

PICS Foundation Course

An Intro to Crisis Response Systems & Suicide Prevention



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Sections

- I. Crisis Now Model
- II. Crisis Services Continuum
- III. BH Responses to Trauma & Grief
- IV. Cultural Considerations & Resilience



Section I. Learning Objectives:

- A. Describe the Crisis Now model, goals, and strategies
- B. Recognize warning signs, identify risk and protective factors, increase willingness and ability to intervene with a person at risk for suicide.
- C. Identify key concepts of behavioral health effects.



The Problem



Suicide



Family pain



Psychiatric Boarding



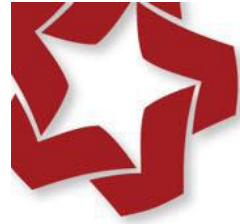
The wrong care in the wrong place



Law enforcement working as “mobile crisis”

Crisis Now Model





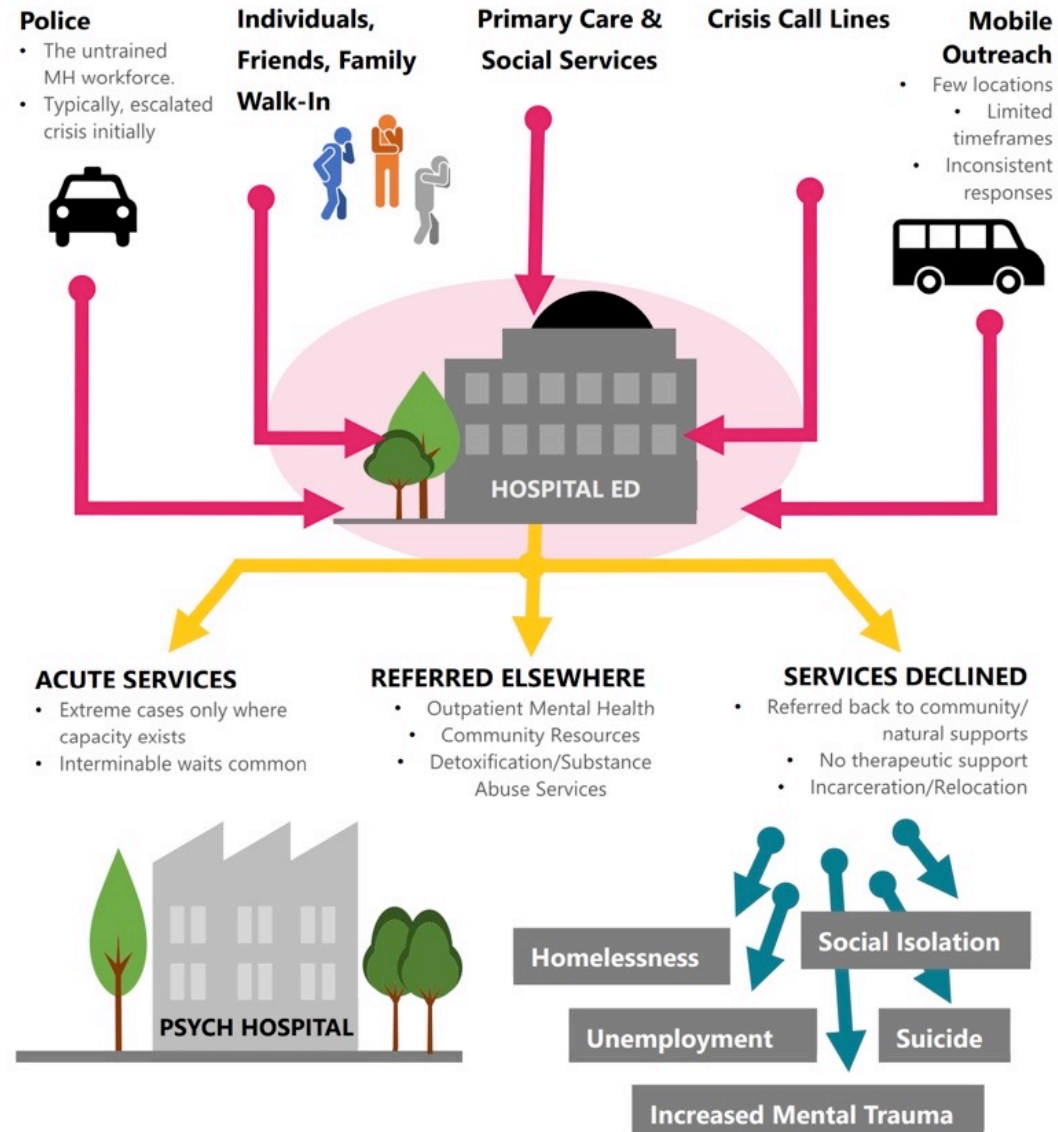
A Framework for
State/Regional Self-
Assessment

