CRISIS PLANS: SETTING THE EXPECTATION FOR UNCONDITIONAL CARE

by Patricia Miles

"It seems like when a kid goes into crisis, the first thing we're expected to do is to refer him to someone else." Crisis Shelter Worker

It is precisely when things are beginning to go better that the contradictions and demands of the situation will explode at once." Andre Gorz, Capitalism in Crisis

"A crisis is when the adults don't know what to do." Carl Schick

One of the first challenges to any service coordinator involves resolving crisis situations. Frequently, referrals are made for wraparound services when the child, family and system is in crisis. This crisis situation often takes the form of a child currently in a hospital or other secure setting with discharge about to happen. In these situations, professionals feel uneasy with the notion of the child being in the community with little structure and the parent may feel that they are getting a child who is no better off than when they went into the restrictive placement. Other crisis scenarios may include the referral which occurs via an elected official through a letter writing or telephone campaign pursued by the child's parent.

In these cases, the case manager may be expected to create a viable alternative in an environment in which commitments to individualized services have not occurred at the policy level. In many cases, the professionals involved with the child may each have a set of expectations they carry into a planning meeting. These can range from an expectation that the coordinator will make a child's transfer to an out-of-county facility occur or that the coordinator will make child welfare take custody even though they have successfully resisted custody for the previous three years. In these situations, the real challenge for the service coordinator is to clearly identify the crisis and to build capacity to support the child in the community without getting caught in the maelstrom of the professional disagreement. Often, the crisis can be defined as the professional disagreement as well as the child's impending discharge from the current placement.

It is interesting to note that in this situation most of the crucial events are outside the control of the child. It is essential that the service coordinator be clear about this fact even if other adults in the child's life can't be. In managing adults in crisis, the service coordinator may have to use negotiation, mediation and crisis counseling skills. The service coordinator must manage the differing agendas of the adults while maintaining a clear commitment to community based support for the child. The good news is that these professional disagreements and crises pass over time.

In focusing on the child's immediate crisis, it is important to remember that the child is likely to continue to have crisis episodes. These may include suicidal and assaultive episodes, runaway situations and periods of general behavioral noncompliance. In situations involving assault and suicide, it is helpful to have a relationship with a local residential or hospital provider to assure access to a safe place for stabilization. As a
result, effective service coordinators try to sustain a relationship with a facility even if the facility appears reluctant to participate. In maintaining that relationship, the service coordinator is in the unique position of getting a facility to try adding crisis stabilization services to the community or facility. If this approach is successful with the first youngster in individualized services the coordinator has increased capacity for the next referral. Many communities set a limit on length of stay in crisis stabilization services ranging from 72 hours to 10 days. For a long term facility, this may seem like an impossible task to accomplish in such a short of time period. In those cases, the service coordinator may be called upon to make commitments such as agreeing to physically come to the facility during these periods of stabilization.

While this may be required for the first several children placed for crisis stabilization, over time, trust usually develops between staff from the wraparound project and those at the crisis care facility. In one community, a long term locked residential facility, with an average length of stay of 12 to 18 months, agreed to convert one of their beds to a crisis stabilization bed with a length of stay of less than ten days. Their only condition was that child and family team meetings would occur at the facility within 72 hours of admission. The community based coordinator made that commitment and team meetings during the first quarter of operations occurred on Thanksgiving and New Years Day. One year later, the facility was calling its own child and family team meetings and notifying the coordinator after the fact. In developing these partnerships it is helpful to clarify expectations from the planning stage and to not set expectations which the facility can't meet. Crisis stabilization may be as effective in providing the adults with a chance to rethink the plan as calming the child.

Despite the fact that it is helpful to have a partnership with a local facility, it is critical that service coordinators and child and family teams don't overuse stabilizing placement services. The best interventions build plans that can be implemented within normalized and community settings. For example, a child who runs away may not necessarily need even short term placement if the team is effective at soliciting support from where the child runs. One community has accessed a group of young adults who spend time on the streets in an area where adolescents run. In this case, these young adults have consented to assist with resolving crisis situations and returning children who are in individualized services to their homes. This may require a great deal of planning and outreach time during the initial months of services but this decreases over time.

