Roles & Responsibilities of Direct Service Staff Working with Young Adults in Crisis

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Learning Objectives

- Participants will define crisis, identify various types of crisis, and phases of crisis that young adults commonly experience.
- Participants will identify and explain various types of signs, symptoms, and behaviors young adults exhibit prior to and during crisis.
- To identify steps to take when assessing individuals in crisis.
- Participants will identify 2 to 3 common reactions staff experience during crisis in criminal justice and other healthcare settings.
- Participants will identify specific roles, responsibilities, and necessary competencies that staff must have in order to effectively meet the needs of young adults in crisis.
- Staff will become familiar with common assessment tools that is needed to identify mental health and substance use disorders that is needed to help meet the needs of young adults.
- Participants will explain interventions and key resources that is most helpful, to use when treating young adults and their family members in crisis.

Case Scenario Activity

Causes of suicide

- There's no single cause for suicide.
- Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair.
- Depression is the most common condition associated with suicide, and it is often undiagnosed or untreated.
- Conditions like depression, anxiety, and substance problems, especially when unaddressed, increase risk for suicide.
- It's important to note that most people who actively manage their mental health conditions go on to engage in life. (American Foundation of Suicide Prevention)
- The second leading cause of death for young adults between the ages of 20-24 is suicide. Suicide accounts for 18% of deaths among people between the ages of 20-24.
- The third leading cause of death among people age 15 to 24 are due to homicide. (Stibich, 2021)

https://afsp.org/risk-factors-protective-factors-and-warning-signs#what-leads-to-suicide-

Crisis

Individuals and families are faced with many crisis from bombings to various shootings in schools, nightclubs, homelessness, domestic violence, drugs overdose, physical and sexual abuse, police brutality shootings, weather related disasters, and other mental health and substance abuse issues.

“Many experts predicted a sharp rise in psychiatric emergencies as the nation emerged from sheltering-in-place (COVID-19), especially since individuals are and continue to deal with unprecedented stressors and have been unable to access traditional treatment settings.” (S. Zeller & F. Kirchen, 2020)

Mental health professionals are responsible for accurately assessing and providing treatment for clients who are in need of crisis services.

“In crisis intervention, the urgency of a quick and accurate assessment is paramount. A mental health provider must often evaluate a client’s reaction and initiate treatment in a matter of a few minutes (Myer, 2001).

A faulty assessment can lead to ineffective helping and even serve to worsen the client’s condition (Hoff, 1995; James & Gilliland, 2005).” We must adhere to certain procedures and select the most appropriate interventions when treating clients in crisis.

What is a crisis?

"A mental health crisis is a situation in which a person's thoughts, emotions, and behaviors can put them in jeopardy of harming themselves or others and/or put them at risk of being unable to care for themselves or access food, clothing, and shelter."

"Crises also include acute conditions that could quickly deteriorate into dangerousness or inability to care for self, even if those issues do not currently pose a problem." (S. Zeller & F. Kirchen, 2020)

"…crisis is a perception or experience of an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms." (James and Gilliland, 2001)

"No emotional crisis is more urgent than suicidal thoughts and behavior, or threats to harm someone else." (American Psychological Association, 2013)

