

Chapter 12

Behavioral Emergencies

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Behavioral Crises

- Situations in which a person exhibits abnormal or unacceptable behavior
 - May be the primary reason you are called
 - May be a secondary reaction to another situation

(1^o of 2)

Behavioral Crises

- Factors that may cause behavioral changes:
 - Medical conditions
 - Physical trauma
 - Psychiatric illnesses

(2^o of 2)

Situational Crises

- A state of emotional upset or turmoil
- Most situational crises
 - Are sudden and unexpected
 - Cannot be handled by usual coping mechanisms
 - Last only a short time

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Phases of a Situational Crisis

- Phases of a situational crisis:
 - High anxiety or emotional shock
 - Denial
 - Anger
 - Remorse or grief
- People may not experience every phase, but they will experience one or more.

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Denial

- Refusal to accept the fact that an event has occurred
- Your response:
 - Allow patient to express denial.

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Anger

- Normal human response to emotional overload
- May follow denial or replace it
- People may vent angry feelings at you.
 - Remain calm.
 - Resist the urge to respond angrily.

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Anger

- Easier to address anger @ unknown people
- Frustration & helplessness can lead to anger

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Remorse or Grief

- An acceptance of the situation may lead to remorse or grief.



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Crisis Management

- Role of the first responder:
 - Perform scene size-up.
 - Perform initial patient assessment.
 - Examine the patient.

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Crisis Intervention Techniques

- Remain calm.
- Reassure patient.
- Take your time.
- Use eye contact.
- Touch the patient.
- Talk in a calm, steady voice.
- Demonstrate confidence.
- Do not take the patient's comments personally.
- Keep your sense of humor.

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Communication w/ pt

- 1st talk to the pt
 - Lets them know you care
 - Ask them their name & tell them yours
- Be honest, warm, caring & empathetic
- Position yourself @ eye level
- Don't stand above the pt
- Establish eye contact

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Communication Techniques

- Restatement: Rephrasing and repeating patient's statements
- Redirection: Focusing patient's attention on the immediate situation
- Empathy:

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Communication Skills

- Identify yourself
- Let them know you are there to help
- Ask ?s in calm voice
- Allow pt to tell you what happened
- Use restatement & redirection skills
- Acknowledge the pt feelings
- Assess mental status
 - Appearance
 - Activity
 - Speech
 - Orientation to person, place & time

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Crowd Control

- May help reduce patient's anxiety
- As part of initial overview
 - Look to see if crowd might become hostile.
 - Better to ask for help early than to wait until the situation is truly unsafe.

(1st of 2)

Crowd Control

Ask for help with an unruly crowd.



(2nd of 2)

Domestic Violence

- Includes elder abuse, child abuse, and spouse and domestic partner abuse
- When responding to a domestic violence call:
 - Maintain safety for all rescuers and patient.
 - Ensure that you can perform effective assessment and treatment

(1st of 2)

Domestic Violence

- Abusers may be paranoid, overly sensitive, obsessive, or threatening.
- Try to separate patient from abuser.
- Learn the requirements for reporting cases in your state.

(2nd of 2)

Cycles of Abuse

- Tension phase
 - Abuser becomes angry/blames victim.
- Explosive phase
 - Abuser loses control.
 - Most injuries to victim happen in this phase.
- Make-up phase
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The Violent Patient

- Signs of potential violence
 - History of violence
 - Yelling or verbal threats
 - Loud, obscene, or bizarre speech
 - Pacing, inability to sit still, protecting personal space
 - Abuse of drugs or alcohol

(1st of 2)

The Violent Patient



(2 of 2)

Violence Against First Responders

- Factors that increase the risk of violence
 - Working alone or in small numbers
 - Working late at night or early in the morning

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The Armed Patient

- Do not attempt to handle unless you are a law enforcement officer.
- Summon assistance if you think a person is armed.
- Stay in your vehicle if you must wait for a police officer.

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Medical/Legal Considerations

- Be familiar with local laws and protocols.
- If patient is a threat to self or others, it is possible to treat without consent.
- Reasonable force may have to be applied.

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Suicide Crisis

- Get complete history of incident.
- Support patient's ABCs as needed.
- Dress open wounds.
- Treat patient for spinal injuries, if indicated.

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Sexual Assault

- Patient may have a hard time dealing with rescuer of same sex as offender.
- Treat any open wounds.
- Preserve and avoid moving evidence.
- Do not allow patient to bathe or use the toilet.
- Keep scene and evidence undisturbed.

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Death and Dying

- Witnessing death brings fear to forefront.
- Consider psychological needs of patient and family.
- Do not make false statements.
- Do not destroy hope.
- Constantly be on guard to prevent callousness from developing in your care.

(1st of 2)

Death and Dying



Do not be afraid to show empathy to patients and family members.

(2nd of 2)

Critical Incident Stress Debriefing

- Developed to prevent/relieve stress caused by critical incident
- Helps rescuers understand signs and symptoms of stress

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