

Team Solutions

# Managing Crisis and Emergency Situations

**A guide for families and friends**

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# Managing Crisis and Emergency Situations

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## Introduction

This booklet is written for family members and friends of people who are recovering from a mental illness, such as:

- Schizophrenia
- Schizoaffective Disorder
- Manic Depression (bipolar disorder)
- Major Depression

Coping with the day-to-day problems created by a mental illness can be very stressful for everyone involved. Crisis and emergency situations are often overwhelming, if not devastating. As family members and friends, it's important for us to know how to manage these crisis and emergency situations.

### Practical Tools

The purpose of this booklet is to offer a collection of practical tools that you can use to manage crisis and emergency situations. As you know, a single tool cannot fit every situation or work well with every individual. Choose the ones that fit your situation and are likely to work well with the people in your life.



## Practice Makes Better (Not Perfect)

Using new tools usually feels odd and uncomfortable for a while. The same is true for the tools presented in this booklet. You may feel strange or uncomfortable the first few times you use them. That's normal. Practice them often, and give yourself plenty of time to get comfortable with them.

### "I tried that once"

There will be times you use one of these tools and you won't get the results you'd hoped for. You may be tempted to say to yourself "Well, I tried that once and it didn't work!" Do it again—practice and perseverance are the keys to success.

### Practice in times of peace

You'll be much more effective and confident in times of trouble if you begin practicing these tools in times of relative peace. Pick out one or two of the tools that look the easiest and most useful to you. Practice until you've mastered them and you're comfortable using them. Then master the others, one or two at a time.

### "I could have used tool X"



Take time to think after you've dealt with a typical daily problem. For a while, you'll probably realize you went back to your old habits instead of practicing the new tools you wanted to use. That's the first step in learning to use new tools. Avoid putting yourself down or giving up. Think about which tool you could have used in that situation. Make a plan to use it at the next opportunity. Be patient with yourself. Developing new habits takes time and patience.



## Managing Crisis and Emergency Situations



As a family member or friend of a person with a mental illness, you may have been through many crisis and emergency situations. You may have wondered if there was anything you could have done to prevent those situations. Perhaps not. But now that you know what to expect, you can use that experience to prepare yourself for the next time. In fact, you may be able to handle these situations more easily in the future, and even prevent them. The first step is to understand whether the situation is serious. An overview of the stages may help you recognize how close you may be to a crisis or emergency situation and things you can do to prevent it. Greater detail about each stage will follow.

### Stage One: Attitude Changes

In this stage, you may notice abrupt *changes* in your family member's attitude and behavior. He or she may eat or sleep irregularly, smoke more than usual, or skip doses of medication. These are all clues that your family member may be getting into trouble. This stage is a "pre-crisis" stage—it's a good time to alert the doctor so you can take action to avoid a crisis situation.



## Stage Two: Early Warning Symptoms



Early warning symptoms are a signal that a crisis is about to occur. Your family member or friend may not be aware that he or she needs treatment and may become less cooperative. He or she may be having a flare-up of hallucinations and delusions. Many clients stop taking their medication in this stage. This is the time to start *Crisis Prevention*. Your goal now is to keep the early warning symptoms from developing into a crisis.

## Stage Three: Crisis

Early warning symptoms usually develop into a crisis, and relapse may occur if *Crisis Prevention* isn't used or isn't effective. Start *Crisis Intervention* as soon as the crisis occurs. Get professional help as soon as possible. Your goal is to avoid an emergency situation.

## Stage Four: Emergency

If *Crisis Intervention* isn't used, or isn't effective, the crisis usually gets worse over time. Without effective management, the crisis can escalate to an emergency—your family member or friend may start doing things that can be dangerous. Your goal is to prevent harm or injury while you get immediate professional help.

## Stage Five: Closure

Once the emergency is over, it's time to watch for an opportunity to get closure. Getting closure after an emergency helps mend relationships and relieve tension. Skipping this stage is likely to damage the relationships of the people who went through the emergency. Your goal is to bring people back together again and promote healing.



## Stage One: Attitude Changes

In this “pre-crisis” stage, changes in attitude and behavior may be very subtle at first. For example, your family member or friend may feel “cured” from this illness and may believe that medication and doctor appointments are no longer necessary. Watch for changes in his or her habits, mood, attitudes, and behavior.