For more info see
<http://crisisnow.com>

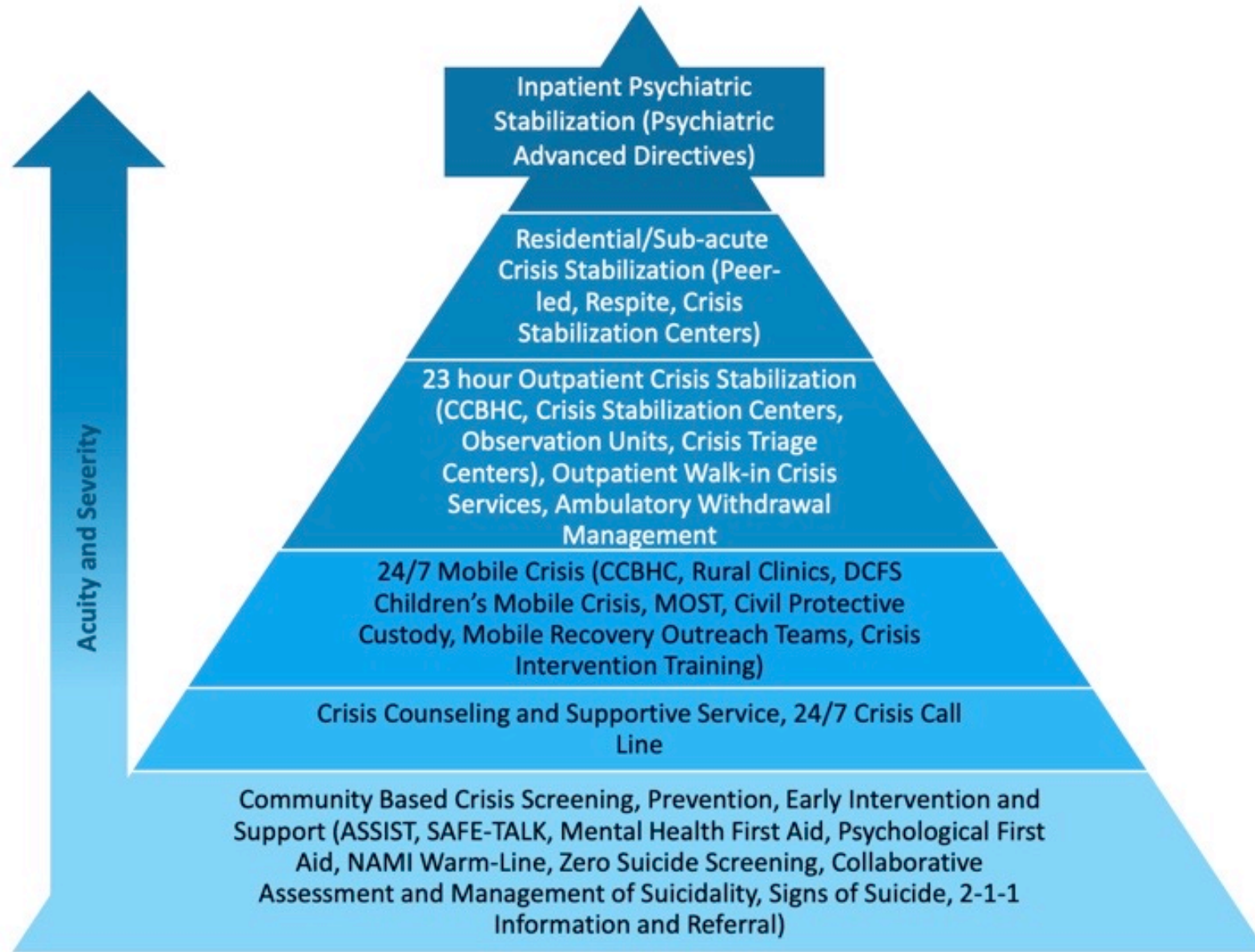


	① Call Center Hub	② Mobile Outreach	③ Sub-acute Stabilization	Crisis Now System	Level 5 System Also Conforms to 4 Modern Principles
What makes Level 5 different?	Real Time Access Valve Mgmt	Meets Person at Home/Apt/Street	Direct LE Drop Off <10 Min	Equal Partners 1 st Responders	
Level 5: FULLY INTEGRATED	Air Traffic Control Connectivity	Adequate Access Statewide	Adequate Access Statewide	Adequate Access Statewide Plus →	① Priority Focus on Safety/Security
Level 4: CLOSE	Data Sharing (Not 24/7 or Real Time)	Statewide Access but Reliant on ED	Statewide Access but Reliant on ED	Integrated System w/ Diversion Power	② Suicide Care Best Practices , e.g. Systematic Screening, Safety Planning and Follow-up
Level 3: PROGRESSING	Formal Partnerships	Adequate Access <1 Hr Response	Adequate Access >50% Bed Available	Adequate Access Major Payers Included	③ Trauma-Informed, Recovery Model
Level 2: BASIC	Shared MOU/ Protocols	Some Availability Limited to Urban	Some Availability Limited to Urban	Limited State/ County Support	④ Significant Role for Peers
Level 1: MINIMAL	Agency Relationships	None or Very Limited Availability	None or Very Limited Availability	Fragmented Status Quo	

Crisis Response System in Nevada



Nevada's Ideal Crisis Continuum



Poll Questions

1. How willing are you to engage someone who is presenting with indicators they are thinking about suicide, at your place of work?
2. How willing are you to engage someone who is presenting with indicators they are thinking about suicide, in your personal life?

Section II.

