Managing Crisis

Mental Illness and Police Involvement

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Defining Crisis

- Crisis Behavior
- Triggers/Stressors
- Precursors
- Redirectors

➔ *Any situation that presents a danger to self or others*

➔ *Crisis behavior for one could be baseline behavior for another*

Developmental Disabilities

- Autism
- Epilepsy
- Cerebral Palsy
- Intellectual Disability
  - Mild
  - Moderate
  - Severe
  - Profound

Intellectual Disability

- Mild: IQ of 50-55 to 70 (85% of ID population)
  - Learning between 3rd and 6th grade level; mental age: 8-12
- Moderate: IQ of 35-40 to 50-55 (10% of ID population)
  - Difficulty learning academics (less than 2nd grade level); mental age: 5-8
- Severe: IQ of 20-25 to 35-40 (3% - 4% of ID population)
  - Little to no speech; pre-academic skills and supervision for self care
- Profound: IQ below 20-25 (1% - 2% of ID population)
  - No language skills (most likely); constant care and supervision

Mental Illness

- Defined by the DSM-V
- The symptoms must cause *significant distress* or *impairment* in social, occupational, or other important areas of functioning.
- The symptoms must occur for a *specified* amount of time.
- A diagnosis is given by professionals who have received *training*.
- Prevalence in DD population is 3-4 times *more* than general population.

Common Mental Illness in DD

- Mood Disorders
  - Depression
  - Bipolar
- Behavior Disorders
  - Attention Deficit Hyperactivity Disorder (ADHD)
  - Generalized Anxiety Disorder (GAD)
  - Obsessive Compulsive Disorder (OCD)
- Psychotic Disorders
  - Schizophrenia

Depression

- Simple Definition
  - An extended period of sadness, emptiness, and hopelessness.

- What can I look for?
  - In individuals that are non-verbal or less verbal, depression can look like *agitation* and *irritability*.
  - If the individual appears irritable on a *regular basis* or seems irritable and agitated over situations that are not irritating, it might be depression.

Depression: What can I look for?

- Depression *Outward* Expression
  - Exhaustion, sleep trouble (over or under sleeping), appetite changes (over or under…more common to have under)
  - Crying spells, anger, sadness, lack of energy, running away
  - Not wanting to do things previously enjoyed, difficulty getting motivated or getting things done
  - Using drugs or alcohol, risk taking behaviors
  - Negative or morbid statements, talking about death and dying, giving away possessions, saying they want to “die/not live anymore”

Depression: What can I look for?

- Depression *Inward* Expression
  - Not wanting to be around people, friends and family, isolating, very quiet, not talking to others
  - Suffering in silence
  - Feeling worthless or guilty
  - Difficulty concentrating, poor performance in school
  - Complaining of stomach aches or headaches (somatic symptoms)

Depression: What can I do?

- Individuals respond well to caregivers supporting them and to treatment. The prognosis is good if individuals are supported and treated.
- Try to identify if the individual has had a loss in their lives.
    - It is healthy and normal for individuals to appear depressed when they have experienced a death, a change of school or program, a loss of friends, and/or a move. When loss has occurred, try to create an environment of care and concern, without criticism or expecting the individual to “get over it.” Give time to grieve.
- If it has been six months to one year and the symptoms persist, this might be related to depression.

Depression: What can I do?

- Make sure the individual is *eating* well. Too much sugar, soda, and unhealthy foods can cause “highs and lows.”
- Make sure the individual has a regular *sleep* pattern and healthy sleeping routines.
- Evaluate the *home environment*. Is it safe?
    - Are caregivers or housemates arguing or being mean to each other in front of the individual?
    - Individuals thrive in a loving, safe environment, but will become depressed if there is emotional, physical, or any other types of abuse or threat.

Depression: What can I do?

- Check in with the *school or program*.
  - How is the individual's experience? Does the individual have friends? Are the connected to their peers? Are they learning and feeling good about their skills? Are they being bullied?
  - Individuals who are mastering academics, friendships, sports, activities, etc. are less depressed.
- If all of the above do not apply, the individual might need professional help. The best treatment approach is for an individual to first see a *psychotherapist*.
  - If symptoms persist, a combination of therapy and psychiatric evaluation for possible medication may be required.

Depression: When to seek help?

Recommended for caregivers to seek psychiatric services (medication):

- When the individual is suffering for long periods of time and therapy alone does not improve symptoms.

