

# Navigation

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Reducing EMS Misuse and Abuse Using Crisis Intervention

# About Us

## Your Instructors

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# Crisis versus Emergency

- a time of great disagreement, confusion, or suffering
  - an extremely difficult or dangerous point in a situation
  - experiencing a time of great difficulty, danger, or suffering
  - a dangerous or serious situation that happens suddenly or unexpectedly and needs immediate action
  - an urgent need for assistance or relief
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# Crisis

- a time of great disagreement, confusion, or suffering
- an extremely difficult or dangerous point in a situation
- experiencing a time of great difficulty, danger, or suffering

-Cambridge Dictionary

# Emergency

- a dangerous or serious situation, such as an accident, that happens suddenly or unexpectedly and needs immediate action
- an urgent need for assistance or relief

-Cambridge Dictionary

-Merriam Webster

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# What is the REAL Difference

An EMERGENCY is defined by society.

- Advanced versus basic life support
- Emergency Room versus Urgent Care versus PCP
- Medical Directors, Organizational Leadership, Legislation, Insurance Companies, etc...

A CRISIS is what is perceived/experienced by the individual.

- When faced with a insurmountable obstacle
  - Individual knows no response to deal with a situation
  - A personal difficulty that immobilizes a person
  - Resources and/or Coping Mechanisms are overwhelmed
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# Types of Crisis

**Developmental Crisis:** Result of a normal life event

**Existential Crisis:** Based on concepts of purpose and fulfillment and not being able to achieve these goals. Common during life transition points.

**Situational Crisis:** Most common when considering crisis intervention.  
Sudden loss or grief.

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# Development of a Crisis

1. Critical Situation Occurs
2. Tension and Disorganization increase beyond coping abilities
3. A demand for additional resources is needed to resolve event
4. Referral for additional resources may be required

Who/What meets the resources needed and the referral?

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# LEARNED HELPLESSNESS





“The sea is dangerous and its storms terrible, but these obstacles have never been sufficient reason to remain ashore... Unlike the mediocre, intrepid spirits seek victory over those things that seem impossible... It is with an iron will that they embark on the most daring of all endeavors... to meet the shadowy future without fear and conquer the unknown.”

— **Ferdinand Magellan**

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# Navigation by the Numbers

*TC-3 Client Navigation has reduced 911 call volume by an average of 9 calls per client, or 74% initial reduction with a total call reduction of 85% (Including open clients).*

**2018 CLIENT CALL VOLUME  
PRE-NAVIGATION**

**710**

**2019 CLIENT CALL VOLUME  
PRE-INTAKE**

**2,219**

**2018 CLIENT CALL VOLUME  
POST-NAVIGATION**

**239**

**2019 CLIENT CALL VOLUME  
POST-INTAKE**

**794**

**2019 CLIENT CALL  
REDUCTION POST-  
NAVIGATION**

**3,013**

# Navigation by the Numbers

That is a **3,013** call reduction and is the equivalent of:

	Unit in Service Hours	Apparatus and Equipment Costs	Ambulance Transports	Insurance Costs
2018	222.16	\$12,796.31	236	\$975,860
2019	1,421.1	\$81,858.39	1,089	\$4,503,015
<b><u>Total</u></b>	<b>1,643.26</b>	<b>\$94,654.70</b>	<b>1,325</b>	<b>\$5,478,875</b>

# Types of EMS misuse/abuse

**Medical:** Chronic Conditions

**Aging:** Mobility

**Behavioral Health/Substance Abuse:** Alcohol

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# The Navigation Process

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LISTEN then ACT (A 6 step Crisis Intervention Process)

# Navigation Overview

## LISTEN

1. Define the Problem
2. Ensure Client Safety
3. Provide Support

## ACT

4. Examine Alternatives
5. Make Plans
6. Obtain Commitment



# Listen First

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Training to Listen



# Listening: **Non-Verbal Communication**

## Facial Expressions



## Body Posture



## Eye Contact



## Space



## Gestures



## Touch



# Listening: Verbal Communication

## Close Ended Questions

- Requires a short answer
- Yes or No answers
- Use to obtain specifics
- Avoid negative interrogatives (Don't you believe that?)

### Examples:

- Do you have a case worker?
- What is your case worker's number?
- Do you feel like you have been falling more frequently?
- Where do you fall most often?

## Open-Ended Questions

- Require a more in depth response
- Start with what or how
- Elicit client feelings/thoughts
- Request descriptions
- Plan oriented
- Stay away from 'why' to blame

### Examples:

- What kind of relationship do you have with your caseworker?
- How do you think you can achieve your goals?

## Reflective Statements

- Summation or Restatement after listening
- Shows you are listening
- Use for clarification

### Examples:

- So you are not happy with your caseworker because you feel like they do not listen to you.
- You think you are falling more frequently because after your hip surgery you could not attend rehab because there was no one to care for your pets.

