

seven years crisis
intervention :
an evaluation

Johan Mulder
Richard Smit
psychologists
Ipse de Bruggen

A painting depicting a family scene. A man in a white shirt and dark vest sits on the left, looking towards the right. A woman in a light blue dress sits in the center, looking down at a child. The child, wearing a light blue dress, sits on the right, looking down. They are seated at a table with a white tablecloth. On the table, there is a small glass of dark liquid on the left and a round, golden-brown object, possibly a loaf of bread or a fruit, in the center. The background is dark and indistinct.

Definition of crisis

Dangerous behaviour for the individual himself and/or his environment.

An immediate intervention is necessary.

Short history

7 years ago there was no adequate system for crisis intervention for people with ID in the department Zuid-Holland.

Only:

- the police
- 3 to 7 days in a psychiatric hospital
- beds vacant by chance in groups for ID
- some crisis units are always occupied

Crisis carousel

- Seven organisations in the department of Zuid-Holland (external).
- Each foundation must manage its own crisis (internal)

Organisation of Ipse foundation

- Two beds in a special unit, with one room for separation.
- One bed is included with a group of three ladies who need very intensive care
- There is a crisis team with one supervisor, 8 group workers, 2 psychologists and one physician specialised in people with ID.
- All members of the team have a lot of experience in the field of ID and challenging behaviour

Mobile internal crisis intervention

If possible the crisis intervention can be arranged at the client's home:

- observation
- coaching carers
- transmission of expertise
- employ carers of the crisisteam

Purpose of crisis intervention

Based on the file and other sources of information, we will make a hypothetical diagnosis of a client and the cause of the crisis

Three pillars:

- Improve the intra-psychic condition of the client.
- A quick start with an adequate care method (guidelines).
- Support of the system around the client.

Diagnostic analyses

- What is the cognitive level; emotional level of functioning, the second diagnosis besides ID of the client?
- Is there a need for psychiatric consultation and evaluation of the use of medicine
- Evaluation of the system (strength and weakness)

