




**St. Joseph's
Healthcare Hamilton**

COAST
CRISIS OUTREACH AND SUPPORT TEAM
ADVOCACY, SUPPORT, RESOURCES

**Crisis Plans and Protocols:
Proven Strategies to reduce
intensity and frequency of crisis**




Agenda

1. Crisis & Emergency: What are they
2. Crisis Plans: What, Why, When, & Who
3. Crisis Plans: Templates & Samples
4. Crisis Protocols: What & Why
5. Preparing for Hospital Visits
6. Resources
7. Questions

Crisis or Emergency?

- The onset of an emotional disturbance or situational distress (which may be cumulative), involving a sudden breakdown of an individual's ability to cope
- A sudden, urgent, usually unexpected occurrence or occasion requiring immediate attention

Characteristics of Crises

- Experienced by all ages, cultures, and socioeconomic conditions
- May not be related to mental disorder.
- Crises begin with an event and intensify into fear and emotional disequilibrium.
- People in crisis seek to resolve the issue as soon as possible (less than six wks). They become increasingly sensitive to the influence of others and grasp almost any solution, whether or not the remedy lessens their distress or improves the quality of their lives (Aguilera, 1998).

Sources of Crisis

Maturation:

Predictable transitions individuals experience as they move from one stage of human development to another

Situation:

Events that threaten the physical, social, and psychological integrity of individuals

• Adventitious:

Events related to disasters. Floods, fires, earthquakes, crashes, assaults, rapes...

Phases of Crisis

1. Initial Threat
2. Continued Threat
3. Panic
4. Disorganization and Assault



Balancing Factors

1. Perception of Threat

Effect on health, career, financial status, and reputation

2. Support System

Trusting people who can provide support and assistance during a time of need

3. Coping Mechanisms

Skill / ability to reduce anxiety and solve problems (reasoning, meditation, physical exercise, sleep, and denial)

Goals of Crisis Resolution

- Restore the pre-crisis level of functioning.
- Raise level of functioning to a higher level than before the crisis.
- An important part any crisis intervention is anticipatory guidance, whereby the caregivers helps the clients learn more effective coping mechanisms for future crisis events.



Crisis Resolution

- Crisis is resolved when emotional equilibrium is restored. Individuals again face the everyday issues of life.
- Ideally, as a result of a crisis, individuals learn new coping skills, gain greater self-confidence, enlarge their support system, and raise their level of functioning



Crisis Plans - What

- Agreements by the individual, their friends/family, & service organizations on how to identify and respond to pre-crisis, crisis and post crisis behaviour.
- List stressors / triggers and things that should be reduced prior to and during a crisis
- List de-escalation strategies that should be increased prior to and during a crisis.
- Documented and shared so that they can be referenced during times of stress and confusion.

Crisis Plans – Why & When

- Crisis Plans reduce the number and intensity of crisis's that an individual experience.
- Crisis Plans should be developed when there is a risk of a recurrence of a crisis – responses to future crisis's should be proactive and predictable, not reactive.
- Crisis Plans should be reviewed and updated after each crisis and annually.



Crisis Plans – Elements for Success

- Involvement and agreement of individual
- Involvement of people who may be present during the crisis
- Involvement of service organizations who are involved and have an identified role in responding to the crisis
- Identification of a lead casemanager / coordinator / communicator
- Regular review and updating
- All parties have access to current Crisis Plan

Crisis Plans - Templates and Samples

Crisis Prevention and Management Plan

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Example of Completed Crisis Plan

