



MODULE 2

Assessing Risk and Managing Crises

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by/par health **nexus** santé

What is a Crisis?

- Time of intense difficulty or danger
- Exhaustion of individual's:
 - Coping skills
 - Self-esteem
 - Social support
 - Power

Emotional Crisis

- Frequently occurs in the context of mental illness
- Can overwhelm the whole family
- May include suicide or harm ideation

Module Goals

- Understanding the implications of a crisis on clients and their families.
- Assessing the client and if the client is at risk for harming self or others.
- Facilitating short-term help until additional assistance and resources can be accessed.

Module Content

- Key Messages for Service Providers
- Case Example
- Assessing the Client
- Intrusive Thoughts
- Suicidal Ideation and/or Harm Ideation regarding Children
- Responding to Clients
- Creating a Plan for Their Safety and Care

Key Messages for Service Providers

- If the client is emotional and not in crisis
 - Ask about stressors that affected the client's emotions
 - Ask about additional risk factors for depression and anxiety
 - Use a validated screen to assess the symptoms

If the Client Is in Crisis

- Stay calm and get the client to talk
- Assess if there is an immediate safety concern to the client or the child(ren)
 - Is there suicidal or infant harm ideation?
 - Is there a plan of action or high impulsivity?
- Make a plan with the client that ensures:
 - The client's own safety
 - The children's safety
 - How to address the cause of the crisis
- Ensure there is adequate follow-up.

Case Example



Lila is a single mother of a 6 week-old baby. She has been diagnosed with postpartum depression and has a history of general anxiety disorder but is not on any medications at present. When you arrive for a scheduled visit, Lila's home is a mess. The baby is crying. Lila is crying, too. She tells you her monthly financial allowance has not arrived this week and she is almost out of diapers. She cries harder and starts to hyperventilate. You try to calm her down, but she is almost hysterical and tells you the baby would be better off without her.

Assessing the Client

- Risk factors for depression or anxiety
- An existing mental illness
- Signs of depression or anxiety
- Signs of impulsive behaviour
- Intrusive thoughts
- Suicidal ideation and/or harm ideation regarding the children

Consider Screening

- The Edinburgh Postnatal Depression Scale (EPDS)
- The 4-item Patient Health Questionnaire (PHQ-4)

Intrusive Thoughts

- Are negative and usually repetitive
- Can come out of nowhere
- Typically focus on health and safety concerns related to baby/children, but can also center on thoughts about self, or the partner
- Often appear in the form of thoughts or images, e.g., *“What if I drop my baby when I go down the steps?”*, *“I can picture myself driving off the road with my baby in the car.”*
- Can be indirect or passive (*seeing the baby slip out of the individual’s hands*), or they can imply intention (*thinking about throwing the baby on the floor*)

Intrusive Thoughts

- Will make her/the individual feel like she/he is a bad parent; will make her/him feel guilty and ashamed
- May or may not be accompanied by compulsive behaviors (e.g. excessive checking)
- Can be a symptom of postpartum depression, obsessive-compulsive disorder, or they may occur in the absence of a diagnosis.

Suicidal Ideation and/or Harm Ideation regarding Children

Statements you may hear:

- “I am going to kill myself.”
- “I can’t take it any more.”
- “My family would be better off without me.”
- “I can see terrible things happening to my child.”
- “I would save my child pain and suffering if he/she was not alive or living with me.”

Suicidal Thoughts

Are often:

- A plea for help
- A desperate attempt to escape problems and distressing feelings

May be a sign of:

- Mental illness

Responding To Clients Who Are Expressing Thoughts of Suicide

- Let the client know you care and want to help
- Express empathy in a non-judgemental way
- Engage the client in a conversation
- Ask about suicide and a plan of action
- Explore the risk
- Let the client know that thoughts of suicide do not have to be acted on
- Engage the client in developing a plan for safety

Examples of Helping and Empathic Statements

- It sounds like you are feeling so badly that you do not wish to be here or live anymore. I would like to help you. Would you tell me more about what you are feeling?
- Having thoughts of self harm or suicide can be common when someone is very stressed or receiving bad news. Your health is important to us and I would like to make sure that you feel safe. Would you tell me more about what thoughts you are having?
- It sounds like you are frightened that you may act on your scary thoughts about the baby. Can you tell me more about your thoughts and how they make you feel?

Explore...

If the client responds **yes** to having (direct or indirect) thoughts of self-harm or suicide, ask for more information:

- Have you thought of doing it?
- Have you decided **how** you would do it?
- Have you decided **when** you would do it?
- Have you taken any steps to get the things you would need to carry out your plan?
- Are you currently using alcohol or drugs (prescribed medications or recreational drugs like pot)?

Explore

If the client responds no to having thoughts of self-harm or suicide, ask:

- Do you wish you were dead?
- When you go to sleep, do you often wish you would not wake up?
- Are you doing anything that might result in your harming yourself or dying (e.g., smoking more, binge drinking)
- Are you not doing things that you would normally do to protect yourself from harming yourself or dying (e.g., not wearing a seatbelt, having unprotected sex)
- Have you harmed yourself now or in the past (e.g., cut, burned)

Listen to the Reasons for Dying and Living

- Ambivalence (mixed feelings) about suicide
- First, reasons for dying, e.g., “Right now, you can’t keep living because...”
- Second, reasons for living, e.g., “What would you most look forward to if the immediate pain and problems could be solved?” Or: “What stops you from harming yourself / taking your life at this time?”

Explore for Infanticide Ideation

Have you had any negative thoughts or images about harming your baby/child:

- If yes:
 - Have you made any plans to harm your baby/child or are they just ideas?
 - Can you give me more details?
 - Do these thoughts disturb you?

Have you attempted to harm your baby/child or failed to protect him?

- If yes:
 - When did this happen?
 - Can you tell me more about it?

Key Messages When Responding to Clients in Crisis

- Stay calm and get the client to talk
- Assess if there is an immediate safety concern to the client or the child(ren)
 - Is there suicidal or harm ideation?
 - Is there a plan of action or high impulsivity?
 - Are there other behaviours that may harm the client or the child?
- Create a safety plan with the client
- Call child protection services if there is a concern about the child(ren)'s safety

Creating a Plan for Safety and Care

Aims:

- Keep the client and children safe
- Establish a safety contact person who can stay with the client if needed
- Facilitate the client's assessment by a healthcare provider

Possible Contents of a Safety Plan

- Contact a health care provider for further assessment
- Keep themselves and their child(ren) safe – **not** act on their thoughts until additional help and support is available.
- Agree to **not** use alcohol or recreational drugs or to take **no more** than the correct dosage of prescribed medications

Key Messages for Creating a Safety Plan

- Don't leave the client alone while they are in crisis
- Make a plan with the client that ensures:
 - The client's safety
 - The child(ren)'s safety
- Ensure there is adequate follow-up

Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre Health Nexus

www.beststart.org and www.healthnexus.ca

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