



Strategic Planning & Resources for Crisis Prevention and Intervention

Presented by:
R. Maria R. Ochoa, LCSW, PsyD
Student




Objectives

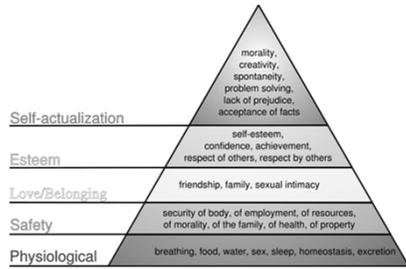
- Define crisis- Why is this information important?
- Identify and reflect on common types of crisis experienced by the population (childhood through adulthood)
- Strategies for crisis prevention: Resources and planning
- Strategies for crisis intervention: De-escalation
- Strategies for postvention: Maintenance
- Begin the process of developing an informed and comprehensive preparedness plan

What is *CRISIS*

- Crisis can be defined as one's perception or experience of an event or situation as an intolerable difficulty that exceeds the person's current **resources** and **coping mechanisms**.
- Crisis **Intervention** can be defined as emergency psychological care aimed to assist individuals in returning to "normal" levels of functioning and to prevent or alleviate potential, negative trauma
- Crisis and crisis intervention is a subjective spectrum
- The priority of crisis intervention is to *increase stabilization*.
- Stabilization *requires* planning
- Planning *requires* resources
- Crisis interventions occur at the spur of the moment and in a variety of settings



Maslow's Hierarchy of Basic Needs



Causes of Crisis

- Personal, family, peer, or marital problems.
- Major life changes such as unemployment or loss of an important relationship
- Change or loss of a known structure
- Depression and feelings of hopelessness
- Anxiety, agitation, or over-stimulation
- Thoughts of suicide, delusions, paranoia
- Substance or alcohol use or abuse
- Lack or loss of basic necessities (i.e. Safety, food, clothing, shelter, etc)

Types of Crisis

- Medical
- Academic
- Bullying and peer influence
- Volatile behavior
- Running Away
- Suicide
- Incarceration
- Mental health holds
- Relationships
- Substance abuse
- Police contact
- Lack of resources



Crisis



- Crisis is the active loss of self-esteem, social support, and power
- Planning for crisis facilitates prevention
- Crisis prevention is the active response of maintaining control of situations which are likely to become escalated
- Crisis goes hand in hand with a loss of calm, practice maintaining calm in the face of adversity and escalation

Prevention: Build a support network

- Step 1-
- **KS&A:** Professional network, program coordinators, mutual aid, support, advocacy, resources
- Is there a supportive diagnosis of behaviors and symptoms?
- Is this a well documented and supported diagnosis?
- Is your document concise, and easy to understand?



Expand your network

- Step 2-
- Eligibility criterion for Department of Developmental Delay services: requires an IQ of less than 70 or less or adaptive functioning less or equivalent to mental retardation.
- Children's services are also available for those who meet the developmental delay requirements.
- **Why Seek Services:** An applicant must be determined eligible by the contracted, regulatory agency in order to receive services in the DDD
- **How to Apply:** Locate your county office via your Department of Human Services Web-Site. Contact agency and make arrangements to determine eligibility for DDD services

Basic needs

- Developmental Disability Services:
 - Private non-profit organizations designated as the single entry point into the long-term service and support system for persons with developmental disabilities.
 - The State contracts with these organizations to provide non-overlapping geographic service regions
 - Agencies are responsible for: intake, eligibility determination, service plan development, arrangement for services, delivery of services (either directly and/or through purchase), development, arrangement for services, monitoring, and many other functions.
 - Additionally, boards are responsible for assessing needs and developing plans to meet the needs of the local service area.
 - Play a vital role in managing limited resources and address the overall, individual limited resources at the local level of the local service area.

Other services offered by the Department of Developmental Delay

- Children **may** receive occupational, physical, speech and behavior therapy.
- Adults **may** receive community-based services which assist with independently living as well "host homes" and group home settings. Adults **may** also be eligible for support to pay for dental services and eye care.
- The DDD will greatly assist in resource and support facilitation

Intervention: Crisis behavior

Assess for safety...

- Are drugs or alcohol involved?
- Is there the threat of harm to:
 - You?
 - Siblings?
 - Others?
 - Your person?
- What is the immediate need?



Resource implementation is the best deescalation factor for behavioral issues:

Where is your person at? What is the actual need?

Now is not the time to power struggle...

Do you have a de-escalation plan?

