Helping Youth in Crisis: Alternative Models of Thinking and Doing

Chris Morano, Ph.D., Consultant, High-Risk Youth, and Families, and Consultant, National Technical Assistance Network for Children's Behavioral Health

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Overview

I. Mobile Crisis: A Key Component of a System of Care
II. Implementing Mobile Crisis Services
III. Evidence-Based Foundations: Two Models
IV. Staffing Mobile Crisis Services
V. Social Media and Technology

I. Mobile Crisis Services: A Key Component of a System of Care

Mobile Crisis Services in Systems of Care

- Systems of care serve youth with serious mental health conditions
- Crises invariably arise in home, school, and community
- Mobile crisis response services are embedded in the service array of a system of care and are a key component
- Support other services in the system of care and child-serving systems and youth in those systems

Why Mobile Crisis?

- Due to lack of access to services, many families rely on hospital emergency departments (EDs) to meet mental health care needs
- Child behavioral health-related visits to hospital EDs have been increasing
- There is an increasing trend of children requiring a costly inpatient hospitalization due to a behavioral health crisis

Mobile Crisis Mission

Meets the needs of a system of care by…

- Maintaining youth in their home and community environment
- Promoting and supporting safe behavior in children in their home and community
- Reducing admissions to EDs due to a behavioral health crisis
- Reducing use of inpatient hospitalization
- Facilitating short-term inpatient hospitalization when needed
- Assisting youth and families in accessing and linking to ongoing support and services

What is "Crisis Intervention"?

- A lifeline
- Emotional CPR/Psychological First Aid (PFA)
- A service on the continuum of help= help where problems really happen
- An alternative to traditional, medical model

Crisis Intervention is Not a Math Equation….

You can't learn it in a book. It is not logical. It's "heart" math.

- It is a sometimes barely perceptible interpersonal reactions/ interactions subtly influencing each other, in one moment
- It Is Heart Math…it's emotional, and..
- The "X-Factor = Engagement and Empathy – you think you're a good listener??

- "The important common factors in any therapeutic endeavor are universal, irrespective of the 'model' one adopts, and include 'soft' non-clinical skills – empathy, presence, encouragement, respect, hope." Frank (1973)

II. Implementing Mobile Crisis Services

One Big Idea. Keep it Simple…All of It

1. Your mission
2. Your vision for families
3. One leader in charge
4. What you measure

Keep it simple because in crisis work you are influenced by your lizard brain, at EVERY step, which leads to fear and distorted perceptions, responses.

Implementation Challenges..

- The established "guard" and their stake, and other resistance
- Application - Looks so easy, but it's not….

  "Just read this chapter and you too can do crisis intervention!" Applying the crisis toolkit *depends on the carpenter* – not everyone is cut out for this.
- Staff needs - Resilience, supervision, support, perspective and persistence (The importance of grit, and the ability to tolerate pain, failure…)
- Geographic challenges
- Sooooo…BRIEFLY- WHY and HOW do you begin to do it???

III Evidenced based Foundations: Two Models

Model #1: Milwaukee MUTT (Mobile Urgent Treatment Team)

- Developed as part of system of care (Wraparound Milwaukee
- Focus on short-term, crisis support, serving 1.1 million population
- Staffing:
  - Ph.D. Psychologist, Director
  - Ph.D. Assistant Director
  - M.S. Administrative Support Staff
  - PM Shift Supervisor
  - 15 M.S. providers = Main Staff
  - Consulting Psychiatrists, Nurses

- Primary responsibilities for high risk youth, in Wraparound Milwaukee, Foster Care, and youth impacted by community trauma/violence
- Brief work with families and partners – respond to calls about youth in crisis
- Almost exclusively address crises, refer on to ongoing providers, supports
- BUT = Crisis respite
- Gatekeeper inpatient

  (1000 children/youth = 1 day each)

MUTT Team-

Prevention, Intervention, Stabilization

- Crisis intervention for all youth
- Specialized training as outlined in HFS 34 Law.
- "No", "We can't/won't/don't do that" is not an acceptable strategy, or response.
- "Branded", woven into the fabric of families
- = So known in community that there's a sense that someone is "always there"
- Office has no walls!

MUTT for Foster Families and MUTT with Police

- Collaboration with child welfare system
- 24/7 support for foster families to stabilize placements
- Individualized Crisis Plans – 1:1

- Collaboration and training with Law enforcement- emphasis on caregivers as key!

