



Crisis Response Handbook

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Introduction

The Crown: Royal Coffee Lab & Tasting Room opened its doors in Uptown Oakland in 2019. Our strip of Broadway, between 25th and 26th, was mostly car dealerships and vacant buildings, with a scant few businesses - most of them quiet, but long-standing members of this community. But despite its appearance, this neighborhood has always been full of life; just around the corner on 26th there is a whole string of artist workspaces and show rooms like [Werkshack](#) and [Local Language](#); [Forage Kitchen](#) supports local up and coming chefs (alums include [World Famous Hot Boys](#) and [Shawarmaji](#)). On First Fridays, Telegraph alights with music, arts, food, and community. And just on the other side of Telegraph, under the freeway overpass, there is a semi-permanent encampment. Many of its members are long term residents, and form part of the Uptown/KONO community.

The Crown's Tasting Room closed on March 17th 2020, when COVID-19 first became a real and imminent threat. Those weeks were filled with uncertainty, and although we were able to quarantine and protect ourselves while retaining our staff, many of our colleagues in the service industry were not so lucky. I began to see videos of customers berating and verbally abusing service professionals who were faced with the unpleasant task of safety enforcement.

In July 2020, we prepared to reopen the Tasting Room for to-go service. I wanted to make sure that our baristas were as prepared as possible, including knowing how to handle potential conflicts. I was particularly interested in finding training in de-escalation techniques and crisis management.

I found a few good resources, especially from organizations like [Project LETS](#) and the [Anti Police Terror Project](#) (and its sister program, [MH First](#)) right here in Oakland. But none of these resources, not one, were targeted at customer service professionals.



Many of the techniques required having a personal relationship with the person in crisis, or at crossed the boundaries of workplace responsibilities. Sitting with someone for as long as they need, asking about their support system, or sharing personal stories with them are all very good de-escalation techniques, but they are difficult to implement in a service environment.

Most of the customer service professionals I know, whether in the coffee industry, in food service, or in bars and restaurants, have dealt with mental health events in their establishments at least once in their careers. Some pros deal with crises on a regular basis – for them, it’s just part of the job. In most cases, a customer service professional has more than one person in the room they are expected to care for. If one customer is having a fit of anger, it is the service provider’s responsibility to care for everyone else in the shop, customers and colleagues alike, while also de-escalating the situation.

After the events of the summer of 2020 and decades of police brutality, it’s clearer than ever that calling the police is not a viable solution in most cases. Customer service providers, who may themselves hold marginalized identities and who do not want to put any of their customers or community members at risk, may be particularly attuned to the real threat of violence that calling the police can incite. In many cases, police intervention would escalate the situation rapidly; our goal should be to de-escalate problems ourselves and avoid calling the cops wherever possible while keeping people safe.

Customer service professionals deserve training on how to handle the various crises they may experience while behind a bar or in front of a register. We need to know how to protect ourselves, our customers, and how to care for our community in the best way.

This handbook is for customer service workers to use while on the job, but it contains information that everyone should have access to. It does not include support methods that require a personal relationship with the person in crisis; most of these options are feasible in a café or restaurant setting. If you’re using this as a training manual, I encourage you to read through the steps for each individual situation, one at a time, and asses what’s applicable to your specific work environment. What would you need to be able to respond to these situations? What are your personal limits?



Thinking these scenarios through in advance can go a long way, but don't feel like you have to memorize all this information. Instead, make a point of having this handbook on hand and referencing it when there's a crisis. This can have the added benefit of giving you a moment to breathe and prepare, and ensures you have the correct tools to move forward with the situation at hand.

Take time to research resources in your specific community, too. At the end of this book is an extensive list of different kinds of resources available here in the Bay Area. Your community likely has some impressive support organizations too – if you know where to find them. This contact list should be personalized, and once made it's important to review and update it regularly so that all the information is accurate.

Finally, there may be times when the cops are called by others, or when there is a real threat of violence and police intervention is deemed necessary. It's important to be prepared for these situations too. Refer to the section titled "*Before calling 911 or involving the police, ask:*" for some practical tips on how to handle these interventions with everyone's safety (including your own) in mind.

Working in customer service is hard; dealing with crises while at work in a customer service environment is even harder. After confronting a situation like the ones listed in this book, be sure to take time to decompress and care for yourself. These practices may be formalized and shared in the workplace, but even if they aren't you will need time and space to process. Be sure to keep your own cup filled, so that you can be of better service to others.

