CRISIS MANAGEMENT

Integrated Mental Health Care: Falloon IRH & OTP

Produced by Ballarat Health Services, Psychiatric Services
CRISIS MANAGEMENT

I: Early Detection and Crisis Prevention

Produced by Ballarat Health Services, Psychiatric Services

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Crisis Management and Problem Solving

Most crises develop over a period of days or weeks before coming to a head. Where people have recognised the early warning signs of a crisis, a little extra problem solving may be all that is needed to sort things out. In Resource Groups that have learned to use structured problem solving crisis management is often very straightforward.

The approach we use for crisis management sees a crisis as an opportunity to learn to cope more effectively with future crises, and preferably to avoid them, or to make them less stressful by more skilled use of problem solving at an even earlier stage in the future.

Are My Early Warning Signs Present?

Over the last while we may have noticed things happening that we think might be early signs of a worsening of our disorder.

WHAT EXACTLY HAVE WE NOTICED?

____________________________________________________________________

____________________________________________________________________

_________________________________________________________________

Let's look at our Early Warning Signs Worksheet and check whether the problems that we have had over the past few days are the signs that we may be developing another episode of our disorder.

If any one of these signs is present, even if we are not all 100% sure about it, we should look at the current situation closely to see what can be done to solve this problem without any delays.

The steps for dealing with Early Warning Signs are:

- review what symptoms of mental disorder are present
- review biomedical stresses -- physical health, medications
  - review life stresses
- problem analysis: what makes problem better or worse
  - problem solving: plan how to manage the problem

Review of Symptoms of Mental Disorder

Our Instructor will take a few minutes to speak with ___________ (patient) on his/her own to ask about any difficulties in his/her ability to think, feel and behave in the usual way.

(The Instructor will ask some or all the questions from a standard assessment of mental functions, such as the CPS-50, BPRS, PANSS, Hamilton Rating Scales for Depression or Anxiety, Yale-Brown Obsessive-Compulsive Scale, SCID, SCAN.)

Biomedical Stresses
We may recall that Early Warning Signs of an episode of a major disorder are often triggered off by changes in the person’s life situation or treatment.

**WHAT SORT OF THINGS TRIGGER OFF OUR MAJOR EPISODES?**

_____________________________________________________________________

_____________________________________________________________________

The two main things that trigger episodes of mental disorders are stresses in the person’s life that are not being managed well. And changes in a person’s body that increase the risk of symptoms.

These bodily changes may be:

- a physical illness
- changes in hormones (particularly in women)
- head injuries
- taking less medicine than is needed
- side effects of medicines
- smoking, alcohol, street drugs

**WHICH OF THESE THINGS MAY HAVE TRIGGERED OFF OUR EARLY WARNING SIGNS?**

_____________________________________________________________________

Life Stresses
Any increase in life stress may increase the risk of an episode of a mental disorder. The stresses may be a build up of many everyday hassles, or a continuing stress such as not having any satisfying activities, a lack of close friends, or not having enough money. They may also be a specific event in our life that has been difficult to adjust to. This can be an unpleasant event, such as a breakup of a friendship, or loss of a job. But it can also be a more pleasant event that is also stressful for us, such as starting a new course or job, developing a new relationship, or hobby. Stress is different for everyone. The things that one person finds stressful may be very different to the things another person finds stressful.

**WHAT THINGS HAVE WE FOUND STRESSFUL IN THE PAST FEW WEEKS?**

unpleasant events: __________________________________________________________

pleasant events: __________________________________________________________

everyday hassles: __________________________________________________________

continuing stresses: _________________________________________________________
Problem Analysis
From our discussions we can see that there are several problems to deal with. Some seem to be possible causes of others. At this stage is may be best to make a list of those that we think are most important to deal with first so that we can prevent a major crisis.

WHAT PROBLEMS DO WE THINK ARE MOST IMPORTANT TO DEAL WITH FIRST?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Problem Analysis
In order to get a better idea about the things that make these problems better or worse our Instructor will ask X_________(patient) some questions about them using the Problem Analysis Worksheet. This will take us 10-15 minutes.

Feedback to all group members
(after the Problem Analysis worksheet has been filled in and key points noted on the list below)

We have had a good discussion about the problem that X________ has been having. Some of the points that we felt were particularly helpful in thinking of ways to solve this problem were:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Are there any other points that we would like to add to these?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Problem Solving: A Plan to Manage the Problem
Crisis Management – Part One: page 4

Now we can use the **Problem Solving and Goal Achievement Worksheet** to develop a plan to solve the problem ___________________________________________.

We will use our usual arrangements for our Resource Group Meetings, with our usual Chairperson and Secretary. Our Instructor will only suggest solutions that have been shown to be very helpful in dealing with this sort of problem in similar circumstances, especially when those ideas have been supported by good research.

