

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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WPPNT Reminders

- Call 877-820-7831 before 11:00 a.m.
- Enter passcode 107633#, when prompted.
- Questions may be asked, if time allows.
- To ask a question, press *6 on your phone to unmute yourself. *6 to remote.
- Ask questions for the presenter, about their presentation.
- The link to the evaluation for today's presentation is on the WPPNT webpage, under today's date:
<https://www.dhs.wisconsin.gov/wppnt/2020.htm>.
Complete the evaluation to receive the CEH.

*CRISIS AND EMERGENCY
STATES OF MIND*

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2020

DISCLOSURES

No ties to pharma or other industry

2020

Like 1998 with impeachment, 1918 with a killer pandemic, 1929 with unemployment, and now 1968 with social unrest

Peter Baker, NYTimes 5/30/20

OBJECTIVES

1. To consider ideas that sharpen skill in gauging psychological distress
2. To think and feel one's way into the experience of another person
3. To improve engagement, assessment, and intervention

CRISIS - EMERGENCY CONTINUUM

- Disaster states – pronounced but non-pathological reactions -->
- Crisis states – urgent -->
- Emergency states – psychiatric , life-and-death, immediate



ED/PES WAITING ROOM

- ❖ Who needs immediate attention?
- ❖ Who looks complicated?

CONSIDER PERSONAL REACTIONS

- ❖ Interest, puzzlement, fear?
- ❖ Discomfort, pathos, etc?
- ❖ Engageability

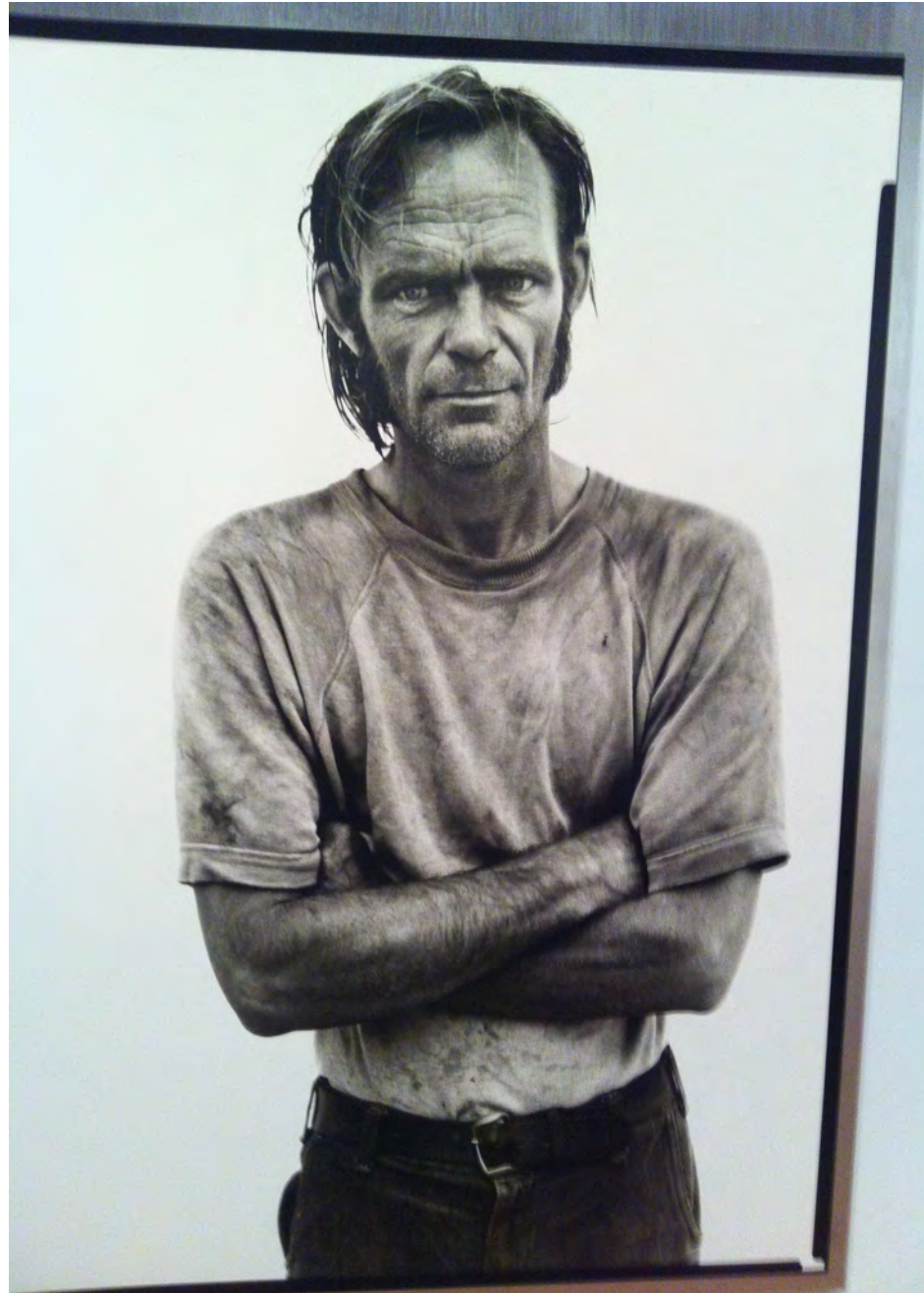
(Nine images: who is most in danger?)









