

Mental Health Crises

Intervention and Clinician Resilience

Julio Brionez, Ph.D., L.P.

University of Wyoming

August 2nd, 2022



Mountain Plains (HHS Region 8)

MHTTC

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

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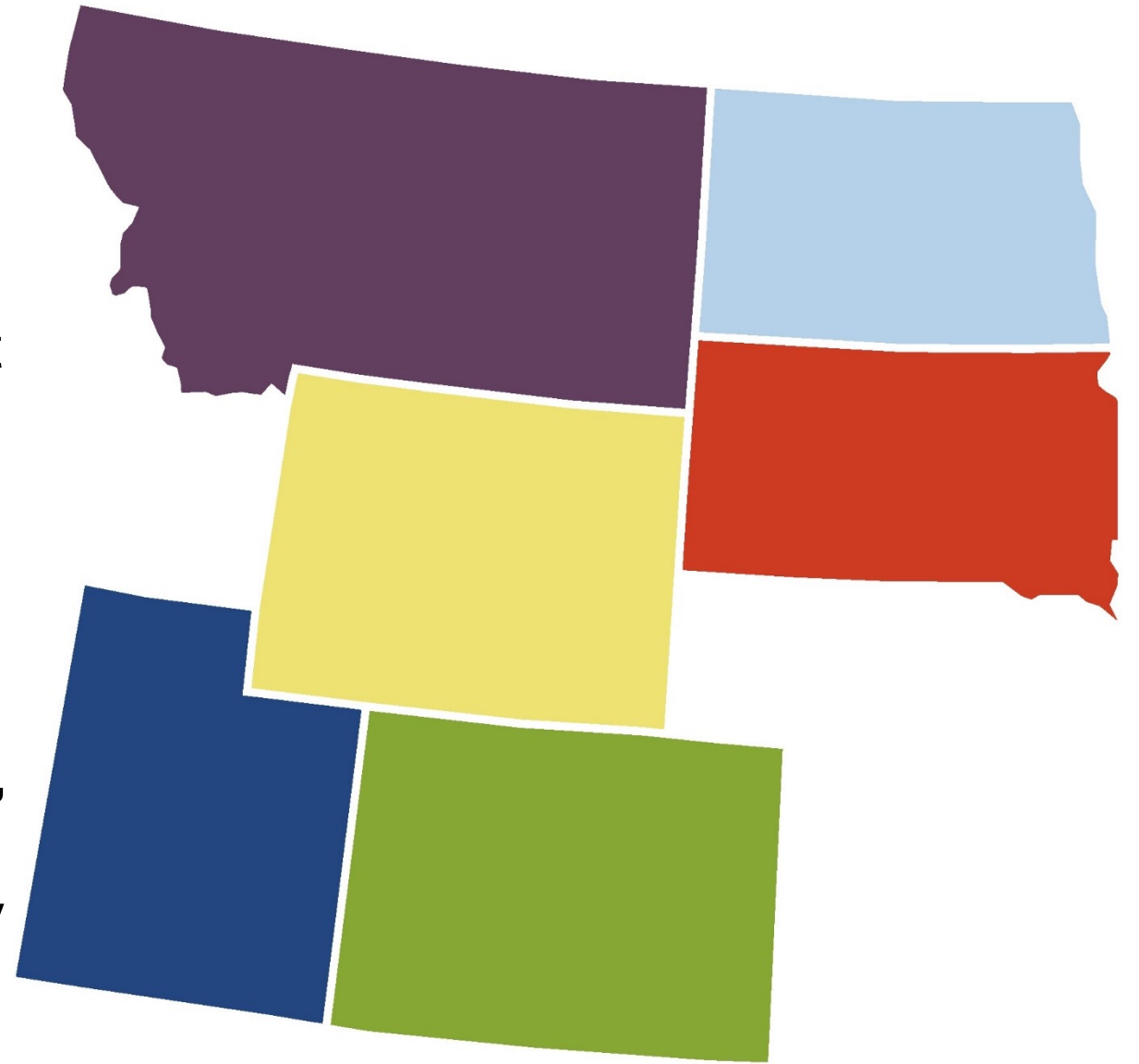
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The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

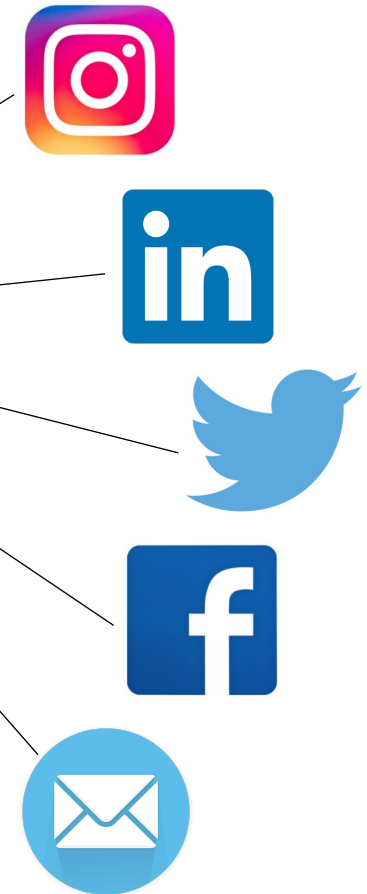
NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

