

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 ind therapy session stating that her depression has increased over the last week and she is currently experiencing persistent thoughts of SI.

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

This writer contacted ct's adult daughter during the course of the risk assessment and safety plan. Daughter reports being unaware of her mother's feelings of depression or thoughts of self harm.

Behavioral Observations/Presentation:

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

Ct is a 42-year-old single African American female

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 is notably flat. Her eye contact is intermittent and she is tearful throughout the risk assessment

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:

Ct is a 42-year-old African American female. She is dressed appropriately in casual clothing (jeans and a long sleeve shirt). Her affect is notably flat, but her thought process is linear. Her psychomotor functions appear to be slowed. She does not make direct eye contact and reports being tired.

Risk Assessment:

Current Suicidal Ideation: Yes No

If Yes, describe the ideation.

Ct endorses feeling sad and makes several passive statements about, "not wanting to be here anymore."

Current Homicidal Ideation: Yes No

If Yes, describe homicidal ideation.

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 that she has had thoughts of harming herself saying that, "at times like this they [the suicidal thoughts] "come in waves." Ct indicated that she, "just don't want to feel like this anymore," but states that she does not want to die.

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 indicated that if she were to hurt herself she would, "use a knife to cut my wrists or maybe even the leftover pain medication I have from my oral surgery." Ct denies any attempts to acquire more pills. Ct also states that she, "won't go near the knives in my butcher block when I feel this way."

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 has no history of SIB, suicide attempts, or previous psychiatric hospitalization.

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

Ct states that she feels as though she has no meaning and purpose to her life and is frequently lonely.

Environmental and cultural factors; values that increase risk to self or others. (What are the client's beliefs about self and others that may increase or mitigate risk to self or others? Is the client a member of a subgroup at higher risk of self-injury (i.e., LGBTQ) or violent behavior?)

Ct identified positive protective factors in her life (her daughter, grandson, faith, local church, possibility of getting a new job) that give her hope and "provide me with a sense of purpose and the will to live."

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)?)

None noted

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

None noted

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

bullying?)

Ct was denied any recent life stressors

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

Ct denies any hx of trauma

Hopelessness, Desperation, Despair: (Assess current state)

Ct rated her current level of depression, "between a 3 and a 4." Ct acknowledged that she has had thoughts of harming herself saying that, "at times like this they [the suicidal thoughts] come in waves." Ct indicated that she, "just don't want to feel like this anymore,"but states that she does not want to die.

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

None noted and no hx of psychosis

Impulsivity/Angry Outbursts:

None noted and no hx

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

Ct states that she occasionally has a few glasses of wine in the evening time and uses CBD oil to manage her chronic arthritis but denies any current use of opioids or a desire to use opioids.

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

Ct states that she is sleeping more than usual, but has no appetite. Ct has not been leaving her home, except to run errands, but states that she will reach out to her daughter and close friends when she is feeling lonely.

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

This writer review ct's current tx record and found no hx of SIB, SA, or previous hospitalizations for DTS. Tx record indicates that ct experiences chronic and persistant SI, but has never acted on thoughts of self harm.

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.):

Gina Forgette, LMFT

Daniel Miranda, Med Manager

Dr. Kuich, psychiatrist

This writer was able to contact ct's current therapist to discuss ct's current presentation and assist with safety planning.

Medication and medication adherence:

Ct is currently on a ms of Lexapro

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

Th developed a safety plan with ct that identified thoughts and behaviors that are "signals" to her that her depression is worsening. Th brainstormed with ct three family members or friends she can contact to talk with about how she feelings. Th assisted ct in identifying three activities she can engage in that make her feel hopeful and that she reports, "elevate my mood." Th provided client with 24/7 access line if she is unwilling or unable to comply with safety plan. Th also gave ct the phone number for the Mental Health Evaluation Team and the Psychiatric Health Facility and discussed with ct that she can also go to the nearest emergency department.

This writer requested that ct sign a release of information for her daughter so that therapist and client can speak with her together and make her aware of the elements of the safety plan and request that she help ct in removing all sharp objects and unnecessary medication from ct's home.

This writer and ct telephoned ct's daughter and reviewed each element of the safety plan, all available resources (i.e. 24/7 crisis line, MHET number, PHF number, 911, and local ED department), and made a plan for daughter to remove all sharp objects and unnecessary medication from ct's home prior to her leaving the clinic today.

Ct agreed to follow-up with her therapist, Gina Forgette tomorrow (05/30/19) and to set up an appt with her psychiatrist to reiew her current psychiatric medications.

Safety Plan and Protective Factors:

Th brainstormed with ct three family members or friends she can contact to talk with about how she feelings. Th assisted ct in identifying three activities she can engage in that make her feel hopeful and that she reports, "elevate my mood." Th provided client with 24/7 access line if she is unwilling or unable to comply with safety plan. Th also gave ct the phone number for the Mental Health Evaluation Team and the Psychiatric Health Facility and discussed with ct that she can also go to the nearest emergency department.

Ct was able to identify protective factors that are currently present in her life that she reports give her "hope and the will to live," (i.e. positive relationship with her daughter and grandson who live next door, her belief in God and people she finds supportive at her local parish, her recent job interview that she reported went well).

Disposition and Follow-up:

Ct will follow-up with Gina Forgette, LMFT tomorrow 05/30/19 and will schedule an appt with Dr. Kuich to have her psychiatric medication regime evaluated.

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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Signatures

Signature	OBC	E	Signature Line Heading	Name	Date	Time
Electronic Signature	<input type="checkbox"/>		S Staff	JACLYN MILLER	05/31/2019	03:02 PM
			Professional Description:	B.H. Clinician III		
			Credentials:	Lic. Marriage Family Therapist		