“A Child In Crisis”

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OBJECTIVES

- Participants will
  - Increase the understanding of the context in which children and youth experience crisis
  - Increase their understanding of the signs of crisis in children/youth
  - Basics of how to respond to children and youth in crisis from a recovery and prevention perspective
Thoughts About Crisis

Urgent or Emergent?
Hospitalization?
Restraint or seclusion?
Management or Recovery
Suicide risk
“a real crisis?”
Out of Control
Fear
prevention
Constant vs Temporary
What happened?
Imminent danger
“Frequent flyer” or new client
Support
Command hallucinations
It’s a child
Restraint or seclusion?
Danger to Others
Control & De-escalation
needs
Fear
MULTIPLE DEFINITIONS OF CRISIS

THINKING ABOUT CHILDREN IN CRISIS
Multiple definitions of Crisis

- “A crisis occurs when a person is confronted with a critical incident or stressful event that is perceived as overwhelming despite the use of traditional problem-solving and coping strategies”

Multiple Definitions of Crisis

- “A mental health crisis is an intensive behavioral, emotional, or psychiatric response triggered by a precipitating event. If left untreated, it could result in an emergency situation, placement of person into a more restrictive setting, or significantly reduce levels of functioning in the persons’ primary activities of daily living. They are self-defined and environmentally based. They are either urgent or emergent”

-Wild Iris Medical Education Inc, a Nursing Certified Continuing Education Org (2016)
Multiple definitions of Crisis

- “A crisis is any situation in which the child’s behaviors puts them at risk of hurting themselves or others and/or when the parent isn’t able to resolve the situation with the skills and resources available”

Multiple Definitions of Crisis

- “A school crisis is any traumatic event that seriously disrupts coping and problem-solving abilities of students and school staff”

Addressing Mental Health in School Crisis Prevention and Response (2015) The State of West Virginia and the West Virginia Board of Education
Rethinking Crisis

“To identify crises accurately requires a much more nuanced understanding and a perspective that looks beyond whether an individual is dangerous or immediate psychiatric hospitalization is indicated.”
“… crisis guidelines should promote two essential goals”

- Ensuring that mental health crisis interventions are guided by standards consistent with recovery and resilience, AND

- Replacing today’s largely reactive and cyclical approach to mental health crisis with one that works towards reducing the likelihood of future emergencies and produces better outcomes”

- SAMHSA (2009)
THE CONTEXT OF CHILDREN IN “CRISIS”
Crisis is not a “single” state

It’s a trajectory
(beyond beginning and end point)
Situations involving mental health crisis may follow trajectories that include:

- **Intense feelings of personal distress**
  (e.g. anxiety, depression, anger, panic, hopelessness, despair)

- **Obvious changes in functioning**
  (e.g. neglect in personal hygiene, unusual behavior, inability to sleep)

- **Adverse life events**
  (e.g. disruptions in personal relationships, support or living environment, victimization or disasters)

-SAMHSA (2009)
Crisis is not a “solo” event

It happens in a community.

- Family
- School
- Neighborhood
- Culture
Complexity of a Child/Youth
Crisis in developing human beings

- Children and youth behavior must be understood from a developmental perspective.

- Crisis response must be age and developmentally appropriate.
Incidents that may precipitate a crisis

- Developmental (e.g. birth of sibling, changing schools)
- Existential: inner conflicts and anxieties related to purpose, responsibility, independence, freedom (e.g. despair that life has no meaning)
- Medical (e.g. new diagnosis, cancer)
- Environmental (e.g. natural disasters, man-made disasters, mass shootings)
- Psychiatric (e.g. suicidal thoughts, hallucinations, flashbacks/intrusive memories of trauma)
- Situational (e.g. parents divorce, military transitions, moving, car accident, death of a loved one, rape)

