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Fundación  
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# EMOTIONAL CRISIS MANAGEMENT PROTOCOL

User Guide for  
Frontliners and Managers

# EMOTIONAL CRISIS MANAGEMENT PROTOCOL

## USER GUIDE FOR FRONTLINERS AND MANAGERS

This document is available in Arabic.  
Both English and Arabic documents  
are available at: [www.moph.gov.lb](http://www.moph.gov.lb)

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# Foreword

Since its inception in 2014, the National Mental Health Programme (NMHP) at the Ministry of Public Health (MoPH) has been working on reforming the mental health system in Lebanon towards community-based mental health services that are evidence-based, culturally appropriate, and aligned with human rights. This work is laid out in the “Mental Health and Substance Use Prevention, Promotion, and Treatment Strategy for Lebanon 2015-2020” that is being successfully implemented.

The Mental Health and Psychosocial Support (MHPSS) Taskforce chaired by the NMHP and co-chaired by WHO and UNICEF, includes more than 40 MHPSS actors, which have collectively ensured the possibility of responsive planning for the MHPSS humanitarian response through its annual action plans that are in-line with the overarching Strategy 2015-2020.

A major need identified by the MHPSS Taskforce was the empowerment of frontliners to properly intervene with and support persons going through an emotional crisis irrespective of the underlying factors that have led to this crisis. This initiative led to the development of the Emotional Crisis Management Protocol.

An emotional crisis is often triggered by unmet needs, such as the inability of people to access food, shelter, health services, employment and education – to name a few. When situations of emotional crises are not managed properly, they may put the person or the staff at risk of harm. This can and even should be prevented by having staff properly trained to respond to such situations.

The ECM protocol aims at filling a gap in training of staff. However, it is not intended to replace other key components that are at least as important and which require continuous attention and resources. First, we must respond to the needs that lead a person to be in crisis in the first place by ensuring that they have access to all their basic needs in a dignified manner. Second, we should develop and implement policies at the workplace that protect the mental health and wellbeing of staff, prevent burnout stress, and support staff going through a mental health condition. The latter has been addressed by launching “The National Initiative for Mental Health in the Workplace”. All organizations are encouraged to join by visiting the following link: [mhworkplace.moph.gov.lb](http://mhworkplace.moph.gov.lb).

I am confident that this training Manual will take us one step closer towards fulfilling the vision of the NMHP whereby *“all people living in Lebanon will have the opportunity to enjoy the best possible mental health and well-being.”*

Last but not least, I would like to acknowledge the support of Fundación Promoción Social (FPS), the European Union, and all persons from the NMHP, Fundación Promoción Social (FPS) and other organizations that contributed to the development of this Manual.

**Rabih El Chammay**

Head of the National Mental Health Programme - Ministry of Public Health

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# Introduction

Workers from different occupational groups are continuously faced with persons, service users, visitors, family members or others, in emotional crisis. When these crises are not properly managed, the situation can escalate and lead to any form of violence (towards self or others) causing dramatic impact on the productivity, efficiency, quality of work and the overall working environment. The escalation of the crisis is also coupled with physical and psychological harms to the persons in crisis.

The “Emotional Crisis Management Protocol for Frontliners” aims at providing guidance to frontliners on best practices for assisting persons in emotional crisis to de-escalate their level of arousal and reach a healthy state of interaction where positive choices can be made. It is a set of guidelines and practical tips for engaging persons in crisis in a safe and supportive manner, determining their most pressing concern, and activating the mechanisms that can most appropriately address that concern. Throughout the protocol, frontliners are also invited to be aware of and manage their own personal triggers and warning signs that can challenge the management of a crisis.

This protocol was designed to meet the needs of organizations working in the field of health, social care and humanitarian aid, delivering direct services to users through service provision facilities, outreach, mobile units, and others. More specifically, this protocol is addressed to the organization’s administrators, managers as well as their frontliners to help them prevent emotional crises and interact effectively with persons experiencing an emotional crisis. It covers the following areas:

**Section I** defines emotional crisis and other related terms. It also gives a general idea about prevalence, types of crisis, risk factors and the burden of emotional crises.

**Section II** highlights the interventions required to be put in place to prevent the occurrence of an emotional crisis event. Moreover, It stresses the importance of recognizing early signs of emotional crises and intervening at an early stage to prevent escalation. It also addresses preparations that need to be implemented at the organizational and individual levels. Effective verbal and non-verbal communication are emphasized as key competencies for healthy interactions.

**Section III** provides details about the general guiding principles of de-escalation to be used in all stages of the crisis. It also addresses the specific de-escalation techniques to be used in specific stages of the crisis.

**Section IV** identifies actions to be taken post-crisis incident such as reporting, analysis, evaluation, and support to be provided. These actions are to be implemented by the organization, the managers, and the involved frontliner. This section also includes also some self-care techniques to be used following a crisis event.

# BACKGROUND

---

## A. Definitions

The below terms were used throughout the protocol aiming to convey the described meaning:

**Emotional Crisis** is defined under this protocol as an acute, time-limited event, perceived by a person as an intolerable difficulty with overwhelming emotional reactions and a potential of escalating to an unstable and dangerous situation. During emotional crises, persons are usually unable to think rationally or process information without the help of others.

**Workplace violence** might occur due to an escalation of an emotional crisis. Workplace violence is defined by the World Health Organization as "...incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health (1)".

**Frontliners** are the first to interact with service users in emotional crises.

**De-escalation** is a technique used with a person in an emotional crisis in an attempt to manage the situation and decrease their level of arousal, in order to reach a healthy interaction where choices can be made and prevent potential violence.

## B. Facts and statistics

It is globally reported that a diverse set of professionals encounter persons in emotional crisis during their working hours. These persons might be employees, coworkers, service users, family members, or other members of the public.



Service user violence is the most common type of violence in the healthcare and social service settings (11, 2). It involves the service users, their family members and visitors. The techniques and skills described in this protocol are to be applied mainly by frontliners with service users and their family members when in emotional crisis. However, many of these can also be helpful when used with other employees or members of the community presenting in an emotional crisis.

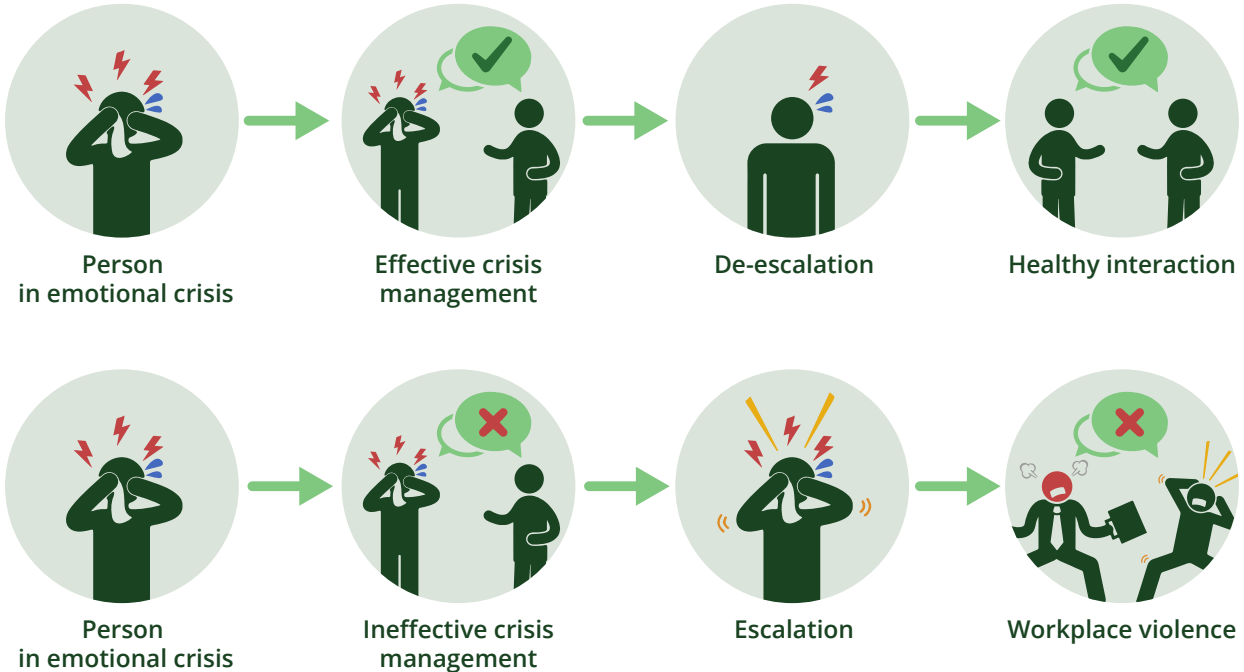
When frontliners are equipped with effective tools and techniques to manage emotional crises, escalations can often be prevented. However, if emotional crises are not properly managed, the situation can escalate and lead to acts of violence ranging from verbal abuse to physical assaults or self-harm (3, 4, 5).

Research has shown that healthcare and social service workers face a significant risk of job-related violence. Although their risk for fatal violence is lower than other types of workers, they have the greatest risk for non-fatal violence resulting in days away from work (2, 6, 7).

Globally, around 1,000,000 people are injury victims of workplace violence each year (5).

According to the World Health Organization, between 8% and 38% of health workers are exposed to physical violence at some point of their careers. A higher number of workers are threatened or exposed to verbal aggression (2).

It is important to note that most incidents of emotional crisis and potential violence remain unreported. Therefore, the aforementioned numbers might underestimate the extent of the real problem.



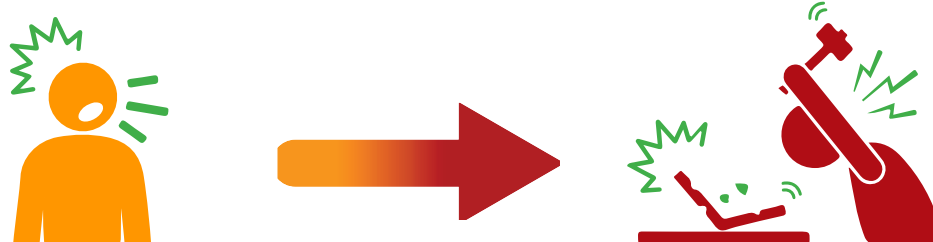


## C. Context of Emotional Crisis Events

Frontliners might face an emotional crisis when (4, 8,9):

- An agitated or irritable service user comes to the organization. The service user may not necessarily have a mental disorder.
- A service user becomes irritable or frustrated after a situational stress at the facility such as:
  - Long waiting time or delays of service;
  - Miscommunications (i.e. service user did not receive complete information about a certain service or about changes in the appointment's time);
  - Misunderstandings due to language barriers or unclear information;
  - Unmet expectations, lack of attention, denial of services, etc.
- A service user is in severe emotional distress and is at risk of suicide.

When emotional crises are not prevented, recognized or managed adequately, the situation can escalate, and may well lead to workplace violence. Workplace violence might include verbal or physical incidents (4,5,8,9):



Verbal Incidents	Physical Incidents
Abusive or offensive language or gestures	Throwing or pushing objects
Intimidation or harassment	Punching walls or slamming doors
Threats to cause body harms	Threatening with guns or other weapons
Shouting at staff members or other service users	Following or pushing staff members or other service users
Breaking the rules (not waiting for their turn...)	Beatings, stabbings or shootings

## D. Burden of Emotional Crises

The exposure of frontliners to emotional crises can have multiple consequences. These consequences can impact the individual as well as the organization (1,2,4,5,8).

### Individual Impact

Frontliners may be affected by the exposure to emotional crises. The impact can range from psychological problems (fear, reduced self-esteem, anxiety, guilt, post-traumatic stress reactions, low motivation, self-medication, alcohol or substance use, etc.) and increased stress level (more details in Box 1?) to physical injuries or even death in case of severe violence.

