

Crisis Scenario #1

Iman is a 37 year old immigrant from Pakistan who is currently employed as a gas station attendant. Iman was brought to the US for his safety after cooperating with US troops. Iman saw many atrocities in his country and suffers from post-traumatic stress disorder.

He often reacts in a hostile manner with customers at the gas station and his employer often reminds him to be more courteous. Iman thinks that people are following him and hears voices which are scary. He has never been evaluated for mental health issues as he does not believe he has a problem. Recently his employer called Iman into his office to talk about his behavior at work. The session ended in an altercation and the police were called. Iman was released to his home but became suicidal in the evening and called the number the police gave him – the crisis line. Although Iman has no family in the area, he does keep in touch with relatives in a neighboring city. He doesn't think he will find another job and worries about being deported because he is unemployed. To him getting sent back to his country would mean death. Iman struggles with the language and the concepts of mental health – he is frightened of going to a hospital because of the things the voices are saying in his head and fears the people there.

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Questions:

1. How would you describe the “crisis” situation? What statute/s will advise your response?
2. What would be your immediate response plan?
3. What would be the criteria for your decision?
4. Who would you involve in the process/plan?
5. What might the linkage and follow up look like?
6. How might culture play a role in the process?

Crisis Scenario #2

Leon, age 26, is a veteran of the Iraq war who is currently employed at a fast food restaurant. He delivers pizzas in the evenings. He has exhibited PTSD symptoms, such as flashbacks, startle reactions, general apprehension and intrusive images. He also shows symptoms of depression (sadness, sleep disturbance) since he returned from Iraq. He was discharged from the military when his four years were up, but the symptoms persisted. About a year ago he went to the VA clinic and received prescriptions for depression and sleep disturbance along with instructions to follow through with mental health counseling. He was in counseling and took the medications for about 6 months at which point he discontinued treatment because he was feeling better.

Leon's drinking rapidly escalated after he discontinued his treatment. His alcohol abuse continues. Mostly he drinks after work until he falls asleep around 2 a.m. then he sleeps until 7a.m. When he doesn't sleep he gets restless, irritable and startles easily. Last night he drank much more than his usual three to four drinks. His neighbor found him in the hallway of the apartment in the morning at 9 a.m. and he was belligerent and exhibited startle reactions indicating an episode of PTSD. A crisis call was made to law enforcement who involved the crisis response staff due to his mental health history

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3. What would be the criteria for your decision?

4. Who would you involve in the process/plan?

5. What might the linkage and follow up look like?

6. How might his veteran’s status and military culture effect your ability to interact and assess him?

Crisis Scenario #3

Sally is a 29 year old, single female who is residing in an apartment with her 5 month old infant son. Sally is currently unemployed and receiving welfare/food stamps and medical assistance benefits. Paternity of her child has not been determined and the alleged father is not involved with Sally or her child. Sally's parents were divorced when she was 5 years old. She has one older sister and one younger brother still in high school. Her mother remarried and has two young children at home. Her father moved out of state and has maintained only minimal contact with her. Due to her disruptive behaviors as a teenager, Sally's relationship with her mother is strained.

Sally has been receiving mental health related services since she was 13 years old, including special education classes through the school district. Her current diagnosis includes Bipolar Disorder, PTSD, and Borderline Personality Disorder. She has a history of self-injurious behaviors and had two suicide attempts three years ago. Sally has been receiving mental health services through the CSP program and until her pregnancy her mental health status had remained fairly stable. When she became pregnant, several medication changes were required. After the birth of her son, Sally's mental health started to decompensate. At the time of a regularly scheduled home visit by the CSP worker, Sally was found to be somewhat in distress. The worker talked with her at great length, stabilized the situation and scheduled a time to develop a crisis plan with Sally within the next week.

Three days later a call came into the crisis unit and Sally was in considerable distress. She indicated she had been cutting herself and expressed having thoughts of suicide and hinted she had a plan in mind but would not elaborate on the plan. She would rather be dead than be hospitalized and her son taken away by Social Services.

Upon entering the home, the crisis worker observed numerous cuts on Sally's arms, legs and stomach. She reported to the crisis worker that she has not slept for two nights because her son had been crying. She admitted to not showering or changing her clothes for several days. The baby appeared to be physically okay but was dirty and had not been changed for quite a while. The baby was hungry and crying.

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3. What would be the criteria for your decision?
4. Who would you involve in the process/plan?
5. What might the linkage and follow up look like?
6. How might Sally’s status as a single mother effect her ability to participate in treatment?

Scenario #4

Tracy is a fifteen year old adolescent who has recently acknowledged his sexual orientation as being gay to his best friend. He has been extremely anxious since his discussion with his friend, as he is now sure his parents will find out and totally disown him. His friend has not been much support as he has not been understanding of the disclosure and Tracy no longer trusts him. Tracy has no other friends but knows someone in the Gay/Lesbian Support Group at school. He has always found his aunt to be supportive of him as a person, and has lived with her in the summers when things at home have not been good. Tracy has a recent history of vandalism to property and minor theft. He has a juvenile justice worker who is overseeing his consent decree with the court for restitution. He has not begun to serve his community service hours yet. Over the past week his anxiety has taken over his thinking and his thoughts have included running away or possibly even committing suicide. He has skipped school and perseverates on the consequences of disclosing his sexual orientation. He feels very alone. When his thoughts and feelings caught up with him he raided his parent's liquor cabinet while they were gone overnight. He doesn't know how much he drank when he called the crisis unit but thinks it was close to a bottle of vodka and a few slugs from other liquor bottles. He is clearly intoxicated and distraught, stating he hoped he would "drink himself to death".

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3. What would be the criteria for your decision?
4. Who would you involve in the process/plan?
5. What might the linkage and follow up look like?
6. How might his sexual orientation influence the decision-making process?

Scenario #5

Geneva is a 67 year old woman who was diagnosed with dementia and has lived in a nursing home for the past five years. Geneva has a history of mental illness, but has been stable on medications for six years. Recently her daughter, Jasmine, has received reports that Geneva is becoming increasingly belligerent at the nursing home. She set up an appointment for Geneva with her physician, but Geneva refused to go. Last night the nursing supervisor called the crisis unit when Geneva became belligerent and assaultive to staff. She refused to go to her room and was threatening her roommate. The nursing home staff were afraid for everyone's safety.

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3. What would be the criteria for your decision?
4. Who would you involve in the process/plan?
5. What might the linkage and follow up look like?
6. Are there special considerations that need to be made given her age and diagnosis?