Learning Objectives:

- I. Describe the components of the National BH Guidelines for crisis care.
- II. Identify the four core elements for transforming crisis services.
- III. Describe the Crisis Now Impact in education, media, BH & Healthcare organizations.



National Guidelines for BH Crisis Services

ANYONE, ANYWHERE, ANYTIME

1. An effective strategy for suicide prevention
2. An approach that better aligns care to the unique needs of the individual
3. A preferred strategy for the person in distress that offers services focused on resolving mental health and substance use crisis
4. A key element to reduce psychiatric hospital bed overuse
5. An essential resource to eliminate psychiatric boarding in emergency departments
6. A viable solution to the drains on law enforcement resources in the community
7. Reduce the fragmentation of mental health care.

Transforming Crisis Services



**HIGH-TECH CRISIS
CALL CENTERS**



**24/7 MOBILE
CRISIS**

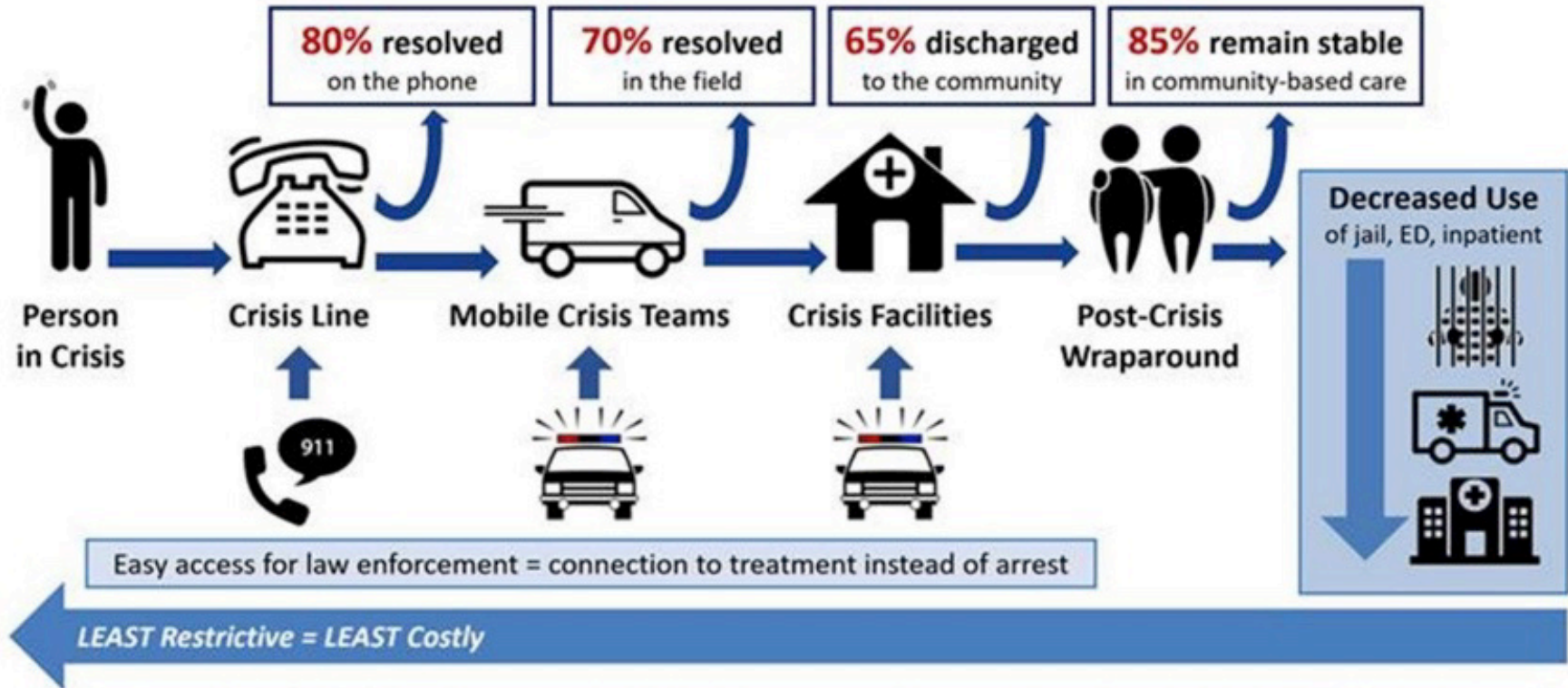


**CRISIS STABILIZATION
PROGRAMS**



**ESSENTIAL
PRINCIPLES & PRACTICES**

Crisis System: Alignment of services toward a common goal

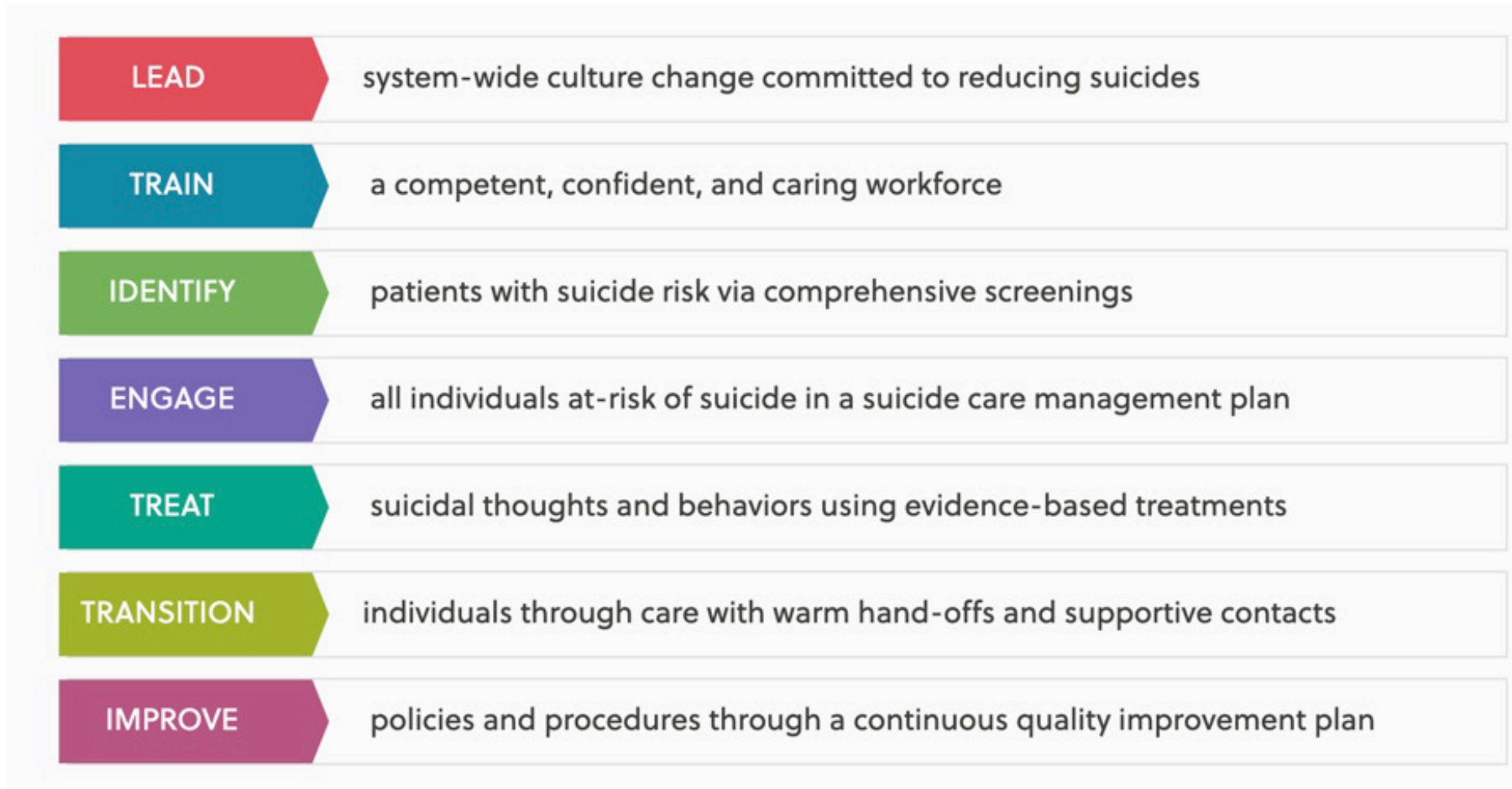


Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

The Promise of 9-8-8



Suicide Safer Care- Zero Suicide



Resources

Zero Suicide Institute: <https://zerosuicideinstitute.com/>

Zero Suicide Listserv: <https://zerosuicide.edc.org/movement/zero-suicide-listserv>

NV Office for Suicide Prevention: <http://suicideprevention.nv.gov/>

NV Zero Suicide Initiative: <https://nvopioidresponse.org/initiatives/zs/>

