

WRAPAROUND COACHING MANUAL

WRAPAROUND FLORIDA TRAINING & COACHING VIDEO COMPANION

MODULE 4: CRISIS PLANNING

Prepared for:



This manual has been developed to accompany the Wraparound Florida Training and Coaching video series. The material in this manual will provide coaching support to assist case managers and coaches in achieving certification in the Wraparound process. The purpose of the manual is to provide material to support the coaching process. There is instructional information for coaches in the manual as well as written material that may be shared with case managers to assist them in learning the process. Throughout the manual the terms "case manager" and "Wraparound facilitator" are used interchangeably. The following resources are mentioned throughout the manual and may be found in the locations listed below:

- Wraparound Florida Training and Coaching video series- videos are located on the Ronik-Radlauer website at www.ronikradlauer.com under the Wraparound tab (scroll to the bottom to access the videos).
- Wraparound Coaching Tools are located at the back of the Coaching Manual #10.
 The same Coaching Tools are also located on the Southeast Florida Behavioral
 Health Network website in the Wraparound Toolkit: www.sefbhn.org (scroll to the bottom right and click on Wraparound, then go to the Champion Toolkit to access the Coaching Tools).
- Throughout the Coaching Manuals there are several references to forms. This
 material is also available on the www.sefbhn.org website under the Organizational
 Toolkit in the forms tab.

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MODULE 4

CRISIS PLAN

One of the most important components in the Wraparound process is crisis planning as everyone experiences crisis at some point in their life. Experiencing crisis does not mean that a family must feel powerless. Since most individuals and families involved in the Wraparound process experience crisis, case managers need to master crisis plan development. The Wraparound approach to crisis planning is a proactive approach which is designed to predict the crisis, so a plan can be put in place thus preventing the crisis from ever occurring. Every individual in Wraparound should have a crisis plan. The crisis plan is developed early in the process and is implemented throughout the process based on identified needs. The individual identifies the crisis and what they can do to prevent the crisis from occurring. The plan is continuously monitored during service delivery to ensure that the needs of the individual and their family continue to be met. The plan should be revised as necessary. The plan must be signed and approved by the individual and family and a copy is provided to all participants involved in the plan. The goal is that every person involved in preventing the crisis knows their contribution to the process.

It is important to help individuals and families understand that crisis planning is not difficult. In fact, people have been instinctively planning to prevent crisis for years. Some

examples of how society prevents crisis includes having infants sleep in cribs, baby proofing homes, teaching children to look both ways before they cross a street, and teaching teens to not drink and drive. These activities are designed to prevent crisis from ever occurring.

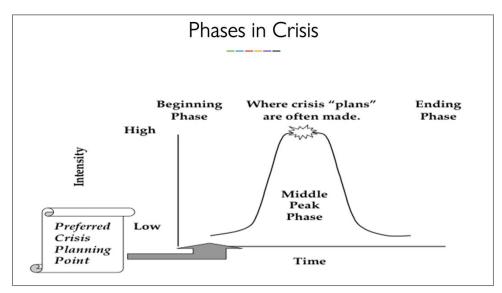


Figure 4.1 Phases in Crisis

Unfortunately, many families do not naturally use this same predictive philosophy when planning for behavioral health crisis. Typically, families seek help only when the crisis behavior is at maximum intensity—the top of the crisis bell curve. At this point there is not much that a case manager can do to resolve the crisis. Wraparound works with families to teach them to intervene in potential crisis situations at the low beginning phase of a potential crisis so they can provide support to prevent the crisis from occurring.

A coach should work with the case manager to ensure that they understand the purpose of a crisis plan and how to effectively complete one with an individual and their family. A crisis plan is a shared plan with multiple supports. The plan should be a mix of

formal and natural supports, with an emphasis on natural supports and interventions.

When coaching case managers on crisis planning, coaches should utilize the

Wraparound coaching video.

Discussion Activity 4.1: Crisis Plan

As noted above crisis planning is something that all humans do to one extent or another. The focus here is to assist the practitioner to learn to explore the family's culture as a foundation for the crisis plan. Several helpful aspects of reflective coaching/supervision are relevant here.