Source: https://www.verywellmind.com/what-is-a-crisis-2795061

https://www.apa.org/topics/help-emotional-crisis

Types of Crisis

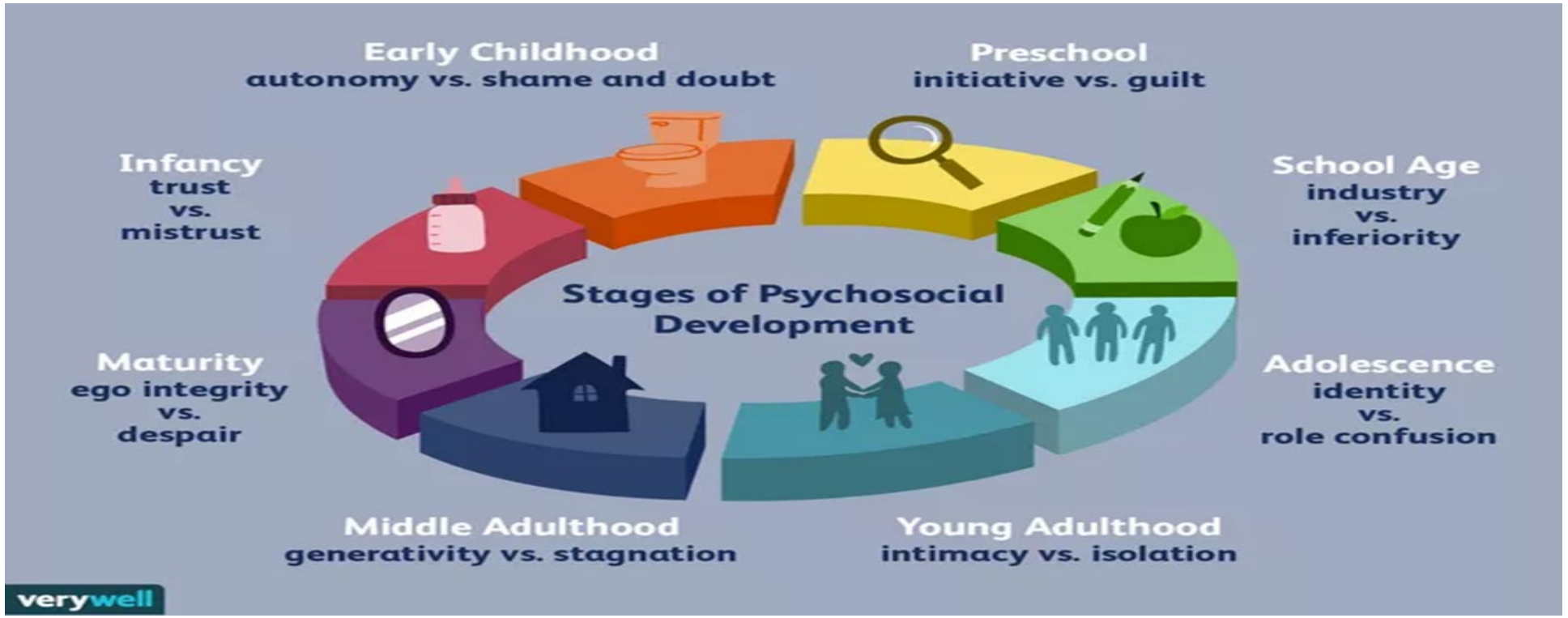
"**Developmental crises**: These occur as part of the process of growing and developing through various periods of life. Sometimes a crisis is a predictable part of the life cycle, such as the crises described in Erikson's stages of psychosocial development.

Existential crises: Inner conflicts are related to things such as life purpose, direction, and spirituality. A midlife crisis is one example of a crisis that is often rooted in existential anxiety.

Situational crises: These sudden and unexpected crises include accidents and natural disasters. Getting in a car accident, experiencing a flood or earthquake, or being the victim of a crime are just a few types of situational crises." (K. Cherry & A. Morin, 2020)

Erik Erikson's Stages of Psychosocial Development

Stages of development that can lead to crisis



MENTAL ILLNESS CRISES

Individuals living with mental illness face the same stressors as persons who do not have a mental illness, but these stressors can be especially difficult to deal with for someone living with a mental illness.

- Crises can occur even if the person has been complying with treatment or a crisis prevention plan, using techniques learned from mental health professionals.
- At times the person may present with behaviors that indicate an impending crisis, but other times a crisis can occur suddenly and without warning (NAMI, 2016a).

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.

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

- Problem-solving ability is arrested or becomes unsuccessful. The person becomes disorganized and has difficulty thinking, sleeping, and functioning.

Phases of Crisis Cont.

3. **Crisis.** The individual expands the search for helpful resources in an effort to relieve the psychological discomfort, drawing on all available resources.

- When all attempts fail, anxiety intensifies to a severe level and then to panic, and the person mobilizes automatic relief behaviors (flight or fight).
- At this point, some people may seek assistance from professionals for possible answers and resolution.

4. **Personality disorganization.** If the problem is not resolved in the second or third phase and new coping skills are ineffective, anxiety may overwhelm the individual and lead to panic or despair, a hallmark of this phase.

- Serious disorganization, confusion, depression, possible psychotic thinking, or violence against oneself or others may be present, and it is at this point that external supports become necessary. (Casale, 2016)

Goals of Mental Health crisis

- Ensure the safety and emotional stability of the person experiencing an emotional crisis or mental illness.
- Avoid further deterioration of the person's mental status.
- Assist in the development or enhancement of more effective coping skills and support system.
- Help in obtaining ongoing care for emotional crisis or mental illness
- Ensure that services are clinically appropriate and in the least intense or restrictive setting.

Talk and Behaviors that may signal risk, especially if related to a painful event, loss or change Signs and Symptoms

If a person talks about:

- Killing themselves
- Feeling hopeless
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain

Behaviors:

Increased use of alcohol or drugs

Looking for a way to end their lives, such as searching online for methods

Withdrawing from activities

Isolating from family and friends

Sleeping too much or too little

Visiting or calling people to say goodbye

Giving away prized possessions

Aggression

Fatigue

- https://afsp.org/risk-factors-protective-factors-and-warning-signs#what-leads-to-suicide-

Signs and symptoms of crisis

According to the American Psychological Association (2018), one of the most common signs of emotional crisis is a clear and abrupt change in behavior. Some examples include:

- Neglect of personal hygiene
- Dramatic change in sleep habits, such as sleeping more often or not sleeping well
- Weight gain or loss
- Social isolation
- Decline in performance at work or school

- Pronounced changes in mood, such as irritability, anger, anxiety, or sadness
- Withdrawal from routine activities and relationships
- Sometimes, these changes happen suddenly and obviously. Events such as loss of job, incarceration, physical and sexual abuse, domestic violence, and etc. can bring on a crisis in a short period of time. Often, though, behavior changes come about gradually.

