

# Documentation Guidelines for Crisis Assessments

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# Objectives

- ~ Provide a framework for the crisis assessment
- ~ Improve crisis assessment and response
- ~ Improve documentation to reduce agency risk
- ~ The following are recommendations and does not replace other existing sound clinical practice and agency policies.

# Unique Documentation Requirements

- ~ Aside from the normal information (date, time, etc.) the following components are unique to the crisis documentation

# Crisis Documentation

- ~ Presenting Problem
- ~ Clearly describe what the presenting risk is as well as the context for the risk

# Risk Factors

- ~ Be familiar with the common risk factors many of which are listed in Attachment B
- ~ Past history (behavior) is one of the best risk indicators of future risk
- ~ Intervene quickly, don't let the situation escalate

# Risk Factors cont'd.

- ~ Clearly describe the risk factor(s) that is present and how it is manifesting itself.
- ~ Discuss its pertinence regarding past patterns and current context

# Protective Factors

- ~ List and describe the nature of the existing protective factors
- ~ To assist with this, a sample list is available in attachment B

# Plan

- ~ Clearly articulate a follow up plan
- ~ Specify the expectations, “who is doing what and when, etc.”
- ~ Specify contingency plans if any, e.g., if the consumer leaves the hospital AMA, then instructions were left with social worker, Jane Doe, to notify the CM for f/u.
- ~ Refer to and/or update the existing crisis plan when developing possible interventions

# Resources Provided

- ~ When intervening in a crisis there is a heightened need to be very clear about expectations. People do not retain information as well in a heightened emotional state.
- ~ When possible, provide written instructions. This can also be done with therapeutic use of a 'contract.'

# Consultation Obtained

- ~ Assists with identifying any oversights
- ~ Provides some clinical objectivity necessary when providing crisis intervention
- ~ Provides clinical oversight especially for individual providers not licensed to practice independently
- ~ Establishes a “community standard” of practice which assists in risk management

# Follow Up

- ~ Follow up should be tailored to the nature of the crisis. The more volatile the crisis the shorter the follow up interval should be.

# Alternatives Considered

- ~ The objective of this section is to demonstrate that the safest intervention was applied in the least restrictive setting
- ~ List other plans or options considered for this intervention, both higher and lower levels of care
- ~ Having a sound clinical rationale for the intervention and demonstrating that other options were considered and why they were ruled out assists with post incident reviews.

# Attachments

- ~ Attachment A: Sample Crisis Assessment Template and Completed Example
- ~ Attachment B: Common Crisis Triggers and Protective Factors