- Forming a trusting relationship between coach and case manager in order to explore their feelings and thoughts regarding safety issues and the crisis with these participants.
- Paying attention to all the relationships is important and how each of these relationships affects the other.
- Ask questions that encourage exploring details about the types of crisis
 the family experiences, potential team members that can help, and
 emerging relationships of those involved.
- Listen and ask open ended questions.
- Be patient and allow the case manager to discover solutions on their own perhaps by using Motivational Interviewing.
- Remain emotionally present.
- Teach and guide regarding specific aspects of the functional assessment/crisis plan and the Wraparound process.
- Use role playing to help in increasing the comfort level and skill building of the case manager.
- Nurture, support, and encourage the case manager.
- Apply the integration of emotion and cognition (head and heart).
- Foster the reflective process to be internalized by the case manager.
- Attend to how emotional and cognitive reactions to the content affect the process.

The Wraparound Coaching video acts as an initial guide to the coaching tool.

Coaches should ask case managers to review the video and take notes. There will be a short role play at the end of the video. It is best to provide case managers with the coaching tool to review while watching the role play. Coaches should instruct case managers to look for the action steps being completed. Case managers will not see every step being completed due to this being a short example, but the case manager will be able to obtain an idea of what should take place during a crisis planning meeting. A typical crisis planning meeting may take up to an hour. Sometimes the planning session is completed with just the family or it may include other team members. After watching the Wraparound coaching video, ask the case manager the questions found in Discussion Activity 4.1 (located on previous page) for further understanding.

During the coaching process, the coach should go over the coaching tool in detail with case managers. This is helpful so case managers know what is expected of them when they are being scored for proficiency. This practice will help case managers feel more comfortable when they are being shadowed by their coach and better prepared to support the client during the crisis planning process. Next, the coach should review the actual crisis plan form with the case manager and provide a detailed summary of what is being asked in each section on the plan (review the Sample Child and Family Crisis Plan).

Child and Family Crisis Plan

Detailed summary of Potential crisis or safety situations

(How would someone know a crisis is happening? What does it look like?)

Warning signs/Triggers

What is likely to set off a crisis? (Triggers)

What warning signs are seen before a crisis happens? (Verbal and physical signs; internal and external signs)

What / Who is Helpful?

What / Who is Not Helpful?

Intervention Steps to be Taken

Clearly identify who, what, when, where and how will each action step be completed?

Figure 4.2 Child and Family Crisis Plan

Detailed Summary of the Crisis

• The case manager should provide a detailed summary of the crisis that is identified by the client. The information about the crisis in this section should be specific enough that everyone on the team will recognize when the crisis is occurring. The summary should specify behaviors, fears and actual past events that are displayed during the crisis. We should know how often the crisis occurs and what are some of the consequences of past crisis behaviors.

Warning Signs and Triggers

In this section the case manager should document what is likely to start the crisis behavior, commonly known as triggers. Triggers could be certain situations, people, places and things. The information in this section should be clear and list as much detail about the trigger as possible. By knowing what is likely to trigger a crisis, a plan can be put in place to prevent encountering that trigger or lessen the impact of that trigger. Next, this same section should include external and internal warning signs. External warning signs lets others know when actions need to be taken to prevent the crisis. This could be the

client raising their voice, pacing, shaking their leg, getting quiet and so forth. Internal warning signs are felt by the client and lets the client know that they need to act before they go into crisis mode. This could be racing thoughts, faster heart rate, breathing faster, sweaty hands and more. By documenting the external and internal warning signs, the plan is more likely to be effective. Being aware of these warning signs ensures that there is a better chance of the plan being implemented at an earlier stage on the crisis bell curve.

What/Who is Helpful

In this section the case manager should work with the client to understand who and what has been helpful in past crisis situations. The case manager should identify important people in the client's life and how they help the client in difficult situations. The case manager must also take time to understand the client's interests, hobbies and other activities that they utilize as coping mechanisms. Once the case manager understands who and what is helpful to the client, the plan should include those people and things in the action steps of the crisis plan. This supports the client with a plan that they are familiar with and are more likely to follow.

What/Who is Not Helpful

In this section the case manager will need to identify who and what is not helpful in a crisis. These tend to be actions that escalate the situation. By understanding what is likely to escalate a crisis, the case manager can develop a plan that will avoid actions that will likely place the plan in jeopardy of failing.