This handbook is just the start. There are many concepts and support systems mentioned but not explained herein; take the time to research and explore on your own. If you are faced with a crisis, take a deep breath and apply what you know. Afterwards, review the situation with a non-judgmental attitude to see what went well, and what lessons you learned for next time.



Before calling 911 or involving the police, ask:

- What are the potential results of getting law enforcement involved?
 - Acknowledge the real harms of calling 911. Bringing in force and coercion is an escalation to what is going on
 - Why am I calling? What are my intentions? Am I calling because of my needs, and not the needs of the person in crisis? Am I in danger? Are they in danger?
- If the police are involved, remember details make a difference for harm reduction. Communicate clearly and repeatedly about the details of a situation.
- If necessary, physically use your body as a barrier between the police, EMTs, and the individual in crisis.
 - Do not under any circumstances put yourself in danger.



Chapter One

De-escalation



De-escalation

De-escalation is the attitude we assume when trying to connect with someone in a state of emotional distress.

First, take inventory:

- What are your personal limits?
- What are your defaults? How would you normally react? Would your reaction be the same if you had more time to think?
- Community Resources: Who do you know who's good at talking to someone who's upset or angry? Are they available to help?
- What would you need in order to respond to these situations in the way that you would like? What would your community need to respond in a supportive way?

Basics of De-escalation

- Don't assume that someone is in crisis or needs immediate help.
- **Introduce yourself and make sure the person knows who you are.**
 - This demonstrates openness and empathy and can help lower the intensity of a situation.
- **Ask them what they need.** The person in crisis may know what they need or what may soothe them. Their expertise shouldn't be discounted.

De-escalation toolkit:

- Ask them compassionately and calmly what they need
- Assess the risk of suicide/danger (intent, means, plan?)
- Make sure basic needs are met (example: food, water, sleep)
- HALT – Hungry Angry Lonely Tired. Try to meet these needs first.
- Check to see if they have an existing provider or support system
- If you feel comfortable, create and hold space to just talk about their experiences, emotions, and suicide without judgement



Empathy First

- The person in crisis is the expert of their own body/mind
- You don't know everything; be willing to accept help
- Getting other people and resources involved should be up to the person in crisis. Try to respect their autonomy.
- Assess your own preconceived notions, attitudes, concerns, and beliefs regarding mental illness. Avoid premature conclusions based on your life experiences.
- Allow the person with the problem to do most of the talking.
- Help the individual to better understand themselves.
- Permit the person to retain ownership of the situation.
- Show the person that you are listening without judging



Chapter Two

Crisis Response



Crisis Response

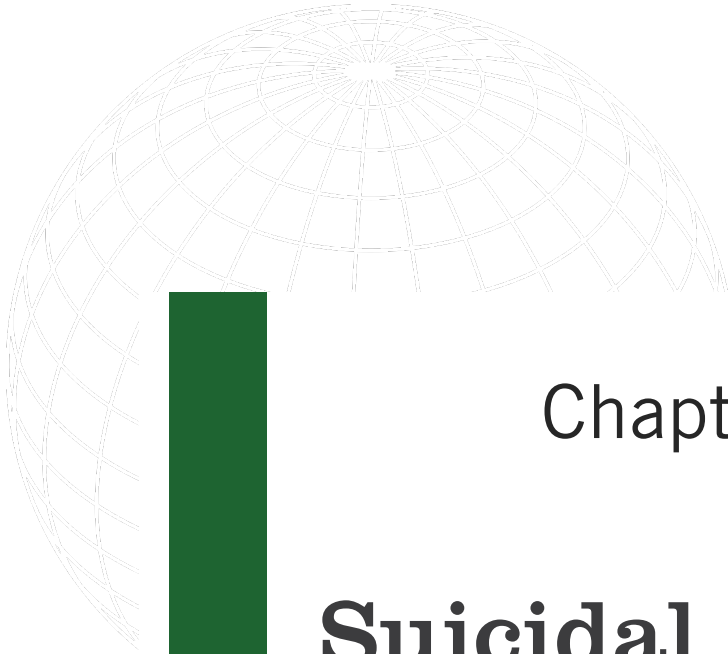
A crisis is any event that is going (or is expected) to lead to an unstable and dangerous situation affecting an individual, group, community, or whole society.

