



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Approaches for Person-led Crisis Response Planning

Laurie Curtis, M.A., C.P.R.P.

with

Phil H. Rainer, L.I.C.S.W. – R.

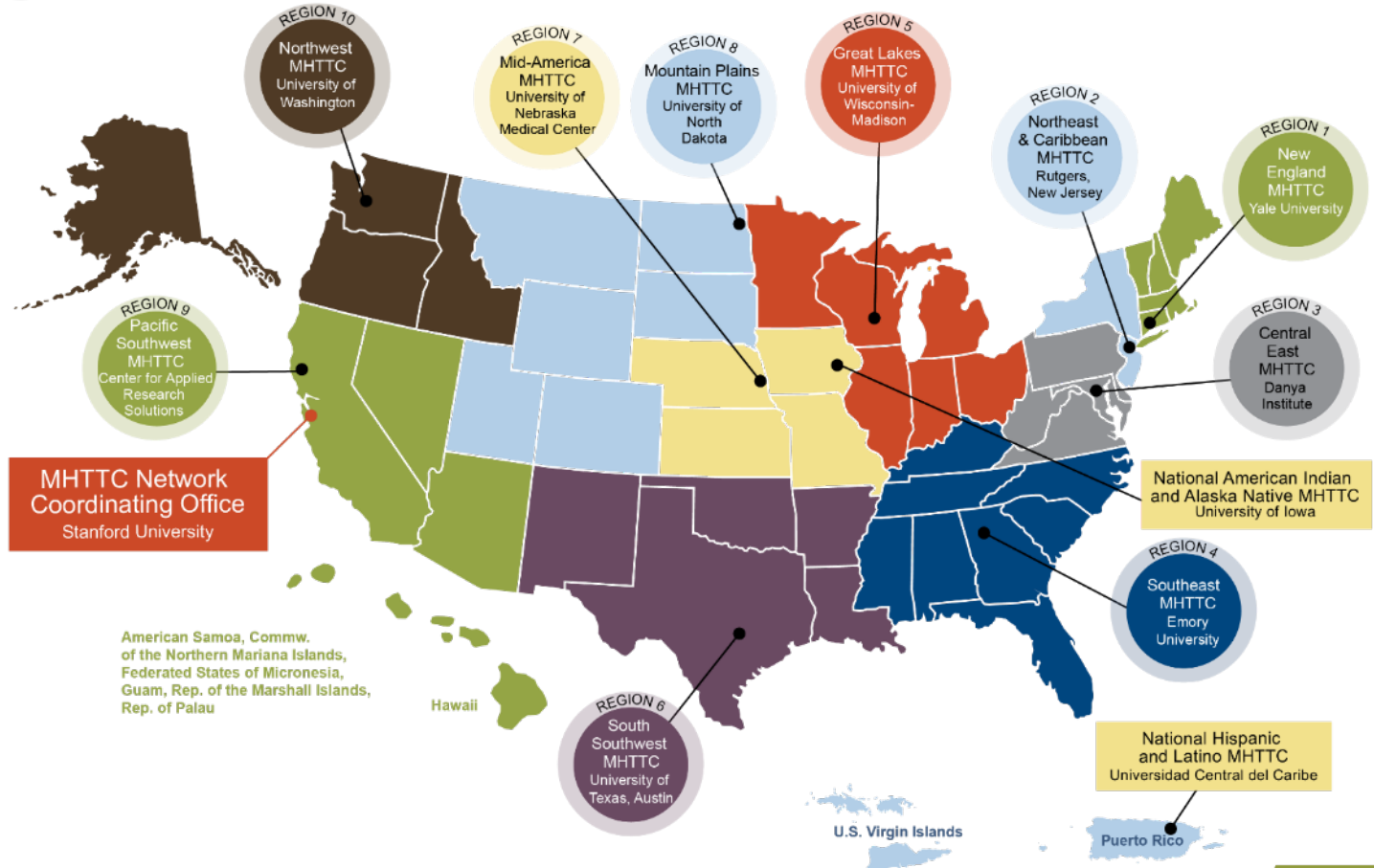
MHTTC Network



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Central East MHTTC Goals

Funded by SAMHSA to:

- **Accelerate** the adoption and implementation of mental health related evidence-based practices
- **Heighten** the awareness, knowledge, and skills of the behavioral health workforce
- **Foster** alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers
- **Ensure** the availability and delivery of publicly available, free of charge, training and technical assistance

Central East Region

HHS REGION 3

Delaware

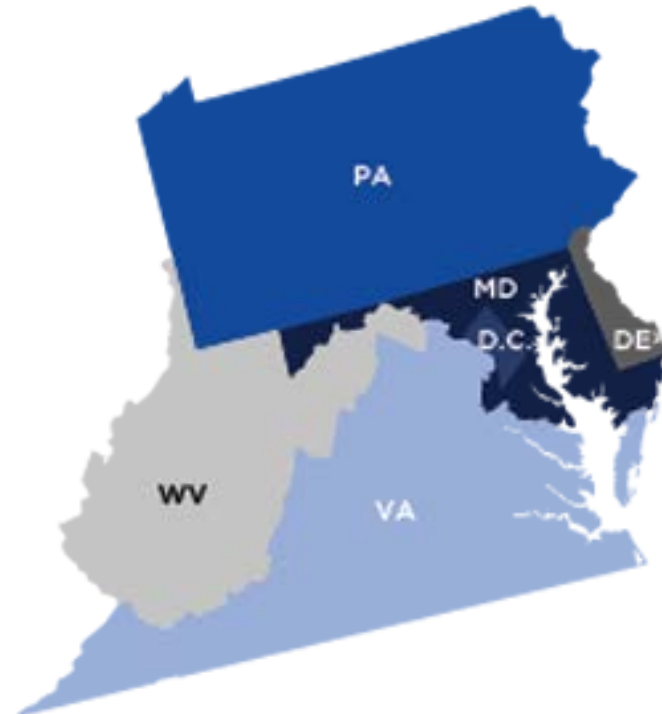
District of Columbia

Maryland

Pennsylvania

Virginia

West Virginia



The series . . .

MHTTC Webinar Series:

Person-centered Tools for Effective Engagement

February 26

1:00 to 2:00 PM

March 19

1:00 to 2:00 PM

April 15

11:00 AM to 12:00 Noon

May 13

1:00 to 2:00 PM

All times stated in Eastern Standard Time



[Recordings of past
CMHTTC webinars](#)
are available



**Success is
predicated on
engagement**

**Shared decision
making and
person-led crisis
planning are tools
for effective
engagement.**



Assumptions about Crisis

- Crisis feels bad.
- Crisis can be an opportunity.
- Crisis is a time of great change.
- Crisis and relapse is normal part of the process of recovery.