Listed below are examples of attitude changes—be aware if your family member or friend starts:

- Missing scheduled appointments with mental health professionals
- Complaining about having to take medication
- Saying medication isn’t needed or isn’t working; doesn’t refill prescription
- Skipping or forgetting to take doses of medicine
- Voicing new complaints about side effects even though medications have not been changed
- Doing less than usual during the day
- Making too many changes at once (e.g., moving into an apartment and starting a job at the same time)
- Consuming more caffeine-containing foods and beverages than usual
- Smoking more than usual
- Talking about or taking diet pills
- Spending time with people who drink or use street drugs







Your family member or friend is vulnerable during this time. A crisis situation may be close but can be avoided with help. You may want to keep track of your family member's or friend's attitude and behavior changes on a daily basis—that way you'll be able to describe these changes to the doctor, case manager, or other member of the treatment team.

### Planning Ahead With Mental Health Professionals

This is the time to speak with mental health professionals about what to do if symptoms begin to worsen. Confidentiality policies may be a stumbling block for families seeking help for a loved one who is headed toward a crisis situation. Discuss the confidentiality policy with mental health professionals during a time of peace. Find out what you are able to do, and set up a plan should a crisis or emergency situation occur.



## Stage Two: Early Warning Symptoms



Early warning symptoms are the first clue that a crisis has started. At first, your family member may have trouble sleeping and may stop taking his or her medication. After several days or weeks, your family member may be unreasonable or on the verge of losing control. See if you recognize this stage by the descriptions of symptoms below:

### Trouble sleeping



Sudden changes in sleep habits signal that a crisis situation may be near:

- Stays up at night and sleeps most or all of the day
- Stays awake for 24 hours or longer
- Goes to bed at a reasonable time, but can't get to sleep for hours
- Goes to sleep easily, but wakes up during the night and can't get back to sleep

### Symptoms return



Your family member may tell you that his or her “average symptoms” are getting worse or that new symptoms are occurring:

- Has difficulty concentrating
- Forgets things more often than usual
- Starts hearing voices
- Starts seeing things that aren't there
- Believes ideas that clearly are not true

### Stops medication

People who stop their medication can become very ill within a few days or weeks. The chemical imbalance related to their symptoms gradually begins to take over again. Be alert to this warning symptom—you may be able to take action at this point to offset a crisis.

### Other changes in daily habits

A sudden change in dress, grooming, eating, or social habits is the first sign of crisis for some people. Watch to see if your family member or friend:

- Starts to act fearful, anxious, depressed, or frightened for no apparent reason
- Begins to neglect personal grooming
- Changes his or her attitude toward treatment (e.g., refuses to see the doctor and other health care providers)
- Stops eating
- Wears flamboyant clothes or makeup
- Says or does unusual or strange things

These problems signal a need to begin *Crisis Prevention*. The goal is to recognize early warning symptoms and prevent the situation from worsening into a crisis situation.



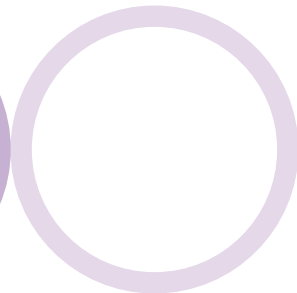
## Crisis Prevention

*Crisis Prevention* is what you do to keep a crisis from occurring. If you ever did anything to prevent a potential problem in the past, you can say that you've done *Crisis Prevention!*

### Using Effective Crisis Prevention Tools

Each situation is unique. So you may find that some tools fit your situation better than others. Below is a comparison of “less effective” and “more effective” tools you could use when a problem arises.

—	Less Effective Tools	+	More Effective Tools
	Arguing and confronting		Showing understanding and exploring likely outcomes
	Getting angry and losing your temper		Discussing the situation calmly
	Being critical		Giving constructive feedback
	Explaining and giving information		Listening and asking questions that lead to better decisions
	Changing the subject		Encouraging discussion



## Better to Show Understanding

- Arguing and confronting:**  
“You quit taking your medicine before and that was a total disaster! You know you’re just going to get sick again! Why in the world would you want to do that to yourself again?!”
- Showing understanding and exploring likely outcomes:**  
“Even though it’s understandable that people get tired of taking medicine every day, how will you feel if you choose to stop taking it? Taking the medicine is up to you, but the last time you stopped taking your medicine you ended up in the hospital. I’d sure hate to see that happen again.”



