Behavioral Emergencies

A Biopsychosocial Approach to Assessment and Care

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Today's Lecture

- Background
- What is a behavioral emergency
- The biopsychosocial approach
- Biological (medical) Causes
- Psychological Causes
- Social Causes
- Safety
- Specific Assessment Techniques

Background

My vision of EMS

My EMS Reality

What is a behavioral emergency?

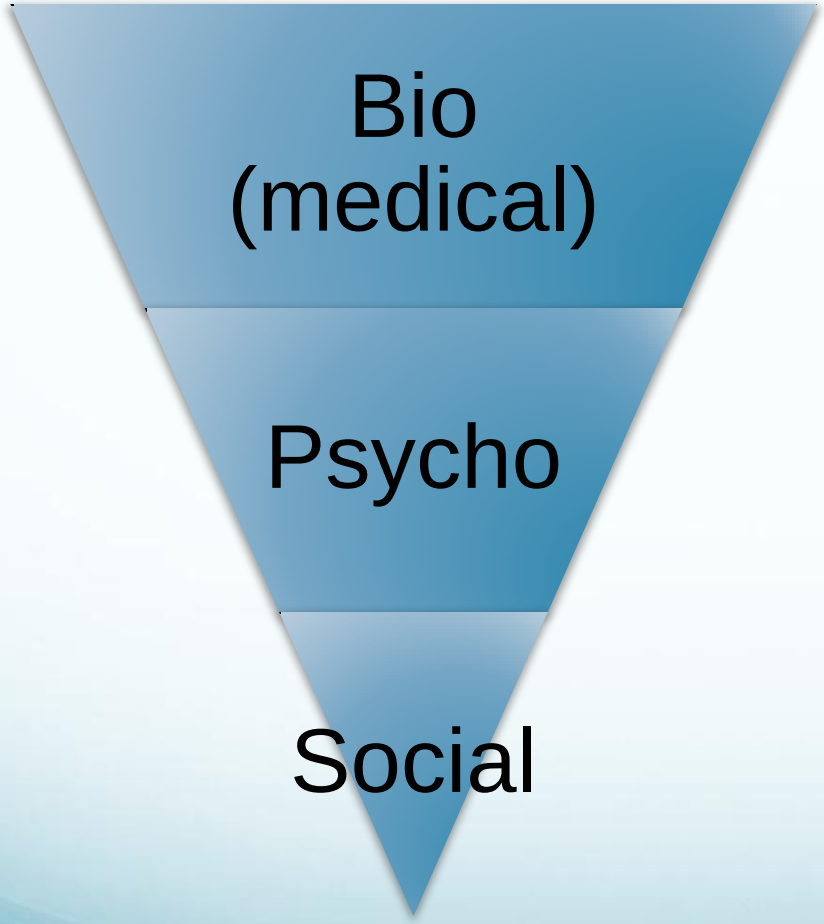
A state of being characterized by thoughts, feelings, or actions that are considered erratic, bizarre, or intolerable by the individual or those around him/her that has either a physiologic, psychological or environmental basis

The Biopsychosocial Approach

- An approach to behavioral emergencies that emphasizes considering biological (e.g. treatable medical problems), psychological, or social (environmental) causes of signs and symptoms

- Developed by social workers, adapted for EMS

Applying this concept to a patient



- Rule out medical causes of behavior
- Consider psychological causes of behavior
- How do environmental factors impact event

Biological (medical) Factors

- Always consider a medical cause of behavioral signs and symptoms first
- EMS providers bring the critical, sometimes life saving, skill of high index of suspicion of medical causes of behavioral symptoms