MUTT Crisis 1:1 Stabilizers

- Paraprofessionals-Emergency services certified
- High school, or bachelor's degree
- Available 24/7
- Personal, one to one relationship with Wrap youth
- On Child and family team, job is to work with youth to prevent, or respond to crises.

Reducing Hospitalization – A Key Function of MUTT

- Historical overuse
- Statutes, medical necessity protocols have been wrong so far – They set "standards for admission", and ask the wrong question
- So what IS the right question?

"Given this youth's current mental health state, and risks, what would it take to keep this youth safe in the community?"

MUTT Outcomes

- Reduced hospitalization, over 93% diversion rate
- Foster care placement stability

Consumer Satisfaction Data – 2013:

Scale of 1 – 5:

Respectful/Courteous = 4.8

Helpful = 4.2

Refer to friend/family = 4.8

Travel time = 25 minutes

Model #2: Mobile Crisis Response Team (MCRT) in Las Vegas, Nevada

- Established in 2013
- Available to all
- families in Las Vegas area

- Provides crisis response *AND* 30 day case management follow up
- Responds to calls from families, schools, law enforcement, hospitals

MCRT Crisis Response

- Mental health counselor conducts a standardized assessment of history, risk behaviors, mental health problems, and functional impairment (home, school, family)
- Crisis Assessment Tool – Aids clinician in judging risk level in key areas (suicide, self-injury, harm to others, sexual aggression, runaway, poor judgment, psychosis, delinquency, abuse/neglect, caregiver strengths and needs, etc.)
- Child and Adolescent Functional Assessment Scale – Problems with school, behavior toward others, moods/emotions, home, thinking, self-harm, substance use, and community

MCRT Crisis Response

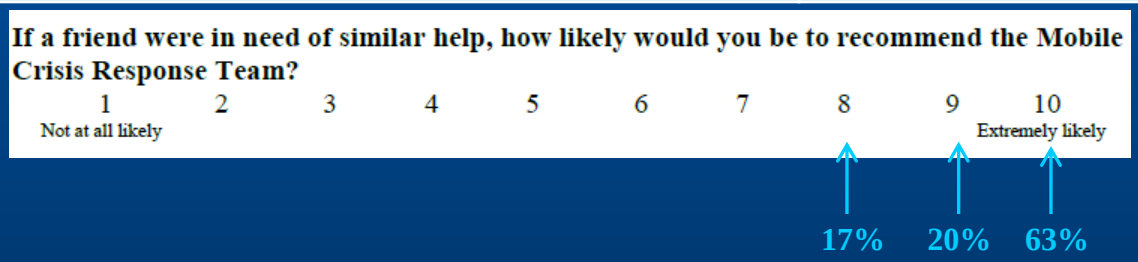
- Psychiatric caseworker evaluates family strengths and needs in social, emotional, medical, educational, and related areas
- Formulates plan to assist family in accessing needed services and supports
- Recommends referral for family-to-family support
- Safety plans with family

MCRT Stabilization

- If needed and desired, MCRT can offer 30-45 days of crisis stabilization services (usually in-home)
- Designed to ensure safety and kick-start therapeutic progress while facilitating linkage to long-term services and supports
- Approximately 68% of clients entered active stabilization in March 2015

MCRT Consumer Satisfaction

	% agree or strongly agree
The team helped as quickly as we needed	100%
The team was professional, friendly, and respectful	100%
The team provided me with community resources	97%
I received the help I needed	91%
Overall, I am satisfied	100%



IV. Mobile Crisis Staff

Hiring Staff: What We Say We Want vs. What We REALLY Want in a Staff

- "Works with diverse populations"
- "Available flexible hours"
- "Explains ideas clearly"
- Knowledge of community resources
- Knows Emergency laws
- "Effective interpersonal relationships…"
- Knows steps of de-escalation

- Calm in a crisis
- Non-judgmental
- Persistent-no give-up
- Hopeful
- Handles failure
- Strengths and solutions
- Big Picture
- Can get Outside of "self"
- Tolerant
- Exudes hope
- Has "grit", resilience

An Effective Worker . . .