Video- ”Depressed and Locked in a Psychiatric Hospital”- A Case Review

Video-”Depressed and Locked in a Psychiatric Hospital

Video- ”Depressed and Locked in a Psychiatric Hospital”- A Case Review Activity

Did Veronica experience a serious suicide attempt? Yes or No? Your Rationale?

Should Veronica have been admitted to the psychiatric hospital for inpatient treatment? Why or Why not?

From a treatment perspective, what are your concerns about this case?

What type of ongoing treatment is needed for Veronica?

questions to ask to determine if there is a crisis

1. Due to their behavioral health conditions, is this individual acutely dangerous to self or others, or unable to care for self?

2. If the answer to question 1 is not clear, are there concerns that, without prompt intervention, the behavioral health situation could evolve into dangerousness or inability to care for self?

If the answer to question (1) or (2) is “yes,” then answer (A) and (B) below.

A. Is this condition unlikely to be resolved by interventions without the need for a higher level of care?

B. Even if our interventions can temporarily stabilize the situation, is there a high degree of concern that dangerousness or inability to care for self will return shortly after our contact has ended?

If the answer to (A) or (B) is “yes,” then there is a crisis situation requiring acute external interventions. (S. Zeller & F. Kirchen, 2020)

Additional Questions to ask should a client exhibit risky behaviors

Ask yourself (continuously assess)

1s the client safe?

Is the client at risk of suicide or self-harm?

Is the client under the influence of drugs/alcohol?

Is there any risks of aggression/violence?

Does the client have other support networks (friends/family)?

Can I manage this on my own?

Source: https://www.childabuseroyalcommission.gov.au/sites/default/files/CTJH.142.90001.0341.pdf

Steps to take when Assessing Crisis Clients

- When assessing for the immediate problem that is causing the crisis situation, remember that you are working with the client's perceptions of the circumstances.
- Listen empathically and keep the client focused in the here and now.
- Typically, because there is such a high degree of emotional dysregulation during a crisis, people will often experience some degree of mild cognitive dysfunction.
- They may not be able to stay focused specifically on the present situation, they may not be able to pay attention to directions, or they may be so focused on one tiny aspect of the situation that they aren't able to see the immediate problem ("cant' see the forest for the trees").
- It is important to take the problem seriously and redirect the client to the immediate problem situation until a clear definition of the immediate problem is understood.
- In the crisis interview the idea is to keep bringing the client back to the immediate situation.

Steps to take when Assessing Crisis Clients Cont.

- Get a clear definition of the immediate problem. Help them stay focused so they can assist in the solution phase.
- It is vital that the client be assessed for dangerousness both during and after a crisis situation. The degree of emotional, cognitive, and physical dysregulation that occurs during and after a crisis leaves people at risk for behaviors they might otherwise be able to inhibit.
- People will do things during and after a crisis that even they will admit at a later date made no sense ("cutting off your nose to spite your face"). Frequently, you will see people behave in ways that are extreme and self-destructive; often times people will act against others or property in destructive ways.
- Always ask about suicidal or other self-harm ideation during and after a crisis. Ask about suicidal and self-harm ideation directly: "

Steps to take when Assessing Crisis Clients Cont.

- Are you thinking about killing yourself?" "Are you planning to cut yourself when you return to your room?"
- Use a caring, firm, and confident tone when you ask about suicidal and self-harm behavior.
- Do you have a confident tone when talking to young adults in crisis?
- You want the client to understand that they can tell you and they will tell you, if they have suicidal/self-harm ideation.
- Make sure to assess after the crisis as well. People will often make decisions during a crisis to act later, after the crisis is over.

Assessing Crisis Clients Cont.

- The same is true for harm to others. People will often act in aggressive ways during or after a crisis that they would normally inhibit.
- Again, remember that the client's nervous system is activated in a very particular way towards immediate survival.
- During a crisis it is vital that you also assess for dangerousness to others – including to yourself.
- Remember to document any interview information you obtain regarding the client's possible dangerousness.

Assessing Crisis Clients Cont.

- Pass the information on to other staff to include therapists, case managers, nurse, psychiatrist, other members on the treatment team, and others who need to know in the justice system.
- At some point, of course, you need to move into solving the immediate problem. However, be aware of moving into the solution focus too soon.
- If your move to problem solving is premature, the client will usually react by feeling that "you don't really care about me - you just want me to stop having the problem". If you get this type of reaction return the focus to the immediate problem and check to see if you actually understand the problem from the client's perception.
- When you determine that problem solving can occur remember the adage, about the hungry person and the fish. (Teach the person to fish and they will be fed for a lifetime).