In managing children in crisis, it is important for the service coordinator to recognize that each team member will have a set of "hot buttons" which correlate to children's crisis. Some team members may feel that runaway episodes are extremely dangerous. Others may feel that a child refusing to go to school and general noncompliance should result in referrals to secure settings. Recognizing these concerns up front, the service coordinator should attend to various team member's issues during crisis. This may require increased telephone contact as well as simply checking with that person to resolve their concerns. Before an actual crisis occurs, many service coordinators may find it helpful to interview team members to find out what their biggest concerns are or to have the child and family team simply brainstorm worst case scenarios. In the latter case, it is helpful to have team members rate each scenario on what they feel is most disconcerting. This provides a framework for service coordinators to attend to individual team members concerns.

In addition to building community capacity to support the child over time, it is important the service coordinator works towards family capacity to manage crisis
situations. When a crisis has passed, it is often helpful to sit down with the family to identify what skills might have been helpful in resolving the crisis more successfully. This may also be done with the child. At that point, the plan can be modified to assure that these skills are provided to the family. This builds the basis for future stability for the family.

Finally, it is important to remember that while crisis episodes are intense they are usually short. This is true regardless of whether they are based on professionals and adults or the behavior of children. Most of these storms can be weathered and have been successfully managed in communities moving towards individualized services. Service coordinators who are especially effective at mobilizing resources during periods of crisis often find it difficult to transition to periods of stability. It is critical that the potential reinforcing value of successfully resolving crisis for professionals be considered in providing services to children and families. Further, children and families can often be reinforced by the team attention and support they receive during crisis episodes. The child and family team should continually reevaluate situations to assure this is not occurring.

FEATURES OF EFFECTIVE CRISIS PLANS

1. Effective crisis plans anticipate crises based on past knowledge. The best predictor of future behavior is past behavior.

2. Great crisis plans assume the "worst case" scenario and plan accordingly.

3. As you build a crisis plan always research past crises for antecedent, precipitant, and consequent behaviors.

4. Effective plans incorporate child and family outcomes as benchmarks or measures of when the crisis is over.

5. Good crisis plans acknowledge and build on the fact that crisis is a process with a beginning, a middle, and an end rather than just a simple event.

6. Crisis plans change over time based on what is known to be effective.

7. Clearly negotiated crisis plans, with clear behavioral benchmarks, help teams function in difficult times.

8. Behavioral benchmarks, (# runs, # stitches in a cut, etc.) need to change over time to reflect progress and changing capacities and expectations of the youth and family.
**TIPS FOR BUILDING EFFECTIVE CRISIS PLANS**

1. Always build plans that "triage" for differing levels of intensity and severity of crisis events. (Small crises do not require the same response as big crises.)

2. Build crisis plans early in the life of the team so they are in place when crisis occurs.

3. Be sure to ask the child and family what can go wrong with the whole plan as the first step in building the crisis plan. They know best what can go wrong.

4. Build crisis for 24 hour response. Crisis seldom occurs when it is convenient.

5. Clearly define roles for team members. Plan them up front and it will help the team keep to the mission of the overall plan during a crisis.

6. Build roles for family members and natural support people as they are likely to be most responsive during a crisis.

7. Create time for the team to assess their management of a crisis within two weeks of the crisis.

8. Establish a rule that no major decisions can be made until at least 72 hours after the crisis has passed. This can keep a team from overreacting to an event.

**SIXTH GROUP PLANNING EXERCISE. PART TWO**

**PREPARING FOR A CRISIS**

Review the situation in your child and family story. Think carefully about what you have learned about your character, and what you have surmised as you have worked to develop actions to meet their needs. Assuming that anything that can go wrong, will, what are some of the worst things that can happen? Are you sure? Use the worksheet below to develop specific crisis plans which directly relate to the "worst case scenario" for the child you are targeting. Part of worst case planning is having a plan B in place in case the people who were supposed to provide backup or intervention aren't available when the crisis occurs - which is usually what happens.

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<thead>
<tr>
<th>Anticipated Event</th>
<th>Planned Intervention</th>
<th>People Responsible</th>
<th>Plan &quot;B&quot;</th>
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# Crisis Analysis Worksheet

<table>
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<tr>
<th>Date of Incident:</th>
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<th>Time Frame</th>
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1. What was different?  
2. What was communicated?  
3. What did we do?  
4. What have we learned?

Proactive Alternatives ↔ Reactive Alternatives