#### Box 1: Why increased stress is harmful for workers

It has been well documented that increased exposure to negative stress can lead to multiple mental health and physical problems.

Increased exposure to stress might lead to (10):

- Chronic fatigue
- Migraine
- Depression
- Anxiety
- Burnout
- Substance and/or alcohol use
- Insomnia
- Allergies
- Hypertension
- Cardiovascular diseases



### Organizational Impact

Emotional crises and workplace violence can have immediate and long-term impact on the organization. Such events can lead to disturbed overall working environment, days of absence for recovery, decreased productivity, decreased job satisfaction, decreased service user satisfaction and deterioration of the quality of services. All these consequences are usually exacerbated if the organization does not ensure post-crisis support to frontliners. In addition, organizations will have to bear the cost of the impact, which will lead to an increase in expenditure to cover lost work days, lost productivity, high turnover, property damage, increased security and many other expenses.

## E. Risk Factors

While most organizations are at risk of emotional crises, some are at higher risk when compared to others because of multiple risk factors (described in Table 1) that may contribute to “service users’ emotional crises” and potential workplace violence against frontliners. If one or more of the below risks are identified in organizations, there may be a potential for emotional crisis and violence.

### Risk factors include:

- Individual or personal<sup>2</sup> factors in direct relation with the characteristics or history of the service users.
- Organizational factors that result from the policies, procedures, work practices and culture of the organization.
- Environmental risk factors related to the environment where the crisis might take place.
- Social and economic risk factors present in communities that ensure a climate for increased emotional crises and potential violence.



Risk Factors			
Individual	Organizational	Social and Economic	Environmental
Service user under the influence of drugs or alcohol.	Lack of staff training in recognizing and managing emotional crises.	Highly populated areas	The organization is easily accessible with unmonitored entries.
Service user suffering from pain.	Inadequate security procedures and protocols.	High levels of family disruption.	Stressful location conditions: difficulty parking, excessive heat or cold, noise, bad furniture, bad condition of the building, etc.

**Table 1: Types of Risk Factors (1,3,4,5,8,10)**

<sup>2</sup> It is important to pay attention when addressing these factors and avoid labelling any individual as potential “aggressor” or “crisis inducer”.



## Risk Factors

Individual	Organizational	Social and Economic	Environmental
Service user with a history of violence.	Long waiting times, overcrowded waiting rooms.	Lack of stability in the country, unstable neighbourhood (high level of violence)	Lack of security systems, alarms, or devices.
Service user presenting with cognitive impairment.	Lack of policies for reporting and managing crises.	Low socio-economic conditions or opportunities.	Unstable political conditions
Service user presenting in unstable mental condition <sup>3</sup> where the symptoms are not being adequately identified or controlled.	Shortage of staff, extended shifts, overtime requirement, work overload.	Social and cultural norms that encourage or accept violence.	
Service user facing situational stress (angry because of the behavior of the frontliner, or a certain delay, newly diagnosed condition, ...)	Service shortage or unsustainable service delivery.	Easy access to weapons.	
	Insufficient resources, including inappropriate equipment.		
	Highly stressed staff.		

**Table 1: Types of Risk Factors (1,3,4,5,8,10)**

<sup>3</sup> It is important to note that some mental disorders might be associated with violent behavior. However, most persons with mental disorders are not violent and most persons who exhibit violent behavior do not have a mental disorder.

# PREPARATION FOR EMOTIONAL CRISIS MANAGEMENT

---

The ability to effectively manage persons in crisis is an essential component of the overall organizational function. As previously described, failure or inability to manage emotional crises can have detrimental effects on the frontliners, the persons in crisis, as well as the quality of services and the organization in general.

“Successful emotional crisis management starts with adequate preparation for such events.”



## **Preparation for emotional crisis management entails:**

- Multiple organizational interventions to prevent or intervene early when a crisis occurs. Such preventative interventions include actions that clearly reflect the management team's commitment to crisis management preparation through proper Standard Operating Procedures (SOPs), that guarantee respect and positive communication amongst employees and service users, responsive management for staff needs, staff training, allocation of sufficient resources and time to address crisis management, dissemination of policies, and improvement of work schedule and staffing, among others.
- Employees' personal intervention to prevent or early intervene when a crisis occurs. Frontliners have a major role to play in preparation for crisis management with specific skills related to verbal and non-verbal communication, problem solving, self-awareness and self-care preparedness.

The below sections describe prevention and early intervention actions that need to be taken by employees and organizations.

## A. Frontliners' Personal Measures for Preparation

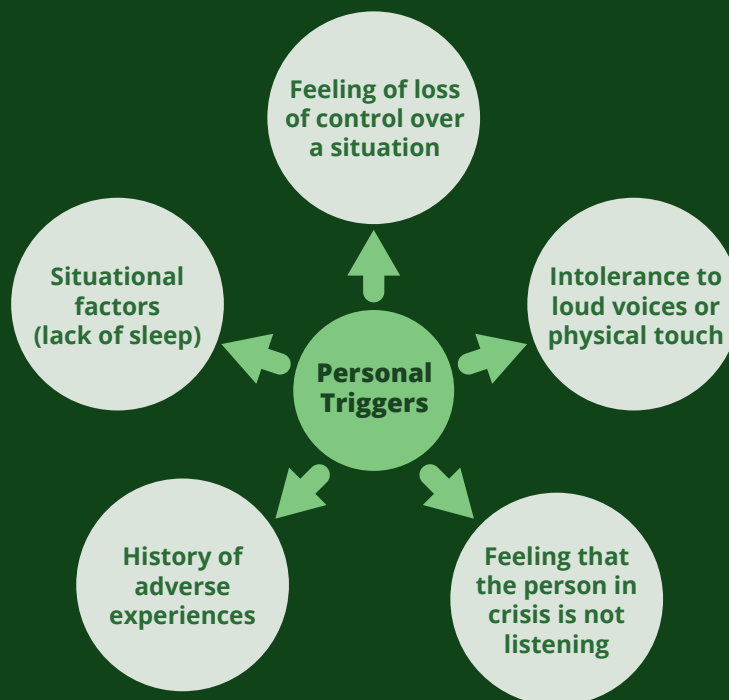
### 1. Role of the Employee

Preparation for Emotional Crisis Management	
<b>Prevention</b> 	<p>Familiarize yourself with your organization's policies to crisis management and workplace violence.</p> <p>If your organization does not have clear policies or procedures, make sure to take personal steps for safety e.g. having a mobile phone in reach, do field visits in pairs, avoid wearing necklaces or clothes that could be pulled, avoid being in closed spaces alone with service users without access to a door, etc.</p>
	<p>Actively participate in the preparation and implementation of the emotional crisis management plan and the security plan of your organization.</p>
	<p>Once the security plan is being implemented, give continuous feedback on the identified risk factors, challenges and other aspects.</p>
	<p>Familiarize yourself with the updated map of available services nearby (Annex 1) such as the police stations, hospitals, and other services in the area and how to contact them.</p>
	<p>Attend trainings suggested by your organization (emotional crisis management or others).</p>
	<p>Get acquainted with emotional crisis warning signs (Section II-A-4).</p>
	<p>Identify the existing safe area in the workplace and how to access it.</p>
	<p>Know your triggers and responses (check Box 2).</p>
<b>Early Intervention and Response</b> 	<p>Always use positive verbal and non-verbal communication skills (Section II-A-2).</p>
	<p>When a crisis emerges, remain in control and try to calm yourself before calming others (Section II-A-3).</p>
	<p>Do not hesitate to ask for help when you cannot handle the situation.</p>
	<p>Call for the support of the identified "core groups" or security personnel if available when the situation escalates.</p>

## Box 2: Know Your Triggers and Responses

An important part of preventing emotional crises is to be aware of your own feelings, responses and sensitivities. Sometimes, the way you express yourself or answer a question might significantly affect others' reactions. Self-awareness is key to understanding your own behaviours, triggers or "push buttons", and reactions when it comes to emotional crises. For instance, you might know that if you haven't had a good night's sleep, you are more likely to be tired the next day and unable to tolerate any frustration. If you have personally experienced abuse, certain situations may induce flashbacks and affect your response to the crisis. Another example would be having stereotypical beliefs about certain marginalized or vulnerable groups of people (e.g. refugees). Once you know yourself, you can better work on improving your sensitive traits (4). Section II-C-4 includes some techniques to be used as soon as an emotional crisis develops in order to control yourself and decrease your triggers.

Some examples of your personal triggers or "push buttons" are:



**“What are **your** personal triggers?”**

Remember that everyone (including yourself) has sensitive points that can be triggered during a crisis.



## 2. Verbal and Non-verbal Communication Skills

Emotional crisis management relies mostly on the use of effective verbal and non-verbal communication skills and de-escalation techniques. Understanding communication barriers and trying as much as possible to limit their use would be very helpful. On the other hand, positive verbal and non-verbal communication skills combined with active listening would play a major role in the crisis management process (4,5,15,16,19).

The main communication barriers to be avoided are:

<b>Passive/ Dismissive Attitude</b>	<ul style="list-style-type: none"> <li>• <b>Minimizing</b> <i>"you are overreacting"</i></li> <li>• <b>Not listening</b></li> <li>• <b>Blaming</b> <i>"this is because you did..."</i></li> </ul> 
<b>Aggressive Attitude</b>	<ul style="list-style-type: none"> <li>• <b>Ordering:</b> <i>"you have to sit in this area" "you must..."</i></li> <li>• <b>Judging</b> <i>"you are very lazy...passive...weak..." "You always behave like this", "you are always late"</i></li> <li>• <b>Threatening</b> <i>"if you don't wait for your turn I will not let you see the Dr"</i></li> <li>• <b>Name-calling</b> <i>"Sam, I told you to wait"</i></li> <li>• <b>Criticizing</b> <i>"what kind of reaction is this?"</i></li> <li>• <b>Lecturing</b> <i>"let me tell why you are wrong" "No, let me explain the situation to you"</i></li> <li>• <b>Arguing</b> <i>"what you are saying is not true, I think..."</i></li> <li>• <b>Comparing, Interrupting</b></li> <li>• <b>Labeling</b> <i>"you are being selfish"</i></li> </ul> 



## Good communication can prevent and resolve crisis situations.

Below are some of the positive verbal communication skills that need to be mastered for effective crisis management:

- Always treat the person with dignity and respect. Some terms might indicate respect such as: "Please", "Thank you", "Mr." or "Ms." or any other title that a person could have "Dr", "Hajj". Feeling respected reduces the person's need for further aggression.
- Be culturally sensitive and always remember that people's experiences are shaped by age, culture, gender, religion, migration status, sexual orientation and many other factors.
- Strive to understand the full picture of the story. Don't focus only on "what" happened, but try to understand "why?" and "how?".
- Be empathetic with the feelings of the persons but not the behavior.
- "I agree that you have the right to feel angry because of this situation but you don't have the right to be physically aggressive towards me".
- Put yourself on the person's side to try to find appropriate solutions. Support and encourage the person to find ways to resolve the situation.
- Use words such as "we" to adopt a more collaborative approach: "I can see this is really hard for you. We can take a look together at what we can do, but I need you to stay calm".
- Communicate clearly using simple terms and short sentences.
- Speak slowly; it has calming effects.
- Be honest. If you lie in order to calm down the person, there is a chance that the person discovers your dishonesty and further escalation might occur.
- Be patient and take enough time to understand the person's concern.
- Avoid using humor, it might be offensive.

## Practice Active Listening skills (check Box 3).

### Box 3: Active listening (19)

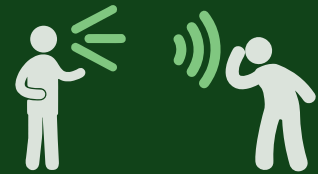
Active listening is an essential part of positive communication and helps persons feel heard, respected and understood. Active listening is also very important for building trust and avoiding misunderstandings. It entails trying to understand a person's views and feelings by being attentive to what this person is saying. It requires paying full attention to the person.