Assessing Crisis Clients Cont.

- First, assist the client to solve his or her own problem. (Remember to stay focused on the immediate problem when doing solution work). Ask them what would be a solution? What do they actually need or want? What may be possible?
- Help them brainstorm possibilities, help them clarify what they want, help them clarify what they need. Help them troubleshoot their possible solutions – is the solution realistic?
- Be sensitive to the client's sense of hope and possibility. You may pick up information regarding the dangerousness assessment if they have little or no hope in a positive solution.
- If the client can't come up with any realistic solutions then you can begin to offer solutions to them. Be careful not to insert your agenda as you offer solutions.
- Remember that you want to keep the crisis interview focused very specifically with the immediate problem so offer focused, concrete solutions or coping strategies that the client is willing to try.
- Make sure that they agree to try the solution/strategy. Get a commitment from them that they will do what has been agreed upon.
- Once the client has chosen a solution or coping strategy it is a good idea to have the client re-own his/her strengths.
- Also, if you are unsure or overwhelmed by what you may be hearing don't become a part of the crisis yourself and start having your own crisis - SEEK CONSULTATION IMMEDIATELY.

Questions clinicians Need to ask when assessing clients for suicidality

Ideation. Is the person thinking/talking about suicide, or saying that death seems to be an option, or expressing that the world would not miss them/would be a better place without them?

Plan. Does the person have a specific idea about how they would kill themselves? How lethal is this method?

Intent. How much does the person want to use a particular method to kill themselves? How serious are they about it?

Ability. Does this individual have access to the means they have described to kill themselves?

Mitigating factors. Does the person have strong religious or cultural beliefs that forbid suicide? Do they have others who rely on them that they feel they cannot leave? (S. Zeller & F. Kircher, 2020)

How to Determine dangerousness and/or inability to care for self

- The clinician should consider several factors when assessing a client for dangerousness and ability to care for self.
- The following pertinent questions will help the clinician to determine the acuity and level of intervention needed.;
- Familiarity. Is this the first time you have met with this individual, or are they well known to you?
- Trust. How certain are you about the veracity of their statements? Do you believe them when they say they will follow through with a plan?
- Knowledge of Past Behaviors. What is your understanding of how they have acted when experiencing similar behavioral issues in the past?
- History of Dangerousness. Has this person made suicide attempts or become aggressive in the past?
- Collateral Opinions. What do family, significant others, co-workers, and caregivers, probation officer, case manager, say about the patient's current behavior and their concerns about these behaviors? (S. Zeller & F. Kirchen, 2020)

Who can provide crisis interventions? Who can Do Involuntary Hospitalizations Assessments?

Licensed mental health professionals (e.g. LMSW, LCSW, LAPC, LPC, LAMFT, LMFT, Nurses, Psychologist, Psychiatrist, Certified Alcohol and Drug Addiction Counselors, and etc.)

