Crisis Preferences and Prevention Plans 101

Carla Warner, LCSW & Lydia Ward, M.Ed.

Learning Objectives

1. Provide a definition of a behavioral health crisis
2. List 3 reasons why a crisis plan is important
3. Explain when to develop, implement and update the crisis prevention intervention plan.
4. Name at least 3 essential components of a crisis plan
5. List 3 possible situational challenges that could arise when developing crisis plan

Crisis Preferences and Prevention Plan: A Tale of Two States

In 2014, FPS Virginia underwent a Treatment Record Review from Magellan. The TRR and subsequent internal review uncovered that they did not have a Crisis Plan. Virginia reached out to other FPS states for help.

FPS North Carolina is mandated by their payers to utilize a very specific crisis plan. This is the plan which FPS Virginia adopted and is the one which we will present to you today.

You may have noticed that this is a component of the National Chart Review; that all consumers have a Crisis Plan. This training will provide you with the necessary tools to meet this expectation.

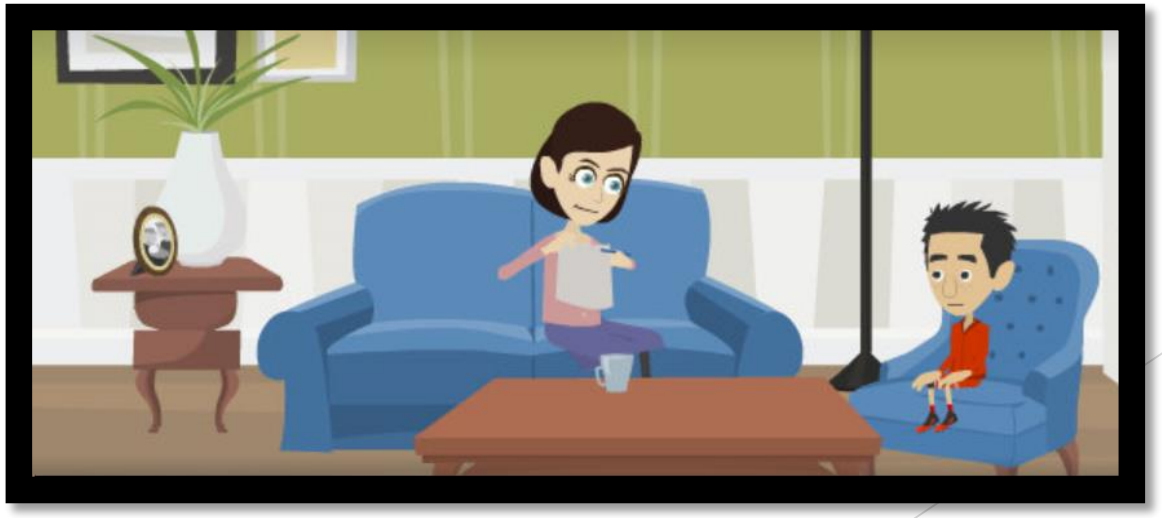
First things First…If you MUST…

1. One must have a good understanding of the definition of a crisis!
2. One must also have the ability to describe a crisis plan!

We created an animated scenario as an exaggerated example of what can happen when we do not completely understand crisis and crisis plans.

In the animation, we meet Connie, the counselor, and Cameron, her consumer.

Show First Animation Clip



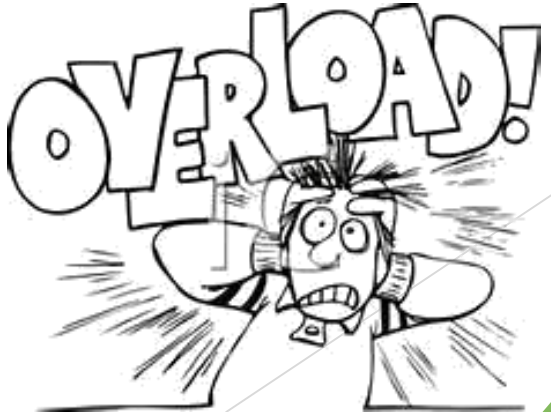
I. Understanding a Crisis

What is a Behavioral Health Crisis

- A mental health crisis is an intensive behavioral, emotional, or psychiatric response triggered by a precipitating event.
- If this crisis is left untreated, it could result in an emergency situation, placement of a person into a more restrictive setting such as inpatient hospitalization, or significantly reduced levels of functioning in the person's primary activities of daily living.