Active listening prevents escalation of emotional crises.

#### The main components of active listening are:

##### 1- **Attend:** Give the person all your physical and mental attention

- Be at the same level
- Face the person who is talking
- Observe body language (is it matching what is being said?)
- Don't multitask and don't get distracted by objects such as your phone or others.



##### 2- **Follow:** Get engaged in the communication process

- Use non-verbal gestures to convey that you are listening to the person (head nodding, eye contact, saying "okay" "I see",)

**3- Reflect:** Paraphrase and reflect on what is being said showing your understanding of the situation. By paraphrasing, the speaker will know that the listener has been actually listening. The listener does not agree or disagree with what was said, but he just reaffirms what was stated.

- Repeat the ideas and facts stated "so what happened was..."
- Check the understanding of your interpretation and ask for clarifications "Is that correct?"
- Reflect the person's feelings - Show empathy "Are you telling me that you are angry because ....?"

##### 4- **Encourage:** show interest in the discussion and allow for further expression

- Ask open questions "Can you tell me more? "

Since more than 80% of our communication is through non-verbal communication, it is very important to understand some key notes related to non-verbal communication prior to getting involved in crisis management.

As defined in Section I-A, persons in emotional crisis may be unable to think rationally or solve problems without help. They might experience difficulty in listening to what a frontliner is saying. Therefore, persons in crisis might not respond to what they "hear" but to what they "see" through the frontliner's non-verbal communication.

Always be careful about what messages you might be sending! (Check Table 2)

<b>Non-Verbal Communication in Emotional Crisis (4,15,16)</b>	
<b>Do</b>	<b>Don't</b>
Use slow and deliberate movements to avoid surprising or scaring the person.	Point fingers – it may seem threatening.
Keep a safe distance of at least 2 arm's length and ensure possibility of easy exit to avoid being hit and to help the person in crisis feel relaxed.	Shoulder shrug – it might reflect indifference.
Keep your hands visible at all times.	Walk rigidly – it might look aggressive.
Speak to the person from the side position, on an angle (not face to face)	Clench your jaw and teeth or frown – it might convey that you are not ready to listen to the other side of the story.
Use a controlled voice level (not very high not very low)	Raise eyebrows – it might show disapproval or surprise.
Be calm and firm at the same time.	Look with eyes wide open – it might convey a surprised reaction.
Establish culturally appropriate eye-contact.	Close your eyes longer than normal – it might say that you are not listening.
Listen actively to what the person is saying. (specific tips about listening will be discussed in the communication section II-C-5)	Roll your eyes or look away.
Minimize body movements (gestures, pacing, fidgeting...), they might reflect anxiety.	Use confrontational postures (face to face, nose to nose,)

**Table 2: Do's and Don'ts of Non-Verbal Communication in Emotional Crisis**



### Be very careful when using **touch!**

Agitated persons might interpret it as hostile or threatening.

If you know the persons in crisis very well it might be used if needed to calm them down.

### 3. Self-Management Techniques

#### Remember:

**In situations of emotional crisis, manage yourself first before managing others.**

While trying to assist a person in crisis it is very important for frontliners to remain in control. It is very normal for frontliners to experience a range of emotions in such situations, such as fear, anger, disgust, or sadness. It is very difficult to control someone else's behaviour. Instead, frontliners need to manage their own emotions and control their behaviours to effectively manage the situation. One helpful tip is to name the different emotions you are feeling. Naming them facilitates the process of dealing with them.

When the frontliner appears calm and in control, the person in crisis is better able to manage feelings of anger and aggression. Calmness reflects that the frontliner is in control of the situation and will be able to handle it. However, observable fear can make the person feel unsafe, insecure and that the frontliner is not in control of the situation.

Below are some self-care techniques that could be used to try to remain in control and manage personal triggers during an escalating situation. The goal of these strategies is to shift the attention towards the person in crisis rather than your own feelings. It is important to acknowledge personal feelings of fear, which may be very normal at this stage. However, you need to focus on the person in crisis to overcome the situation. Feelings of anger or offence need to be controlled during crisis management. You may use one of the following techniques:

#### **"Come back" Technique:**

When you catch yourself being caught up in worries or in a judgemental interaction with another, just notice that this is happening and simply say to yourself: "come back". Then take a breath and focus on what you are doing in the here and now.

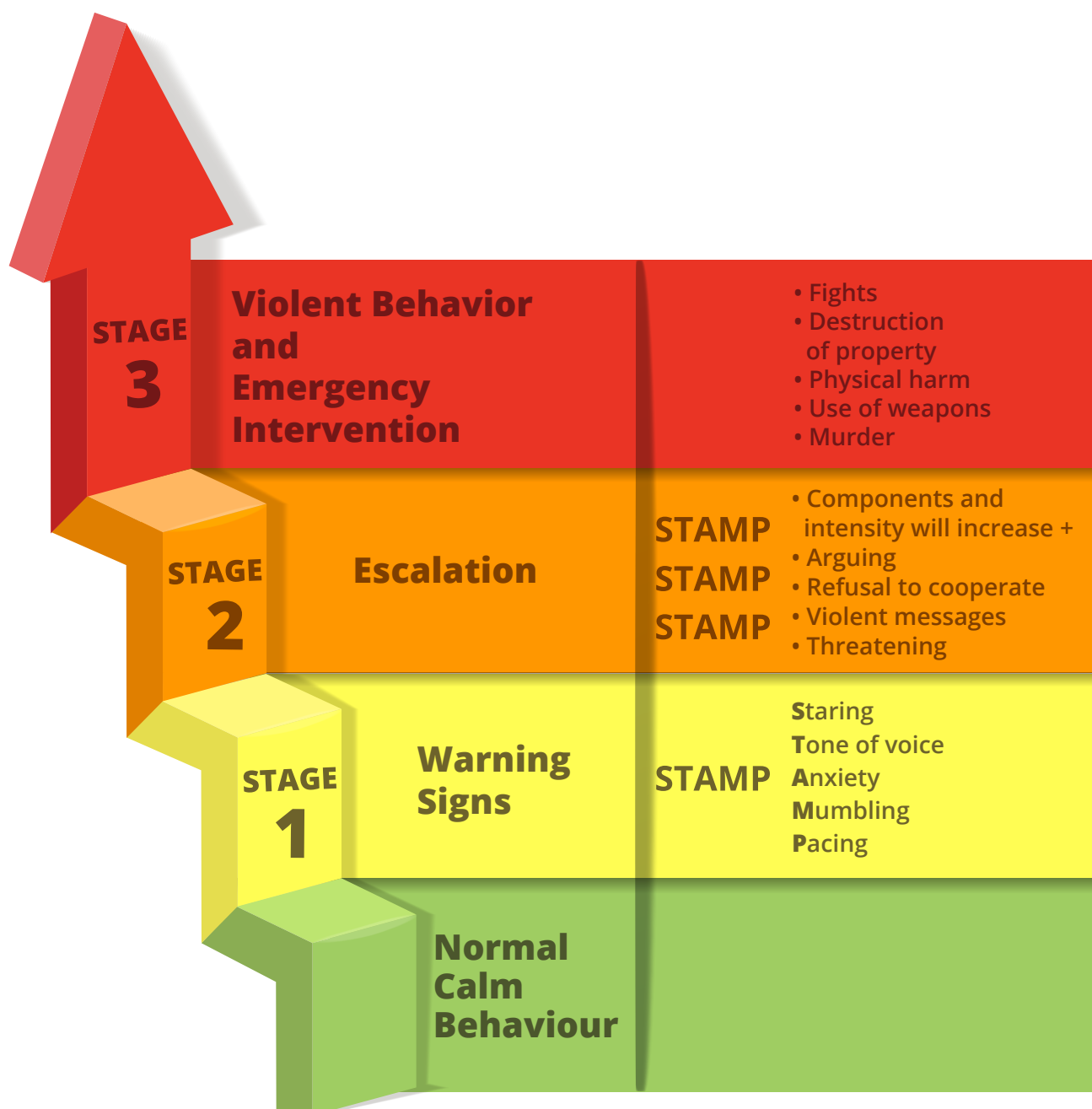
#### **Calm Breathing Techniques:**

When you notice that you are starting to feel angry or anxious:

1. Take a slow breath in through the nose, breathing into your lower belly (for about 4 seconds).
2. Hold your breath for 1 or 2 seconds.
3. Silently exhale slowly through the mouth (for about 4 seconds).
4. Breathe from your stomach, not your chest.
5. Wait a few seconds before taking another breath.
6. Tell yourself that the situation is scary or frustrating but that acting in an anxious or angry way is not going to fix it.

## 4. Recognizing Potential Signs of Emotional Crisis

Recognizing potentially critical situations before they occur is the best way to avoid emotional crises and potential violent behaviour. It is very rare to witness an emotional crisis erupting suddenly. Emotional crises are usually the consequence of a gradual increase of intensity of signs over time. Knowing the potential verbal and behavioural cues will help all employees and, specifically, frontliners to identify persons who are at risk and to intervene at an early stage preventing harmful consequences (1,4,5,11,12). Section III of this protocol will tackle specific interventions that need to take place when warning signs appear.



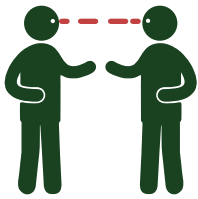
## Stage 1: Warning Signs



The following cues are indicators of early warning signs of a potential crisis:

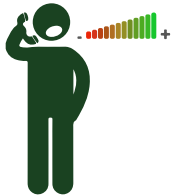
# STAMP

is the acronym used to summarize 5 types of observable behaviour in similar situations (11). These behaviours do not necessarily occur simultaneously.



## Staring

Staring and eye contact (fixed stare, prolonged eye contact or terrified look)



## Tone

Tone and volume of voice (speaking loudly or yelling, swearing, threatening tone of voice)



## Anxiety

Anxiety (sweating, muscle tension, arms held tight across chest, clenched fists, heavy breathing, tightness in the chest, clenched teeth)



## Mumbling

Mumbling or talking to themselves (repeated manifestations of discontent, irritation or frustration)



## Pacing





Pacing or agitation (restlessness, aggressive or threatening posture or attitude)

Potential escalation could be prevented if the frontliner detects the warning signs and intervenes.

## Stage 2: Signs of Escalation

If warning signs were not detected, and the person in emotional crisis did not receive the needed intervention, the crisis will eventually escalate.






STAMP components will intensify and increase. Persons might show:

- Increased arguing with others 
- Refusal to cooperate or to disrespect rules and operating procedures (e.g. wait for their turn, or remain in the waiting line, etc.) 
- Verbally violent or sexual messages or insults 
- Explicit threats of harm 

## Stage 3: Violent Behaviour

When the situation escalates to stage 3, a violent behaviour might occur. Accordingly, emergency interventions are definitely necessary at this stage.







Signs might include:

- Physical fights with others 
- Suicidal thoughts or acts 
- Destruction of property 
- Use of weapons to harm others 
- Threatening or committing acts of murder, burning, etc. 

## B. Organizational Measures to Prepare for Emotional Crisis Management

All employees at the organization need to be able to detect early warning signs to prevent the escalation of emotional crises. However, additional interventions can be put in place before incidents happen. These interventions will enhance the work environment, improve staff mental health, and decrease their stress levels and prepare employees for events of crisis. For instance, most of the risk factors for emotional crisis are well known and described in Section I.E. As a first step, and in prevention of events of emotional crisis, organizations need to implement actions to minimize risk factors and maintain a secure and healthy working environment (1,3,4,5,9,12). Below is a list of the key intervention measures to be taken by organizations in their effort to be better prepared for emotional crisis management:



- **Implementing a comprehensive and systems-oriented approach to protect, promote and support mental health in the workplace.** The Mental Health Charter launched by the National Mental Health Programme at the Ministry of Public Health and the World Health Organization – Lebanon office in 2019, highlights key principles and actions to be taken by employers when trying to promote and support mental health in their workplace (20). The charter includes three sections with respective commitments. All organizations are encouraged to sign the Charter and work towards upholding the above commitments <sup>4</sup>.

