

Western Highlands Network Procedure for Crisis Plan Implementation

Introduction

Person Centered Planning is a process of determining real-life outcomes with consumers and developing strategies to achieve these outcomes. A required element of a Person Centered Plan is a crisis plan.

Effective crisis planning identifies early known warning signals and triggers of an impending crisis and the necessary interventions to ensure the health and safety of the consumer and the community. It provides proactive plans to prevent crisis from occurring as well as reactive planning and crisis contingencies that are aimed at avoiding diminished quality of life when crisis do occur. Careful crisis planning should prevent over-reliance on the emergency services system and any use of the emergency services system should be carried out as reflected in the crisis plan. The overall goal is to avoid diminished quality of life when crisis do occur.

Essential Elements

The NC Division of MH/DD/SAS in Communication Bulletin #34 states that all Consumer Crisis Plans must contain the following elements:

1. Proactive planning to prevent crises from occurring
2. Reactive planning to develop interventions that are used once behaviors and symptoms of a crisis manifest themselves.
3. Crisis contingency planning that identifies the natural supports, the specific function of the natural supports, the preferences of the consumer, and necessary demographic information needed to carry out the contingency plan. This section of the plan should include what process or procedure will be followed when a crisis event or emergency occurs, such as whom to call, what actions to take and what crisis services or hospitals should be used.

Process

Effective crisis planning can only be done in conjunction with the consumer/ family, members of the consumer's support system, and the treating clinician as a part of overall Person Centered Plan development. Essential in this process is to assist the consumer in identifying triggers which may precipitate a crisis. This is done by identifying external events or circumstances in the consumer's life that have been disruptive to their recovery, which may cause symptoms, and which jeopardize the consumer's ability to remain in the community. Examples may include death of a loved one, change in residence, active substance abuse, a change in health status, isolation, medication non-compliance, feeling mistreated, or experiencing financial stress.

Once triggers have been identified, it is equally as important to identify the specific behavior the consumer may display as a result of these stressors. Examples may include reduced sleep, changes in mood, a return of delusional thinking, increasing impulsivity, changes in the content, intensity, or frequency of auditory hallucinations, suicidal or

homicidal ideation, or communication from the consumer's support system reporting unusual changes in the consumer's level of functioning.

Pro-active Intervention

After a consumer's triggers and behaviors have been identified, a Pro-Active Intervention can be developed as part of the Person Centered Plan. A Pro-active Intervention is an intervention to be used to prevent a crisis once triggers have occurred. Examples of a pro-active intervention would include attending a crisis group, cueing the consumer to use recovery skills, (e.g., specific DBT skills), consulting with an MD regarding a potential medication change, or the consumer's natural support system increasing support and contact with the consumer which could include scheduled check-ins, (e.g., at bedtime or before school).

Reactive Intervention

The Reactive Intervention portion of the crisis plan identifies the specific interventions to be used once behaviors and symptoms of a crisis manifest themselves. Examples of interventions in this section may include the clinician making a home visit to coordinate the activities of the natural support system, consulting with the MD regarding a medication change, or facilitating emergency placements.

Crisis Contingency

The Crisis Contingency section of the crisis plan provides essential information to guide interventions by both day and nighttime staff who might receive a call from or about a consumer. This section should include the specific role of any natural supports, how to contact them, and any other services that would be clinically appropriate to either divert the consumer from an unneeded hospitalization, a more restrictive level of care, or to lessen the chance that the consumer's quality of life will diminish as a result of the crisis.. A therapist or case manager must send a copy of the Crisis Contingency Plan following the attached guidelines under the following circumstances:

1. When a consumer is deteriorating and/or becoming dangerous.
2. When a consumer has authorization for specialized emergent care including mobile crisis.
3. All consumers with Advance Directives-attach a copy of the AD to the Crisis Contingency plan.
4. All adjudicated sex offenders.
5. If the consumer has been hospitalized within the last year, unless in the clinical judgment of the clinician, the consumer is no longer at risk.
6. If a consumer has co-occurring MH and SA issues which might complicate the consumer's clinical intervention.

In order to provide the most effective intervention, it is essential that the crisis contingency plan in the WHN Emergency Services manual be kept current. Crisis contingency plans in the Emergency Services manual will be purged every 3 months. It is incumbent on the clinician to update these plans and resubmit as appropriate.