



CLINICIAN'S CORNER: CRISIS

These then are my last words to you. Be not afraid of life. Believe that life is worth living and your belief will help create the fact.

— William James

INTRODUCTION

This is your plan. Develop it when you are feeling well. Take time to make good decisions for your plan; work at it for a while, then leave it for several days and keep coming back to it until you have developed a plan you feel has the best chance of working for you. Collaborate with psychiatrist, therapist, family members and other folks on your support team. Once you have completed your crisis plan, give a copy to the people you name in this plan as your supporters.

Symptoms: Describe symptoms that indicate to your support team that they need to step in and help. Although this may be difficult to do, a careful, well-developed description of symptoms that you know would indicate to you that you can't make good decisions anymore, you can stay in control even when things seem to be out of control. Allow yourself plenty of time to complete this section. Ask your friends, family members, and other supporters for input, but always remember that the final determination is up to you.

Remember, crises are temporary!

Be very clear and specific in describing each symptom. Don't just summarize; spell it out. Your list of symptoms might include:

- Neglecting personal hygiene (for how many days?)
- Not understanding what people are saying
- Not knowing who I am

THINGS TO REMEMBER

Crisis are temporary!

This is your plan

Develop it when you are feeling well

Don't rush it

Be clear and Specific

Collaborate

Share it with your support team

Crisis

- Not knowing/ recognizing family members and friends
- Uncontrollable pacing; inability to stay still
- Self-inflicted violence (degree)
- Being abusive, destructive, or violent toward others or property
- Abusing alcohol and/or drugs
- Not getting out of bed (for how long?)
- Refusing to eat or drink

This is a sample crisis plan worksheet. There is a blank one immediately following it.

Symptoms that indicate that I need help:

1. Cutting myself on arms and face.
2. Staying in bed more than 24 hours.
3. Eating only once a day.
4. _____
5. _____
6. _____

List any prescription medications, vitamins, herbs, alternative medications (such as homeopathic remedies), and supplements you are currently taking:

Current Medication	Current Dosage
<u>Effexor</u>	<u>150mg/QAM</u>
<u>Propranolol</u>	<u>10mg, 2*day</u>
<u>Restoril</u>	<u>.5mg at night</u>
_____	_____
_____	_____

List medications that should be avoided—like those you are allergic to, that conflict with another medication, or cause undesirable side effects. Note which should be increased or decreased if you are in crisis, and which you have discovered are not good for you:

Medications that have helped in a crisis	Medications that made me worse
<u>Seroquel 25mg at night</u>	_____
<u>Ativan .5mg for panic</u>	_____
_____	_____

Crisis

Helpful (Things Others Can Do)	Not Helpful (Things Others Should Avoid Doing)
<i>Listen to me without giving me advice, judging me, or criticizing me.</i>	<i>Taking away my cigarettes and/or coffee.</i>
<i>Give me stuff to draw or paint.</i>	<i>Telling me . . . it's all in my head or it's all good.</i>
<i>Play video games with me.</i>	<i>Talking too much or too loud.</i>
<i>Make sure I take my vitamins and other medications.</i>	<i>Forcing me to do anything</i>
<i>Hold me fairly tightly and tell me I'm OK and you're not leaving.</i>	<i>Telling me to snap out of it; get over it, etc.</i>
<i>Remind me to play the guided imagery. Make sure I have my iPod.</i>	

If I require hospitalization, these are the acceptable and unacceptable facilities:

Preferred Treatment Facilities	Treatment Facilities to be Avoided
<i>Bryn Mawr Psychiatric Unit</i>	<i>Hell Hole State Hospital</i>
<i>Sheppard-Pratt</i>	

RECOMMENDATIONS:

Copy following pages and co-create a Crisis/Safety Plan with client in session. Request that client sign and date Crisis/Safety Plan, knowing that this Plan/Contract is indicative of a relational agreement — not just a piece of paper.

CLIENT HANDOUT: CRISIS PLAN (LONG FORM)

- 1. Introduction:** This is your plan. Develop it when you are feeling well. Take time to make good decisions for your plan; work at it for a while, then leave it for several days and keep coming back to it until you have developed a plan you feel has the best chance of working for you. Collaborate with psychiatrist, therapist, family members and other folks on your support team. Once you have completed your crisis plan, give a copy to the people you name in this plan as your supporters.
- 2. Symptoms:** Describe symptoms that indicate to your support team that they need to step in and help. Remember, crises are temporary! Be very clear and specific in describing each symptom. Don't just summarize; spell it out.

SYMPTOMS THAT INDICATE THAT I NEED HELP:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

CRISIS PLAN (LONG FORM), CONT.

List any prescription medications, vitamins, herbs, alternative medications (such as homeopathic remedies), and supplements you are currently taking:

Current Medication	Current Dosage
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List medications that should be avoided—like those you are allergic to, that conflict with another medication, or cause undesirable side effects. Note which should be increased or decreased if you are in crisis, and which you have discovered are not good for you:

Medications that have helped in a crisis	Medications that made me worse
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CRISIS PLAN (LONG FORM), CONT.

List the people who you want to take over for you when the symptoms you listed in the previous section arise. Before listing people in this part of your plan though, talk with them about what you'd like from them and make sure they understand and agree to be in the plan. Who do you want involved? Who do you not want involved?

List physician, psychiatrist, pharmacist, family members, friends, therapist, case manager and other health care providers, along with their phone numbers:

	Name	Relationship	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

What do you need from others? What does support look like? Describe what your supporters can do for you that will be helpful and make you feel better. This part of the plan is very important and deserves careful attention. Describe everything you can think of that you want your supporters to do for you. Include the things that you do not want others to do for you—things they might otherwise do because they think it would be helpful, but that might even be harmful or worsen the situation.

Helpful (Things Others Can Do)	Not Helpful (Things Others Should Avoid Doing)
_____	_____
_____	_____
_____	_____
_____	_____

CRISIS PLAN (LONG FORM), CONT.

If I require hospitalization, these are the acceptable and unacceptable facilities:

Preferred Treatment Facilities	Treatment Facilities to be Avoided

Update the plan when you learn new information or change your mind about things. Date your crisis plan each time you change it and give revised copies to your supporters.

CLIENT HANDOUT: CRISIS PLAN (SHORT FORM)

THINGS TO DO WHEN I FEEL UNSAFE (IN ORDER):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____