Protect mental health by reducing work-related risk factors and increasing protective factors	
	Setting policies and procedures to maintain a physically and mentally healthy workplace, free of harassment and bullying, and challenging any gender or health-based discrimination in the workplace
	Ensuring fairness and equality of opportunity in staff management
	Recruiting based on organisational needs and competence, ensuring effective communication to all employees of clear roles and responsibilities, and recognising and rewarding them appropriately
	Involving employees in decision-making, fostering a sense of ownership and participation
	Ensuring employees have a sense of control and flexibility related to demands and time, an acceptable workload, and promoting a healthy work-life balance
	Developing mindful, fair, supportive and empowering managers that would act as champions of the above

<sup>4</sup> Organizations can take the pledge on the following website and learn more about what type of support can be provided in implementing the charter: [mhworkplace.moph.gov.lb](http://mhworkplace.moph.gov.lb)



Promote mental health by developing positive aspects of work and worker strengths/capacities	
	Using positive approaches in leadership and ensuring employees representation in the strategic decisions
	Providing empowerment and training opportunities to support professional development
	Raising human resources managers and line managers to create opportunities for conversations about mental health
	Equipping human resources managers and line managers to create opportunities for conversations about mental health

Provide support for employees going through a mental disorder & promote recovery & return to work	
	Supporting access of employees to mental health services and resources
	Ensuring a supportive environment for employees with a mental disorder so they can fully engage and work in a stigma-free culture

- **Developing a person-centered culture at work:** Organizations are encouraged to give priority to the development of a person-centered workplace culture. Services in this case would be responsive to each individual's unique needs, values, and preferences. This culture needs also to be based on essential values such as safety and dignity, non-discrimination, tolerance, equal opportunity, participation, and cooperation. "Person-centered" approaches have been proven to create positive interaction between staff and service users, improved communication and more positive behaviours and attitudes.
- **Issuing a clear policy about workplace violence** highlighting a zero-tolerance strategy and indicating the expected conduct from all concerned parties. The policy, including the rights and obligations of service users and other visitors, should be clearly communicated to everyone.
- **Developing clear Standard Operating Procedures (SOPs) that guarantee respect and positive communication** among employees and service users. When employees and service users feel respected and heard, the possibility of emotional crisis decreases. Relevant trainings on respectful communication, problem solving and other topics need to complement the SOPs.
- **Ensuring adequate presence of staff following the workload and number of staff ratio in order to prevent work overload** to decrease staff frustration and stress level.

- **Improving scheduling of appointments and service users flow** to prevent long waiting durations and overcrowded waiting areas.
- **Improving communication and information circulation** among staff to decrease frustration and to facilitate communication of relevant information on service user's behaviour.
- **Ensuring provision of accurate information** to service users and their family members regarding waiting times, or other situations.
- **Diminishing environmental hazards** by keeping a minimal noise level at all times and ensuring appropriate illumination and ventilation.
- **Ensuring the availability of effective monitoring and reporting mechanisms**, and taking adequate actions following crises.
- **Ensuring a participatory approach to building a crisis management plan** in the organization. Junior and senior staff are required to jointly build such a plan through team meetings, committees, or other structures depending on each organization's needs, and to encourage frontliners to provide feedback on the crisis management plan during implementation and to promptly report incidents when they occur.
- **Assigning clear roles and responsibilities** for dealing with events of crisis and identifying a "core group" of trained and experienced staff in dealing with persons in crisis to serve as support for frontliners.
- **Conducting regular worksite analysis and hazards identification** to identify the potential risks that may lead or are actually leading to emotional crisis events in order to implement preventive or corrective actions.
- **Providing Emotional Crisis Management Training** to all employees, including security personnel, for the purpose of developing their skills in order to safely implement this protocol and intervene in times of crisis. Additional useful and complementing trainings could tackle:
  - Communication skills.
  - Problem solving
  - Safe identification and referral of children in need of protection and the survivors from gender-based-violence.
  - Psychological First Aid (PFA)
  - Medical first aid.
- **Launching a comprehensive program of physical and mental health services** for workers who wish to work on their personal risk factors and sensitivities (check Box 2) or those who have dealt with persons in emotional crisis.
- **Keeping an updated map of available resources** of nearby communities to be used in case of crisis (check Annex 1).
- **Developing and guiding the staff on the security plan** (Box 4).



## Box 4: What is a Security Plan?

The Security Plan defines the security rules and procedures to be applied within the Organization (13,14).

It includes two kinds of information or documents:

- ➔ **1- Standard Operational Procedures (SOPs), guidelines, and protocols:** these documents highlight the day-to-day precautions to be taken to prevent security threats (robbery, violence, etc.)
- ➔ **2- Contingency or Emergency Plans:** these documents define the immediate response and measures to be taken in case of security threats in order to minimize the impact.

With regard to workplace violence, the security plan includes information on:

- ➔ **1- How to prevent workplace violence**  
defining the Organization's access points, process of receiving visitors, (alarm detectors for metal or other weapons, registration, etc.), presence and roles of security guards, etc...
- ➔ **2- What to do in case of a violent event**  
Detailed information on the activators and triggers of a crisis response, roles and responsibilities of each concerned party, interventions and crisis management protocols (safe exits, alarms and codes to be used, call for support, etc.) post-crisis protocols (reporting, assistance and support, etc.).

Additional information, templates and examples of security plans are available on the below websites:

1. <https://www.eisf.eu/wp-content/uploads/2017/06/2157-EISF-June-2017-Security-Risk-Management-a-basic-guide-for-smaller-NGOs.pdf>
2. <https://www.eisf.eu/wp-content/uploads/2017/04/2128-InterAction-2016-Security-Plan-Example.pdf>
3. <https://www.careemergencytoolkit.org/management/14-safety-and-security/#annexes>
4. [https://actalliance.org/wp-content/uploads/2016/05/ACT\\_Safety\\_Security\\_Guidelines\\_English.pdf](https://actalliance.org/wp-content/uploads/2016/05/ACT_Safety_Security_Guidelines_English.pdf)

# Crisis Management

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Emotional crisis was described in the previous sections of this Protocol as an acute emotional disturbance during which one's usual rational thinking and problem-solving abilities fail. Emotional crisis does not occur spontaneously; it is the final stage along a continuum of emotional and behavioral responses. If not properly managed, emotional crises could possibly escalate and lead to workplace violence. De-escalation techniques can be used to support frontliners in their crisis management in order to prevent violence and ensure healthy interactions. Other general guidelines can be used at all times in order to prevent escalation.

**Remember: with adequate and timely action, acute crisis can often be avoided.**

## **A. General De-Escalation Principles**

Below are some general de-escalation principles for emotional crisis management to be used by frontliners when facing a person who is at any stage of the crisis continuum. Specific interventions for different stages of crisis will be presented in the coming sections.

The main components of the general principles are summarized in "One 4 SAD". Below is a description of each component:

<p><b>One</b></p>	<p><b>One</b></p>	<p>Only one frontliner should take the primary role in communicating with a person in crisis, but make sure that at least one additional team member is aware of the situation and called for support if needed.</p>
<p><b>4S</b></p>	<p><b>S</b>elf-control</p>	<p>Always use the previously mentioned self-care techniques to control your verbal and non-verbal expressions of anxiety or frustration and to be able to focus on the current situation.</p>
	<p><b>S</b>afety</p>	<p>Ensure that persons in crisis are safe and not left alone. Make sure that you, other workers and anyone present in the organization are safe at all times. You might ask others to stay away from the person.</p>
	<p><b>S</b>afer place</p>	<p>Relocate to a safer place or designated “quiet” area. A safer place should include easy exits, and less dangerous items or furniture. It will also be less crowded which may help decreasing the emotional arousal and hypervigilance of the person.</p>
	<p><b>S</b>it down</p>	<p>Encourage the person to sit down. It will decrease the overall hypervigilance and aggression, but if they need to stand, stand up also.</p>
<p><b>A</b></p>	<p><b>A</b>void</p>	<p>Avoid any defensive attitude. Even if some insults might be addressed to you, there is no need to defend yourself or other staff members.  Avoid using any kind of force or control; it will escalate the situation rather than de-escalate.</p>
<p><b>D</b></p>	<p><b>D</b>istract</p>	<p>Offer the person in crisis something to drink or eat in an effort to distract him and diffuse agitation.</p>
<p><b>One 4 SAD</b></p>		



## B. Specific De-Escalation Techniques

**Remember: Communication is the most essential tool to de-escalate emotional crises**

As described so far, multiple verbal and non-verbal skills are needed to be able to prevent or de-escalate any situation. Communication barriers need to always be avoided when trying to intervene in any crisis situation. In addition, frontliners need to be equipped with effective de-escalation skills to be able to handle the situation.

Frontliners are advised at any stage of the crisis to apply the following:

### Effective non-verbal communication described in Table 2

- Appropriate movements
- Safe distance
- Eye contact
- Body position
- Voice tone

### Self-care techniques to remain calm and in control (section II-A-3)

- “Calm Breathing and Come Back” technique.

### Positive communication skills (section II-A-2)

- Honesty
- Empathy
- Respect
- Active listening
- Simple language

### General guiding principles for de-escalation (Section III-A)

- **One 4 SAD**

In addition to the aforementioned tools and skills, specific techniques related to each stage of the crisis will be described below (4,5,12,15,16,19).



## 1. De-escalation in stages 1 and 2

In stages 1 and 2 the person in crisis is showing warning or escalation signs. It is possible to summarize the specific de-escalation technique for these two stages in four steps (CCFC):

<b>C</b>	<b>C</b> ontact	<b>Step 1:</b> Establishing non provocative verbal contact.
<b>C</b>	<b>C</b> oncern	<b>Step 2:</b> Identifying the person's priority concern.
<b>F</b>	<b>F</b> eelings	<b>Step 3:</b> Acknowledging the feelings underlying person's threatening behaviour.
<b>C</b>	<b>C</b> ontrol	<b>Step 4:</b> Giving the person the opportunity to regain control and make decisions.

### Step 1: Establishing non provocative verbal contact

- Introduce yourself to the persons in crisis and ask about their name. Use the name of the person in crisis while addressing them (Ms X, Mr X).
- Reassure the person in crisis that you are here to support and that the main goal of your organisation is to help. Even if the main issue is neither your responsibility nor outlined in your job description, make sure to redirect the person to the responsible staff. Use positive and helpful statements such as:
  - "I want to help you!"
  - "Do you want me to help you?"
  - "Let's call Mr Ziad, he is the one dealing with these issues, I'm sure he will help"
  - "Ms Samira is the employee in charge of such issues in the Organization, let's ask for her opinion"

Hello, my name is ...

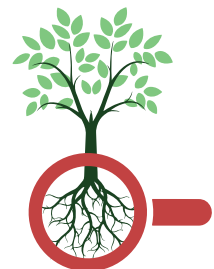


### Step 2: Identifying the person's priority concern

Emotional crisis is always about "something". It never happens without any reason.

The most essential part of de-escalation is to try to identify the reason behind the crisis and work towards its solution. Despite what it usually looks like, most people know what they need. However, their reaction and way of expressing themselves differ.

- Allow persons in crisis to express their concern:
  - "Please tell me what's bothering you."
  - "You seem to be upset...can you tell me what's bothering you?"
  - "Could you explain to me more what happened"
  - "Could you please tell me more so I can help you better."
- Ask the persons what they think they need. Common priority concerns are listed in Box 5.
  - "Please let me know what your priority concern is."
  - "Please let me know how can I help."
  - "Even if I am not able to provide you the necessary help, I would like to know more information so we can work on finding someone who might be able to help."