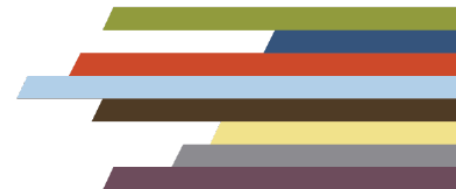
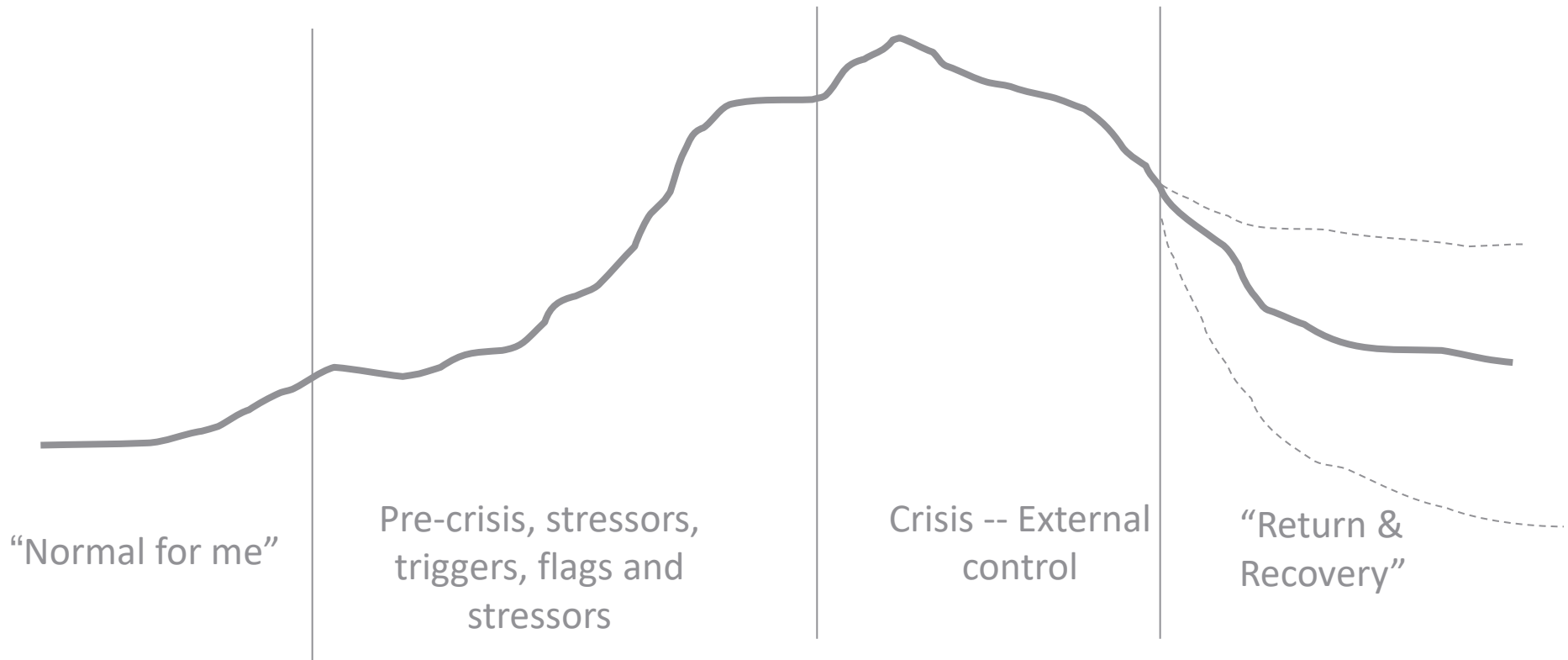


Assumptions about Crisis ²

- Psychiatric crisis often has identifiable antecedents.
- Individuals can learn to anticipate, prevent, and manage crisis.
- What comes after a crisis period is as important as what comes before.

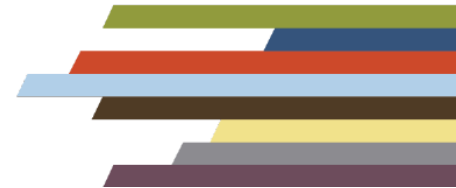
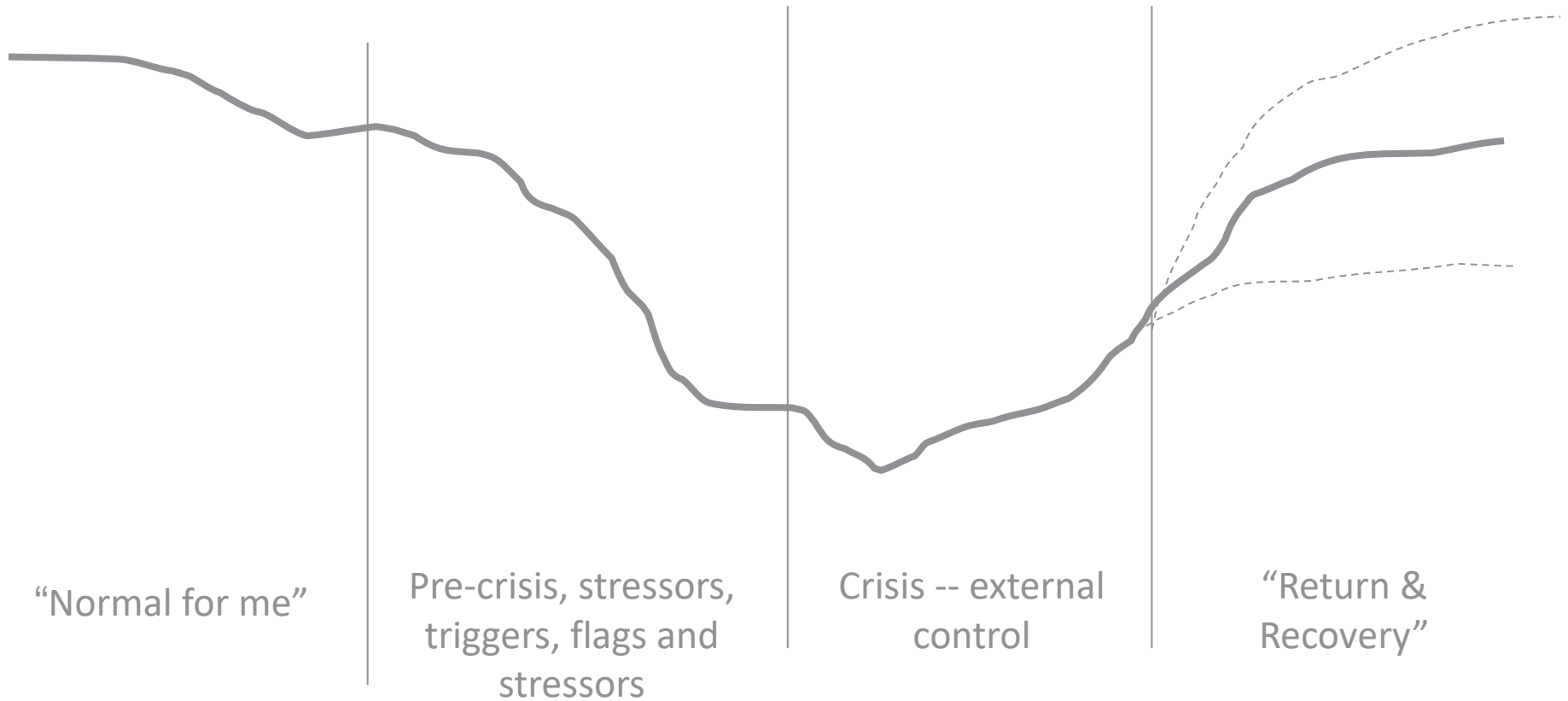
Phases of crisis