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Objectives

Review definitions of crisis;
crisis counseling; crisis
services

Review client case, general
intervention

Review options for wellness,
resilience training



Definitions



Crisis

A crisis is a state of feeling, an internal experience of confusion and anxiety to the degree that formerly successful coping mechanisms fail us and ineffective decisions and behaviors take their place (National Interagency Fire Center , 2021).

Crisis services

Crisis services include

- Crisis lines accepting all calls and dispatching support based on the assessed need of the caller
- Mobile crisis teams dispatched to wherever the need is in the community (not hospital emergency departments)
- Crisis receiving and stabilization facilities that serve everyone that comes through their doors from all referral sources.
- Crisis services are for anyone, anywhere and anytime (SAMHSA, 2020).



Crisis counseling

Crisis counseling is discrete and has limited goals to ensure safety and promote overall stability(American Counseling Association, 2011).

Therapeutic Crisis Intervention (TCI)

- Therapeutic Crisis Intervention (TCI), a trauma informed crisis prevention and management system addressing six domains:
 1. Leadership and program support
 2. Child and family inclusion
 3. Clinical participation
 4. Supervision and post-crisis response
 5. Training and competency standards
 6. Documentation, incident monitoring, and feedback(Residential Child Care Project, 2021)
- National Association of Social Workers offers TCI via its website

Crisis intervention

- American Psychological Association
- Crisis intervention:
 - Psychological intervention provided on a short-term, emergency basis for individuals experiencing mental health crises, such as an acute psychotic episode or attempted suicide (American Psychological Association).

Development of a crisis

1. Precipitating event
2. Coping skills fail
3. External resources unavailable/maxed out
4. All internal/external resources fail

Types of crises

- Developmental



- Situational



Crisis case



Identifiers:
18yo male, Latinx,
bisexual, first year
comp. sci. student,
FT- overnight job



Supports:
Mom, Sister, Girlfriend,
Male Cousin, 2-3 friends



Concerns:
Hx. of anxiety,
angry outbursts



Crisis:
Car broke down,
lost scholarship,
cannot afford next
semester,
girlfriend is moving



In a crisis:
Information is taken in,
processed, and
acted upon differently
than they would during
non-crisis times (Glik, 2007).



One to one relationship

1. Psychological barriers that could interfere with cooperation and response:

1. Uncertainty
2. Fear
3. Anxiety
4. Dread
5. Hopelessness
6. Helplessness
7. Denial



One to one relationship

1. Mitigate many of the barriers by acknowledging person's feelings, expressing empathy, and being honest.



One to one communication

1. Tell them

1. (1) What you know
2. (2) What you don't know
3. (3) What process you are using to get answers.



One to one communication

1. We can hope for certain outcomes, yet we cannot promise outside of your absolute control
2. Instead of “things are going to get better,” promise something you can be sure that you can or will do “I will work with you as things change, and I hope they will get better.”



One to one relationship

1. Establish rapport**
2. Clarify and Define the problem
3. Explore Resources
 1. What have they tried
 2. With whom can they speak
4. Create plan of action**
 1. SMART
 2. CRP
5. Wrap up



One to one relationship

Establish rapport

1. From where are they?
2. In what subject are they studying?
3. Did they transfer? If so, from what school?



One to one relationship

*Provide overview of confidentiality and its limits

*"Everything said to today is kept confidential, except for six things
Things 1&2 – if there is serious concern you are going to
Imminently attempt suicide or homicide*

*Things 3&4 – if there is serious concern you are witness, perpetrating, or know of
abuse against a child or disabled adult*

*Thing 5 – if we ever get a court order, and this one is a grey area as the person may
choose not to obey a judges order, yet they may lose their license, go to jail*

*And the last thing, is if you ever tell us to release information to another person,
provider, doctor, nurse, professor, and we obtain that permission through a release of
information form"*



One to one relationship

*Assess for suicide, homicide, self-harm/injury

1. In the past 30 days have you contemplated suicide?
If so, have you considered when you'd take your life?
Have you practiced?

