

Section 3:  
Developing Effective Reactive Crisis Plans

Reactive crisis planning is the process of developing responses that will be enacted once an anticipated crisis occurs. As noted earlier the best laid plans will not prevent all crises from occurring, thus clearly spelled out actions in the face of a real crisis are the next best thing. When doing reactive planning it is important for teams to plan for the worst. A lesser known corollary of the human law, "If it can go wrong, it will!" is, "When it does go wrong, it will be ugly". Proactive plans specify specific actions for specific team members and spell out interventions that all team members are aware of and can rely on in a time of high stress. In this way the ugliness can be contained.

Concerted crisis planning is the best way to help not only the family but other team members manage difficult times. It is during crises that systems and professionals are most likely to fall into the trap of telling family members different messages in response to the immediacy of their need. At a time of crisis conflicting or unclear messages and supports are not helpful. Clear team planning can prevent this and increase the chances that a given crisis will not only be safe but also an opportunity for change and a better life for the family.

Reactive planning has four simple steps for the facilitator and the team to perform in order to develop a responsive plan for when a crisis occurs. They are; reviewing the plan to determine what can go wrong, planning immediate strategies and actions, implementing the plan, and reviewing and tailoring the plan.

**Reviewing the plan for what can go wrong:** Many plans rely on a broad mix of individuals and services to meet the complex needs of one family. In the event of a very complicated plan there are likely to be places where the plan can easily break down. The team should take a few minutes to identify where planned supports will be at most risk and what possible consequences will result if the activity does not occur. This will help the team target specific areas where a reactive crisis plan will be needed. While predicting all crises is impossible it is

wise for teams to think ahead and set up responses to likely crises in advance. Places in plans where these crises will occur can best be predicted by a review of past behavior. The best predictor of future crises is past crises. If family violence has been a past issue, teams should plan as if it will occur. If self harm is a recent occurrence teams should plan as if it will happen again. This is not done to cast blame and suspicion but rather to assure the family and other key team members that when these events do occur support can be counted on and can occur in a planful and purposeful manner.

**Planning immediate strategies and actions:** Reactive plans are plans developed by the team describing what will happen if the crisis actually occurs. These plans tend to specify roles for all involved team members and are extremely concrete in nature. Through examining crisis responses teams can help to manage crises as they occur rather than being caught by surprise. Facilitators will need to lead a brainstorm process that identifies a series of responses to each potential crisis identified in the previous step. Most often reactive plans involve arranging back up resources for when the original plan fails or is unavailable. If intensive staffing or time spending is part of the plan the team needs to consider arranging back up. Other examples include targeting unique supports for a family member on an irregular basis at their request. One thing this level of planning accomplishes is that it gives team members a role to fill in crisis. For most people having a job in the middle of a crisis alleviates some of the stress and confusion caused by the events. Reactive crisis plans should be guided by the principles of good crisis intervention; an immediate response, an action orientation, and a limited duration.

Facilitators will find it important to recognize that there are frequently two levels of need occurring in response to a crisis. The first is clearly the family's level of need and support. The second will be occurring for key system players, depending on the nature of the crisis. For example, if family violence occurs not only will the family benefit from clearly targeted support plans but it will be important to acknowledge and plans for the needs of the child welfare system as they work to assess and assure safety. If the event is related to potential psychiatric needs the mental health worker will be facing pressures and demands that a quality crisis plan can help with. Roles can be assigned to team members to help accomplish tasks that may traditionally fall to the representative from a single system e.g. a team member can arrange to notify the hospital or extended

family members or a team member can arrange to have a family member come to stay at their home temporarily as a part of the reactive plan.

**Implementing the plan:** As in most aspects of individualized planning implementation the Nike corporation has adopted the prevalent slogan "Just Do It". In "doing" the reactive crisis plan several elements are important for facilitators to keep in mind. The first is the development of a communication mechanism to assure that all team members know that a crisis has occurred and it is time to do the job they were assigned in the plan. The most frequently used mechanism for this communication is the use of a phone tree that is established so the parent or other family member needs to make only one call and the rest of the team will be notified. The second important element to keep in mind that teams will often want to drastically change the domain based plan in response to the first major crisis. Despite the fact that the team has reviewed and planned for a given crisis some team members may use the crisis as an opportunity to suggest that the plan is not adequate and needs to be changed. The facilitators' role in this event is to remind the team of its commitment to implement the plan and assure the team that there will be an opportunity to review the plan once the family is through the first most intense throes of the crisis. No changes should be made to the plan in the middle of the onset of the crisis.

**Reviewing and tailoring the plan:** After each crisis event the team should convene within 48 -72 hours to review how the plan worked, whether it effective, how does it need to be changed to be more effective, and what did the team learn that will help with the next crisis. Any changes should be incorporated in the central individualized plan and communicated to all team members so every can stay "on the same page". If major changes are to be made to the overall plan this is the time to begin to consider them not during the crisis. If there are concerns about the effectiveness of the plan the facilitator will need to help the team examine carefully what these concerns are and what the best way to respond to them is.

It is in response to crisis that many team members revert to wanting to do business as usual, relying on categorical services rather than created plans. Teams will also have a tendency to want to plan ways to control behaviors exhibited during the crisis rather than examine the underlying unmet needs and responding to them. Facilitators will be challenged to keep the needs based

framework front of the team at this point. It may be useful help the team through this by listing the behaviors seen and asking them identify the needs related them, ask the parent and family describe, best they can, the needs they perceived the middle of the most recent crisis. Then the facilitator has the tools keep the team focused meeting needs rather than controlling behaviors



# Reactive Crisis Plan

Family Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Date Plan Developed: \_\_/\_\_/\_\_ Date Plan Last Reviewed: \_\_/\_\_/\_\_

Places Plan Is On File: \_\_\_\_\_

Team Members Present: \_\_\_\_\_

Anticipated Crisis	Interventions Planned	Person Responsible

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Team Members Present: \_\_\_\_\_

Anticipated Crisis	Interventions Planned	Person Responsible
Sam may attempt to hurt himself.	<p>Arrange medical intervention as necessary.</p> <p>Pre-arrange admission to psychiatric hospital for stabilization of 3 - 4 days.</p> <p>Help Martha and family deal with shock and grief.</p> <p>Arrange visits to hospital by family and Sam's girlfriend Sally Green.</p> <p>Set up team meeting at the hospital within 24 hours of admission.</p> <p>Initiate phone tree to inform all team members of crisis and plan implementation.</p>	<p>Martha or other team member who is present.</p> <p>Joe Samuels (MH) in conjunction with hospital gatekeeper.</p> <p>Sarah Harvest (DSS) and Harriet (Martha's friend).</p> <p>Martha and Joe Samuels</p> <p>Joe Samuels</p> <p>Martha</p>
Joe may runaway for more than a few hours	<p>Arrange safe place for him to run to where he can stay for one night with the family's permission.</p> <p>Assure that he has access to runaway hotline or other resources that will help him to be in touch.</p> <p>Contact all friends and neighbors and ask them to look out for him and ask him to contact Martha.</p>	<p>Martha, Sarah, and Joe</p> <p>Sarah</p> <p>Martha, Harriet, and Harry</p>