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Crisis Plans – Sample

CRISIS PLAN Hamilton Community Crisis Protocol

Name	Marie Poppins	DOB	July 13, 1964
Date of Plan: September 1, 2015			
Address	1 Disney Movie Way Hamilton, ON L8T 4A8	Health Card # Tel #	1234 567 890 AB H: 905-123-4567 C: 905-891-0111
Next of Kin	Minnie Mouse & Walt Poppins	Tel #	905-123-4567, (Cell) 905-891-0111
Relationship	Mother & Father	After Hrs. #	905-769-9492, (Cell) 905-891-0111
Lead Agency	Salvation Army, Lawson Ministries	Tel #	905-905-891-0111 ext. 123 Dick.vandyck@lawsonministries.org
Contact Person	Dick VanDyck	After Hrs. #	905-891-0111
Family Physician	Dr. Goodhealth, Hamilton Medical Group (HFGH)	Tel #	905-891-0111
Psychiatrist	Dr. Goodness, Mood Disorders Clinic (St. Joseph)	Tel #	905-891-0111
Pharmacy Name	Shoppers Drug Mart	Pharmacy Tel#	905-891-0111
Diagnosis	Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder Developmental Disability (mild).		

Reason for the Plan: Over the past several years Mary has engaged in concerning behaviour (self harm comments, cutting of arms) leading to emergency department visits related to her anxiety.

The risk for these concerns have escalated due to the multiple changes in her life over the past 6 months and an uncertainty of how new things will work out (loss of job, relationship breakup).

Precautions (including risks to self or others): Mary has difficulty recognizing early signs of anxiety and stress. If these escalate, she has: made self harm comments and has cut the inside of her wrists, and experienced physical health difficulties (seizures, shortness of breath) that have led to stressful Emergency room visits.

Plan: Mary will follow this written plan as a way to decrease her anxiety and reduce the need for crisis supports.

Allergies: None	Special Diet: None
Substance Abuse: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Community Treatment Order: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other Medical Concerns: Asthma	Mary has a puffer to use when experiencing an asthma attack. It is hard for her and others to know whether her breathing difficulties are a symptom of asthma or a panic attack. Panic attacks contribute to asthma attacks

**** Bring current Medication Administration Record (MAR) to Hospital/Crisis Service**

LEVEL ONE (Beginning escalation phase)

Behaviours to indicate that a problem may surface	Response Required
Difficulty sleeping at night. Excessive tiredness during the day lasting several days.	Daytime exercise, no caffeine (pop/coffee) after 4 pm, regular bedtime, calming music, and journal concerns. Distract negative thoughts by watching television, talking about pleasant things (horses, dogs, etc.).

Difficulty sleeping at night. Excessive tiredness during the day lasting several days.	Supports (friends, family, support workers) will review sleep strategies when a concern.
Re-occurring thoughts of boyfriend and breakup.	Call people listed on cell phone when re-occurring thoughts. Call COAST and / or Barrett Centre and speak to staff about pleasant topics until ready to talk about the negative thoughts.

Re-occurring thoughts of boyfriend and breakup.	Go to room and distract by watching television, napping, or using the computer. Barrett Centre will call on a weekly basis to check in. They will allow time for pleasant conversations before discussing anxiety. Use a 'sensory kit' (squishy balls / frog, gum), instead of fidgeting and picking skin. Wrap up in bulky clothing and seek out 'safe space' (toilet stalls, bedroom) to be away from others.
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Fidget, rub wrist and/or ask repetitive or silly questions.	Supports will remind her to bring 'sensory kit' when leaving the home and use 'safe spaces' in the community. They will offer to speak to others about the anxiety difficulties and strategies to reduce them. "Please allow Mary to use her sensory kit and go to her safe space".
	Supports will offer to help her complete stressful activities. Including : breaking activities down into more manageable steps and making a photo timetable for completing the activity.

LEVEL TWO (Pre-Crisis phase)	
Behaviours to indicate the continuation of problematic behaviour	Response Required
Confusing thoughts	Use 'safe space' to focus on pleasant thoughts.
	Supports will recognise difficulty focusing and curt comments as a sign of confusing thoughts. They will prevent other people from crowding her or asking questions, and assist her in getting to a 'safe space'.

Confusing thoughts	Call Coast Hamilton and / Barrett Centre and speak to staff about pleasant topics until ready to talk about feelings and what can be done to feel better.
Shortness of breath / asthma attack	Always carry asthma medication and stop activity and use it as soon as symptoms start.
	Supports will remind her to have asthma medication outside of the home and use it as early as possible.
	Supports will assist her in getting to a 'safe space', prevent others from crowding her.

