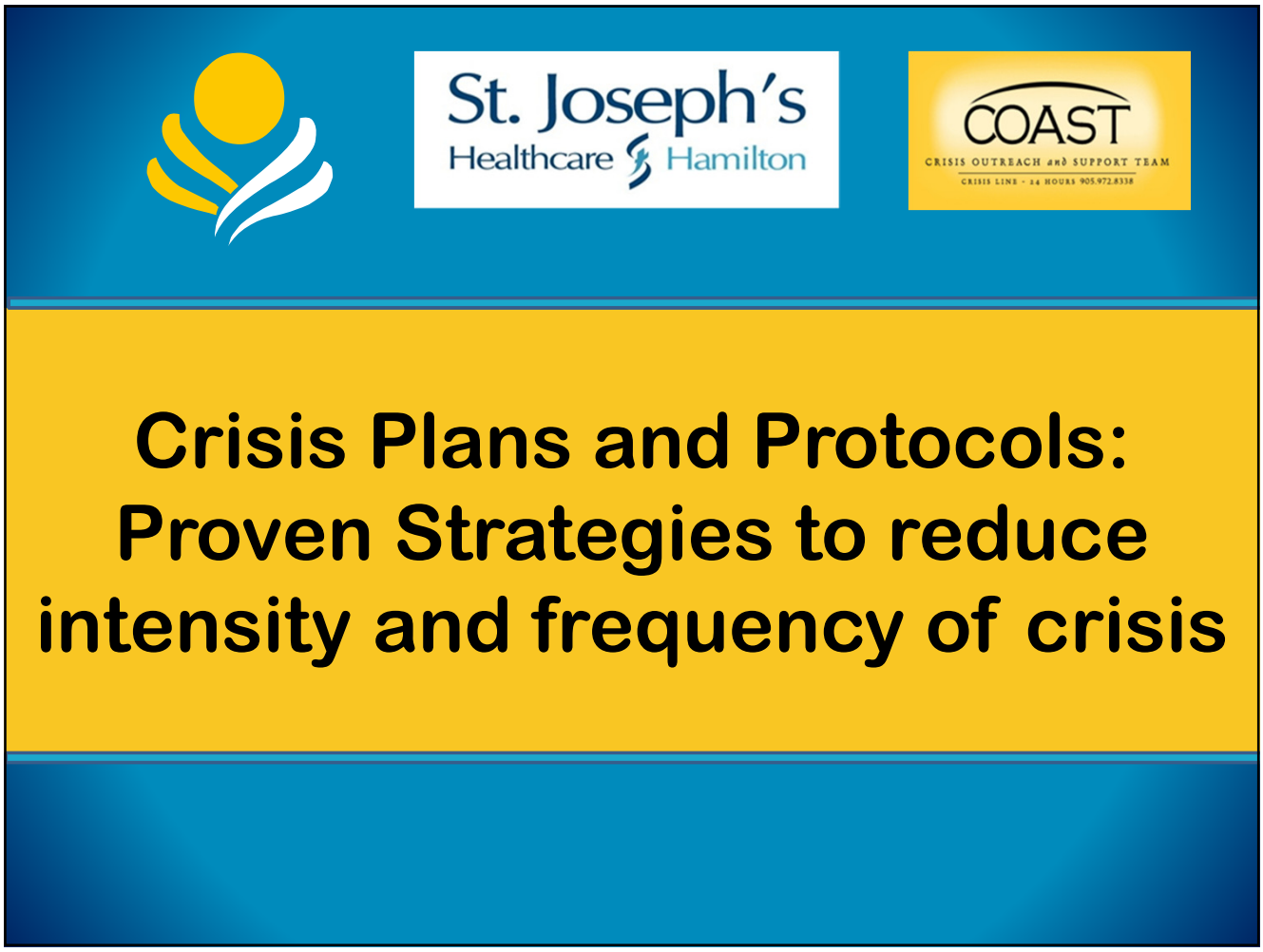

St. Joseph's
Healthcare Hamilton
COAST
CRISIS OUTREACH and SUPPORT TEAM
CRISIS LINE - 24 HOURS 905.972.8338
Crisis Plans and Protocols:
Proven Strategies to reduce
intensity and frequency of crisis

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.