Resources

Community Members Living with Disabilities:

UNR Disabilities Resource Center: <https://www.unr.edu/drc>

Nevada Center for Excellence in Disabilities Directory: <https://www.unr.edu/education/faculty-and-staff/nevada-center-for-excellence-in-disabilities>

UNLV Disabilities Resource Center: <https://www.unlv.edu/drc>

CASAT on Demand Resources & Downloads: https://casatondemand.org/resources_downloads/

The Addiction Technology Transfer Center (ATTC) Network: <https://attcnetwork.org/centers/global-attc/about-attc-network>

The Addiction Technology Transfer Center (ATTC) Network-Centers:
<https://attcnetwork.org/centers/selection>

The Mental Health Technology Transfer Center Network: <https://mhttcnetwork.org/>

The Prevention Technology Transfer Center Network: <https://pttcnetwork.org/>

Department of Health & Human Services Aging and Disability Services Division: <https://adsd.nv.gov/>

Polling Questions

1. How likely are you to call 9-8-8 in your professional life?
2. How likely are you to call 9-8-8 in your personal life (or for yourself)?



Section III. Learning Objectives:

- I. Identify common trauma responses in these 5 domains
 - A. Physical
 - B. Emotional
 - C. Cognitive
 - D. Behavioral; and
 - E. Existential
- II. Identify types of child maltreatment treatment and adversity and the link to health in adulthood.
- III. Recognize how complex grief and the stress response system activates fight, flight or fear; affecting the brain and body, and becomes conditioned over time.

