Attachment D: Sample BH Crisis Intervention assessment (HI) with Tarasoff notification (complex)

County of San Luis Obispo

Behavioral Health Department

CRISIS INTERVENTION

Client Contact Information (If any client contact information needs to be updated, please launch a Demographics to record updates)

Telephone: 555-5554

Address: 14 Fiction Way Apt:

City/State/Zip: SAN LUIS OBISPO CA 93401

Presenting Problems: (Describe the crisis)

Ct presents at the North County MH clinic today requesting to speak with "someone who can help me." Ct states that he is depressed and distraught over the recent break-up of from his girlfriend of 1 1/2 years.

Collateral Contacts: (What do significant others or credible 3rd parties say? Are they concerned about recent behavior?)

Ct is not accompanied by any friends or family members. Ct states that his parents live out of state and that he has no other family members or close friends living nearby.

Behavioral Observations/Presentation:

Client's gender, age, marital/relationship status, race, other cultural factors

Ct is a 23-year-old white male who recently ended a relationship with his gf of 1.5 years. Ct's appearance is slightly disheveled, though he presents in clean clothing. This writer notes that ct has not shaven recently, which is a departure from his typical clean-cut appearance. Ct presents as anxious, though at times this is expressed as anger. His behavior is slightly disorganized, and he exhibits difficulty staying on topic. Ct is oriented to date, time, and place, but displays a tangential thought process accompanied by loose associations at times. Ct denies AH/VH; however, this writer observes that throughout this assessment ct appears to be responding to internal stimuli, especially when he is asked direct questions regarding his thoughts of harming others. Ct denies SI, but endorses thoughts of,"wanting to hurt them."

Appearance:(Manner of dress and hygiene; note any recent or notably significant changes in client's appearance)

☐ Well Groomed ☐ Appropriate ☒ Disheveled ☐ Unkempt ☐ Bizarre ☐ WNL

Attitude/ Behavior: (i.e. ability to make and maintain eye contact, psychomotor functioning and a clinical determination about client's ability to provide reliable information)

☐ Cooperative ☒ Guarded ☒ Suspicious ☒ Belligerent ☐ Uncooperative ☐ WNL

Speech: (i.e. rate, volume, spontaneity, and coherence)

☒ Rapid ☒ Loud ☒ Pressured ☐ Excessive ☐ Slurred ☐ WNL

Mood: (i.e. underlying emotional state)

☐ Euthymic ☐ Elevated ☐ Euphoric ☒ Depressed ☒ Anxious ☒ Irrit ☐ WNL

Affect: (include visible reactions that client is displaying about information being discussed)

Ct's affect throughout crisis assessment notably blunted and incongruent with emotions client reports experiencing.

Thought Process: (i.e. rate and flow of thoughts)

☐ Linear ☐ Circumstantial ☒ Tangential ☒ Loose ☐ Flight of ideas ☐ WNL

Thought Content: (i.e. presence of irrational thought, thought fixations)

☐ Appropriate ☒ Obsessions ☐ Phobia ☐ Illusions ☐ Odd Thoughts ☐ WNL

Hallucinations:

☒ Auditory ☐ Visual ☐ Command ☐ Tactile ☐ Olfactory ☐ None Reported

Delusions:

☐ Grandiose ☐ Persecutory ☐ Somatic ☒ Jealous ☐ Mixed Type ☐ None Reported

Attention/Concentration:

○ Intact ○ Adequate ⊙ Impaired

Orientation: Person: ⊙ Yes ○ No Place: ⊙ Yes ○ No

Time: ⊙ Yes ○ No Purpose: ⊙ Yes ○ No

Insight: (i.e. ability to identify the existence of a problem and to have an understanding of its nature)

○ Intact ○ Adequate ⊙ Impaired

Judgement: (i.e. ability to make logical decisions)

○ Intact ○ Adequate ⊙ Impaired

Impulse Control: (i.e. ability to delay or think through a choice)

○ Intact ○ Adequate ⊙ Impaired

Describe any significant mental status or behavioral observations:

While Ct denies he presence of any AH or VH, this writer observes ct quietly whispered "Shh.." under his breath. Ct became visibly agitated when asked about his anxiety and yelled, "I'm fine!" Ct jumped to his feet and began pacing the rest of session. Ct denied having SI stating, "I don't want to hurt myself. It's not my fault." When asked about HI, client stated, "I just want to hurt them."

Risk Assessment:

Current Suicidal Ideation: ○ Yes ⊙ No

If Yes, describe the ideation.

Current Homicidal Ideation: ⊙ Yes ○ No

If Yes, describe homicidal ideation.

When directly asked about thoughts of HI, ct states, "I just want to hurt them." When this writer asked follow-up questions ct stated that he feels that he is being, "laughed at by all the engineering students," and that he has "fantasized about shutting them up with my gun."

Evidence of planning: (Does client have a plan? How likely is it to occur as planned? What are barriers that would keep it from happening? Are there support persons who can reliably intervene?)

