What Tomorrow May Bring: A Person-Centered Approach in Safety/Crisis Planning

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Learning Objectives

1. Identify the difference between a crisis and safety situation
2. List components of a safety plan for both youth and adults
3. Explain the benefit of collaborative safety planning
4. Describe the safety planning component of a Wellness, Recovery Action Plan (WRAP)
5. Assess when an Individual is recovering from a crisis and ensure post-crisis implementation of activities in plan
6. Ensure clinicians and support staff are Trauma-Informed and focused on an Individual’s strengths
What is the Difference Between a Crisis and a Safety Situation?
What is a Crisis?

- A crisis is defined by the person experiencing it.
- What may be perceived as overwhelming to one individual may seem manageable to another.
What is a Crisis?

- A person in the midst of a psychiatric crisis cannot always communicate their thoughts, feelings, or emotions clearly.

- A crisis is **NEGOTIABLE** and **does NOT** always require an immediate reaction by others.
Safety

Safety Situation

• When an Individual is a danger to himself or others
• When there is a need for immediate action or intervention

Individual

• Exhibiting extreme emotional disturbance or behavioral distress
• Considering harm to self or others
• Disoriented or out of touch with reality
• Has a compromised ability to function or otherwise agitated and unable to be calmed
When does a Crisis become a Safety Concern?

- When a crisis results in the rapid decline of an Individuals’ mental wellness
- **Individuals exhibiting a safety concern are no longer capable of making logical decisions regarding their own care**

**SAFETY is NOT NEGOTIABLE!**

*Others MUST ACT!*
The behaviors of a person experiencing a crisis can change dramatically without warning. Here is an example:

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Individual triggered (e.g. argument with authority figure)</td>
</tr>
<tr>
<td>2</td>
<td>Individual attempts coping strategies (e.g. walk away)</td>
</tr>
<tr>
<td>3</td>
<td>Individual further escalated by not being allowed to implement strategy; engages in power struggle</td>
</tr>
<tr>
<td>4</td>
<td>Individual becomes physically violent towards others</td>
</tr>
</tbody>
</table>
What are the Purposes of Crisis and Safety Planning?
Purposes of Crisis/Safety Planning

- To assist Individuals (and family/caregivers) in defining a crisis
- To help Individuals determine signs of an impending crisis
- To help Individuals determine what strategies have effectively helped them to de-escalate in the past
- To help Individuals identify steps to take to prevent a crisis from becoming a safety issue
Purposes of Crisis/Safety Planning

- To help Individuals recognize when they are no longer able to make decisions (in the event of a safety issue)
- To help Individuals identify natural and primary supports
- To help others identify what steps to take to assist versus what may potentially further escalate an Individual
Crisis/Safety planning allows people in crisis to focus on specific steps to take or resources to turn to which they previously identified as being meaningful for them.
What a Safety Plan is NOT!

- No-harm contract
  - For suicidal Individuals to promise to not harm themselves
  - When an Individual is assessed for suicidal ideation and is able to contract; it is an indication that there is no serious intent/plan

There is no evidence that no-harm contracts actually work.

In fact, there is quite a bit of evidence that they do not work.
What a Safety Plan is NOT!

- A safety plan is not a template to outline common behaviors/concerns (e.g. suicide, running away, drug use)
- It should not include predefined steps *others* take to prevent/circumvent (e.g. removing weapons, room sweeps)
- It should not be common to all experiencing the safety concern; if everyone has the same plan it is not personalized

Safety planning is ongoing as Individuals uncover more insight in self-management
NO-HARM CONTRACT

I, ________________________, agree to not harm myself in any way, attempt to kill myself, or kill myself during the period from _______ to ________, (the time of my next appointment).

I agree that, for any reason, if the appointed session is postponed, canceled, etc., that this time period is extended until the next direct meeting with my counselor. In this period of time, I agree to care for myself, to eat well, and to get enough sleep each night.

I agree to make social/family contact with the following individuals:

____________________________________
____________________________________
____________________________________

I agree to rid my presence of all things I could use to harm or kill myself. I agree that, if I am having a rough time and come to a point where I may break any of these promises, I will call and make significant contact with any of the following individuals:

____________________________________at: #______________
____________________________________at #______________

If I cannot contact these individuals, I will immediately call the Crisis Hotline at #______________

or call 1-800-273-8255, the U.S. 24-hour suicide prevention line.

I agree that these conditions are important, worth doing, and that this is a contract I am willing to make and keep. By my word and honor, I intend to keep this contract.

