CRISIS INTERVENTION SERVICES

Lisa Nosal, LMFT
Utilization Review Manager

All-Staff Division Meeting
August 8, 2022

CRISIS INTERVENTION SERVICES: OFFICIAL DEFINITION

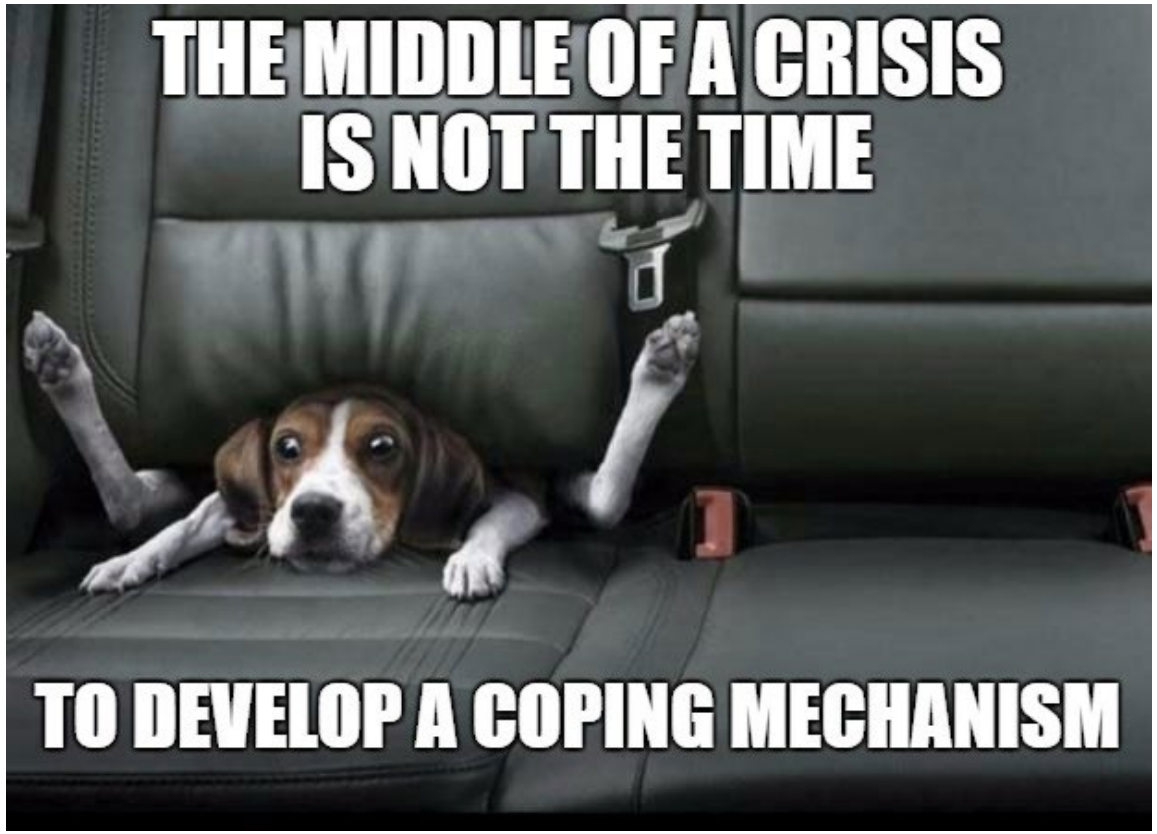
"A service, lasting less than 24 hours, to or on behalf of a client for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to assessment, collateral, and therapy."

WHEN SHOULD YOU CODE TO CRISIS INTERVENTION?

WHEN YOU KNOW THERE'S AN ACTUAL CRISIS…

Examples:

- Evaluating for a 5150 involuntary psychiatric hold
- Responding immediately due to concern about escalating self-harm
- Completing Suicide Risk Assessment for client currently at risk
- Gathering information from family member who reported threat
- Gathering information from the treatment team before you go out to evaluate, or debriefing after you return
- De-escalating situation with potential for violence