**Careful Planning**
Now that we have completed our problem solving and have developed a clear plan it may be a good idea to check over that plan to see that everyone knows exactly what they are expected to do, that we have planned how to deal with any likely hitches, and a way of monitoring progress on resolving the problem. We can use the **Crisis Management Plan** to help us plan things as clearly as possible.

---

**DO WE HAVE ANY QUESTIONS ABOUT THE PLAN TO DEAL WITH OUR EARLY WARNING SIGNS?**

---

**EXAMPLE**

Here is an example of a plan for resolving early warning signs:

*Before major episodes Joy had problems with her sleep, concentration and did not want to go out with her best friends. Six months earlier she had agreed that her Early Warning Signs were:*

1. reduction in my sleep of 2 hours for 3 nights in a row
2. not being able to read for more than 5 minutes at a time
3. being more than 4 hours alone in my room for three days in row

*After she had started a part-time job as a shop assistant she found that she was not able to get off to sleep on the days she had been at work. Her She and her husband Tom did some problem solving about how to cope with the stress of the new job, which helped her to cope. Unfortunately her sleep problem became worse, so she went to her family doctor, who wanted to give her some sleeping medicine. She reminded him that sleep problems were one of her warning signs. He checked her Early Warning Signs sheet that was in the front of her medical chart and helped her to phone her Instructor, Bill McLeod, who arranged an emergency session that afternoon.*

Together with her husband Tom, they confirmed that she had been sleeping less than two hours less than usual for 3 nights in a row; that there had been no change in her medicines or her general health; and that the warning sign was probably triggered by her stress of starting a new job. After a Problem Analysis it was decided that the main problem she had had was explaining to her work mates that she had had a mental illness. They made the following plan after they had completed a Problem Solving discussion:

**CRISIS MANAGEMENT PLAN: EARLY WARNING SIGNS**

*Key Problem: Difficulty explaining to my workmates that I had a depressive disorder.*
Personal Goals: To start a part-time (10 hours per week) job as a shop assistant in a department store within 2 bus stops of home, earning around $250 per month after tax and deductions.

Assessment of Problem Severity:
1. Record of anxiety level (0-10) when workmates asked questions about what she had been doing over the past 6 months
2. Hours of sleep each night

DAILY PROGRESS RECORD

Current Severity of Problem: 1. Anxiety = 8
2 Sleep = 4 hours

Expected Severity When Resolved: 1 Anxiety = 2
2 Sleep = 7-8 hours for 5 days in a row

Plan for Solving Problem
1) Joy to practice with Tom how to reply to work mates questions for 10 minutes before leaving for work after lunch. Starting at 12.30 tomorrow.
2) Joy to reduce caffeine intake to two cups of coffee daily -- from today
3) Bill to teach Joy relaxation techniques (PMR) at 10.30 am tomorrow
4) Bill to educate family doctor about benefits and risks of short-acting hypnotic drugs
6) Joy to record her anxiety and sleep each day on Sleep and Anxiety charts.
7) Bill to check levels anxiety, sleep and presence of any other warning signs daily at 10.30 am by visits or phone
8) Joy and Tom to continue problem solving stress at the new job - each evening after dinner.
9) Review plan in 5 days at regular training meeting -- 4.30 pm Tuesday.

Important Contact Numbers
Bill Macleod: 538 2384 (0900 - 1700)
On Call in evenings and weekends: 537 1000 or mobile 0336 325 600
Dr John Stubbs (family doctor): 537 7474 or mobile 0336 425 875
Crisis Management Plan: Early Warning Signs

Date ____________________

Key Problem

___________________________________________________________________

Personal Goals

____________________________________________________________________
____________________________________________________________________

Assessment of Problem Severity:

___________________________________________________________________

Current Severity of Problem:

___________________________________________________________________

Expected Severity When Resolved:

___________________________________________________________________

Plan for Solving Problem

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

_________________________________________________________ Important

Contact Numbers

____________________________________________________________________
____________________________________________________________________
PROBLEM ANALYSIS

PROBLEM: What is the problem? How often does it happen? How long does it last? How distressing? (Use chart)
__________________________________________________________________________________________________
__________________________________________________________________________________________________

BRIEF BACKGROUND:
_____________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

ANTECEDENTS: What happens in the moments just before the problem occurs? Do you find yourself in certain places, situations, or with certain types of people? Do you have any special thoughts or feelings? What exactly are you doing at that moment?
__________________________________________________________________________________________________
__________________________________________________________________________________________________

CONSEQUENCES: What happens immediately after the problem starts? What thoughts and feelings do you have? What things do you do? What do other people do? How do other people react?
__________________________________________________________________________________________________
__________________________________________________________________________________________________

MODIFYING FACTORS:
a) What seems to make the problem better? What makes it less likely to occur? (List all without discussion)

1________________________________ 2_______________________________ 3_______________________________
4________________________________ 5_______________________________ 6_______________________________

b) What seems to make the problem worse? What makes it more likely to occur?