## Remain as Calm as Possible

- Getting angry and losing your temper:**  
“I told you yesterday that you had an appointment to see the doctor today at 10:00 AM (starting to raise your voice and yell). It’s your responsibility to get yourself to your appointments! I can’t handle everything for you and manage the rest of the family too! It’s time you got your act together!”
- Discussing the situation calmly:**  
“The mental health center called and said you missed your doctor’s appointment today. Let’s talk about what got in the way of keeping the appointment so we can work out ways to help you keep the next one.”



## Constructive Feedback Is More Helpful



### **Being critical:**

“You should stop being so lazy and find something to do...All you do is watch TV and smoke cigarettes all day like a complete bum...Get up and do something to help around the house.”



### **Giving constructive feedback:**

“Let’s work out a schedule of things you can do each day. Doing interesting, fun, or useful things will help you recover. You might feel better if you stay busy and accomplish a few things each day.”

Practice and perseverance are the keys to success.

## Let Your Family Member or Friend Do the Talking



### **Explaining and giving information:**

“You’ve got to quit hanging out with that crowd and make some new friends. You know you can’t drink alcohol. It makes your symptoms worse and keeps your medication from working. If you go back to drinking, you’ll relapse and end up in the hospital again.”

### **Listening and asking questions that lead to better decisions:**

“I know you were glad to get out of the house yesterday. Did you enjoy seeing your friends? What happened that you ended up drinking? What could you have done instead? That’s one idea, what else could you have done in that situation? What happened before when you were drinking?”





### Encourage Discussion



There may be certain situations in which changing the subject can be constructive. However, encouraging discussion is a more desirable approach that's likely to lead to better overall results.

**- Changing the subject:**  
“Well, I don't see any side effects. What do you want for lunch?”

**+ Encouraging discussion:**  
“You know, I didn't notice that side effect until you mentioned it. When did it start bothering you? It would be a good idea to call your doctor. Do you need any help from me?”

### Practice Exercise



Write an example of how you could practice one of the five effective *Crisis Prevention* tools during times of peace:

**Situation you have encountered:**

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**Your response (more effective tool):**

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Remember to practice in times of peace.

## Stage Three: Crisis

There are several ways you could end up in a crisis situation:

- There weren't any early warning symptoms, and the crisis just suddenly happened
- The time between the first warning symptom and the crisis was so short that there wasn't time to do anything
- You thought the warning symptom wasn't serious, and you just decided to wait and watch
- You worked hard on crisis prevention, but the crisis happened anyway

You know you're in a crisis when:

- You see the early warning symptoms become more serious problems
- Things begin to take a turn for the worse
- You find yourself saying: "Uh-oh. Here we go again," because you know from experience that the situation will get out of control in a matter of time



## Common Crisis Situations

You know a crisis situation is near when your family member or friend:

Does things that could be dangerous



- Walks the streets alone late at night
- Gets into cars with total strangers
- Accidentally leaves the stove or oven on
- Carelessly burns things while smoking or lighting cigarettes

Gets verbally agitated

- Yells and curses at people
- Becomes angry over small problems
- Overreacts to frustrations that are usually handled calmly
- Ridicules other people and calls them nasty or offensive names

Expresses paranoia directed at family, friends, or others

People who are feeling paranoid might:

- Say a neighbor is breaking in at night and stealing things
- Accuse family members of poisoning their food
- Say a certain person is against them, or is planning to hurt or kill them
- Accuse a friend of being a spy or government agent, working with the police, or being in the CIA
- Say a family member is controlling their mind or putting thoughts in their head

People who have these thoughts strongly believe these false ideas and may tell people their unusual beliefs. Because the warning system in their brain isn't working right, it may alarm the person, even though there's no real danger. If they really believe their life is in danger, they might attack the person they fear. This is the time to start *Crisis Intervention*.

