



# ***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.

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.

# Dr. Dan Davis



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.

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.

# *Dr. Dan Davis*





*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
- Traumatic  
Brain Injury



*Other  
Conditions*

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

# *Will Mentally Ill 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.

*De-escalation  
Pointers*

WHAT TO DO?





# Two key concepts to remember:

## First

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



## Second

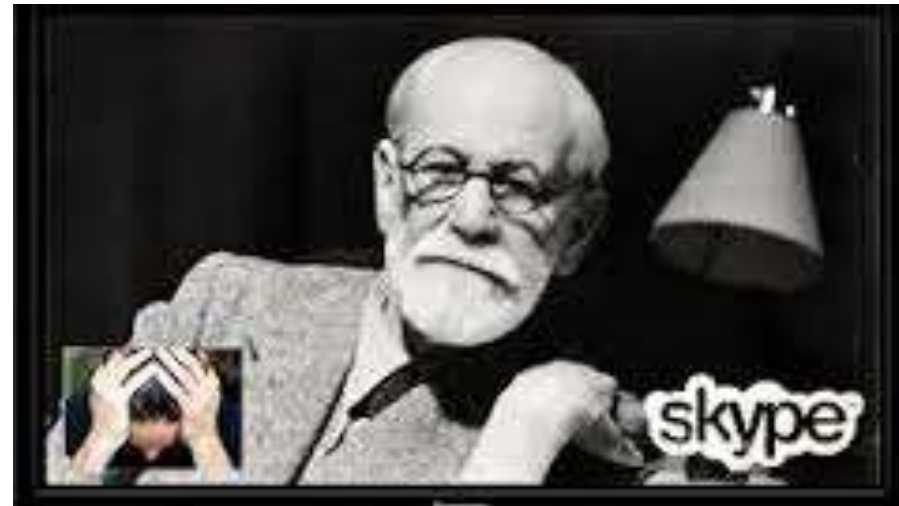
The first and only objective in de-escalation is to reduce the level of agitation so that discussion becomes possible.



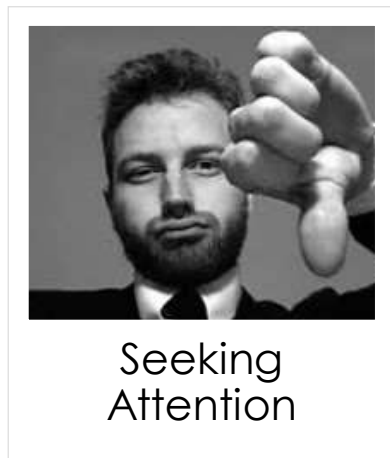
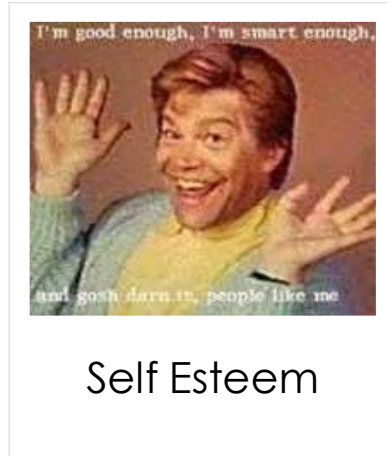


# De-escalation

- 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



# *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



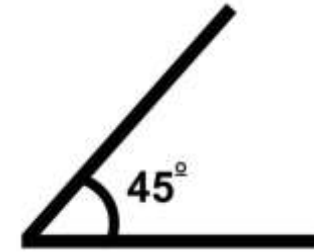
Don't invade  
personal  
space



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

<b>Focus</b>	Stay focused upon the task at hand.	<b>Respect</b>	Respect personal space.	<b>Set Limits</b>	Set limits on conversation, remind them that there are others that need to be served or other tasks that need to be completed.
<b>Listen</b>	Listen but gently remind of the need to serve others in line.	<b>Affirm</b>	Be affirming of them as persons.	<b>Don't</b>	If uncomfortable, don't try to manage things yourself.
<b>Don't</b>	Don't argue or confront what seems to be delusional thinking.	<b>Don't</b>	Don't offer advice.	<b>Resources</b>	If needed use crisis resources: <ul style="list-style-type: none"><li>• 988</li><li>• 911</li></ul>
<b>Maintain</b>	Maintain good eye contact.	<b>Listen</b>	If in a conversation, listen to the emotions and not the words.		



## *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-** Alcohol, Drug and Mental Healthcare Board  
Mental Health First Aid Training  
Contact: Maureen Traverse, Mental Health Ohio
- **NAMI-** National Alliance on Mental Illness  
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