



# Crisis Planning with Your Clients: Suggested Best Practices and Resources

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## Introduction

The suggestions and practices in this document are meant to be flexible and to be a guide to your crisis planning with clients. Nothing in this document is meant to be, or is approved to be, a rule or requirement for clinicians. **The goal of this process is to create clear and open communication between mental health clinicians and local emergency personnel.**

Many mental health clinicians in Vermont are in a solo private practice and do not have the resources or staff to provide 24-hour services to clients. On the other hand, there are clients who are at risk for experiencing a crisis during evenings and on weekends or holidays, when their regular mental health care provider may not be available. During those times, mental health clinicians often direct clients to either their local Emergency Services team (through the local Designated Agency) or to an emergency room for crisis services.

Emergency rooms in Vermont are often not well-equipped to handle mental health crises, and have no access, or difficult access, to an individual's mental health care records. Unless there is clear and open communication between emergency rooms and mental health clinicians, the emergency room cannot help the client make an appropriate discharge plan.

Emergency Services teams face similar problems. If an individual calls an Emergency Services team for assistance in a crisis, the team does not necessarily have information about the individual's previous care, contact information for the individual's current provider, or a way to create an appropriate plan for follow-up care.

This guide is intended to provide mental health clinicians directions and suggested best practices for creating a plan with their clients to get appropriate help – and appropriate follow-up care – in case of a crisis. In developing a proactive crisis response plan, it will be important to consider modifications based on whether the client is a child, youth, or adult.

## Step 1: Collaborate with your local Emergency Services team.

Create a relationship between you and your local Emergency Services team to help smooth communication in times of client/patient crisis. Local Emergency Services teams are often embedded in hospital Emergency Departments but if yours is not and you refer clients to the Emergency Department as part of your crisis plan (which should be a last resort), create a relationship with your local Emergency Department personnel as well.

Get emergency personnel's input into the best way to direct clients to them and what information they need to perform crisis services most effectively--that may be different for your geographic region than for others.

Make sure your local Emergency Services team has your after-hours contact information.

Talk about how you will work together if a client is in crisis.

- What if the client is a minor?
- What about patients who stop treatment but still report they are seeing a private practitioner?
- Provide information about how you can be reached, such as via confidential voice mail.

## Step 2: Create a written plan to give to your clients

Get a release in writing ahead of time to allow you to speak with emergency personnel (even if it's not technically needed).

Consider getting a release to talk to parents, family, or support people for follow-up, including psychiatrists or other health care providers.

Give written instructions about resources available and what they should do if they are in crisis.

- Identify support people that clients know they can call in a crisis.
- Define "crisis" and explain when it is appropriate to call emergency personnel (such as the local Emergency Services team or Emergency Department), a hotline or other helpline, or to make an extra appointment with the clinician.
- *Consider* giving clients, or clients at high risk, a "summary" of their record—diagnosis, your contact information, etc.—to carry with them at all times. Include a space for clients to write down their current medications, supplements, etc.
- *Consider* how this may change with clients who are minors—are the parents involved?
- Provide a list of available "hotline" resources (see the list at the end of this document).

Provide instructions about follow-up after they've been to an emergency department or called ES.

### **Step 3: Create your own process for when clients call you in crisis.**

Consider doing the following:

- Providing a list of resources on your website to which you can refer clients.
- Calling ahead to an emergency department or emergency services team before telling the client to go there.
- Changing your plan if your client is a minor (seeing you with or without parental involvement or consent).
- Exchanging “covering” or “on-call” services with a nearby colleague when you’re out of town or on vacation.

### **Step 4: Follow up with emergency personnel and clients when crisis services are provided.**

- Follow up with the emergency personnel your client contacted—*consider* making it a habit to ask clients if they have called Emergency Services or the Emergency Department each time you see them.
- Follow up with other relevant specialists, such as a psychiatrist.
- Follow up with parents, family, or other support people if you have a release to do so.

## Other resources for clients in crisis:

Suicide Prevention Lifeline: **800-273-TALK (800-273-8255)**

Vermont Crisis Text Line: **Text "VT" to 741741** (free, 24/7 support)

You get an automated text response first, and then a response from a trained crisis counselor. They work with you until you are cool and calm and have a positive plan for next steps.

IMALIVE: **[www.imalive.org](http://www.imalive.org)** (live chat)

GLBT National Health Ctr: **888-843-4564**

GLBT Nat'l Youth Talkline: **800-246-PRIDE (7743)**

GLBT Nat'l Senior Talkline: **800-234-7243**

GLBT Peer Support Chat: **[www.glnh.org/chat/index.html](http://www.glnh.org/chat/index.html)**

Volunteers in their teens and early twenties speak with teens and young adults up to age 25 about coming-out issues, relationship concerns, parent issues, school problems, HIV/AIDS, anxiety and more.

The Trevor Project: **866-488-7386** (Trevor Lifeline)  
**[www.thetrevorproject.org/get-help-now/](http://www.thetrevorproject.org/get-help-now/)** (Trevor Chat)  
**Text START to 678678**

Providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth.

Trans Lifeline: **877-565-8860**

Veterans Crisis Line: **800-273-TALK (8255)**, press 1  
**[www.veteranscrisisline.net/get-help/chat](http://www.veteranscrisisline.net/get-help/chat)** (chat)  
**Text 838255**  
**800-799-4889** TTY