Energy release	Focusing only on the goal they want, or avoiding what they don't want through intimidation, threats, violence, either verbal or physical.	Desire to lessen restrictions & reintegration with community & staff Requests for food, drinks, sleep Plotting revenge	Emotional reintegration with community Communicates range of emotion to staff Hope of not repeating incident Desire to leave facility	Desire to improve Learn better coping skills Use current coping skills Plan for future success	Return to emotionally normalcy Communicate to staff more effectively Desire to leave treatment
Staff Response and Goals	Normal and rational interaction. Maintaining treatment goals of functional communication. Active Listening Empathetic treatment	Supportive focus on here and now. Identify and remove source of threat, if possible internally or externally. Active listening	Redirect Offer Choices Don't engage in power struggles Refocus on present Compassionate firm limits Active Listening Re-direction & Distraction Technique	Non-threatening communication Seek assistance from support staff Find solutions that works for both staff & client Set & enforce limits Safe physical containment	Re-establish supportive, empathic communication Communicate intent of intervention as therapeutic rather than punitive Offer fluids and physical care Active listening	Supportive communication Help client back to normal baseline Plan for incident follow-up Maintain safety for client during emotional drop Active listening	Communicate empathy & help deal with future stressors Root cause for escalation Find out what we can do to help prevent incident from reoccurring	Observe client for deviation in baseline in order to better predict future behavior shifts. Supportive communication Follow up plans for client for discharge