## Crisis Intervention

*Crisis Intervention* is what you do to keep a crisis from becoming an emergency. If you've dealt with a crisis in the past, then you've done *Crisis Intervention*.

### Using Effective Crisis Intervention Tools

The *Crisis Intervention* tools build on the tools you learned about in the *Crisis Prevention* section. Both sets of tools should be used to manage a crisis. Again, some of these tools may fit your situation better than others. Practice the ones that seem the easiest and most helpful first.

— Less Effective Tools	+ More Effective Tools
Being an adversary	Being an ally
Alienating the person	Encouraging time to unwind
Threatening	Setting reasonable limits
Escalating the problem	Easing the problem
Taking things personally	Being objective

## Let Them Know You're an Ally

- − Being an adversary:**  
You're an adversary when people think you're against them, or when you force them to do something they don't want to do.

“Get up out of that bed and come spend time with your family! You haven't left your room all day. Get up this minute and don't start giving me any excuses either!”

- + Being an ally:**  
You're an ally when they understand you're on their side—you express concern, listen, discuss, and compromise instead of forcing them to do things.



“Sally, I'm really concerned about you. You've been in your room all day and I believe that's unusual for you. Is there anything I can help with?”

Remember to practice using new tools instead of trying them once and giving up.



## Encourage "Time Out" to Calm Down

**− Alienating the person:**  
"I'm not going to talk with you if you keep acting like that. You're being completely irrational, and I can't deal with you when you're like this."

**+ Encouraging time to unwind:**  
"I can see that you're pretty upset right now. Maybe you need some quiet time and personal space. I'll go in the other room for a while and give you time to unwind and calm down. We can talk about this again when we're both feeling better, if you'd like."



## Set Reasonable Limits

**− Threatening:**  
"If you don't stop walking in the park by yourself after dark, I'm going to get you put back in the state hospital! That's crazy behavior and you're going to get yourself killed!"

**+ Setting reasonable limits:**  
"It seems like you were restless and had trouble sleeping last night. My concern is that the park isn't safe after dark and you could get attacked there at night. Well, let's come up with some other solution, because I believe it might be unsafe to walk in the park after dark. It's just too dangerous. I don't want you to risk getting hurt. What could you do that's safer?"





## Ease the Problem



### Escalating the problem:

You know you're escalating the problem when the other person gets more upset. Sometimes family and friends escalate a problem without meaning to.

“That just doesn't make any sense! Why would I want to put poison in your food? I'm your mother and I love you! What in the world put that crazy idea in your head? Stop this nonsense and eat your dinner!”

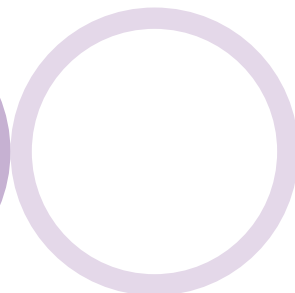


### Easing the problem:

You know you're easing the problem when the other person starts calming down.

“I can see that you really believe the food is poisoned. You must be very frightened by that. I understand that you don't trust me right now. I'm sure you can find something in the kitchen that you'll feel safe eating. Whatever you choose will be fine.”

Do not do **Crisis Intervention** alone. Contact a mental health professional. A medication adjustment may be needed to prevent an emergency.



## Take an Objective Approach

**− Taking things personally:**

“I can’t believe it! My own husband calling me a cheat and a liar! I won’t listen to your filthy mouth any longer! I’ll never forgive you for speaking to me this way!”

**+ Being objective:**

“I know you’re very upset right now, or you wouldn’t be saying these things. You don’t usually talk to me this way. Let’s both calm down and we can talk again later. I’d like to discuss this when we can talk calmly without yelling, cursing, and calling each other names.”

Write an example of how you could practice one of the five effective *Crisis Intervention* tools during times of peace:



**Situation you have encountered:**

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**Your response (more effective tool):**

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## Planning Ahead

Some families have said that it's hard to get help from mental health professionals until there's a serious crisis. That's a real dilemma for families to cope with. There are times when nothing they do seems to help, and they don't want to wait around for a serious crisis to happen. Make a backup plan with other people who are willing to help during *Crisis Prevention* and *Crisis Intervention*. Enlist the help of relatives, a minister, or close friends. Sometimes a sibling or best friend may be more successful than a parent in helping the person calm down. Work out a plan that everyone can agree on. Do this during peaceful times so that you'll be prepared if a crisis occurs.