Do:

- Allow your person to take space (have a designated or a planned routine)
- Use choice statements (you can do A or you can do B)
- Allow time for your person to process choices
- Roll play and talk about your plan so it seems/feels routine
- Have your plan written down, crisis makes it difficult to remember steps and maintain concrete thought patterns

Don't

- Power struggle
- Take away autonomy
- Threaten
- Attempt to restrain or confine
- Escalate in voice, language, or posture



Crisis & Academia

Your person may:

- ✓ Learn differently
- ✓ Develop differently
- ✓ Think differently
- ✓ Pay attention differently
- ✓ React differently

➤ Without support and **NECESSARY** "safety nets" your person's behavior and needs may be misinterpreted, treated incorrectly, or misunderstood, resulting in you person being deprived of a basic entitlement- **EDUCATION.**

- An IEP (Individual Education Plan) is your safety net! Do not jump without it
 - An IEP should include behaviors as well as cognitive needs
- Take part in the development of your child's IEP, you know your child "best" and "worst." You are best suited to predict possible discretion slips
 - Use other parents and experiences as resources to plan
- Maintain your relationship with your advocate (this is a person that **MAY** be provided by the academic institution, Department of Human Services, or the county disability service system)
 - An IEP advocate is not always offered, but may be requested. This person knows and understands "jargon" their purpose is to help you navigate and understand the IEP process during creation as well as address needs, supports, and advocate
- Your child is entitled to have you present at all meeting which discuss their interests

The best resource for learning about IEP's and advocating is the Peak Parent Center
www.peakparent.org

Peer Influence

- All schools employ a zero-tolerance policy around bullying
- If there is no documentation of previous incident there is little ground to stand on should a larger incident occur
- Talk to parents, inform peers, educate
- Know your persons' friends
- Peer influence can be positive





Emergency Medical Needs

The emergency room is a great resource, if you set the stage to have your needs met

- Have and present copies of past medical records and diagnosis
- Ask to have procedures and diagnosis clearly explained, stay informed, ask questions
- Provide constructive suggestions and education, avoid telling medical team what to do
- This is a great opportunity to develop resources and referrals. ALL referrals should be included in your discharge plan and will be contacted/established prior to discharge by social workers.
 - (specialist referrals, physical therapy, occupational therapy, mental health, medication assistance, lodging, food services)
- Hospital social workers are able to assist, fill out, and submit service applications: Medicaid, Medicare, and Disability
- Avoid conflict, use good communication skills...If you panic your person will panic, this will cause CONFLICT

Resources

- **Medicaid:** A health program for individuals and families with both low-income and disability.
- **What does Medicaid do?** Health care program which provides financial assistance for medical expenses based upon: medical criteria, age, and financial need
- **Eligibility:**
 - ✓ Low income
 - ✓ limited assets assets
 - ✓ AND one of the following:
 - ✓ Age 65 or over
 - ✓ Blind OR Disabled
 - ✓ Dependent Children
 - ✓ Pregnant women and children



Intervention

- Assess for safety
- Determine needs
- What are available resources and support networks?
- Process crisis and empower participants
- Problem solve
- Goal: reduce stress, reduce psychological/physical trauma, reduce conflict...DE-ESCALATE



Medical Terms and Resources

- **SSI Purpose:** Provide assistance to the aged, blind, and disabled people who have little or no income. The intent of the assistance is to meet basic needs (i.e., food, clothing, and shelter).
- **Eligibility:** Applicants must have a medically determinable, physical or mental impairment that is expected to result in death or which will last for at least 12 consecutive months. This impairment must prevent the applicant from performing the work related activities of their previous jobs or any other jobs which they might be able to perform based on their age, education, and work experience. This includes anyone who is: elderly (65 or older), blind, disabled, has limited income, limited resources, and is a U.S. Citizen or national.
- **How to apply:** Call 1-800-772-1213 for an appointment with a social security representative who will provide assistance in applying for benefits. Appointments may be conducted on the telephone or in person at your local Social Security Office.
- **When is the best time to apply?** As soon as possible (BEFORE 18th birthday)

Document, Document, Document!

- Without comprehensive documentation of hospitalizations and other crisis contacts, obtaining services become more difficult
- Documentation and specific examples are crucial when applying for services.
- Documentation will help you:
 - ✓ Provide detailed, dated, and specific examples related to your person's needs and behaviors
 - ✓ Help you remember events
 - ✓ Keep you organized and less "frazzled" when applying for services or identifying needs
 - ✓ Remember you will be asked for documentation and examples throughout your service and application process



Department of Human Services

○ Department of Human Services (DHS) is a regulatory agency which may initiate contact under the following circumstances:

- Runaways
- Police contact
- Behavioral issues at home or at school
- Suicidality

Contact with DHS can be intimidating, but assure your person and yourself that you have done nothing wrong, use this opportunity to educate and develop your resource network

You can locate your local department human services through your state website and narrow search by your county

Crisis Intervention & Suicide

- Know your community mental health resources.
- Know the difference between local, crisis and non-crisis agencies
- Have a written plan in place, so that you are prepared in the event that action is needed
- Discuss the plan with your person so that they don't get scared and escalate further
- Provide your person with crisis numbers, provide the option for them to talk to another person
- 1-800-273-8255 National Suicide Prevention Line- 24 hour crisis line
- De-escalate with options