Core Principles for how to respond:

- Contact and engagement
- Safety and Comfort
- Stabilization (if needed)
- Information Gathering on Current Needs and Concerns
- Practical Assistance
- Connect with Available Services

What to avoid in a crisis:

- Using a loud voice
- Dismissing their experience (try asking questions instead)
- Direct eye contact may be perceived as confrontational or threatening
- Standing over the person: if the person is seated, seat yourself to avoid being perceived as trying to control or intimidate
- Threatening or criticizing
- Whispering or laughing: this may increase agitation and/or trigger paranoia
- Lengthy, complicated questions
- Talking about the person with others in front of them
- Making decisions/involving others without consent or informing the person of your actions



Chapter Three

Suicidal Thoughts and Behaviors



Suicidal Thoughts & Behaviors

Warning signs of suicide:

- Threatening to hurt or kill themselves
- Looking for ways to kill themselves: seeking access to pills, weapons, or the means
- Talking, writing, or posting thoughts on death, dying, or suicide
- Hopelessness
- Rage, anger, seeking revenge
- Acting recklessly or engage in risky activities, seemingly without thinking
- Feeling trapped, like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, or society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic changes in mood
- No reason for living, no sense of purpose in life

People may show one or many of these signs, and some may show signs not listed here.

How to tell if the situation is serious:

- “Have you decided how you would do it?”
- “Have you decided when you would do it?”
- “Have you taken any steps to secure the things you would need to carry out their plan?”

How should I talk with someone who is suicidal?

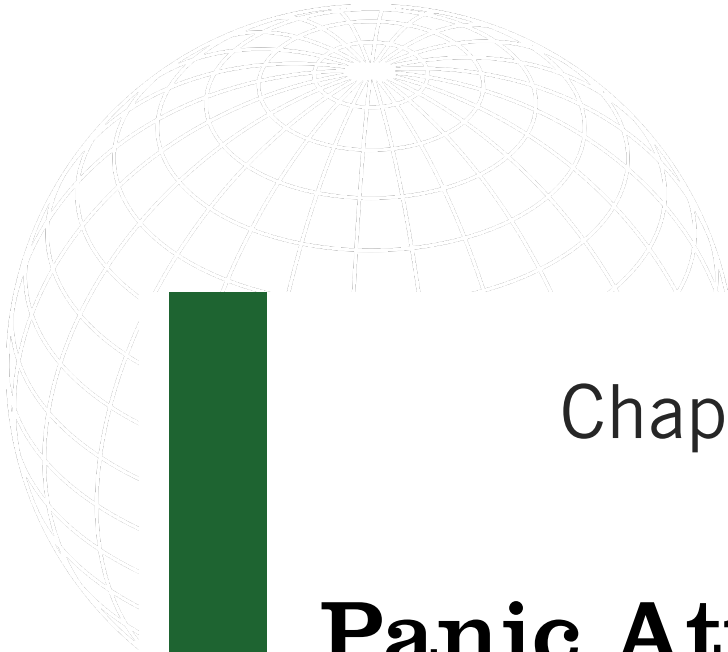
- Tell the person that you care and that you want to help.
- Express empathy



- Clearly state that thoughts of suicide maybe associated with a treatable mental disorder – this may instill a sense of hope.
- Tell the person that thoughts of suicide are common and do not have to be acted on.
- Give them ample opportunity to discuss their feeling and encourage them to do most of the talking if they are able.
- It may be helpful to talk about specific problems the person is experiencing. Discuss ways to deal with issues that seem impossible to them, but do not attempt to solve the problems yourself.

Crisis Response Suggestions from the [Fireweed Collective](#):

- Work in teams
- Try not to panic
- Be real about what's going on
- Listen to the person without judgment
- Lack of sleep is a major contributor to crisis
- Drugs may also be a big factor in crisis
- Create a sanctuary and meet basic needs
- Calling the police or hospital shouldn't be the automatic response.



Chapter Four

Panic Attacks



Panic Attacks

A panic attack is a distinct episode of high anxiety with fear or discomfort. The attack develops abruptly, and usually has its peak within 10 minutes.

More than one in five people experience at least one panic attack in their lifetime, but many people who experience a panic attack do not meet the criteria for a panic disorder.