Characteristics of a Behavioral Health crisis?

- Acute, time-limited events experienced as overwhelming emotional reactions to an event or situation.
- Experienced by people of all ages, cultures, and socioeconomic conditions and may or may not be related to a specific mental disorder.
- Self-defined and environmentally based.
- Personally determined, specific to the Individual and determination of whether it is a crisis or not is based on the current situation or setting
- Feelings of an out of balance system that the individual cannot correct in spite of repeated efforts to do so



Phases of a Crisis

- Gerald Caplan, a pioneer in the field of crisis intervention, identified four predictable phases of crisis:

1. **Initial threat** or **triggering event**

   People are faced with a problem or conflict. In an effort to lower the level of anxiety (fear), they employ various defense mechanisms, such as compensation (using extra effort), rationalization (reasoning), and denial. If the problem is resolved, the threat disappears, and there is no crisis.

2. **Escalation**

   If the problem persists and the usual defensive response fails, anxiety continues to rise to serious levels, causing extreme discomfort.

   Increasing resistance to requests, refusal, questioning, challenging, change in tone and volume of voice, sense of loss of control, increasing physical activity, loud self talk, swearing to self.

   The person becomes disorganized and has difficulty thinking, sleeping, and functioning. Trial-and-error efforts are initiated to solve the problem and restore emotional equilibrium.

Phases of a Crisis (cont.)

- Gerald Caplan, a pioneer in the field of crisis intervention, identified four predictable phases of crisis:

3. **Crisis:**

   Risk of harm to self, others, or environment, or seriously disruptive behavior When trial-and-error attempts fail, anxiety intensifies to a severe level and then to panic, and people mobilize automatic relief behaviors (flight or fight). Some form of resolution may be made, such as redefining the problem, attacking it from a new angle, and trying again to find a solution.

4. **Personality disorganization**.

   If the problem is not resolved and new coping skills are ineffective, anxiety may overwhelm individuals and lead to serious disorganization, confusion, depression, or violence against themselves as suicide or others

- Donna Aguilera noted that how people move through the phases of a crisis is significantly affected by ***three balancing factors:***

1. **Perception** of an event refers to the importance of a problem to the individual in crisis and includes such things as health, career, financial status, and reputation.
2. **Support system** refers to the resources possessed by the person in crisis, such as other people the individual trusts who can provide support and assistance during a time of need.
3. **Coping mechanisms** are skills or methods people use to reduce anxiety and solve problems, such as reasoning, meditation, physical exercise, sleep, and denial.

How Does the Consumer Define Crisis?

- **With each consumer, the words like "crisis," "safety," or "risk" mean different things**
  - It is personal and consumer specific
  - It may not be what we consider a crisis
- Having the consumer define what is a crisis for them provides the base for an effective useful crisis preferences and prevention plan—also gives you some insight into areas that can be addressed in the treatment plan

II. Why Are Crisis Preferences and Prevention Plans Important?

Consumers Response:

When researchers asked consumers of crisis services which staff behaviors they felt were most important when they were experiencing a crisis, they stated:

- **Having the staff listen to me, my story and my version of events**
- **Being asked about what treatment I want**
- **Trying to help me calm down before resorting to forced treatment**
- **Being asked about what treatments were helpful and not helpful to me in the past**

Intent Behind A Crisis Preferences and Prevention Plan?

What is the INTENT behind having a well developed and accurate Crisis Preferences and Prevention Plan?