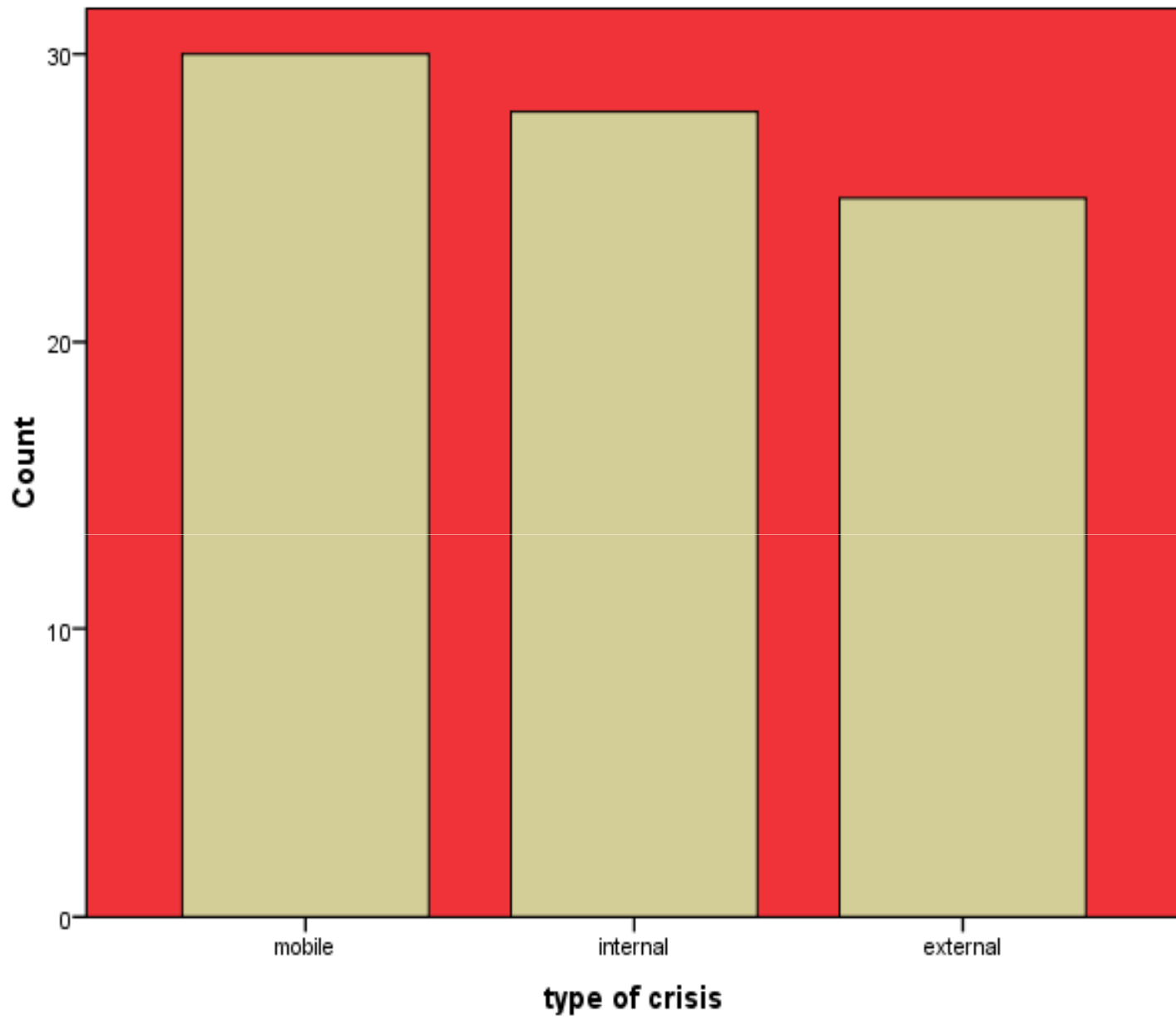
Used methods in crisis intervention

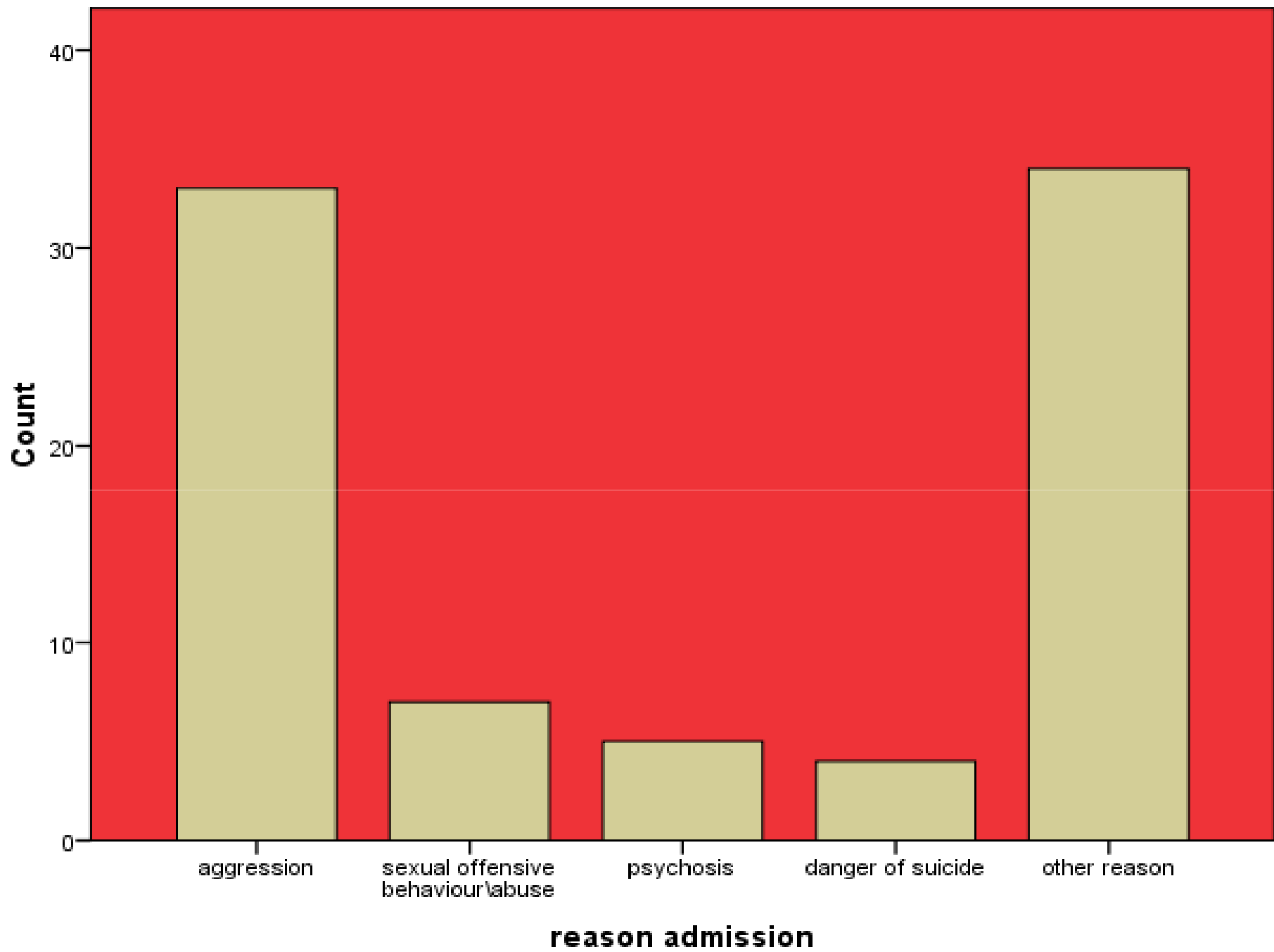
- Day schedule to support the client throughout the day with a balance of rest and activities.

