CRISIS INTERVENTION

MENTAL HEALTH NCLEX • HIGH-YIELD REVIEW

PSYCH / MH

1 DEFINITION / OVERVIEW

- **Crisis** = acute, time-limited state of psychological disequilibrium when a stressor **exceeds** the person's coping abilities
- Resolves in **4–6 weeks** (with or without intervention) — either return to baseline, function higher, OR decompensate
- **Goal:** restore pre-crisis level of functioning & prevent long-term psychological damage

3 TYPES OF CRISIS

MATURATIONAL: expected life transitions (marriage, parenthood, retirement)
SITUATIONAL: unexpected external event (job loss, divorce, death)
ADVENTITIOUS: disaster/trauma (hurricane, shooting, war)

KEY PRINCIPLES

✔ **Directive** — not insight/exploratory
✔ Focus on **PRESENT** problem only
✔ **Time-limited** (6 wks) & goal-oriented
✔ Active nurse role; here-and-now

2 PATHOPHYSIOLOGY — CAPLAN'S 4 PHASES

Mechanism: Stressor → failed coping → anxiety escalation → disorganization

PHASE 1
Stressor exposure → ↑anxiety → USUAL coping tried

→

PHASE 2
Usual coping fails → anxiety ↑ → trial & error

→

PHASE 3
All coping fails → severe anxiety / panic → new resources

→

PHASE 4
CRISIS STATE — disorganization, psychosis, SI/HI

⚠ *Intervention should occur **as early as possible** — ideally before Phase 4*

3 SIGNS & SYMPTOMS

EARLY / MILD

- Anxiety, restlessness, tension
- Difficulty concentrating / confusion
- Insomnia or hypersomnia
- Irritability, emotional lability
- Somatic Sx: HA, GI upset, palpitations
- ↑ HR, ↑ BP, ↑ RR (SNS activation)
- Social withdrawal, tearfulness

LATE / SEVERE RED FLAGS

- **Suicidal ideation / plan**
- **Homicidal ideation**
- **Psychosis** (hallucinations, delusions)
- **Severe dissociation**
- **Self-harm** behavior
- Unable to perform ADLs
- Panic-level anxiety / immobilization

Crisis Intervention — Nursing Care

INTERVENTIONS • MEDS • TRAPS • TEACHING • MEMORY

PSYCH / MH

4 PRIORITY NURSING INTERVENTIONS

ABC • SAFETY

- 1️⃣ **SAFETY FIRST** — Assess suicide/homicide risk *directly*
- **Maintain ABCs** — airway, breathing, circulation (overdose? injury?)
- **Provide calm, safe environment** — reduce stimuli, 1:1 supervision if needed
- **Establish rapport** — therapeutic communication, active listening
- **Assess perception** of the precipitating event
- **Identify support systems** & available coping skills
- **Focus on immediate problem** (here & now — not childhood!)
- **Directive approach** — give specific, concrete guidance
- **Short-term goals** (hours → 6 weeks)
- **Refer** to community resources / crisis hotline (988)

📞 **988 SUICIDE & CRISIS LIFELINE**

9 • 8 • 8

Call or Text — Available 24/7

5 PHARMACOLOGY

Benzodiazepines — *Lorazepam (Ativan), Alprazolam (Xanax)*

Use:	Acute anxiety, panic, agitation — short-term only
MOA:	Enhances GABA → CNS depression
Side FX:	Sedation, respiratory depression, dependence, paradoxical agitation (elderly)
Nursing:	Monitor LOC/RR, fall precautions, **NO alcohol**, taper off (don't stop abruptly)

Antipsychotics — *Haloperidol (Haldol), Olanzapine*

Use:	Severe agitation, psychosis, aggressive behavior
MOA:	Dopamine (D2) receptor blockade
Side FX:	EPS, NMS 🧯 (fever, rigidity, ↑CK), QT prolongation, anticholinergic
Nursing:	Check ECG, monitor for NMS, AIMS assessment, have **benztropine** ready for EPS