1. This plan can speak for the consumer if the consumer can not speak for themselves in a time of crisis.
2. Assists staff in knowing triggers and pre-crisis behaviors
3. Provides the consumer's team with invaluable information from the consumer's perspective so that the most helpful interventions are utilized and past failed interventions are avoided

Possible Preventable Setbacks in a Consumer's Recovery

Every time a consumer goes into a state of crisis, they are at risk of setbacks that could be avoided

Crisis plans can help prevent possible setbacks in a consumer's recovery, including:

- Loss of confidence and self esteem
- Loss of a job
- Loss of housing or placement
- Family or care giver stress and burn out
- Damage to health of consumer or others
- Neurologic damage resulting from repeated psychotic episodes or mental health crises

III. Crisis Planning Essentials

* Insert Trauma Informed Care Blurb here!!!

What is a Crisis Preferences and Prevention Plan?

A Crisis Preferences and Prevention Plan is a written document that:

- Provides information to help prevent or minimize harmful reactions to a crisis
- During a crisis, when thinking and judgement are impeded, the plan provides direction in order to respond effectively
- Helps ensure that if there is a crisis it is safely and successfully resolved

Characteristics of an Effective Crisis Preferences and Prevention Plan

1. User Friendly
2. Provides clear direction
3. Individualized
4. Preventative
5. Deals with real-life situations
6. Strength-Based Perspective vs. Problem-Based Perspective

“Shouldisms” of Crisis Planning

- Should be completed **with** all consumers upon admission
- Should be placed in the consumer’s medical record and a copy given to the consumer and to anyone else the consumer feels should have a copy
- Releases must be obtained before the crisis plan is distributed, by anyone other than the consumer, to outside individuals or agencies
- Should be reviewed and revised, if necessary, as required by your agency, but no less than at each treatment plan review and when there is a change in circumstances.
- Must be **collaborative and be directed by the consumer**

Availability

A good Crisis Plan should be available to all who may need it when the consumer is in crisis.

With the consumers consent, their crisis plan may be shared with:

- Service providers
- PCP, Specialists
- ER and Mobile Crisis Teams
- Family and/or Legal Guardians
- Law Enforcement

10 Attributes of a Good Crisis Plan From Practice Guidelines: Core Elements In Responding To Mental Heath Crisis

US Department of Health and Human Services

1. Focuses on avoiding harm by focusing on both physical and psychological safety

- Sometimes mental health crises place the safety of the person, the crisis responders or others in jeopardy.
- An appropriate response establishes physical safety, but it also establishes the individual's psychological safety.
- *An appropriate response to mental health crises considers the risks and benefits of interventions and whenever possible employs alternative approaches, such as controlling danger sufficiently to allow a period of "watchful waiting."*

2. Person-centered interventions-individualized

- Mental health crises may be routine in some settings and, perhaps, have even come to be routine for some people with serious mental health or emotional problems.
- Nevertheless, appropriate crisis assistance avoids rote interventions based on diagnostic labels, presenting complaint or practices customary to a particular setting.
- *Appropriate interventions seek to understand the individual, his or her unique circumstances and how that individual's personal preferences and goals can be incorporated in the crisis response.*

3. Shared responsibility-consumer active partner, not a passive recipient of services

- An acute sense of losing control over events or feelings is a hallmark of mental health crises. In fact, research has shown “feeling out of control” to be the most common reason consumers cite for being brought in for psychiatric emergency care.
- An intervention that is done *to* the individual— rather than *with* the individual—can reinforce these feelings of helplessness. One of the principal rationales for person-centered plans is that shared responsibility promotes engagement and better outcomes.
- *An appropriate crisis response seeks to assist the individual in regaining control by considering the individual an active partner in—rather than a passive recipient of—services.*

4. Information about the consumer's trauma history and vulnerabilities should be provided by the consumer and utilized by crisis responders in their approaches and interventions

- Crises, themselves, are intrinsically traumatic and certain crisis interventions may have the effect of imposing further trauma—both physical and emotional.
- In addition, people with serious mental illness have a high probability of having been victims of abuse or neglect.
- There is a dual responsibility relating to the individual's relevant trauma history and vulnerabilities associated with particular interventions; crisis responders should appropriately seek out and incorporate this information in their approaches, and individuals should take personal responsibility for making this crucial information available such as having a copy of the Crisis Preferences and Prevention Plan accessible.

