

Crisis Response Plan

Name: Rena Youngblood

Date: May 17, 2012

Crisis Worker: Sharon Locklin

Time: 12:45 p.m.

Person Making the Report: Sharon Locklin

Client Location: Crisis Office

Persons Involved: Rena, Sharon, Rebecca (Rena's sister), Deb Parm (Rena's past/present therapist), Rena's husband, George

Nature of the Crisis: Rena called the crisis line as she was thinking about suicide. She did not have a plan, but last night she began fantasizing about how relieved she would feel if she were dead. She had these feelings before when she was a teenager and had two attempts at suicide. She is not sure she can control her impulses at present and is worried about her children if she deteriorates.

Assessment: Rena is not currently drinking or using alcohol and states she has been sober for eight years. She is concerned about relapsing as she feels only her sister, Rebecca is a support and with the three kids, she has been inconsistent in attending AA. She has found AA helpful in the past but has lost touch with her sponsor. She is feeling anxious and overwhelmed with life. Her husband has not been helpful as his job takes him on the road most weeks. Rena is Native American and is married to a tribal member – she has three children Rena has much trauma in her past – she was a child in an alcoholic home where she observed much domestic violence. She was the eldest child, therefore she was expected to care for her siblings when her parents would disappear. Often there was no food in the house and she would feed her siblings first. Rena has been in therapy with Deb Parm, but missed a few appointments recently and is now too ashamed to contact her.

Diagnostic Code: (This will be a V code per county practice)

Risk Assessment:

Rena is oriented as to time and place. She is coherent and cooperative in talking with the worker. She has related much about her current situation including some suicide ideation. She states she does not have a plan, but feelings of relief about being dead. Rena has some supports she is able to name, and can talk openly about issues and feelings. She appears anxious and states she is overwhelmed with daily living. She is concerned she is not taking care of herself which has resulting in the "bad feelings coming back".

She states she attempted suicide twice as a teenager but has not since then. She comes from a high risk background, but does not know of other suicides in her family.

Rena is not able to identify a specific incident in the past few days that may have triggered the feelings she is having. She has been somewhat overwhelmed lately, but in the past she has dealt with this by reaching out to people to help her.

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Rena has identified/exhibits four of the five risk signs and four of the five warning signs. She is high risk for an attempt/completion of suicide. She does not feel she requires hospitalization but is very concerned about the “thoughts in her brain”. The family feels they can support her at home by providing supervision as other resources are put in place. In consultation with Rena, her family, other supports, and the supervisor the decision was made to not hospitalize at this time.

Crisis Response Plan: The following plan was developed with Rena, her sister Rebecca, her husband, George, the therapist, Deb Parman and the crisis worker, Sharon Locklin.

What	By Whom	By When	Follow Up
<u>Supervision</u> for Rena at all times. Someone will be with Rena at all times until she, and others, feel the risk is reduced and services are in place.	George and Rebecca	Immediately	Sharon will check in to assist if necessary
<u>Respite</u> for Rena	Rebecca will watch the kids so George and Rena can spend some time together.	ASAP	Rebecca/Rena will report back to team (or crisis worker)
Rena will resume outpatient <u>treatment</u> for her past trauma’s	Deb Parm George/Rebecca will watch kids	Weekly appointments beginning 5/18	Deb will inform team if Rena does not follow through.
Rena will reconnect with her <u>AA sponsor</u> and begin attending meetings immediately	Rena will call Lois, her sponsor today	5/17 (today)	Rena will check in with crisis worker
<u>Other support</u> – Rebecca and Rena will call their brother who has been helpful in the past in providing support for Rena – possibly taking his nieces/nephews for a weekend etc.	Rebecca and Rena	Week of 5/18	Rena/Rebecca will check in with crisis worker

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What	By Whom	By When	Follow Up
Hospitalization if necessary – Any team members can request an immediate assessment for possible hospitalization if the warning signs are of concern.	Team Members	At any time	Hospitalization will occur
<u>Other:</u>			
<u>Other:</u>			

The team will reconvene in two days to determine if the plan is in place. If there are any concerns from team members at any time they should contact the crisis worker and/or call a team meeting themselves. Rena can re-present to the crisis team for hospitalization if needed.

_____ Date: _____
Consumer

_____ Date: _____
Crisis Worker

_____ Date: _____
Supervisor/Licensed Professional