Traditional escalation/External view



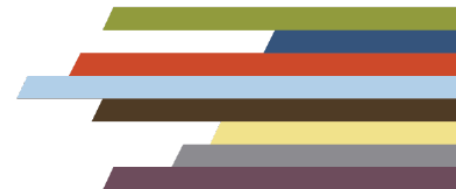
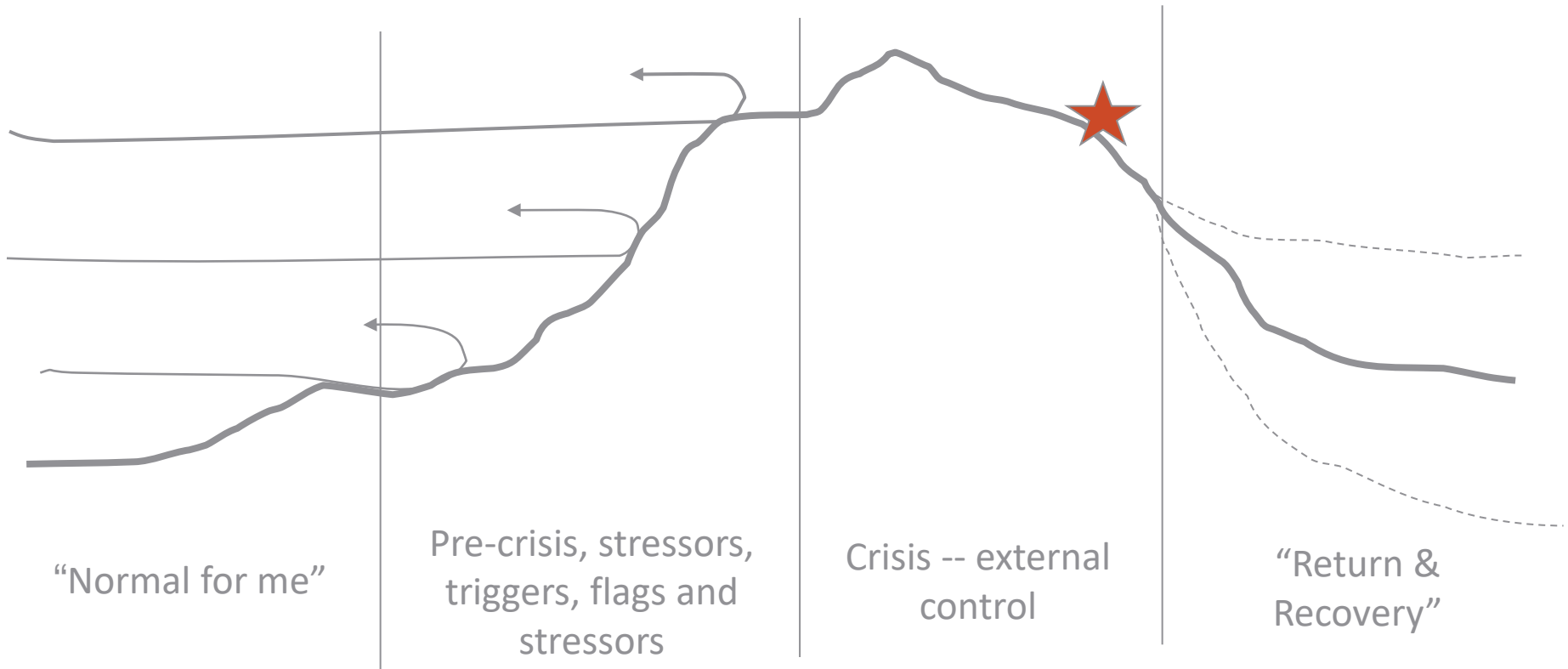
Phases of crisis ²