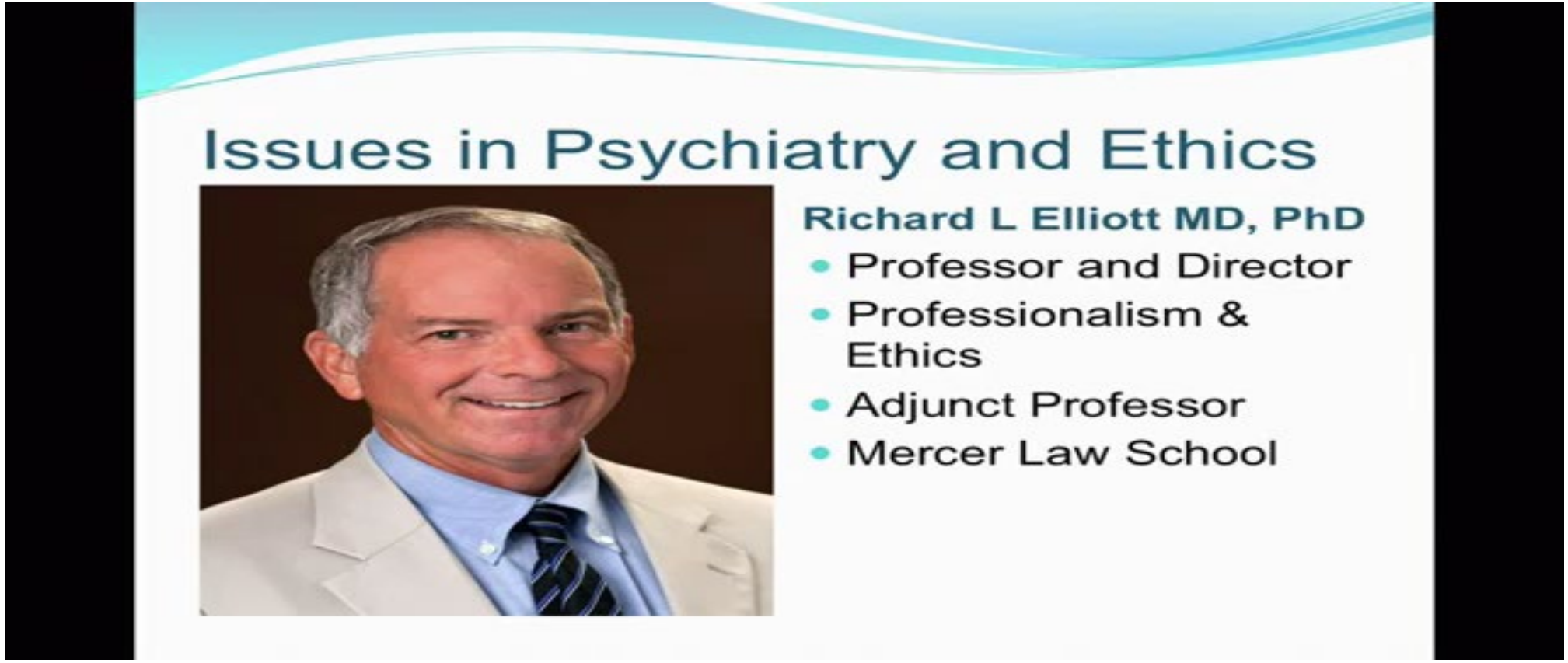
Crisis Intervention Services Training for Paraprofessional Staff

Mental Health First Aid

- Mental Health First Aid USA for Public Safety is an 8-hour course that teaches a 5-step action plan encompassing the skills, resources, and knowledge to help an individual in crisis connect with appropriate professional, peer, and self-help care.
- The course teaches the unique risk factors and warning signs of mental health problems, builds the understanding of the importance of early intervention, and, most importantly, teaches individuals how to help someone in crisis or experiencing a mental health challenge.
- Mental Health First Aid teaches about recovery and resiliency – the belief that individuals experiencing these challenges can and do get better, and use their strengths to stay well.

Video – "What is a 1013, 1014 & 2013 and who is qualified to complete these documents?"

Video -What is a 1013, 1014 & 2013 and who is qualified to complete these documents?



How do Staff respond to crisis?

- Our typical first response to someone in crisis is to speak slowly and calmly with a soothing tone and volume.
- Sometimes that is effective in helping the client feel safe. Often though, the client barely registers such a mild response in their intense state.
- In de-briefing crisis responses, people will frequently say that their experience was that no one was “taking them seriously” because everyone was so calm.
- Often times it is important to match the intensity of your response to the client’s level of intensity.
- This does not mean yelling or acting hysterically. It means that you express a sense of urgency and importance to the client’s experience that matches the sense of emergency the client is experiencing.

Staff Self-Awareness

- **Supportive listening is central to the role of helping individuals in crisis.**
- **Staff must be able to demonstrate non-judgmental, empathetic, and respectful behaviors.**
- **It is necessary to demonstrate equality, acceptance, and empowering people to make their own choices and define the goals that they want to work on, while providing safety and honoring confidentiality.**

SELF AWARENESS ASSESSMENT (SAA) Activity

key de-escalation and sensitivity techniques Staff need to know

- De-escalation techniques:
- Defuse the situation
- Stay calm, appear confident
- Create some space
- Lower your voice
- Avoid confrontation, threats or ultimatum
- Negotiate, use open questions
- When possible, remove the person in crisis away from others to

Source: https://stacks.cdc.gov/view/cdc/6574/cdc_6574_DS1.pdf

Sensitivity Techniques

- People who need care/support (at different levels) in order to live a ‘normal’ life can often experience a range of emotions; frustration, bereavement, low self esteem, depression, they may have an illness that causes them pain, discomfort, mental health condition.
- These may all be factors that could lead to challenging behavior or violence and aggression.
- These factors do not excuse the behavior, but should be considered when developing a coping strategy (care plan where social care staff are involved).
- Show genuineness, respect, and acceptance of individuals regardless to the crime (s) and situations they may have been involved in or committed.

Source: https://stacks.cdc.gov/view/cdc/6574/cdc_6574_DS1.pdf

Things to consider when communicating with young adults in crisis

- Don’t miss the meaning of the words and the gestures
- Value judgments hinder communication
- Do not tease or belittle the individual
- A reminder, blame cuts off communication

Effective communication

Communication objectives during the pre-crisis phase are the following:

- **Be prepared**
- **Foster alliances**
- **Develop consensus recommendations**
- **Test messages**

Good communication techniques:

- **Use the person's name in the conversation.**
- **Ask a clarifying question: "Can you help me understand?"**
- **Allow the conversation to evolve—don't push it where you hope it will go.**
- **Be a good listener and do not be judgmental.**
- **Allow time for silence.**
- **Be sensitive to a person's nationality, sexual preference, ethnicity, religion, age, and feelings.**

Effective communication cont.

