

## CRISIS INTERVENTION (371)

Service Charge Code: CRISIS INTERVENTION (371)

P - (Purpose): To assess Cynthia for suicidal ideation/intent and to help her access crisis resources.

I - (Intervention): After receiving several phone calls from Cynthia throughout the day in which she expressed increasing distress, received another phone call asking for help. Performed basic suicide-risk assessment during the phone call. After determining that Cynthia was at a much higher risk than her baseline, clinician traveled to her home and presented Cynthia with the option of going immediately with the clinician to the ER or being placed on a hold by the clinician. Drove Cynthia to the ER and accompanied her while the ER staff medically evaluated her and placed her on a 5150 involuntary psychiatric hold. Provided information to the ER physician and nurses regarding Cynthia's suicidal statements, diagnosis, and baseline functioning. Left contact information in case hospital psych team needed additional information. Provided reassurance and support to Cynthia throughout the interaction. Advocated for her care with ER staff and law enforcement.

R - (Response): In her phone call, Cynthia reported wanting to take "a handful" of pills and be with her deceased mother. She said she might be better off in the hospital. Her speech was slow and slightly slurred, and there were long pauses before she would answer questions. At her home, she appeared preoccupied and expressed much higher paranoia than usual (eg, refusing to go outside when she heard voices in the courtyard). She said she did not want to be put on a hold, because that would require law enforcement to transport her, but she did agree to go with the clinician to Petaluma Valley Hospital ER. She remained withdrawn, quiet, and tearful in her interactions with medical staff. Petaluma PD put her on a 5150 hold. ER staff reported it would take 1-3 hours for Cynthia to be evaluated by the psychiatric staff.

PL - (Plan): Clinician left her cell phone number in case hospital psych team needed additional information. Clinician will follow up with client, CSU, and hospital as needed in the morning.

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P - (Purpose): To assess Juan for suicide risk and to determine need for further crisis intervention.

I - (Intervention): Based on statements Juan had made during DBT Skills group, met individually with Juan to clinically assess seriousness of statement that he "might not live until next week." Inquired into Juan's current state of mind, current distress levels, coping skills, and future plans. Offered to lead Juan in relaxation breathing exercise just taught in the DBT class. Encouraged Juan to exercise when he got home, as he identified that as a major coping skill he uses and wants to use. Reminded Juan that making triggering statements during the DBT Skills class is discouraged, and encouraged him to speak to any of the facilitators privately before or after class if he needed support or wanted to express his frustration.

R - (Response): Juan said that "sometimes [he] just say[s] thing without really meaning them" and was not really sure why he said he felt like cutting himself or made reference to suicide. He said he was feeling overwhelmed and anxious in the moment and had been triggered by an earlier reference to a psychiatric hospital. He said that once he said that he felt like engaging in non-suicidal self-harm, he immediately felt better because he "got it out." He reported feeling

very anxious when first talking to clinician, but he declined breathing exercise; at the end of the conversation, however, he reported feeling much calmer. He was future-oriented and said he felt safe riding home with his brother, and he was looking forward to exercising. He said he also enjoys talking to his mother about the DBT Skills classes, and he would do so this evening, which he thought would help him learn the material more. "It'd be fun to teach this to someone in my family," he said. At the end of the conversation, Juan was smiling and appeared relaxed and at ease. Juan's statement that he spoke of cutting and suicide "without really meaning them," plus his future-orientation, plus his statement that he felt better for "getting it out," indicate a low risk for suicide at this time, and clinician's clinical judgment was Juan's statement was not serious. PL - (Plan): Juan to attend next DBT Skills class Monday, April 10, at 10:30am. Manager, psychiatrist, and PSC notified of statement and assessment.