

Crisis Intervention



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What is a Crisis?

An individual with complex needs and challenging behaviours may experience physical, mental, or emotional distress, and behave in ways that cause concern for the safety of themselves and other people. “Crisis” has been described as a state that occurs when the person’s usual ways of coping with stress are not enough.

A crisis begins with the critical incident (crisis) and continues to follow-up and recovery. For example, an individual may have a critical incident where they are angry and aggressive. If they lose their job as a result, this event becomes another part of the crisis.

There are many types of crisis, but some of the most common ones are:

- a) **Situational** – a single, unanticipated event occurs in the person’s life; for example, an individual with complex needs have a loved one pass away, or find themselves working in an environment that upsets them (e.g. a noisy, crowded mall)
- b) **Chronic** – the person goes in and out of crisis; for example, an individual with complex needs may have mental health problems that improve and then worsen, or housing that is stable and then breaks down.
- c) **Transitional** – the person faces changes in demands or their abilities; for example, an individual with complex needs moves from a school to a work setting, or is aging and becomes more forgetful and confused.

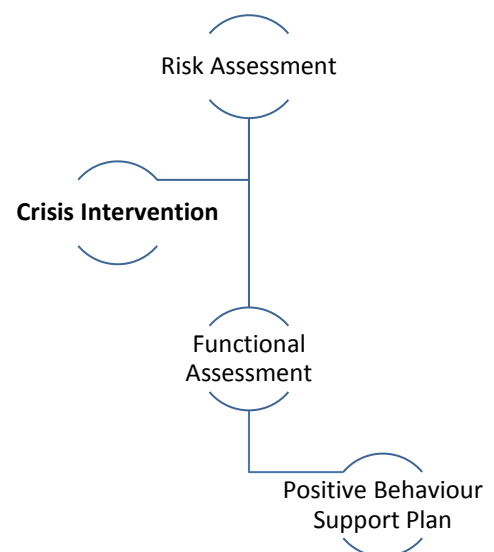
To illustrate crisis intervention and how crisis can occur in the life of an individual with complex needs, we present Sally’s story as an example:¹

Sally has a developmental disability, mental health concerns, and a history of threatening suicide. Sally started screaming at people in her home, and talking to herself as if other people were talking to her. Staff and the other individuals in the home were frightened of Sally. The service provider was not sure if they could continue to serve her.

What is Crisis Intervention?

Crisis intervention involves the methods that are used to assist the individual to cope with the stressful event. Crisis intervention begins with the critical incident and continues to follow-up and recovery.

The study of crisis intervention began in the 1940’s with families experiencing the stress of war, and a Boston nightclub fire that claimed the lives of 492 people. As counselors provided assistance with recovery, it was determined that different people had different abilities to cope with crisis – it depended on their personal skills and the supports available to them.



¹ Sally is a fictional person whose story was created to illustrate crisis intervention for individuals with complex needs.

Community programs were developed from research showing that early intervention had the greatest impact on long term health. Crisis was a time when people were open to help and motivated to change. Examples of current crisis intervention programs include telephone distress lines, suicide prevention clinics, mental health centers, victims' services, and psychiatric units.

The purpose of crisis intervention is to:

- Immediately help the individual in order to prevent the crisis from escalating
- Return the individual to a calmer state
- Use the situation to learn what resources the person needs
- Develop an action plan to access those resources.

In crisis development models, crisis is shown as a progression of stages, and the strategies that can be successful at each stage. Although the names may change depending on the model used, the description of each stage is similar:

- **Normal** – what does the individual need to maintain self-control; who needs to be involved as a member of their support team
- **Vulnerable** – what level of support does the individual require and how much direction do they need
- **Out of control** – what approach will make sure everyone is safe, and help the person to de-escalate
- **Recovery** – what approach is most calming and reassuring to the individual while discussing outcomes and action plans

Sally was admitted to hospital and her psychiatrist conducted a full medication review. With changes to the type of medication and the dosage she received, Sally was screaming less often and not talking to herself anymore. Sally returned home, and she seemed physically and mentally healthier.