During the attack, several of the following symptoms may be present:

- Palpitations, pounding heart, rapid heart rate
- Sweating
- Trembling and shaking
- Shortness of breath, sensations of choking or smothering
- Chest pain or discomfort
- Abdominal distress or nausea
- Dizziness, lightheadedness, feeling faint or unsteady
- Feelings of unreality or being detached from oneself
- Fears of losing control or going crazy
- Fear of dying
- Numbness or tingling
- Chills or hot flashes

How to talk to a person experiencing a panic attack:

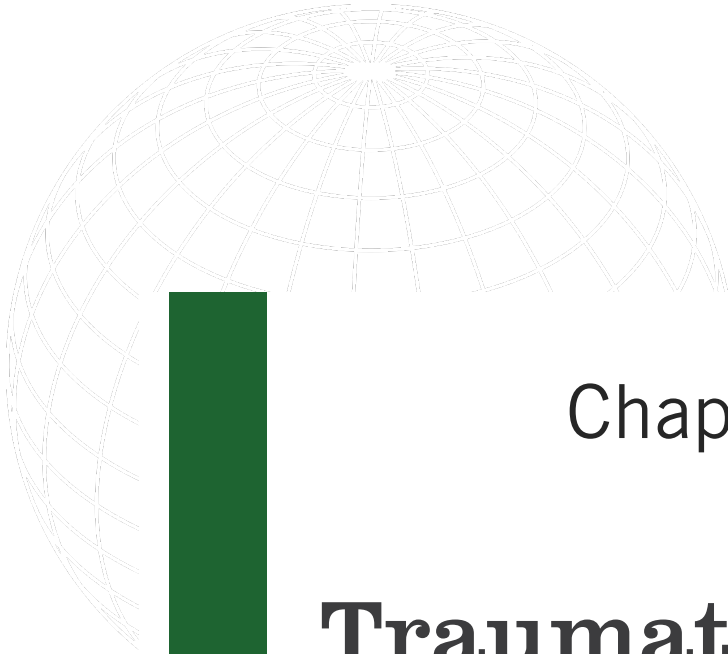
- Ask them if they know what is happening or if they have previously had a panic attack.
- If they believe they are having a panic attack now, ask if they need help (and then give it to them).
- Reassure the person that they are experiencing a panic attack, and that it will end. It's important to remain calm, and to try not to panic yourself.
- Speak to the person in a reassuring but firm manner; be patient.



- Speak clearly and slowly, and use short, clear sentences.
- Ask them directly what they think might help.
- Acknowledge that the terror feels very real but reassure them that a panic attack is not life threatening or dangerous.
- Reassure them that they are safe and that symptoms will pass.
- Do not force the person to focus on controlling their breathing; instead, remain calm and model a normal breathing rate. Do not have them breathe into a paper bag.
- Once the attack has subsided, ask if they know where they can get information about panic attacks. If they don't know, offer suggestions.

Practical tips for someone experiencing a panic attack:

- Use a coping skill, like gentle breathing.
 - “It might help if you can bring down your anxiety levels. Let's practice. You can inhale softly through your nose and exhale through your mouth. We'll do it three time on the count of 3, okay?”
- Inquire/distract:
 - “What kinds of thoughts have you had?” / “What do you want in this moment?”
- Validate: Acknowledge and validate the hurt and the struggle they're going through.
 - "I know what panic and anxiety means for me, but can you help me understand what it's like for you?" / “I can imagine it's been really hard for you lately. I do however want to recognize that it was really brave to ask for help”
- Promote values of community accountability and help folks feel in control, which means
 - Don't try and fix the situation
 - Don't vent your own anger
 - Don't try and figure out the details of what happened
 - Don't assume anything based on your experiences



Chapter Five

Traumatic Event



Traumatic Events

A traumatic event is any incident experienced by the person that is perceived to be traumatic. Common examples include accidents, assault, or witnessing something terrible happen.

Best practices for traumatic events:

- Ensure your safety before offering help to anyone.
- Check for potential dangers, such as fire, weapons, debris, or other people who may become aggressive, before deciding to approach and offer help.
- If you're helping someone you don't know, introduce yourself. Ask their name and use it when talking to them.
- Remain calm and do what you can to create a safe environment, perhaps by taking them to another location or removing any immediate danger.
- If someone is injured, seek immediate medical assistance, and then offer first aid if you have training.
- If the person is unhurt, watch for changes in his or her physical or mental state and be prepared to seek emergency medical assistance. Be aware that they may become suddenly disoriented or that internal injuries may reveal themselves slowly.
- Determine the persons immediate needs for food, water, shelter, and clothing.
- If there are professional helpers nearby (ambulance, firefighters, or others) do not take over their role.
- If the person has been a victim of assault, work to preserve as much forensic evidence as possible.
- Do not make promises you may not be able to keep.