Trauma

- A single event,
- A reoccurring-strain trauma,
- Complex trauma
- Historical-Intergenerational trauma



Intergenerational Trauma

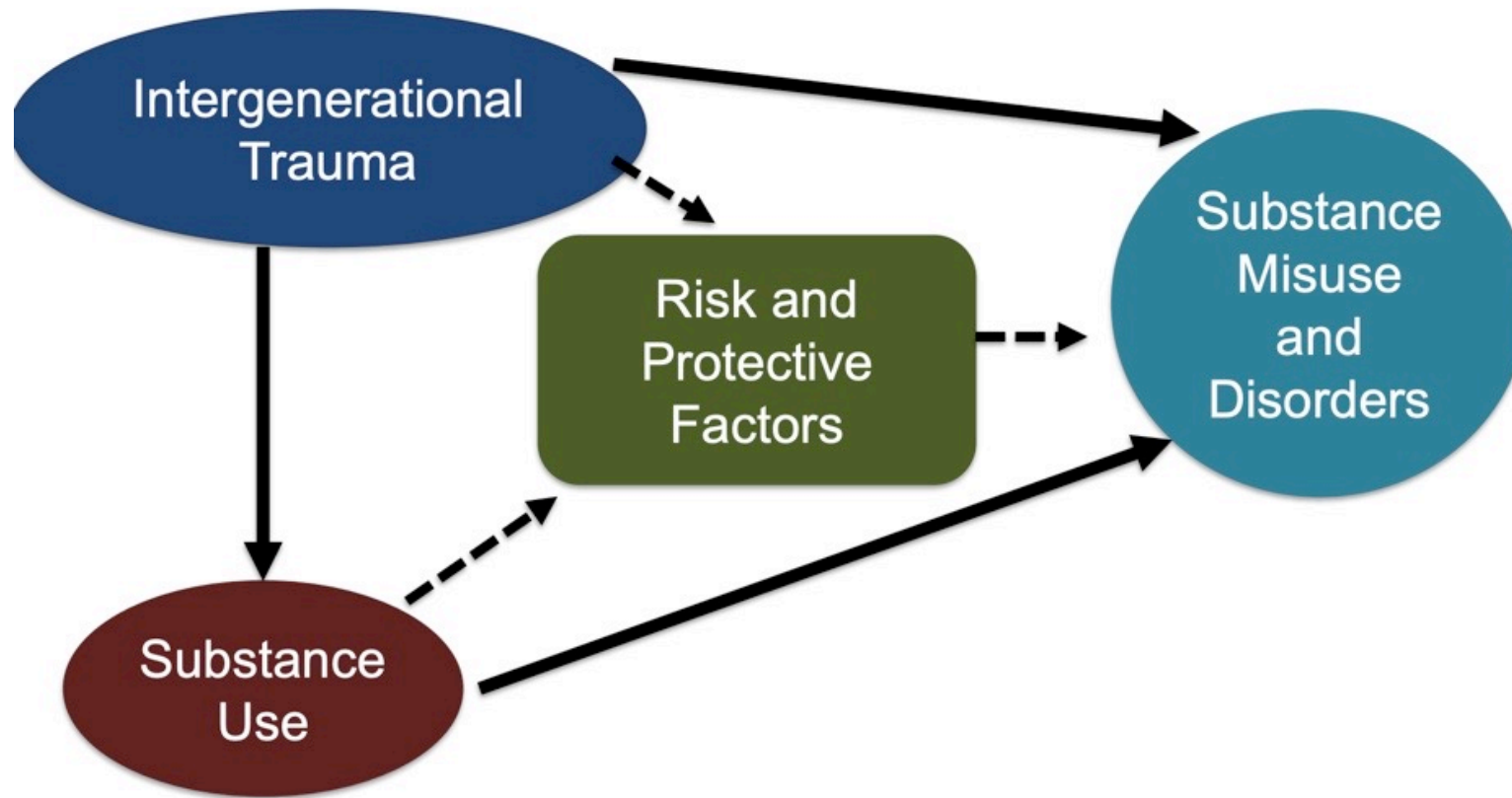
The more prepared we are for danger, the less our brain perceives important relational information such as:

- What we need
- What we value
- What we want to be able to engage in

DISCUSSION QUESTION:

What impacts could intergenerational trauma have on your community?

