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**Nursing Best
Practice Guideline**
Shaping the future of Nursing



crisis intervention
supplement

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Supplement Integration

This supplement to the nursing best practice guideline *Crisis Intervention* is the result of a three year scheduled revision of the guideline. Additional material has been provided in an attempt to provide the reader with current evidence to support practice. Similar to the original guideline publication, this document needs to be reviewed and applied, based on the specific needs of the organization or practice setting/environment, as well as the needs and wishes of the client. This supplement should be used in conjunction with the guideline as a tool to assist in decision making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care.

Crisis intervention must be responsive to clients and families in community and institutional settings. While accessibility of services in the client's environment is ideal; it does not preclude the provision of effective crisis intervention approaches in multiple settings, delivered in a timely and responsive manner.

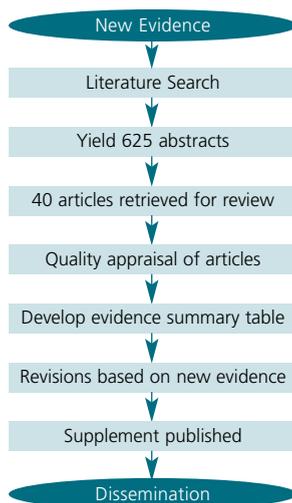
It is noteworthy that crisis intervention is but one level of care within a continuum of health care services and should not be

viewed as a panacea for the absolute reduction of emergency room visits or as a replacement for ongoing ambulatory care services (Hoff 2001), particularly for patients experiencing chronic illnesses. As with any illness, it is important to recognize that chronically ill patients also experience episodes of crisis that may or may not be directly related to their specific diagnoses. Crisis interventions can therefore be provided informally with individuals and families and more systematically via organized crisis response teams and delivery systems; the latter often based upon a community's particular needs and provincial standards (Ontario Ministry of Health and Long Term Care, 2005).

Nurses are ideally positioned within the healthcare system, having timely opportunities for rapid recognition and responsiveness to clients, families and groups experiencing crisis. This guideline has been reviewed to further equip nurses to refine, develop and monitor their crisis care skills in order to effectively work with clients in crisis and to mitigate future crises. A recent review of the current evidence to support these recommendations has been completed, and indicates ongoing support for this guideline to enhance the delivery of best practices in crisis intervention.

Revision Process

The Registered Nurses' Association of Ontario (RNAO) has made a commitment to ensure that this practice guideline is based on the best available evidence. In order to meet this commitment, a monitoring and revision process has been established for each guideline every three years. The revision panel members (experts from a variety of practice settings) are given a mandate to review the guideline focusing on the recommendations and the original scope of the guideline.



Summary of Evidence

The following content reflects the changes made to the original publication (2002) based on the consensus of the review panel.

-  changed
-  unchanged
-  additional information

<p>Recommendation 1</p> <p>Crisis intervention is founded on a particular set of values and beliefs, and guiding principles.</p>	✓
<p><i>Additional Literature Supports</i> Clark & Hughes, 2002; De Leo, 2002; Ferris, De Siato, Sandercock, Williams & Shulman, 2003; Hoff, 2001; Liken, 2001; Mead & Hilton, 2003; Mitchell, 2003; Sturis, 2002</p>	
<p>Recommendation 2</p> <p>Knowledge of the three core components of crisis intervention theory (a precipitating event, client perception of the event, and the client's usual coping methods) is fundamental to identify clients in crisis.</p>	
<p>The wording of this recommendation has been revised for further clarification. The following content is to be included immediately under the recommendation on page 21.</p>	
<p>Crisis care should be incorporated into all areas and units of healthcare where nurses and other healthcare disciplines work with clients. It is important for nurses to recognize that crisis intervention is integral for all environments and contexts where care is provided, including hospital and community settings.</p>	
<p><i>Additional Literature Supports</i> Antai-Otong, 2003; Mead & Hilton, 2003</p>	
<p>Recommendation 3</p> <p>The delivery of crisis intervention is based on an integrative framework.</p>	✓
<p><i>Additional Literature Supports</i> Antai-Otong, 2003; Evans, Boothroyd, Armstrong, Greenbaum, Brown & Kuppinger, 2003; Liken, 2001; Mitchell, 2003; Roberts, 2002; Stone & Conley, 2004; Sturis, 2002</p>	
<p>Recommendation 4</p> <p>A wide array of therapeutic communication skills is a pre-requisite to effective intervention with clients in crisis.</p>	✓
<p><i>Additional Literature Supports</i> Barker, 2001; Hendin, Maltzberger, Lipschitz, Pollinger Haas & Kyle, 2001; Mead & Hilton, 2003; Sturis, 2002</p>	