SSRIs — *Sertraline, Fluoxetine* (longer-term)

Use:	Depression, PTSD, anxiety — **takes 4–6 wks** for full effect
Side FX:	GI upset, ↑ suicidal ideation in adolescents, serotonin syndrome
Nursing:	Monitor mood + SI (esp. first 2 wks), no abrupt d/c, teach lag time

6 NCLEX TEST TRAPS — DON'T FALL FOR THESE!

- ❌ **TRAP:** Exploring childhood trauma during crisis ✅ **DO:** Focus ONLY on the **present** problem (crisis = directive, NOT insight therapy)
- ❌ **TRAP:** "I understand how you feel" / "Everything will be OK" ✅ **DO:** Use open-ended questions; **NEVER** offer false reassurance
- ❌ **TRAP:** Avoiding the word "suicide" thinking it'll plant the idea ✅ **DO: ASK DIRECTLY** — "Are you thinking of harming yourself?" builds trust, doesn't ↑ risk
- ❌ **TRAP:** Confusing crisis types — **marriage = maturational**, NOT situational ✅ **DO:** Expected life event = **maturational**; disaster = **adventitious**
- ❌ **TRAP:** Giving emotional support first when pt just overdosed ✅ **DO: ABCs + physical safety ALWAYS before psychosocial**
- ❌ **TRAP:** Long-term goals for a crisis patient ✅ **DO:** Crisis = **short-term (4–6 wks)**, concrete, m

Teaching & Memory Boosters

PATIENT EDUCATION • MNEMONICS • QUICK RECALL

HIGH-YIELD

7 PATIENT EDUCATION

COPING & AWARENESS

- Recognize **early warning signs** of rising anxiety
- Practice **deep breathing** & grounding (5-4-3-2-1 technique)
- Use journaling, exercise, mindfulness
- Avoid alcohol/drugs — they worsen crisis
- Sleep hygiene + balanced nutrition

SUPPORT & SAFETY PLAN

- Build & use your **support network** (family, friends, groups)
- Save crisis numbers: **988**, local hotline, therapist
- Remove access to lethal means (meds, firearms)
- Create a **written safety plan** with triggers & coping steps
- Keep **all follow-up appts** & take meds as rx

Teach-back method: *Have pt verbalize their safety plan before discharge*

8 MEMORY BOOSTERS

MNEMONIC: "CRISIS" — Nursing Intervention Steps

- **C** **alm** environment (reduce stimuli)
- **R** **apport** & reality orientation
- **I** **dentify** the precipitating problem
- **S** **afety** first — assess SI/HI
- **I** **nterventions** — directive, short-term
- **S** **upport** systems & referrals

MNEMONIC: "MSA" — 3 Types of Crisis

- **M** **aturational** → *Milestones* (marriage, midlife, retirement) — EXPECTED
- **S** **ituational** → *Sudden* (job loss, divorce, death) — UNEXPECTED to individual
- **A** **dventitious** → *Accident/disaster* (hurricane, shooting, war) — AFFECTS MANY

QUICK PATTERN RECOGNITION

- **Time limit:** 4–6 weeks
- **Priority:** SAFETY always #1
- **Approach:** DIRECTIVE (active, concrete)
- **Hotline:** 988 (24/7)
- **NOT:** insight / exploratory therapy
- **NOT:** focus on past
- **NOT:** long-term goals
- **NOT:** false reassurance

EXAM ASSOCIATION TIPS

- **"Hurricane/shooting"** in stem → think **ADVENTITIOUS**
- **"Marriage/new baby"** in stem → think **MATURATIONAL**
- **"Just lost job"** in stem → think **SITUATIONAL**
- **"What is PRIORITY?"** → always pick **SAFETY / ABC** first
- **Overdose + crisis** → treat **physical first**, then psych