Crisis Prevention

An individual with complex needs can have behaviours of concern that present challenges to supporting independence and ensuring safety. Planning can ensure that supports are available when needed, even when circumstances change and different concerns arise. The following are several components of crisis prevention that can be examined:



Location

When planning where the individual with complex needs will be served, the following are important considerations:

- a) **Access to internal supports** – for example, how close in distance are other individuals with similar needs, and other homes with available staff; how quickly can the on-call team arrive once they are called

- b) **Access to funded resources** – for example, where are the nearest behavioural support services, service coordinators, and resource teams
- c) **Access to community resources** – for example, does the community have health services (e.g. clinics, crisis phone lines, psychiatric unit) and community emergency services (e.g. police, ambulance, emergency room).

Sally has a local doctor, and she travels a short distance to the city for appointments with her psychiatrist. For emergencies in Sally's home and the two other support homes nearby, the service provider developed an on-call system with their own staff and the RCMP.

Environment

The individual with complex needs may have a history of violent behaviour and property destruction. Changes to the building and furnishings can reduce the likelihood of damage, reduce the risk of injury to the person or other people, and allow staff to focus on the individual's needs, rather than protecting property. For example, the home may have Plexiglas placed over large picture windows, walls that have been reinforced with plywood and furniture that is secured to the wall, or not easily tipped over or thrown.

When Sally has angry outbursts in her home, she can cause injury to herself by pushing or pulling over large items. To reduce the risk of injury, Sally's bedroom dresser is secured to the wall. The dining set is a heavy table with large, padded benches. Draperies are fastened with Velcro so they release when pulled. The TV is stored inside a wall unit, low to the floor.

Daily Routines

Functional behavioural assessments outline the individual's daily routine in order to provide continuity when the individual is changing services or enhanced support in their current service. For crisis prevention, the assessment identifies those areas that could provoke anger, frustration or fear responses in the individual:

- **Choices** – what choices can the individual make; how many choices should be presented at one time; how much information does he want or need to make the choice
- **Transitions** – does the individual have difficulty changing activities, such as going from home to work in the morning
- **Routines** – does the individual like to do certain activities at the same time each day; what activities do they not like to do, what changes have been made to accommodate this, what coping strategies been taught.

Sally enjoys going out. Staff helped Sally make a picture schedule, so she knew what events happened on which day. She uses the pictures to show staff where she would like to go. Staff will remind Sally 15 and 5 minutes before they need to leave, so she can get herself ready for the outing.

Support Team

The support team for an individual with complex needs includes the personal and professional supports in their lives. Each person has an important role in crisis prevention, which may include:

- Their family members provide information that can help anticipate situations of concern, and support the individual through planning
- The formal guardian advocates for the least intrusive and restrictive approaches that are in the best interests of the individual
- The family doctor monitors the side effects of medication (e.g. drowsiness, agitation, weight gains/loss), and other health conditions (e.g. diabetes, epilepsy)
- The psychiatrist prescribes medication to address diagnosed psychiatric disorders in the individual and reduce behaviours of concern
- The mental health worker teaches the individual coping skills for stressful situations
- The behaviour consultant designs planned approaches for staff to support the individual in stressful situations
- The residential, vocational and school support staff implement planned approaches, and help determine the effectiveness of the other supports to the individual.

The team should meet regularly to ensure that the information provided is clear, consistent and current. By doing so, team members can offer each other suggestions and more immediate assistance.

After Sally's discharge from hospital, her support team had a short teleconference every week. They discussed whether the strategies and the new medication were helping Sally, and if any changes needed to be made. They have gradually reduced the meetings to monthly as the behaviours of concern decreased, and the situation became more stable.

Individualized Crisis Response Plans

Individuals with complex needs and challenging behaviours can escalate and be at risk of causing injury to themselves and others. Developed by the service provider to address a potential crisis, the crisis response plan outlines actions for support staff to take, depending on the circumstances:

- a) The de-escalating strategies that staff are to use first
- b) The contact people that staff are to call and their numbers
- c) Arrangements for other individuals in the home.