The day schedule is supported by alternative ways of communication if necessary (pictograms, photographs etc).

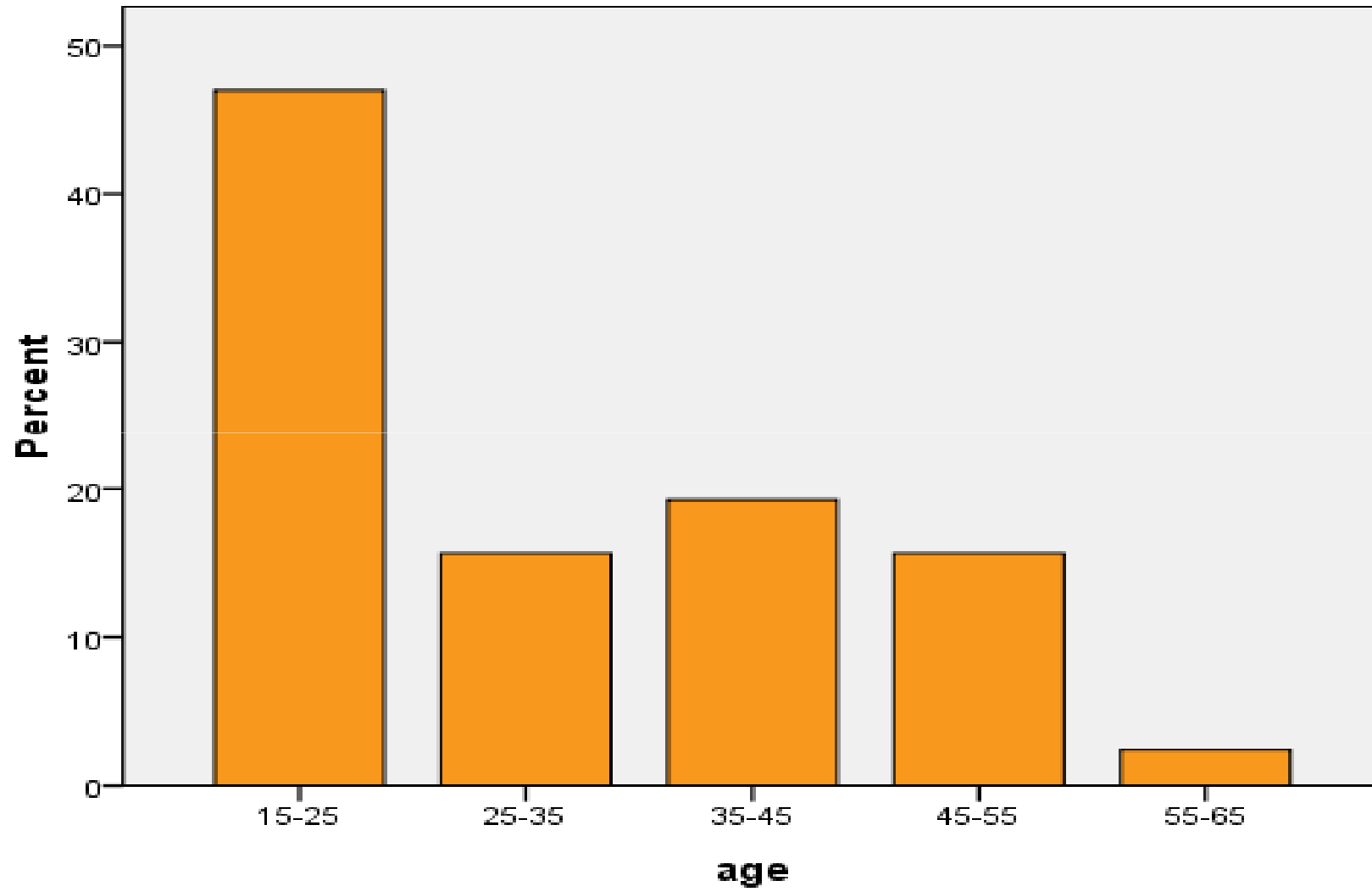
- The carer is always in the neighbourhood, so the client feels safe.
- If possible we find a temporary job or activities in a working (activity)center.

