

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 St. Joseph's Fundam & Flands

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 St. Joseph's Leather

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).

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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 Prevention and Mana	agement Plan 3	Example of Completes	d Caloio Dian
for Adults with Developmental Disabilities (DC) of	f Risk of or During Behavioural Crises		
	with DO alchouse service Informer problems and helps present, or pro- Us pattern of exceleining behaviours, It alreadiles responses that are usually s, or its message is alread accorn. The Crisis Protection and Massignes		lade particust with DO addresses services problem behaviours and ledge present, or pri ent with DD's pattern of ecolating behaviours. It identifies responses that are usual reliabel, orbits, or to essenge it when it accord. The Orbits Persention and Management.
Describe stage-specific signs of behavious Months when to use "as needed" (PNN) or	r ocalation and recommended emperous. solication. solication.		viour excilation and recommended responses. (IV) medicanies. se patient tritle EO should go to the Emergency Department (ED).
Origin Plan for	pos-	Crisis Plan for; Jack Doc	DOB; February 20, 1952 Delet; May 13, 2010
Froblem behaviour:	100	Problem behaviour Virial direct, constin	, physical aggression
Stage of Patient Behaviour	Recommended Caregiver Responses	Stage of Patient Behaviour	Recommended Caregiver Responses
Stage of Patient Behaviour Normal, calm behaviour	Paccrymended Caregiver Responses Use positive approaches, encourage usual routines	Sornal, cells behaniour Talks and almid work, propie, follows rivaline, enjops others, loughs, good export stills peers. Protest quiet, distiller loud troises from tadio, Tir.	Use positive approaches, ecologique usual rautiles. Proditive instructions (when you do then you can) jobs with Just, oliver direction existincement for pleasant conversation about work, others; belowing routine; being proud of friends.
Stage A: Prevention (steally endy making signs that signal increasing stems or assisty)	Be supportive, modify environment to meet needs denth do condition strategic that an helpful be the patient was OCS.	Blage & Prevention (standy saw) warring signs the Speak receiving more or environ). Completing stand under all inventors or anyone has her had contact with on amount of the proup forms. Says that they shouldn't be after to do but or they all of they shouldn't be after to do but or they all of they shouldn't be after to but or	En supportive, modify entirement to meet meets: 1. This Jack to deal most. Take with their about what is wrong. (Mhat happened? Here date he half Blessof). Ask his his feeting a polition — what will make it better? (with your help it is associated). 1. How his well-discuss the polition and will take in the other colories after the Street effects again, Continue to entire out-below with positive words. Back formance and the Street.
Stage B: Escalation Ideaty agreed the patient with CC excilating in a profile behaviour direkt	Be directive our value become routing, continue to modify environment to meet needs, ansure safety	Image or canasismo socials sons or paleor em- Ota accident to occide behavioral crisis. Sessing about people or studiose se a local voice and pulsage pulsage pass and fast from one end of the leng soon or helivery to the other without stappers.	Code were stager Estatement exhibition. As agreement is appared manager on an evolution recording assessment to excellent the second exhibition of the second exhibition o
Stone C: Crisis the often to set other or	Use safety and crisis response strategies	"PBN: Administer the PRM E Jack sweens and pac alouely with stuff member (Stage E) after two soci	on the flow conditioning minutes thanse \$1 or refuses to naive stone and breather
arvisioners or seloudy-discipline behaviou; e.g., acting cut.)		Blage C. O'tabi Risk-shame is self-stime to seg- environment, or seriously disreptive behaviour, e.g., acting and J. Thromas published to Stone. I dell's matter harmons solder and he bester to	Use safety and orbits response shrategies: Nesso princil distance. Put converting between year and Juliu, estudy you been self. Electricity, and, time to restra done, breake with mail (model largething), if no security orbits and a description of the converting security or to help?
Stage R: Post-crisis resolution and calming	Re-establish routines and re-establish rapport	 social poorsy lesing, under brief and of the set filling, under brief and filling the set of three them. The statement poolity learn and filling holding of them and streps, before and supply them and supply them and supply them and supply them. 	
Individual responsible for exceedinating debriefer updating the Crisis Plan:	ng after any significant crisis, and for regularly	Stage Rt Poet-crisis resolution, calming Jack will go to his own soon and talk quality. He will sell pollity if he can talk about what happened of en- ha is calm.	Perechablish routines and re-establish support. When Jack has colored, sale with him for a fee minutes and have him re-engage in routine as soon as possible. Ferniture Jack's color activity.
Nove	Tel. 4:	Individual responsible for coordinating debriefs	ng other any significant crisis, and for regularly updating the Crisis Plan:
Year Progeston Agency			Smalltown Regional Services Tel. 6, 705 123 4547
See next page for example of completed Crisis Presention	and Management Plus.		patien Army
Will Surre Plan Codes	0.000.000000000000000000000000000000000		ted. Train and nations arrend on the circumstances and store of excitation when it

	CRISIS PLAN Hamilton Community Crisis Protocol				
Name	Mary Poppins	DOB	July 13, 1964		
Address	Date of Plan: 1 Disney Movie Way Hamilton, ON	Health Card #	1234 567 890 AB H: 905-123-4567		
	L8T 4A8		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 (HFHT)	Tel #	905-891-0111		
	Dr. Goodness, Mood Disorders Clinic	Tel#	905-891-0111		
Psychiatrist	(St. Josephs)				