- Make sure you properly understood the issue.
  - *"Please tell me if I understood this right..."*
- Repeat the person in crisis' priority concern. This will let them know that they are heard, and that will help in successful de-escalation.
- Never assume knowing what the other person wants, even if the person is familiar with your organization.

## Box 5: Common priority concerns leading to escalating situation

Urgent issue related to self, or a family member, or a close person, i.e: medical emergency, protection, restoring family links, etc.

Non-covered urgent basic needs i.e. need for food, shelter, medicine, etc.

Personal time constraints and conflict of personal priorities.

Worries regarding impartiality of organization, in terms of politics or unfairness.

Unmet expectations.



### Step 3: Acknowledging the feelings underlying a person's threatening behaviour

Remember that persons in crisis are "fighting" for their priority concerns or in need to be heard, while experiencing emotions. These emotions can be: feeling of helplessness, loss of control over an important situation, incapability, injustice, guilt and despair in a difficult situation related to a family member or close person. Acknowledging these emotions can help in de-escalation.

- Acknowledge and validate their feelings (not their behaviors)
  - *"I understand why you might be upset."*
  - *"I can just imagine how many times you tried to ask for support vainly and how frustrating this must have been".*
  - *"not Feeling that no one is listening to your priority concern must be very hard, I can understand why you are upset".*
- Try to find a statement that everyone can agree on.
  - *"I believe everyone should be treated respectfully".*





#### Step 4: Giving the person the opportunity to regain control and make decisions

Supporting the persons in crisis in identifying options and providing them with the opportunity to choose will help them regain a sense of control and will lead to successful de-escalation.

- Put yourself on their side in finding a solution to the problem. Use a shared problem-solving approach.
  - *"How can we correct this?"*
  - *"How do you think we can solve this issue?"*
- Apologize if needed.
  - *"I'm very sorry that this happened. Let us find a way to fix it"*
- Discuss possible options answering the person in crisis' priority concern. Explain and offer available organisational support based on your knowledge of existing services provided by your organisation or others. Try to offer practical suggestions/choices:
  - *"This issue is usually taken care of by our X department, let me guide you to their office to get all related necessary information".*
  - *"This kind of service is not provided by our organization. However, I know a few organizations in the area that do. I can help you get in contact with them if you want".*

I'm sorry ..



In case the frontliner detects an altered mental status, or other major medical problems (obvious injury of head or body, signs of pain, facial expression of discomfort, bleeding or signs of bleeding such as blood-soaked clothing, etc.), it is recommended to refer to the emergency department of any nearby hospital, ensuring using a safe means of transportation (**the Lebanese Red Cross, Civil Defence<sup>5</sup> or other entity**). Otherwise, the frontliner can refer depending on the updated map of services available if the priority concern cannot be solved at the Organization.

- Support the persons in crisis in identifying and mobilizing their own resources, i.e. give the person in crisis the possibility to contact another trusted person who can provide support (mandatory action in case the person in crisis is a minor).
  - *"Would you like me to call X and explain the situation?"*
  - *"Do you want to use the phone to reach X?"*

**Remember: Be optimistic without making promises that you cannot keep**

##### <sup>5</sup> Red Cross Hotline



##### <sup>5</sup> Civil Defense Hotline





## Important notes:

- It is important to note that de-escalation steps (CCFC) can sometimes be merged depending on the situation. For instance, the frontliner can start by acknowledging the feeling and establishing verbal contact: "I can see that you are very angry, I would like to help, do you want to tell me what happened?".
- It is recommended to try de-escalating steps at least once or twice before contacting more experienced colleagues or police. However, if you estimate that you are not comfortable enough while performing the de-escalation steps, call directly for support.

## 2. De-escalation in stage 3

At the latest stage of crisis, the person's feelings of helplessness intensify, escalating the situation into a violent behaviour and emergency intervention, with a risk of physical self-harm or harm to others or to the environment (such as threatening with a weapon, physical fight, destruction of property...). All previously mentioned verbal, non-verbal and de-escalation skills can still be effective; however, additional techniques and precautions need to be taken: such as setting limits, ensuring safety, and following your Organization's emergency plan.

### A- Setting limits

Setting limits is a technique to be used as a final resource in an attempt to place some external control on the escalating situation aiming to diffuse aggression and facilitate decision making (4).

- Setting limits includes two main components:
  1. Using a command form to state the desired behavior
  2. Listing the consequence of non-compliance to the desired behavior

Example: "Mr. Rami, please speak calmly and avoid insults, otherwise I will have to call the security guards."

- Setting limits needs to be done while continuing to acknowledge the person's emotions and offering help.

Example: "I understand that you are very angry with what happened, but please can you stop yelling at me? I am here to help you."

- Setting limits must not be based on threats. Threatening might further escalate the situation.  
**Threatening:** "If you don't calm down, I'm going to call the police!"  
**Limit Setting:** "Please calm down. I don't want to involve the police, but I may have to if you can't control yourself."

### B- Ensuring safety

Your personal safety and the safety of others are essential at this stage.

- Position yourself to exit easily, or exit if it is safe to do so and ask other persons to do so.
- Cooperate passively until you are able to exit.
- Call the police discretely and alert other colleagues.

# Suicide Prevention Protocols for UNHCR





## C- Follow your organization's emergency plan (discussed in Box 4)

Always keep the service users engaged and inform them of what you are doing and the reasons behind your actions. Annex 2 includes an example of a crisis situation with effective and ineffective de-escalation techniques.

### If the person in crisis:

Is not in a state where they can communicate properly OR sounds confused OR has a slurred speech OR is speaking about things that sound bizarre to the culture OR is delusional OR has hallucinations:



They might have an acute mental condition and they might need support.

### What do you need to do?


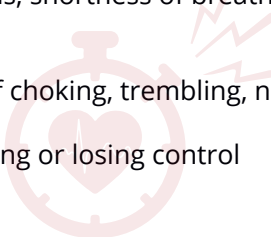
- Do not challenge hallucinations or delusions (i.e. How do you know? It's not true!")
- Contact a mental health professional if available.
- If a mental health provider is not available, you can call 1564 and ask for guidance.
- Ask the person if they would like to call anyone for support.

### If the person in crisis:

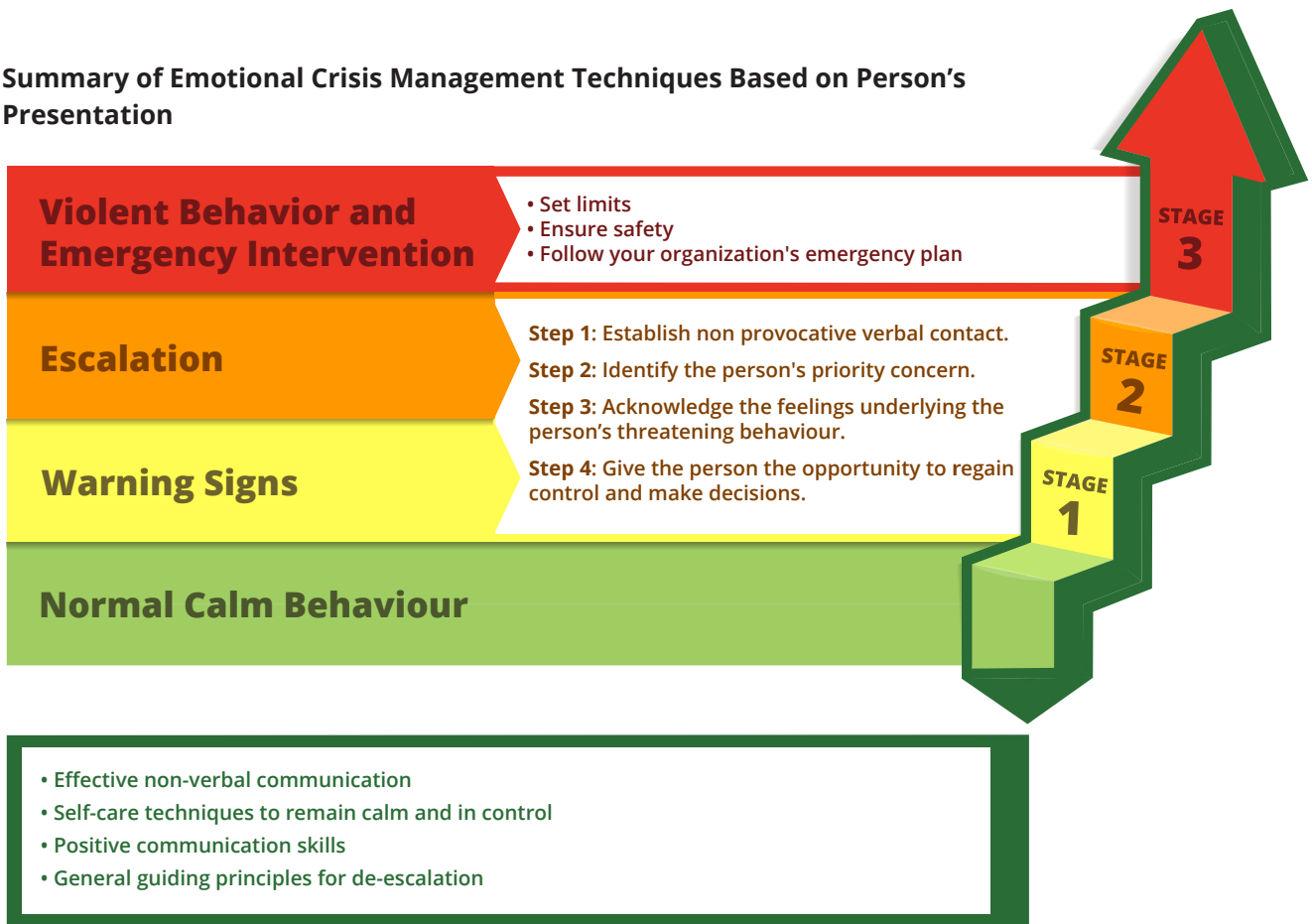
Is intoxicated (alcohol or other substances) or displaying signs of a heart attack:



- Contact a medical doctor if available.
- Comfort the person that symptoms of a heart attack can turn out to be panic attacks which do not last long (usually around 30 minutes).
- Refer the person to a hospital ER.

Common signs of Alcohol Intoxication include:	Common signs of Panic Attacks include:
<ul style="list-style-type: none"> <li>• Smell of alcohol</li> <li>• Drowsiness</li> <li>• Poor motor coordination (difficulty walking straight, etc.)</li> <li>• Irritability/Agitation</li> </ul> 	<ul style="list-style-type: none"> <li>• Palpitations, shortness of breath, sweating, chest pain</li> <li>• Feelings of choking, trembling, nausea</li> <li>• Fear of dying or losing control</li> </ul> 

**Summary of Emotional Crisis Management Techniques Based on Person's Presentation**





## C. Specific Considerations When Interacting With Survivors of Gender-Based-Violence

There are specific considerations to be taken when the persons in crisis are minor or adult survivors of Gender Based Violence (GBV) who are in need of protection. The required response aims at minimizing the harmful consequences of violence and preventing further harm.

See Box 6 for the guiding principles when working with an adult survivor and Box 7 for minor survivors (17). Additional details can be found in the “Inter-Agency Standard Operating Procedures (SOPS) for S/GBV Prevention and Response in Lebanon” (17).