The individualized crisis response plan identifies strategies to minimize immediate risks and help the individual regain control. Some service providers have been able to connect with their local police departments and provide information that will help the police support them in an emergency; for example, the location of the homes, the type of behaviour the individuals may display (e.g. aggression, running away) and the type of support the staff will be needing from the police (e.g. de-escalation, search and return).

Sally becomes very anxious when her day does not go as planned. She may lock herself in her room, and make threats to harm herself. Sally's crisis response plan outlines which positive approaches can help re-assure her, when staff should call the on-call person, and when they are to call 911.

Staff Training

When staff are informed about the individual's needs and what approaches work best for them, they are better able to provide the right kind of support at the right time. Training staff before the individual comes into service, or before a crisis occurs, allows them to have the necessary skills in place and offer immediate support. In addition to individualized behaviour support plans and crisis response plans, crisis intervention training programs provide staff with instruction on communication techniques and de-escalation strategies that can prevent a more serious critical incident (please see Resources – Training for more details).

Sally's staff have been trained in positive behaviour support strategies, and crisis prevention and intervention techniques. They have also been trained to Sally's behaviour support plan, which focuses on her specific needs and recommended approaches. Her behaviour plan and crisis response plan are reviewed monthly at team meetings. Supervisors observe staff and complete checklists to show that the strategies are being used correctly.

Responding to a Crisis

When a critical incident or crisis occurs, the individual with complex needs and challenging behaviours is supported by the resources made available to the program, the skills and confidence of staff, and their individualized crisis response plan. Service provider policies outline the interventions that staff may use in unanticipated situations.

Crisis intervention training programs provide staff with environmental strategies, safety skills and physical intervention techniques designed to prevent serious injury to the individual and/or others. (Please see Resources – Training).

Sally was anxiously expecting a visitor. When the visitor called to say that they weren't coming, Sally became very angry. Staff used the positive approaches that were outlined in Sally's crisis response plan to try to re-assure her and help her calm. Sally ran to the bathroom and locked herself in. Staff heard the sound of breaking glass, followed by Sally crying and saying that she wanted to die. Using the protocol from Sally's crisis plan, staff phoned 911 and the on-call person.

Crisis Recovery and Assessment

There are important interventions to be implemented after the incident and before future incidents can occur. After the incident, the individual requires follow-up and support through the recovery phase. Staff and other individuals involved in and/or witnessing the incident should have access to crisis de-briefing. Reporting requirements to guardians and funders need to be addressed.

*Tell me and I'll forget,
show and I may remember;
involve me and I will
understand
Chinese Proverbs*

Once an unanticipated situation occurs, it can be anticipated that it might occur again. Support teams immediately attempt to understand, and then provide, what the person needs to cope with the situation more effectively next time; that is, they return to consider each of the areas outlined in the section on crisis prevention.

Sally is recovering from the critical incident. She has seen her doctor and her psychiatrist. Her staff and the other individuals have received crisis de-briefing. Her support team have reviewed the critical incident report. They felt that staff responded well and implemented the plan as outlined. Strategies for visits and visitors have been added to her behaviour support plan and her crisis response plan.

What Service Providers Do

To Prevent a Crisis

- ✓ Collect as much information at possible before the individual comes into service, by meeting with them, their families, and other people who have worked with them
- ✓ Use the information to develop the individual service agreement – location, hours of support, types of activities, transportation, staff recruitment, staff training
- ✓ Use the information to develop a behaviour support plan and an individual crisis plan
- ✓ Train staff to the approaches that will be used to support the individual, before they come into service
- ✓ Talk to other professionals (medical, mental health, police) in the community and identify what they are able to do, if an incident occurs

To Respond to a Critical Incident

- ✓ Set up an on-call rotation, where experienced staff are available to answer an emergency call and go to the location of the crisis situation
- ✓ Select specific staff to form a crisis response team, where their skills and combined presence can help de-escalate the situation
- ✓ Follow the individual's crisis response plan and the service provider's crisis procedures – the staff know what to do and who to call, depending on how the situation develops

To Recover and Plan after the Crisis

- ✓ Arrange for a qualified person within or outside the organization to de-brief with the individual and the staff involved
- ✓ Have the staff involved and the on-call person write a report describing what happened
- ✓ Meet with the team to discuss the incident, and any changes to the type of support the individual requires

Make the changes that are possible with current resources and advocate for any additional resources that the individual and the program might require.

