Crisis prevention and management tool

INTRODUCTION

In September 2005, the Dual Diagnosis Resource Service (DDRS) at the Centre for Addiction and Mental Health (CAMH), the Griffin Community Support Network (GCSN) and the COTA Health Dual Diagnosis Case Management Service collaborated to develop a crisis prevention and management tool. The tool is based on a support planning tool that was developed in Massachusetts by Joan Beasley and the START Program and which was demonstrated there to be effective in helping families and providers collaborate effectively and improve understanding for people with complex needs living in the community.* GCSN, COTA and DDRS have adapted the tool for Canadian circumstances. It provides a means of gathering important information in one place, communicating that information effectively to key participants in the person's support network.

The tool also includes a Personal Support Plan section in the form of an escalation continuum. This section helps the people supporting the person to know which behaviours are likely to lead to a crisis and how they have been successfully managed in the past. It spells out what to do as the behaviour becomes more extreme. This helps the people supporting the person to be consistent in their approach. It protects against overreactions that can trigger further deterioration and it ensures that the necessary steps are taken to keep the person safe and get him or her the help needed when moving into crisis. It also helps the person know what to do as the problem gets worse.

As with the shorter Integrated Support Planning Tool, the Crisis Prevention and Management Tool works best when it is used by the group of people supporting the person and when the planning process starts with a conversation with the person about what works best for him or her. It is also important to update the plan regularly. The nature of crisis is that things often don't go according to plan. Meeting regularly to review and update the plan can help the group learn from each crisis and ensure that the approaches taken fit for the person.

Think carefully about who should have copies of the plan. With the person's permission, you can arrange for a copy to be on file with your local crisis services and hospital. You can even arrange for the police to know about it so that a constable responding to a call knows to ask for it when he or she arrives at the door.

---

* Beasley, J.B. & Kroll, J. (1999). "Family caregiving part II: Family caregiver–professional collaboration in crisis prevention and intervention planning," in *Mental Health Aspects of Developmental Disabilities, 2* (1), 22–26.

Crisis prevention and management tool

THIS PLAN IS FOR: _____

Date of birth (dd/mm/yyyy): _____

Date of plan (dd/mm/yyyy): _____

CLOSEST FAMILY MEMBER

Name: _____ Phone: _____

OTHER SIGNIFICANT PERSONAL SUPPORTS

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

AGENCY PROVIDING PRIMARY SUPPORT

Agency name: _____

Worker: _____ Phone: _____

CURRENT MEDICAL PRACTITIONER(S)

Name: _____ Phone: _____

Name: _____ Phone: _____

LIVING SITUATION

☐ Lives with family ☐ Lives alone ☐ Lives in DMR residence

☐ Lives alone with supports—describe: _____

☐ Lives in group home—describe: _____

☐ Other—describe: _____

DIAGNOSES

Psychiatric disorder

Date diagnosed (dd/mm/yyyy):

_____

By whom?

_____

Axis I:

_____

Axis II:

_____

Axis III:

_____

Intellectual disability

Date diagnosed (dd/mm/yyyy):

_____

By whom?

_____

☐ Mild mental retardation

☐ Moderate mental retardation

☐ Severe mental retardation

☐ Other diagnoses (e.g., autism)

_____

_____

CURRENT MEDICATION

Medication	**Dose**	**Frequency**	**As of (dd/mm/yyyy)**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER SIGNIFICANT MEDICAL INFORMATION OR DIAGNOSES

_____

_____

_____

_____

CURRENT SERVICE PROVIDERS

Partnership members involved

☐ Griffin Community Support Network

Contact: _____ Phone: _____

☐ COTA Health Dual Diagnosis Case Management Service

Contact: _____ Phone: _____

☐ CAMH Dual Diagnosis Resource Service

Contact: _____ Phone: _____

Other services involved

_____

_____

_____

_____

OVERVIEW OF INDIVIDUAL AND SITUATION

Communication style, primary language

_____

_____

_____

Strengths, skills and interests

_____

_____

_____

Behaviour

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

_____

_____

_____

Environment

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

_____

_____

_____

Stressors

Describe factors that increase stress for the person (e.g., anniversaries, holidays):

_____

_____

_____

Hospitalization precipitants

Describe situations and/or behaviours that have historically led to hospitalization:

_____

_____

_____

Historically successful approaches

Describe alternatives that have kept the person out of hospital:

_____

_____

_____

Personal support plan

OBSERVABLE BEHAVIOURS AND SUGGESTIED RESPONSES

Stage I: Early signs—Least restrictive intervention			
Behaviours, signs and symptoms	Possible causes	Interventions	Phone number of person involved
Stage II: Early signs with increased intensity—Increased level of intervention			
Behaviours, signs and symptoms	Possible causes	Intervention	Phone number of person involved

Stage III: Intermediate signs—Intermediate restrictive intervention			
Behaviours, signs and symptoms	Possible causes	Interventions	Phone number of person involved
Stage IV: Late signs—Most restrictive intervention			
Behaviours, signs and symptoms	Possible causes	Interventions	Phone number of person involved

Resources that have worked in the past

Specify what options have been most successful in the past (e.g., whether the person has been to respite and has done well there or which hospital, if this becomes necessary, is the hospital of choice):

_____

_____

_____

_____

_____

_____

Backup protocol

Describe clearly the role of each service provider during crisis:

_____

_____

_____

_____

_____

_____