Experiential View



Phases of Crisis ³

Key points of intervention



5A's of Crisis Prevention

- Awareness
- Anticipation
- Alternatives
- Action
- Assess

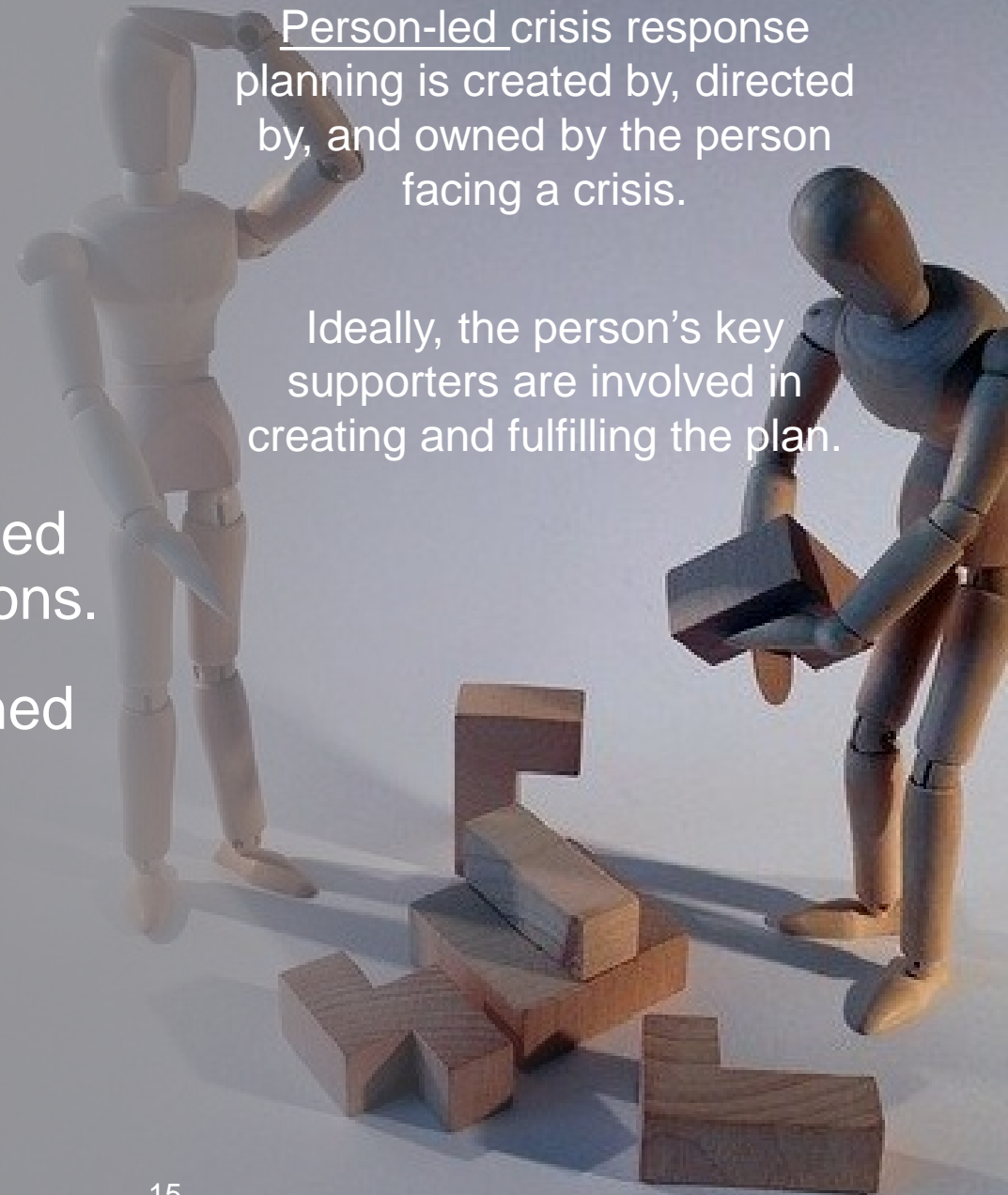


Crisis response planning is...

- Anticipated and coordinated support for difficult situations.
- A collaboratively determined set of responses to an impending or potential situation.

Person-led crisis response planning is created by, directed by, and owned by the person facing a crisis.

Ideally, the person's key supporters are involved in creating and fulfilling the plan.



A close-up photograph of a hand with pink nail polish writing the words "My Plan:" in a notebook. The notebook is open on a wooden surface. The hand is holding a silver pen with a black cap. The background is a light-colored wooden surface.

My Plan:

Why Do Crisis Response Planning?

- To enhance individual self-agency and coping skills.
- To help individuals recognize challenging situations and behaviors along with their consequences.
- To help people identify desired support and interventions.

A close-up photograph of a person's hand with pink nail polish writing in a notebook. The hand is holding a silver pen and has just finished writing the words "My Plan:" in cursive on a piece of lined paper. The notebook is open, and the background is a light-colored wooden surface.

My Plan:

MORE Reasons: Why Do Crisis Response Planning?

- To provide documentation of decisions and agreements.
- To increase the effectiveness and coordination of crisis response and support.
- To increase the likelihood that a situation will be handled in a manner most satisfactory to all.

3 Kinds of Crisis Plans

Coordinated Response / Safety Plan

- System response
- Staff roles
- Communication plan
- Indicators for initiating action
- Specific actions to be undertaken
- Conditions for lifting intervention

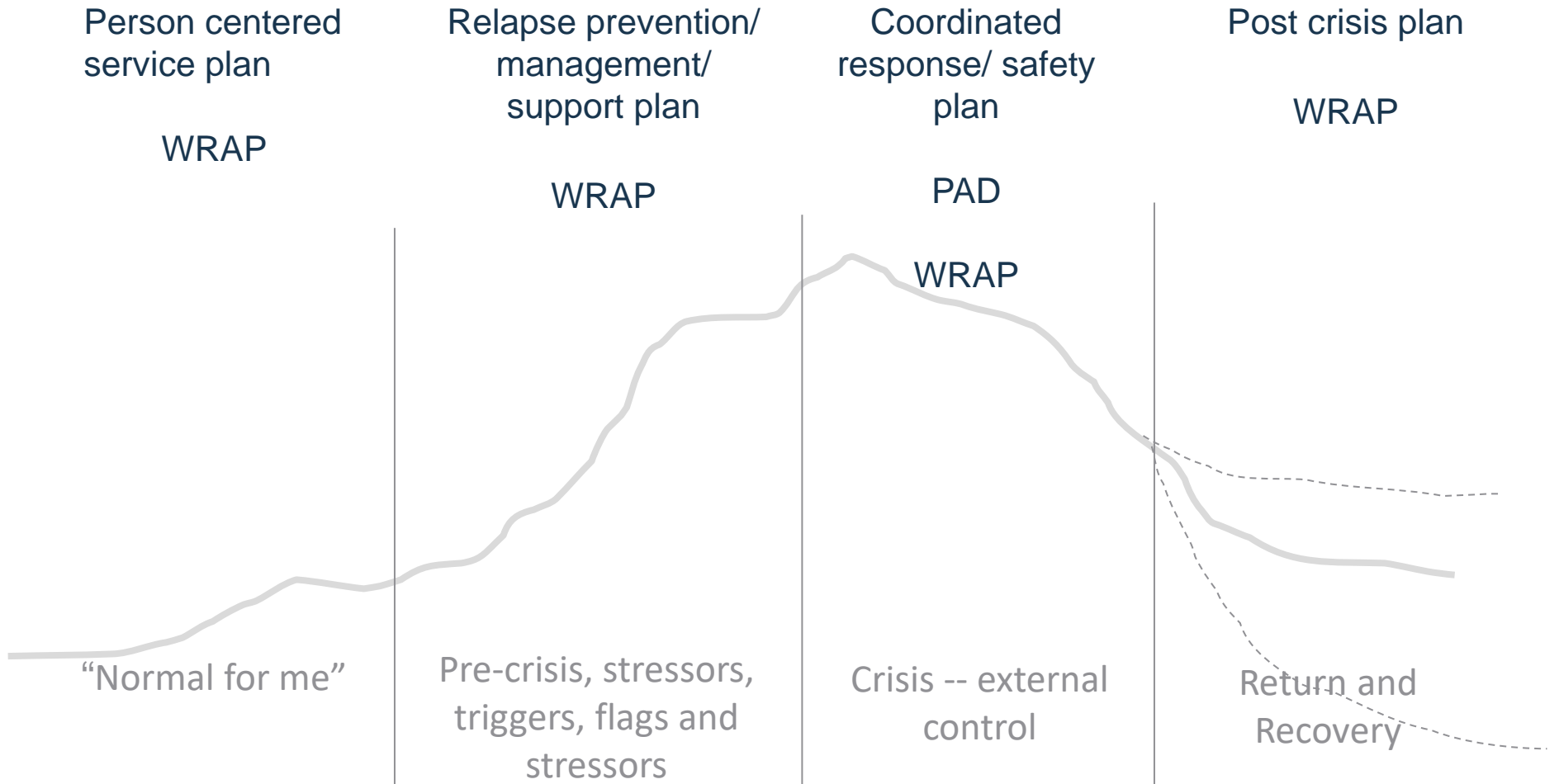
Relapse Prevention, Management and Support Plan

- Individual focused
- Typically done with an individual to prevent serious negative consequences
- May be done any time by individual (WRAP)

Psychiatric Advance Directive [PAD]

- Statement of personal preferences should individual be deemed not capable to make decisions
- Designates agent
- Legal document
- Subject to laws of each state.