Ct acknowledged owning a firearm and keeping it in his off-campus apartment. Ct stated that he even purchased ammunition for it yesterday. Ct also admitted to, "scoping out the entrance and exit points," in the engineering building in order to ensure, "a quick escape." Ct admits that he continues to be distraught by the recent break-up from his gf but is unwilling to say if she is the target of his fantasy. Ct states that he finds himself drinking to go to sleep, but states that he cannot stay asleep. Ct cannot remember the last time he took his psychiatric medication, though he states that he remembers picking the refill up from the pharmacy.

Access/Means: (Does the client have access to weapons or other means? Taken steps to acquire means? How lethal? Describe steps taken to remove access. Are there support persons who can reliably remove access?)

Ct states that he owns a firearm that is kept in his apt off campus; however, he is unwilling to answer how many firearms he owns or has access to. Ct states that he recently purchased ammunition at a local sporting goods store, but again refused to answer how much ammunition was purchased or for what purpose.

History of prior violence or self-injury: (Describe past attempts or significant ideation. If evaluating DTO, is there a history of attack-related behavior (i.e., menacing, stalking, threatening, etc.)?)

Ct does acknowledge obsessive thoughts re: whereabouts and activities of ex-girlfriend (i.e. who she is spending time with. what she doing, is she dating other men or women). Ct states that he has, "waiting for her outside some of her classes like I used to do," but states that when his ex has seen him she has refused to speak with him and, "run away from me." Ct also states that he has gone to the sorority house where his ex resides to see what she is doing/who she is with, but has not, "gone up to the door."

Motives and goals: (What drives the behavior? What does the client want?)

Ct states that, "I just want to be able to talk with her [ex-girlfriend] to find out how I can fix this [their relationship]."

Environmental and cultural factors; values that increase risk to self or others. (What are the client's beliefs about self and others that mayincrease or mitigate risk to self or others? Is the client a member of a

subgroup at higher risk ofself-injury (i.e., LGBTQ) or violent behavior?

Ct is a 23-year-old Caucasian male who states that he was raised in a strict sext of the Southern Baptist religion. "We do not believe in sex before marriage, because it is a sin punishable by internal damnation." Ct states that prior to being in this relationship with his ex-girlfriend that he was a virgin and feels as though if he is unable to reconcile with her then he will go to hell.
Having reviewed ct's current and previous tx records, it is worth noting that a substantial amount of work has been done with ct around reality testing to do with his preoccupation about potential consequences he feels he will face from God as a result of his religious beliefs and the faith he was brought up in. It is difficult to ascertain if these beliefs are delusional in nature; however they cause ct significant distress when he feels he has, "committed a transgression."

Communications: (What does the client say or write about DTS/DTO? Do statements match across settings (i.e., in session, with peers or family, social media)?

As noted above, ct states, "I just want to hurt them." Ct states that he feels that he is being, "laughed at by all the engineering students," who are reportedly friends of his ex-friend and acknowledges that he has "fantasized about shutting them up with my gun."

Interest in weapons, violence, or media related to DTS/DTO:

Ct appears to a vast amount of knowledge about firearms, ammunition and their various uses (i.e. self defense, target practice, hunting). According to previous tx records, ct was raised in a family who went hunting recreationally and engaged in target practice for sport. While his knowledge and use of firearms may not be incongruent with how he was raised, it is worth noting that ct's recent statements regarding wanting to hurt others with his guns, acquiring ammunition as recently as yesterday, and his obsessive and ruminating thoughts about his recent break-up coupled with his religious ideology are worrisome and indicate a significant departure from how ct reportedly has handled stressful situations in the past.

Recent stressful events: (Losses, setbacks, relationship changes, conflicts, victim of crime, victim of bullying?)

Ct reports that his girlfriend of 1 1/2 years ended their relationships 2 weeks ago.

Historical trauma: (How has the client coped? What are potential risks or relationship to current crisis?)

Ct denies any history of abuse. This is however incongruent with current treatment records where client discloses being inappropriately touched, "down there," by members of the church he attended as a child. Treatment records state that client was a prepubescent teen and that the abuse was perpetrated by a "respected female member of the church."

Hopelessness, Desperation, Despair: (Assess current state)

Ct presents as desperate to understand what the catalyst was that led to ending of his romantic relationship. He is preoccupied with obsessive and ruminating thoughts regarding the activities and whereabouts of his ex and states that if he is unable to repair the relationship that, "my transgression [sex out of wedlock] will be punishable with eternal damnation."

Presence of psychotic symptoms: (Note any recent exacerbation, how does client cope with intrusive symptoms (i.e., with command hallucinations or paranoid ideation)?)

Ct denies he presence of any AH or VH, however this writer observes ct quietly whispered "Shh.." under his breath. Throughout assessment, this writer notes that coupled with ct's obsessive and ruminating thoughts re: his ex and her whereabouts and activities, he seems convinced that she was, "trying to make a fool out of me," and is, "having sex with one of her sorority sisters."