Interventions/Action Steps

• The action steps should be clear and easy to follow. There should be a mix of formal and natural supports with an emphasis on natural supports. Natural supports are people, places and things that are found naturally in the environment and are used to support the client and deescalate the situation. This can be a friend, an emotional support animal or going for a walk. The action

steps should be in the correct order of action with timeframes. The action steps should be from least restrictive to most restrictive. The client, family and their team should know when to transition from one action step to another and to identify when one action step is not working. The action steps should be clear in determining who will do what, when they should do it, and how they should do it. The plan should include all names and phone numbers for team members involved on the crisis plan as well as information for the Mobile Response Team.

It is helpful for new case managers to review sample crisis plans written by seasoned case managers. Another effective way to coach crisis planning is by allowing the case manager to practice writing effective crisis plans. Ask the case manager to review a flawed crisis plan (utilize Thomas Flawed Child and Family Crisis Plan, Example 8) and have the case manager rewrite the plan to be more effective to support the client. After the case manager works on the flawed plan for Thomas, the coach should review the material with the case manager. The coach should go through each section on the plan and use the coaching tool to score it. Make sure that the new plan provides enough detail to be able to effectively support the client in the event of an actual crisis. The coach should also provide the case manager with a sample crisis plan for future reference for their toolkit (see Thomas Effective Child and Family Crisis Plan, Example 9).

It is inevitable that some crisis plans do not work the first time. When a crisis plan fails and the case manager does not know what interventions to put in place next, a functional assessment is helpful. The case manager should ask a therapist to complete a functional assessment with their client. The functional assessment is simple to complete; therefore, any therapist can assist the case manager. The therapist will meet with the individual and complete the functional assessment form (see Example 11 for a functional

assessment example and key components of a functional assessment) to get an understanding of why the behavior is occurring in the first place. Sometimes understanding the function of the crisis behavior will allow the individual, family and team to develop a new plan. Once we know the function of the crisis behavior, the appropriate intervention will deter the crisis behavior from occurring. For example, if a person is using drugs sporadically because they enjoy the comradery of the friends they use drugs with, when an intervention is determined, it must address an opportunity to spend time with peers. If instead the intervention is that the client will be checked in for detoxification, is that going to meet the needs of the client that is recreationally using substances? Probably not; because the function of the behavior was to be around peers, detoxification is neither indicated nor will it result in lasting decrease in substance use behavior. Perhaps a more effective intervention would be pro-social activities with nondrug using individuals. Once a rapport is built with the client, they would decide which activities they would want to plan to decrease their substance use. Understanding the function of the behavior helps us find the right intervention to support the crisis.

Figure 4.3 Steps in a Functional Assessment

Steps in a Functional Assessment



Key points for coaches to use when instructing case managers on how to complete a crisis plan include:

- Complete a functional assessment when necessary.
- Explain what a crisis plan does (prevents a crisis).
- Develop a crisis plan with the family utilizing their identified crisis, stressor or situation. This should be something they identify as a stressor for their family.
- Include detailed triggers; what is likely to set off a crisis.
- Warning signs should be external and internal warning signs. These are signs that
 others can see, and the individual will know what identifies that a crisis is about
 to start.
- Identify what is helpful and use what is helpful in the action steps.
- Identify what is not helpful and implement action steps that avoid those areas.
- The steps should be in the correct order with timeframe and persons responsible for the action step.
- Be detailed to ensure that the team knows what to do, how to do it and when to do it.
- Have the family sign the crisis plan, leave a copy with the family that day. If there
 isn't a duplicate form, take a picture of the plan and email it for printing and
 placement in the individual's file.

EXAMPLE 7: INDIVIDUAL CRISIS PLAN

Client Name:	Medical Record #:
Applicable Emergency #'s:	Date:

Detailed summary of Potential	
crisis or safety situations	
(How would someone know a	
crisis is happening? What does	
it look like?)	
·	
Warning signs/Triggers	What is likely to set off a crisis? (Triggers)
	(**************************************
	What warning signs are seen before a crisis happens?
	(Verbal and physical signs; internal and external signs)
What / Who is Helpful?	
What / Who is Not Helpful?	
,	
Intervention Steps to be Taken	

Clearly identify who, what,		
when, where and how will		
each action step be		
completed?		
Mobile Crisis Team Available 24 hours Insert crisis team information here	/ 7 days a week	
Client Signature & Date	— Guardian Signature & Date	
Guardian Signature & Date	Case Manager Signature & Date	