Signed ___________________________ Date ___________________

Witnessed by ___________________________ Date ___________________
### Safety Plan Example

**Step 1:** Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. 
2. 
3. 

**Step 2:** Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. 
2. 
3. 

**Step 3:** People and social settings that provide distraction:

1. Name_________________________ Phone_________________________
2. Name_________________________ Phone_________________________
3. Place_________________________ 4. Place_________________________

**Step 4:** People whom I can ask for help:

1. Name_________________________ Phone_________________________
2. Name_________________________ Phone_________________________
3. Name_________________________ Phone_________________________

*Example provided by DBHDD*
### Safety Plan Example

#### Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_________________________ Phone_________________________
   Clinician Pager or Emergency Contact # __________________
2. Clinician Name_________________________ Phone_________________________
   Clinician Pager or Emergency Contact # __________________
3. Local Urgent Care Services________________
   Urgent Care Services Address________________
   Urgent Care Services Phone________________
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

#### Step 6: Making the environment safe:

1. __________________________
2. __________________________

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The one thing that is most important to me and worth living for is: __________________________________________

Individual Signature ___________________________________________ Date: ____________________
Staff Signature ___________________________________________ Date: ____________________

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Example provided by DBHDD
Other **helpful elements** to add to safety plans:

- Specific directions to the residence if it is hard to find (e.g. blue mailbox at the top of the gravel drive, turn right at the Exxon station)
- Arrangement of childcare if applicable (i.e. who is the caregiver that will respond promptly and do they know they are the backup?)
- Arrangement of pet care if there are pets in the home
- Medications that need to be listed (e.g. inhaler, EPI pen)
Safety Plans: Adults Versus Youth/Children

ADULTS

Does an employer need to be notified? If so, who will provide that communication and is there release of information (ROI)?

Do children need to be picked up from school or daycare? Who has been designated to care for them in the parent’s absence?

Are there pets in the home that need care?

Support people: family members, community mentors, friends that can be included on the plan. Do they know they have been included?
Safety Plans: Adults Versus Youth

**YOUTH/CHILDREN**

- Who is the parent/guardian that needs to be notified?
- Who is an emergency contact in addition to the parent/guardian?
- Are there specific stuffed animals or blankets that bring comfort to the child?
- Does the school counselor need to be included in the plan? Who will contact the school if so and is there an ROI on file?
- Are there other supports to include? Coach, teacher, church mentor, extended family member?
Collaborative Crisis and Safety Planning
Although crisis/safety planning is meant to be collaborative, it is imperative that:

Agency staff’s name and contact information are included

Individuals may be hesitant to call the crisis line (Georgia Crisis and Access Line) or warm lines (e.g. Mental Health Consumer Network) to share concerns with an unknown party
Safety Planning

- The provider helps facilitate the activation of resources and supports, including mobile crisis services.
- The provider (appropriately-licensed staff) may involuntarily commit (e.g. complete form 1013) an Individual for evaluation and contact additional supports to transport the Individual to crisis stabilization.

*It is a DBHDD requirement that safety plans must include the Individual’s desires and wishes in the event of a crisis (DBHDD Provider Manual pages 277, 311; DBHDD Policy Stat 01-118).*
Collaborative Planning

- Individual and family-owned safety planning; buy-in from all family members as to what steps will be taken
- Increases coordination
- Decreases risk of power struggles during a crisis
- Decreases risk of crisis becoming a safety issue
- Helps honor the wishes of the Individual and family/caregiver in the event of a safety issue
- Instills a sense of hope and empowerment
Who Should be Involved in Planning?

Individual

Others involved

School personnel

Group Home Staff

Parent/Caregiver

Other Natural Supports

Therapist/Paraprofessional
How to Create a Crisis/Safety Plan
Collaborative Planning

- Help identify crisis situations for Individual (and for family or other caregivers)

You may ask:

“Describe what a crisis looks and feels like to you?”

Include others in describing what a crisis looks like as it will aid in planning for the entire family unit to decrease further escalation.
Exploration

What has happened in the past?

What triggered a crisis in the past?

What has helped in the past?

How has the Individual successfully self-soothed in the past?

What has not been helpful?

Have the behaviors of any others contributed to escalating situations?
Help Individual identify body cues during crisis situations

- Some may be able to identify by recalling a crisis and explaining body sensations (e.g. tense, clenched fists)
- Some may have difficulty describing body cues

Think about the people around you when you experience crisis. Are there behaviors or actions you take that might frighten other people?

How did your body feel the last time you felt really angry or sad? Were your fists balled up, your shoulders tense, or teeth clenched? Did you experience strange sensations in your body?
De-escalation and Assistance

- What has helped in the past?
  - “Coping skills” (e.g., counting to ten, deep breathing)
  - Distractions (e.g., listening to music, jogging)

- Identify trusted/safe person
  - Include the person’s name and current telephone number
  - Make sure the person is aware and will be available in the event of a crisis

It is NOT helpful to include unavailable parties (e.g., ex-wife) or those who would further trigger the Individual (e.g., estranged sibling).
When a crisis becomes a safety concern, safety planning helps empower those supporting the Individual to act calmly and rationally to assist the Individual to safety.
Engaging Individuals in Planning

Describe the symptoms that would indicate to others that they need to take over full responsibility for your care and make decisions on your behalf.

List the people you want to take over for you when the symptoms you indicated require assistance.

List interventions or strategies that help reduce your symptoms and when they should be used.