- If the individual is suicidal, this is not “normal” behavior. It is important to get the individual some help at this time.

Depression: Resources

- Many schools have counselors that can provide therapy support
- County of LA Mental Health Department: 800-854-7771
- Suicide Intervention & Prevention Center, LA County: 877-727-4747
- If caregivers have insurance, they can go through insurance provider and request a therapist
- Regional Center Service Coordinator

Bipolar

- Simple Definition
  - Extreme mood swings. The mood swings (*highs and lows*) include depression and mania or elevated mood.
- What can I look for?
  - Extreme mood swings: moods of depression and mania.
  - *Depression*: Sad, hopeless, lost of interest in most activities. The mood will change to mania or emotional highs.
  - *Mania*: Emotional highs, euphoric, full of energy, unusually irritable, thinking that you can do anything (grandiose), risky behaviors, unable to sleep or needing minimum sleep, talking really fast, suicidal talk, substance abuse, sexual promiscuity.

Bipolar: What can I look for?

- Individual will *cycle* back and forth throughout lifetime. Bipolar is a *lifelong* condition. Bipolar does not go away and it is not situational (e.g., women's menstrual cycle or a breakup).
- Another symptom to look for is the use of *substance abuse*, especially amphetamines or "uppers." When a individual with bipolar is cycling from mania to depression, it feels overwhelming to them. Many will engage in *"self medicating"* by using substances.

Bipolar: What can I do?

- Bipolar is a *biological* disorder (like a chronic illness). It is best to have the client complete a psychiatric evaluation for confirmation of the diagnosis.
- The client and family would benefit from *psychotherapy*, family therapy, *stress* reduction, and *medication* support.
- It is important for caregivers to know that stress increases symptoms, so evaluation of *stressors* in the individual's life must be addressed to minimize stress.

Bipolar: When to seek help?

- When *sleep* patterns change, that is a sign that the individual is going to *cycle* into depression or mania. Monitor the individual's sleep patterns.
- Alcohol or substance use *deletes* the effects of any medication and makes symptoms worse.

Recommended for caregivers to seek <u>psychiatric</u> services (medication):

- ➢ When symptoms are *unmanageable* and it is impacting the client's ability to be in relationships, manage their emotions of sadness, attend school or program.
- ➢ When the client engages in risky behaviors or becomes suicidal.

Bipolar: Resources

- NAMI – National Association of Mental Illness: www.nami.org
- Depression and Bipolar Support Alliance, South LA: 213-316-6568
- Bipolar Disorder Support Groups: Dial 211
- Warmline (Telephone support): 1-855-952-9276
- Compton Family Mental Health Services: 310-668-6800
- Didi Hirsch Community Mental Health Center: 1-310-677-7808
- Regional Center Service Coordinator

Attention Deficit Hyperactivity Disorder (ADHD)

- Simple Definition
  - Attention Deficit means difficulty *focusing* and paying *attention*. Usually the individual is easily *distracted* and cannot stay on task.
  - Difficulty with organization and *thinking* before they act.
  - *Hyperactivity* is the behavior seen in ADHD. This is seen in excess movement and impulsivity. For example, the individual cannot sit still or *constantly* interrupts and cannot wait his/her turn.
  - ADHD is a *biological* disorder, meaning that an individual is born with it.
  - ADHD causes can include brain injury, extreme stress during pregnancy, or being born premature.

ADHD: What can I look out for?

- High activity levels that are disorganized or *disruptive*. Difficulty sitting still for long periods of time and difficulty paying attention and with *focus*.
- ADHD symptoms are seen in the school setting and in the home. They must be present in *both* settings for it to be ADHD.
- In school, the individual will usually get in trouble on a *consistent* basis and might be labeled as “disruptive and not following the rules.”
- Many individuals with ADHD are very intelligent, but become *bored* easily.

ADHD: What can I do?

- Caregivers can ask schools, doctors, and therapist to complete an *evaluation* to see if the individual has ADHD.
- Behavioral *training* can support the individual by learning ways to focus and control impulsivity.
- Students with ADHD qualify under Disabilities Education Act for special education and *support* academically.
- Caregivers can also support the individual by monitoring the *environment*. This would include teaching the individual to have a structured schedule and providing a safe place where he/she can use up their energy, such as running, jumping, etc.

ADHD: When to seek help?