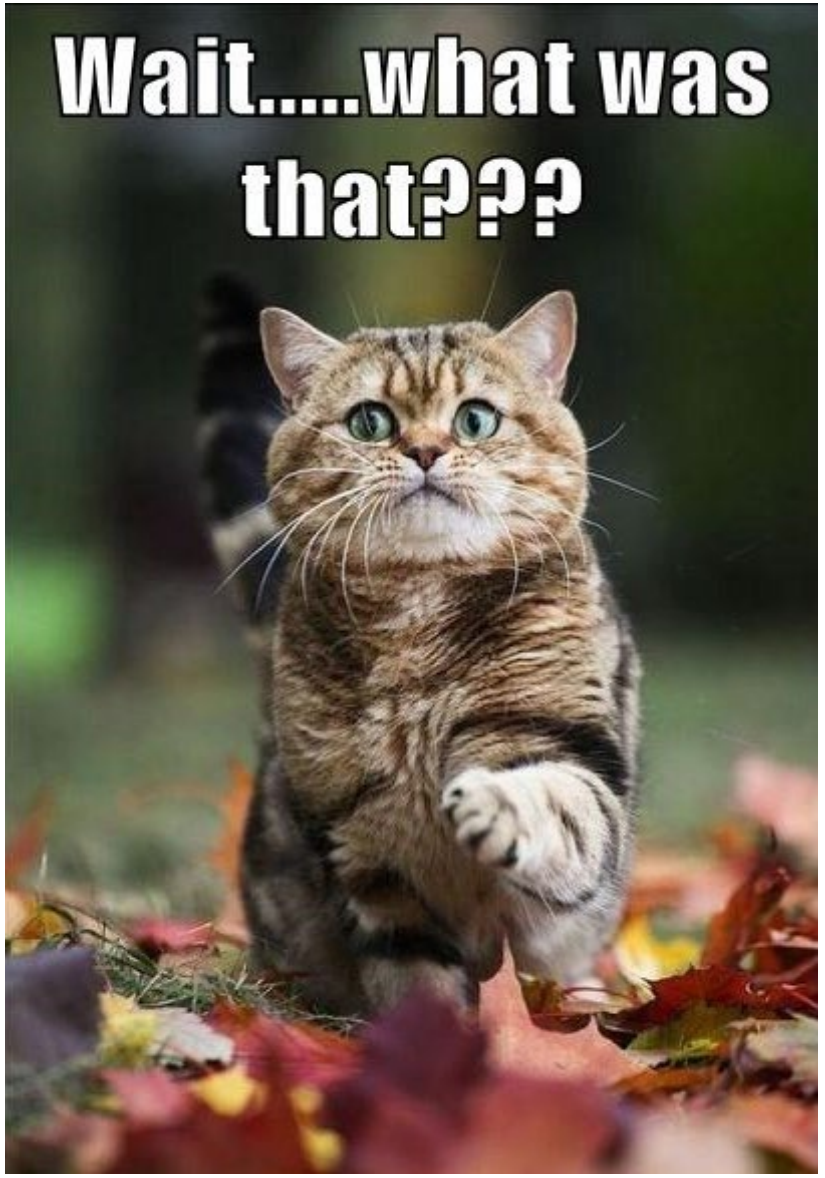
WHEN YOU JUST HAVE THAT BAD FEELING THAT SOMETHING MIGHT BE TERRIBLY, DANGEROUSLY WRONG…

Examples:

A client with a history of suicide attempts suddenly stops returning your calls & you do a home visit to check on their welfare

A normally outgoing client suddenly sounds morose but tells you “everything’s fine” & you contact their guardians to assess for safety in the home

You are worried enough about the client’s safety that you don’t feel you can ethically wait more than a day or two to intervene



WHEN YOU NEED TO RESPOND QUICKLY BECAUSE REALLY BAD THINGS COULD HAPPEN ALMOST IMMEDIATELY IF YOU DIDN'T…

Examples

A client is released from the hospital, jail, or Juvenile Hall without medications or insurance, and you need to connect them with a nurse or doctor to coordinate emergency meds

A client is kicked out of their house unexpectedly, at high risk for exploitation, has no viable plan for shelter, and you need to connect them to Coordinated Entry

IT'S CRISIS INTERVENTION EVEN IF IT WORKS! (OR IF YOU WERE WRONG!)

If you successfully:

De-escalate the crisis

Find emergency housing

Get meds to the client

Or if it turns out the client was fine all along…

you still responded quickly in order to assess and intervene in a real or potential crisis, so it's Crisis Intervention.

CRISIS INTERVENTION: CLINICAL CONSIDERATIONS

"Crisis" is based on provider's clinical judgment

- If an established client always calls you on Thursday in tears because their Friday class is triggering them, then it's more of an anticipated event (and you should work on therapy/rehab/case management around anticipating and reducing their distress)
- If a new client calls you sobbing and making statements about ending their life, you may not know them well enough to know they do that every Thursday evening, so you would want to clinically assess the situation quickly for danger to self – that's Crisis Intervention.

"Crisis" does imply an unusual situation, not just the normal or scheduled level of care. If you've agreed on daily check-ins with the client for a while after a crisis, then those scheduled check-ins would NOT be Crisis Intervention.

CRISIS INTERVENTION: POPULATION CONSIDERATIONS

Be aware that our clients often do face crisis situations!

Consider whether the event is a crisis *for this client*, not just generally for our population.

Don't assume, for example, that an eviction is not a crisis simply because so many of our clients are unhoused, or a family separation is the normal course of business.

Is the situation clinically urgent, regardless of whether there are also other urgent situations in your caseload? Then you may be in the realm of Crisis Intervention.

YOU ARE NOT ALONE!

Always talk to your manager and/or specialist!

Inform the nurse and doctor as well, especially if there are medical issues (e.g., overdose, not eating, stopped taking medications).

Don't assume the treatment team is reading all your notes. Email, text, call, or talk in-person.

Remember you're not alone – you have a whole team who can help support you and the client!

DOCUMENTATION

Explain what the crisis is, or why you're concerned a situation might escalate if you don't intervene.

If you assess (e.g., for a 5150) and determine the client does not meet criteria for a hold or is not high-risk, thoroughly document why.

- Don't just say, "Didn't meet criteria"
- Example: "Aaliyah was future-oriented and expressed hopefulness that things would improve. Her mother was aware of Aaliyah's distress and promised to do 15min checks throughout the night. She also removed all knives from the kitchen and locked them in her car. Aaliyah was willing to contract for safety and said that while she still had passive ideation, she was no longer actively suicidal."

Thoroughly document (and conduct!) any follow-up plans, including consultations with your manager or specialist and the client's psychiatrist, and any increase in services (e.g., "Will coordinate with client's therapist for twice weekly sessions" or "Will check in with client daily for the next week").

QUESTIONS?