Reason for the Plan: Over the past several years Mary tutting of arms) leading to emergency department visits The risk for these concerns have escalated due to the m	,
uncertainty of how new things will work out (loss of job	
	difficulty recognizing early signs of anxiety and stress. If has cut the inside of her wrists, and experienced physical ve led to stressful Emergency room visits.
Plan: Mary will follow this written plan as a way to dec	rease her anxiety and reduce the need for crisis supports.
Allergies: None	Special Diet: None
Substance Abuse: Yes □ No⊠	Community Treatment Order:
Details:	Yes □ No⊠
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 Administr Service	ation Record (MAR) to Hospital/Crisis

LEVEL ONE (Beginning escalation phase) Behaviours to indicate that a problem may surface Response Required Difficulty sleeping at night. Excessive tiredness during the (pop/coffee) after 4 pm, day lasting several days. regular bedtime, calming Distract negative thoughts by watching television, talking about pleasant things (horses, dogs, etc.). Difficulty sleeping at night. Supports (friends, family, Excessive tiredness during the support workers) will review day lasting several days. sleep strategies when a Call people listed on cell phone Re-occurring thoughts of when re-occurring thoughts. boyfriend and breakup. 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. 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 frog, gum), instead of fidgeting and picking skin. Wrap up in bulky clothing and seek out 'safe space' (toilet stalls,

Fidget, rub wrist and/or ask	Supports will remind her to bring
repetitive or silly questions.	'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 (F	Pre-Crisis phase)
ehaviours to indicate the continuation	
f 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	Always carry asthma medication and stop activity and use it as
attack	soon as symptoms start.
	Cupped to will remaind have to d
	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

Shortness of breath / asthma Remember that supports will not get upset if she has an asthma attack and call for assistance. Be patient until supports can get Uncontrolled crying/yelling (typically "Give me Space"), Pulling her own hair, from crowding her or asking Scratching herself, Biting her hands/arms, and ripping her 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)** Response Required Crying, yelling and self harm talk Mary or supports phone COAST/ Barrett Centre who does not respond to calming will review crisis plan to ensure strategies. that strategies have been tried and re-attempt calming strategies. Barrett Centre will suggest that Mary come to the Barrett

Crying, yelling and self harm talk that continues to escalate and does not respond to calming strategies. 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.

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.

POST CRISIS PLAN

Follow Up to Crisis/Debriefing/Feedback Plan:
Many 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.

Person Responsible for Feedback Loop: Dick VanDyck, Lawson

CRI I agree to have the information from this C		ONSENT FORM hared with the following people/agenc	ies:
Name of Person or Agency	Signature	of Client or Substitute Decision Maker	Received copy of plan: √
Southern Network of Specialised Care			
St. Joseph Healthcare (COAST, Psychiatric Emergency Services, Mood Disorders Clinic, Dual Diagnosis Program)			
Developmental Services Ontario			
Good Shepherd – Barrett Centre			
Salvation Army Lawson Ministries			
I am in agreement with this Crisis Plan:			
Client Signature:		Date:	
Substitute Decision Maker Signature:		Date:	
Witness Signature:		Date:	
This plan is valid until: (date)	Septe	mber 1, 2016	
Person Responsible to Update Plan: (name)	Dick '	/anDyck	
** Please Note: Any changes to this document	require upo	lated copies to be sent to all the agencies s	igned for above

Niagara's Crisis Protocol and Template

- Developed by 'Niagara Crisis Steering Committee' and its partners from Developmental Services organizations, Mental Health and Additions organizations, COAST Niagara, Niagara Regional Police Services, & Niagara Health System.
- Designed using evidence based crisis theory
- Focuses on individuals with one or more difficulties with mental health disorders, addictions, and / or developmental disabilities.

Niagara's Crisis Protocol - Elements

- Overall goal of ensuring that service providers work together to reduce and respond to an individual in crisis.
- Sign off by key organizations
- Training of staff on the development of Crisis Plans, including knowledge of and involvement of multiple service providers
- Completion and annual maintenance of crisis plans for identified individuals
- Sharing, storage, and availability of plans

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. Lunsky)

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. Lunsky)

- 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)

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https://vimeo.com/49310297	
A LEGISLA	
Hospital ED Visits	
What to expect:	
Unexpected	
Confusion	
Questions	
Wait times	
Other patients	
Noise	
• Smells	
Standing	
• Cost	
0031	
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	
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	-
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 Manay (asymbos, royards, parking)	
Money (payphone, rewards, parking)Calming items (blankets, squeeze balls, IPad	
games, magazines, headphones / earplugs,	
sunglasses)	
Behaviour reinforcements	

Questions? Comments?	
Tom Archer Health Care Facilitator, Southern Network Specialized Care	
1-800-789-1773 ext. 442 C: 905-327-2150 tarcher@bethesdaservices.com	
Terry McGurk	
Program Manager, COAST St. Joseph's Healthcare	
905-972-8118 – Office tmcgurk@stjosham.on.ca	
St. Joseph's Healtram & Harilton	