

# The Role of the Recovery Model in Crisis Intervention

Presented by:

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## Workshop Goals:

- Participants will be able to:
- Approach a crisis situation with an understanding of the long-term ramifications of the intervention.
- Assist consumers in crisis to identify strengths and assets available to be utilized in crisis resolution
- Apply a solution focused model to crisis intervention
- Apply principles of the Recovery Philosophy to even brief interventions (“change talk” vs. “problem talk”)
- Maximize chances of surviving zombie attacks.

## In a Crisis, we tend to think about:

- How can I get this person through the next minute?
- How can I get this person through the next hour?
- How can I get this person through the night?

## We tend NOT to think about:

- What's going to happen to this person tomorrow?
- What's going to happen to this person in the next month?
- Where is this person going to be in a year?

We are  
present - biased.

## The Three Me's



Past  
Me



Present Me



Future Me

We are  
present - biased.

## Recovery as a concept:

- All of us are on a recovery journey. We have experienced loss, illness, or other transitions.
- Recovery is the way we go on after having experienced a devastating and disruptive life event.
- A psychiatric crisis is one of these life events.

## Recovery as a concept:

- The ability to move forward after a disruptive life event depends upon the coping skills and resources of the person.
- These skills can be taught and acquired at any time in life.

## Building a personal definition of Recovery

- All recovery involves healing; It is healing that requires changing attitudes, values, and goals in light of the changed circumstances in one's life.
- The person in recovery and his or her supporters believe that people can and do recover from mental illness, and that hope exists.

## Qualities of Recovery-based services:

- Services are consumer-driven: The consumer is the locus of power and control.
- Services are tools, a way of achieving a consumer's goals. Services are not a goal.
- Support is mutual. The integrity and personal power of all is valued.

## Recovery and Symptoms:

- A person can achieve meaning and purpose and still have symptoms.
- The more full a person's life, the less their symptoms trouble them.
- Recovery addresses the impact of illness or any other devastating event on the quality of a person's life.

# Recovery Theories: The Impact of a Devastating Event

- Loss of sense of self: Who am I now?
- Loss of power: Do I still trust myself? Do others trust me?
- Loss of meaning: Do I do the same things I used to do?
- Loss of hope: Do I doubt that I will ever feel better, be more in control of my life, be happy or content again?

# The Road To Recovery

Not  
Recovered

Fully  
Recovered



# The Dangers of a Crisis

- The person perceives that the precipitating event is both meaningful and threatening
- The person is unable to modify or lessen the impact of the event with traditional coping methods
- The person experiences increased, fear, tension and/or confusion
- The person exhibits a high level of discomfort that may proceed rapidly to a state of disequilibrium

# Crisis Opportunities

- They may find that they have strengths and abilities that they didn't know they had.
- The person can further identify, mobilize, and enhance coping skills and "strengths" they already have to break through the barriers they are experiencing

# A Strengths Perspective

- Individuals in a crisis have resources and coping skills for successfully handling crisis situations, but they are not utilizing them, underutilizing them, or are not aware that they even have them or are utilizing them

# A Strengths Perspective

- There are often assets in a crisis situation that are either not utilized, underutilized, or ignored.

# EXERCISE – ZOMBIE ATTACK

- We have just received notifications that the entire area is under attack by flesh-eating zombies.
- Good News: Help is on its way, and we will be rescued.
- Bad News: Help is 3 hours away.
- That moaning sound you hear coming from the hallways means that they're already here.
- I hope everyone remembered to go to the bathroom before the presentation started.

# EXERCISE – ZOMBIE ATTACK

- What resources do we possess in this room to defend ourselves from the zombies for the next three hours?
- Based on those resources, what is the plan?

# SWOT ANALYSIS

STRENGTHS	WEAKNESSES
OPPORTUNITIES	THREATS



## In a Crisis Situation:

- ⦿ Don't ignore the strengths of the individual.
- ⦿ Don't ignore the opportunities presented by the situation/environment.
- ⦿ When possible, offer choices and honor requests.
- ⦿ Give.

# Resilience



- A person's ability not only to cope with, survive, and bounce back from difficult and traumatic experiences and situations, but also to continue to grow and develop psychologically and emotionally.