1________________________________ 2_______________________________ 3_______________________________
4________________________________ 5_______________________________ 6_______________________________

BENEFITS AND DIFFICULTIES WHEN THIS PROBLEM IS SOLVED:
a) What benefits will you get when this problem is solved?
__________________________________________________________________________________________________

b) What possible disadvantages might there be for you when the problem is solved? e.g. loss of attention, pressure to work or to become more active, and to be expected to immediately do all those things you used to do?
__________________________________________________________________________________________________

CURRENT PROBLEM SOLVING STRATEGIES:
List all efforts to solve the problem, both effective and ineffective, including self, friends, professional treatment, etc
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

SUPPORTIVE PEOPLE: Who could help you to work on this problem? _____________________________________
SOLVING PROBLEMS AND ACHIEVING GOALS

Step 1. What exactly is the problem or goal?
Talk about the problem or goal until we can write down exactly what it is. Ask questions to make the issue clearer. Break a big problem or goal into smaller parts.

Step 2. List all possible solutions -- brain storming
Make a list of all ideas, even “bad” or “silly” suggestions. Get everyone to suggest something. Do NOT talk about whether ideas are good or bad at this stage.

1. 
2. 
3. 
4. 
5. 
6. 

Step 3. Briefly highlight the main advantages & disadvantages
Get our group to say quickly what we think are the main advantages and disadvantages of each suggestion. Do NOT write anything. Do NOT compare the possible solutions at this point.

Step 4. Choose the most practical suggestion
Choose the solution that can be carried out most easily with the resources (time, skills, materials, money) that we have at present.

Step 5. Plan exactly how to carry out the solution
Organise the resources we need. Consider how to cope with likely hitches. Practise all difficult steps -- rehearse or role play.

Date and time to review progress with plan

Step 6. Review progress in carrying out plan
Praise all the efforts we have made. Review progress on each step. Change the plan. Try another solution. Continue problem solving until our problem is resolved or our goal is achieved.
## DAILY WORKSHEET

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CRISIS MANAGEMENT

II: Intensive Treatment

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Crisis Management - Part Two: page 10

Intensive Care

Integrated mental health care approaches help people to manage their stresses better and to have fewer and less severe crises, both in their health problems as well as in their personal lives. However, even if we follow all the steps with medication and stress management perfectly, we are likely to have occasional crises. In the past some of these crises may have led to an admission to a hospital for intensive treatment. Recently a series of studies have shown that many serious crises can be treated at home, or in other places in the community aside from the psychiatric hospital. We believe that this should only be done when it is the best option for people recovering more quickly and completely from their disorders. Home-based crisis management can only be carried out when everyone involved is happy with the plan, and the full range of treatment can be provided in the community setting. In essence, all the key resources of the hospital can be made available in the home. This includes 24-hour nursing and medical treatment, with daily social work, psychology and occupational therapy consultation.

![Home vs Hospital-Based Crisis Care: % cases admitted after 12 months followup](image1)

![Home vs Hospital-Based Crisis Care: % of carers coping better during 12 months followup](image2)

Of course if crises can be detected at the earliest stage in their development then a much less intensive programme may be needed to resolve them.

The benefits of providing crisis management at an earlier stage means that many people can continue in their everyday lives without all the added stress of having to cope until help finally arrives from the hospital service. Working together with skilled professionals enables people to learn better ways to manage their own crises. Most people prefer to be cared for by their relatives or friends in their own homes, rather than have to adjust to a stressful hospital environment. Once the initial crisis has been resolved, relative and friends tend to feel pleased to have been able to assist in resolving the crisis (see graphs above).

A final, and very important component of home-based care is the provision of specific biomedical and psychosocial strategies to assist in the resolution of a wide range of medical, psychological and social problems that may not be considered important in the acute hospital treatment. These may include getting friends, work, hobbies, as well as coping with anxiety, depression, and persisting delusions, hallucinations and thinking difficulties.

The main steps in crisis management are:

- Early Detection and Intervention
- Problem Analysis of Main Problems
- Problem Solving to develop a Crisis Management Plan
- Daily Review of Progress
- Preventing the Crisis Recurring
**Problem Analysis of Main Problems (Instructor)**

Unfortunately despite all our best efforts at early intervention at this stage we have been unable to prevent our symptoms becoming worse. From our discussions we can see that there are several problems to deal with. Some seem to be possible causes of others. At this stage it may be best to make a list of those that we think are most important to deal with first so that we can help find ways to recover as quickly as possible.

**WHAT PROBLEMS DO WE THINK ARE MOST IMPORTANT TO DEAL WITH FIRST?**

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

In order to get a better idea about the things that make these problems better or worse, our Instructor will ask _____________(patient) some questions about them using the Problem Analysis Worksheet. This will take us 10-15 minutes.