5. Determine what actions/interventions the consumer associates with feeling safe and which actions/interventions make them feel vulnerable

- An individual may experience a mental health crisis as a catastrophic event and, accordingly, may have an urgent need to feel safe.
- *Assisting the individual in attaining the subjective goal of personal safety requires an understanding of what is needed for that person to experience a sense of security.*
- *Providing such assistance also requires that staff be take the time to gain an understanding of the individual's needs and to address these needs creatively.*
- ***This is why we do NOT recommend that this plan be completed at the time of initial intake.**

6. Crisis responses should be based on consumer's strengths as defined by the consumer

- Sharing responsibility for crisis resolution means understanding that an individual, even while in crisis, has personal strengths and has the ability to assist in the resolution of the emergency.
- Individuals often understand the factors that precipitated a crisis as well as factors that can help decrease their impact.
- An appropriate crisis response seeks to identify and reinforce the resources on which an individual can draw, not only to recover from the crisis event, but to also help protect against further occurrences.

7. Treat the whole person, DO NOT restrict the person's choices and treatment preferences

- For individuals who have a mental illness, the psychiatric label itself may shape—even dominate—decisions about which crisis interventions are offered and how they are made available. Several years ago, individuals suffering from schizophrenia were institutionalized for the majority of their lives. As advancements were made in the areas of psychiatry and psychotropic, life time institutionalization became replaced with brief hospitalizations to assist the consumer during psychotic breaks. Now it is not uncommon to successfully keep consumers suffering from schizophrenia in their homes with community based crisis intervention or through brief community based respite in a home like environment.
- An individual with a serious mental illness who is in crisis is a whole person, whose established psychiatric disability may be relevant but may—or may not—be immediately paramount.

8. Treat the person as a credible source of information

- Assertions or complaints made by individuals who have been diagnosed with a serious mental illness tend to be viewed skeptically by others.
- Particularly within the charged context of mental health crises, there may be a presumption that statements made by these individuals are manifestations of delusional thinking.
- For these reasons, an appropriate response to an individual in mental health crisis is to not dismiss the person as a credible source of information

9. Crisis response should preserve dignity, foster a sense of hope and promote engagement with the consumer and resources

- An appropriate crisis response contributes to the individual's larger journey toward recovery and resilience and incorporates these values.
- Accordingly, interventions should preserve dignity, foster a sense of hope, and promote engagement with formal systems and informal resources.

10. Prevention- attempt to evaluate factors that contributed to past crisis and determine what will decrease the severity and consequences of future crisis

- Too often, individuals with serious mental illnesses have only temporary respite between crises.
- An appropriate crisis response works to ensure that crises will not be recurrent by evaluating and considering factors that contributed to the current episode and that will prevent future relapse.
- Crisis response requires measures that address the person's unmet needs, both through individualized planning and by promoting systemic improvements.

Crisis Preferences and Prevention Plan VS Safety Plans

- Crisis Preferences and Prevention Plan is developed with all consumers and focuses on consumer's wishes. It identifies for the team, in the consumer's own words, how the consumer presents during times of health, pre-crisis periods and their presentation when they are in a crisis. It also defines what interventions have been helpful in the past and those intervention and actions which have not been helpful. This plan also identifies specific actions which the consumer and others can take to help de-escalate the consumer. This plan also serves as a communication tool containing important demographic and medical information helpful during a crisis time.
- Safety Plans are very specific plans which address behaviors which potentially could cause significant harm to a consumer or others including suicide, homicide and sexual acting out. Not all clients will need a safety plan.