- When possible, use the words the person uses.
- Self-disclosure may help the person expand on the topic (be careful with how much you disclose to individuals)
- When responding to someone, say “you’re crying” instead of “you’re sad;” allow the person the opportunity to express the feeling (s) behind the action.
- How something is said is often more important than what is said.

Listen carefully:

- Place the speaker’s needs above your own.
- Use open and accepting body language (e.g., no crossed arms).
- Always be honest in responding.
- Try not to interrupt to give advice.
- Accept moments of silence.
- As much as 90 percent of communication is nonverbal.

Source: https://stacks.cdc.gov/view/cdc/6574/cdc_6574_DS1.pdf

Self Awareness Activity

- Take a moment to note what your own feelings are about crises and challenging behaviors / violence & aggression in the workplace/personal life if applicable
- How would you define challenging behavior?
- How would you define violence & aggression?
- Think about your own experiences, how do you handle stress in your personal life?

Triggers:

- Think about the persons that you care for. What are some of the triggers that cause conflict that you are aware of?
- How can you reduce the trigger factors?
- Are you aware of any triggers that affect your own behavior / emotions? What are those triggers?
- How do you manage things that causes you to get angry/upset and etc.?

- Source: https://www.wrexham.gov.uk/assets/pdfs/carers/challenging_behaviour.pdf

Managing Crisis

Leadership roles in times of distress in the workplace responsibilities:

- Be present. Be calm. It's very important to be visible.
- **Do not put yourself at risk.**
- **Allow staff to talk about events that led up to crisis and how they responded to the crisis.**
- Tell employees what you do know.
- Tell them what you don't know. Share what you are doing to find out.
- Share what you are doing about the situation.
- Tell employees how to take care of themselves.
- Assure people you are on top of the situation.

- Source: https://www.workplacestrategiesformentalhealth.com/managing-workplace-issues/leadership-crisis-response

Managing crisis cont.

- Educate employees about what to do in a crisis.
- Engage employees in discussions about the types of potential crises that could occur in your workplace. Help them learn how to understand and plan for their own emotional response in a psychologically safe way.
- Prepare and distribute a response plan for critical situations to every employee.
- Include a list of crisis response phone numbers such as distress hotlines, poison control, etc.
- Distress hotline numbers should be posted in workplace washrooms or other private spaces available to employees to allow for easy access by employees in crisis.

Managing crisis cont.

- Conduct detailed facility tours that show all potential entry and exit points, the location of fire extinguishers and basic medical supplies. Ensure that employees know how to operate them.
- Check with your local municipality to get blueprints of all locations that show fire exits, electrical sources, window locations, all entry and exit points, parking lots, etc. Your fire department may also be able to provide more information about what should be included. Share details with your workplace health and safety leaders or representatives.
- Do annual dry runs for each common crisis response and, if possible, station employees in different parts of the facility for each dry run.
- Emphasize that employees are not required to intervene if they are putting themselves at risk.
- Provide training about managing stress in extreme situations.
- Refer staff to employee assistance programs, counseling, coaching, and other self help groups after a crisis as needed.
- Do follow-up with your staff after a crisis event.

- Source: https://www.workplacestrategiesformentalhealth.com/managing-workplace-issues/leadership-crisis-response

- Your Company must determine potential crises, analyze them, and design responses to each. Regardless of the circumstances, every crisis has the potential to negatively impact the company's reputation, daily operations, and financial performance if management don't properly manage crisis.

Types of Crisis Assessment Tools

- Brief Psychiatric Rating Scale (Overall & Gorham, 1962)
- Brief Symptoms Inventory (Boulet & Boss, 1991)
- The Suicide Behaviors Questionnaire
- Beck Suicide Intent Scale
- Beck's Hopelessness Scale (Beck, 1974)
- Suicide Probability Scale (Cull & Gill, 1982)
- Adult Suicidal Ideation Questionnaire (Reynolds, 1991)
- Reasons for Living Inventory- Adolescents and Elderly tools - (Linehan, Goodstein, Neilsen & Chiles, 1983)

- Bio-psychosocial Assessment
- Assault & Homicidal Danger Assessment Tool (Hoff)
- Threat Assessment Tool

Note: Assessment tools are not necessarily free and oftentimes requires mental health professionals to pay fees to purchase/use these tools.