### Box 6: Guiding Principles for Frontliners When Working With Adult Survivors

#### Adult Survivor of Sexual and Gender Based Violence (SGBV)

<p><b>1- Comfort</b></p>	<p><b>Comfort the survivor using soothing and supporting statements</b> such as: “It’s not your fault”, “I am very glad you told me”, “I am sorry this happened to you”, “It takes a lot of courage to tell me that”.</p>
<p><b>2- Assess safety</b></p>	<p><b>Frontliners need to know whether the participant is at imminent risk.</b></p> <p><b>Questions to be asked:</b>  <i>From what you have described to me, I am a bit concerned, and I would like to ask you a couple of questions now. Is that okay with you? Can we continue?</i></p> <p><b>A-1- Do you feel safe here at the facility?</b>  <input type="checkbox"/> No. Ask the person to describe what makes him/her feel unsafe.  <input type="checkbox"/> Yes. Go to section A-2</p> <p><b>A-2- Do you feel unsafe outside the facility?</b>  <input type="checkbox"/> No. Go to section 3  <input type="checkbox"/> Yes. Ask the person to describe what makes him/her feel unsafe.</p> <p><b>IF YES, is any of the following situations happening to you?</b>  a) freedom detained (i.e. restricted mobility)  b) deprived of his/her basic needs (cannot access vital needs, deprived of food)  c) threatened with a weapon  d) perpetrator is threatening to kill him/her</p> <input type="checkbox"/> No. Go to section 3 <input type="checkbox"/> Yes. Explain about ISF involvement

<b>Adult Survivor of Sexual and Gender Based Violence (SGBV)</b>	
<b>2- Assess safety</b>	<p><b>ISF Involvement</b></p> <ul style="list-style-type: none"> <li>- Explain that by law, we have to inform the Internal Security Forces in 2 conditions:               <ol style="list-style-type: none"> <li>1. The GBV affects her functionality for over 10 days, or has been going on for more than 10 days.</li> <li>2. There is an actual threat to the survivor's life.</li> </ol> </li> <li>- Explain that you are very concerned for their safety and that you believe they should receive adequate protection.</li> <li>- Explain that the Police will handle the case discreetly, i.e. they will not say who called them.</li> <li>- Explain that they can send a "patrol/ dawriyye" (دورية) (men from the Security Forces to the address) if the person is at risk right now and if they approve this.</li> <li>- Explain that ISF will not take any measures if the survivor wishes so (doesn't want to file any complaint) even if they already said they were survivors of violence. This suit would require sharing true and accurate identifiable information.</li> <li>- If the survivor wishes to file a complaint, ISF can go right away and they will help them by intervening if the violence is currently still taking place. They will have a doctor with them to examine and assess the situation (do a check-up on the survivor) and then they will start their investigation. The judge will assess the situation and issue a verdict based on the evidence.</li> <li>- Explain that in the case of sexual violence, we cannot report without the written consent of the survivor.</li> <li>- Ask for full name, address, and phone number.</li> <li>- <b>Call 📞 1745 (ISF hotline for SGBV)</b></li> </ul>
<b>3- Child at risk</b>	<p><b>Is a child at risk?</b></p> <p><input type="checkbox"/> No. Go to section 4</p> <p><input type="checkbox"/> Yes. Check child protection (Box 7)</p>



## Adult Survivor of Sexual and Gender Based Violence (SGBV)

### 4- Specialised care for SGBV

- **Encourage the survivor to seek help. Refer to SGBV focal person (if available at your organization)**
- **Inform the user about specialized services for protection issues.** Briefly explain that these service providers have specialized staff who will assist survivors in reaching the different types of assistance they need; including psycho-social assistance, medical assistance, legal assistance, and assistance to find safe shelter if needed. Information about services can be found on the RESPOND app. All these services are free of charge.

**Statements that can be used:** *"I would like you to know that there are centers that specialize in responding to circumstances similar to the ones you are experiencing which you could contact anonymously for support especially if there are times when you do not feel safe. They would counsel you on how to deal with whatever you are going through based on your wishes, and they would help ensure you are safe."*

**If the survivor had been raped,** refer the person to a Clinical Management of Rape (CMR) facility (information can be retrieved from your organization's mapping of services or RESPOND app). It is preferable to escort the survivor to this centre (if they consent).

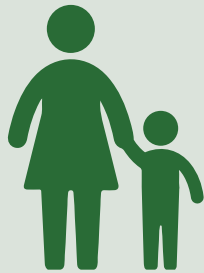
**Sentence that can be said:** *"If you do decide to seek forensic services, it is recommended to do so within 72 hours of the incident. The reason for this is to gather forensic data to provide evidence in case you want to file a suit against the perpetrator. And of course, getting this evidence does not in any way bind you to file a suit. It will just be available in case you want it in the future."*

- **Ask for their oral consent** to provide the referral; if they accept the referral: use the RESPOND app to find service.
- If the survivor refuses to give consent, the role of the frontliner would be limited to providing on how and where services can be accessed.  
You can say: *"That's ok, it is your decision whether or when to seek help. Please feel free to come back anytime if you would like to get help."*
- **Suggest that they make sure they are not alone** and see if there is someone who can support them, e.g. *"I would like you to be supported as you do this and not be on your own. Is there someone you can contact to help you with this, for example a friend, family or community member? Who would that be?"*  
*"I would like you to know that you can also call the national domestic violence hotline on 1745 at any time if you feel unsafe."*

**Always ensure the confidentiality of the information received**



### Box 7: Guiding Principles For Frontliners When Working with Minors in Emotional Crisis (< 18 years)



#### Minor Presenting with a Trusted Person



- Refrain from interviewing the child or their caregiver if you are not trained to do so (any interview, counselling or support service delivered to a child needs to be done by a skilled professional trained on guidelines of working with children).
- Contact the child protection focal person at your organization, if available.
- Refer the child and their caregiver to a child protection service at another organization if the service is not available at your organization.



#### Minor Unaccompanied



- Refrain from interviewing the child.
- Contact the child protection focal person at your organization, if available.
- Refer the child to a child protection service at another organization if the service is not available at your organization.
- Report to the Association for Protection of Juveniles in Lebanon "Union pour la Protection de l'Enfant" (UPEL) judge.

# Post- Crisis Incident

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In the aftermath of an emotional crisis, interventions should be focused towards minimizing the impact of the event and ensuring that similar events will not be repeated in future. Attention and efforts need to be directed not only to the frontliner but to the person who was in crisis and all other staff who were involved to assist them in their recovery and return to normal cognitive and emotional functioning. This process includes the resolution of the crisis in a safe manner along with post-crisis personal and organizational follow-up (1,3,4,5,9).

## A. Closure of the Crisis Management and Post-Crisis Tips

After the person returns to a normal level of behaviour and becomes calm, it is important to discuss with the concerned persons for a few minutes the agreed plan for the priority concern and how much they are comfortable with the plan. Ensure the person leaves with the needed contacts for referral.



### Post-Crisis Tips: (to be used with the person in crisis)

- Ask the person about their opinion regarding the agreed upon plan and if it answers their priority concern.
- Ask the persons if they would like to leave a phone number where you can contact them in case you have additional options that can help.

## B. Administrative Concerns

The security plan prepared by organizations usually includes actions to be taken following a crisis event. These actions are mainly related to reporting the events, notifying the needed focal points, following up and monitoring further events and offering services to affected employees.

### 1. Reporting

A clear reporting system should be put in place and employees need to be encouraged to fill the reports templates available in the case of any incident of emotional crisis. Organizations need to ensure a safe reporting mechanism where employees are not criticized or bullied for reporting. A list of people to be notified after an incident needs to be put in place and communicated to all employees. There are many types of incident reports and each organization will have to adopt what suits its culture and process of work.

Most importantly, post-incidents reports need to cover the following: (you can find a sample of incident report in Annex 3)

- Who?
- To whom?
- When?
- Where?
- What has happened?
- What have you done about it? Why?
- What help did you need?
- Lessons learned
- Identification of any lack or failure of procedures or staff,
- Recommendations for prevention
- Date, author, role of author (involved in the incident or not?) and signature.



In order to enhance reporting of incidents, frontliners must understand and believe that incident reports are taken seriously by management, and actions will be taken in a timely manner. In addition to incidents reports, organizations might call for “incident review - team meeting” to discuss the main contributors of the incident, techniques used and reflect on possible corrective actions.

It is advisable not to provide “psychological debriefing”. Debriefing refers to a specific type of intervention in which people who have recently suffered a crisis event are asked to analyze and systematically recount their perceptions, thoughts and emotional reactions to the event. When applicable, techniques related to Psychological First Aid (PFA) should be used.

**DO NOT** pressure people to talk or share their experiences if they don’t want to. If the frontliner would like to consult a mental health professional, a referral should be ensured and depending on the professional assessment, appropriate interventions should be implemented.



## 2. Analysis of the Event

Record keeping is essential to the emotional crisis management's success. Reports compilation and analysis will help organizations assess the main contributing factors to emotional crises, protocols and procedures that need to be put in place, helpful de-escalation techniques, challenges and new tools for prevention. By analyzing emotional crisis incidents reports, organizations will be able to evaluate their security plans, take corrective actions and elaborate training needs. Analysis and evaluation reports should be shared with all employees.

## 3. Assistance To Involved Staff

It is very difficult to predict how the event may affect the frontliner involved. However, the key for recovery and regained productivity is patience and support from everyone including the organization. Organizations need to provide support to involved staff in a timely manner. Support can range from medical, to psychological, social, financial, legal and security support. Counselling services need to be available for traumatized workers while respecting their will to benefit or not from these services.



### Post Crisis Tips for Managers

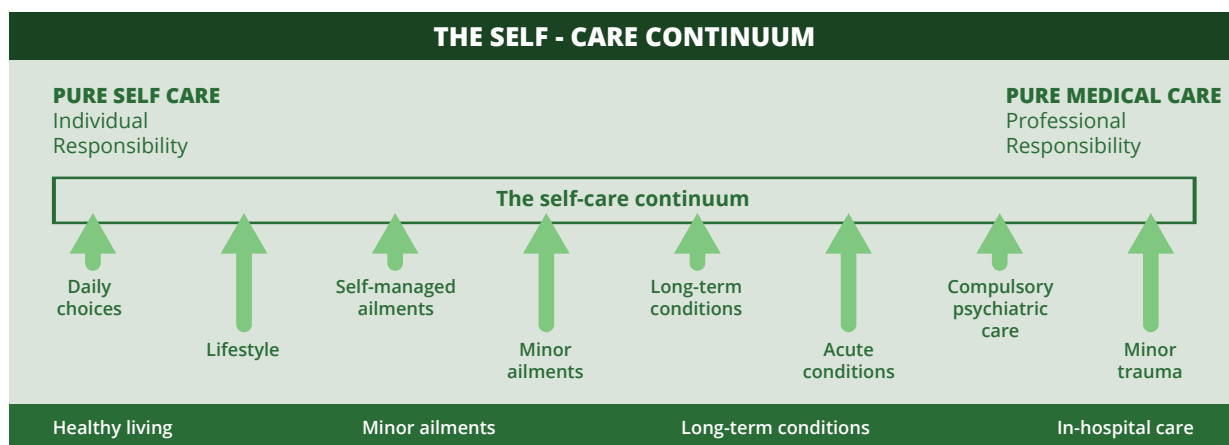
- Encourage frontliners to document the incident using the post-crisis report (see Annex 3)
- Initiate a timely internal investigation and follow up the case.
- Compile incidents reports and fill the organization quarterly report (see Annex 4) for capitalization of lessons learned and accountability.
- Update the involved frontliner about the actions taken or investigations results following a crisis event.
- Coordinate for staff care and support to involved staff within 1 week of a significant crisis.
- Advise on leave taking (if needed)
- Advise on legal aid or police issues (if needed).

## C. Self-Care

Self-care behaviours are chosen by people to sustain positive living and promote their health. These behaviours can be performed by individuals, families and communities with or without specialized support. Self-care is usually individualized and is developed based on each person's "needs, beliefs, interests, lifestyle, and spirituality" (18).

The concept of self-care needs to be viewed as a continuum of care (Figure 1). Self-care is performed with different purposes. Some persons practice self-care to meet daily basic needs, others to prevent disease, maintain health, mental health, and wellbeing.

At any point along this continuum, individuals might experience disease or injury or witness an emotional crisis that would require a change in their self-care activities and may also need the assistance of health professionals to better cope with the situation. Don't hesitate to seek professional help when needed.