The Case of Jose
The Case of Jose

Jose is a 6 y.o. whose first grade class is learning to plan a tree in a new school garden. He’s very excited about working with the shovel next to his best friend Sandy. He has been following all instructions. Jose is thinking about dad’s landscaping business. A boy pushes his friend to the side to make way for another tree. Jose grabs the shovel and hits the other child in the face with it and starts fighting. He starts yelling and spits on the teacher when he’s told to stop.
The teacher grabs Jose. Jose punches the teacher and says “Te voy a matar” (I’m gonna kill you). The school calls the Mobile Crisis Unit because he threatened the teacher and they are concerned about safety. Jose has been having a lot of temper tantrums in class including banging his head against the floor and walls in class when he’s frustrated. This started since dad was arrested and deported for domestic violence. Jose has been described as impulsive and defiant (since he doesn’t make eye contact with adults when he’s talked to). He cries easily and has been falling asleep in class. He makes drawings about knifes and fights. Although he’s caring with his female friends, teachers are very concerned with safety of the teachers and students.
What do we know?

- What happened?
- What’s the context?
- What strengths can we see in Jose?
- What are possible precipitating events?
- Who’s crisis is this?
- What resources and supports seem to be in place in the beginning?
TRIGGERS OF CRISIS IN YOUTH AND CHILDREN

-NAMI
Home or Environmental Triggers

- Changes in the family structure (separation, marriage, divorce, placements)
- Loss of any kind (loved ones, friends, pets, relocations)
- Transitions (moves, schools, guardianship)
- Strained relationships with family or friends
- Changes in relationship with boyfriend/girlfriend, partner
- Fights or arguments with friends or family
- Trauma or violence
- Family poverty
- Natural or Man-Made Disaster
- Rejection, discrimination towards LGBTQ
School Triggers

• Worrying about tests, grades, admissions to college or special programs
• Feeling singled out by peers or feelings of loneliness
• Pressures at school: overwhelmed by homeworks and projects
• Bullying at school
• Pressures from peers
• Use of seclusions and restraints
• Suspensions, detentions or other discipline
• Violent events in schools: suicides, mass shootings
Other Triggers

- **Changes in Medication:** Stop taking medications or missing dosages, Starts new medication or dosage
- Use of drugs or alcohol
- Commanding hallucinations
- Pending court dates
- Community Violence or Trauma
- Being in crows or large group of people
- Intrusive memories/Flashbacks of trauma
- Ignored signs of decompensation (isolation, sleep patterns, hygiene, eating patterns, congruent thoughts)
Understanding the Trajectory of a Crisis in Youth and Children

SIGNS OF MENTAL HEALTH CRISIS IN YOUTH AND CHILDREN

-NAMI
Inability to cope with daily tasks

- Doesn’t bathe, brush teeth, comb or brush hair
- Refuses to eat or eats too much
- Sleeps all day, refuses to get out bed
- Doesn’t sleep or sleeps for very short periods of time.
  - Some experience a decrease need for sleep

-NAMI
Rapid mood swings

- Increase in energy
- Increase impulsivity and lack of judgment (according to child’s development and age)
- Inability to stay still (more than usual), pacing
- Suddenly depressed, withdrawn from family/friends
Increase agitation and anger

- Makes verbal threats
- Violent, out-of-control behavior
- Destroys property
- Culturally inappropriate language or behavior
Displays abusive/violent behavior

- Physically hurts others
- Cutting, burning or other self-injurious behavior
  - Head banging or hitting self in young children
- Cruelty to animals
- Uses or abuses alcohol or drugs
Loses touch with reality

- Unable to recognize family or friends
- Thinks they are someone they are not
- Is confused and has strange ideas about the immediate reality
- Hears voices (that no one else can hear)
- Sees or feels things that are not there
- Has intrusive memories or flashbacks of trauma
- Doesn’t understand what people are saying
- Speech is incongruent or bizarre
Isolation and other changes in behavior

- Little or no interest in extracurricular activities
- Stops attending school, stops doing homework
- Starts giving away personal property
- Changes in friendships that foster isolation and behavior changes
- Seems obsessed with violent behaviors or events (does research on violent/criminal activities or use of weapons)
Unexplained physical symptoms

- Facial expressions look different (flat, non-responsive)
- Increase in headaches, stomach aches and complaints of not feeling well
The Case of Jose

- What are the triggers and precipitating events for Jose?
The Case of Jose

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What are Jose’s signs?  
What is his crisis trajectory?