Shortness of breath / asthma attack	Remember that supports will not get upset if she has an asthma attack and call for assistance.
	Be patient until supports can get to her.
Uncontrolled crying/yelling (typically "Give me Space"), Pulling her own hair, Scratching herself, Biting her hands/arms, and ripping her own clothing.	Supports will remain calm. They will prevent other people from crowding her or asking questions, and assist her in getting to a 'safe space'. They will sit with her and talk about pleasant things until Mary brings up her anxiety.

LEVEL THREE (Crisis phase)	
Behaviours require emergency services	Response Required
Crying, yelling and self harm talk that continues to escalate and does not respond to calming strategies.	<p>Mary or supports phone COAST/ Barrett Centre who will review crisis plan to ensure that strategies have been tried and re-attempt calming strategies.</p> <p>If unsuccessful, COAST / Barrett Centre will suggest that Mary come to the Barrett Centre, via taxi, to help calm down</p>

Crying, yelling and self harm talk that continues to escalate and does not respond to calming strategies.	<p>COAST / Barrett Centre staff will make taxi arrangements. If COAST is making arrangements, they will inform Barrett Centre. COAST / Barrett Centre Staff will stay on the phone line until taxi arrives.</p> <p>If unsuccessful, COAST / Barrett Centre supports, they bring Mary to St. Joseph's ED, PES. COAST / Barrett Centre staff will alert Mary's parents and PES. Mary will be seen by the Social Worker who will assist with consult by Psychiatrist On-Call.</p>
POST CRISIS PLAN <i>Follow Up to Crisis/Debriefing/Feedback Plan:</i> Mary and her supports will meet within 48 hours after any crisis that requires ED and review the plan, what worked, what didn't, what could be done differently. Modifications to plan will be made and distributed to plan participants <i>Person Responsible for Feedback Loop:</i> Dick VanDyck, Lawson	

Niagara's Crisis Protocol - Elements

- Use of common consent to share information and plans
- Specific roles for service providers during crisis
- Post-crisis debrief and plan review
- Feedback loop to casemanager / coordinator / communicator
- Statistical tracking & analysis of crisis response
- Aggregate crisis response reports will inform community planning processes with various sectors.

Hospital ED Involvement

2011 Ontario ED Study (Y. Lunskey)

Over a 2 year period:

- 44% of Individuals with Dev Dis visited ED
- 55% of Individuals with Dual Diag visited ED
- 8.5% of Individuals with Dev Dis had 5+ visits
- 15.6% of Individuals with Dual Diag had 5 + visits
- All higher rates than individuals with mental health alone!

Preventing ED visits

2011 NADD Ontario AGM (Y. Lunskey)

- Good Primary Health Care
- Use of Medication / review medication
- Reduce Life Events
- Support the unsupported
- Offer alternatives to ED
- Proactive clinical services
- Meaningful daytime activity and pleasant home environments
- Learn for next time (Crisis Plans)

<https://vimeo.com/49310297>

Hospital ED Visits

What to expect:

- Unexpected
- Confusion
- Questions
- Wait times
- Other patients
- Noise
- Smells
- Standing
- Cost

Preparing for Hospital ED Visits

Pre-Planning:

- Desensitizing visits
- Social Stories with photos
- Calling ED ahead of time & fax information to alert them if expecting difficulty
- Discuss need to accommodate for unique situations (low sensory waiting area, security guard awareness)
- Staffing plan

<https://vimeo.com/49391152>

Preparing for Hospital ED Visits

Documentation:

- OHIP Card
- Crisis Plan
- Hospital Passport
- "How I Communicate"
- Medication Lists (MAR sheets)
- Health History
- Recent Medical / Health Events

Preparing for Hospital ED Visits

Knapsack at Front Door:

- Contact Lists
- Food, Snacks, Drinks
- Money (payphone, rewards, parking)
- Calming items (blankets, squeeze balls, iPad games, magazines, headphones / earplugs, sunglasses)
- Behaviour reinforcements

Questions? Comments?

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