**Figure 1: The Self-Care Continuum (18)**

Frontliners who interacted with a person in emotional crisis may experience the following normal reactions after their involvement in the crisis incident: feelings of danger/threat, shock, shaking, crying, laughing, guilt, helplessness.

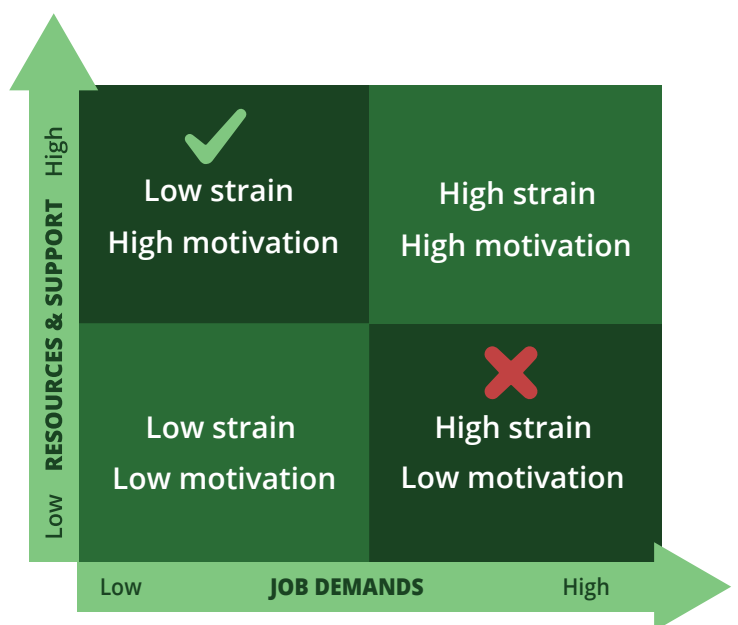
The severity and extent of the symptoms occurring post-event depend on multiple factors including the severity of the event itself, the person's ability to cope, and previous experience with crisis, in addition to many others. Frontline work can cause an added strain and may lead frontliners to experience various forms of psychosocial adversities, such as cumulative stress/burnout, compassion fatigue, vicarious trauma, over-engagement, as well as other significant signs and symptoms.



## 1. Cumulative Stress/Burnout

Burnout is a response to excessive and persistent exposure to stress, hard interpersonal circumstances, and inability to meet regular demands. Characteristics of burnout include:

- Emotional exhaustion, depersonalization, and reduced personal accomplishment.
- Emotional involvement in the absence of adequate social support or job satisfaction.
- Loss of energy to carry on daily tasks, pessimistic, hopeless, powerless, annoyed.



- **Resources:**  
Situations and experiences created by an employer that help workers meet demands.  
**Examples are:**  
Good support, helpful feedback, and the freedom to manage your own time.
- **Demands:**  
Pressures that call on us to use our resourcefulness and energy - physical, mental, and emotional - all of which can be stressful if we're overtaxed and inadequately supported.

## 2. Compassion Fatigue

Compassion fatigue can be defined as behaviours, actions and emotions demonstrated by frontline workers in response to the traumatic content that a service user has shared. Compassion fatigue occurs when the frontline worker feels unable to empathize with the service user and has a reduced capacity or willingness to bear the pain and distress of the service user. It may occur when frontline workers experience increased workload over a period of time or when they are exposed to emotional crisis events that are beyond their capacity to cope. Paradoxically, the inability to express empathy may become a trigger for an emotional crisis.

## 3. Vicarious Trauma

Vicarious trauma and secondary trauma symptoms are usually experienced by frontline workers as a reaction of witnessing or knowing about a traumatic event that occurred with service users. In vicarious trauma, frontline workers are negatively impacted by their ability to feel and understand the feeling of someone else, which results in secondary trauma symptoms being experienced by the service users themselves.

## 4. Over Engagement

Over engagement is when the relationship between a frontline worker and a service user becomes deeper than the professional relationship between. Over engagement can be reflected by blurring off boundaries, doing too much, having personal conversations with a service user, caring for them more than others, refusing to hand over care of a service user, encouraging dependence, among others.

## 5. Signs and Symptoms

The following signs and symptoms may be experienced by frontline workers as a result of being negatively impacted by the psychosocial adversities when they are not adequately prepared to deal with crisis events or in the absence of relevant organizational policies.

### Physiological

- Fatigue, low energy
- Headaches
- Sleep disturbances
- Changes in appetite
- Stomach upset
- Body aches
- Muscle tremors and tension
- Inability to relax
- Tachycardia

### Psychological

- Poor concentration, confusion
- Hopelessness/powerlessness
- Forgetfulness and memory problems
- Excessive blaming
- Mood swings and irritability
- Sadness/Anger/Guilt
- Indifference and boredom
- Withdrawal/Isolation
- "Something is wrong"

### Spiritual

- Feelings of emptiness
- Loss of meaning
- Loss of hope/Discouragement
- Religious Cynicism
- Doubt
- Alienation
- Loss of zeal
- Loss of idealism
- Anger at God

### Professional

- Difficulty/Failure with tasks
- Changes to working schedule
- Taking work home
- Reduction of enthusiasm/ indifference to results
- Increased errors and mistakes
- Job dissatisfaction
- Cynicism/Criticality
- Absenteeism/Resistance
- Turnover



### Post Crisis Tips for Managers:

**How at risk are you? The bigger predictors are:**

**Lacking control** in job.

**Confusing expectations** that are hard to meet.

**An unhealthy work culture**, such as a bullying boss or backstabbing colleagues.

**A workplace that doesn't suit** your values, skills, interests and personality.

**An uncomfortable pace**, either boring or very hectic.

**Excessive working hours**, giving you too little time to recuperate and to create a work-life imbalance.

**Your sense of identity** being overly bound up with your job.

**Working in an emotionally demanding profession** such as healthcare, teaching, ministry.

**Lacking people** who support you in and out of the workplace.



## D. Domains and Tools of Self-Care

Different tools are available to help frontliners gain the necessary skills to apply self-care techniques.

The three basic concepts of self-care are The **ABCs**:

- **A = Awareness:** Be aware of your own needs, limits, emotions, and resources.
- **B = Balance:** Balance among your activities: work, family and social life, rest, and leisure.
- **C = Connection:** Connection with supportive relationships.

### 1. Taking Care of Your Body (Physiological)

- In what follows, we list practical steps on how you can take care of yourself in four important areas.
- Take time to eat, rest and relax, even for short periods of time.
- Engage in a healthy and moderate diet. Eat from all the food groups and eat slowly and mindfully.
- Be active. Have regular physical activity (at least 150 mins/week) (23).
- Engage in regular sleep patterns (around 7 to 9 hours of sleep every day, ensure good quality) (22).
- Minimize your intake of alcohol, caffeine, or nicotine and avoid medications that are not prescribed by a physician.
- Practice breathing techniques.

### 2. Taking Care of Yourself at Work (Professional)

- Practice time and priority management. Keep reasonable working hours and a balanced workload.
- Do what you can to help people help themselves.
- Acknowledge and reflect on what you did to do to help others. Accept what did not go very well.
- Talk to a colleague or a supervisor; support each other.
- Separate between professional and personal boundaries.
- Foster positive collegial interpersonal relationships with colleagues (avoid gossiping).
- Consider Employee Assistance Programs (EAPs) like resiliency training, risk assessment, policy development etc.



## 3. Taking Care of Your Mind and Emotions (Psychological)

- Remember that your feelings are normal responses to events.
- Understand yourself and what you're going through.
- Reflect on what has helped you cope in the past and what you can do to stay strong.
- Talk to yourself in a friendly way.
- Talk with friends, loved ones or other people you trust for support.
- Do not wait until you are reaching a breaking point.
- Practice mindfulness.
- Apply stress management techniques through the following 4As:



## 4. Taking Care of Yourself Spiritually (Spiritual)

- Identify what you care about most in life.
- Explore your spiritual core. Ask yourself questions about who you are and what your meaning in life is.
- Look for deeper meanings. It will help you see you have control over your own destiny.
- Let it out, express what is on your mind. It will help you maintain a focused mind.
- Take time to meditate. It is very important to devote time to connecting with yourself within your busy schedule.
- Change your attitude towards how you perceive things, especially when faced with stressors.
- People like to live a life with meaning and purpose. When these goals are met, it puts harmony in one's life.
- A meaningful life has 3 central features:
  - Purpose- Having valued life goals that motivate your actions and guide your choices
  - Comprehension- Being able to understand your life experience and see them as part of a coherent whole
  - Mattering- Feeling that your existence is valuable to others and has significance (21).

For additional information on self-care, refer to the Self-care Curriculum developed in collaboration with ABAAD available on the MoPH's website.

# REFERENCE LIST

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1. International Labour Office, International Council of Nurses, World Health Organization and Public Services International. Framework Guidelines for Addressing Workplace Violence in the Health Sector. Geneva: International Labor Office. 2002.
2. World Health Organization. Violence and Injury Prevention: Violence against health workers. Available from: [https://www.who.int/violence\\_injury\\_prevention/violence/workplace/en/](https://www.who.int/violence_injury_prevention/violence/workplace/en/)
3. U.S. Department of Labor. Occupational Safety and Health Administration. Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. 2016. (<https://www.osha.gov/Publications/OSHA3148.pdf>, accessed December 13, 2019)
4. Center for Disease Control and Prevention. The National Institute for Occupational Safety and Health (NIOSH). Workplace violence prevention for nurses. 2019. Available from: [https://www.cdc.gov/niosh/topics/violence/training\\_nurses.html](https://www.cdc.gov/niosh/topics/violence/training_nurses.html)
5. Vivid learning systems. Security and Workplace Violence. 2019. Available from: [https://demo.vividlms.com/content/vivid\\_Template\\_v002/showDemo.asp?id=185&mode=2&utm\\_campaign=Resources&utm\\_medium=email&\\_hsenc=p2ANqtz-\\_ozMbRbqn34j1bN\\_WthskG3FCkueFJ4g0TEhdUgoxSpTknN4WYCzWAF2tHQPFfnDKpwSmFTNAs29oxpOb9Szg8kW8ERQ&\\_hsmi=60019294&utm\\_source=hs\\_automation&utm\\_content=60019294&hsCtaTracking=093ec94e-8c22-4f48-894c-8b073495b02f%7Cceafa443-3b37-421d-bee1-610691ac6085](https://demo.vividlms.com/content/vivid_Template_v002/showDemo.asp?id=185&mode=2&utm_campaign=Resources&utm_medium=email&_hsenc=p2ANqtz-_ozMbRbqn34j1bN_WthskG3FCkueFJ4g0TEhdUgoxSpTknN4WYCzWAF2tHQPFfnDKpwSmFTNAs29oxpOb9Szg8kW8ERQ&_hsmi=60019294&utm_source=hs_automation&utm_content=60019294&hsCtaTracking=093ec94e-8c22-4f48-894c-8b073495b02f%7Cceafa443-3b37-421d-bee1-610691ac6085)
6. Center for Disease Control and Prevention. The National Institute for Occupational Safety and Health (NIOSH). Occupational violence, Fast facts. 2019. Available from: <https://www.cdc.gov/niosh/topics/violence/fastfacts.html>.
7. U.S. Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses, in cooperation with participating state agencies. 2016. Available from: <https://www.bls.gov/iif/oshwc/osh/case/ostb4760.pdf>.
8. Deeb, M. Workplace Violence in the Health Sector LEBANON Country Case Study. Geneva. International Labour Office, International Council of Nurses, World Health Organization and Public Services International. Joint Programme on Workplace Violence in the Health Sector. 2003. Available from: [https://www.who.int/violence\\_injury\\_prevention/violence/en/wpv\\_lebanon.pdf](https://www.who.int/violence_injury_prevention/violence/en/wpv_lebanon.pdf).
9. McManus M. Workplace violence prevention. Office of Security. Presentation. 2007. Available from: <http://www.osec.doc.gov/osy/NOAA/PAGES/Training/Workplace%20violence%20Briefing/Workplace%20Violence%20from%20Office%20of%20Security%202007%20July.pdf>.
10. DiMartino, V. Relationship Between Work Stress and Workplace Violence in the Health Sector. Geneva: International Labour Office, International Council of Nurses, World Health Organization and Public Services International. 2003. Available from: [https://www.who.int/violence\\_injury\\_prevention/violence/interpersonal/en/WVstresspaper.pdf](https://www.who.int/violence_injury_prevention/violence/interpersonal/en/WVstresspaper.pdf).