Treatment models/Crisis Interventions

Roberts' Seven-Stage Crisis Intervention Model

These stages, listed below, are essential, sequential, and sometimes overlapping in the process of crisis intervention:

- plan and conduct a thorough biopsychosocial and lethality/imminent danger assessment;
- make psychological contact and rapidly establish the collaborative relationship;
- identify the major problems, including crisis precipitants;
- encourage an exploration of feelings and emotions;
- generate and explore alternatives and new coping strategies;
- restore functioning through implementation of an action plan;
- plan follow-up and booster sessions (Roberts & Ottens, 2005)

Source: https://triggered.edina.clockss.org/ServeContent?rft_id=info:doi/10.1093/brief-treatment/mhi030

Trauma Models

- Prolonged Exposure Therapy
https://www.psychologytoday.com/us/therapy-types/prolonged-exposure-therapy
- Eye Movement Desensitization and Reprocessing (EMDR) Therapy

http://www.emdr.com/what-is-emdr/

- Trauma Affect Regulation: Guide for Education and Treatment (TARGET)

https://www.theannainstitute.org/MDT2.pdf

- Trauma, Addictions, Mental health And Recovery (TAMAR) Trauma Treatment Group Model

https://www.theannainstitute.org/MDT2.pdf

LENGTH OF TIME FOR CRISIS INTERVENTION

- The length of time for crisis intervention may range from one session to several weeks, with the average being four weeks.
- crisis intervention is not sufficient for individuals with long standing problems and it may range from 20 minutes to 2 or more than 2 hour.

Crisis Intervention strategies

Myer (2001) maintained that the crisis intervention strategies that mental health professionals should keep in mind must meet three criteria to be most effective.

1). Crisis intervention must be time limited, having a duration of not more than 6 weeks. The number and length of sessions during this period will vary greatly depending on the severity of the particular issue(s) with which the client is dealing at the moment.

- James and Gilliland (2005) strongly advocated that the interventions during this period be action oriented, giving the client homework assignments to be accomplished outside of therapy.

2). Crisis intervention addresses a specific issue and attempts to assist the client in resolving that issue. It must therefore be focused on setting and maintaining realistic goals for that specific issue alone.

- If other issues arise, make sure that they are related to the resolution of the crisis or disaster event.

3). There is the unique treatment dimension. According to Slaikeu (1990), the goal of first order intervention is to reestablish immediate coping and provide support. It is important to get the client to re-own his/her strengths.

- The second-order goal of crisis intervention is the integration of the experience into the client's life by developing new coping skills and adapting to the crisis or disaster as part of the client's past.

4). It is important to assist the client with developing a Crisis Plan- See handout

.

Effective Crisis procedures to follow

Greenstone and Leviton (2002) offered some sound advice for mental health professionals when it comes to effective crisis intervention. They suggested the following steps to address crisis:

(1) act immediately to stop the "emotional bleeding,"

(2) take control and by doing so you help reorder the chaos that exists in the client's world at the moment,

(3) accurately assess the situation to determine what is troubling the client at this precise moment,

(4) decide how to handle the situation after you have assessed it by helping the client identify and mobilize his or her resources,

(5) make a referral or hospitalize client if crisis is severe enough (e.g. suicidal and or homicidal thoughts/behavior) if needed, and

(6) follow up with clients to make sure they have made contact with the referral agency.

“After the crisis has been stabilized, sufferers are carefully introduced to other models of care more suited for the chronic phases of psychiatric illnesses.

The aim of crisis intervention models is to prevent, where possible, hospitalization, further deterioration of symptoms and stress experienced by relatives/others, justice system, probation officer, and other situations that maybe involved in the crisis situation (Thomas 1970).

Reference: Thomas CS, Weisman GK. Emergency planning: The practical and theoretical backdrop to an emergency treatment unit. International Journal of Social Psychiatry. 1970;16:283–7.

Substance Abuse and Mental Health Services Administration (SAMHSA) Recommendations'/Follow-Up Care

To save lives during the time between inpatient discharge and outpatient intake, both inpatient and outpatient organizations need to work collaboratively and as a team to accept shared responsibility for the patient's care.

1. Develop formal relationships with your care continuum partner through MOUs, collaborative agreements, and shared protocols that allow for rapid referrals and safe transitions of care.

2. Write policies and procedures for ensuring continuity of care for patients who are about to be discharged from inpatient facilities. Involve individuals with lived experience to inform practices so that patients receive preferential, and triaged appointments.

3. Involve family members and natural supports in treatment, safety planning, discharge planning, and ongoing care.

SAMSHA Follow-Up Care Cont.

4. Use peers to provide outreach and support to both the patient and the family to increase social and emotional support, solve practical problems, and promote hope and ongoing recovery.

5. Offer step-down care to patients who may need an intermediate level of care between hospitalization and routine outpatient appointments.

