

A Crisis Plan:  
An Essential Element to Successful Use of Respite Care at  
Illuminate Respite: 2019 National Lifespan Respite Conference  
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Buffalo, New York

Presented by Cordelia Robinson Rosenberg, Ph.D., RN

Represents the work of multiple University of Colorado Medical  
Students as part of their curriculum requirement for a Mentored  
Scholarly Activity and Faculty Advisor

# Context

In 2010 two medical students with EMT experience and family members with autism identified a need for training about autism and developmental disabilities for First Responders. C. Rogers and S. Tomberg with permission from the New Jersey Developmental Disabilities Council adapted an online training program.

<https://tinyurl.com/kegruya>

# Context

In 2013 JFK Partners received funding from the State of Colorado to conduct a Gap Analysis of needs of families with a member with a dual diagnosis autism or intellectual disability and a mental health or behavioral diagnosis. Four medical students (Choudhury, Hickey, McLaren and Punjabi) did a follow-up survey by mail of families of children with a dual diagnosis and visit to the Emergency Department at Colorado's Children's Hospital.

<http://tinyurl.com/coloradoGAP>

# Context

- Of 700 families surveyed 143 families responded
- Majority had visited the ED in crisis 2+ in the past 3 years
- Medication management issues was a common trigger
- Only 21% felt that the ED met their child's need completely
- Only 48% of families had a crisis plan
- Many of the families did not feel like they had the tools to create a good crisis plan

# Context

In 2014 a medical student (J. Santiago) did in-depth interviews with 19 families with a child who met criteria for dual diagnosis, regarding their experience with crisis involving their son or daughter.

- Number of crises involving 911 calls or ED visits 3-11 times, 9 had more than 11 events.
- Crises involved violence and self-harm.
- Most common triggers – change in routine, social stresses, over stimulation and feeling threatened or un-safe, medication management problems.

# Context

- Six had a formal crisis plan
- Found it helpful to have a CIT trained officer
- Plan helped with communication
- Important to identify roles and protections for other family members

# Context

After the Aurora cinema shooting the Governor of Colorado John Hickenlooper called for the creation of Crisis Services in Colorado. These Crisis Services were based in the Mental Health System and were to be available to anyone in need. A statewide 800 number was created, walk-in centers and up to 5 day respite centers and on call teams were created. Crisis Program not as accessible for people with autism and/or intellectual disabilities.

<https://coloradocrisiservices.org/>

# Context

In 2016 two medical students (Barbera and Dryden) and in 2017 another student (Claus) joined the efforts to develop a template for a Crisis Plan and a Resource Guide in an effort to make the Colorado Crisis Program more accessible to people with autism and/or intellectual disability who represented a danger to self or others.



# Crisis Plans

- Individuals without a crisis plan were more than 2x as likely to visit an ED
- Individuals with a crisis plan have a decreased rate of compulsory admission and fewer days of inpatient care
- Individuals with a crisis plan felt more involved in their care, more in control of their mental health, and more likely to continue with their treatment



# Creation of the Plan

## Crisis plan

- Four sections
  - Planning
  - Crisis plan
  - Quick hand off
  - Reflection

## Resource Guide

- Example crisis plan
- Resources
  - Colorado Crisis Hotline
  - Walk-In Center
  - Crisis Stabilization Units and respite care
- Crisis kits
- Know your resources
- Suggested next steps

# Planning

- Completed in a time of calm
- Include other family members and if possible, a professional who knows individual well
- Used to identify:
  - Triggers
  - De-escalation techniques
  - Crisis events specific to your son or daughter and family

Today's Date 07/06/17

#17-0845

PI Cordelia Robinson Rosenberg

## Planning

Describe what a crisis looks like and feels like to you.

He yells, hits, scratches, and has difficulty listening and following directions. He sometimes runs away.


How does your son or daughter's behavior differ from other times in his or her life? How do you respond? Does it help?


Trigger for Behavior (if known):	Behavior During a Crisis:	What I did:	Was it helpful?
I took away the iPad	John repeats himself over and over again	I ask him to take deep breaths or go to his room	Usually
I told him to go to his room	John makes really repetitive movements	I ask him if he is upset and wants to talk	Sometimes, but other times I don't know if he can hear me.

# Crisis Plan

Keep this plan in a visible place that can be quickly referenced in a crisis!

Fill this out with your entire family to prepare you for the possibility of a crisis. If possible, it may also be helpful to have someone on your child's care team (Primary Care Provider, Counselor, Psychiatrist, Mental Health Professional, etc.) review your completed plan.