11. Luck, L., Jackson, D. Usher, K. STAMP: components of observable behaviour that indicate potential for patient violence in emergency departments. *Journal of Advanced Nursing*. 2007; 59(1):11-19.
12. National Institute for Health and Care Excellence. Violence and aggression: short-term management in mental health, health and community settings. NICE Guidelines. 2015. Available from: <https://www.nice.org.uk/guidance/ng10>.
13. European Interagency Security Forum. Security risk management: a basic guide for smaller NGOs. 2017. Available from: <https://www.eisf.eu/wp-content/uploads/2017/06/2157-EISF-June-2017-Security-Risk-Management-a-basic-guide-for-smaller-NGOs.pdf>.
14. Act Alliance. ACT Staff Safety and Security Guidelines. A Handbook for ACT Staff. 2016. Available from: [https://actalliance.org/wp-content/uploads/2016/05/ACT\\_Safety\\_\\_Security\\_Guidelines\\_English.pdf](https://actalliance.org/wp-content/uploads/2016/05/ACT_Safety__Security_Guidelines_English.pdf).
15. Tennessee Department of Mental Health and Substance Abuse Services. Crisis Management Training. 2012. Available from: [https://www.tn.gov/content/dam/tn/mentalhealth/documents/Crisis\\_Services\\_Training\\_Manual.pdf](https://www.tn.gov/content/dam/tn/mentalhealth/documents/Crisis_Services_Training_Manual.pdf).
16. Price, O. & Baker, J. Key components of de-escalation techniques: A thematic synthesis. *International Journal of Mental Health Nursing*. 2012; 21:310–31.
17. Inter-Agency Coordination Lebanon. Inter-Agency Standard Operating Procedures (Sops) For SGBV Prevention and Response In Lebanon. 2015. Available from: <https://www.abaadmena.org/documents/ebook.1491983561.pdf>.
18. Ministry of Public Health & ABAAD. Self-care Manual for front-line workers. 2019.
19. World Health Organization. Freedom from Coercion, Violence and Abuse. WHO QualityRights Core training: Mental Health and Social Services. 2019. Available from: <https://www.who.int/publications-detail/who-qualityrights-guidance-and-training-tools>
20. Ministry of Public Health. The National Charter for Mental Health in the Workplace. 2019. Available from: <http://mhworkplace.moph.gov.lb/en/charter>
21. Frankl, V.E. 1966. What is meant by meaning? *Journal of Existentialism*.
22. Hirshkowitz M., Whiton K., Albert S.M., Alessi C, Bruni O., DonCarlos L. et al. National Sleep Foundation's sleep time duration recommendations: methodology and results summary. *Sleep Health: Journal of the National Sleep Foundation*. 2015; 1(1):40-3
23. World Health Organization. Global recommendations on physical activity for health. Geneva: World Health Organization.2016

# Annex 1: Map template for Available Services in the Nearby Community

Date of last update: .../.../.....

Types of response needed	Who? (Organisation's Name)	Where?			What? (Available services)	Target beneficiaries			When?		Name of focal person(s) for referrals	Contact information of focal person(s)		Emergency number or hotline	Note
		Governate	Caza	Detailed address	Type of service (s)	Age	Sex	Nationality	Activity Start Date (MM-YYYY)	Activity End Date (MM-YYYY)		Phone	Email		
Medical															
Social															
Security forces/ police															
Legal															

(This template can be used in case no maps are available; otherwise, it is advisable to use the specific organization's map of services)

## Main Types of Response to Be Covered by the Local Mapping <sup>6</sup>

### Medical response including:

- Teams for medical stabilization and transportation such as the Lebanese Red Cross. (it is important to highlight in the map if the suitable means of transportation is available for mental health cases).
- Nearest hospitals or Primary Health Care Centers (it is possible to use the application of the Ministry of Public Health “MOPH” that can be downloaded on smartphones to locate the nearest facility).
- Mental health (Case management, PSS, counselling, psychotherapy, information dissemination). Mental Health and Psycho Social Support services are regularly mapped by the Ministry of Public Health using the 4Ws tool <sup>7</sup>.
- Facility for Clinical Management of Rape.
- Medical guarantor by nationality (for those who do not benefit from private medical insurance).

### Social response including:

- Forensic and child social protection services.
- Organizations for Gender Based Violence Case Management. You can use RESPOND <sup>8</sup> application.
- Organizations for unaccompanied child.
- Organizations providing social support (shelter, financial aid, food assistance ...).

### Legal response

The Security Forces or the police in case of security incident (murder, use of weapons, robbery, kidnapping, physical violence, etc.).

<sup>6</sup> Multiple maps for different services for Syrian refugees are available on the following link: <https://unhcr.carto.com/me>

<sup>7</sup> Mental Health and Psychosocial Support services mapping using the 4Ws tool can be retrieved here: <http://app.moph.gov.lb/4ws/#/SearchSummaryAsGuest>

<sup>8</sup> RESPOND is based on the SGBV SOPs developed by the SGBV TF and is intended as a tool for frontline workers to familiarize with the SGBV referral pathways in Lebanon, GBV guiding principles and safe identification and referral principles. You can find the app and more details here: <https://www.abaadmena.org/respond-newsletter/respond.htmlapp.moph.gov.lb/4ws/#/SearchSummaryAsGuest>



## Other Important Phone Numbers in Lebanon

**Lebanese Red Cross Number: 140**

**Civil Defense Number: 125**

**Fire Department Number: 175**

**Internal Security Forces Number: 112**

**UPEL: The Union for the Protection of Juveniles in Lebanon: (01) 427973**

**ISF hotline for SGBV: 1745**

**Embrace: 1564**

(it is possible to contact Embrace's hotline for inquiry about additional resources and social services available in the area from 12:00 PM to 5:00 AM)



# Annex 2: De-escalation Scenarios

## De-escalation Scenario

Rima, is a nurse working at a primary health care centre. While she was in her office preparing for her awareness session. She was disturbed by noise and a loud voice coming from the waiting area, so she went to check what was happening. Mr Samir, 45 years old, was coming to the centre to see his dentist. He had been waiting for 45 minutes and hadn't seen the dentist yet. He had asked the receptionist multiple times but the answer was "There are some delays today, please wait." He was very angry, pacing, shouting and asking to see the dentist immediately.



Effective De-escalation	Ineffective De-escalation
Rima arrived calmly to the waiting area and stood by Mr. Samir's side.	Rima was very angry because she wasn't able to concentrate and finish her tasks. She went out of the room and went straight to the waiting area walking angrily with a clear annoyed face.
Rima: <i>Mr. Samir, I'm Rima, the nurse working here. How can I help you?</i>	Rima: <i>What's happening here? Why all this noise?</i>
Samir: <i>I want to see my Dr. now (loudly).</i>	The receptionist starts to explain the situation.
Rima: <i>I can see that you are upset. Can you tell me what happened?</i>	Rima: <i>Sir, as you were told, you have to wait for your turn (in a firm voice tone).</i>
Samir looks at Rima silently.	Samir: <i>I don't want to wait. Let me in now (loudly).</i>
Rima: <i>if you tell me what's bothering you, I might be able to help you.</i>	Receptionist: <i>We are telling you that we have delays and you have to wait.</i>
Samir: <i>My appointment was 45 minutes ago. As you can see I'm still here waiting.</i>	Rima: <i>I'm telling you, you have to wait (a bit high tone).</i>
Rima: <i>I understand that you are angry because of the delay in your appointment.</i>	Samir: <i>Who are you to tell me what to do? I want to see my Dr. now.</i>
Samir: <i>Yes exactly! (high voice tone).</i>	
Rima: <i>I see. You have the right to be angry. It is frustrating to wait for that long.</i>	





Effective De-escalation	Ineffective De-escalation
<p>Samir: <i>The receptionist wants me to remain calm and sit! I need to see the Dr now.</i></p> <p>Rima: <i>I apologize for that delay. Would you like to come and wait in my office until we sort this out?</i></p> <p>Samir: <i>Ok. I hope it won't take much time.</i></p> <p>Rima while entering the office: <i>Let me offer you something to drink meanwhile. Would you like a cup of tea? Coffee?</i></p> <p>Samir: <i>I will have coffee.</i></p> <p>Rima: <i>Sorry again for what happened. I believe you should be given an explanation regarding the delay. It seems that 2 patients were late to arrive to their appointment. That's why your Dr. is a bit late. They told me that you should be able to see him in 15 minutes. Would you like to wait or you prefer to come back another day?</i></p> <p>Samir: <i>Thank you for your help. I will wait.</i></p> <p>Rima: <i>Thank you for your understanding. You can wait here and I will call you when the Dr. is ready.</i></p>	<p>Rima: <i>I'm telling you, if you don't wait for your turn calmly, I will not let you see the Dr. and I will ask the security guards to take you out.</i></p> <p>Samir was extremely irritable at this stage. Started shouting loudly, and pushing furniture.</p> <p>Rima called the security guards who took him outside the center.</p>



# Annex 3: Post-Crisis Report Template

To be filled by the staff involved or any other staff who witnessed the incident.

Post-crisis report			
Date:		Involved staff name:	
Time:		Position:	
Place:		Reported by:	
Crisis Information			
<b>Crisis description:</b> <ul style="list-style-type: none"> <li>• Who?</li> <li>• To whom?</li> <li>• When?</li> <li>• Where?</li> <li>• What happened?</li> </ul> <i>(simple description of the facts related to the incident)</i> <i>(avoid analysis and impressions)</i>			
<b>Priority concern(s) identified (please write details in the notes section)</b>	<input type="checkbox"/> Concern with the waiting room setting or appointment <input type="checkbox"/> Social concern <input type="checkbox"/> Legal concern <input type="checkbox"/> Physical health concern <input type="checkbox"/> Mental health concern <input type="checkbox"/> CP concern <input type="checkbox"/> GBV concern <input type="checkbox"/> Unmet expectations <input type="checkbox"/> Other (specify) _____ <b>Notes:</b>		
<b>Options or solutions identified with the person in crisis</b>		Option(s) selected by the person in crisis	



<b>Referral</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes if yes, to whom?		
<b>Was the person in crisis under any physical risk?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify	<b>Would the person benefit from an urgent mental health assessment?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify
<b>Does the person in crisis wish to receive follow-up ?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes if yes, Name: Phone number:		
<b>Crisis Management Protocol</b>			
<b>Which technique worked best?</b>			
<b>Main challenges in applying protocol</b>			
<b>Additional help needed in managing the emotional crisis</b>			
<b>Lessons learned</b>			
<b>Recommendations for the organization</b>			
<b>What was the person in crisis final feedback on de-escalation or recommended referral? (sentence stated in her/his own words)</b>			
<b>Signature:</b>			

# Annex 4: Quarterly Report Template

To be filled by the organization’s management and shared with the National Mental Health Programme at the Ministry of Public Health.

Reporting period: .../.../...	To: .../.../...	Report date: .../.../...	Report done by	Position	Phone	Name of the organization	Phone	Type of facility	Geographical location	Main Activities	Most common priority concerns	Number of persons in crisis	Crisis management protocol - What worked	Main challenges in applying protocol	Actions taken at the organizational level	Lessons learned and recommendations at organizational level



# EMOTIONAL CRISIS MANAGEMENT PROTOCOL



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