Planning for Phases of Crisis





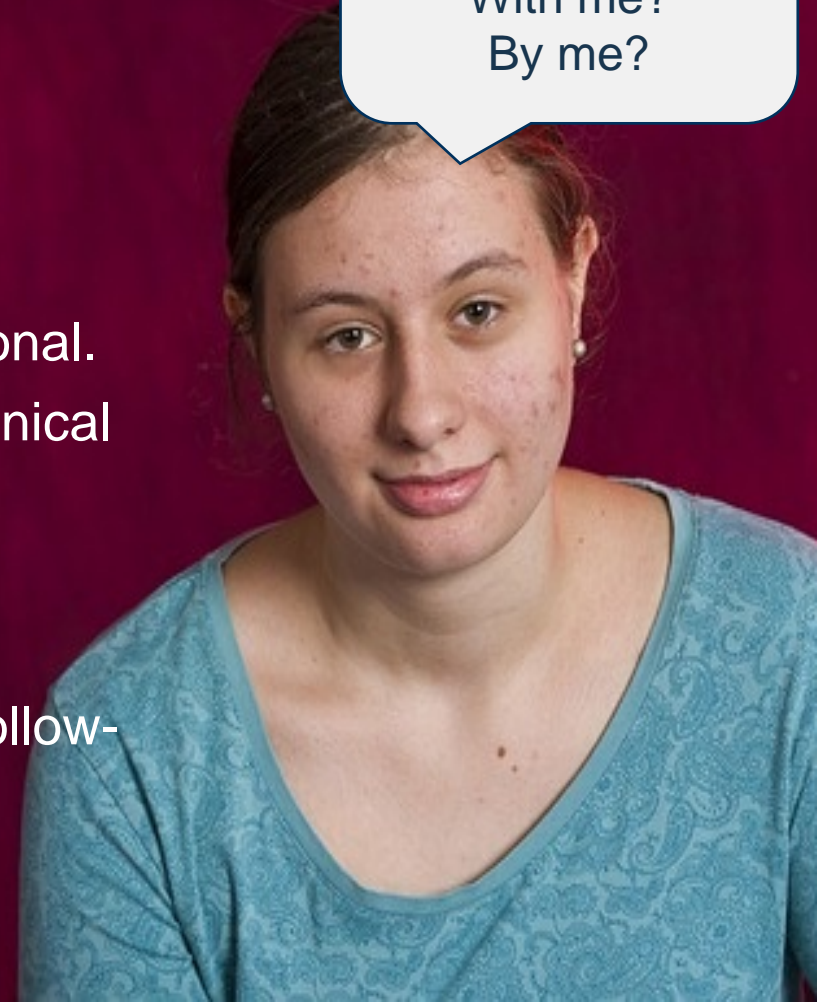
When to Do Crisis Response Planning?

- A person is doing well!
- Signs that a storm is blowing in.
- There is an ongoing pattern of difficult times.
- Whenever a plan will enhance individual activation, self-awareness, and self-management.

Not all crisis response plans are person-led

- Future treatment preferences identified.
- Early signs of relapse identified.
- Coping strategies for signs of relapse outlined in plan.
- Plan facilitated by a healthcare professional.
- Plan discussed with members of their clinical team.
- Plan included in patient records.
- Copy of plan kept by the patient.
- Patient offered a review of plan during follow-up period.
- Ongoing monitoring to review plan.

Is it done
To me? For me?
With me?
By me?





Advance Directives

- Durable Power of Attorney for Healthcare (DPOA)
- Psychiatric Living Wills
- Psychiatric Advance Directives (PAD)
- Substituted Judgement Agreements

Poll

On a scale of 1 (none) to 5 (very high), rate your current KNOWLEDGE about developing and implementing a Psychiatric Advance Directive (PAD).

1 - none

2 - a little

3 - some

4 - quite a bit

5 - very high



I am not a lawyer.

**I cannot address
questions about
specific laws or
individual situations.**

[Check with the Protection and Advocacy
organization for your state.](#)



What is an Advance Directive?

- Legal mechanism for establishing personal healthcare preferences should one be determined incapable of making healthcare decisions.
- Goes into affect **ONLY** after an individual is *legally* determined to be not capable of making healthcare decisions on their own behalf.

Where do you
WANT your road
to lead?

What route do you
want to take to get
there?



Why create an Advance Directive?

- Encourages proactive consideration of treatment preferences.
- Empowers a person to make treatment preferences known.
- Increases likelihood preferences will be honored by providing guidance for substituted judgement decisions.
- May help avoid unnecessary hospitalization or other involuntary treatment.