Stage of Individual's Behavior	Recommended Parent Response
<p><b>Stage 1: Prevention</b></p> <p>Early warning signs that individual is becoming increasingly distressed.</p> <p>Warning Signs:</p> <ul style="list-style-type: none"> <li>• Repetitive hand flapping.</li> <li>• Persistence on a certain topic, or repetitively asking questions.</li> <li>• Persistent, escalating refusal of requests</li> </ul>	<p><b>Remain calm and work to de-escalate.</b></p> <p>De-escalation techniques:</p> <ul style="list-style-type: none"> <li>• Remind son or daughter to perform coping strategies listed above – safe hands, deep breaths, go to room</li> <li>• Try to compromise</li> <li>• Use picture schedule to communicate requests.</li> </ul> <p>Consider if proper medications have been given or can be given now.</p> <p>Medication: <u>Methylphenidate and Fluoxetine</u></p>
<p><b>Stage 2: Escalation</b></p> <p>Signs that individual is progressing towards a behavioral crisis.</p> <p>Warning Signs:</p> <ul style="list-style-type: none"> <li>• Yelling/raised voice</li> <li>• Larger, repetitive movements (stomping/pounding ground)</li> </ul> 	<p><b>Speak calmly and directly.</b></p> <p><b>Continue De-escalation Techniques.</b></p> <p><b>Consider calling therapist or Crisis Hotline for help.</b></p> <ul style="list-style-type: none"> <li>• Crisis Hotline: 1-844-493-TALK (8255)</li> <li>• Health Care Provider: <u>Jen Nyguen</u> Phone: 303-555-5555</li> </ul> <p><b>If able, transport to Crisis Center:</b> Nearest Crisis Center: <u>Aurora Walk-In Crisis Center</u> 2206 Victor St. Aurora, CO 80045</p>

Individual:	Safety Plan:
Son or daughter in crisis: <u>John</u>	Use code word to identify to everyone that you are in a crisis. Go to room and turn off lights to give yourself a calming atmosphere.
Siblings: <u>Justin (brother)</u>	Get dog and go to neighbor's house to wait.
Parent 1: <u>Jackie (mother)</u>	Continue to model calm behavior.
Parent 2: <u>Jared (father)</u>	Remove all dangerous or important items from the area. Retrieve a phone in case someone needs to be called. If necessary, he should restrain John from hurting himself.
<p><b>Stage 3: Crisis</b></p> <p>Situation has escalated to the point that safety of individual, others, or environment is at risk.</p> <p>Warning Signs:</p> <ul style="list-style-type: none"> <li>• Individual is harming self or others</li> <li>• Hitting self or others</li> <li>• Throwing and/or destroying property</li> </ul> 	<p><b>Continue to ensure safety.</b></p> <p><b>Call 911 for Help:</b></p> <ul style="list-style-type: none"> <li>• Ask for a Crisis Intervention Trained (CIT) officer</li> <li>• Provide the first responder with the information in the quick hand off form to assist them in communicating with your son or daughter</li> </ul> <p><b>If able, transport to Nearest Emergency Room.</b> Nearest ED:</p> <ul style="list-style-type: none"> <li>• <u>Children's Hospital</u></li> <li>• Take crisis kit.</li> </ul>