<p>Recommendation 5</p> <p>A comprehensive holistic assessment is performed prior to engaging in any plan to resolve crises.</p>	✓
<p>The following sentence is to be incorporated after the first paragraph under Risk Assessment page 30.</p> <p>When considering a client’s potential for suicide, nurses must also examine both protective factors and risk factors for suicide.</p>	+
<p><i>Additional Literature Supports</i> Antai-Otong, 2003; De Leo, 2002; Hendin et al., 2001; Hoff & Brown, 2005; Sturis, 2002; Neeleman, 2002</p>	
<p>Recommendation 6</p> <p>Nurses are directly involved in all aspects of crisis intervention including assessment, intervention, referrals and linkages, and short-term follow up.</p>	✓
<p>The following sentence is to be added at the end of the second paragraph on page 31</p> <p>Nurses ensure that there is appropriate follow up and linkages to services and resources when necessary.</p>	+
<p><i>Additional Literature Supports</i> Antai-Otong, 2003; Clarke & Hughes, 2002; Mariano, 2002</p>	
<p>Recommendation 7</p> <p>Teaching and educating clients, families, colleagues, and the community about crisis intervention and prevention are essential to promote mental health.</p>	✓
<p><i>Additional Literature Supports</i> Campbell, Cataldie, McIntosh & Millet, 2004; Evans et al., 2003; Mitchell, 2003; Sturis, 2002</p>	
<p>Recommendation 8</p> <p>Education and ongoing learning opportunities are required for nurses to implement best practices in crisis intervention.</p>	✓
<p><i>Additional Literature Supports</i> Boscarino et al., 2005; Cowin et al., 2003. Mitchell, 2003</p>	
<p>Recommendation 9</p> <p>The core curriculum in nursing education includes the following key components:</p> <ul style="list-style-type: none"> ■ Crisis intervention theory and practice; ■ Sound knowledge of the principles of the therapeutic relationship, and their application to crisis intervention; and ■ The provision of regular clinical supervision. 	✓
<p>The following sentence is to be added at the end of the first paragraph page 33.</p> <p>Nurses educated in crisis theory and intervention can improve outcomes for clients in crisis.</p>	+
<p><i>Additional Literature Supports</i> Boscarino, Adams & Figley, 2005; Cowin et al., 2003. Mitchell, 2003; Hoff & Adamowski, 1998; Mariano, 2002</p>	
<p>Recommendation 10</p> <p>Organizational commitment to providing quality crisis intervention services is reflected in its mission and vision statements, as well as through allocation of resources to develop, implement, and support the services.</p>	✓
<p><i>Additional Literature Supports</i> Hoff, 2001; Ontario Ministry of Health and Long-Term Care, 2005</p>	

<p>Recommendation 11</p> <p>To enhance the continuum of crisis care, the organization continuously strives to achieve a collaborative and integrative crisis intervention practice model within an interdisciplinary team.</p>	✓
<p><i>Additional Literature Supports</i></p> <p>Clarke & Hughes, 2002; Campbell et al., 2004; Hoff, 2001</p>	
<p>Recommendation 12</p> <p>The organization actively advocates for the provision of quality crisis intervention care on multiple levels (individual, family, and community).</p>	✓
<p><i>Additional Literature Supports</i></p> <p>Campbell et al., 2004</p>	
<p>Recommendation 13</p> <p>Nursing best practice guidelines can be optimally implemented when adequate planning, resources, organizational and administrative support, as well as the appropriate facilitation, exist. An organizational plan for developing and implementing crisis intervention services includes:</p> <ul style="list-style-type: none"> ■ An assessment of organizational readiness and barriers to education; ■ Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process; ■ Dedication of a qualified individual to provide the support needed for the education and implementation process; ■ Ongoing opportunities for discussion and education to reinforce the importance of best practices; and ■ Opportunities for reflection on personal and organizational experience in implementing guidelines. 	
<p>The wording of this recommendation has been revised for further clarification.</p>	
<p><i>Additional Literature Supports</i></p> <p>Boscarino et al., 2005; Campbell et al., 2004; Hoff & Adamowski, 1998</p>	

Implementation Strategies

There are several key strategies organizations can utilize to implement the *Crisis Intervention* guideline. These strategies are comprised of the following:

- Identification of an individual to lead the project that will dedicate time to implementation of the *Crisis Intervention* guideline. This nurse will provide support, clinical expertise and leadership to all nurses involved in implementation.
- Utilization of a systematic approach to planning, implementation and evaluation of the guideline initiative. A work plan is helpful to keep track of activities and timelines.
- Provide opportunities for staff to attend interactive, adult-learning programs which incorporate the key recommendation from the guideline.
- Teamwork and collaboration through an interdisciplinary approach is essential.
- Consider establishing an implementation team that includes not only the organization implementing the guideline, but others such as community partners (referral sources) and support groups.

In addition to the tips mentioned above, RNAO has published implementation resources that are available on the website. A *Toolkit* for implementing guidelines can be helpful, if used appropriately. It is available for free download at www.rnao.org/bestpractices.

Research Gaps & Implications

In reviewing the evidence for the revision of this guideline, it is clear that future research opportunities involve the process and outcomes related to crisis intervention with a focus on assessment tools.

The following is a correction to the *Mental Health Status Assessment* on p.52. The remaining content in the appendix is unchanged.

Appendix B (Revised)

Outline of a Mental Health Status Assessment

THOUGHT CONTENT:

- Suicidal or homicidal ideations
- Depressive cognition (guilt, worthlessness, hopelessness)
- Obsessions (persistent, unwanted, recurring thought)
- Ruminations
- Phobias (strong, persistent, fear of object or situation)
- Ideas of reference
- Paranoid ideation
- Magical ideation
- Delusions (false belief kept despite no supportive evidence)
- Overvalued ideas
- Other major themes discussed by patient/client

THOUGHT PROCESS:

- Coherence (coherent, incoherent)
- Logic (logical, illogical)
- Stream (goal-directed, circumstantial, tangential [diverges suddenly from a train of thought], looseness of associations, flight of ideas, rambling, word salad)
- Perseveration (pathological repetition of a sentence or word)
- Neologism (use of new expressions, phrases, words)
- Blocking (sudden cessation of flow of thinking & speech related to strong emotions)
- Attention (distractibility, concentration)

Additional Literature Supports

Hoff & Brown, 2005

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