Best practices for mass trauma (in addition to the points above):

Mass traumatic events include terrorist attacks, mass shootings, and severe weather events.

- Find out what emergency help is available. If there are professional helpers on scene, follow their directions.
- Be responsive to the comfort and dignity of the person you are helping. Offer a blanket or coat to cover them or ask bystanders or media to move away. Try not to appear rushed or impatient.
- Give truthful information and admit when you don't know something as well.

After an acute trauma, survivors need:

- Presence of familiar people and voices
- Physical contact
- Food
- Shelter and a safe place
- Time to sleep

How to talk to someone who has just experienced a traumatic event:

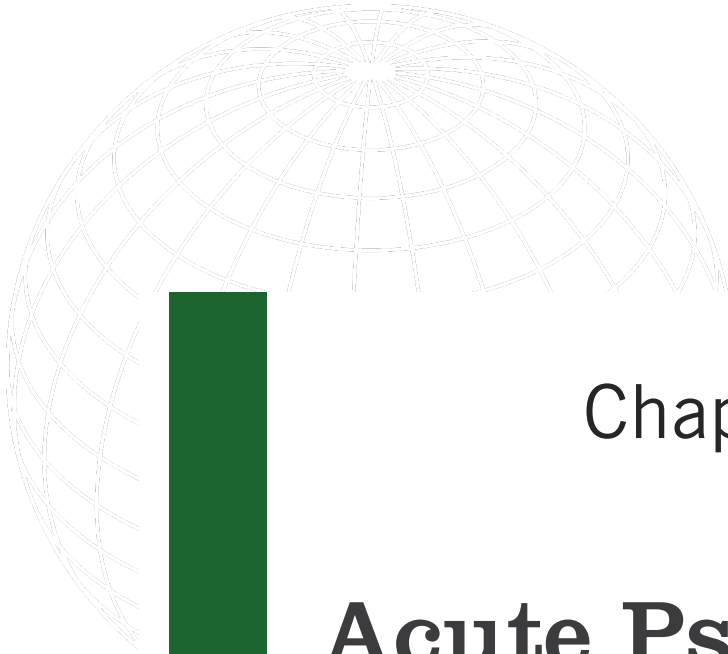
- Be genuinely caring
- Show the person you understand and care
- Ask how you can best help.
- Speak clearly, and communicate as an equal (rather than as a superior or expert)
- Avoid clinical and technical language.
- Providing support doesn't have to be complicated: spend time with them, have a cup of tea or coffee, chat about everyday life, or give a hug.
- Be friendly regardless of the person's mood or interaction style.
- Try not to take behaviors like withdrawal and irritability personally, as these can be a response to trauma.
- Don't tell them how they should be feeling. Everyone deals with trauma at their own pace.
- Do not force the person to talk. Encourage them to discuss the events only if they feel ready.



- If they do want to talk, don't interrupt to share your feelings, experiences, or opinions.
- Be aware that they may need to talk repetitively about the trauma; you may need to listen to their story more than once.
- Avoid saying anything that might trivialize the persons feelings, like "don't cry" or "calm down", or anything that minimizes their experience like "you should be glad you're alive."

How to bring calm to someone who has just been through a traumatic event:

- Being touched, hugged, or rocked can help with excessive arousal and help the person feel intact, safe, protected and in charge .
- Regulate breathing – there are many techniques, like 7-8-4 breathing or just focusing on belly breaths.
- Grounding exercises, like naming 5 things you can see, 4 things you can touch, 3 things you can hear, 2 things you can smell, 1 thing you can taste.



