

Crises are a Family Affair

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In a mental or behavioral health crisis, we all tend to focus on one identified individual. However, I would like to suggest that this is a limited and not particularly helpful approach because crises affect all members of the family.

For the purpose of our discussion, we will follow John, a hypothetical consumer, age 24, who receives DDD services and who has an intellectual disability as well as a diagnosis of bipolar disorder. John's mother, Mrs. Smith, is John's primary caregiver and support person. According to our usual thinking and practice, if John has acted unsafely, resulting in his need for crisis services or hospitalization, all services leading up to, during and following hospitalization would focus on John. For the purpose of our review, all members of John's family are affected by events leading up to crisis, during crisis and in the aftermath of mental health or behavioral emergency.

Let's consider some things that the Smiths can do before, during and after a crisis situation to better manage the situation during crises and plan in ways that lessen the likelihood of John having a future crisis occurrence. The Smiths need to be concerned with their own self-care and care of all members during a crisis not only to be able to better support John but in order to avert problems for other members of the Smith family.

What is a behavioral health crisis? It is when a person acts in ways that are potentially dangerous that represent a dramatic departure from that person's usual and characteristic behavior. Usual ways of responding to and containing these behaviors no longer work to keep the individual and others around that person physically and/or psychologically safe. John may show changes in thinking, mood and behaviors that interfere with his pursuit of everyday routine such as going to school, being at work, being in relationship with family members and others. John may exhibit aggression, self-injury, property destruction, become verbally menacing, elope. Any and all of the aforementioned behavioral changes can be accompanied by John feeling great emotional distress.

Often there are minor episodes or "micro crises" that occur leading up to a behavioral health emergency. It is important for all members of the Smith family to pay attention and not ignore these seemingly minor outbursts. These can be early indicators that John is stressed and overtaxed to the extent that exceeds his ability to manage his thoughts, feelings or behaviors using his characteristic coping skills. The Smiths can be helpful to John by proactively identifying sources of his stress, and finding ways to help him settle down and relax. This might include re-examining ways of modifying task demands, expectations and environmental triggers in order to help John regain his equilibrium. John's family can find ways to give a place to regain composure, change his immediate setting, encourage him to use breathing exercises, and engage in self-distraction to reduce anxiety. These skills can be taught well before a crisis situation. When John is stressed, he can be prompted to use the techniques he has learned which may avert a further escalation of crises. Mrs. Smith can encourage John to go for a walk, groom the family

dog, take a soothing bath, or play his favorite music. Mrs. Smith and other members of the family would benefit from learning the difference between behaviors that are annoying and those that are dangerous; John and his family can learn simple techniques to better problem solve and manage minor outbursts. The Smiths also need to know when to pay immediate attention if John is losing control in order to keep him and everyone around him safe. The Smiths can learn which of John's behavior to reinforce and which behaviors to ignore. The Smiths can learn how to more effectively respond to John by working alongside experienced professionals who provide crisis and behavioral support.

The Smith family can enlist professional help in order to determine if behavior episodes constitute a crisis and what actions they can take. Statewide Clinical Consultation and Training (SCCAT) **1-888-393-3007** is a free 24/7 crisis response service for adults 21 and older with an intellectual and/or developmental disability offered through the Divisions of Developmental Disabilities and Mental Health and Addiction Services. A SCCAT clinician will come out to see John at the Smiths' residence or at his day or work program. A SCCAT clinician will work with the Smiths to determine next steps. The goal is to divert unnecessary ER presentations and get John the appropriate level of mental health and behavioral support. Call Perform Care for your relative if he or she is under 21: **1-877-652-7624**

What else can the Smiths do to avert a crisis situations? Mrs. Smith can bring John to his physician for a comprehensive rule out of medical conditions that may contribute to thinking, mood and behavioral problems. If John is on medication to address mood or thinking problems, she can remain in close contact with John's prescribing practitioner.

