Before It Escalates:

What Non-Clinicians Need to Know

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Objectives

At the conclusion of this training, participants will be able to:

- Recognize verbal and non-verbal indicators of distress and potential crisis in individuals.
- Demonstrate person-centered communication techniques that foster safety, dignity, and trust during interactions with individuals.
- Apply strategies in response to escalating behaviors that may indicate an individual is in crisis.

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Why This Training Matters

- Specialty Court participants often experience mental health, trauma, and substance use challenges.
- Not all team members are clinically trained, but every interaction matters.
- We can all contribute to safer, more respectful, and more effective environments.

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Crisis

A TIME OF INTENSE DIFFICULTY, TROUBLE, OR DANGER

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Crisis Unfolds as a Process

- Issues are being handled without upsetting the balance of things
- Issues are being handled, but things are becoming more stressful
- The person's ability to handle issues is overwhelmed
- The person reacts to being overwhelmed
- The person is supported to de-escalate, and they start to handle things again
- The person makes changes to be more resilient and less likely to be overwhelmed again

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The Person in Crisis

- Anxiety
- Helplessness
- Anger
- Shame/Guilt
- Confusion
- Fear

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Supporting Someone in Crisis

- Be present
- Stay calm
- Know agency policies
- Know who to call
- Be flexible
- Know your own stressors
- Self-care

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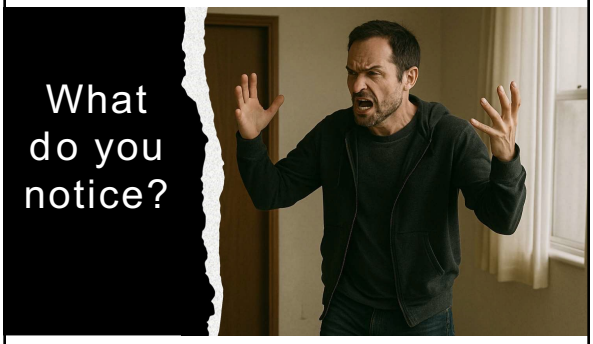

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Signs of Distress

- Verbal signs: Confusion, tangents, paranoia, hopelessness, agitation.
- Non-verbal signs: Avoidance, flat affect, pacing, clenched fists, withdrawal.
- Behavioral clues: Missed appointments, visible fear, shutting down.

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The Role of Communication

- Communication is more than words—tone, body language, and pace matter.
- Being person-centered means seeing the whole person, not just the behavior.
- Non-judgment, empathy, and curiosity build trust.

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Recovery Language

- Language both reflects and shapes perception
- Recovery-oriented language is clinically correct, not "politically correct"
- Continually assess our choice of words:
  - Is it strengths-based?
  - Is it non-judgmental?
  - Does it convey positive regard?
  - Is it accurate and clear?
  - How would someone not in our field react to hearing or reading it?
  - Is there a better way to say it?
  - What would individuals receiving services think/feel if they heard or read it?

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PERSON-FIRST	IDENTITY-FIRST
• Puts a person before an illness or disability • Avoids use of labels (ex: client, consumer, schizophrenic, frequent flier) • Avoids language or words that imply defeat, passivity, or helplessness (ex: victim, suffers) • Differentiates between singular and plural (ex: person with a mental illness vs. the mentally ill)	• The person identifies with the condition as part of their core self. • No language rule should ever take away from a person defining for themselves who they choose to be. • Whenever possible, ASK how a person chooses to identify, rather than making assumptions or imposing your own beliefs.

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Stigmatizing	Non-Stigmatizing
• Addict • Drug Abuser • Alcoholic • Clean • Clean Drop/Screen • Dirty • Recreational, Casual, or Experimental Users	• Person with a substance use disorder • Person with an alcohol use disorder • Abstinent • Substance-free • Actively using • Test revealed substances • People who use drugs

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VCVC: "Alternatives to Suicide" Focus

The Model	The Goal
Validation	I see you. I accept you as you are. I am glad that you are here. Your experiences and concerns make sense.
Curiosity	I value your individual story. I see you as a whole person (not a number or diagnostic label). I care about what's going on in your life. You are the expert of your experience.
Vulnerability	I am also a whole human being with my own strengths and struggles. I value our connection.
Community	We are not alone. Our connection exists in a wider community where we have other roles/identities….where we give/receive support.

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Examples of Invalidating Responses in All Situations

- "You're being selfish."
- "At least you're not…"
- "That's crazy."
- "I know exactly how you feel."
- "But you were doing so well."
- "Did you take your meds today?"
- "You should try a raw food diet."
- "You have so much to live for."
- "How would your family feel?"

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Validation Builds Connection

- "That sounds really hard…"
- "It makes sense you are angry…"
- "I can see why you feel that way…"
- "I am so sorry that happened to you…"
- "Thanks so much for sharing that experience with me…"
- "I have gone through something that sounds like that."
- "It must be incredibly difficult to live in those circumstances."

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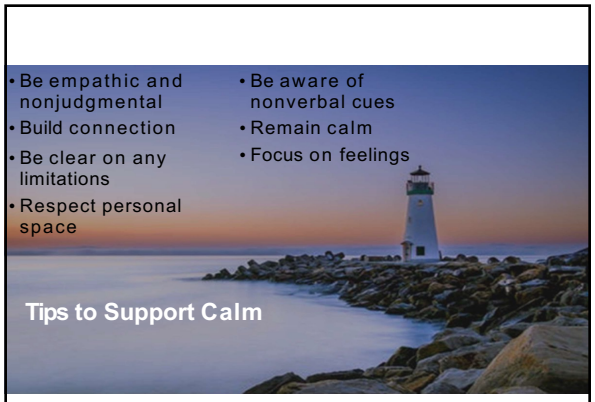

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Trauma

- Many individuals in crisis have experienced some type of trauma.

- Examples of trauma include, but are not limited to:
  - Experiencing or observing physical, sexual, and emotional abuse;
  - Childhood neglect;
  - Having a family member with a mental health or substance use disorder;
  - Experiencing or witnessing violence in the community or while serving in the military;
  - Poverty and systemic discrimination

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You're a non-clinician working with a Specialty Court. A participant enters visibly upset—pacing, avoiding eye contact, and talking fast. They state, 'None of this matters. I'm not doing this anymore.' They refuse to speak with their case manager.

Reflect on the following questions:

1. What verbal or non-verbal signs of distress do you notice?
2. Which VCVC step would you use first, and why?
3. Write a sample statement or question you could say in this moment.
4. What techniques could help restore safety and trust in this interaction?
5. What actions should you avoid that might escalate the situation further?

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Reflection:

What's one phrase or strategy you'll try using?"

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Key Takeaways

- You don't have to be a clinician to support someone in distress.
- Small changes in communication can prevent escalation.
- Collaboration and compassion are the foundation of safety.

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Crisis Resources

Suicide and Crisis Lifeline: 988	*Crisis Text Line:* Text CONNECT to 741741	*Veteran's Crisis Line:* 1-800-273-8255
Trevor Project Hotline 1-866-488-7386	*Trans Lifeline:* 1-877-565-8860	*National Youth Suicide Hotline:* 1-800-621-4000

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Support Lines

Illinois Warm Line:	1-866-359-7953
Friendship Line:	1-800-971-0016
National Domestic Violence Hotline:	1-800-799-7233
YouthLine:	1-877-968-8491

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