Chapter Six

Acute Psychosis

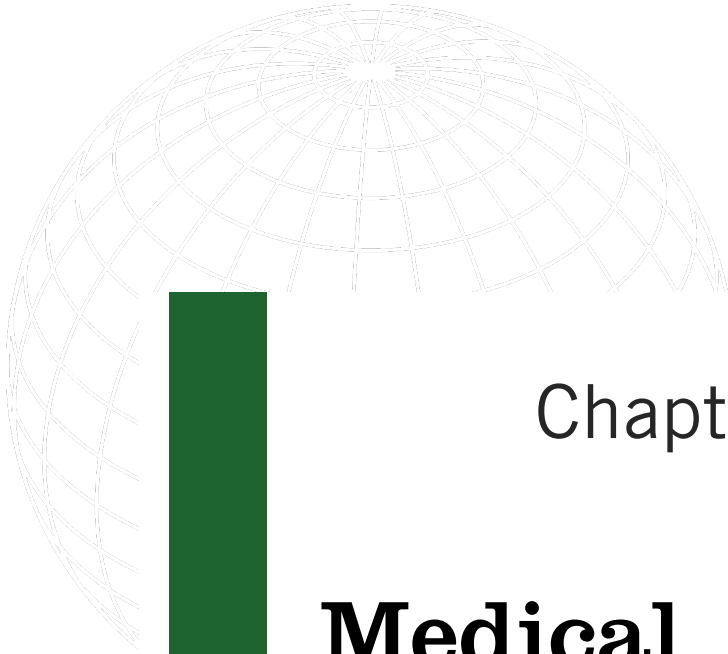


Acute Psychosis

A person who is experiencing psychosis may have difficulty distinguishing what is real and what is not. In acute psychosis, the person has severe symptoms such as delusions, hallucinations, very disorganized thinking, and odd behaviors. Do not assume that someone is in crisis just because they are acting erratically or talking to themselves.

What to do in a crisis when the person has become acutely unwell:

- Remain as calm as possible.
- Evaluate the situation and assess the risks involved
- Will they harm themselves or others?
- Assess whether the person is at risk for suicide.
- Communicate in a clear and concise manner. Use short, simple sentences.
- Speak quietly in a nonthreatening tone of voice at a moderate pace.
- Comply with requests unless they are unsafe or unreasonable. This give the person the opportunity to feel somewhat in control.
- Your primary task is to de-escalate the situation, so don't do anything to further escalate.
- If you are not able to de-escalate the situation, be prepared to call for assistance.
- If the person has an advance directive, prior authorization plan or relapse prevention plan, and follow those instructions.
- Find out if the person has trusted friends or family and enlist their help.
- Assess whether it is safe for the person to be alone, and if not, ensure that someone stays with them.
- When crisis staff arrives, convey specific and concise observations about the severity of the person's behavior and symptoms. Explain to the person that the unfamiliar people are there to help and describe how they will help.
- Remember, **people with psychosis are not usually aggressive and are more likely to harm themselves than others.**



Chapter Seven

Medical Emergency from Alcohol Abuse



Medical Emergency from Alcohol Abuse

Alcohol intoxication refers to significantly elevated levels of alcohol in a person's bloodstream, which substantially impair the person's thinking and behavior.

Alcohol poisoning means the person has a toxic level of alcohol in the bloodstream. This can lead to death. The amount of alcohol that causes alcohol poisoning is different for every person.

Alcohol withdrawal refers to the aversive symptoms a person experiences when they stop drinking or drink substantially less than usual. Alcohol withdrawal can lead to seizures without the aid of medication.

What to do if a person is intoxicated:

- Stay calm.
- Talk in a respectful manner and use simple, clear language. Do not laugh at, make fun of, or provoke the person.
- Monitor for danger. Assess the situation and ensure that everyone is safe. Monitor the person and the environment to prevent tripping or falling. Ask if they have taken any medications or other drugs, in case their condition deteriorates into a medical emergency.
- Ensure the person's safety. Do not leave the person alone. Be aware that they may be more intoxicated than they realize. Keep them away from machines and dangerous objects.
- Be aware that alcohol consumption can mask pain from injuries.
- If the person is vomiting and conscious, keep the person sitting. If necessary, clear their airway after they have vomited.
- If the person stops breathing, they may need expired air resuscitation.
- If the person has no pulse, they will need cardiopulmonary resuscitation (CPR).
- Only time will reverse the effects of intoxication.



When to call an ambulance or 911:

If the person

- Cannot be awakened or is unconscious
- Has irregular, shallow, or slow breathing
- Has irregular, weak, or slow pulse rate
- Has cold, clammy, pale, or bluish skin
- Is continually vomiting
- Shows signs of a possible head injury (e.g. vomiting, talking incoherently)
- Has seizures
- Has delirium tremens – a state of confusion and visual hallucinations
- Has convulsions
- Has blackouts – when the person forgets what happened during the drinking episode
- May have consumed a spiked drink.