2. Have you thought about harming or killing anyone?

3. Have you ever gotten so upset you kicked or punched things? Cut yourself?



One to one relationship

ADMINISTRATION

Document you provided an overview of confidentiality and its limits, and if the person had questions about confidentiality or its limits



One to one relationship

ADMINISTRATION

Document you assessed for risk to self, others, and if the person denied or acknowledged risk

Also document if you created a safety plan



One to one relationship

WRAP UP
SMART

SPECIFIC
MEASURABLE
ATTAINABLE
REALISTIC
TIME-BASED



One to one relationship

WRAP UP

SMART

SPECIFIC – PERSON WILL CHECK IN WITH FAMILY, FRIENDS AND WITH FINANCIAL AID OFFICE

MEASURABLE – CHECK INS WILL HAPPEN WITHIN 7 DAYS

ATTAINABLE – PERSON WILL USE PHONE OR ZOOM TO MAKE/KEEP APPOINTMENTS

REALISTIC – MAY ONLY CHECK WITH FAMILY AND FINANCIAL AID OFFICE

TIME-BASED – PERSON AND THERAPIST AGREED 7 DAYS IS ENOUGH TIME



One to one relationship

WRAP UP
CRP

CRISIS
RESPONSE
PLAN



(Bryan, 2017)

One to one relationship

WRAP UP CRP

1. WARNING SIGNS OR STRESSOR SIGNS
2. DISTRACTION OR RELAXATION ACTIVITIES
3. PEOPLE WHO MAY SERVE AS DISTRACTORS
4. PEOPLE TO CALL IN TIMES OF CRISIS
5. 988, CLINICIAN, 911
6. REASONS TO LIVE



One to one relationship

WRAP UP
CRP

CRISIS
RESPONSE
PLAN



(Bryan, 2017)



Wellness for providers

Wellness Questions

What have you discovered about yourself while handling crises? [Level of awareness-discovery]

What keeps you going through this confusing time right now? [Coping & resiliency skills]

After all that you have been through, what do you expect to face in the next few months? [Prediction, preparation, anticipation]

After all that, you have been through- what keeps you moving forward? [Motivation for change]

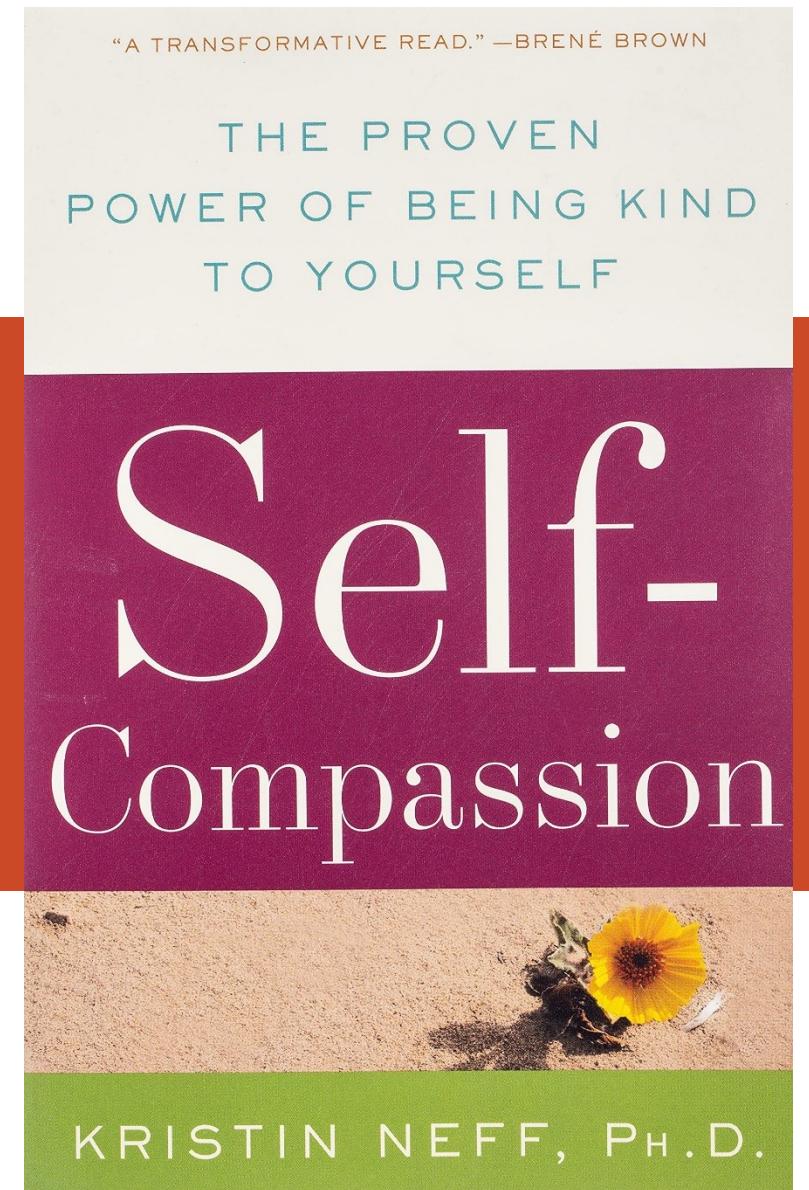
Self Compassion

Response to suffering that motivates the desire to help or alleviate it

3 components – Mindfulness, Common Humanity, kind intent/action

When were you recently compassionate to someone else?