# Facilitative Communication

*Giving your full attention to the client*

## Facilitative Listening:

- Focus on Client's perspective
- Address verbal and non-verbal cues
- Understand Client's ability for physical and emotional contact
- Attend verbally and non-verbally to client

## Facilitative Responding:

- **Summarizing:** to clarify client responses
- **Reflecting:** Show you understand feelings
- **Questioning:** Have client share emotions and thoughts
- **Interpreting:** Show you understand and have opinions on the situation
- **Reassuring:** Praise or show empathy to a situation
- **Advising:** Give advice on how to solve a problem

# Navigation Overview

## LISTEN

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# Define The Problem

- Identify the Client
    - Develop a referral process
    - Build in ROI/HIE/Liability/legal requirement early
  - Research the Client
    - Build a File to track pertinent data
    - Attempt an initial phone call
  - Triage the Client
    - Based on Agency priorities
    - Based on Acuity of Patient (affective, cognitive, functioning behavior)
  - Complete an Intake
    - Understand the Client's perspective
    - Gather pertinent information based on client concerns and resource matching
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# Ensure Client Safety

- Scene Safety
    - Navigator Safety is first priority
  - Address Emergencies
    - Law Enforcement
    - Medical
    - Behavioral
  - Suicidal/Homicidal
    - All clients assessed
    - Consider standardized (QPR)
  - Adult/Child Protective Services
    - Utilize local and state protocols
    - Start the process as early as possible
  - Meet Basic Needs
    - Physiological Needs: Food, Water, Warmth, Sleep
    - Safety Needs: Shelter, Medical, Financial (You may not be able to get to these)
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# Provide Support

- Unconditional and Positive
    - Overcome biases
    - Easier said than done
  - Validate Feelings
    - Their feelings are normal and reasonable
  - Allow Catharsis
    - Time to cry, vent, swear, etc..
  - Create Awareness
    - Reflect on thoughts and behaviors
    - Get the client to take a step back and prevent tunnel vision
  - Expand Point of View
    - Take and step back and prevent tunnel vision
  - Provide Guidance
    - Give information and direct
  - Mobilize
    - Activate and provide support systems
  - Create Order
    - Classify and Categorize to allow methodical approaches
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# Act Second

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And Keep Listening



# Examine Alternatives

## Navigation Styles

- Directive
  - Low functioning Client
  - Led by the Navigator
- Non-Directive
  - High Functioning Client
  - Led by the Client
- Collaborative
  - Led by the Navigator and the Client

## Considerations

- Each client is unique
  - Avoid one size fits all approaches
- Consider Multiple Alternatives
- Develop a Resource List
  - Give information and direct client
- Always look for more resources
- Alternatives can include situational support systems, community resources, coping mechanisms and reframing the problem
- Self-Awareness
  - Your limitations
  - Your values

## Referrals/Resources

- Keep Up to Date List of Resources  
[https://docs.google.com/spreadsheets/d/18\\_gQSTrt36uq2yVGYELSzujw9Xd6JKbbovO9RwO3LLw/edit#gid=1178368831](https://docs.google.com/spreadsheets/d/18_gQSTrt36uq2yVGYELSzujw9Xd6JKbbovO9RwO3LLw/edit#gid=1178368831)
  - Memos of Understanding (MOU)
  - Collaborate/Partnerships
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# Making Plans

## Short Term

- Goal: Reduce behavior
- Collaborate with Navigator
- Must be Realistic
- Consider:
  - Education
  - Activating Pre-existing Support Networks
  - Urgent Cares/Minute Clinics
  - Behavioral Health Facilities
  - Know what you can get, who can get it and how fast
  - Follow up

## Long Term

- Goal: Maintain Reduction
  - Navigator role ending
  - Consider:
    - Case Management
    - Home Care Services
    - Facility Placement
    - Follow up
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# Obtain Commitment

- Summarize the Plan of Action
  - Clarify and Correct
  - Verbal
  - Written
  - Hand shake
  - If unable to gain commitment consider using smaller incremental steps
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**QUESTIONS?**

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# Role Play Exercise

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# Building Your Program

- **Navigators** (field response crew)
  - **Community Outreach**: resource expertise, create a network
  - **Program Lead**: Make Decisions, guide, program development
  - **Funding Sources**: Donations, Employees, Reimbursement, Grants
  - **Documentation**: Case Notes, Data Tracking
  - **Procedural Guidelines**: Standardized, specific to agency, specific to community
  - **Training**: Standardized, Mental Health First Aid, Trauma Informed Care, Motivation Interviewing, Suicide Prevention, Etc...
  - **Retention**: Self-care, benefits, pay
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  - US Department of Health and Human Services (2009) Practice Guidelines: Core Elements In Responding To Mental Health Crises
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# Thank You

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Be the Change you want to see