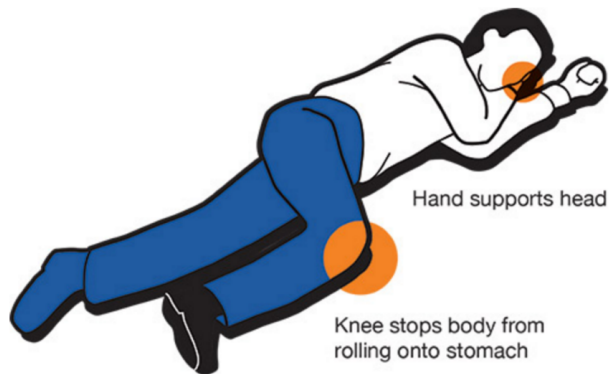
The recovery position:

Any unconscious person needs immediate medical attention and for their airway to be kept open.

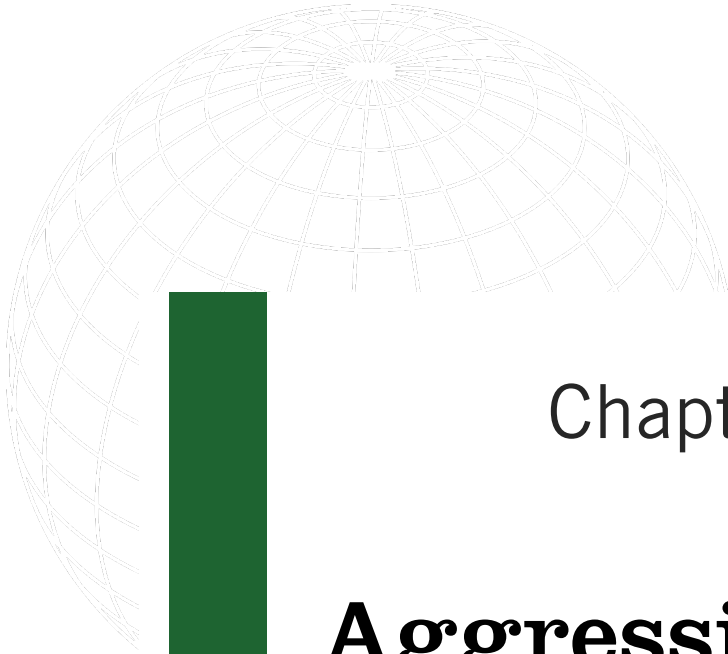
If left lying on their back, they could suffocate on their vomit, or their tongue could block their airways. Putting the person in the recovery position will help to keep the airway open.

The Recovery Position

Keep the Airway Clear



Stay with person. If you must leave them alone at any point, or if they are unconscious, put them in this position to keep airway clear and prevent choking.



Chapter Eight

Aggressive Behavior

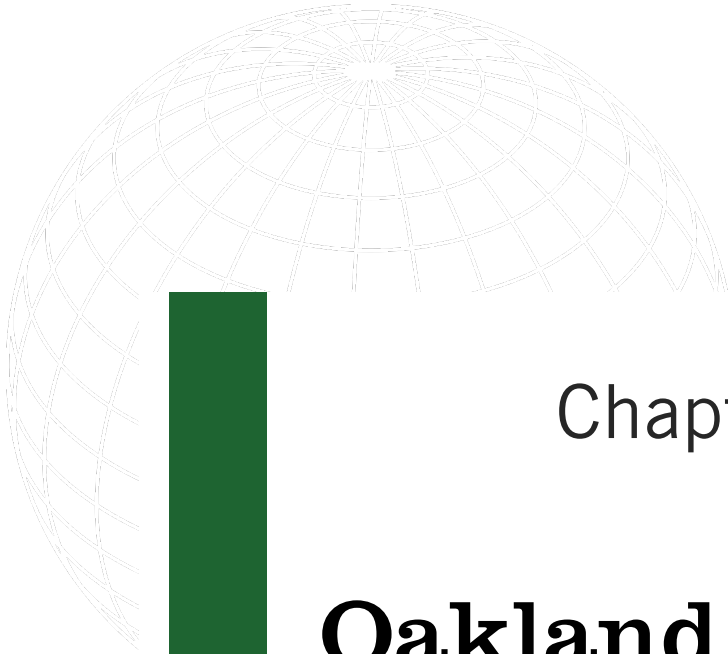


Aggressive Behavior

If someone becomes aggressive, always ensure your own safety. Remain as calm as possible and try to de-escalate the situation.