# Solution-focused Interventions

- Views consumers as being resourceful and assumes they have all they need to solve problems
- Can produce quick and dramatic changes
- Assumes the consumer really does want to change vs. the consumer is resistant
- Assumes the consumer does not need to know the cause or function of a problem to resolve it

# Clinician's Role

- Facilitator for consumer to discover and use the resources they have within themselves
- Work collaboratively with the consumer to identify what he/she is doing to diminish the presenting problem
- Emphasize and amplify consumer strengths and resources used in solving or reducing the frequency and/or intensity of the problem



## Change Talk



- Consumer identifies positive changes that have occurred in the problem
- Consumer identify exceptions to the problem
- Consumer no longer views the situation as problematic

# Solution-focused Approach to Crisis Intervention

- Joining
- Defining Problems
- Setting Goals
- Identifying Solutions
- Develop and Implement Action Plan
- Termination and Follow-up

## Joining

- Engagement Phase
  - Empathy
  - Support
  - Acceptance
  - Tracking
  - Matching/Mirroring Non-Verbal Communication
  - Use Consumer's language

# Defining Problems

- Consumer describes the trigger that precipitated the crisis
- Clinical response to normalize the event
- It is important for problems to be defined as specifically as possible in terms of who, what, when, where, how, and how often

# Setting Goals

- A goal describes a desired future state for the consumer
- Goals should be stated in the positive, set by the consumer, and defined specifically



# Setting Goals

- “What do you want?”



# Dream/Miracle Question



- “Suppose tonight when you are sleeping a miracle occurs or you have a dream. Your problem is gone like magic or you discover the answers and resources you need to solve the problem you are concerned about. The next day when you wake up, you may or may not remember your dream, but you will be different. How will you know a miracle has occurred or you have discovered the skills/resources to solve your problem? What will be the first small sign or evidence that this has happened?”

# Magic Wand Question



- “I don’t have a magic wand, but if let’s imagine that I do, and when I wave the magic wand, your life is immediately better. What will be different about your life?”

# Develop and Implement Action Plan

- Utilize tasks to involve the consumer in using thoughts, feelings and behaviors to assist in problem resolution
  - Formulate first task
  - Keep track of current successes
  - Pretend the miracle has happened
- The clinician needs to find a good fit between the consumer’s situation and strengths and the task assignment.

# Termination

- Criterion for termination
  - Return to pre-crisis level of functioning if not higher
  - Assess readiness through goal achievement
  - Anticipate setbacks
- Evaluate and celebrate positive progress
- Develop indicators for identifying future situations that may be problematic

# Follow-up

- Seek permission to connect with consumer
- Establish a time to do so
- Reinforce consumer's continued successes, strengths, and solutions
- Opportunity for clinician to assess need for further treatment and make referrals if necessary

# SCENARIOS

## Scenario 1

- Your team is called out at 10PM by a Walmart customer because a woman is standing out in a quiet section of the parking lot and she is engaged in what seems to be in an argument with an unseen person. She generally speaks in a quiet, yet accusing tone, but occasionally bursts into loud screaming threats, telling this unseen person to “bring back the stuff you stole!!!” She is wearing disheveled clothing, her face is dirty, and she is malodorous. She is surrounded by her belongings which are in plastic garbage bags that are stuffed to capacity, and each has multiple rips.

## Scenario 2

- Your team is called out at 8:50AM by an individual that calls your crisis program about once a week. She is a mother whose 12 year old son is refusing to get up for school. As usual, her yelling and threats to take away privileges have been ineffective. Your teams have been able to talk him into going to school in the past, and here you are again...

## Scenario 3

- Your team is called out by staff at an assisted care facility, who were told that they were to call you "if Albert acted up one more time." Albert is a 76 year old, wheelchair-bound individual with dementia who has been occasionally swinging his fists at and (unsuccessfully) trying to bite staff who are trying to care for him. They are losing patience and want him to be committed to a psychiatric hospital. When you arrive, he is asleep. He wakes up and talks with you enough to deny homicidality or suicidality. Then he gets his second wind when he sees one of the staff at the home and refuses to say anything to you other than, "I hate these people!!!"

## Scenario 4

- At 9:20AM, you are called by the staff at the front desk of your main Outpatient Mental Health facility. A police officer dropped off an individual who he encountered while on patrol. She had been high on some substance (or substances) that has yet to be identified and was creating a public nuisance. When the officer told her that she was going to be arrested, she informed him that she was a mental health consumer at your agency, so the officer dropped her off with the admonition that she either comply with treatment or he'd be back to put her in jail. Whether that was a serious promise by the officer or not, she apparently bought it because she says that she's ready to get some help.

## Questions



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