Recommended for caregivers to seek psychiatric services (medication):

- If the individual starts to have *difficulty* in school academically or behaviorally and are starting to be labeled as "problem," it is important to get the individual help.
- Many times, *psychiatric* support (medication) helps individuals thrive in school.
- Many individuals with ADHD are labeled as "bad or disruptive." This can have a negative influence on life course. *Early* intervention is critical.

ADHD: Resources

- ADHD Support Groups – CHADD: 1-866-200-8098
- Los Angeles Learning Disabilities Association (ADD/ADHD): https://lalda.org/
- ADDitude Directory: https://directory.additudemag.com/
- ADHD Coaches Association: www.adhdcoaches.org
- Council of Parent Attorneys and Advocates: www.copaa.org
- Regional Center Service Coordinator

Generalized Anxiety Disorder (GAD)

- Simple Definition
  - Excessive *worry* and anxiety, *happening* more days than not, about multiple different situations and activities.
  - The individual may often appear on edge, be *irritable*, have difficulty concentrating, and/or may often have difficulties with sleeping at night.
  - If this continues for at least *six* months, it is recommended for the individual to receive a mental health assessment.

GAD: What can I look for?

- Individual may often appear worried, scared, and or irritable throughout the day. This happens *more* days than not.
- Individual may not be *completing* tasks individual used to before.
- Individual may show a change in *sleep* patterns
    - Trouble falling asleep at night, getting up often throughout the night, having nightmares, appearing distressed/worried at night, expressing not wanting to sleep independently (if previously slept independently)

GAD: What can I look for?

- Individual may express *worries* about people, certain situations, the world being unsafe.
- Individual may often appear *distracted*, on edge, tensed up, have a hard time concentrating.
- Individual may have a hard time paying attention, or seem very *preoccupied* with worries.
- Individual may report having *stomachaches*.

GAD: What can I do?

- Reassure individual that she/he is *safe* and okay.
- Have individual *repeat* the phrase, “I’m safe and okay” out loud with you.
- Try to engage individual in an *enjoyable* activity to distract and shift thoughts and focus.
- Ask individual to share something *positive* they did that day/week.

GAD: What can I do?

- Remind individual of specific ways they are *safe* and of *positive* things that have happened to the individual, the family, the environment/community.
- If the individual has verbal skills, when individual appears worried/scared, *ask* what individual is worried/scared about. Provide any *reassurance* if possible about their worries/fears.
- If the individual is having sleep disturbances, try to do a *soothing*/relaxing activity together before bed.

GAD: When to seek help?

- If the individual appears anxious, worried, or scared more days than not, and this continues for at least *six* months, please seek a mental health assessment.
- If any of the above behaviors are causing problems at school/program and/or home, or if the individual is often *isolating* themselves or having frequent *conflicts* with others.
- Depending on the severity of the individual's symptoms, *psychiatric treatment (medication)* can be helpful. During the mental health assessment, discuss the need and benefit for a psychiatric evaluation.

GAD: Resources

- The Autism Response Team (ART): 1-888-AUTISM2
  - Español: 1-888-772-9050
  - Email: help@autismspeaks.org
- Institute for Multicultural Counseling & Education Services: 213-381-1250
- UCLA Psychology Clinic: 310-825-2305
- Los Angeles County Department of Mental Health Help Line (Available 24/7): 800-854-7771
- Regional Center Service Coordinator

Obsessive Compulsive Disorder (OCD)

- Simple Definition: Consists of *obsessions* or *compulsions* or both
  - Obsessions are urges and/or thoughts that cause significant anxiety/distress. These urges/thoughts are *unwanted* and continuously come up.
  - Compulsions are repetitive behaviors that are related to the obsessions, and these repetitive behaviors are not *rational*.
  - These compulsions are time *consuming*, and or cause problems in the individual's functioning.

OCD: What can I look for?

- In individuals with autism, *repetitive* behaviors are usually driven by sensory needs or obsessive interests, or by anxiety or excitement. The repetitive behaviors may soothe or provide some enjoyment to an individual with autism. However, with OCD, the repetitive behaviors are driven by the obsessive thoughts and urges, and performed in efforts to *reduce* the significant anxiety and distress.
- With OCD, the individual may appear very *distressed*, worried, and/or scared when doing the repetitive behaviors. The individual may also become more demanding and *rigid* with having to do this repetitive behavior in a certain way or at certain times.
- Look for any new repetitive behaviors that cause a lot of *distress* for the individual, or for any new repetitive behaviors that start around the time the individual verbalizes any fears/worries.