EXAMPLE 8: THOMAS FLAWED CHILD AND FAMILY CRISIS PLAN

Client Name: Thomas Mark	Date: 1-25-2017	Medical Record #: 12345	
Detailed summary of crisis	Thomas bocomos aggr	ressive. He has a difficult time	
,			
(Concerns / Issues/ what does a		is parents get frustrated.	
crisis look like)	Everyone starts yelling and property is typically		
		e been physical altercations in	
	the past.		
Warning signs	What is likely to se	What is likely to set off a crisis?	
	Thomas becomes upse	et when he is told no. When he	
	is playing a game and h	ne loses he gets upset. When he	
	cannot go out with his	s friends, he becomes upset.	
	What happens befo	ore a crisis?	
	He starts yelling and makes inappropriate comments.		
What / Who is Helpful?	It is helpful if he is given space to calm down or		
	when he can do an activity that he enjoys?		
	Talking to his friends is helpful.		
What / Who is Not Helpful?	He gets upset when he is given restrictions or has		
	things taken away.		
Intervention Steps to be Taken	When Thomas go	ets upset, he will go to his	
	room.		
What, who, when, where and how?	The parents will	call the therapist.	
	·	call the crisis team number for	
	assistance.		
		rs and Thomas becomes	
	aggressive, the pa	arents will call 911.	

Mobile Crisis Team Available 24 hours / 7 days a week 555-141-2222, option 2 or 555-142-2223

Client Signature & Date	Guardian Signature & Date
Guardian Signature & Date	Support Signature & Date
Support Signature & Date	Case Manger Signature & Date

EXAMPLE 9: THOMAS EFFECTIVE CHILD AND FAMILY CRISIS PLAN

Client Name: Thomas Mark	Date: 1-25-2017	Medical Record #: 12345		
Detailed summary of crisis	Thomas tends to become	upset when he does not get his		
(Concerns / Issues/ what does a	way and is told no. He sta	rts to yell, slam doors, throw		
crisis look like)	things at his parents and hits his mother with his fist. He			
	has a difficult time with re	has a difficult time with redirection and the parents get		
	frustrated. When the pare	ents get frustrated, they start to		
	yell at Thomas in a loud to	one and an argument occurs.		
	This typically last 1-2 hour	This typically last I-2 hours. When an argument occurs,		
	Thomas makes threats to	Thomas makes threats to harm himself or his family. This		
	happens at least 2 times p	happens at least 2 times per week. The goal of the plan is		
	to ensure safety, to preve	to ensure safety, to prevent fighting and destruction of		
	property.			
Warning signs	What is likely to set off a crisis?			
	Thomas becomes upset when he is told no. He gets upset			
	when his parents yell at him or when his sister makes			
	comments. When he is playing a game and he loses, he			
	gets upset. When he cannot go out and with his friends,			
	he becomes upset.			
	What happens before a	a crisis?		
	He will start by being quie	t and you will see him breathe		
	heavier. He will become lo	ouder in his tone and make		
	inappropriate comments (whatever, who cares, shut up).		
	He will stare at the wall, s	hake his leg and ignore being		
	spoken to.			

What / Who is Helpful?	It is helpful if Thomas is given space to calm down or	
	when he can do a different activity that he enjoys such as	
	fishing, listening to music, playing video games or just	
	being alone. Talking to his Uncle Jim is helpful.	
What / Who is Not Helpful?	He becomes more upset when he is yelled at and told	
	that he is doing something wrong. He gets upset when he	
	is given restrictions. He gets upset when mom ask him	
	numerous times what's wrong. He gets upset when his	
	siblings make fun of him for getting in trouble.	
Intervention Steps to be Taken	If Thomas starts to show signs that he is getting	
	upset, Mom will remove his siblings from the room	
What, who, when, where and	and Dad will take the lead and interact with Thomas.	
how?	If the father is not home, the mother will take the	
	lead but will not raise her voice or repeat herself	
	numerous times.	
	When Thomas is getting upset, he will ask to go to	
	his room and play video games. He will be allowed	
	to play his video games for 15 minutes.	
	Thomas will be redirected to an activity such as	
	fishing, talking to his friend or going for a walk. The	
	parents will allow Thomas to do an activity of his	
	choice for a time limit of 30 minutes.	
	If Thomas is still upset after engaging in a choice	
	activity for 30 minutes, his parents will suggest	
	Thomas call his Uncle Jim. Uncle Jim will talk to	
	Thomas. If needed, Uncle Jim will come to the home	
	and go for a walk with Thomas.	
	If Uncle Jim is unable to come over for a walk,	
	Thomas will ask to go to his room for alone time.	
	The parents will allow Thomas time alone,	
	undisturbed for 30 minutes.	