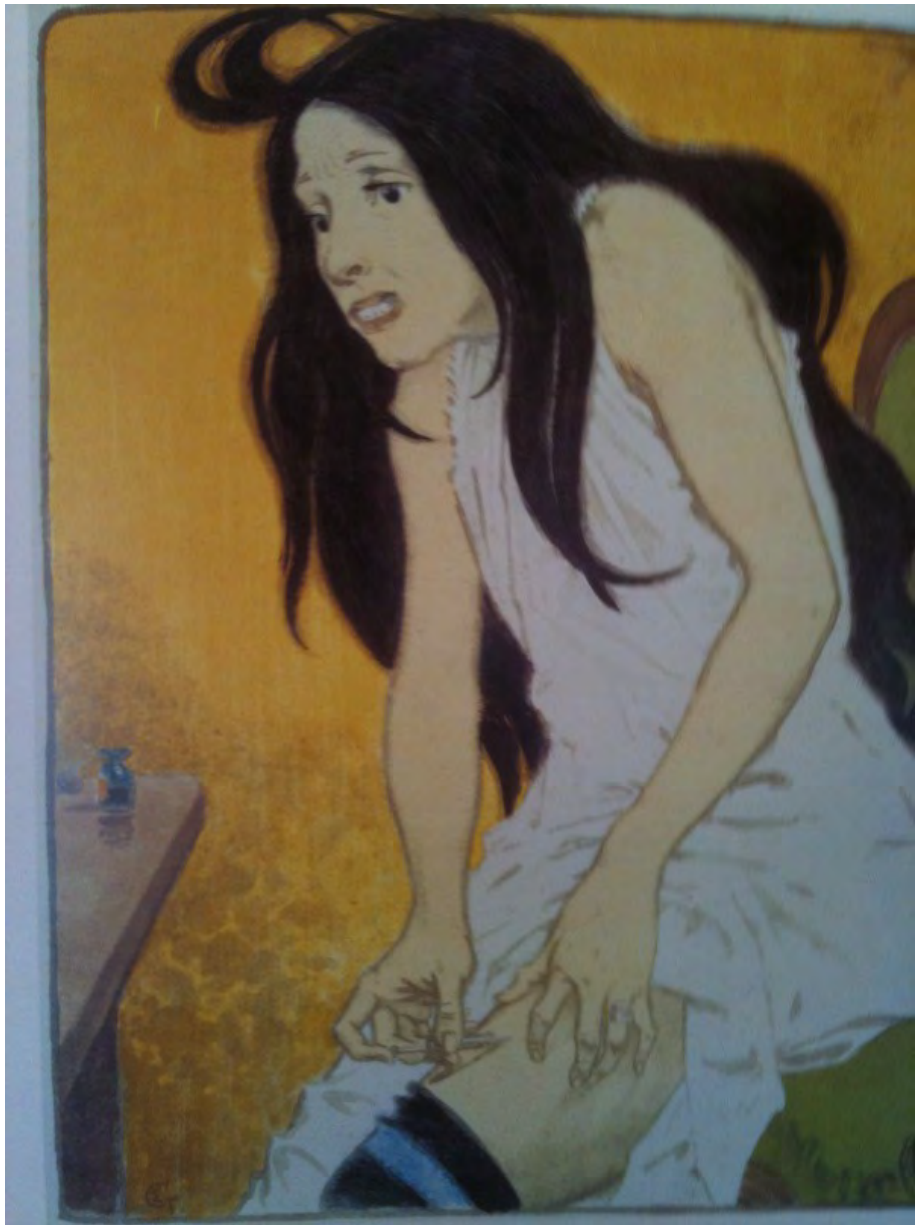


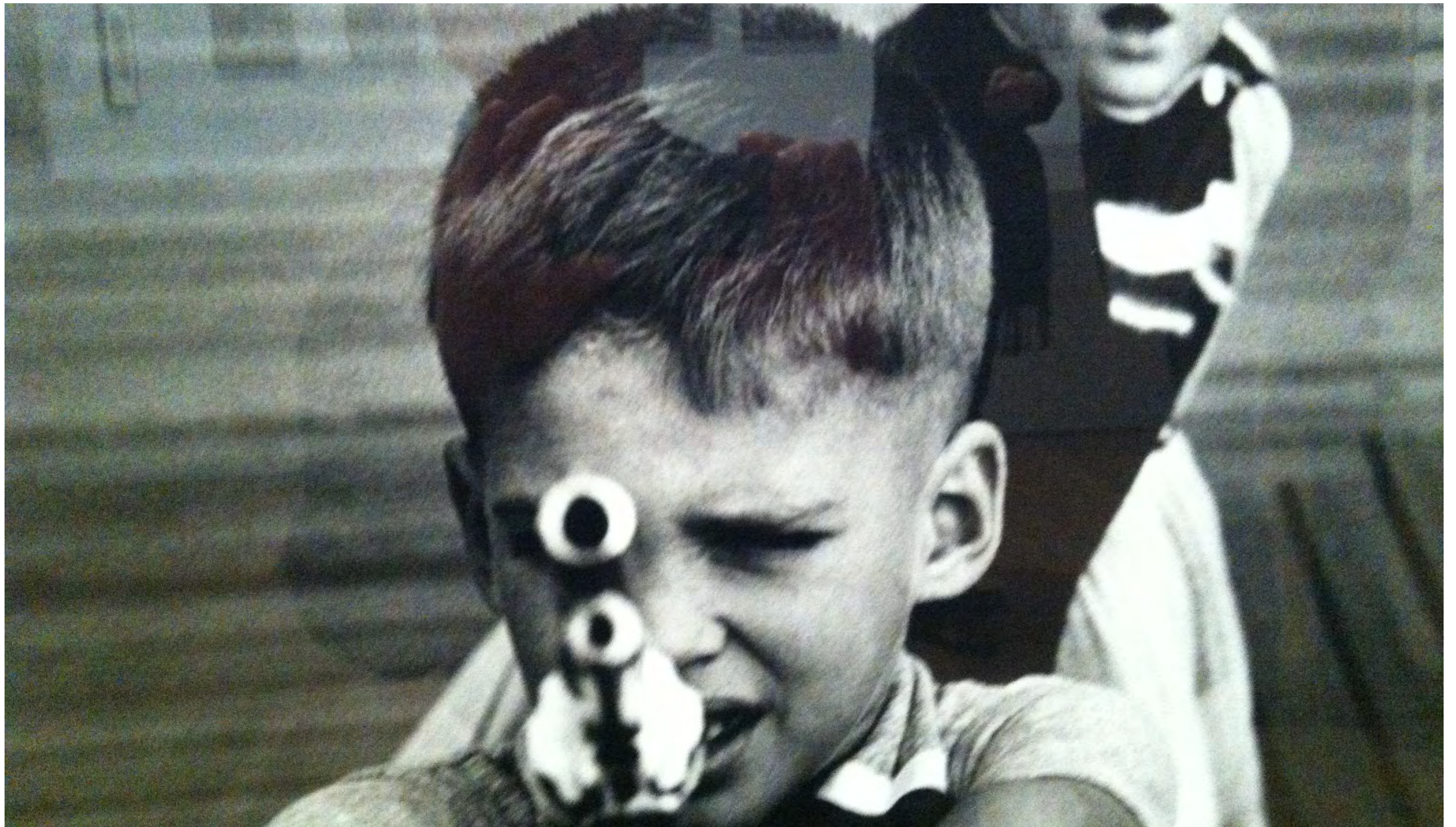


9.

Lucian Freud







CASE EXAMPLE 1

- 8 yo boy took toy gun to school, “shooting” at kids and teachers
- New, sudden onset of being disruptive, hyperactive, and inattentive
- No previous mental health or psychiatric history
- Escalated when offered evaluation and counseling
- Protest march in his neighborhood last few nights. Parent noticed a change after a bottle was thrown through the window of their home.

NORMAL STATES OF MIND IN DISASTERS

1. Fear
2. Hyperarousal
3. Disconnectedness
4. Helplessness
5. Hopelessness

PSYCHOLOGICAL FIRST AID

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1. Safety (← fear)
2. Calmness (← hyperarousal)
3. Connectedness (← disconnected)

PSYCHOLOGICAL FIRST AID

PFA is a strengths-based intervention for non-pathological conditions in disaster settings designed to create an environment of:

1. Safety (← fear)
2. Calmness (← hyperarousal)
3. Connectedness (← disconnected)
4. Self-efficacy—empowerment (← helpless)

PSYCHOLOGICAL FIRST AID

PFA is a strengths-based intervention for non-pathological conditions in disaster settings designed to create an environment of:

1. Safety (← fear)
2. Calmness (← hyperarousal)
3. Connectedness (← disconnected)
4. Self-efficacy—empowerment (← helpless)
