

Mobile Crisis Response in Action

Participant Workbook

Mobile Crisis Response in Action · The STAND Framework

Steady yourself first. Then steady the scene.

Your name

Agency / organization & role

Session date

HOW TO USE THIS WORKBOOK

Complete it live during the session. Type into any field and save — this PDF is fillable in Adobe Acrobat, Preview, and most browsers. Bring your completed workbook to the capstone segment; it feeds directly into your action plan.

Mobile Crisis Response in Action

Before we start — your baseline

Answer before any teaching happens. There are no wrong answers; there is only your Tuesday-night reality.

Describe the last crisis call that stayed with you after shift. What made it hard?

What do you currently do in the first 60 seconds of arriving on a crisis scene? Be honest, not aspirational.

I have a deliberate routine for calming myself before I engage

1 2 3 4 5

1 — Not yet · 5 — Consistently

I can name the moment a call started going sideways

1 2 3 4 5

1 — Not yet · 5 — Consistently

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S — Situational Awareness & Self-Regulation

THE MOVE

Before you engage the person, engage the scene: who is present, what are the risks, where are the exits, what is changing. And before all of that — check yourself. Heart rate, breathing, the story you're already telling about this call. Self-regulation is not optional equipment. The person in crisis co-regulates off the calmest nervous system on scene. Make sure that's yours.

Your regulation routine: what will you actually do between the truck and the door? (breath count, posture reset, one-line self-check)

Scene scan drill — from the last call you ran: who was there, what were the risks, where were the exits, what changed while you were on scene?

FIELD RULE

If you can't name three things about the scene, you haven't read it yet. If you can't name your own state, you haven't read yourself yet.

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T — Tone & Tactical Communication

THE MOVE

Your tone arrives before your words. Pace slower than feels natural. Volume lower than the scene. One idea per sentence — a person in crisis is working with reduced bandwidth, and stacked instructions register as pressure.

Write your opening line for a door-step contact with a person in visible distress. Then cut it in half.

Which of your habitual phrases could read as commands or threats under stress? What replaces them?

I deliberately slow my speech when the scene speeds up

1

2

3

4

5

1 — Not yet · 5 — Consistently

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A — Active Listening & Assessment

THE MOVE

Reflection and validation are assessment tools, not niceties. Every time you reflect what you heard, you buy information: safety factors, medical factors, substance use, risk. Listen for what is said, what is repeated, and what is carefully avoided.

Practice: your partner says 'Nobody listens anyway, why would you?' Write a reflection that proves you heard — without arguing the point.

List the assessment areas you must cover on every call (safety, medical, substances, risk, supports). How do you weave them into conversation rather than interrogation?

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N — Navigate Options

THE MOVE

The navigation question is never 'what can I do to this person' — it's 'what path can this person sustain after I leave.'

Rapport-only resolution, warm handoff, 988, voluntary transport, diversion. Least restrictive, most connected.

Every close carries a 24–72 hour plan: who reconnects, when, how. A referral without a reconnect is a phone number in the trash.

Map your real options: for your jurisdiction, list what you can actually offer at 2 a.m. on a Tuesday — and the gaps.

Think of a call where transport happened because it was easy, not because it was right. What would the least-restrictive path have been?

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D — De-escalation & Decisive Action

THE MOVE

Decisive is not aggressive. It means the call has a clear close: the person knows what happens next, the handoff is warm, the documentation supports whoever picks up the thread, and you leave the person's dignity intact.

Write the close of a call as you'd say it out loud: what happens next, who follows up, and what the person should do if things get worse tonight.

My documentation would let a stranger continue this person's care tomorrow

1

2

3

4

5

1 — Not yet · 5 — Consistently

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Children, caregivers & families

ADAPTING EVERY MOVE

With children: get low, slow down further, use fewer words, and never separate a regulating caregiver from a child unless safety demands it. The caregiver is either your best co-responder or your second client — usually both.

Rewrite your standard opening line for: (a) an 8-year-old hiding behind a couch, (b) a panicked parent talking over everyone.

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Sustaining yourself

THE MOVE BEHIND THE MOVES

Vicarious trauma is a workload issue, not a weakness issue. The debrief habit — even three minutes with a partner naming what the call took — is what keeps responders in this work for a career instead of a season.

Your between-calls reset: what will you do in the first five minutes after a hard call?

Who is your check-in person, and what will you actually tell them?

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Commitments I am taking back to the job

Three is the maximum. A workbook full of commitments is a workbook that changes nothing.

Commitment 1 — what I will do differently, starting when

Commitment 2

Commitment 3

Who will notice if I actually do this — and how I'll ask them to hold me to it