INTERPOIN

VERMONT • SINCE 1985 • W

rt Upholds Ps ance Directiv

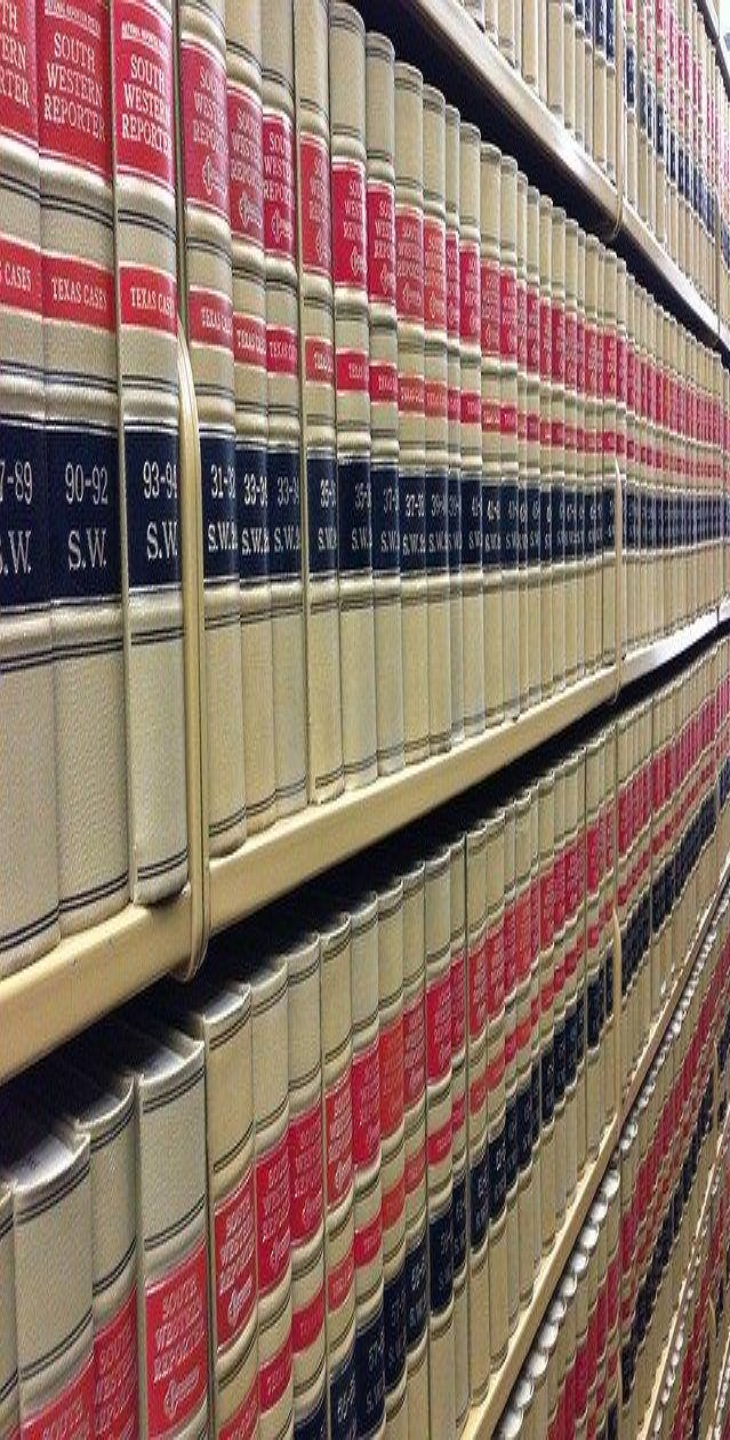
R – In a unanimous ruling, the Supreme Court has upheld an advance directive that rejected all psychiatric treatment. The court said that a diagnosis of mental illness does not mean a person lacks the capacity to make decisions. “The advance-directive statute focuses on the patient’s capacity at the time rather than the existence of a mental illness or the acceptance of the psychiatric treatment.”

He “recognized in his advance directive that without medication, he may remain hospitalized against his will.”

the state had failed to meet its obligation to provide psychiatric treatment,” the court said. “The fact that the patient did not have a mental illness at the time of his disagreements with his doctor does not mean that the state had failed to meet its obligation to provide psychiatric treatment.”

Is an Advance Directive legally binding?

- ADs for health care Increasingly accepted by courts.
- Court acceptance of PADS evolving and uneven, particularly when safety issues arise.
- Physicians maintain responsibility for providing effective and appropriate medical care.



State laws vary

- Competency at time of execution
- Informed consent
- Agent qualifications, roles, authority
- Required formats
- Rules for proper execution
- Witness requirements
- “Changeability” (power to revoke, suspend, change, challenge)
- Who should have copies

Federal laws clearly articulate this right





Informed decision-making and “informed consent”

- Understanding psychiatric/medical condition.
- Understanding risks and benefits.
- Understanding treatment/service options.
- Understanding possible consequences of agreeing or disagreeing with certain treatments.
- Factoring in personal values, beliefs, preferences.
- Weighing these together.
- Making and communicating a reasoned decision, which is not *per se* a “best interest” decision.

I Agree

Basic legal components of a PAD

Instructions

A legally recognized document with instructions (directives) on psychiatric/medical care, written in advance of the anticipated need: 'Now, for later'.

Agent

In most states a person may name a decision-making agent ('health care power of attorney', "proxy") to carry out instructions. In some states, the PAD is primarily the appointment of an agent.

Executed

The PAD is executed by an adult (age 18) with capacity to do so (usually legal presumption of capacity in law) in writing, signed and dated, usually two witnesses and/or notarized.

Instructions commonly in PADs

When to treat/hospitalize

EXAMPLE:

I authorize my agent to get me mental health help if I start to... order lots of stuff from TV ads... if I start hearing voices telling me to hurt myself...

Alternatives to hospitalization

EXAMPLE:

I want to go to a crisis bed but not a hospital if I am feeling self-destructive.

Preferences for care

EXAMPLE:

Take me to X hospital, where I trust the staff.

Knowledge of medication effects

EXAMPLE:

I will take this antipsychotic but have learned from past experience not to have a dosage over XYZ

More Common PAD Instructions

Adverse actions

EXAMPLE:

I do not want injections because I am afraid of shots, but I am OK with pills.

Trauma concerns

EXAMPLE:

Because of past sexual abuse, I cannot be put into restraints. This would worsen my condition. Do this instead...

Setting treatment parameters

EXAMPLE:

I authorize my agent/provider to treat with anti-psychotics they decide on, but if I start exhibiting the following side effects, I want the medication reduced or stopped.



Why have an agent?

- To see that one's instructions are carried out.
- To be your “voice” when you are not able or allowed to speak out yourself.
- To work with care providers at a time when it is very hard for the person to do so.
- To have someone you trust, who “gets you” be able to make decisions or adjust to unforeseen options or circumstances. For example, a new medication or a therapy the person did not anticipate in the directive.

Duke University study on PAD

66% of psychiatrists would honor a PAD but thought they would be used to refuse treatment.

94% of PADs gave advance consent for at least one medication.

77% also rejected at least one medication. *"No one liked Haldol."* Dr. Eric Elbogen.