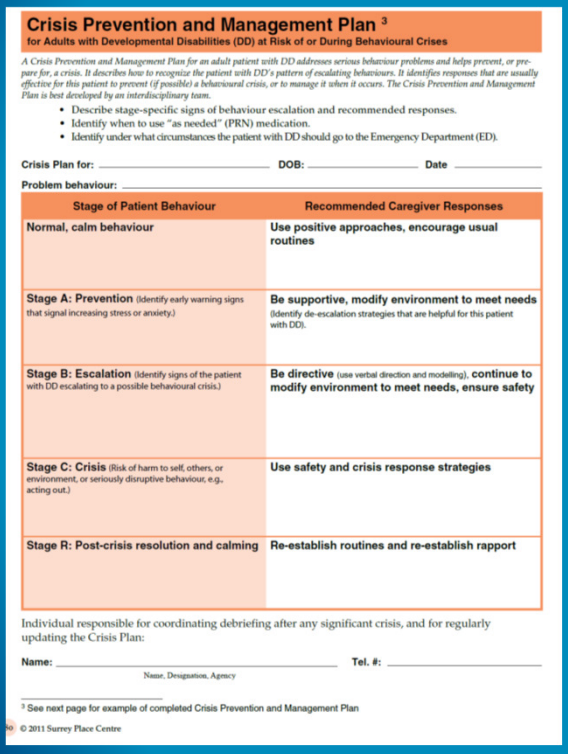
Crisis Plans – Why & When

- 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 [3]

for Adults with Developmental Disabilities (DD) at Risk of or During Behavioural Crises

A Crisis Prevention and Management Plan for an adult patient with DD addresses serious behaviour problems and helps prevent, or prepare for, a crisis. It describes how to recognize the patient with DD's pattern of escalating behaviours. It identifies responses that are usually effective for this patient to prevent (if possible) a behavioural crisis, or to manage it when it occurs. The Crisis Prevention and Management Plan is best developed by an interdisciplinary team.

- Describe stage-specific signs of behaviour escalation and recommended responses.
- Identify when to use "as needed" (PRN) medication.
- Identify under what circumstances the patient with DD should go to the Emergency Department (ED).

Crisis Plan for: _____ **DOB:** _____ **Date** _____

Problem behaviour: _____

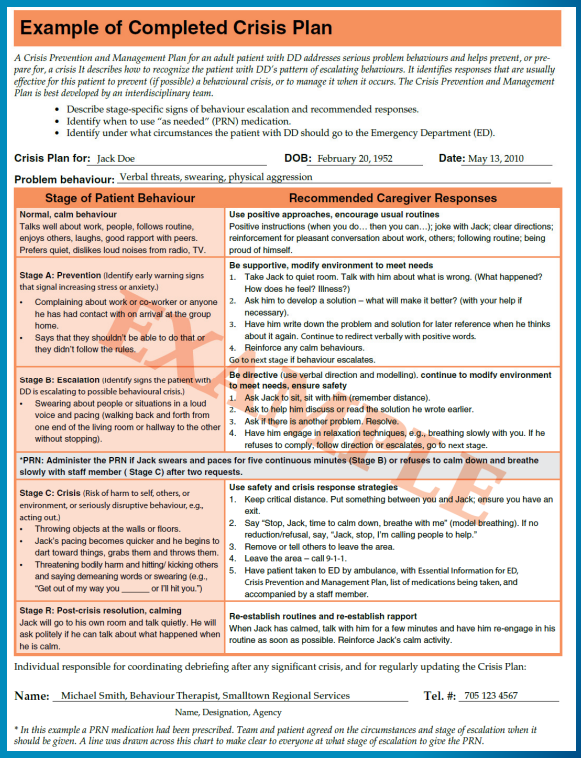
Stage of Patient Behaviour	Recommended Caregiver Responses
Normal, calm behaviour	**Use positive approaches, encourage usual routines**
Stage A: Prevention (Identify early warning signs that signal increasing stress or anxiety.)	**Be supportive, modify environment to meet needs** (Identify de-escalation strategies that are helpful for this patient with DD).
Stage B: Escalation (Identify signs of the patient with DD escalating to a possible behavioural crisis.)	**Be directive** (use verbal direction and modelling), **continue to modify environment to meet needs, ensure safety**
Stage C: Crisis (Risk of harm to self, others, or environment, or seriously disruptive behaviour, e.g., acting out.)	**Use safety and crisis response strategies**
Stage R: Post-crisis resolution and calming	**Re-establish routines and re-establish rapport**

Individual responsible for coordinating debriefing after any significant crisis, and for regularly updating the Crisis Plan:

Name: _____ **Tel. #:** _____

Name, Designation, Agency

[3] See next page for example of completed Crisis Prevention and Management Plan



Example of Completed Crisis Plan

A Crisis Prevention and Management Plan for an adult patient with DD addresses serious problem behaviours and helps prevent, or prepare for, a crisis It describes how to recognize the patient with DD's pattern of escalating behaviours. It identifies responses that are usually effective for this patient to prevent (if possible) a behavioural crisis, or to manage it when it occurs. The Crisis Prevention and Management Plan is best developed by an interdisciplinary team.

- Describe stage-specific signs of behaviour escalation and recommended responses.
- Identify when to use "as needed" (PRN) medication.
- Identify under what circumstances the patient with DD should go to the Emergency Department (ED).