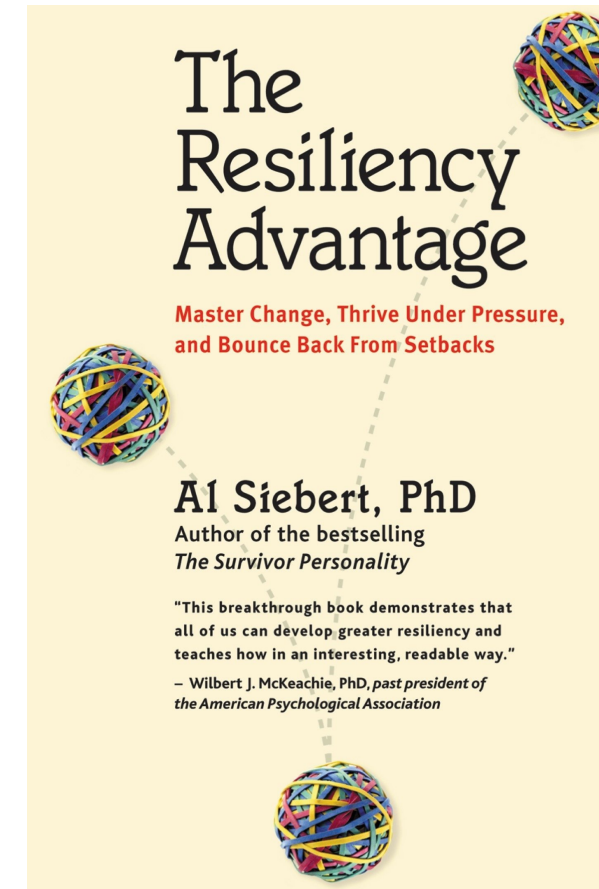
- Can you envision extending such feelings towards yourself?



The Resilience Advantage

Dr. Al Siebert

1. Making conscious choices in life.
2. Power of Positive Thinking.
3. Take responsibility.
4. Internal locus of control.
5. Self motivate yourself.
6. Don't fear trying-out new things.
7. Take control of your life.
8. Practice positive approaches to life.



Group wellness/integrative wellness

Military Research based on CIV Integrative Health, Behavioral & Wellness Programs

- Strong evidence for integrative health and wellness approaches to reduce clinically significant mental health symptoms related to stress and trauma.
- 85% of active-duty service and military veterans accept and have utilized **integrative health strategies** (yoga, reiki, herbal supplements, massage, acupuncture, mindfulness stress reduction)
- VA programs offer **integrative** health approaches with other evidence-based traditional approaches (medication, psychotherapy)
- Many faith-based veteran-affiliated organizations have actively pursued and developed programs matching veteran-spiritual health with healing trauma.
- Many American Indian tribes have indigenous healing rituals (Sweat Lodge ceremony, Soul Retrieval).

(Stebnicki, 2022)

Group wellness/integrative wellness

Monthly teams to serve local soup kitchens/shelters*

Joining a recreation team (e.g., softball) as an office or group

Taking time to engage in spiritual activities or providing additional time for persons to engage with their practices

Providing an additional hour per week for health/wellness activities

Questions?

Contact jbrionez@uwyo.edu



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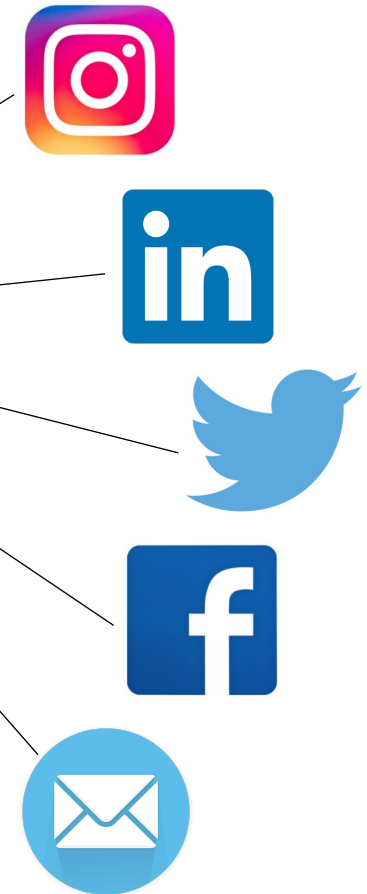
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Thank You!



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