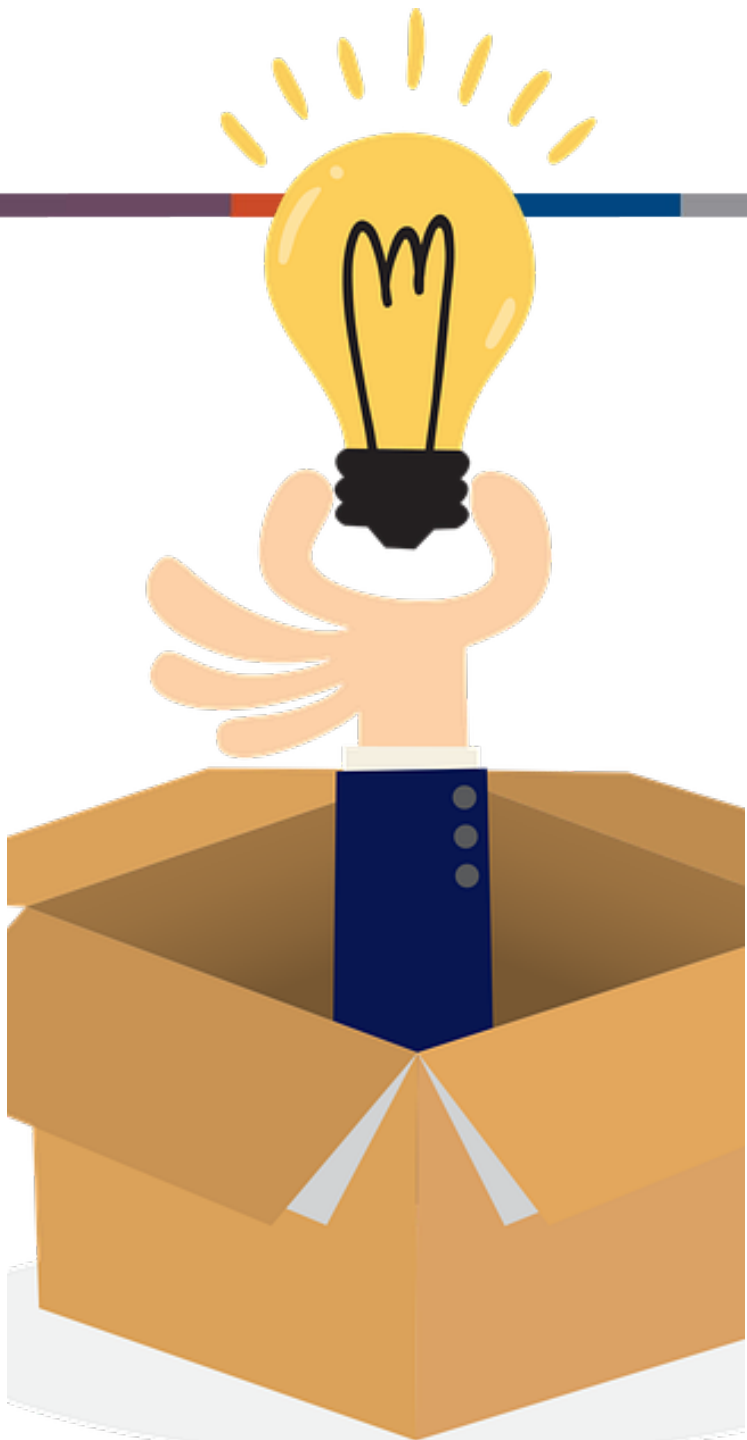
75% listed side effects experienced on particular medications.

50% instructed staff on how to avoid seclusion and restraint.

88% named a hospital they would go to.

62% named hospitals they would refuse.

Writing Tips



- **A PAD is not a wish list.** It is a statement of preferences, not demands.
- **Explain the “WHY”** of a stated preference. Be clear. Will the reader understand the intent?
- **Remember:** a PAD does *not* give a person more rights or services than they are reasonably and otherwise entitled.
- **Use your way of speaking** and language of choice.
- **Add sections that may not be included.** Want trauma specific care? If form does not include this, add it.
- **UPDATE regularly**



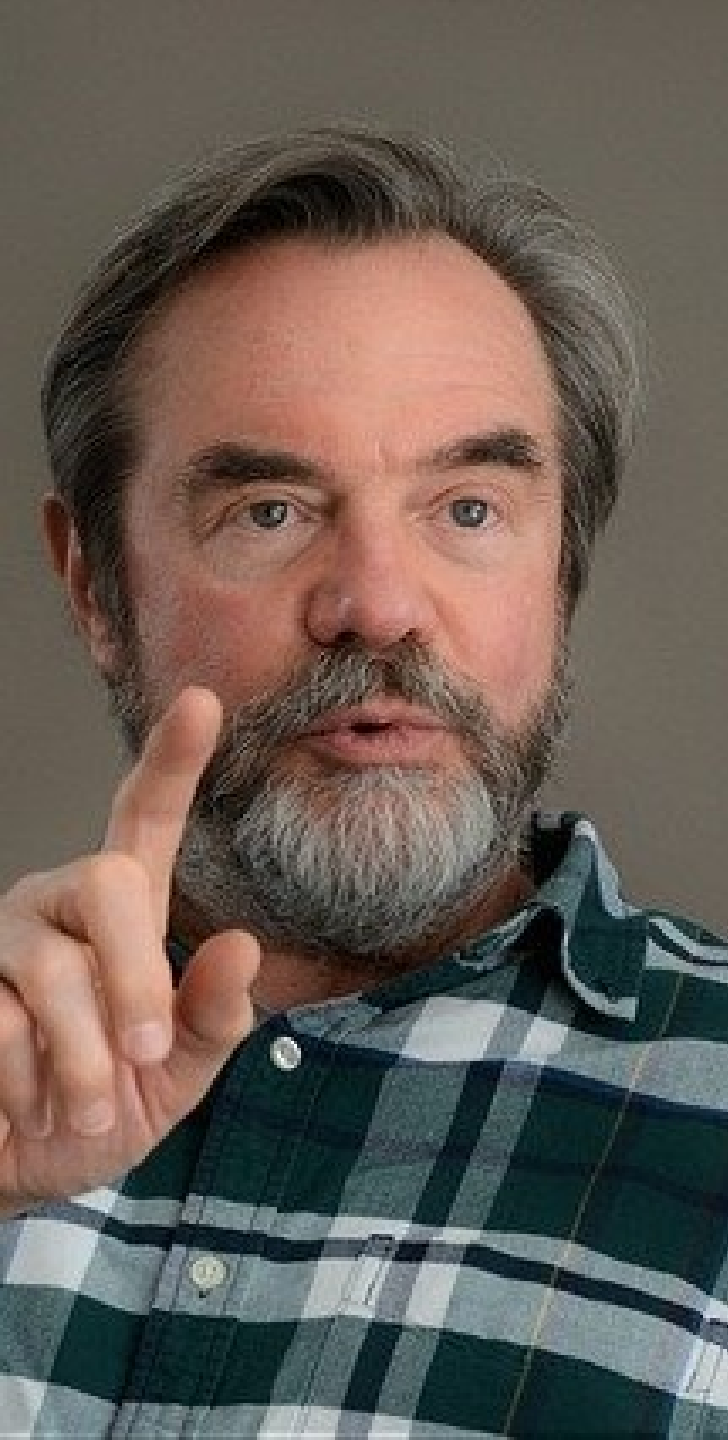
Providers can help individuals

- Understand condition, circumstances, treatment options, risks and benefits, and consequences.
- Think through medication issues with the person.
- Consider non-medical issues (care of children, home, pets, plants).
- Explore relationships and who needs information.
- Address limitations (distance, insurance, money).



Liability issues if we help with PADs?

- Provide forms, information and basic help, but the person is the author and the one to make the required decisions.
- Do not agree to be a person's agent.
- Do not pressure your choices/will on clients: coercing execution is illegal, and if it's not the person's choice – the PAD will not work.
- It is important to remind an unrealistic client of the limits of a directive.



What if providers refuse to support a PAD?

- Providers must *in good faith* follow PAD that are within reasonable clinical practices/standards and can be reasonably carried out.
- A provider *acting in good faith* is generally not liable for refusing to follow a PAD.
- In many states, consequences of this are limited, for example notify patient, document reasons in record, and transfer care.