OCD: What can I look for?

- Look out for any repetitive behaviors that *worsen*/intensify in frequency and duration.
- An individual with OCD may share that the individual is doing this repetitive behavior to prevent something *bad* from happening, or believes they have to do this behavior for something to go well or be okay.
- The individual may also share that it has to be done in a certain/specific way (can make sense or not) and be very rigid and *demanding* about this.

OCD: What can I look for?

- Changes in the individual's behavior when the new repetitive behavior starts:
  - Is the individual having more *outbursts*?
  - Is the individual *isolating* more?
  - Is there any significant increase in the individual wanting to be around you or having to know exactly where you are?
  - Is the individual all of a sudden becoming upset if they do not know where you are?
  - Does the individual seem more fearful and *anxious* throughout the day?
  - Does the individual appear more worried about caregivers?

OCD: What can I do?

- If the individual has verbal skills, try *asking* why the individual is performing the repetitive behaviors. Ask if anything distresses or scares the individual.
- It is very common for individuals to not be able to verbalize why the individual is acting out these repetitive behaviors. If the individual says, “I don’t know” or does not say anything, *try not to push* the individual or keep asking excessively.
- When the individual is doing the repetitive behavior, remind the individual he/she is *safe* with you, and that everything is okay.
- If the individual appears upset when doing this repetitive behavior, and is not able to verbalize what the individual is upset about, *redirect* to positive things.

OCD: What can I do?

- Refrain from making any *negative* comments about the repetitive behavior or about the individual doing this behavior.
- When the individual is engaging in the repetitive behavior, try offering an *alternative* behavior or try to engage/switch them to another task/activity. If they react in a very distressed manner, do not push it and stop redirecting.
- After the individual completes the repetitive behavior, help them engage in something that soothes/*relaxes* them, or engage in an enjoyable activity with them.
- Monitor these repetitive behaviors; *track* when and how often they happen.

OCD: When to seek help?

- Symptoms of OCD can become problematic and *worsen*/intensify without appropriate mental health treatment.
- Seek mental health services when you start noticing that the individual appears very *distressed*, terrified/worried when doing these repetitive behaviors - especially if this persists and consistently happens for a few weeks.
- With OCD, it is helpful to also receive a psychiatric evaluation by a psychiatrist to see if psychotropic *medications* are beneficial/recommended for the individual.
- There is a lot of overlap and similarities with symptoms of *autism* and OCD, so it may be helpful to seek a psychiatrist and therapist that has experience working with autism and OCD.

OCD: Resources

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Schizophrenia

- Simple Definition
  - Schizophrenia is a serious mental illness. With schizophrenia, the individual can have *hallucinations* and or odd/false beliefs, and may also talk in a manner that does not make sense.
  - Symptoms of schizophrenia can start around late teen years, and may increase in severity in early to mid 20s.
  - Schizophrenia is very *rare* before adolescence.

Schizophrenia: What can I look for?

- New odd or *bizarre* behavior.
- Individual verbalizing odd or unrealistic comments, and or any beliefs of someone/an entity being out to *hurt* the individual or *watching* the individual.
- Bizarre beliefs, or any *beliefs* about the individual being someone *famous* or accomplishing things that you know are not true.
- Changes in the individual's social interactions/activities/relationships.
    - Is the individual often *withdrawn* now, not interested in spending time with friends like he/she used to, not wanting to be around others anymore?

Schizophrenia: What can I look for?

- Recurring events of the individual mumbling to him/herself, or talking out loud as if having a *conversation* with someone who is not there.
- Changes in speech and what the individual talks about. Does the individual talk about things that are not real or very *odd*?
- Recurring events in which the individual appears to be frightened/agitated by something, but you do not *see* or *hear* anything. The individual may be looking around, or point/tell you about something seen.
- Hallucinations tend to be very *scary* for individuals when experienced, they cause distress and individuals do not want them to happen.

Schizophrenia: What can I do?

- If the individual appears distressed or frightened, remind where the individual is, what he/she is doing, and that he/she is *alright*.
- If the individual has verbal skills, you can *ask* what was scary or upsetting. If the individual does not say anything, it is best not to push.
- When the individual is talking about something bizarre or not real, try to engage the individual in talking about something that is part of the *real* world. Try to make sure whatever topic you ask about is something the individual likes and is not a *trigger*.