**Feedback to all group members**

*(after the Problem Analysis worksheet has been filled in and key points noted on the list below)*

We have had a good discussion about the problems. Some of the points that we thought might be particularly helpful in thinking about ways to solve this problem were:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Are there any other points that anybody would like to add to this list?

_____________________________________________________________________________
_____________________________________________________________________________

**Problem Solving: A Plan to Manage the Main Problem**

We will use the Problem Solving and Goal Achievement Worksheet to develop a plan to solve the problem _____________________________.

We will keep our usual arrangements for our Resource Group Meetings, with our usual Chairperson and Secretary. Our Instructor will only suggest solutions that have been shown to be very helpful in dealing with this sort of problem in similar circumstances, especially when those ideas have been supported by good research.
Crisis Management

Careful Planning
Now that we have completed our problem solving and have developed a plan it may be a good idea to check over that plan to see that everyone knows exactly what they are expected to do, that we have planned how to deal with any likely hitches, and a way of monitoring progress on resolving the problem. Let’s look carefully at the Planning Checklist and make sure we have considered all the main points.

Resources to Carry out Crisis Management Plan at Home
It is very important to be sure that we have sufficient resources available to carry out this plan at home. We can use the checklist of Care Unit Resources to make sure that this is the case. If key resources are lacking and cannot be provided by our mental health team in a community setting we must do some problem solving on alternative places to carry out our plans. This may be in a hospital, day hospital, another residence nearby, or some other place where the key resources to be provided.

CHECKLIST OF KEY RESOURCES FOR MANAGING CRISSES

1. Board and Lodging: is housing, food, assistance with hygiene, basic healthcare available……………………………………………… Y/N
2. Monitoring: are people able to monitor the person’s disturbed behaviour patterns……………………………………………… Y/N
3. Stress Management: are people able to help reduce the person’s stress……………… Y/N
4. Risk to Others: are people put at risk of physical or emotional danger as a result of caring for the person at home……………… Y/N
5. Benefits of Care: will people in the care unit benefit from the opportunity to assist in the crisis management plan?………………... Y/N
6. Child Care: are the needs of children in the care unit being considered in the plan……………………………………………… Y/N
7. Work & Finances: are people able to take time off their work to assist, without causing financial stresses to the care unit……………… Y/N
8. Friends & Neighbours: are people outside the immediate care unit available to assist…………………………………………… Y/N
9. Prior experience: have people had previous experience of managing crises of a similar kind ………………………………………… Y/N

Problem Solving the Best Place to Recover from the Crisis
If key resources cannot be provided by our Care Unit, or the difficulties of providing crisis management in our home are greater than any benefits, then alternative places to carry out the plan may be needed. Structured Problem Solving worksheet should be used to consider the various alternatives to home-based crisis care, including the possibilities of carrying out the plan in a hospital. When considering alternatives to the home, it is important to also consider whether the Key Resources are available in that place at that time. And whether that setting offers the best option for a quick and lasting recovery. Of course plans should be made to continue the Crisis Management Plan in a hospital or any other place in the community that we all choose.
CRISIS MANAGEMENT PLAN

Date________________

Key Problem

_______________________________________________________________________________________________________

Personal Goals

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

Assessment of Problem Severity

_______________________________________________________________________________________________________

Current Severity of Problem

_______________________________________________________________________________________________________

Expected Severity When Resolved

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

Plan for Solving Problem

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Important Contact Numbers

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Example of a Crisis Management Plan

### Key Problem
Joy is extremely unhappy and spends most of the day in bed doing nothing constructive or enjoyable.

### Personal Goals:
To develop a hobby that I will enjoy doing at least 2 hours every day

### Assessment of Problem Severity:
Hours each day (from 9am to 11pm) Joy spends in bed

### Current Severity of Problem:
9.5 hours on average over the past 5 days

### Expected Severity When Resolved:
Less than 1 hour per day

---

### Plan for Solving Problem

**Joy** has agreed to try to do the following things:

1. To get out of bed and dress myself before 10.00 am every day
2. To arrange a schedule of pleasant activities for the next day every evening with assistance from Terry.
3. To meet with David (Instructor) for at least two hours every day from today for the next 4 days. Times and activities to be planned daily.
4. To take one 100 mg. tablet of nortriptiline around 8 pm. every night
5. Keep daily records of sleep and activities with help from Terry and David.

**Terry S.** has agreed to do the following:

1. Provide Joy with three light meals daily, to be served at the kitchen table, allowing her to relax and eat slowly
2. To praise Joy for all her efforts no matter how small
3. To supervise her tablet taking each evening
4. To help her arrange a daily schedule of activities she finds rewarding
5. To assist in completing ratings
6. To contact Mental Health Service at any time of day or night that I am concerned about any aspect of Joy’s disorder, or my own coping abilities.

