



EMPS Crisis Assessment, Planning and Intervention

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Crisis Definition

A crisis is an acute response to a critical incident wherein:

- Psychological homeostasis is disrupted
- One's usual coping mechanisms have failed. And,
- There is evidence of human distress and/or dysfunction (Everly, 2000)

HUH???

ACTIVITY

Translate the Definition Provided
into Kid and Family Friendly
Language that Helps to Explain
When to Use EMPS

Goals and Values

Activity

Types of Crisis Situations

<http://www.crisiscounseling.com/crisis/RoutUrgCrisisEmergency.htm>



Phases of Crisis Situations

- The precipitating event
- Perception
- Disorganized response
- Seeking new and unusual resources
- A series or chain of events
- Previous crises become linked to current crisis
- Mobilization of new resources, adaptation

Feelings of People In Crisis: MAD, BAD, SCARED, SAD

- Bewilderment: Experiencing new and unusual feelings
- Danger: Feelings of tension, fear and impending doom
- Confusion: Mind is muddled and not working well
- Impasse: Feeling stuck; nothing works
- Desperation: Need to do something but what?
- Apathy: Why try?
- Helplessness: Need something/ someone to help me
- Urgency: Need help right now
- Discomfort: Feeling miserable, helpless, unsettled
- Embarrassment: Feeling shame



MODEL OF INTERVENTION

Greatish Crisis Intervention Model

- I. Rapidly Establish a Constructive relationship
- II. Elicit and encourage expression of painful feelings and emotions
- III. Discuss the precipitating event
- IV. Assess strengths and needs
- V. Plan and implement treatment
- VI. Follow-Up
- VII. Terminate

Assess Strengths

- Begins immediately and occurs throughout the intervention
- Relate to the current crisis
- Crisis worker, with family, evaluates chances for recovery utilizing strengths
- Strengths tapped into to improve self-esteem while also providing energy and skills for problem solving

Strengths

- Attempts at problem solving
- Family and social supports
- Positive aspects of child and caretaker
- Relationships with others
- School or work performance
- Connections in the community
- Willingness to seek help
- Things the youth or family takes pride in
- Surviving difficult/ traumatic events
- Previous history of coping with adversity
- Caring for others/ kindness
- Pride/ respect for oneself/ family
- Willingness to change

Needs

- Defines what issues must be addressed to accomplish the goals of the family.
- Needs are NOT Services

“Resistant” Clients

- When clients seem “resistant” it is best to assume that they are frightened, feel hopeless, inadequate, incapable, hesitant etc.
- Remember people are in crisis and need respect, care and compassion to help regain sense of security and stability
- By assessing reasons for resistance, workers can address client’s needs for answers and information, etc.

Plan and Implement Treatment

- The crisis worker helps the family determine short- and long-term goals, objectives, and action steps based on what the family chooses as priorities
- With a concrete, meaningful plan family members feel less hopeless, more in control and capable of focusing on the steps
- These should be reasonable solutions toward which the family is motivated to work

Terminate

- Occurs when the family achieves pre-crisis levels of stability.
- Crisis worker reviews precipitating event, response and newly formed coping skills
- Crisis worker assures that the family is scheduled for and committed to attending any necessary ongoing community services.



Assessment

Assessment Aims

- Identify the stated reasons and factors leading to referral
- Obtain an accurate picture of the child's developmental functioning and of the nature and extent of the child's behavioral difficulties, functional impairment and/or subjective distress and
- To identify potential individual, family, or environmental factors that may account for, influence, or lessen these difficulties.

Purpose of DX Assessment

- To determine whether psychopathology is present and if so to establish a differential diagnosis
- To determine whether treatment is indicated and
- If so, to develop treatment recommendations and plans and to facilitate the family and child's cooperative engagement in treatment

Mental Status

- Appearance
 - Behavior
 - Thought
 - Mood
- Harm to self or others

Risk Factors

- Mental status of both the child and caregiver
- Suicidal and homicidal behavior
- Substance Abuse: youth and primary caretakers
- Child abuse and neglect
- Child sexual abuse
- Sexual offending behavior
- Violence/domestic violence
- Poverty
- Limited social network
- Involvement in criminal behavior
- Negative peers
- Runaway behavior
- Homelessness
- Fire setting

The Child Interview

- Direct exploration of the child's mental status and his/her view of the problem
- Can obtain information that may not be available from other sources-the degree of personal suffering, information about states that may not be observable such as hallucinations and suicidality
- "Secret" Sharing

C& A Tips

- Clinical Presentation of a Diagnoses may look very different than in an adult
- Child's presentation may consist in deficiencies in positive coping skills and failure to progress in expected fashion among developmental domains rather than “symptoms” of adult disorders
- Presenting problems often an extreme version of what is age-appropriate behavior (ex. temper tantrums)

C&A Tips

- Need to assess the child's adaptation in multiple domains relative to what is expected for the child's age and phase of development.
- The chief complaint frequently comes from the adult in ones life versus the child. The child may not have any stated concern.

C&A Tips

- The child's functioning and psychological well-being are highly dependent on the family and school setting. Cannot evaluate in isolation.
- Children are naturally impulsive, present with lability, etc. Must reconcile this with what you are seeing
- Children have a propensity to regress when tired, sick, apprehensive or in unfamiliar situations. What you are seeing might be situational.

