Coping Strategies/Skills
for Crisis & Non-Crisis Situations

*Be willing to practice coping skills with the patient, if requested; you should always offer this as an option.

START:

→"Sometimes the thoughts and feelings in our brain can affects our bodies, and sometimes the sensations we may feel in our bodies affect our brains. I want to support you in any way I can. Do you have any coping strategies or skills that you know, in order to support you in maybe feeling safer, or to help your body or brain slow down a little bit "?

If YES:

→"Would you like to try those now? If not, do you maybe want to try a new one?"

- If using personal coping strategy/skill, offer #1 to accompany it.

If NO:

→"We offer several strategies that *may* help you to feel safer or calmer. Would you maybe want to try one?"

- Go to #1

1. A SAFE, QUIET (i.e. low-stimuli) ROOM

- (Trauma team advocates can stay or not, based on patient's choice)

→ "Your thoughts and feelings are valid and completely normal. I'd like to offer you a personal room that *may* feel safe or calming for you. I can stay with you, *or*, get someone else you feel more comfortable with to stay with you as soon as possible, *or*, you're more than welcome to be alone in a personal room. Whatever feels the safest for you is what we'll do. Would you like a personal room?"

→ If **NO**: "That's a completely valid choice. There are other skills we can practice that *may* help you to feel safer or calmer, such as simple breathing techniques. *If* you want, we can *maybe* try them together *or* you can on your own. Do you want to try other skills?".

- Offer all other coping skill options, and do what the patient chooses.

→ If **YES**: "That's a completely valid choice. I'm able to take you to the personal room now, if you want to"?

- Take the patient to a low-stimuli, private room, and stay or leave as requested; practice other coping skills if the patient expresses s/he wants to.

→ If patient requests **ANOTHER PERSON**: "That's a completely valid choice. Let me see if: _____Person X_____
(gender-specific staff/team member; specific person)
is available right now, or when s/he will be available.
Is it okay if I leave you by yourself while I look for _____?
If not, that's okay, and another Trauma Team member can stay with you until I'm back. It's your choice and any choice you make is valid".

→If **YES**:

"Okay, I'll check if _____Person X_____ is available or when, and then I'll be back to let you know".

→If **NO**:

"Okay, let me get a Trauma Team member to stay with you".

- Get Trauma Team member to stay with patient while you look for Person X.
- Go and find Person X and do WARM HANDOFF
  OR
  Report back to patient IF Person X is not present or not available. If not available, let patient know and ask about alternatives the patient may be comfortable with.

2. BREATHING TECHNIQUE

→"There's a type of breathing that is shown to help our bodies and brains slow down. If you want to, I can show you how? We can do it together or however you prefer. If not, that's okay, too. Do you maybe want to try to learn with me?"

If **NO**:

→"That's a completely valid choice. Do you think you may want to try a different coping strategy or skill?"

If **NO**: Move on to next indicated protocol.
If **YES**: Offer other coping strategies, one at a time.

If **YES**:

→ e.g. "Okay, here is how the breathing technique works. We're going to try to gently inhale for 4 seconds and then try to slowly exhale for 6 seconds. Let me know when you're ready and I can show you, or, I can just start and you can join me. What do you think you prefer"?

Breathing Technique:

- *Inhale* for ***4*** seconds, *exhale* for ***6*** seconds

  Or, a variation the patient is comfortable with, such as 2/4 or 6/8, respectively.

  - The goal of this technique is to ***exhale longer than the inhale***.
  - Do not e.g. inhale 4, *hold 2*, exhale 6.

  Holding breath = Trauma

  - Focus is on the *exhale* (to calm NS; neurophysiology).
  - Try to inhale *gently* through the nose, and exhale through the nose or mouth (whatever feels safest for the patient).

In about 30-90 seconds, IF it seems supportive ~

Offer a secondary focus to breathing alone:

Example #1

→ "If you want to, maybe see if you can notice how the air feels going in and out of your nose"

→ "For example, maybe it feels warm or cool, or maybe you sense something different"?

Example #2

→"If you want to, maybe notice how your stomach feels when you breathe in and out".

→ Nothing you feel, or don't feel, is right or wrong. We're just trying to breathe a little more steady, and maybe give a little attention to our body".

When to CHANGE or STOP breathing technique:

- **IF** longer breaths cause anxiety or more intense physiological responses, CHANGE technique or STOP

→ "We can stop if you feel that's safer. We can also maybe try _____(shorter/longer)____ breathing times? Maybe we can try inhale 2, exhale 4, or, we can do something different? What feels like the safest choice for you"?

→Determine what feels safest/best to the patient and do that.

3. **EXTEROCEPTIVE GROUNDING TECHNIQUE**:

You can employ this technique without needing to ask the patient about the entire technique all at once, especially if the patient is in crisis. Alternatively, it may be best to explain the entire **Technique**:

1. "**What are 5 things you can see"?**
Give as much time as the patient needs for each number!
2. "What are 4 things you can touch"?
3. "What are 3 things you can hear"?
4. "What are 2 things you can smell"?
5. "What is 1 thing you can taste"?