**David Jackson, Mental Health Instructor, has agreed to do the following:**

1. To visit Joy and Terry at least once daily for the next 4 days, for at least 2 hours.
2. To arrange treatment aimed to increase Joy's time engaged in activities she finds rewarding; and to help her to increase the time she sleeps between 11 pm. and 9 am.
3. To review progress from ratings and discussions everyday and to change plans accordingly
4. To discuss problems and plans with the mental health team and provide regular reports.
5. This plan will be checked everyday, and will be reviewed on 23rd March at 4 pm.

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### Important Contact Numbers

- Dr Wyatt   0280 847 932 daytime   0280 826 434 nights
- David Jackson   937 047 daytime    0336 578 932 nights (team member on duty)

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### Keeping records and charts of progress
A very important aspect of crisis care is keeping records of our progress. Most people find that this is most useful when progress can be noted in a simple way on a record sheet or chart. We have many charts that are used for different problems, such as sleep records, food and drink intake, medication record, or a daily record of thoughts. However, the two we use the most are the **Daily Progress Record** and the **Weekly Activity Schedule**.
These can usually be filled in by the person with the problem, with help from a family member or friend. They help us to see the progress that is being made without the need for a lengthy interview at the beginning of each session. If anyone has any suggestions on how we can improve these records we would be very pleased to know about them.

**Making sure that crisis management supports personal goals and helps us to prevent future episodes**

A crisis may be a set back on the road to full recovery from a mental disorder, but it may also help us all learn a little more about some of the important ways to prevent future episodes, and even possibly help us to recover quicker. We can learn to recognise the amount of stress we are able to cope with, the best level of medication for us. We may also find underlying medical disorders may reduce the risk for further episodes that when they are well treated. We may begin to realise that drinking alcohol, smoking, or taking street drugs may play a role in our disorders. In addition, we may be able to learn more about our early warning signs so that we can start intensive treatment even sooner and prevent minor problems becoming major crises.

**WHAT THINGS HAVE WE LEARNED THAT MIGHT HELP US RECOVER FROM OUR DISORDER?**

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Once we have dealt with the main crisis problems we may be able to plan ways to use this new knowledge to help our recovery.

**Continued Goal Achievement**

Even if we have not learned anything from our crisis it is important that we continue to work on achieving our Personal Goals throughout this period. This may be particularly important if we spend some time in hospital, where it may not be easy to continue our work, courses or hobbies. However, we will plan how we can continue these efforts throughout the crisis period.
## PLANNING CHECKLIST

1. ARE ALL THE RESOURCES NEEDED TO CARRY OUT THE SOLUTION AVAILABLE? YES NO
   -- materials, money, skills, time?
   ☐ ☐

2. HAVE PEOPLE AGREED TO GET THE RESOURCES THAT ARE NEEDED?
   ☐ ☐

3. HAVE ALL STEPS BEEN ARRANGED SO THAT EVERYONE KNOWS WHAT THEY ARE DOING AND WHEN THEY ARE DOING IT?
   ☐ ☐

4. HAVE THE STEPS BEEN CHECKED TO HIGHLIGHT LIKELY MAJOR HITCHES?
   ☐ ☐

5. HAVE SPECIFIC PLANS BEEN MADE TO COPE WITH LIKELY MAJOR DIFFICULTIES?
   ☐ ☐

6. HAVE PEOPLE PRACTISED DIFFICULT PARTS OF THE PLAN? (e.g. rehearsed meeting somebody, taking a new bus route, having an interview, making a telephone call, etc)
   ☐ ☐

7. HAS A PERSON AGREED TO CHECK AND REMIND PEOPLE TO DO WHAT THEY HAVE SAID THEY WILL DO?
   ☐ ☐

8. HAS A TIME AND PLACE BEEN AGREED TO DISCUSS PROGRESS WITH THE PLAN?
   ☐ ☐

### NEW PLAN

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
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DAILY PROGRESS RECORD

NAME: ___________________________     DAY: _______________________

PROBLEM OR GOAL: ______________________________________________________

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PROBLEM ANALYSIS

PROBLEM: What is the problem? How often does it happen? How long does it last? How distressing? (Use chart)

__________________________________________________________________________________________________
__________________________________________________________________________________________________

BRIEF BACKGROUND:
_____________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

ANTECEDENTS: What happens in the moments just before the problem occurs? Do you find yourself in certain places, situations, or with certain types of people? Do you have any special thoughts or feelings? What exactly are you doing at that moment?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
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CONSEQUENCES: What happens immediately after the problem starts? What thoughts and feelings do you have? What things do you do? What do other people do? How do other people react?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

MODIFYING FACTORS:
a) What seems to make the problem better? What makes it less likely to occur? (List all without discussion)

1 __________________________________________ 2 __________________________________________ 3

4 __________________________________________ 5 __________________________________________ 6

b) What seems to make the problem worse? What makes it more likely to occur?