**Emergency Contacts:**

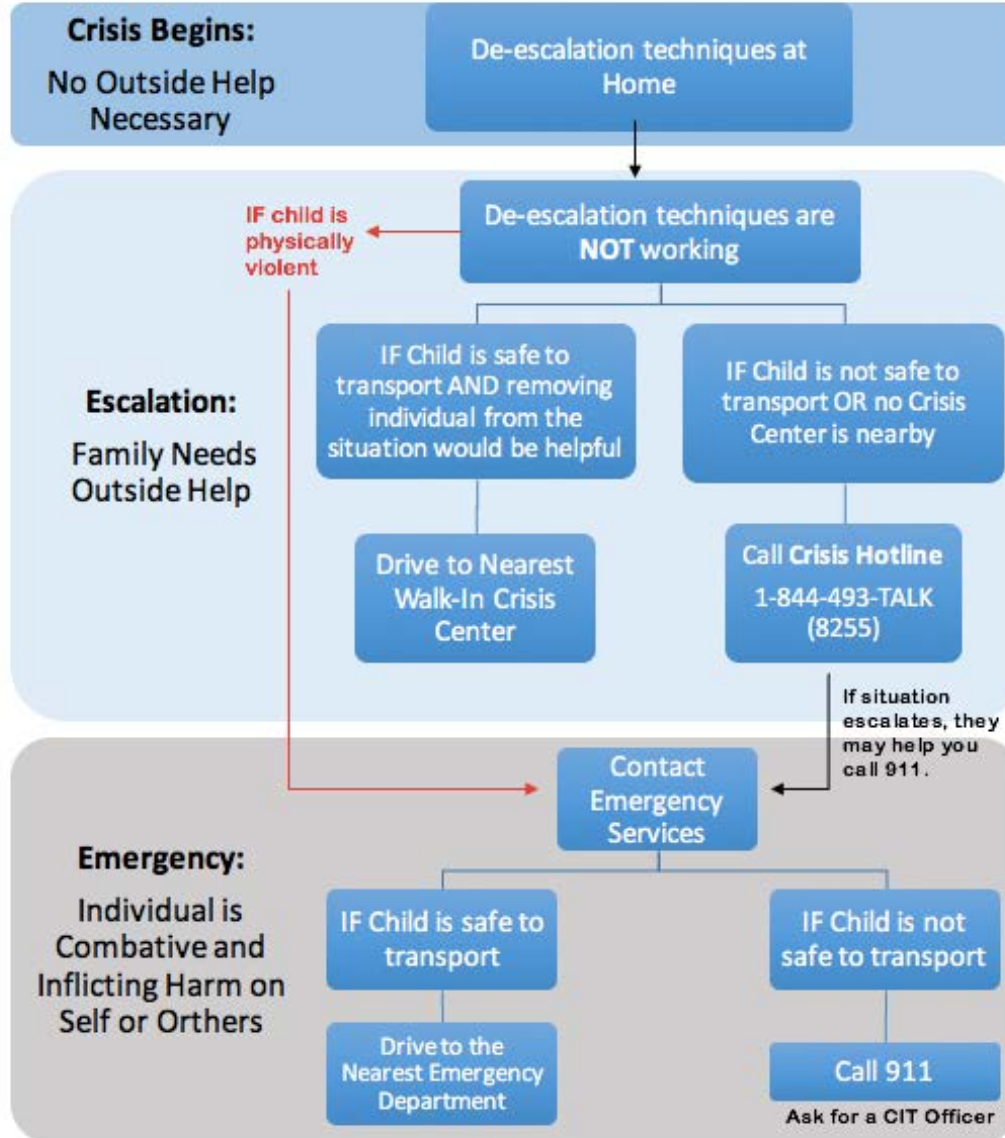
Emergency Contact Name:	Relationship:	Contact Info:
<u>Jackie Smith</u>	<u>Mother</u>	<u>303-555-5555</u>
<u>Jared Smith</u>	<u>Father</u>	<u>303-555-5555</u>
<u>Elizabeth Jones</u>	<u>Next Door Neighbor</u>	<u>303-555-5555</u>

**Provider List: (include physicians, therapists, or anyone who provides services for you)**

Name:	Role:	Contact Info:
<u>Dr. Luke Rodriguez</u>	<u>Psychiatrist</u>	<u>303-555-5555</u>
<u>Dr. Julie Hunter</u>	<u>Primary care provider</u>	<u>303-555-5555</u>

# Have a Crisis Plan Ready

Here is an example of how to best utilize your resources!  
Place this, or your own plan, in a place that is visible and easy to reference.



## Quick Hand-Off Form: About Us

<b>Name of son or daughter:</b> John Smith	<b>Date of Birth:</b> 04/21/2002	<b>Gender:</b> Male
<b>Address:</b> 1234 Smith St., Denver, CO 80220		<b>Phone Number:</b> 303-123-4567 (Mom's cell)
<b>Mental Health/Behavioral Diagnoses:</b> Autism ADHD Depression/Anxiety		<b>Current Medications and Dosage:</b> Methylphenidate sustained release, 30 mg, 1x/day Fluoxetine 10 mg, 1x/day  <b>During a Crisis, these medications help my son or daughter:</b> Valium
<b>Other Medical Problems:</b> Celiac disease		<b>Allergies:</b> Penicillin

### Interacting with My Son or Daughter:

Because of John's diagnoses, he/she will act and respond differently than others. Please use these tips when interacting with my son or daughter:

**My son or daughter is verbal/non-verbal. Please communicate with my son or daughter by:**

- Speak slowly in short sentences.
- Use "First....Then" language (Ex: First stop hitting, then you can sit with your mom.)
- Use picture charts

**Please avoid doing/saying this:**

- Use a calm, low voice
- Move slowly
- Say what you are going to do before you do it

**Things that help calm my son or daughter:**

- Watching a cartoon
- Holding a yellow blanket
- Sitting alone in a dark, quiet room

**Things that will upset my son or daughter:**

- Too much noise/stimulation
- Moving too quickly
- Being touched without warning

**Typical behaviors of my son or daughter while they are in crisis.**

- Hitting and scratching
- Throwing items
- Running away

**Other things to know or expect about my son or daughter when they are in a crisis:**

- Risk of elopement

- Can be given to anyone who may interact with individual in a crisis.