The Crisis Preferences and Prevention Plan

- The plan is a 3 page document which addresses the following areas:
  - Demographics
  - Living Situation
  - Employment
  - Insurance
  - Medical Issues and Needs
  - Supports
  - Preferences and Characteristics

Demographics

Date of Initial Crisis Plan (mm/dd/yyyy):	Date of Last Revision (mm/dd/yyyy):	Medicaid ID #:	Record #:
Name:		Date of Birth (mm/dd/yyyy):	
Address:		Telephone Number:	
Region and Service Line	Emergency Day Phone #:	Emergency After-Hours Phone #:	

Living Situation & Employment Information

Living Situation			
Living Situation (Stable, Unstable):		If "Unstable" Describe:	
In a crisis, assistance will be needed in the following areas (if not applicable, leave blank)			
Children (if yes, indicate ages):	Pets (Yes/Blank):	Transportation (Yes/Blank):	Other (Describe the type of assistance needed):
Explain what help will be needed:			
Employment (In a crisis, assistance will be needed to contact my employer)			
Assistance will be needed (Yes/No):	Contact Name:		Contact Phone #:
Please inform them:			

* A stable living situation is housing which is safe and permanent or safe and transitional with a clear plan of permanency.

Communication Methods, Legally Responsible Person and Insurance Information

Communication		Preferred Language
Method (Nonverbal, Picture System, Gestures, Sound/Gestures, Other Device):	Preferred Language (English, Spanish, Sign Language, Other):	If "Other", specify:
Legally Responsible Person		
Guardian Appointed (Yes/No):	Legally Responsible Person Name:	Contact Phone #:
Insurance		
Type of Insurance:	Name of Company or Payer (If Type is Private or Other):	Policy Number/Member ID:

Diagnosis and Current Medications

Diagnoses					
DSM Code:		Diagnosis:			Diagnosis Date (mm/dd/yyyy):
Current Medications (Update/revise anytime there is a change)					
Medication Name:	Dose:	Frequency:	Reason for Change:	Date:	Prescribing Physician/Pharmacy:

True Allergies, Poorly Tolerated Medications & Medical/Dental Concerns

True Allergies (Medication(s) and reaction - Update/revise anytime there is a change)	
Poorly Tolerated Medications (Medication(s) and reaction - Update/revise anytime there is a change)	
Medical/Dental Concerns (Important details for Axis III diagnosis)	

What is the difference between a drug allergy and a drug intolerance?

Allergy

- A drug allergy is a rare condition in which the body's immune system responds to a drug and causes adverse health effects. Mild drug allergies cause a rash or cough, while more severe reactions may cause trouble breathing, low blood pressure, or a change in heartbeat. Severe allergic reactions can be life-threatening.

Intolerance

- A drug intolerance is different from a drug allergy, since it doesn't involve an immune reaction. A drug intolerance is an adverse effect from a drug, such as stomach irritation caused by taking aspirin. Common drug intolerances include drowsiness and stomach upset. If you have a drug intolerance, you may be able to continue with the drug by taking your dose with food or at bedtime, or if your doctor lowers your dose.

Supports for The Individual

Supports For The Individual

Notification						
List the individuals that should be called in the event of a crisis, indicate the calling order, provide contact information, and indicate if a consent to release information to that person exists.						
Calling Order	Who	Agency	Name	Address	Phone #	Is there a valid consent to release (Yes/No)?
	Guardian/ Legally Responsible Person					
	Family Contact 1					
	Family Contact 2					
	Family Contact 3					
	Service Provider					
	Residential Program					
	Care Coordinator					
	Primary Therapist					
	Primary Care Physician					
	Psychiatrist					
	Other Physician					
	Peer Support Specialist					
	Other Support					
	Other Support					

Crisis Follow Up Planning

Crisis Follow Up Planning (Include contact number(s) if not provided above)			
	Name	**Contact #**	**Contact #**
Who is the primary contact to coordinate care if the individual requires inpatient or other specialized care?			
Who will visit the individual while hospitalized? (This information should come from the individual and reflect the individual's preference)			
	Name	**Timeframe**	
Who will lead a review/debriefing following a crisis? Within what timeframe?			
Additional Planning Documents (Indicate if the individual has any of the following documents. If "Yes", attach the document to the Crisis Plan)			
	Yes/No		
Suicide Prevention and Intervention Plan			

1. We may or may not be the appropriate individual to coordinate crisis follow up. In some states, the case manager is the coordinator.
2. 2. A consumer may have a another type of safety plan. You can write or type it in.