1 __________________________________________ 2 __________________________________________ 3

4 __________________________________________ 5 __________________________________________ 6

BENEFITS AND DIFFICULTIES WHEN THIS PROBLEM IS SOLVED:
a) What benefits will you get when this problem is solved?

__________________________________________________________________________________________________

b) What possible disadvantages might there be for you when the problem is solved? e.g. loss of attention, pressure to work or to become more active, and to be expected to immediately do all those things you used to do?

__________________________________________________________________________________________________

CURRENT PROBLEM SOLVING STRATEGIES:
List all efforts to solve the problem, both effective and ineffective, including self, friends, professional treatment, etc
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

SUPPORTIVE PEOPLE: Who could help you to work on this problem?
__________________________________________________________________________________________________
SOLVING PROBLEMS AND ACHIEVING GOALS

Step 1. What exactly is the problem or goal?
Talk about the problem or goal until we can write down exactly what it is. Ask questions to make the issue clearer. Break a big problem or goal into smaller parts.

Step 2. List all possible solutions -- brain storming
Make a list of all ideas, even “bad” or “silly” suggestions. Get everyone to suggest something. Do NOT talk about whether ideas are good or bad at this stage.

1. 
2. 
3. 
4. 
5. 
6. 

Step 3. Briefly highlight the main advantages & disadvantages
Get our group to say quickly what we think are the main advantages and disadvantages of each suggestion. Do NOT write anything. Do NOT compare the possible solutions at this point.

Step 4. Choose the most practical suggestion
Choose the solution that can be carried out most easily with the resources (time, skills, materials, money) that we have at present.

Step 5. Plan exactly how to carry out the solution
Organise the resources we need. Consider how to cope with likely hitches. Practise all difficult steps -- rehearse or role play.

Date and time to review progress with plan ______________________

Step 6. Review progress in carrying out plan
Praise all the efforts we have made. Review progress on each step. Change the plan. Try another solution. Continue problem solving until our problem is resolved or our goal is achieved.
CRISIS MANAGEMENT

III: Coping With Those Times When Life Does Not Seem Worth Living

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At some time in our lives most of us have felt that life was not worth living and that we might be better off dead. We may have felt that there was no way to solve the problems we had and may have even considered that killing ourselves was one possible solution. Fortunately we did not manage to follow through those ideas successfully and we are still here doing our best to cope with all the problems in our lives. It is very difficult to know exactly who is likely to kill themselves, because so many of us have thought of suicide, but so few of us actually take any serious actions, and even fewer succeed.

**HAVE WE HAD ANY THOUGHTS THAT LIFE WAS NOT WORTH LIVING?**

_____________________________________________________________________

**WHAT SEEMED TO BE THE MAIN PROBLEMS WE HAD AT THAT TIME?**

_____________________________________________________________________

_____________________________________________________________________

**DID WE HAVE ANY IDEAS THAT KILLING OURSELVES MIGHT BE A SOLUTION?**

_____________________________________________________________________

**HOW FAR DID WE GO WITH PLANS TO KILL OURSELVES?**

_____________________________________________________________________

---

**How Do We Know When A Person Is At Risk Of Killing Themselves?**

A person suffering from a major mental disorder such as depression, schizophrenia or a severe anxiety disorders has a higher risk of suicide than other people in the community. This risk is especially high when we have depressive symptoms that make us feel that we are completely hopeless and not able to do anything to solve our problems. Depression usually makes us think that things are much worse than they really are. But some people kill themselves when they have real life problems that are extremely stressful and they feel that same intense hopelessness. This may be the result of some major stress, such as loss of a job, breakup of a relationship, a death of a loved one, being arrested for a crime, or having an incurable painful illness. People who drink alcohol or take other drugs to cope with their life stresses are also at risk of suicide, especially when they find that the drugs do not solve any problems, and may cause stress to increase. Let us look at this list of things that increase the risk that a person may decide to kill themselves:
SUICIDE RISK CHECKLIST

☐ Male
☐ Living alone
☐ Single, separated, divorced or widowed
☐ Unemployed
☐ High life stress or traumatic events
☐ Recent losses, such as death of loved ones, business failure, school failure, relationship breakup
☐ Incurable health problems - cancer, pain, AIDS, physical handicaps
☐ Major mental disorders
☐ Uses alcohol or drugs to solve problems
☐ Made a previous suicide attempt

HOW MANY OF THESE FACTORS APPLY TO US AT PRESENT?