Impulsivity/Angry Outbursts:

Ct became visibly agitated when asked about his anxiety and yelled, "I'm fine!" Ct paced throughout crisis assessment and had difficulty understanding that he may never get an answer from his ex-girlfriend regarding her reasons for ending the relationship. Ct exhibited no insight into his behaviors and how others, including his ex might perceive them as inappropriate or dangerous.

Substance Use: (Recent increase in use or changes in functioning related to use?)

Ct states that he finds himself drinking to go to sleep, but states that he cannot stay asleep. He denies using any other substances or medications (either prescribed or OTC)

Recent change in behavior (include changes in sleep, eating, socializing, or other behaviors)?

Ct reports that he continues to have difficulty falling and staying asleep. Ct states that his appetite is non-existent. He states that he has withdrawn from the few friends he has, preferring to be in his dark bedroom alone.

Review of current and previous treatment records: (Describe steps taken to review treatment records and significant findings)

As noted in various portions of this assessment I was able to review ct's current treatment records from when he began seeking services in 2017. Ct states that prior to moving to Ca he was being seen in his home state of Texas by a private psychologist, Dr. Kathleen Eldridge. Ct refused to sign a ROI; however I contacted the provider and requested previous tx records or a tx summary. That request is pending.

Current Treatment Team: (List current treatment team or program; look at Assignments Tab in Anasazi. Describe results of consultation with current providers or your supervisor(s) here.):

Terri Eliot, MH Therapist
Josh Simpson, Med Manager
Dr. Rogers, current psychiatrist
I reached out ct's current treatment providers, although none of them were immediately available for a consult.

Medication and medication adherence:

Per ct's treatment record

Interventions and Outcome of Risk Assessment (i.e., consultation with other professionals, safety plan, contact w/ MHET):

Given all risk factors present at the time of assessment (i.e. reasonably identifiable victim- i.e. students in engineering dept at school, access to firearms at his home, recent purchase of ammunition for said firearms, increase use of ETOH, inconsistent compliance with psychiatric medication, recent stressor from the break up his romantic relationship, lack of familial and peer support due to isolating behaviors and being away at college, changes to his appearance, reported insomnia, presence of mood sxs (feeling hopeless and depressed), as well as history of psychotic sxs and observation of disorganized thought process, behavior, and response to internal stimuli) this writer contacted the Mental Health Evaluation Team so that ct could be placed on a hold for danger to others.

While ct was being evaluated by MHET crisis worker, this writer consulted with , Rachel McSpadden-Tarver, LMFT and Program Supervisor, Dr. Kathleen Cohen regarding the need to begin a Tarasoff notification.

After consultation, this writer contacted San Luis Obispo Police Department (the law enforcement agency having jurisdiction where ct resides) as well as Cal Poly SLO campus police (law enforcement agency having jurisdiction where the intended victims reside) to notify them that client had made statements of wanting to harm students in the engineering department. This writer detailed ct's statements (i.e. "wanting to hurt them" "fantasized about shutting them up with my gun.") as well as behavior he admits taking in order to carry out his plan (i.e. purchasing ammunition for his legally owned firearm, "scoping out the various entrance and exits to the engineering building to make a clean escape" as well as the recent changes to his behavior, presence of alcohol use, inconsistent compliance with psychiatric medication, and recent life stressor (i.e. break up with a girl who is an engineering major). This writer made it clear to law enforcement agencies in both jurisdictions that she is unable to notify intended victims or client's ex-girlfriend due to lack of information but will contact the engineering department at Cal Poly SLO so that they are able to take any precautions necessary to protect their students.

This writer then phoned Cal Poly University SLO and spoke with Dr. Amy Fleischer, Dean for the College of Engineering. This writer notified the Dean of the threats made by client against students in the engineering department (i.e. "wanting to hurt them" "fantasized about shutting them up with my gun.") and discussed with the Dean client's stated plan and steps he has taken toward carrying out this threat. This writer also noted that client indicated that his ex-girlfriend, Alyssa is a student in the engineering department, but writer is unable to locate or notify her because her last name at this time is unknown to this writer.

After both law enforcement agencies and Cal Poly SLO, Department of Engineering were notified via phone, this writer completed the necessary Tarasoff letter and faxed it to San Luis Obispo Police Department and Cal Poly Campus Police Department and emailed a separate letter to Dr. Amy Fleischer, Dean for the College of Engineering at the email address she provided during the earlier phone conversation.

This writer consulted with the MHET crisis worker and was notified that client was placed on a 5150 involuntary hold for danger to others and is currently being evaluated at the San Luis Obispo Psychiatric Health Facility.

Safety Plan and Protective Factors:

Disposition and Follow-up:

At this time client is currently on an involuntary hold for danger to others and placed at the local Psychiatric Health Facility. This writer will coordinate inform client's treatment team and assist in discharge planning with PHF staff.

If client is a DTO:

☒ Phone call to intended victim(s)
☒ Tarasoff Notification letters sent
☒ Phone call to Law Enforcement
☒ Tarasoff Worksheet faxed to Law Enforcement

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