Medical Conditions to Consider

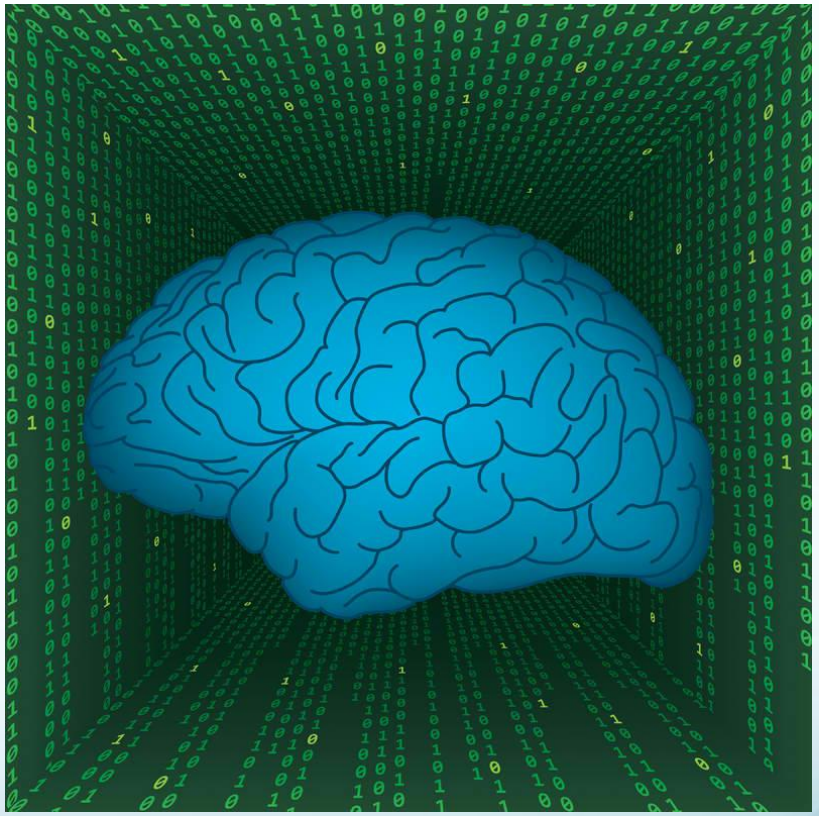
- Diabetes
- Infection
- Seizure
- Hypoxia
- Stroke
- Head Trauma
- Temperature
- It may be helpful to think of patient as ALOC patient first before focusing on behavioral symptoms

Psychological Factors

- After complete medical assessment, consider psychological causes of behavior.
- Do not assume behavioral signs and symptoms in someone with mental illness are solely related to their psychiatric problem
- It can be helpful to build greater knowledge about specific disorders

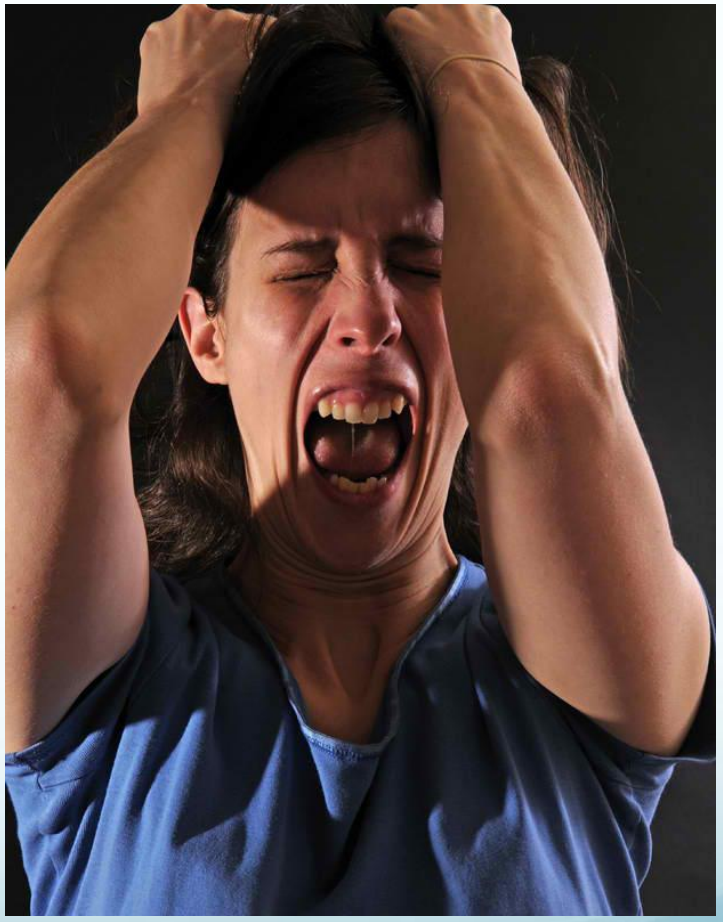
Specific Disorders

- Psychosis
- Schizophrenia
- Depression
- Bipolar Disorder
- Anxiety Disorders



Psychosis (a syndrome)