Crisis Plan for: Jack Doe **DOB:** February 20, 1952 **Date:** May 13, 2010

Problem behaviour: Verbal threats, swearing, physical aggression

Stage of Patient Behaviour	Recommended Caregiver Responses
Normal, calm behaviour Talks well about work, people, follows routine, enjoys others, laughs, good rapport with peers. Prefers quiet, dislikes loud noises from radio, TV.	**Use positive approaches, encourage usual routines** Positive instructions (when you do… then you can…); joke with Jack; clear directions; reinforcement for pleasant conversation about work, others; following routine; being proud of himself.
Stage A: Prevention (Identify early warning signs that signal increasing stress or anxiety.) • Complaining about work or co-worker or anyone he has had contact with on arrival at the group home. • Says that they shouldn't be able to do that or they didn't follow the rules.	**Be supportive, modify environment to meet needs** 1. Take Jack to quiet room. Talk with him about what is wrong. (What happened? How does he feel? Illness?) 2. Ask him to develop a solution – what will make it better? (with your help if necessary). 3. Have him write down the problem and solution for later reference when he thinks about it again. Continue to redirect verbally with positive words. 4. Reinforce any calm behaviours. Go to next stage if behaviour escalates.
Stage B: Escalation (Identify signs the patient with DD is escalating to possible behavioural crisis.) • Swearing about people or situations in a loud voice and pacing (walking back and forth from one end of the living room or hallway to the other without stopping).	**Be directive** (use verbal direction and modelling). **continue to modify environment to meet needs, ensure safety** 1. Ask Jack to sit, sit with him (remember distance). 2. Ask to help him discuss or read the solution he wrote earlier. 3. Ask if there is another problem. Resolve. 4. Have him engage in relaxation techniques, e.g., breathing slowly with you. If he refuses to comply, follow direction or escalates, go to next stage.
***PRN: Administer the PRN if Jack swears and paces for five continuous minutes (Stage B) or refuses to calm down and breathe slowly with staff member (Stage C) after two requests.**	
Stage C: Crisis (Risk of harm to self, others, or environment, or seriously disruptive behaviour, e.g., acting out.) • Throwing objects at the walls or floors. • Jack's pacing becomes quicker and he begins to dart toward things, grabs them and throws them. • Threatening bodily harm and hitting/ kicking others and saying demeaning words or swearing (e.g., "Get out of my way you _____ or I'll hit you.")	**Use safety and crisis response strategies** 1. Keep critical distance. Put something between you and Jack; ensure you have an exit. 2. Say "Stop, Jack, time to calm down, breathe with me" (model breathing). If no reduction/refusal, say, "Jack, stop, I'm calling people to help." 3. Remove or tell others to leave the area. 4. Leave the area – call 9-1-1. 5. Have patient taken to ED by ambulance, with Essential Information for ED, Crisis Prevention and Management Plan, list of medications being taken, and accompanied by a staff member.
Stage R: Post-crisis resolution, calming Jack will go to his own room and talk quietly. He will ask politely if he can talk about what happened when he is calm.	**Re-establish routines and re-establish rapport** When Jack has calmed, talk with him for a few minutes and have him re-engage in his routine as soon as possible. Reinforce Jack's calm activity.

Individual responsible for coordinating debriefing after any significant crisis, and for regularly updating the Crisis Plan:

Name: Michael Smith, Behaviour Therapist, Smalltown Regional Services **Tel. #:** 705 123 4567

Name, Designation, Agency

** In this example a PRN medication had been prescribed. Team and patient agreed on the circumstances and stage of escalation when it should be given. A line was drawn across this chart to make clear to everyone at what stage of escalation to give the PRN.*

Crisis Plans – Sample

CRISIS PLAN

Hamilton Community Crisis Protocol

Name	Mary Poppins	DOB	July 13, 1964

Date of Plan: September 1, 2015

Address	1 Disney Movie Way Hamilton, ON L8T 4A8	Health Card #	1234 567 890 AB
		Tel #	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 (HFHT)	Tel #	905-891-0111
Psychiatrist	Dr. Goodness, Mood Disorders Clinic (St. Josephs)	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 ☐ No☒ **Details:**	**Community Treatment Order:** 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 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. Re-occurring thoughts of boyfriend and breakup.	Supports (friends, family, support workers) will review sleep strategies when a concern. 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.

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.	Mary or supports phone COAST/ Barrett Centre who will review crisis plan to ensure that strategies have been tried and re-attempt calming strategies. If unsuccessful, COAST / Barrett Centre will suggest that Mary come to the Barrett Centre, via taxi, to help calm down

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:	
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	
Person Responsible for Feedback Loop:	**Dick VanDyck, Lawson**

CRISIS PLAN CONSENT FORM

I agree to have the information from this Crisis Plan shared with the following people/agencies:

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)*	**September 1, 2016**
Person Responsible to Update Plan: *(name)*	**Dick VanDyck**

** Please Note: Any changes to this document require updated copies to be sent to all the agencies signed 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)

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?

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