______________________________________________________________________

If we are feeling that life is hopeless and several of these factors apply to us our risk of carrying out some suicidal plans must be considered a possibility. Our mental health team may then do the following procedures without delay:

• arrange for a consultation with a psychiatrist. This will usually be a meeting with us and key people in our Resource Group
• make sure that we are appropriately supervised at all times of the day and night by a professional or Resource Group carers who clearly understand the danger and are willing to take responsibility for keeping a close watch on us. In the absence of people both capable and willing to undertake this monitoring responsibility in our homes it is sometimes necessary to arrange for us to go to a hospital or day hospital.
• make sure that it is not easy for us have the things that we could use to kill ourselves. They could remove all sharp knives, razors and guns from our house, getting rid of all unused medicines, supplies of alcohol and drugs, or dangerous cleaning materials or poisonous chemicals.
• any medicines that we take are prescribed in small doses by our doctor, and a clear note is made on the front of our medical chart to alert other doctors about our current concerns.
• every day we will be asked about our feelings of hopelessness and our plans to resolve our problems and our risk of killing ourselves will be reviewed.
Problem Analysis
Because killing ourselves is a possible solution to the problems that seem to be overwhelming us at the moment, the approach to treatment is to help us clarify our most important problems and then to try to find better ways of solving them.

In order to get a better idea about the things that make these problems better or worse, our Instructor will ask X________ some questions about it using the Problem Analysis Worksheet. This will take 15-20 minutes. We can all stay and listen, but we may have other things that we would rather be doing at this time.

Feedback to all group members
(after the Problem Analysis worksheet has been filled in and key points noted on the list below)
We have had a good discussion about the problem that X________ has been having. Some of the points that we felt were particularly helpful in thinking of ways to solve this problem were:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Are there any other points that we would like to add to these?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Problem Solving
We can complete a Problem Solving worksheet to develop a practical plan to try to find some ways to reduce our risk of losing control of our strong negative feelings. As usual, we will organise the discussion, with our usual Chairperson and Secretary. Our Instructor may add my ideas to those that we come up with, especially those strategies that have been helpful for other people in this situation and are based on good research. Is that OK for everyone?

Careful Planning To Manage The Risk Of Suicide
Now that we have completed our problem solving and have developed a plan let’s check to see that everyone knows exactly what they are expected to do, that we have planned how to deal with any likely hitches, and have a way of knowing what progress we have made in resolving the problem. Let’s go through a Planning Checklist and then write down the Plan as clearly as possible on the sheet at the end of this section. We will then make copies of this for each one of us, as well as our doctors and any other members of our team that might need to know about the plan.
Real Life Practice and Recording Progress
It is important that we keep a record of the way that we apply the plan we have made. We will use the *Daily Progress Record* to note those times and situations when (X........) has distressing feelings that life was not worth living or thoughts about suicide. As well it may be helpful to make a note of those strategies used to cope with those feelings. We will use this to continue to find better ways to cope with this problem until we are all satisfied that it has been solved and the risk of suicide has gone away.

Continued Goal Achievement
It is important that we all continue to work on achieving our *Personal Goals* throughout this period of crisis. This may be particularly important if we spend some time in hospital, where it may not be easy to continue our work, courses or hobbies. However, we will plan how we can continue these efforts throughout the crisis period.

SUMMARY
The main parts of an approach to prevent people killing themselves are:

- a detailed assessment of the person's mental and physical health
- reviewing the person's profile of risk factors
- developing a plan to monitor the safety of the person
- assessment of the person's feelings of hopelessness and helplessness in solving the problems as they see them -- even when those problems seem unrealistic or exaggerated in importance to other people
- application of effective treatment of mental and physical health disorders
- carry out a Problem Analysis to sort out the key problems that are overwhelming the person and the ways that they are coping with them
- Problem Solving to develop a plan to resolve these problems
- preparation of a Crisis Management Plan that clearly specifies all the strategies.
  Copies are provided for the people at risk and all those caring for them
- daily review of progress and level of risk of suicide, with changes of plans as needed
CRISIS MANAGEMENT PLAN

Date________________

Key Problem
____________________________________________________________________________

Personal Goals
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Assessment of Problem Severity
____________________________________________________________________________

Current Severity of Problem
____________________________________________________________________________

Expected Severity When Resolved
____________________________________________________________________________

Plan for Solving Problem
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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Important Contact Numbers
____________________________________________________________________________
____________________________________________________________________________
Example of a Crisis Management Plan

Key Problem
Amanda does not want to keep on living and has been planning to kill herself by throwing herself in front of a bus, truck or car.

Personal Goals: To develop a hobby that I will enjoy doing at least 2 hours every day

Assessment of Problem Severity: Hours each day Amanda thinks that life is not worth living

Current Severity of Problem: 8.5 hours on average over the past 5 days
Expected Severity When Resolved: Less than 2 minutes per day

Plan for Solving Problem

Amanda S. has agreed to try to do the following things:
1. To get out bed and dress myself before 10.00 am. everyday
2. To arrange a schedule of pleasant activities for the next day every evening with assistance from Joe.
3. To tell Joe when I am feeling frustrated and begin to think that life is not worth going on with, even when he is busy.
4. To meet with David for at least two hours everyday from today for the next 4 days. Times and activities to be planned daily.
5. To take one 1 mg. tablet of haloperidol around 8 pm. every night
6. To keep daily records of sleep and activities with help from Joe and David.