- Signs and Symptoms
  - Hallucinations
  - Delusions
  - Formal Thought Disorder
  - Agitation
- Causes
  - Metabolic
  - Fever
  - Trauma
  - Hypoxia
  - Substance Abuse
  - Psychological Disorder



Schizophrenia

- Characteristics
  - Frequent psychotic episodes
  - Otherwise flat affect w/severe thought disorder
  - Lifelong condition w/onset in adolescence or early adulthood (genetic predisposition and notable brain abnormalities)
- Treatment
  - Antipsychotic medications
  - Phenothiazines (haldol, thorazine, mellaril)
  - Newer antipsychotics =Clozapine or Risperidal

Depression

- Most common psychological disorder
- Characteristics
  - Sensations of sadness and hopelessness most days for long periods (days to months)
  - Disturbances in eating and sleeping
  - Suicidal ideation or attempts
- Treatment
  - Talk therapy
  - Medication (tricyclics, MAO inhibitor, SSRIs, SNRI)

Bipolar Disorder

- Genetic component
- Patients cycle between severe depression and manic episodes
- Untreated mania can lead to psychosis
- Suicide Risk = High when cycling out of depression
- Treatment (mainly medication, but low compliance)
  - Lithium
  - Tegretol or Depakote (primarily used as seizure meds)

Anxiety Disorders

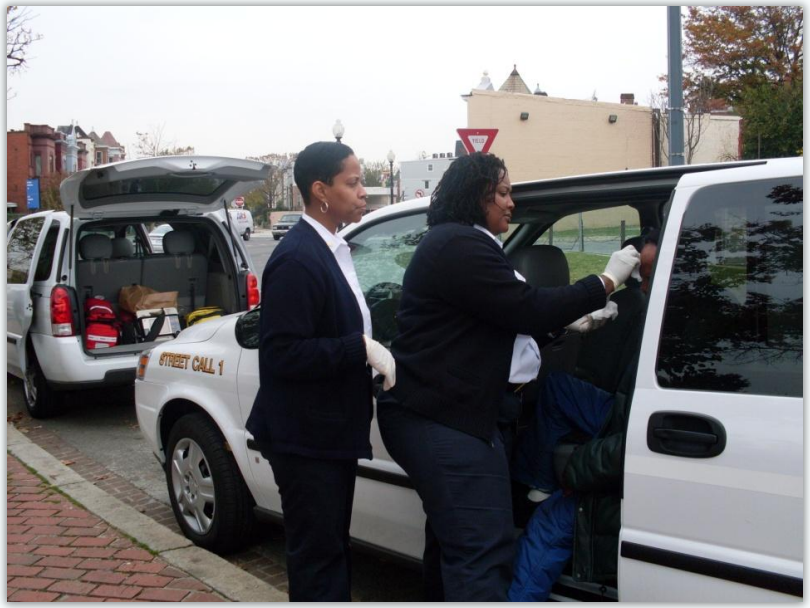
- Characteristics
  - Frequent and high levels of fear
  - Specific Triggers (e.g. heights) = Phobia
  - Nonspecific Trigger = Generalized Anxiety
- Treatment = Therapy and Medications
- EMS Concerns
  - Panic attacks mimic heart attacks (CP, SOB, diaphoresis, nausea and anxiety)
  - If in doubt, always treat as MI

Social (environmental)

- Consider how external factors may be effecting a patient's behavior
  - Completely external (a traumatic event)
  - Something taken in from the environment (alcohol or drug ingestion)
- Environmental factors may be the source of the behavioral emergency or magnify the situation

Environmental Factors

- Ingestion
  - Alcohol
  - Drug Ingestion
  - Dual Diagnosis
- Traumatic Event
  - Death of loved one
  - Rape
  - Victim of assault
  - Domestic violence