How to de-escalate an aggressive person

- If you are frightened, seek outside help immediately. Never put yourself at risk.
- Speak slowly and confidently with a gentle, calming tone of voice.
- Do not respond in a hostile, disciplinary or challenging manner.
- Do not argue.
- Do not threaten, as this may increase fear or prompt aggressive behavior.
- Avoid raising your voice or talking too fast
- Use affirmative words like “stay calm”, instead of negative words like “don’t fight”
- Stay calm and avoid nervous behavior, such as shuffling your feet, fidgeting, or making abrupt movements.
- Do not restrict the person’s movement. If they want to pace, allow it.
- Consider taking a break from the conversation to allow the person a chance to calm down.
- If you believe the aggression is related to a mental health problem, call a mental health crisis team. Describe the situation and avoid making a diagnosis.
- Be aware that a mental health crisis team may not attend without law enforcement present.
- If the situation becomes unsafe, it may be necessary to involve law enforcement.
- Remember that involving law enforcement may cause more harm.
- If you suspect the person’s aggression is related to a mental health problem, tell law enforcement that you need their help to obtain medical or mental health responders.



Chapter Nine

Oakland Numbers to Call



Oakland Numbers to Call

Oakland Fire Dispatch Emergency (Paramedics)
(510) 444-1616

Crisis Support Services of Alameda County
PO Box 3120 Oakland 94609

1 800-309-2131 7 days 24-hours Crisis Line (also TTY line)

- 24 Hour Hotline: 1-800-273-8255
- Website: <https://www.crisissupport.org>
- If you or someone you know is struggling with difficult life circumstances or uncomfortable thoughts and emotions, we are here to help. You do not need to be experiencing suicidal thoughts or feelings to call. Trained crisis intervention counselors are available to receive crisis calls and give supportive counseling 24 hours a day, every day. Translation is available in more than 140 languages. We also offer teletype (TDD) services for deaf and hearing-impaired individuals.

Contra Costa County Mental Health Crisis Services

- 1 (888) 678-7277 (24-hour Access Line for mental health resources)
- 1 (800) 833-2900 (Contra Costa Crisis Center for 24-hour crisis support)

ACCESS Program

1-800-491-9099 10am – 8pm M-F

ACCESS stands for Acute Crisis Care and Evaluation for System-wide Services. Alameda County Residents. This program works with OPD for referrals.

Telephone screening and referrals for people needing psychotherapists and psychiatrists accepting sliding scale or Medi-Cal; also, for people with chronic mental illness needing admittance to an Alameda County community mental health center.



Domestic Violence: A safe place domestic violence hotline

(510) 536 7233

Alameda County Mental Health Care Services - For foster children in need of mental health services through Medicaid (AB 1299)

1 (800) 491 9099

10AM-8PM – Monday-Friday

Causa Justa – Housing Crisis

(510) 836-2687

Information, referrals, and advocacy on behalf of tenants. English and Spanish. Can assist with unlawful detainers and evictions.

Oakland Shelter Services

1 (800) 774-3583 or (510) 537-2552

City-run hotline to find shelter availability

If someone is in danger or there a threat of imminent violence, you may have to call the police.

CUAV

(415) 333-HELP (4357) (Safety Line)

Provides emotional support, safety planning, referrals, and limited case follow-up to LGBTQI people experiencing violence or abuse.

Transgender Law Center

(510) 587-9696

For people in prison and detention: (510) 380-8229

Para ayuda legal en español: (415) 296-2029

Transgender Law Center (TLC) is the largest national trans-led organization advocating self-determination for all people. The Legal Information Helpline provides basic information about laws and policies that affect transgender people across many areas, including employment, health care, housing, civil rights, immigration, prisoners' rights, and identity document changes.



Bay Area Legal Aid

(800) 551-5554 (Legal Advice Line)

(510) 663-4755 (Office)

Provides low-income clients with free civil legal assistance, including legal advice and counsel, effective referrals, and legal representation.