The Parent Interview

- To obtain parents' account of the reasons for referral, the child's difficulties and the impact of the child on the family as a whole.
- To obtain a careful history of the child's past and current development in the context of his family.
- To obtain a picture of the parents' and family's functioning, including the community and cultural setting.
- To gather family history that may be of significance to the child's difficulties.

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Risk Assessment

Risk- Rescue and Suicide Attempts

Risk

- Agent
- Impaired Consciousness
- Lesions/Toxicity
- Reversibility
- Treatment Required

Rescue

- Location
- Key Person
- Likelihood of Discovery
- Accessibility
- Delay to Discovery

Lethality- Suicide Attempts

Most Lethal

- Gun Shot
- Carbon Monoxide
- Hanging
- Drowning
- Plastic Bag Over Head
- Impact
- Fire
- Poison
- Drug Overdose
- Gas
- Cutting

Least Lethal

Suicide Intentionality

- Active preparation/
Suicide Note
- Isolation
- Timing
- Precautions
- Acting to get help during
or after attempt
- Final acts in anticipation
of death
- Overt Communication of
Intent Prior to Attempts
- Purpose of Attempt
- Expectation of Fatality
Given Methods
- Seriousness of Intent
- Attitude Towards Dying
- Degree of Premeditation
- Concept of Medical
Rescuability

Substance Abuse

- Drugs used
- Frequency of use
 - Last use
- Administration

Substance Abuse

- Sudden changes in personality without another known cause
- Loss of interest in once favorite hobbies, sports, or other activities
- Sudden decline in performance or attendance at school or work
- Changes in friends and reluctance to talk about new friends
- Deterioration of personal grooming habits
- Difficulty in paying attention, forgetfulness
- Sudden aggressive behavior, irritability, nervousness, or giddiness
- Increased secretiveness, heightened sensitivity to inquiry

Assessment- Resiliency Factors

Defined as a person's ability not only to cope with, survive and bounce back from traumatic experiences but also to grow and develop emotionally and psychologically

Formulation

Putting it All Together

- Goes beyond the assignment of diagnoses by identifying, to the fullest extent possible, the potential causes, predisposing factors, and current determinants of the child's difficulties.
- Not what happened but why it happened.

Safety Planning

Strength-based crisis plans should specify:

Strategies (what will be done)

What helps the family/caregiver (how will it be done)

Who can help (People to be involved)

Resources that can be used to help

The presence of any medical problems

Include both proactive and reactive strategies

Evaluating a Crisis Plan EVERY FOLLOW-UP

- What aspects of the plan worked?
- What aspects didn't work as well as hoped?
- Were the immediate outcomes achieved?
- Were the short-term outcomes achieved?
- Were they the right outcomes, as things played out?
- How well or poorly did the crisis plans include strengths and resources?
- How well did the crisis plan meet unmet needs?
- How practical was the plan, given the specific circumstances of the crisis?
- How well or poorly did people fill their planned roles?
- Was the right information available to the people who needed it?
- Were the elements of the plan in place quickly enough?

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THERAPEUTIC APPROACHES

Therapeutic Approaches

- Community Systems
- Multiple Impact/ Multimodal approach
- Cognitive Behavioral Approach
- Family Treatment Approach
- A Solution-Focused Approach

A Solution-Focused Approach

- Views clients as having the resources or skills necessary for successfully handling crisis situations;
- Emphasizes joining with the family to find solutions rather than solve problems;
- Clinicians focus on identifying and enhancing clients' strengths and resources used in problem solving
- Embraces resiliency;
- Views crisis as an opportunity to experience growth and development;
- Built on assumption clients really do want to change

Solution Focused Therapy- Crisis Intervention

Overall general tasks

- Reframe the problem to build on solutions and minimize risk
- Focus on strengths
- Create possibility for change and hope
- Enlist the caretakers' willingness and ability to provide safety for the child
- Partner with the caretaker and others

Structure of Solution Focused Therapy

- Joining
- Defining problems
- Setting goals
- Identifying solutions
- Develop and implement action plan
- Termination and follow-up

Setting goals (Higher priority than defining problems)

A desired future state of how the client will be thinking, feeling, and behaving. A future reality where the problem is absent

Identifying Solutions

Exception Questions

Coping Questions

Questions about past successes

Scaling Questions

The miracle or dream question

Relationship questions: What would x, notice about you now that a miracle has occurred?

Develop and Implement Action Plan

- Homework or task oriented assignments used differently than other crisis oriented models
- Assumes already doing to some extent or capable of doing what is needed for problem resolution and goal attainment
- Assignments therefore based on the client identifying those solutions and doing more of them

Develop and Implement Action Plan

Pretend the Miracle has Happened

Pick a day when a miracle has happened and the crisis concern was resolved

- Encourage client to do as much as possible as if the crisis was resolved and keep track of his/her own reactions and feelings as well as how others react to him/her
- Clients can see they do not have to have a miracle happen to feel better and that they can turn a “fantasy” into a reality (Berg, 1994)

Termination and Follow-Up

- Goal is either returning to previous level of functioning or an enhanced level of functioning with increased coping abilities.
- Discharge criteria should be based on goal attainment rather than solution of all problems

Termination and Follow-Up

At termination clinician helps:

- Review goal attainment- client should be able to connect actions to successes and to take credit for solution to challenges.
- Assess readiness for discharge.
- Anticipate future setbacks and how client will cope with them.
- Scaling questions can help.



SUMMARY/WRAP-UP