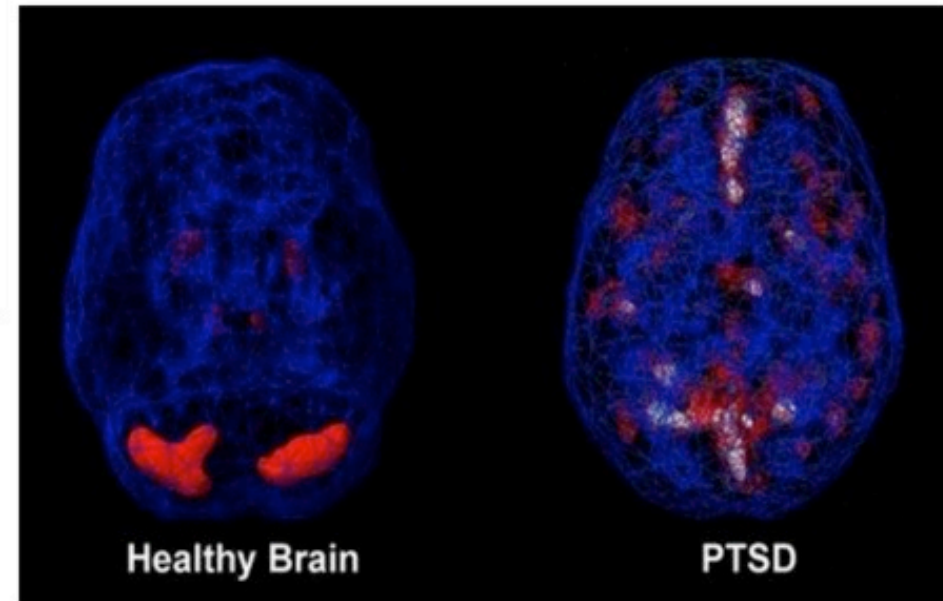
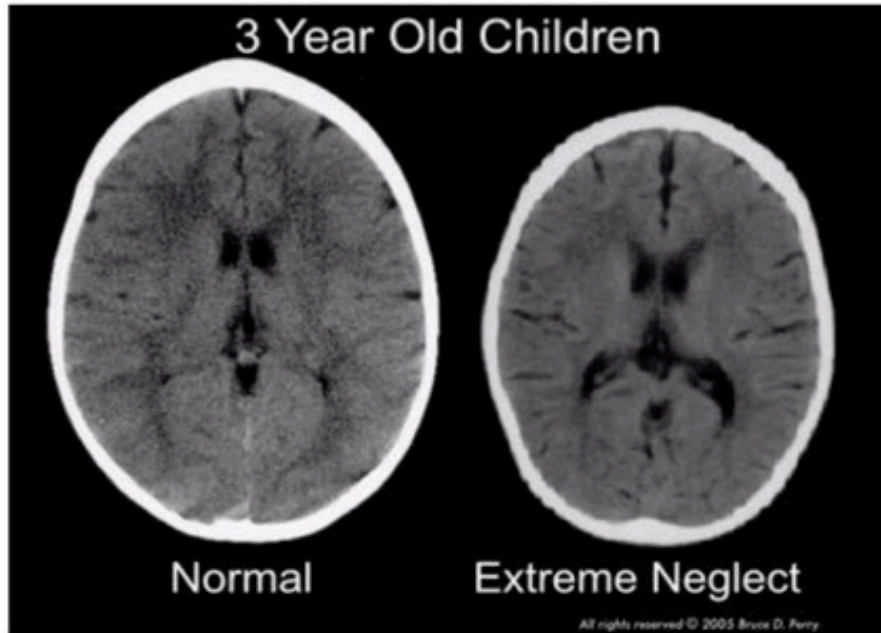
Intergenerational Trauma & Substance Misuse and Disorders



ACES



PTSD Impact on the Brain



Common BH Responses to Trauma

PHYSICAL	EMOTIONAL	COGNITIVE
<ul style="list-style-type: none">• Nausea and/or gastrointestinal distress• Sweating or shivering• Faintness• Muscle tremors or uncontrollable shaking• Elevated heartbeat, respiration, and blood pressure	<ul style="list-style-type: none">• Numbness and detachment• Anxiety or severe fear• Guilt (including survivor guilt)• Exhilaration as a result of surviving• Anger	<ul style="list-style-type: none">• Difficulty concentrating• Rumination or racing thoughts (e.g., Replaying the traumatic event over and over again)• Distortion of time and space (e.g., Traumatic event may be perceived as if it was happening in slow motion, or a few seconds can be perceived as minutes)• Memory problems

Common BH Responses to Trauma

BEHAVIORAL	EXISTENTIAL
<ul style="list-style-type: none">• Startled reaction• Restlessness• Sleep and appetite disturbances• Difficulty expressing oneself• Argumentative behavior• Increased use of alcohol, drugs, and tobacco• Withdrawal and apathy• Avoidant behaviors	<ul style="list-style-type: none">• Intense use of prayer• Restoration of faith in the goodness of others (E.G., Receiving help from others)• Loss of self-efficacy• Despair about humanity, particularly if the event was intentional• Immediate disruption of life assumptions (E.G., Fairness, safety, goodness, predictability of life)

Polling Questions

1. How much of an impact do you believe trauma has on the behavioral health of your professional community?
2. How much of an impact do you believe trauma has on your personal behavioral health?

Section IV.