## Stage Four: Emergency

An emergency is when there is immediate danger of harm, injury, death, or destruction of property. Your goal is to keep yourself and others safe and get help as quickly as possible. You are in an emergency situation when your family member or friend:

- Makes verbal threats
- Shows physical aggression toward people or objects
- Threatens or attempts self-harm or suicide



## Emergency Intervention



*Emergency Intervention* is what you do to keep someone from getting hurt. You need to ensure safety while waiting for help to arrive or taking the person where help is. Your goal is to keep the person as calm as possible and prevent injury to yourself and others. Don't handle the problem alone. Get friends or family to help you take the person to an emergency room, call a mental health professional, or call the police. Below are tools for dealing with anger, aggression, and threats.

— Less Effective Tools	+ More Effective Tools
Being cornered	Keeping an exit available
Standing within striking distance	Standing out of reach
Hands occupied	Hands free
Face front with weight on one foot	Angle body and balance weight



## Don't Get Cornered

- − Being cornered:**  
If the person who is angry, agitated, and threatening is between you and the only exit—you could be in physical danger. You won't be able to get past the person to get to the door.
- + Keeping an exit available:**  
Position yourself so you can leave the room safely and go for help. At the same time, be careful not to corner someone who is angry or paranoid. If possible, position yourself so the door is accessible to both of you.

## Allow Enough Space

- − Standing within striking distance:**  
If you stand over or within reach of someone who is angry, agitated, or threatening, you put yourself in danger. If the person can take one step and hit or kick you, then you are too close.
- + Standing out of reach:**  
Keep your distance if the person is angry, agitated, and threatening. Position yourself so you can't be hit or kicked if the person takes one step. Do not stand over the person or make direct eye contact—this can be perceived as threatening to people who are paranoid. Give the person plenty of personal space to help him or her feel less threatened. Allowing enough space will also help keep *you* safe.



## Keep Your Hands Free

- Hands occupied:**  
When someone is angry, agitated, or threatening, you are more vulnerable if your hands are in your pockets, behind your back, or on your hips. You may also seem more threatening to someone who's paranoid if they can't see your hands.
- Hands free:**  
Keep your hands relaxed, bend your arms slightly at the elbows, and keep your hands in front of your thighs. This position will help you protect yourself quickly if needed. It also makes your hands visible so you're less threatening to someone who's paranoid.

## Stand Balanced on Both Feet

- Face front with weight on one foot:**  
Standing so you completely face a person who is angry, agitated, or threatening makes you an easy target to hit or kick. Standing with your weight on one foot can slow you down if you need to get out of the way quickly.
- Angle body and balance weight:**  
Stand so that your body is at an angle. This will make it harder for the other person to hit or kick you. Keep your weight balanced on both feet so that you can move in any direction in a hurry. If you position yourself this way, you'll be able to respond quicker and you'll be safer.

### Wrong Stance for Family Member or Friend

**Mistakes these family members have made:**

1. Hands hidden and not ready
2. Weight not evenly distributed on both feet
3. Standing within striking distance
4. Knees are locked
5. Facing person directly (body not angled)
6. Standing so the angry person is blocking the only exit



### Correct Stance for Family Member or Friend

1. Both people have equal access to exit
2. Hands are visible and ready
3. Weight is evenly distributed on both feet for quick and easy movement
4. Family member is out of striking distance
5. Knees are slightly bent
6. Body is turned slightly toward exit



### Dealing With Other Types of Emergencies



Self-neglect to the point that it endangers life (such as refusing to eat) requires professional help. Call a mental health professional and explain the emergency. Make an appointment for your family member or friend to be seen by the professional as soon as possible.

Verbal threats of self-harm or suicide should be taken seriously. Call a mental health professional immediately. Make an appointment for your family member or friend to be evaluated within 24 hours. Or take the person to the emergency room. Do not leave him or her alone.

Self-harm and attempted suicide are extreme emergencies. Call an ambulance immediately and ask for directions as to what you can do.