Mental Health Holds

○ A mental health (AKA: safety hold, M-1, 5150-hold, involuntary hold) is a non-consensual or involuntary hospitalization, which can last up to 72-hours

- Reasons for a mental health hold may include: harm to self, harm to others, or gravely disabled person unable to care for themselves
- A recommendation for extended in-patient care may follow the 72-hour hold

○ Mental health holds may be implemented by:

- Law enforcement
- Mental health workers
- Medical professionals

This situation is escalated by panic and a sense that control is lost. Don't panic, make the situation yours by educating and de-escalating

Objectives of M-1 hold

- Diagnostic assessment and evaluation
- Medication stabilization
- Therapeutic stabilization, individual and group
- Counseling referrals
- Case management
- Basic needs referral and resource development

Residential Living

- Residential living is an alternative to home living
- Residential living may range from a 30-day stay to long-term living
- Residential living may address a variety of issues: behavior, mental health, substance abuse
- Few insurances cover residential living, in most cases, disability becomes the funding source
- Residential living is voluntary and can vary in duration
- In seeking a residential placement, view facilities, ask questions, include your person on the process, allow a sense of control on their part

Crisis Intervention & Substance Abuse

- Acknowledge level of need
- Identify the link between access and environment
- Is there is a drive to quit?
- Is safety in question?
- Is detox an issue?
- What need is fulfilled through the substance in question
- Substance abuse treatment centers may be an appropriate and necessary intervention



Is guardianship necessary?

- A guardian is NOT:
- ✓ Required to provide for a ward out of his/her own funds
- ✓ Required to provide actual physical custody of the ward
- ✓ Liable for a ward's actions and behaviors
- ✓ Liable for harm to a ward caused by a caregiver selected by the guardian
- ✓ For information on a low-cost class on guardianship:
www.guardianshipallianceofcolorado.org

Make Law Enforcement a Resource

- The rule of thumb is that law enforcement does not know any better, they are not trained to be clinicians... So, help them develop their knowledge base.
- Make non-crisis contact with your local police department
- Ask to speak with a ranking member
- Bring educational, simplified, and direct information
- Allow the police department to get to know your person in a nonvolatile meeting (you want them to know his/her name, what he/she looks like, his/her address, history, medications, possible behaviors; MOST OF ALL: that your person is not always volatile)
- Suggestions: request for your person to volunteer, meet some officers, request ride-alongs.
- Learn the hours, names, and contacts of officers that your person connects with
- Associate law enforcement with people of trust, calm, fun, and friends

Plan for Prevention

- Let's talk about the LAW!!!
- Your person may:
- ✓ Communicate Differently
- ✓ Behave Differently
- ✓ Think Differently
- ✓ Trust Differently
- ✓ Respond Differently

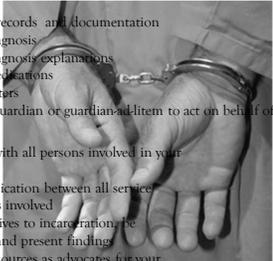


➤ This Means: that advocacy, protection, support, and acknowledgement by government agencies is crucial to maintaining their safety and preventing unnecessary interactions with unsavory persons, law-enforcement, or the judicial system

Police Contact

- Identify incidences where police contact may be warranted
- Discuss how contact with police should be handled
- Practice contact without escalation
- Minimize the misconception that police contact is something bad or always negative

Incarceration

- 
- ◆ Retain records and documentation
 - ◆ diagnosis
 - ◆ diagnosis explanations
 - ◆ medications
 - ◆ letters
 - ◆ Have a guardian or guardian-ad-litem to act on behalf of your person
 - ◆ Speak frequently with all persons involved in your persons case
 - ◆ Facilitate communication between all service providers and persons involved
 - ◆ Search for alternatives to incarceration, be prepared to research and present findings
 - ◆ Use network of resources as advocates for your person
 - ◆ Document
 - ◆ Retain legal counsel

Community Resources

- Fire rescue volunteer programs (these are also first-responders which may be helpful in de-escalating a crisis situation)
- Local youth-hub: take the time to visit, educate, and network
- Volunteer opportunities which may promote community networking and communication

18 and Over uh-oh

- Preparing for the future utilizing:
 - ✓ Guardianship
 - ✓ Wills
 - ✓ Trusts
- Will ensure your person's
 - > Financial security and well-being
 - > Independent and safe living
 - > Appropriate money management
 - > Continued receipt necessary services and programs
 - > Decision making capacity and information related to needs and legal decisions

18^A

Persons younger than 18 must be accompanied by an adult

Okay...So where do I start?

- Start where your person is at
- Develop written contingency plans with resource numbers
- Begin building your network and resource lists, you can never have too much support
- Person in environment should ALWAYS drive your intervention



Thank You

R. Maria R. Ochoa, LCSW, PsyD Student

Rmaria.ochoa@gmail.com



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