Compassionate Crisis Responding:

Mental Health First Aid

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Daniel L Davis, Ph.D. ABPP (Forensic) is a Board-Certified Forensic Psychologist in private practice in Columbus Ohio. He is licensed in the state of Ohio as a psychologist and holds a Certificate of Professional Qualification from the Association of State and Provincial Psychology Boards. He retired as a Senior Forensic Psychologist with the Netcare Forensic Center.

Dr. Davis is board certified by the American Board of Professional Psychology and the American Academy of Forensic Psychology in Forensic Psychology. He has over 41 years of practice in psychology. Dr. Dan Davis



He is the author of two books, co-author of two others and three book chapters. Dr. Davis is the co-author, with Yossef S. Ben-Porath PhD, ABPP of the original Case Studies for Interpreting the MMPI-A published by the University of Minnesota Press, as well as the Case Studies for Interpreting the MMPI A RF published in 2022.. Taylor and Francis published "Your Angry Child: A Guide for Parents as well as The Aggressive Adolescent: Clinical and Forensic Issues.

He is the author of Competency to Stand Trial in Intersections of Psychiatry, Psychology and Law, published by ACFP Press. He has co-authored with Terry Kukor PhD, ABPP, a chapter on Adjudicative Competence in Juveniles in a The Handbook of Forensic Sociology and Psychology published by Springer Press. His most recent chapter, also co-authored with Dr. Kukor, is Conceptual Issues in the Ethics of Animal Maltreatment Assessment in Practice and Ethics in Forensic Animal Maltreatment Evaluations, edited by Thomas Grisso is published by Oxford University Press.

He has authored a number of professional articles in peer-reviewed journals. He lectures and provides workshops in both the United States and in Canada.

He has received numerous awards and honors and has testified on behalf of the Ohio Psychological Association before the Ohio General Assembly on matters pertaining to psychological services and served on various statewide, national, and international committees addressing issues of mental health, youth and juvenile corrections and is a co-founder of the National Forum on Residential Treatment of Sexually Traumatized Youth.

Dr. Dan Davis



He has served as the Clinical Director of the Buckeye Ranch and as the Supervising Psychologist of the Timothy B. Moritz Forensic Unit of the Ohio Department of Mental Health. He also served as the Clinical Director of the Central Ohio Cluster of Mental Health Services of the Ohio Department of Rehabilitation and Correction.

He has also held consulting positions with the Nationwide Children's Hospital, the Ohio Department of Mental Health, The Ohio Department of Youth Services, New York State Department of Mental Health, Central State Hospital in Louisville Kentucky, Netcare Forensic Psychiatry, Southeast Mental Health Center, and the Central Ohio Mental Health Center. While a junior in College, he founded Concord Counseling Service, in Westerville Ohio.

He has held adjunct academic appointments as a Clinical Assistant Professor of Psychiatry in the College of Medicine of The Ohio State University and as an adjunct senior lecturer faculty appointment in the Department of Psychology of Otterbein College.

Most importantly, he is a proud grandfather of six grandchildren and celebrates the achievements of his son, Joshua L. Davis, Ph.D. as an I/O psychologist, and the father of two children. He is grateful to his long-suffering wife, Vickie, and continues to be amazed by his four stepchildren who are a doctoral lecturer in Educational Linguistics, a Pediatrician, an Osteopathic Physician, and a computer programmer.

Presented for Heart to Heart food pantry

- First and most importantly, thank you for what you do.
- Your work brings you into contact with persons with many needs: including the seriously mentally ill.

Understanding Mental Health Crisis

- Most common mental health crisis emotions involve:
 - Fear
 - Being overwhelmed by negative emotions
 - Suicidal/homicidal thoughts.
 - Feeling/being out of control.
- A mental health crisis does not always mean someone is a danger to self/others

Terms to Understand

Downward Drift

Drift hypothesis, concerning the relationship between mental illness and social class, is the argument that illness causes one to have a downward shift in social class.

Learned Hopelessness

A state that occurs after a person has experienced a stressful situation repeatedly. They come to believe that they are unable to control or change the situation, so they do not try — even when opportunities for change become available.

Possible Causes

External

- Increased Stress
- Traumatic loss of person or companion animal.
- Traumatic Events
- Major Life Changes

Internal

- Intense Depression
- Hopelessness
- Anxiety
- Panic
- Anger
- Internal Stimuli
- Visual/Auditory Hallucinations
- Delusions.

Schizophrenia

Positive symptoms:

- Hallucinations
- Delusions
- Disorganized Speech
- Disturbances in thought

Effects less than 1% of the general population

Negative symptoms:

- Lack of motivation.
- Blunted or inappropriate emotional expression.
- Social disinterest.
- Reduced speech.
- Reduced ability to experience pleasure.