5. Hopefulness (← hopeless)

PSYCHOLOGICAL FIRST AID: HOW YOU CAN SUPPORT WELL-BEING IN DISASTER VICTIMS

People often experience strong and unpleasant emotional and physical responses to disasters. Reactions may include combinations of confusion, fear, hopelessness, helplessness, sleeplessness, physical pain, anxiety, anger, grief, shock, aggressiveness, mistrustfulness, guilt, shame, shaken religious faith, and loss of confidence in self or others. A variety of helpful interventions can assist individuals and communities to recover.

Following a disaster, governments and relief organizations play an important role in reducing distress for both victims and the broader society. Ensuring equitable distribution of resources (such as food, clothing and shelter) and prompt access to healthcare increase trust and improve outcomes. Adhering to ethical principles when providing interventions and relief efforts enhances community well-being.

When interacting with individuals affected by a disaster event, there is consensus among international disaster experts and researchers that Psychological First Aid (PFA) can help alleviate painful emotions and reduce further harm from initial reactions to disasters. Your actions and interactions with others can help provide PFA to people in distress, by creating and sustaining an environment of (1) safety, (2) calmness, (3) connectedness to others, (4) self-efficacy—or empowerment, and (5) hopefulness. Consider the following suggestions:

DO:

- Help people meet basic needs for food & shelter, and obtain emergency medical attention. Provide repeated, simple and accurate information on how to obtain these (safety).
- Listen to people who wish to share their stories and emotions; remember there is no wrong or right way to feel (calming).

Following a disaster, governments and relief organizations play an important role in reducing distress for both victims and the broader society.

- Be friendly and compassionate even if people are being difficult (calming).
- Provide accurate information about the disaster or trauma and the relief efforts. This will help people understand the situation (calming).

- Help people contact friends or loved ones (connectedness).
- Keep families together; keep children with parents or other close relatives whenever possible (connectedness).
- Give practical suggestions that encourage people towards helping themselves and meeting their own needs (self-efficacy).
- Direct people to locations of available government and non-government services (hopefulness).
- If you know that more help and services are on the way, remind people of this when they express fear or worry (hopefulness).