- Analysis of the group of clients who were in crisis the last seven years
- N=83

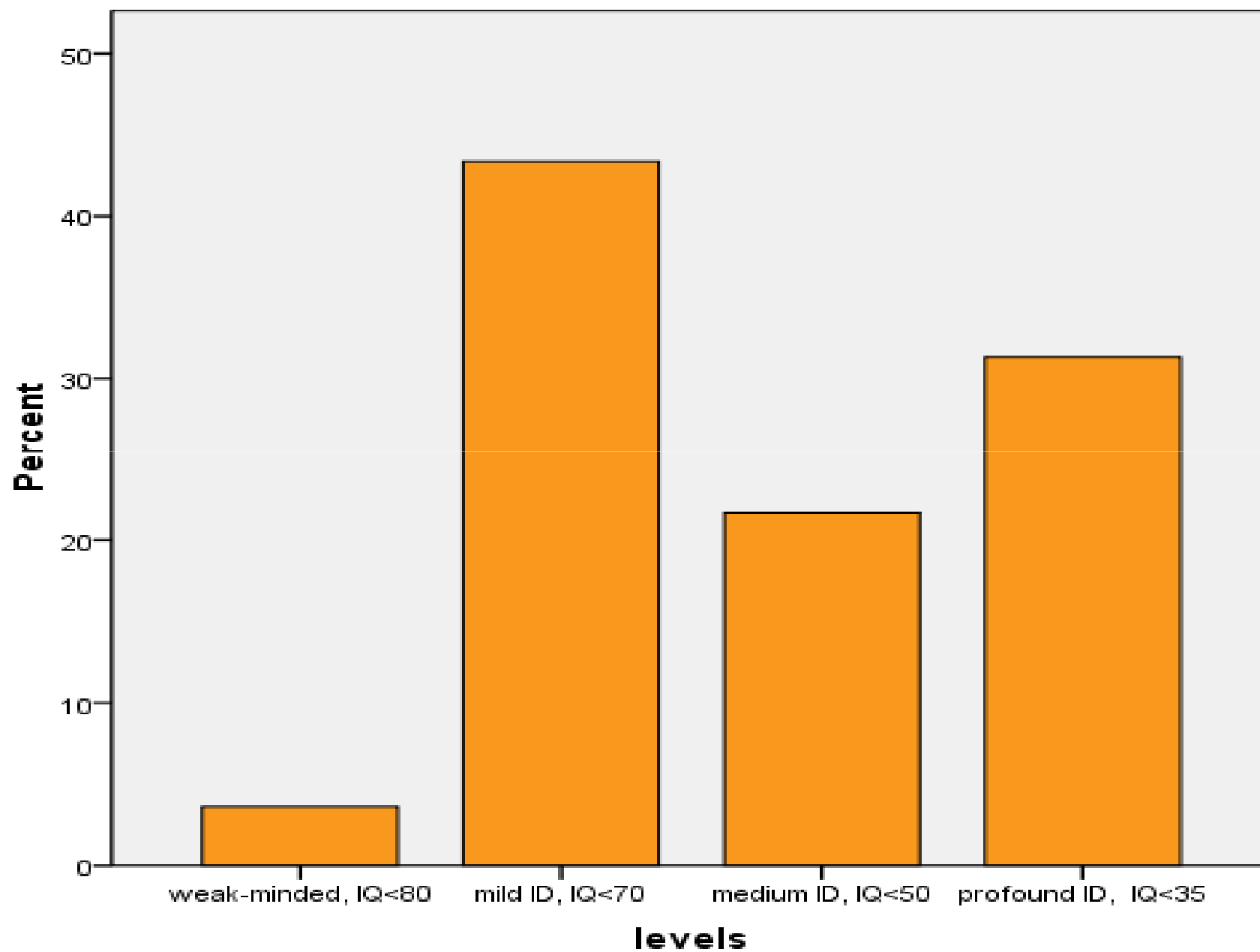




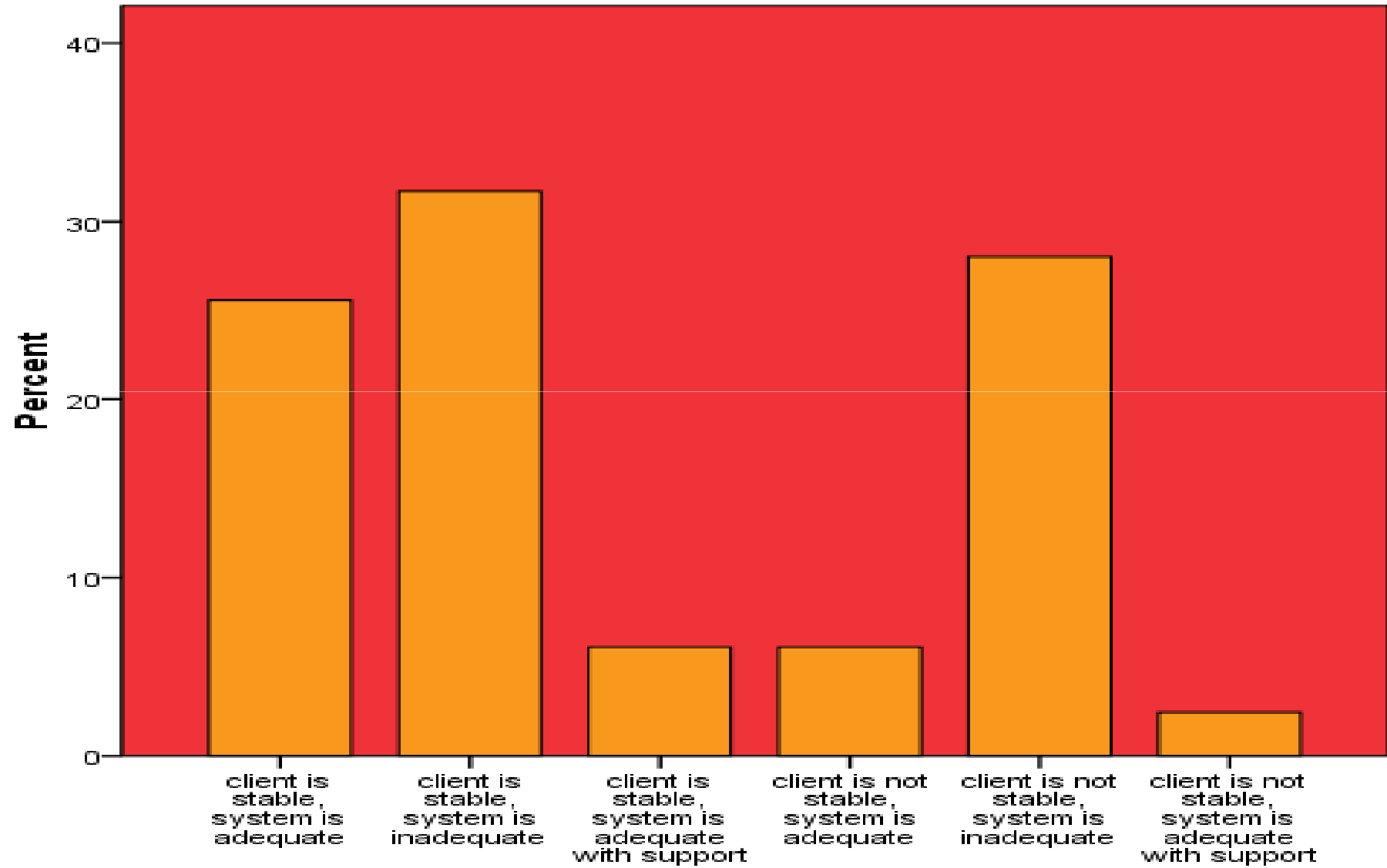
age during crisis

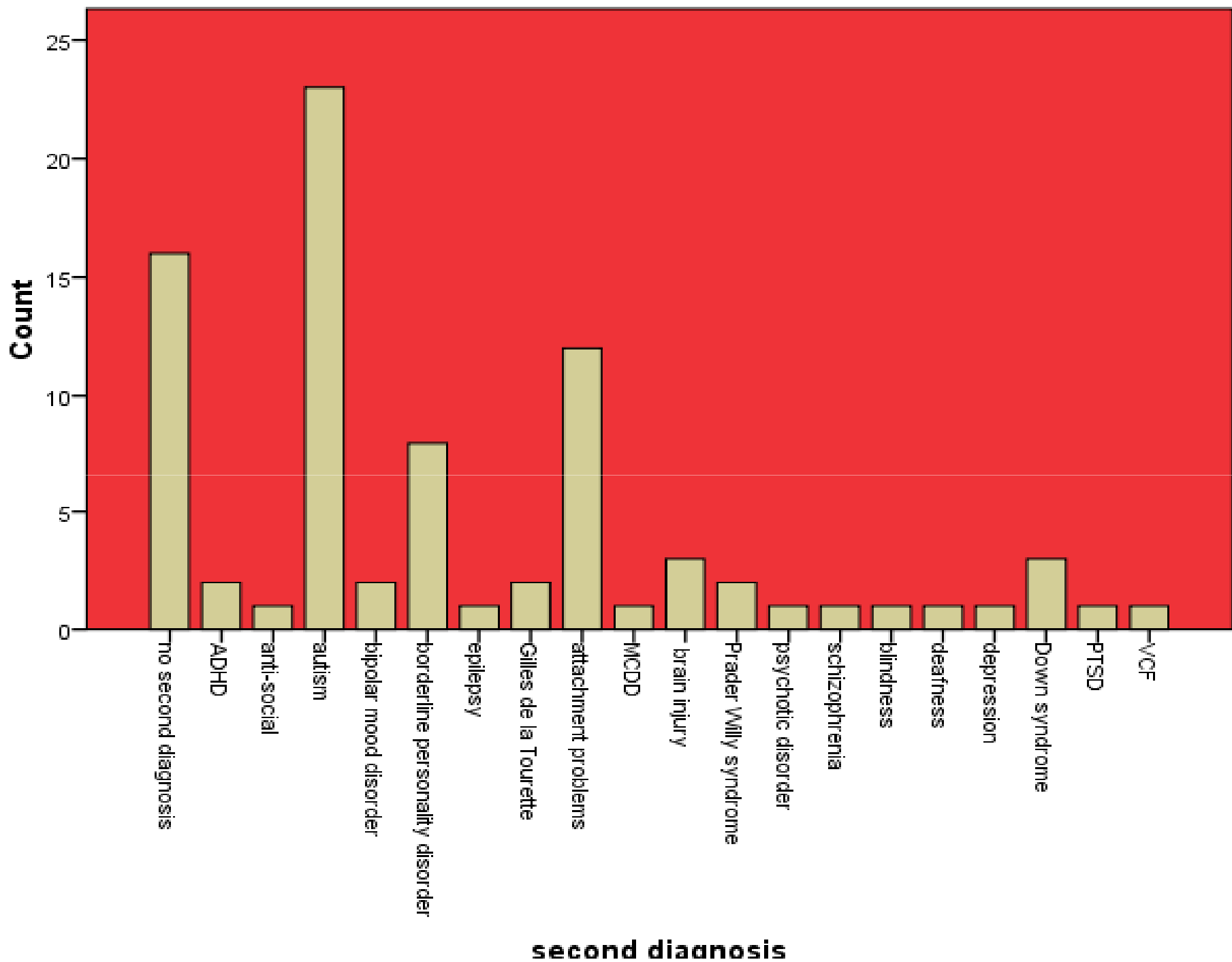


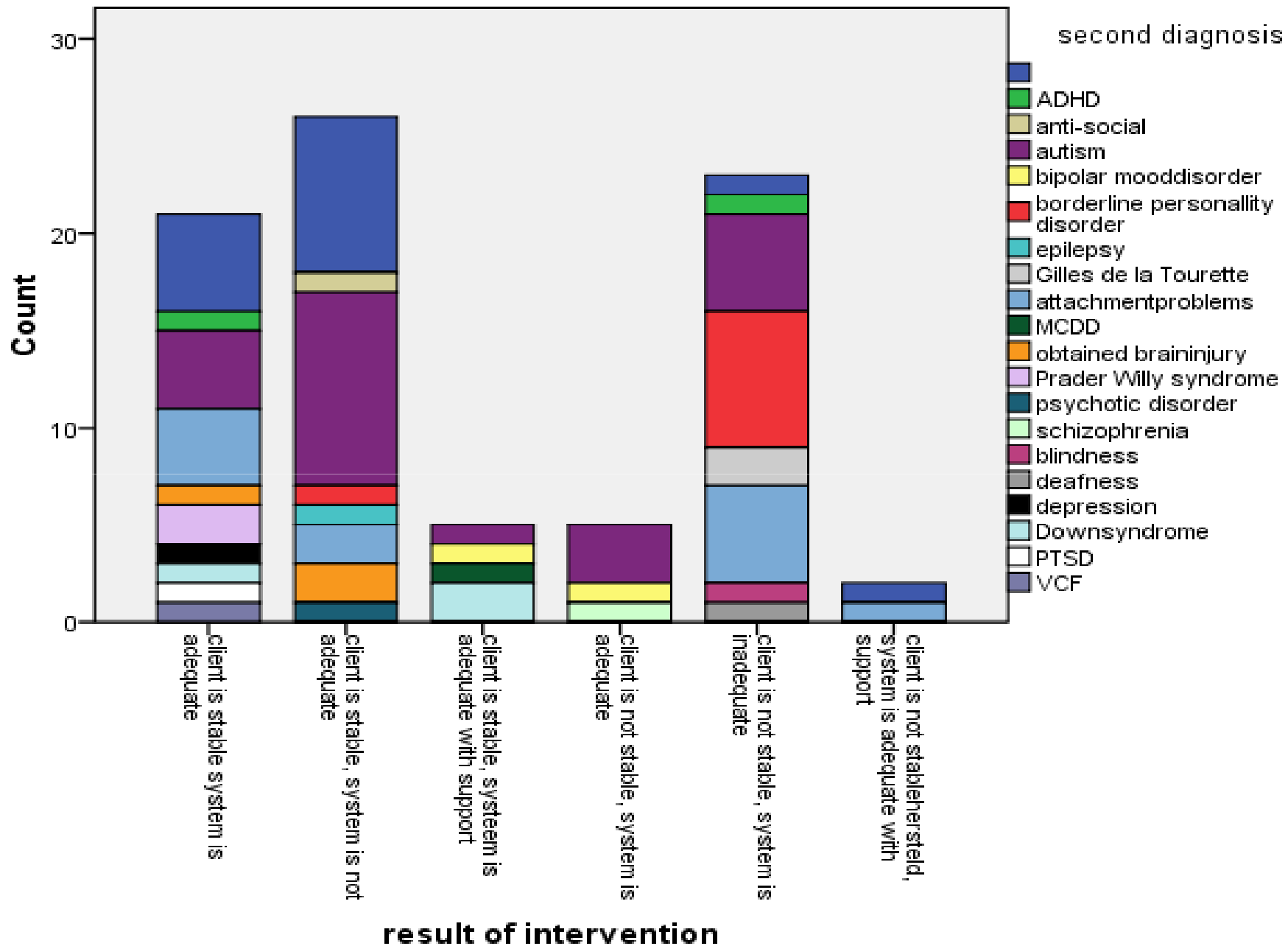
level of ID



result of crisis intervention







Conclusions of the analysis

- Aggression was a main (40%) reason for admission to crisis intervention.
- More than 45% of all clients in crisis were aged 15 to 25 years old.
- A big proportion of the total group has a mild ID. Profound\severe ID is overrepresented in the mobile group.

Conclusions of the analysis

In 54% of the cases the system is not adequate. Possible reasons:

- The client is overloaded; too many demands and stimuli from the environment
- The carers don't have enough time for the client and/or aren't capable of dealing with challenging behaviour
- The environment doesn't offer enough safety and protection.

Diagnoses

- 72 % has a second diagnosis
- 27 % autism
- 13 % attachment problems
