

DAY 1 TIP HOMEWORK ASSIGNMENT

CRISIS PREVENTION AND MANAGEMENT

This homework assignment involves completion of the tool for a client that you are familiar with.

It is preferable that the tool is applied to an individual with a dual diagnosis – however if you do not have a client on your case load with a dual diagnosis then you should select a client that has complex needs, and/or more than 2 providers involved in their care.

As a manager, you may not have direct responsibility for a particular client. In that scenario you can refer to a client of one of your staff. You might chose to complete the tool jointly with the staff person who has more familiarity with the client.

The goal of this exercise is for you to become familiar with the tool and in particular:

1. The elements that comprise a preventative support plan for an individual:
 - Back ground community living and medical information
 - Primary team supporting the individual
 - Description of the individual and their situation
 - Response stages to specific patterns / behaviours
 - Back up resources
2. Identify the processes/supports required within your organization to effectively implement the tool

The *specific homework questions* for you to answer in completing this assignment are:

1. What sections of the tool were difficult to complete, e.g. because the information about the individual was not available, the information was not known, etc.
2. In order for your organization to utilize this tool with individuals with complex needs, what processes or supports at the client level would need to be put into place.

Please come to the first class with your completed crisis plan and your notes on the above questions. For confidentiality reasons, we ask that you do not use actual names. You will be assigned to a homework group as part of the homework process. The *general* goal of these

groups is to have participants network with one another to learn more about the different perspectives within a smaller group, across agencies and sectors. Sharing your comments, thoughts, questions or descriptions of the homework experience will also enhance the classroom discussion and longer term partnering.

Questions regarding clarifications or further instructions about the homework assignment can be emailed to the faculty lead Linda Smith at lsmith@bethesdaservcies.com.

Note that your completion of the homework assignment is part of the final evaluation in relation to successful completion of the training and therefore receiving a certificate from George Brown College. Participants are required to post at least once within the timeline for response as established at each class.

PLEASE BRING YOUR COPY OF THE COMPLETED TOOL TO THE NEXT CLASS AS YOU WILL REQUIRE YOUR NOTES DISCUSSION.

Crisis Prevention and Management Tool

Date of Plan:

This Plan is for:

Date of Birth:

Closest family relationship:

Contact number:

Other significant personal supports:

Contact number:

Agency providing primary support:

Worker:

Worker number:

Current Medical Practitioner(s):

Contact number:

Living Situation:

- | | |
|--|---|
| <input type="checkbox"/> lives with family
<input type="checkbox"/> lives alone with supports
Describe:
<input type="checkbox"/> lives in Group Home
Describe: | <input type="checkbox"/> lives alone

<input type="checkbox"/> Other. Describe: |
|--|---|

Diagnoses:

<p>Psychiatric: Date given: By whom? Examples: Axis I: Schizophrenia, pervasive development disorder, mood disorder Axis II: Mental retardation, personality disorder Axis III: Medical diagnosis Axis IV: Psychosocial stressors Axis V: Global assessment of functioning (GAF)</p>	<p><i>Intellectual Disability</i> Date diagnosed: By Whom? <input type="checkbox"/> Mild Mental Retardation <input type="checkbox"/> Moderate Mental Retardation <input type="checkbox"/> Severe Mental Retardation <input type="checkbox"/> Other Diagnoses: (ex. Autism) Specify:</p>
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Current Medication

Medication	Dose	Frequency	As of

Significant Medical Information or Diagnoses

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Current Service Providers

Partnership Members Involved:	
<input type="checkbox"/> Name of program	Contact:
<input type="checkbox"/> Name of program	Contact:
<input type="checkbox"/> Name of program	Contact:
Etc.	
Other Services Involved:	

Overview of Individual and Situation

Communication Style – Primary Language

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Strengths/Skills/Interests

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Behaviour

Describe general patterns of behaviour, personality traits, etc. that are part of who the individual is: (i.e., has a good sense of humour, does best when given "space" etc)

Environment

Describe the environment (system) in which the individual lives:

Stressors

Describe factors that create increased stress for the individual (i.e., anniversaries, holidays, etc.):

Hospitalization Precipitants

Describe situations and/or behaviours which have historically led to hospitalization for this individual:

Historically Successful Approaches

Describe alternatives that have been effective in keeping the individual out of the hospital:

Personal Support Plan

Observable behaviours and suggested responses

Stage 1	early signs	least restrictive intervention	
Behaviours/Signs/Symptoms	Possible Causes	Interventions	Person Involved Phone #'s

Stage II	Increased intensity		
Increased level of			
Behaviour/Signs/Symptoms	Possible Causes	Intervention	Persons Involved Phone #'s

Stage III Increased Intensity			
Behaviours/Signs/Symptoms	Possible Causes	Interventions	Persons Involved Phone #'s
Stage IV			
Behaviours/Signs/Symptoms	Possible Causes	Interventions	Persons Involved Phone #'s

Resources that have worked in the past

Specify what options have been most successful in the past: whether the individual has been to respite and does well there, which hospital is the hospital of choice, if necessary, etc.

Backup protocol

Describe clearly the role of each service provider during crisis:

Source: This tool developed jointly by COTA Dual Diagnosis Case Management Team, The Dual Diagnosis Resource Service and The Griffin Community Support Network, September 2005