What if a person refuses to follow their PAD?

- An agent can be instructed in the PAD to work with providers to implement instructions and make other decisions as needed.
- Providers can file a petition for commitment and/or to administer medications, but a PAD may influence what the court decides.
- The person may or may not be able to revoke PAD.

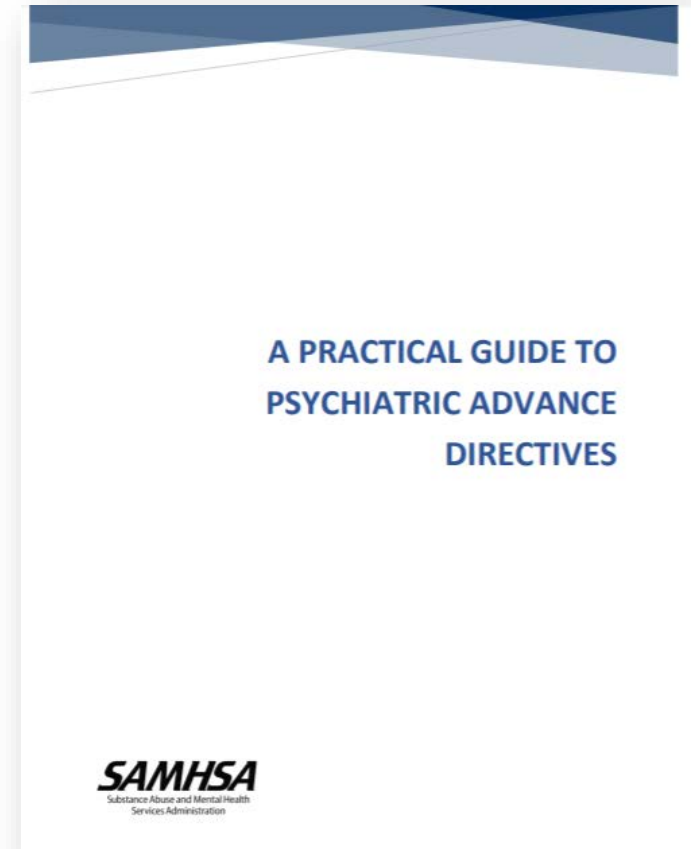


Where to keep a PAD

- If a person has an agent, it is essential that the agent have a copy.
- Some states have registries for directives, including PADs.
- Providers must keep a PAD document in the person's medical record.
- Wallet cards or electronic options—flash drives, IPADs, smart phones.

PAD Resources

- [SAMHSA Guide to Psychiatric Advance Directives \(2019\)](#)
- [Advance Directives: Information on Federal Oversight, Provider Implementation, and Prevalence from the Government Accountability Office \(GAO\) \(2015\)](#)
- [Decision Aids for Advance Care Planning from the Agency for Healthcare Research and Quality \(AHRQ\) \(2014\)](#)
- [National Resource Center on Psychiatric Advance Directives](#)
- [Sample Advance Directive Form from the American Academy of Family Physicians \(AAFP\) \(1999\)](#)



More PAD Resources

- Links

- [Mental Health America, Taking Charge of your Care](#)
- [National Resource Center on Psychiatric Advance Directives](#)
- [National Disability Rights Network](#)
- [Bazelon Center – Disability Rights Organizations](#)
- [Bazelon Center – Advance Directives](#)

- Reports/Articles/Webinars

- [Webinar: Psychiatric Advance Directives with Patricia Siebert and Marie Verna](#)
- [Webinar: A second look: Psychiatric Advance Directives with Patricia Siebert and Marie Verna](#)
- [AHRQ Technical Brief No. 16 Decision Aids for Advance Care Planning](#)
- [World Psychiatry. Advance Directives in Mental Health Care: Evidence, Challenges and Promise](#)
- [American Psychiatric Association Joint Reference Committee Approved statement on Psychiatric Advance Directives, May 2009](#)
- [Psychiatric News. Psychiatrists Often Reluctant to Encourage PDAs](#)

- Templates

- [Minnesota Disability Law Center Advance Psychiatric Directive and Health Care Directive Guidance](#)
- [Forms and Resources for PAD \(includes English and Spanish\)](#)
- [Bazelon Center Advance Directive Decision Making Resource](#)

Citations

- Adams JR, Elwyn G, Légaré F, Frosch DL. Communicating With Physicians About Medical Decisions: A Reluctance to Disagree. *Arch Intern Med.* 2012;172(15):1184–1186. doi:10.1001/archinternmed.2012.2360
- Barbui, Bianchini, Esposito et al., 2012. Adverse Effects of Neuroleptics Drugs: Patient vs. Provider Perspectives. *Social Psychiatry and Psychiatric Epidemiology*, 47, 157-164.
- [Columbia University, Center for Psychiatric Innovations. Shared Decision Making](#)
- Dixon, Lisa & Holoshitz, Yael & Nossel, Ilana. (2016). Treatment engagement of individuals experiencing mental illness: Review and update. *World Psychiatry*. 15. 13-20. 10.1002/wps.20306.
- Elwyn, G., Durand M.A., Song, J., Aarts, J., Barr, P.J., Berger, Z. et al. (2017). A three-talk model for shared decision making: multistage consultation process. *BMJ*; 359 :j4891
- [Health Affairs, Health Policy Brief, 14 Feb 2013](#)
- [Learning the lessons from SDM](#)
- [Levin, A. \(2005\) Psychiatrists Often Reluctant To Encourage PADs.](#)
- [Molyneaux, E., Turner, A., Candy, B., Landau, S., Johnson, S., & Lloyd-Evans, B. \(2019\). Crisis-planning interventions for people with psychotic illness or bipolar disorder: systematic review and meta-analyses.](#)
- [Schneider, R.F., Changing Your Corporate Culture To Hear The Concerns Of Patients. Clinical Leader, 2 Jan 2020](#)
- Shay, L. A., & Lafata, J. E. (2015). Where is the evidence? A systematic review of shared decision making and patient outcomes. *Medical decision making: an international journal of the Society for Medical Decision Making*, 35(1), 114–131. doi:10.1177/0272989X14551638

Contact Us...



Laurie Curtis, MA, CPRP
Senior Program Manager II
Advocates for Human Potential, Inc.
lcurtis@ahpnet.com



Philip H. Rainer, LCSW-R
Senior Program Associate II
Advocates for Human Potential, Inc
phrainer@ahpnet.com

Coming next



WRAP: An approach to person-led crisis and post crisis planning

May 13, 2020
1:00 – 2:00 PM Eastern Time

Matthew Federici, Copeland Center
Kristin King, AHP

Evaluation



[Evaluation Link](#)

Once you complete the evaluation, you will be directed to the resource page and certificate request form.

Appreciation



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