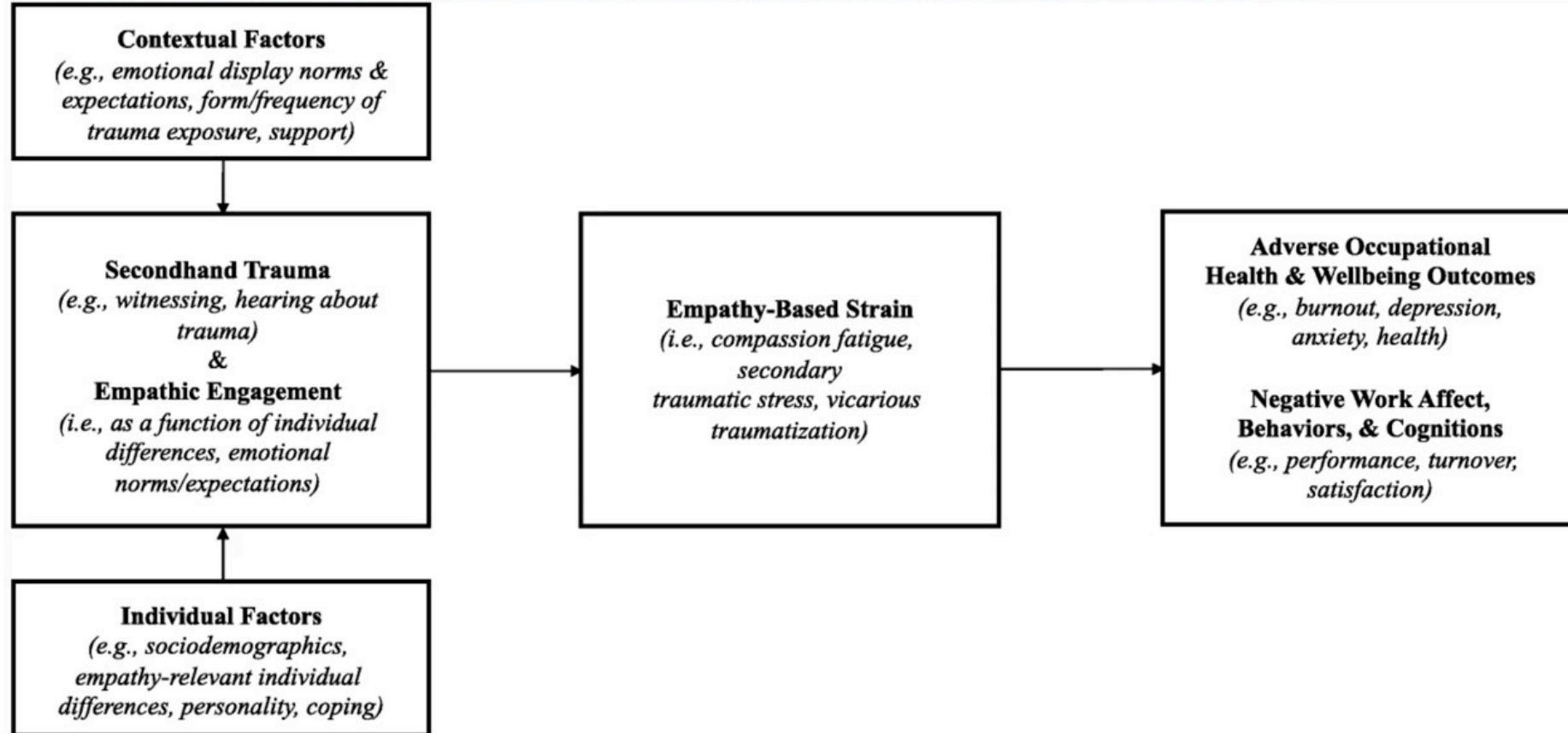
Learning Objectives:

- I. Describe the prevalence of vicarious stress, compassion fatigue and burnout.
- II. Identify the differences in behavioral health responses, across the lifespan and culture.
- III. Describe the characteristics of resilience.



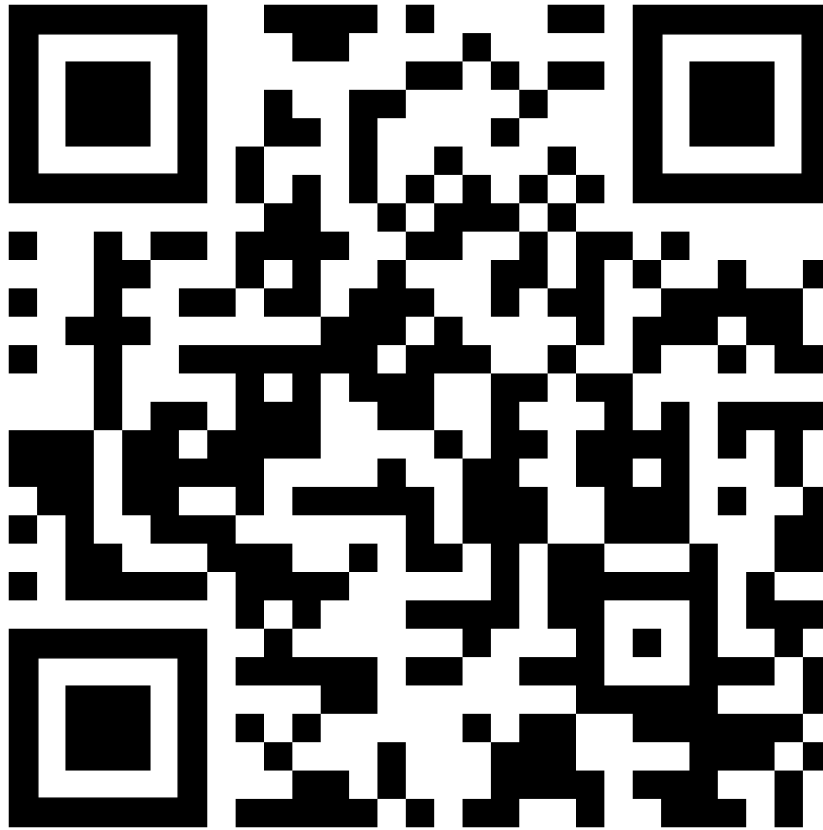
Empathy Based Stress

From: [Compassion Fatigue, Secondary Traumatic Stress, and Vicarious Traumatization: a Qualitative Review and Research Agenda](#)



Model of the empathy-based stress process

Compassion Fatigue & Burnout Self-Test



Implicit Bias

DISCUSSION QUESTIONS:

Why is being self-aware, important to your role and responsibilities in the service field?