Mood Disorders

Bipolar Disorders

- Mania
- Grandiosity
- Pressured Speech
- Severe impulsiveness and/or recklessness

Major Depression

- May be single episode or recurrent.
- May have psychotic symptoms (mood congruent)
- May have physical symptoms:
 - Lack of appetite.
 - Lack of sleep.
 - Agitation.

Schizoaffective Disorder Combination of symptoms of schizophrenia and bipolar disorder.

Neurocognitive Disorders

- Dementia
- TraumaticBrain Injury

Other Conditions

- Anxiety Disorders including PTSD
- Borderline Personality
 Disorder
- Attention Deficit
 Hyperactivity Disorder
- Eating Disorders.
- Dissociative Disorders.
- Obsessive Compulsive Disorders.

Will Mentally III People Hurt Me?

- The rates of violence for persons with mental health conditions are no greater than anyone else.
- Only 3-5% of violent acts can be attributed to persons living with a serious mental illness.
 - People with mental illness are far more likely to be victims rather than perpetrators. Over 10 times more likely than non mentally ill persons.
 - Substance abuse increases risk of violence.
 - Prior violent behavior increases the risk of violence.



Do People Get Better?

- Up to 65% of people living with serious mental illness experience full to partial recovery over time.
- One third of those with lifetime serious mental illness reported having been in remission for the past 12 months.
- Recovery rates were lower until age 32 and then progressively increased.





Two key concepts to remember:



First

Reasoning with an angry and/or delusional person is not possible



Second

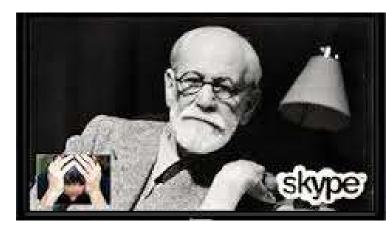
The first and only objective in deescalation is to reduce the level of agitation so that discussion becomes possible.



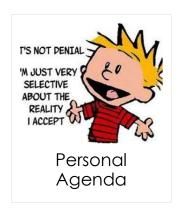
De-escalation

- De-escalation techniques are inherently abnormal. They go against our natural fight or flight reflexes.
- Remain calm and centered.
- Remain Professionally Detached





Motivations for Disruption











Seeking Attention





Suggestions



Model these non-verbal behaviors



Control Your Breathing



Control Your Voice: Volume & Tone



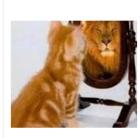
Don't Engage in Argument / Discussion



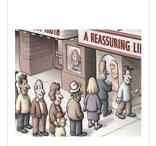
Control Body Language



Control Vocabulary



Appear Calm & Self-Assured



Select Appropriate Location



Maintain Limited Eye Contact



Neutral Facial Expression



Alert Posture



Keep Hands to Yourself



Speak Calmly

Position Yourself for Safety



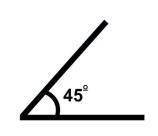
Don't invade personal space



Stay at eye level



Maintain the same height



Angle yourself at 45 degrees



Maintain distance

Don't Go It Alone

CALL FOR HELP

988 Call when there is a mental health crisis that does not put anyone in immediate physical danger

911 Call when there is immediate danger to public safety and dispatch of emergency services is necessary

Summary

Focus Stay focused upon the task at hand.	Respect Respect personal space.	Set limits on conversation, remind them that there are others that need to be served or other tasks that need to be completed.
Listen but gently remind of the need to serve others in line.	Affirm Be affirming of them as persons.	Don't If uncomfortable, don't try
Don't argue or confront what seems to be delusional thinking.	Don't Don't offer advice.	to manage things yourself.
Maintain good eye contact.	If in a conversation, listen to the emotions and not the words.	Resources: • 988 • 911

What About The Impact on Me?

May bring up painful experiences from the past

Vicarious trauma

Address it directly with yourself and remember that what you heard can be a trigger which can be resolved.

Remind yourself that your past is not theirs.

If needed, take a break, do some self-care

Resources

- ADAMH- <u>Alcohol, Drug and Mental Healthcare Board</u>
 <u>Mental Health First Aid Training</u>
 Contact: <u>Maureen Traverse</u>, Mental Health Ohio
- NAMI- <u>National Alliance on Mental Illness</u> 800-950-6264 or text "HelpLine" to 62640
- Franklin County Mental Health and Addiction Crisis Center Coming Soon! Opening in 2025, broke ground in February Joint project with ADAMH & COHC 465 Harmon Ave. in South Franklinton