- 9,5 % borderline personality disorder

Autism

- With autism a great part the system is not adequate, although the client is stable.
- Attention is required to make the environment (system) suitable for people with autism

Borderline personality disorder

- With BPD client and system remain unstable.
- Crisis intervention is not effective. It is only for relieving the system.

Attachment problems

- With attachment problems client and system remain unstable
- Crisis intervention is not desirable; only if it's really necessary for relieving the system.
- Strong support of the system is needed.

Casus I: Gilles the Tourette

- A lot of aggression during two years
- System is exhausted
- Diagnosis of the cause: interrupting the tic gives frustration and aggression
- Internal crisis admission for 6 weeks

Case I: Gilles the Tourette

- Day schedule and caring within the principle of never interrupting the tic. Carer is only in touch when she is not occupied by her tics. Aggression disappeared in two days and didn't come back.
- After six weeks the carers are coached (mobile care) with the guidance in the house where she lives
- Environment is not suitable: they will look for another place to live because she needs a lot of attention from the carer and a quiet environment

Case II with borderline personality disorder

- A 50 year old woman with a severely neglected childhood. Living on her own with carers in the neighbourhood
- Refusing (aggression) support
- Loneliness and depression
- Very low quality of life
- Admission to crisis unit had no results
- Mobile crisis intervention only softened the problems

Case II with borderline personality disorder

- Solution: admission to an intensive care unit. Aggressive outbursts still remain, but quality of life is much better.
- No depression and loneliness

Case III young man with autism

- Very tense and anxious
- Carers reacted with fear
- Fear of carers caused aggression
- Recovered quickly in crisis unit
- Attempts to make the system stronger failed
- Other group with more adequate staff

Case IV

- A 20 year old woman, Prader-Willi syndrome
- Behaviour: endless asking, aggression, depressive moods

Mobile crisis intervention:

- Observation, training the team how to handle people with PWS.
- Day schedule and limiting obsessive behaviour like questioning.

Causes of crisis I

- Factors within the client that make him vulnerable to a crisis (personality disorder, dementia, autism)

Causes of crisis II

Overloading of client

- too many demands
- Insufficient structure

Causes of crisis III

The system is not adequate; it cannot fulfil the needs of the client

- fear
- not offering safety and protection
- exhaustion

Summary I

- Crisis intervention is a special expertise.
- Make a team that is trained\experienced in crisis intervention and has experience in handling challenging behaviour.
- Expertise in autism, attachment problems and borderline is necessary.
- It is preferable to have a dedicated apartment, isolated from other clients.

Summary II

- Pay attention to overloading clients
- Make the environment suitable

Thank You

for your attention