Schizophrenia: What can I do?

- Try to engage the individual in an *enjoyable* activity.
- If the individual seems preoccupied or appears to be responding to something that you don't hear or see, try to get the individual to *focus*/name something in their environment that he/she can see, hear, or touch.
- Encourage the individual to focus on this specific item for a few minutes, and *tell* you about it, or you *describe* the item to the individual.

Schizophrenia: When to seek help?

- When you notice a significant change/*decline* in the individual's social interactions (withdrawal, significant decrease in interest/engagement with others).
- When the individual starts to exhibit several of the *symptoms* discussed.
- When the symptoms are *recurrent* and distressing to the individual, and/or the individual begins to have crisis behaviors.
- Seek a mental health assessment and a *psychiatric* evaluation for the individual. Medication is often very helpful.

Schizophrenia: Resources

- The Autism Response Team (ART): 1-888-AUTISM2
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Crisis Prevention

- Determine what *situations* cause stress for clients
- Identify and *minimize* the amount of high stress situations
- Plan for how you can *control* or minimize these stressful situations
- Minimize the amount of *people* dealing with a crisis
- *People* are more important than property!

De-Escalation Tips

- Choices
- Reflective listening
- Praise and attention
- Activities
- Redirection
- Space
- Limits/boundaries

Things to Avoid

- Threats
- Power struggles
- Seclusion
- Physical intimidation
- Invalidation
- Bribery
- Reprimands
- Early clean up

Police Involvement: When to Contact

- When a consumer is in the *act* of committing suicide or potentially serious assault
- When a consumer is threatening someone with a life threatening *weapon*
- When a consumer has eloped and is *at-risk* in the community
- When a consumer is a *victim* of a crime
- Please contact CRP whenever law enforcement is contacted

Police: Communicating with Officers

- Remain *calm*
- Gather facts *prior* to calling, if possible
- Be prepared with *identifying* information
- Provide as much *detail* as possible
- Follow *instructions* given by police officers
- Do not ask questions first, but *wait* to be approached by the police officers

Police: Preparing for Arrival

- Property Destruction/Assault
  - Remove weapons/projectiles, provide client with space in safe area, remove other residents from area, maintain line of site on client
- Victim of Crime and/or Abuse
  - Obtain as much information from client/witnesses as possible, check client's body for marks or bruises
- Missing Person/Elopement
  - Note client's last location, direction, clothing; search frequently visited locations; obtain most recent photograph of client
- Suicide Ideation
  - Remove weapons/projectiles, maintain line of site on client, ask about suicide plan and access, notify officers of past suicidal ideation history and/or attempts

Police: What to Expect

- The 911 operator will dispatch *uniformed patrol officers* to your location.
- Officer may *detain* client, which will include *handcuffing*; this is for the safety of everyone, including the client.
- Officers will conduct a *preliminary* investigation to determine whether a *crime* has occurred.
- Officers will inquire about any potential firearms or other deadly *weapons*, and in most cases will *seize* them for safe-keeping.
- Officers will conduct a preliminary *mental health* investigation to determine whether client is danger to self, others, or gravely disabled. If necessary, officers may notify a Mental Health Evaluation Unit (SMART, MET, MEU, PET) to evaluate for psychiatric *hold*.

Police: Hospitalization/Imprisonment

- Provide EMT or officer with client *medication* sheet; *contact* sheet
- Ensure client has form of *identification*
- Notify *family* members, as relevant
- Notify *Regional Center*
- Write detailed notes for documentation
- *Follow* client to hospital/jail, if possible
    - If not, obtain client's destination information

Self-Care

- Utilize your *supports*
- *Schedule* time for yourself
- Attend support *groups*
- Cultivate *hobbies*
- *Monitor* your self-talk

Self-Care

- Know *yourself* - stress level, size, do you give clear directions?
- Stay calm. Energy multiplies *energy*.
- Identify your own *warning* signs. Recognizing your own warning signs will help you learn how to stay in control.
- If you find yourself becoming too upset, *walk* away.
- Use CRP as a support.

Regional Center Support

- Your SCLARC Service Coordinator is here to *support* you
- If your client is in need of *behavioral* or *therapeutic* support, reach out to your Service Coordinator
- Your Service Coordinator may also refer you to a *mobile crisis team*, if requested