Resources

Training

The following training programs provide instruction on crisis prevention and de-escalation; some also offer non-violent physical intervention:

- ***Reducing Workplace Violence/Working with Complex Behaviour***,
The Mandt System – Canada www.mandtsystem.com
- ***Nonviolent Crisis Intervention***,
Crisis Prevention Institute www.crisisprevention.com
- ***Positive Practices in Behavioural Support***
(includes Module 3: Emergency Management and Reactive Strategies within a Positive Practices Framework)
The Institute for Applied Behaviour Analysis (IABA) www.iaba.com
- ***Supporting Individuals Through Valued Attachments***,
SIVA www.sivatrainning.ca
- ***De-escalating Potentially Violent Situations***
Crisis & Trauma Resource Institute www.ctrinstitute.com

Books/Readings/Research Articles/CDs/DVDs

Some of the resources available through the National Association for Dual Diagnosis www.thenadd.org

- ***Crisis Intervention for Persons with Dual Diagnosis*** By Joan Beasley, M.Ed., L.C.S.W., Clinical Director, S.T.A.R.T. Services, Greater Lynn MH & MR Association, Lynn, MA
- ***Crisis Management for Individuals with a Dual Diagnosis: Prevention & Intervention*** By Elliot Greene, MEd, Independent Consultant, Downstate Consortium on Dual Diagnosis, New York, NY
- ***Working with People who have Intellectual Disability & Behavioural Problems: A Self-Study Guide***
By Ann R. Poindexter, M.D. & Paul D. Kolstoe, Ph.D.

Some of the resources available through Brookes Publishing www.brookespublishing.com

- ***Communication-Based Intervention for Problem Behaviour:
A User's Guide for Producing Positive Change***
By Edward G. Carr, Ph.D.; Len Levin, M.A.; Gene McConnachie, Ph.D.; Jane I. Carlson, M.A.; Duane C. Kemp, Ph.D.; & Christopher E. Smith, M.A.
- ***Antecedent Assessment and Intervention:
Supporting Children and Adults with Developmental Disabilities in Community Settings***
Edited by James K. Luiselli, Ed.D., ABPP, BCBA

Web-sites

ARNIKA Centre – Developmental Disabilities Mental Health

<http://www.albertahealthservices.ca/services.asp?pid=service&rid=1060552>

Child and Adolescent Mental Health Mobile Response Team (Edmonton)

<http://www.albertahealthservices.ca/services.asp?pid=service&rid=7609>

Community Urgent Services and Stabilization Team (Adult) (Edmonton)

Adult Mental Health Crisis Response Team; Community Support Team

<http://www.albertahealthservices.ca/services.asp?pid=service&rid=4903>

Complex Service Needs Initiative: Supporting Individuals with Developmental Disabilities and Mental Health Issues combined with further Complex Service Needs (Look here for Regional Support Team contacts)

<http://www.albertahealthservices.ca/9213.asp>

Crisis Response Team (Red Deer)

<http://www.albertahealthservices.ca/services.asp?pid=service&rid=1058013>

Crisis Response Team (Rural)

<http://www.albertahealthservices.ca/services.asp?pid=service&rid=1058012>

Mental Health Help Line

<http://www.albertahealthservices.ca/services.asp?pid=service&rid=6810>

Mobile Response Team (Calgary)

<http://www.albertahealthservices.ca/services.asp?pid=service&rid=432>

Police and Crisis Team (Grande Prairie)

<http://www.albertahealthservices.ca/services.asp?pid=service&rid=1050105>

Police and Crisis Team (Grande Prairie)

<http://www.albertahealthservices.ca/services.asp?pid=service&rid=1057190>

Psychiatric Outreach Response Team (Calgary)

<http://www.albertahealthservices.ca/services.asp?pid=service&rid=1066514>

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