## Stage Five: Closure

Getting closure after an emergency means taking time to listen, talk, and discuss the emergency experience. You can help family and friends close the emotional wound and encourage healing.

The timing of this stage is very important. People won't be ready or receptive if you attempt to get closure too soon after the emergency is over. On the other hand, relationships will suffer if you never get closure. Getting closure helps release tension and strain in relationships and brings people back together again.

Choose a quiet, relaxed time and place to get closure. Include all the family and friends who were involved in the emergency. Consider asking a mental health professional to join you.



— Less Effective Tools	+ More Effective Tools
Placing blame	Discussing feelings
Setting conditions for love and support	Giving unconditional love and support while setting realistic expectations and limits
Putting the person on the hot seat	Discussing lessons learned by all

## Discuss Feelings

- Placing blame:**  
“That was the worst thing that’s ever happened to this family! I hope you never do that again!”
- Discussing feelings:**  
“We’ve certainly been through a frightening and upsetting experience. How are you feeling about it now?”

## Be Supportive



- Setting conditions for love and support:**  
“If you ever quit taking your medication again, you will no longer be considered a member of this family. We will not tolerate that behavior again!”
- Giving unconditional love and support while setting realistic expectations and limits:**  
“I will always love you and care about you. No matter how severe your symptoms become, or what mistakes either of us make, we can work it out together. But I insist that you take your medicine every day. Are you willing to agree to this?”



## Discuss What Has Been Learned

**− Putting the person on the hot seat:**  
“Well, you certainly got yourself into a real mess that time! I sure hope you’re going to do something different from now on so it doesn’t happen again! I hope you learned your lesson!”

**+ Discussing lessons learned by all:**  
“I learned some important lessons last week. I’m not going to threaten to throw you out of the house anymore. That’s no way to treat you when you do something I don’t agree with. It was a mistake on my part. I’m sorry I did that. How about you, did you learn any lessons?”



Choose one of the three effective skills above and begin practicing them now so they’ll be easy and comfortable to use after the next emergency.



## Making a Crisis and Emergency Management Plan



Making a plan in times of peace will help you be more confident the next time problems occur. It's usually a good idea to involve others in the planning process. You get a better plan when you create it with family members, close friends, professionals, and the person who is recovering. Joint planning works better, and resolving problems can be less stressful for everyone. Just think of each "you" in the following questions as meaning all of you.

### Crisis Prevention Plan



**1. Based on experience, what early warning symptoms do you need to respond to quickly?**

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**2. What *Crisis Prevention* tools will you use?**

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**3. What tools won't you use because they probably won't help?**

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**4. When will you ask for help? I (we) will ask for help if:**

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**5. Whom will you ask for help? List more than one person:**

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### Crisis Intervention Plan



**1. Based on your experience, what kind of crisis might occur if the *Crisis Prevention* plan doesn't work?**

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**2. What *Crisis Intervention* tools will you use?**

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**3. What *Crisis Intervention* tools won't you use?**

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4. When will you ask for help with *Crisis Intervention*? I (we) will ask for help if:

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5. Whom will you ask for help with *Crisis Intervention*? Name at least two people:

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### Emergency Intervention Plan



1. Based on your experience, what kind of emergency might occur if the *Crisis Intervention* plan doesn't work?

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2. What *Emergency Intervention* tools will you use?

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3. What *Emergency Intervention* tools won't you use because they probably won't be helpful?

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4. When will you get help with the emergency?

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**5. Whom will you ask for help with the emergency? Name at least two professionals and one family member or friend:**

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Closure Plan



**1. How will you know when it's time to get closure?**

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**2. What closure tools will you use?**

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**3. What closure tools won't you use because they probably won't be helpful?**

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## Planning, Practice, and Perseverance



Sometimes, a crisis or emergency situation cannot be avoided. But by planning ahead, you'll be better prepared to take the appropriate action if a crisis or emergency should occur. Practice all the tools—learn them well so you can choose the most effective ones when you need them. Once you've mastered the ones that work, and know how to use them effectively, you might feel less overwhelmed by your family member's or friend's mental illness. Remember to keep practicing—perseverance is the key to success!