Physiologic Crisis:

→ "__Patient Name____, I'm here to help you in whatever way you choose. I have a strategy that may help you through these sensations, thoughts, or feelings. Do you think you'd like to try it with me?

→If **YES***:

"Okay. Let's start with: what are the five things you see? You can share them with me or you don't have to. Whatever you choose is a completely valid choice."

→Probe: "It can be anything at all. There are no wrong answers".

- If there are non-verbal signs that indicate the patient is following the technique, but not necessarily responding to you, that's okay. Try to gauge if you should move down the technique or give more time. The more you engage with this technique, the easier it gets.

→If **NO**:

"That's okay. Are there maybe four things you can touch?"

→If YES, follow technique starting with #4.

→If NO, move to #3; if still NO, then STOP.

- If the patient does not want to engage, then offer a different coping resource, if there is an expressed interest/want.

<u>Non-Crisis but Requests Coping Skills</u>:
→"One/another coping strategy that may be helpful during stressful or distressing experiences is to gently give some of our attention to our senses and our body. This strategy starts with finding 5 things you can see, then moves to other senses like smell and sound. Do you want to try this strategy with me? I can show you how, or, I can start and you can join me. Do you think you may want to find 5 things you can see, then go from there? It's okay to say 'no' or to choose something different."

- If **YES**: Follow *<u>only</u>* "YES" under "Physiological Crisis"*

4. MUSCLE TENSION & RELEASE*

→"Sometimes if we can slow down our bodies, it helps both our body and brain to slow down or maybe feel different. This coping skill involves making all the muscles in your body tense up, from your toes to the top of your head. Then, we let our muscles release all at once. Do you think you may want to try this muscle technique"?

→If **NO**: "That's a completely valid choice. Another option is to just do certain groups of muscles, like just the toes or feet, or, just the arms and hands. Do you think you might want to try this? If not, that's completely okay".

If →**NO**: "That's a completely valid choice."

- Move to next coping skill or protocol.
- If patient has declined all coping skill offers, at this point move on to next protocol if you haven't already!

If →**YES**: Explain protocol:

"I can do this with you or you can choose just to learn and do it in your own time. First, we're/you're going to tense up and squeeze all the muscles we choose for 5 seconds, or for however long you choose. After 5 seconds, we're going to release all of our muscles all at once. We can try another muscle group afterward, or we can do the same muscle group, or we can stop. It's your choice".

→If **YES:** Explain protocol:

"I can do this with you or you can choose just to learn and do it in your own time. First, we're/you're going to tense up and squeeze all the muscles we choose for 5 seconds, or for however long you choose. After 5 seconds, we're going to release all of our muscles all at once. We can try another muscle group afterward, or we can do the same muscle group, or we can stop. It's your choice".

- Go with what the patient chooses.
- Repeat for however long or for however many 'muscle groups' the patient wants to tense and release.

*DO NOT say "relax" instead of release. Relax is a common trigger word, so please avoid it.

5. OTHER COPING SKILLS/STRATEGIES

- **Aromatherapy/essential oils**: Some people find these to be effective for grounding purposes (do not offer this coping skill for any medical purposes). Olfaction is a powerful sense.
- **Worry rocks/'squishies'/fidget cube/spinner/other**: It can feel safe or comforting to have something tactile. If a patient doesn't have one, it can be as simple as a pencil or hair tie. You can get creative with this one.
- **Mindfulness (and yoga):** While yoga is an offered service, remind patients they can practice mindful breathing and movement at home.

  Recommended **free apps**:
  - Insight Timer
  - HeadSpace
  - Calm
  - MindBell
  - Breath Ball: The Stress Relief Breathing Exercise
- **Breath Ball app:** Download on your and/or patient's phone. Simple geometric animation that you follow as you breath in and out.

Non-Suicidal Self-Injury (NSSI ONLY) Strategies (in addition to above strategies):

1. Holding ice (for NSSI ONLY, as an alternative)

- Sometimes patients with trauma may still feel the need to physically injure themselves. This is largely reported as a coping skill to decrease negative emotions that may or may not be associated with trauma. To mediate otherwise very injurious behaviors (e.g. interfering with wound healing; cutting around/on ulnar and radial arteries/veins), holding ice can cause the same type of physical discomfort or pain that is sought, without actually causing any acute or long-term medical problems.

  →Patients can hold an ice cube until it's completely melted and it won't be injurious.

REMEMBER:

*Phrase *everything* as a question when possible, and use adverbs for choice (e.g. maybe, if, perhaps).
* It is always possible to give choice.
→ Remember ~ your words and your body matter!
*Do what you say you will do.
*Make a conscious, ongoing effort to narrate and explain every thing you do and say and why. It goes a *long* way.
*It's okay for patients to change their minds. Even if it's a lot. It's a necessary part of learning choice-making and regaining agency after trauma. Ensure patients know it's okay to change their minds at any time, for any coping skill.

*Make a conscious effort to use literal and active language. It may help with grounding.