- First responders
- Teachers
- Babysitters
- Hospital/clinic staff

- Provide in advance, if possible

# Reflection

**A few days after the crisis has resolved, please take some time to reflect on what happened.**

Do you know what triggered this crisis (consider change in routine, illness, lack of sleep, etc.)?

Justin took the dog for a walk without John. When John found out, he got mad. He continuously shouted that he was left out and became violent. When asked to go to his room, he refused and it was necessary to call 911 to ensure everyone's safety.

What did you try? What worked or did not work?

We followed the Crisis Plan and used the hand-off form.

The charts helped John understand that the first responders were there to help him and not to hurt him.

His brother was unable to go to his usual place because he did not know that the crisis was taking place.

What happened? Who was called (police, ambulance)? What was the end result?

The CIT officer arrived at the house. They spoke calmly to John and were able to convince him to come with them to the hospital.

What could be done differently next time? (For example, does your environment need to be altered to make it safer for your son/daughter or the rest of your family?)

Request that John go to his room and calm down before he becomes violent.

Say "first go to your room, then calm down, then the dog can come and sit with you."

Remove unnecessary breakables from family areas and John's room.

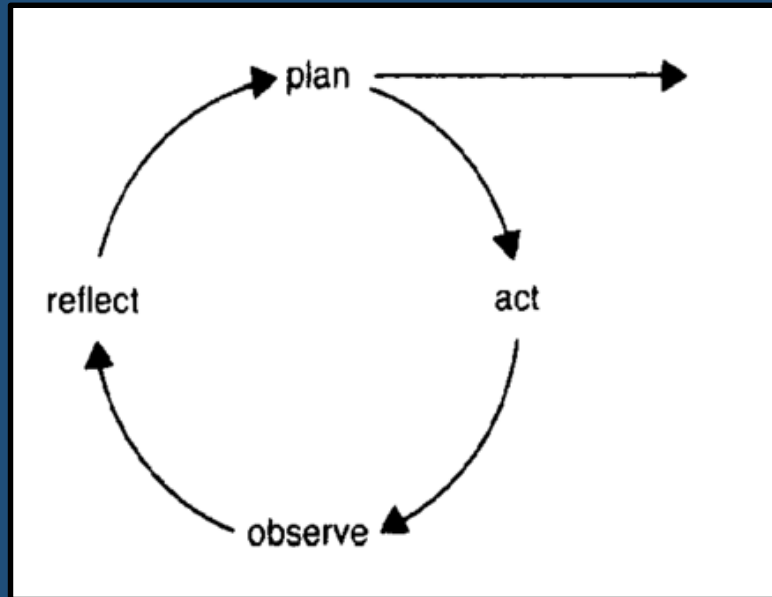
Ensure that his brother has a way of knowing that the crisis is beginning if he is not immediately aware that it is happening.

Do you think your son or daughter's current medications and treatments (including therapies and services provided) are still helping?

Yes, but we probably should schedule an appointment with Dr. Nyguen to follow-up after this crisis.

**If necessary, try to go back to review and alter your original Crisis Plan based on your reflections.**

- Complete after the crisis has subsided
- Allows for changes in plan





# Crisis Resource Guide



- Gives information on resources.
- Provides instructions on when to contact resources and tips on what to say.
- Includes other helpful tips about crisis.



“My child has an intellectual or developmental disability and needs mental health support. What do I do when he or she gets out of control?”



# Strategies for Communities to Consider

1. Do a community assessment of problem and resources.
2. Collaborate with First Responders to make them aware of communication issues with this population. Encourage use of one of the First Responder training programs.
3. Encourage families to develop a Crisis Plan.
4. Encourage families to identify their family member to First Responders and provide them with their Crisis Plan before a crisis occurs.
5. Encourage providers to ask families whether they have a Crisis Plan.
6. Make a Crisis Plan part of Respite Care enrollment.

- “A mental health crisis is as important to address as any health crisis. It is difficult to predict when a crisis will happen. While there are triggers and signs, a crisis can occur without warning. It can occur even when a person has followed their treatment or crisis prevention plan and used techniques they learned from mental health professionals. We all do the best we can with the information and resources we have. Some days we can handle more than other days; this is normal and to be expected, especially for those living with a mental illness. You or your loved one may need help when you have exhausted all your tools for coping with a crisis.”

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