- **Intense feelings of personal distress**  
  (e.g. anxiety, depression, anger, panic, hopelessness, despair)

- **Obvious changes in functioning**  
  (e.g. neglect in personal hygiene, unusual behavior, inability to sleep)

- **Adverse life events**  
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-SAMHSA (2009)
ENGAGING YOUTH & CHILDREN: DE-ESCALATING
De-escalation Techniques with Children and Youth

- Engage the child/youth directly by:
  - Asking The Child—What happened? How can I help? What can help you calm down?
  - Keep your voice calm
  - Listen to the Child, Be Patient and Non-Judgmental
  - Don’t argue or try to reason, Do not lecture
  - Express support and concern
  - Provide supportive space, do not make them feel trapped
  - Keep stimulation at a low level
  - Avoid touching, ask permission, announce what you will do
Assess Risks

- Suicide Risk
- Self-injurious behavior risks
- Danger to Others
- Commanding Hallucinations
- Decompensation and decrease functioning
- Parental/Guardian capacity to care appropriately for the child/youth
- During a Disaster or Mass Violence Event: Homelessness, Medical Needs
- Personal Safety: Abuse, violence, exploitation
Safety Plan

- Utilize the American Association of Suicidology
  - Warning Signs that tell me a crisis maybe developing
  - Coping strategies that make be feel better
  - Supportive people I have permission to contact that can help me distract or feel better
  - Professionals I can contact during a crisis
  - Local Crisis Line/ National Suicide Prevention Lifeline (1-800-273-8255)
  - Steps to my environment safe
The Values in Responding to MH Crisis in Children/Youth

- **Avoid Harm**
  - Do not harm, Avoid Re-traumatization
    - Safety in children goes beyond personal harm

- **Intervene in Person-Centered Ways:**
  - Intervene with the Child Directly
  - Child Centered & Family Centered

- **Shared Responsibility**
  - Consider Child/Youth as an active partner rather than a passive recipient
Values

- **Address Trauma:** Responding in a Trauma-Informed Way
  - Acknowledge, screen, be aware and sensitive to trauma

- **Help Establish and Increase Feelings of Safety**
  - Create a safety plan

- **Strength-based response and plan**

- **Address the child/youth as a “Whole Person”**
Values

- The Child/Youth as a “Credible Source”, a “credible person”

- Recovery, Resilient and Natural Supports
  - Include natural supports in your safety plan and follow up plan

- Prevention
  - Include coping and prevention of future crisis and emergencies
  - Recognize signs of mental illness, refer and/or treat
Intervention & Follow/Up Plan

- Plan and respond in the context of the crisis
- Access to supports/services in a timely manner
- Services provided in the least restrictive manner
- Plan avoids trauma/re-traumatization
- Incorporates coping skills and natural supports
- Help child regain self-control, functioning and foster recovery
- Rights of the child are respected
- Congruent to culture, gender, race, development, sexual orientation, and needs of individuals
- Prioritize safety and incorporating child in normal routine
Is the Child’s crisis the Parent’s Crisis?

Provide information and the crisis/follow-up and safety plan in writing.

Prepare and empower the parent/guardian on how to support child and seek help.

- Consider the use of Family Partner Providers
The Child vs School Dilemma

Both crisis must be addressed and follow-up

- Immediate and long-term safety plan help prevent future crisis

Schools need a Post-Vention Too:

- Short Term Plan of Action
- Intermediate Plan of Action
- Long Term Plan of Action

- Recommend the School as an EBP for Critical Incidents
  Psychological First Aid ([www.nctsn.org](http://www.nctsn.org))
- Mental Health First Aid
The Case of Jose

Discussion:

Jose VS. The School
OR
Jose AND The School
Questions
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