Joe S. has agreed to do the following:
1. Provide Amanda with three light meals daily, to be served at the kitchen table, allowing her to relax and eat slowly
2. To praise Amanda for all her efforts no matter how small
3. To supervise her tablet taking each evening
4. To help her arrange a daily schedule of activities she finds rewarding
5. To assist in completing ratings
6. To contact Dr Wyatt and his practice team (including David and Samantha) at anytime of day or night that I am concerned about any aspect of Amanda’s disorder, or his own coping abilities.

David Jackson, Mental Health Instructor, has agreed to do the following:
1. To visit Amanda and Joe at least once daily for the next 4 days, for at least 2 hours.
2. To arrange treatment aimed to increase Amanda’s time engaged in activities she finds rewarding; and to help her increase the time she sleeps between 10 pm & 8 am
3. To review progress from ratings and discussions everyday and to change plans accordingly
4. To discuss problems and plans with Dr Wyatt, Samantha James and the mental health team and provide regular reports to them and in Amanda’s medical record at the practice.

This plan will be checked everyday, and will be reviewed on 23rd March at 4 pm.

Important Contact Numbers

Dr Wyatt  0280 847 932 daytime  0280 826 434 nights
David Jackson  937 047 daytime  0336 578 932 nights (team member on duty)
PROBLEM ANALYSIS

PROBLEM: What is the problem? How often does it happen? How long does it last? How distressing? (Use chart)
____________________________________________________________________________________________________
____________________________________________________________________________________________________
BRIEF BACKGROUND:_____________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
ANTECEDENTS: What happens in the moments just before the problem occurs? Do you find yourself in certain places, situations, or with certain types of people? Do you have any special thoughts or feelings? What exactly are you doing at that moment?
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
CONSEQUENCES: What happens immediately after the problem starts? What thoughts and feelings do you have? What things do you do? What do other people do? How do other people react?
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
MODIFYING FACTORS:

a) What seems to make the problem better? What makes it less likely to occur? (List all without discussion)
1 ___________________________________________ 2 ___________________________________________ 3
4 ___________________________________________ 5 ___________________________________________ 6

b) What seems to make the problem worse? What makes it more likely to occur?
1 ___________________________________________ 2 ___________________________________________ 3
4 ___________________________________________ 5 ___________________________________________ 6

BENEFITS AND DIFFICULTIES WHEN THIS PROBLEM IS SOLVED:

a) What benefits will you get when this problem is solved?
____________________________________________________________________________________________________

b) What possible disadvantages might there be for you when the problem is solved? e.g. loss of attention, pressure to work or to become more active, and to be expected to immediately do all those things you used to do?
____________________________________________________________________________________________________

CURRENT PROBLEM SOLVING STRATEGIES:
List all efforts to solve the problem, both effective and ineffective, including self, friends, professional treatment, etc
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

SUPPORTIVE PEOPLE: Who could help you to work on this problem? ______
SOLVING PROBLEMS AND ACHIEVING GOALS

Step 1. What exactly is the problem or goal?
Talk about the problem or goal until we can write down exactly what it is. Ask questions to make the issue clearer. Break a big problem or goal into smaller parts.

Step 2. List all possible solutions -- brain storming
Make a list of all ideas, even “bad” or “silly” suggestions. Get everyone to suggest something. Do NOT talk about whether ideas are good or bad at this stage.

1.________________________________________________________________________
2.________________________________________________________________________
3.________________________________________________________________________
4.________________________________________________________________________
5.________________________________________________________________________
6.________________________________________________________________________

Step 3. Briefly highlight the main advantages & disadvantages
Get our group to say quickly what we think are the main advantages and disadvantages of each suggestion. Do NOT write anything. Do NOT compare the possible solutions at this point.

Step 4. Choose the most practical suggestion
Choose the solution that can be carried out most easily with the resources (time, skills, materials, money) that we have at present.

Step 5. Plan exactly how to carry out the solution
Organise the resources we need. Consider how to cope with likely hitches. Practise all difficult steps -- rehearse or role play.

Date and time to review progress with plan ____________________________

Step 6. Review progress in carrying out plan
Praise all the efforts we have made. Review progress on each step. Change the plan. Try another solution. Continue problem solving until our problem is resolved or our goal is achieved.
**DAILY WORKSHEET**

Name: __________________           Date ___/___/___

Problem/Goal: ____________________________________________

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# DAILY WORKSHEET

Name: __________________  Date ___/___/___

Problem/Goal: __________________

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