DON'T:

- Force people to share their stories with you, especially very personal details (may decrease calming).
- Give simple reassurances like "everything will be ok" or "at least you survived" (often diminishes calmness).
- Tell people what you think they should be feeling, thinking or doing now or how they should have acted earlier (decreases self-efficacy).
- Tell people why you think they have suffered by giving reasons about their personal behaviors or beliefs (also decreases self-efficacy).
- Make promises that may not be kept (decreases hope).
- Criticize existing services or relief activities in front of people in need of these services (diminishes hope and calming).

PFA REFERENCE

https://www.cstsonline.org/assets/media/documents/CSTS_FS_Psychological%20First%20Aid_Support_Well_Being_of_%20Disaster_Victims.pdf

Center for the Study of Traumatic Stress. Uniformed Services University.

USES OF PFA

- ❖ Victims of disaster
- ❖ On oneself
- ❖ First step in de-escalation of psychiatric agitation

PFA

1. Safety
2. Calmness
3. Connectedness
4. Self-efficacy—empowerment
5. Hopefulness

DISTINCTIVE FEATURE

- Avoids pressuring people to tell their story
- Reduces exposure to repeated accounts of painful material and possibly less consolidation of bad memories (cf. CISD)

‘DONTS’

- Tell people “Everything will be ok...there’s nothing to worry about.”
(Instead, if true, might say, “Everything possible is being done.”)
- Criticize existing services in front of people in need of these services

SIGNS OF NEED FOR REFERRAL

- Severe or lingering symptoms
- Anxiety, depression, psychosis, behavioral disturbance, substances

EMERGENCY STATES

❖ Overt

❖ Latent



9.

Lucian Freud

OVERT

❖ Danger to self

❖ Danger to others



EMERGENCY DETENTION

1. Diagnosis
2. Dangerousness
3. Inability or unwillingness to cooperate [*See 51.15(1)(ag)3. Added in 2013*]

LATENT

- Minimization or guarding: emergency is more than what it seems
- Exaggeration or feigning: emergency is less than what it seems
- Lack of engagement in both instances; evaluators kept at arm's length

CLINICAL INSIGHT

- Places a premium on our ability to think and feel our way into the experience of another person





What state of mind?

Normal, crisis, or emergency?

How can you help?

CASE EXAMPLE 2

”Reggie”: a 45-year-old African-American police officer.

Threatened suicide to his partner.

Partner and shift commander forcibly bring him into PES.

He says he’s fine, doesn’t need help, just wants to go home.

Seems angry and stressed. He is under investigation and gained notoriety for the recent shooting (non-fatal) of a black teenage boy.

Wife hints at domestic violence, recently threatened divorce.

R. patrols a black neighborhood and has a history of excessive use of force.















UNIVERSAL DYNAMIC

❖ Self-disclosure

❖ Guarding and defense

What might you say to him?

ENGAGEMENT

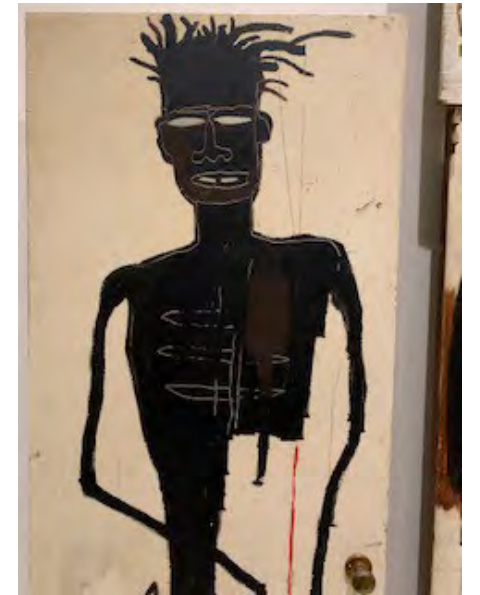
❖ De-escalation

❖ Risk assessment

IDEALLY

- ❖ Ideally, he *tells* us how much risk he poses for doing harm to self or others, and how much help he needs.

DISCUSSION



Jean-Michel Basquiat (1960-1988). Paintings from Guggenheim NY exhibit, 2019.