List those things that others can do for you that would help reduce your symptoms or make you feel more comfortable.
Engaging Individuals in Planning

- List treatment facilities where you prefer to be treated or hospitalized if that becomes necessary
- List people you do not want involved in any way in your care or treatment
- List treatments you want to avoid (e.g. No electroshock therapy)
Safety Planning

- Once the crisis/safety plan is completed, determine where Individuals and other supports will keep a copy (e.g., on the refrigerator, in Individual’s records at school or in a personal care home, or on the mirror)
Assisting Natural Supports

- What supports will the family need?
- Will they need someone to come watch the younger children in the home if the Individual becomes irate or has to go to the hospital?
- Let all parties know that any immediate risk to safety requires a call to emergency personnel (911)
Crisis Intervention

- A billable service that can only be provided by an appropriately licensed/credentialed practitioner (if you can bill Individual Counseling you can bill Crisis Intervention)

- Remember! Only one staff member can bill for the contact if multiple staff respond

- Services are geared towards support and crisis de-escalation to prevent out-of-home placement or hospitalization

- Safety/crisis plan should be utilized to help manage the crisis
Crisis Intervention

 Determine the least restrictive environment; honor the person’s preferences; ensure safety needs are met
 Utilize screening tools to assess for suicidality and associated risk to help determine best course of action
 Document, document, document
High Intensity Services

- Safety/crisis plans must be communicated to teams that serve Individuals at a more acute level-of-care such as:
  
  - Assertive Community Treatment (ACT)
  - Intensive Case Management (ICM)
  - Intensive Family Intervention (IFI)
  - Community Support Team (CST)

- Is the team participating in admission to or discharge from an inpatient facility?

- Did the team discuss what could have been done differently?

- Safety planning should be an ongoing discussion with team and the Individual
Wellness Recovery Action Plan (WRAP)
What is WRAP?

WRAP Builds on the Key Recovery Concepts:

- Hope
- Personal Responsibility
- Education
- Self-Advocacy
- Support
- Self-Directed
What is WRAP?

Individual decides whether to develop a WRAP

- Decides who they would like to assist (if anyone)
- Decides how they utilize their WRAP
- Decides if and with whom they share their WRAP
Key Components of a WRAP

- Wellness Toolbox
- Daily Maintenance Plan
- Triggers
- Early Warning Signs
- When Things are Breaking Down
- Crisis Planning
- Post Crisis Plan
Key Components of a WRAP

Wellness Toolbox

- Identifying what you are like when you’re well
- Things you do to feel better

Daily Maintenance Plan

- Words/terms that describe you when you are well
- What you do everyday to stay well e.g. walk, sleep 8 hours, plan meals, talk to a friend, paint
Key Components of a WRAP

Triggers

- Events, circumstances that may increase your symptoms e.g. social media, family tension, financial stress

Triggers Action Plan

- What you will do to feel better if triggered e.g. refer to Daily Action Plan, call peer support warm line, meditate
Key Components of a WRAP

- Early Warning Signs:
  - subtle signs you may need to take further action e.g. increased anxiety, isolation, sleeping events

- Early Warning Signs Action Plan:
  - what you will do everyday to feel better e.g. do everything on Daily Action Plan, ask supports to do chores

- When Things are Breaking Down:
  - identifies feelings/behaviors that you are close to crisis
Key Components of a WRAP

When Things are Breaking Down

**Action Plan**

- Clear, directive, fewer choices, “must do’s” e.g. call Dr., arrange for support to stay with you

When Things are Breaking Down

- Identifies feelings/behaviors that you are close to crisis
WRAP: Crisis Planning or Advance Directive

- Instructs others how to care for you
- Allows you to stay in control
- Discuss and share with supports prior to crisis
**WRAP: Nine Distinct Parts**

<table>
<thead>
<tr>
<th>what I’m like when I’m feeling well</th>
<th>symptoms</th>
<th>supporters</th>
</tr>
</thead>
<tbody>
<tr>
<td>medication</td>
<td>treatment facilities</td>
<td>home/community care/respite</td>
</tr>
<tr>
<td>help from others</td>
<td>treatment</td>
<td>when supporters no longer need plan</td>
</tr>
</tbody>
</table>
Key Components of a WRAP

- Post Crisis Planning:
  - creates timetable to assume responsibilities
  - where will you stay
  - who will support you
  - daily self-care check-list
  - what you learned from crisis
Anyone can develop a WRAP
• feel better prepared
• increase quality of life
• wellness toolbox is strength based

Key is to develop while doing well
• keep updated
• keep supporters updated
Trauma-Informed Care
Trauma-Informed Connection

Trauma-Informed Care

Principals Rather than Procedure

SAMHSA Trauma –Informed Approach

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice & Choice
- Cultural, Historical, & Gender Issues
Trauma-Informed Connection

Ask, “What happened to you?”
Build on strengths
Questions and Feedback

The Georgia Collaborative ASO
Thank you

For Georgia Collaborative ASO general inquiry or questions please email:

GACollaborativePR@beaconhealthoptions.com