Crisis Intervention in EMS

Tips and Techniques

Crisis Intervention in EMS

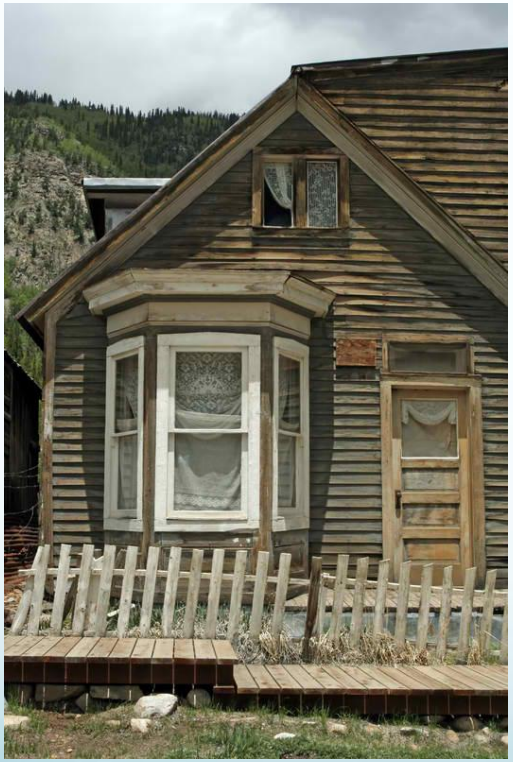
- Safety
- Assessment Techniques
- Special treatment considerations
- Preventing Violence
- Crisis Negotiation
- Involuntary Holds

SAFETY

- Pre-Arrival = Updates and staging
- On Scene
  - Approaching houses and apartments cautiously
  - Determine escape routes
- Approaching the patient
  - Keep a safe distance while you establish rapport
  - Determine degree of agitation
  - Could the pt be hiding a weapon
  - Never let the patient get between you and an exit

Assess These Situations

Safe?



Safe?

Principles of Assessment

- Always consider potential medical causes of behavior
- Conduct a psychosocial assessment
  - Consider psych hx and environment
  - Should lead to therapeutic alliance
    - Patient and caregiver working towards a mutually agreeable set of goals. Based on trust
    - **Is this always possible in EMS?**
  - Achieved through the way we present ourselves

Assessment Techniques

- Eye Contact = Medium Eye Contact
- Body Language to Avoid
  - Confrontational (crossed arms or clenched fists)
  - Uncaring (slouching or avoiding patient)
- Talking to Patients
  - Speak calmly and confidently
  - Minimize number of people talking to patient
  - Introduce yourself and crew members
  - Use empathy and professional demeanor
  - Use of open vs close ended questions

Treating a Psychotic Patient

- Rescuer Demeanor = Calm and professional
- Speaking with the patient
  - Minimize number of people speaking
  - Never laugh at or taunt patients
  - Constantly reassure patients
- Treatment
  - **RESTRAIN (never bargain) -4 point and supine**
  - Check blood sugar and look for trauma
  - Provide oxygen
  - **Excited Delirium – Cool, chemical restraint if avail.**

Suicide

- Assessment
  - Always ask depressed patients about suicidal thoughts
  - Take all suicidal ideation or attempts seriously
- Treatment
  - Any patient with suicidal ideation or attempt must be transported
  - Suicidal patients who are refusing care should be placed on a psychiatric hold

Preventing Violence

- Be prepared
  - Plan with your partner
  - Know your equipment
- Use least amount of force needed
  - Always look to de-escalate
  - Assure adequate assistance is present
- Overwhelm violence with assistance
- Utilize law enforcement

Crisis Negotiations

- Risk Assessment
- Ask about suicide, be straightforward
- Establish therapeutic alliance
  - Explore patient's feelings (allow patient to vent feelings)
  - Remind patient that you care
- Ask about what led to crisis
- Give realistic view of suicide
- Is patient intoxicated?
- Work to establish alternatives

Psychiatric Hold

- Allows a person to be held for up to 72 hours against his/her will to evaluate for:
  - Poses a danger to him or herself
  - Poses a danger to others
  - Is gravely disabled (least understood)
- EMS Responsibility
  - Assess for patients requiring a hold
  - Request appropriate resources

Questions?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