•	If Thomas is unable to be calm or is a danger to
	himself, others or property within 30 minutes, the
	family will call the mobile crisis team.

Mobile Crisis Team Available 24 hours / 7 days a week 555-141-2222, option 2 or 555-142-2223

Client Signature & Date	Guardian Signature & Date
Guardian Signature & Date	Support Signature & Date
Support Signature & Date	Case Manager Signature & Date

EXAMPLE 10: SAMPLE FUNCTIONAL ASSESSMENT BLANK

-	:	Wraparound Case Manager:
Date:		Individual:
Step	Question/Answer	
I	Clearly describe the potential	crisis behavior:
2	What happens before the behavior does not o	avior occurs (triggers)? Are there times/situations occur? Why?
3	What happens during the beha	vior?
4	What happens after the behav	ior occurs?
5	Best guess about why the beha	
6	Select a positive replacement b	pehavior

EXAMPLE II: SAMPLE FUNCTIONAL ASSESSMENT

Key Components of the Functional Assessment

1. Define the behavior.

- In a few simple sentences describes the behavior of concern.
- Be specific enough that everyone on the team will recognize it if it occurs.

2. What happens before the behavior? What are the triggers?

- O When does the behavior occur?
- Look for exceptions. The brief strategic school of systemic therapy and behaviorists remind us to find out about a time when the challenging behavior DOES NOT occur. What's different about these times? What triggers the behavior to NOT occur? Or striving for better grammar, what triggers the alternative behavior we would like to see occur more frequently?

3. What happens during the behavior?

- O What happens specifically? Who does what?
- O How often does the behavior occur?
- O How long does it last?

4. What happens after the behavior?

- O What are the consequences of the behavior? How do people feel afterward? Does the behavior result in the child getting something or doing something he/she wants to do?
- O Does the behavior result in the child not doing something?

5. What's the best guess as to why the behavior is happening?

 This element of the functional assessment involves suggesting hypotheses for what need is being met by the behavior. Get key informants best guesses on this and select the one that is most plausible.

6. Select a positive replacement behavior.

 This part of the functional assessment involves looking at strengths, culture, and vision to identify a positive behavior to serve the same function as the problem behavior.

See the following Functional Assessment of Sara's running away and drug use behavior:

	Sample Functional Assessment		
Wrapa	round Case Manager: Diane Miller Date: 7.31.16 Family: Sara Rodriguez		
Step	Question/Answer		
I	Clearly describe the potential crisis behavior:		
	Sara runs away on the weekends. It usually happens twice a month. Rosa is unsure		
	of the location and Sara won't tell. When she runs, she goes to raves, parties, and		
	uses drugs. One time she was gone for nine days and found passed out from drug		
	use in an abandoned building.		
2	What happens before the behavior occurs (triggers)? Are there		
	times/situations where the behavior does not occur? Why?		
	Sara's friends call her stating, "I need you." Sara's friends call when they get in		
	fights with their parents or boyfriends. When Sara's boyfriend runs away from his		
	home, she leaves her home and goes to look for him.		
3	What happens during the behavior?		
	When Sara runs, she most often uses drugs (Xanax "bars", ecstasy "e", marijuana		
	"weed"). Sara has been arrested for loitering, resisting arrest, and trespassing each		
	when she ran away. Sara has also been date-raped and has overdosed when she		
	has run away.		

What happens after the behavior occurs? Rosa has many concerns about her safety when she runs. When Sara finally gets home, she tries to talk to her about her safety and how worried she is when she runs. Rosa also feeds her a good meal and calls Wendi, the youth minister, to try to get Sara back into church. Sara always takes a long shower when she gets back home. 5 Best guess about why the behavior occurs? (function) Mom states, "Sara is so worried about being accepted by friends." Sara states, "if my friends need me, I will do anything." 6 Select a positive replacement behavior Help friends over the phone - have them come to the house Therapist will teach Sara skills, so she can help her friends over the phone case manager will get a list of phone numbers for mobile crisis, Covenant House, and Teen Tapes