Consumer Description of Characteristics of Wellness

What I am like when I am feeling well. Describe what a good day looks like for me and provide examples of how I feel when I have a sense of overall wellness and wellbeing. Describe how I interact, appear, and behave.

Consumer Description Of Pre-Crisis & Crisis Characteristics And Triggers

Early signs that I am not doing well . **Significant event(s) that may create increased stress and trigger the onset of a crisis**. Examples include: anniversaries, holidays, noise, change in routine, inability to express medical problems or to get needs met, need medication(s), being isolated, etc. **Describe what one may observe when I go into crisis.** Include lessons learned from previous crisis events. Examples include: not keeping appointments, isolating myself, communicate loudly/hyper-verbal, etc.

Effective Prevention and Early Intervention Strategies

Ways that others can help me...what I can do to help myself. **Crisis prevention and early intervention strategies that have been effective.** Describe prevention and intervention strategies that have been effective in keeping me out of crisis and/or restrictive facilities. Note any individuals to whom I respond best. Examples include: breathing exervices, journaling, taking a walk, etc.

Strategies for Crisis Response and Stabilization

Ways that others can help me...what I can do to help myself. **Strategies for crisis response and stabilization.** Focus first on natural and community supports. Begin with least restrictive steps. Include process for obtaining back-up in case of emergency and planning for use of respite, if an option. List everything you know that has worked to help me to become stable.

Note: This section is particularly helpful to staff who are on-call!

Consumer Preferences

What has worked well with me...what has not worked well . **Acceptable and unacceptable treatments that have and have not worked in past crises; Specific recommendations for interacting with the person during a crisis**. Describe preferred and non-preferred treatment facilities, medications, etc. Describe how crisis staff should interact with me when entering a crisis. For example, I like music, I like to go for a walk, I like to be talked to, peer counseling, I don't like to be talked to, I don't like to be touched, etc.

Thankfully, Connie was able to recover from her attempt to explain the Crisis Preferences and Prevention Plan!

While we watch the next animation, please take note of the following:

*How does Connie help Cameron to define both ”pre-crisis” and crisis?

*How does Cameron define different levels of being in “crisis”?

*What are some helpful activities/interventions that Cameron identifies?

*What are a few interactions which Cameron identified that are not helpful to him?

*What is the very last question which Connie asks Cameron? Why might this question be helpful?

Collaboration/Partnering

ADVANTAGES :

- Sharing of information and resources to improve the crisis response service system and to be more effective and efficient
- Assisting in making appropriate referrals for individuals who will need more support or a more specialized support
- Making the intervention process less stressful for everyone involved clarifying roles
- Assisting the individual/family in developing and extending their support network

QUESTIONS

Is there sufficient direction or guidance to be truly helpful to the person in crisis?

Is the Crisis Plan truly an individualized plan that reflects the specific needs, preferences, strengths, and challenges of that particular consumer-NOT COOKIE CUTTER

Is the Crisis Plan up-to-date? People move, medications change, living situations and providers also change over time. Crisis Plans need to be updated frequently so the information they contain remains relevant and useful

Lessons Learned From Virginia Roll-Out

- Mass confusion regarding Crisis Plan vs Safety Plans
- Lack of clarity about the intent of a Crisis Preferences and Prevention Plan
- Lack of understanding about why the plan would need to be reviewed
- Challenges with completing the plan with young children or adults with limited understanding
- Push back from staff who work in the mentoring and mental health skills building service lines

A CRISIS IS AN OPPORTUNITY TO GROW !

A CRISIS PLAN MAXIMIZES THE PROBABILITY OF GROWTH