What are some ways to overcome implicit bias?

Caring Contacts & Suicide Prevention

IN 2017

Grief Reactions Across the Lifespan

Early Childhood

School-Age Youth

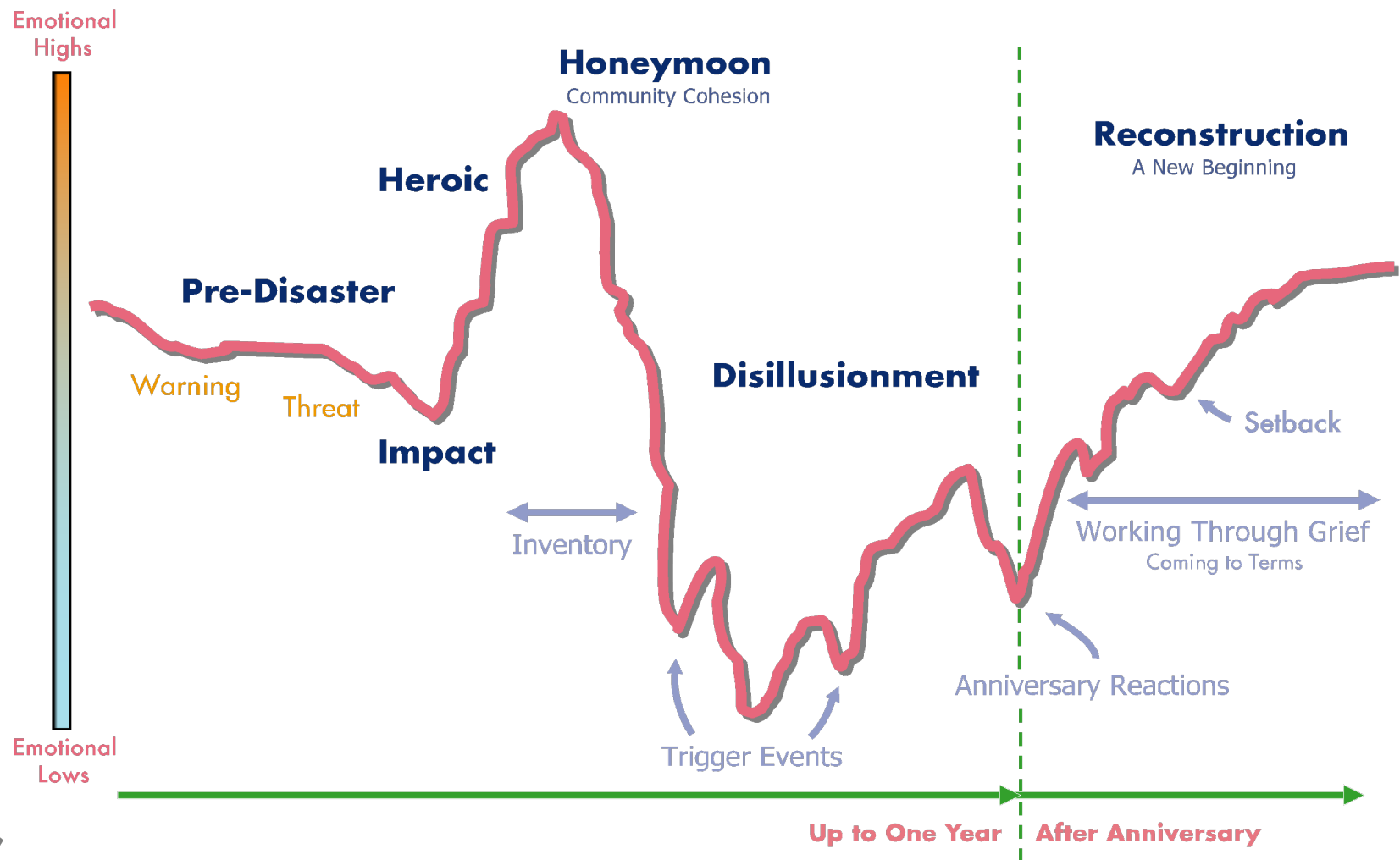
Adolescent

Young Adult

Middle-Age Adult

Older Persons

Phases of Disaster Response & Grief Cycles



Psychological First Aid (PFA)

- Safety
- Calmness
- Connectedness
- Self and Community Efficacy
- Hope

8 Core Actions of PFA

1. Contact and Engagement
2. Safety and Comfort
3. Stabilization
4. Information Gathering
5. Practical Assistance
6. Connection with Social Supports
7. Information on Coping
8. Linkage with Collaborative Services

Questions?