

# **Principles of Crisis Intervention**

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# What is the purpose of this “crisis intervention” contact?

Triage: to home or to the hospital

Risk Assessment: evaluate risk

Crisis intervention: Use the period  
of crisis to try and catalyze change  
in the patient’s life



**“Rub his belly, Emiel Rub his belly!”**

# Suggestions for-the Crisis Clinician

1. Be active
2. Be willing to take calculated risks.
3. Appear calm and in control--whether you are or not.
4. Make sure you have your own support system.
  - Violent patient--help needs to be readily available
  - High-risk patient--share the risk
  - Burn-out producing patient
5. Know your own goals

# Rules for Crisis Workers

1. Least is best: do what is needed but not more.

Corollary to 1: Unless there is a reason to hospitalize, outpatient management is preferred.

2. The needs of the entire social system are critical; family, police, ER staff, landlord, etc

# **Assessment**

## **A. Initial Questions That Help to Organize the Crisis**

1. What is the crisis?
2. Who is involved?
3. Whom is this a crisis for?

# Assessment

## **B. Initial Approach to the Crisis Situation**

Listen to the history of the crisis from all the people involved.

- History taking can help provide a sense of structure and organization
- Can decrease chaos
- Can provide critical information

# Assessment

## **C. Initial Approach to the Crisis Situation**

1. Obtain information from as many collateral sources as possible.
2. Evaluate and maximize degree of cooperativeness from both client and significant others.
3. Assess risk
  - pay particular attention to issues of dangerousness, either suicidal or homicidal.

# Assessment

## **D. Developing a relationship:**

What does the person want

Assumption:

**Everyone wants something**

# Giving people what they want

- What part of what the person wants can you give?
- What else can you do to demonstrate that you are helpful
- How can you demonstrate that you are “on the person’s side”

# What Makes You Angry?

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- Not being listened to
- Being threatened
- Being made to feel you were stupid
- Being made that you did something wrong
- Having someone disagree with you
- Being frustrated that no one believes you
- Getting confused about what is going on
- Having people lie to you
- Having people talk about you behind your back

# What do you want when you are angry?

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- To be heard
- To have someone on your side
- To have something happen soon

Generally, you do not want your friend and support to be “reasonable” while you are being furious

# Avoid Power Struggles

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- What do we need?
- What does the client need?
- What can we give in on?
- Arrange for both sides to “win”

# Assessment

## **E      Develop the Context of the Episode:**

1. Precipitants or stresses that led to the episode
2. History of the episode
  - how did it develop?
  - what happened?
3. How does it fit into the person's life?
  - other similar episodes has the person had?
  - how were they handled?
  - what are the patients strengths and usual coping mechanisms?

# General considerations in crisis intervention:

- Be interested in any recent change
- Get a DETAILED story of what happened when
  - helps organize the sense of chaos
  - Provides critical information
- Listen and give the patient permission to talk
- Make sure everyone else also has a chance to tell their story

# Assessment

## **F. Presenting Suicidal Event (and ideation)**

Get a detailed description of what happened, when, in what order.

**Adapted from Shawn Shea 1998**

# **Suicide: Assessment**

The thought of suicide is a great consolation: by means of it one gets successfully through many a bad night

Friedrich Nietzsche

# Assessment

## **G Assess client's support system**

- People in crisis often fail to access their support system
- Diamond's dictum

**When stuck, enlarge the field**

# Assessment

## **H. Support client's strengths**

How have they coped with this kind of problem in the past?

What part of the client's life is going well, or at least better?

What does the client do well?

Look for ways to reinforce pro-social coping

# Assessment

## **I Consider Substance Use:**

If you do not look for it you will not find it.

- drug intoxication
- withdrawal states

# Assessment

## **J Consider Medical Disease:**

1. If you do not look for it you will not find it.
2. Consider possibility of organic disease even if patient is “medically cleared” by ER
  - Drug overdoses
  - Delirium is a medical emergency
  - Medical problems can exacerbate mental illness

# Assessment

## **J. Consider what needed information is needed but not yet obtained**

- Medical, social, psychological, or historical
- Flag gaps in the data base

# Intervention

## **A Begin to Develop an Initial Treatment Plan** **What does this person need now**

### 1. An environment

How much protection is needed to prevent the person from harming self or others, and for how long?

### 2. Structure

### 3. Observation

### 4. What settings provide this degree of protection, structure and observation in our community?

# Intervention

## **B. Consider whom to get involved and when.**

Family, employers, landlords, etc.,

if not in the ER then early in the restabilization process.

important to balance treatment needs with the client's  
rights to privacy and confidentiality

# **Intervention**

## **C. Consider the use of medication**

1. when
2. what kind
3. how much

# Intervention

## **D. Consider the use of the hospital:**

Avoid even thinking about the hospital until the initial assessment is completed and an initial list of what treatment is needed is considered.

What would be the specific goal of this hospitalization?

# Advanced Directives and WRAP plans

## Wellness Recovery Action Plan



Mary Ellen Copeland, MS, MA

# **Wellness Recovery Action Plan Worksheet Crisis Plan**

**What I need to do to stay well**

**What I'm like when I am feeling well:**

**Triggers: Things I know that put me at risk**



PSYCHIATRIC WARD

DO NOT DISTURB  
ANY FURTHER

CALLAHAN