Source: https://www.samhsa.gov/sites/default/files/suicide-risk-practices-in-care-transitions-11192019.pdf

Treatment/Resources

Assisted Outpatient Treatment (AOT) is the practice of providing community-based mental health treatment under civil court commitment, as a means of:

(1) motivating an adult with mental illness who struggles with voluntary treatment adherence to engage fully with their treatment plan; and

(2) focusing the attention of treatment providers on the need to work diligently to keep the person engaged in effective treatment.

The essential elements of an AOT program are to:

1. **identify individuals within** the service area who appear to be persistently non-adherent with needed treatment for their mental illness and meet criteria for AOT under state law;
2. ensure that whenever such individuals are identified, the mental health system itself takes the initiative to gather the required evidence and petition the court for AOT, rather than rely on community members to do so (although community members should not be impeded from initiating an AOT petition or investigation where permitted by state law);

3. safeguard the due process rights of participants at all stages of AOT proceedings;

4. maintain clear lines of communication between the court an the treatment team, such that the court receives the clinical information it needs to exercise its authority appropriately and the treatment team is able to leverage the court's powers as needed;

5. provide evidence-based treatment services focused on engagement and helping the participant maintain stability and safety in the community;

6. continually evaluate the appropriateness of the participant's treatment plan throughout the AOT period, and make adjustments as warranted;

7. employ specific protocols to respond in the event that an AOT participant falters in maintaining treatment engagement;

8. evaluate each AOT participant at the end of the commitment period to determine whether it is appropriate to seek renewal of the commitment or allow the participant to transition to voluntary care;

9. ensure that upon transitioning out of the program, each participant remains connected to the treatment services they continue to need to maintain stability and safety.

Source: https://www.treatmentadvocacycenter.org/aot/what-is-aot

RESOURCES

RESOURCE	DESCRIPTION	PHONE	WEBLINK
911	***Ask for a Crisis Intervention Trained Officer***	Dial 9-1-1	
Georgia Crisis and Access Line	A free 24/7 helpline providing mental health crisis assistance and access to mental health resources in Georgia.	(800) 715-4225	http://www.mygcal.com/
24/7 Crisis Text Line	For people of all ages. Youth and teens are especially encouraged to use this resource.	text 'GA' to 741-741	
National Suicide Prevention Lifeline	No matter what problems you're dealing with, whether or not you're thinking about suicide, if you need someone to lean on for emotional support, call the Lifeline.	English: (800) 273-TALK (8255)	https://suicidepreventionlifeline.org/talk-to-someone-now/
		Español: (888) 628-9454	
		TTY: (800) 799-4889	
		Online Chat	http://chat.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx

Poison Control Center		(800) 222-1222	
Georgia Peer Support and Wellness Centers	PSWRCs offer respite rooms where a person may stay for up to 7 days instead of going into a psychiatric hospital; plus, a 24/7 warmline, daily wellness activities.and other supports.	Metro Atlanta: (404) 371-1414	http://www.gmhcn.org/wellnesscenter/
		White County: (706) 865-3601	
		Bartow County: (770) 276-2019	
		Colquitt County: (229) 873-9737	
		Henry County: (678) 782-7666	
SAMHSA Treatment Locator (this is not a crisis hotline, but is available 24/7 to assist in finding a treatment facility).	Find mental health and substance abuse treatment services.	English & Español:(800) 662-HELP (4357)	https://findtreatment.samhsa.gov/locator/home

VIOLENCE RESOURCES

National Sexual Assault Hotline	Call the phone hotline to be connected to a local service provider, or chat online 24/7 with a trained support specialist who can provide emotional support and guide you to resources.	(800) 656-4673	https://www.rainn.org/get-help
		English: Chat Online	https://www.rainn.org/get-help
		Espanol: Chat en Español	https://www.rainn.org/get-help
Georgia Coalition Against Domestic Violence Hotline	Find a Domestic Violence Shelter in Georgia	(800) 334-2836	https://gcadv.org/get-help/
		Find a Shelter	https://gcadv.org/domestic-volence-centers/
SafeQuest Crisis Line	This is a 24-hour crisis intervention line for people who are victims of relationship violence or sexual abuse. Emergency response is offered nationwide.	(866) 487-7233 (4UR-SAFE)	
National Domestic Violence Hotline		English: (800) 799-7233	
		Español: (800) 942-6908	
		TTY: (800) 787-3224	
Domestic Violence Hotline		(800) 829-1122	
STAND Against Domestic Violence Crisis Hotline		(888) 215-5555	
Elder Abuse Hotline		(800) 252-8966	

SUBSTANCE ABUSE RESOURCES

Alcohol Hotline		(800) 331-2900	
Alcohol Treatment Referral Hotline		(800) 252-6465	
Alcohol & Drug Abuse Hotline		(800) 729-6686	
National Institute on Drug Abuse Hotline		(800) 662-4357	

Questions and Answers

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