Not every outburst requires medication or hospitalization. There is a great deal that can be done to anticipate problems and prepare. For instance, if John is home from work or day program for a holiday and it is difficult to be outside of his routine, the family can anticipate the need for a plan of activities. If holiday get-togethers during Thanksgiving or Christmas are stressful or overstimulating the Smiths can do many things to anticipate potential problems, and prepare themselves and others to better manage any behavioral problem that may arise.

When John shows changes in his usual behavior, when he is not sleeping or eating (may be signs of distress), his family implements a plan that includes additional supports for John, close communication with his day program staff, and keeping other family members and supports advised and updated regarding what they can expect and what they can do. John's staff and family may lessen task demands, increase their prompting for John to use his stress toolbox that he developed with the help of a SCCAT clinician. Mrs. Smith was shown by a SCCAT clinician how to complete an A-B-C chart in order to follow patterns in his behavior and identify triggers to his aggressive behaviors. John's family has developed a crisis plan based on the material within the *Family Crisis Handbook* (www.sccatnj.org), look under News and Events tab for pdf). The Smiths know when to call SCCAT in order to get advisement regarding John's behaviors and whether or not to bring him to the ER. The Smiths' crisis plan also includes how other members of the family who need care will be supported in the event that Mrs. Smith

needs to call 911. For instance, John's grandmother lives at home with them and Mrs. Smith is the main support for John and for her own mother. At times of crisis, John's mother calls upon other members of the family, neighbors, friends and fellow congregants from her church. Mrs. Smith's brother drives John's grandmother to any medical appointments, fellow congregants bring in cooked meals and a neighbor goes shopping and attends to other chores while John's mother places her full attention upon John and their unsettled situation.

In the event of an emergency when John behaves unsafely towards himself or other and usual containment methods do not work, Mrs. Smith calls 9-1-1. In anticipation of John being taken to the hospital by police, she has ready access to her legal papers, his clothing and she bring along some items she knows have traditionally helped him calm down. She follows the police to the hospital in her car and hands over materials to the emergency room personnel. Having established herself as the legal guardian she advocates for John. She might point out any previous adverse drug reactions and that John would benefit if he could wait in a quieter and less crowded place. She calls the SCCAT clinician to see John in the ER.

Mrs. Smith has planned and rehearsed for this event; although upset by her son's current level of emotional and behavioral distress, she is managing the situation as well as can be expected. She remains in phone communication with her husband who will join her at the ER after checking in with other members of the household. The SCCAT clinician assesses and recommends that John go to the specialized unit at Trinitas. Alternatively, the clinician might recommend that he go to a local hospital or he can be followed by a SCCAT clinician if he is discharged directly home.

If hospitalized John will receive treatment and be prepared for discharge. A SCCAT clinician will follow up to promote community re-integration and tenure. John's mother requests an IDT that will be convened after John's discharge from the hospital in order to share what has been learned and where gaps or weaknesses in John's supports may exist. These service gaps may have contributed to his recent crisis and hospitalization. Once he is discharged, the SCCAT clinician will follow him until longer term stabilization services (behavior therapy, counseling, and medication management). In John's case, his ability to return to work may initially involve SCCAT working with his ATC staff to change some of his work responsibilities that he was finding too stressful but about which he did not feel he could communicate.

Mrs. Smith wants John to feel physically and psychologically safe but she is also concerned about other members of the family. This has been a grueling experience for everyone whether or not they were directly involved in crisis response. Everyone was affected. Mrs. Smith is told about MOM 2 MOM and Intensive Family Support Services (IFSS) Mrs. Smith decides that she needs to take a week off from work to help everyone get back to their routine and will evaluate whether or not she needs a longer period of time. She will concentrate on her own self-care and encourage other member of the household to do the same. Mrs. Smith will also join National Alliance of the Mentally Ill

(NAMI) to find out more about mental health disorders and learn from other families who have a member who is affected by significant mental health problems.