- Values the comments and insights of the parent
- Makes use of the parents knowledge about the child's total needs and activities
- Listens to the child's parent - through eye contact, posture and value given to their insights
- Understands that "No", or "We don't do that" are NOT acceptable responses!
- Lives in the "no contempt zone"
- Underreacts to everything, and can walk in a room and "act as if" they can be of help- this is a KEY skill = Presence

The Importance of a Healthy, Balanced Staff

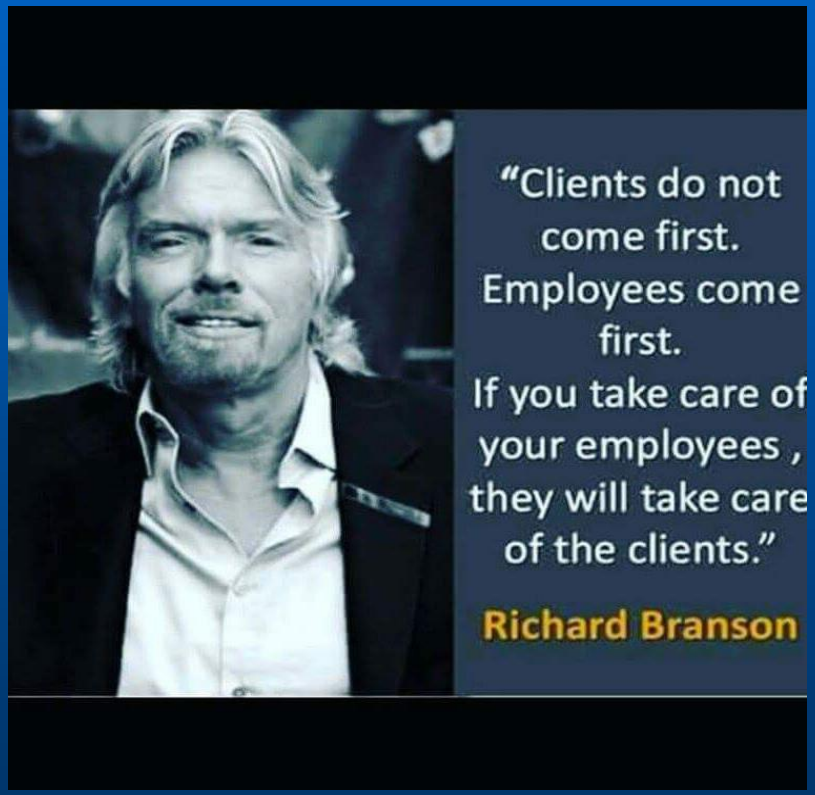
1. Prevent turnover and workforce retention:
   - Good benefits, wages, training
   - Give staff input into policies, etc.
   - Sound supervision, both peer and superior
2. Promote a trauma-informed setting
   - Promote Stages of Change thinking,
   - Motivational Interviewing
   - Choose staff who agree with trauma principles
   - Create a safe and healthy work environment
3. Take care of staff and promote self-care:
   - Recognize compassion fatigue and compassion satisfaction
   - Help staff identify what they're experiencing, and what/who helps
   - Ritual! – staff meetings, regular supervision, fun


LASSIE!
GET HELP!!

Crisis Work is Especially Hard on Staff

Leadership needs to ensure staff are healthy, balanced, and get along.

This puts them in a much more favorable place to help others.



Community-Based Responsiveness

- Does the team represent the family's community?
- Is the team committed to maintaining the child in his or her community?
- Does the team seek resources in the family's community?
- Is leadership committed to cultural competency, diversity in practice, training?

Lessons Learned for Crisis Teams

1. Your clients are everyone in the room:
   - Caregivers
   - Teachers
   - Other treatment staff
   - Law enforcement
   - Others
   - BUT TAKE CARE OF YOUR STAFF!!! (Richard Branson is right)
2. Stop saying "crisis" in a crisis:
   - Looking at something differently IS a strategy
   - If you change your thinking about a thing, you change that thing
3. Crisis response is NOT all about content, words, planning…
   - And it's not even close
   - Please…Let me demonstrate

In real life….

- Crisis intervention is MUCH harder to do in real life
- In a crisis, it is very hard to simply "follow the plan" that was written in a calm moment..
- Because, once again, your "lizard brain" gets activated, and in the way.
- In a "hot moment" families just want someone there who can take down the temperature in the room

V. Technology and Social Media

Technology, Social Media, and Impact on Youth

- Jasmine's story and middle age man texts
- Lol, TY, Ttyl…
- What about NGO, LBP

Powerful effect of texting, phones:

- 98% of texts are read
- Addicting influence of dopamine, the lil neurotransmitter (it's why we can't put our phones down)

CTL: The Crisis Text Line.

And let me leave you with this from Helen Keller…

"At once I thought I was born to do a grand and noble thing. Then I realized my chief duty was to do a small thing, nobly."