

Behavioural Crisis Debrief Conversation: A Guide for Primary Care Providers

Introduction

A debrief meeting between a primary care provider and a patient with intellectual and developmental disabilities (IDD) who has been discharged from the hospital or emergency department following an episode of emotional distress or behavioural crisis is an important aspect of continuity of care. The steps in this document guide the crisis debrief conversation with a patient and caregiver and highlight aspects that are specifically important for patients with IDD.

How to use this tool

A proactive plan might prevent repeated hospital visits for behavioural crises or improve the quality of those visits when we understand what triggers distress and what calms a person down^[i].

When to use this tool?

Use this tool when you are notified by the hospital or by the patient or caregivers, that a patient with IDD has been admitted because of a behavioural crisis. Follow up with an invitation for a crisis debrief conversation as soon as possible, ideally no longer than two weeks after discharge.

What does a behavioural crisis debrief involve?

In the debrief conversation, primary care providers can help the patient and caregivers understand why the crisis occurred, what happened during the crisis and how a future hospital admission might be prevented or improved. A behavioural crisis may be related to multiple concerns such as a physical health issue (e.g., medical condition, pain) or to inadequate supports in the environment (e.g., change in staffing, cancellation of activity).

The debrief is a conversation about what happened from patient and caregiver perspectives. It involves a review of what triggered the patient's distress, their coping strategies as well as what signs caregivers need to watch out for to signal the patient is getting into distress, so that they can intervene early to prevent or minimize the distress. It also leaves space to add available community-based crisis supports, contacts and when to go to emergency services or the hospital.

Use the form *Behavioural Crisis Debrief: Chart Notes* to document the debrief outcomes in the patient's medical record. Use the *Behavioural Crisis Debrief: Conversation Guide for Primary Care Providers* for tips on how to conduct a debrief conversation with the patient with IDD and/or caregivers

after a crisis has happened. Item numbering in this guide corresponds with the form *Behavioural Crisis Debrief: Chart Notes*.

Supporting practice tools

My Coping Tool: How I Deal With Stress^[ii]: documents triggers, warning signals and coping strategies that can keep a person safe in the event of a behavioural crisis. In addition, it documents available community supports and key crisis contacts.

Hospital Form^[iii]: communicates essential information to hospital staff, including medical information, substitute decision-maker contacts, and support needs.

Risk Assessment^[iv]: to determine whether a patient with IDD who is experiencing a crisis (e.g., emotional or behavioural distress) can be managed safely in their current living or work environment or should be referred to the emergency department or crisis care. It considers the risk to self and to others (e.g., peers and caregivers) during an escalation in the context of available supports. It helps identify unique risk and protective factors.

Suicide Prevention tool: documents warning signals and strategies to keep a person safe in case of suicidal thoughts or behaviours (e.g., My Safety Plan, by MHAutism; or HOPE, a suicide prevention app, by CAMH).

- ▶ The recommendations in this tool are based on the publication *Primary Care of Adults with Intellectual and Developmental Disabilities: 2018 Canadian Consensus Guidelines*, Canadian Family Physician, 2018, Vol 64: 254-279. In particular, guideline 30: Behavioural crises.

Name:

Date:

A - Crisis Debrief Invitation

A.1 Purpose of crisis debrief discussed with:

Patient family caregiver other:

A.2 Concerns to be addressed prior to the debrief:

A.3 People invited to attend the debrief: patient; caregiver(s); substitute decision makers; behavioral therapist, social worker, case manager, group home manager, direct support worker

A.4 Accommodations needed for the patient to attend the debrief (See About My Health^[vi] form if available): translation, virtual appointment, transportation support, other

A.5 Debrief meeting which will occur on: [dd/mm/yyyy]

A.6 Patient alerted to bring: list of current medications; discharge note; any papers given to them in the hospital

A.7 Information provided for local crisis supports:

A.8 Information provided about clinic hours/emergency contacts:

B - Crisis Debrief Appointment

B.1 Debrief preparation

Reviewed: Discharge summary consultation reports new referrals

B.2 Crisis description

Events leading to admission:

Patient was accompanied by:

Hospital discharge date (choose latest admission):

Discharge diagnosis: :

Changes to medications/ Timeline for reassessment/ Medication monitoring needs:

B.3 Current situation

Patient's current state of well-being:

Effects of new medications:

B.4 Contributing factors (see *HELP with Emotional and Behavioural Concerns*^[v])

Health:

Environment:

Lived experience:

Psychiatric disorder:

B.5 Current safety risks

Risks of abuse/neglect/exploitation:

Suicidal ideation; self-injurious behaviours; intent to harm others:

B.6 Keeping the patient safe

Triggers:

Warning signs:

Coping strategies:

C - Follow-Up and Monitoring

C.1 Key crisis contacts:

C.2 Local crisis supports:

C.3 Follow-up plan:

C.4 Next appointment: [dd/mm/yyyy]

A - Crisis debrief invitation

A1

Why a debrief meeting invitation?

- ▶ Explain the purpose of the debrief invitation to the patient/caregiver: to talk about a recent visit to the emergency department/hospital and consider what can be done to prevent further hospital visits.
- ▶ The hospital might have alerted the patient to a follow-up visit with their family doctor.

Conversation tip:

The invitation can be completed by the person on the primary care team who usually arranges clinical appointments or the person who is involved in the triage of appointments. If speaking directly with the patient with IDD, use simple language and provide adequate time for responses.

A2

What are the patient/caregiver's main concerns?

- ▶ Ask the patient or caregiver about urgent outstanding care needs while they wait for an appointment.
- ▶ If the patient declines the debrief, provide instructions for seeking emergency or non-emergency after-hours care.

Conversation tip:

The patient/caregiver might wish to talk about ongoing health concerns, outstanding prescriptions, referrals or other concerns. Explain that these concerns will not be addressed right now on this call, but will be discussed at the debrief appointment. Urgent issues can be relayed to the health care provider. Multiple concerns might warrant an earlier appointment. After-hours care may include on-call services, local crisis services or EMS telephone numbers. You can also inquire about connections with case managers or other allied health team members (behavioural therapists, counsellors) that provide after-hours care.

A3

Who else should attend the debrief conversation?

Consider inviting caregiver(s), substitute decision makers, care team members (e.g., behavioral therapist, social worker, case manager, group home manager, direct support worker).

Conversation tip:

If speaking directly with the patient, remember if they may have a substitute decision maker who might wish to be involved in a debrief visit. You may need to contact them separately. Consider that the patient may find meeting with a team of people anxiety provoking and prefer to talk with their doctor alone. Ask the patient who they trust and feel comfortable attending the meeting. Caregivers also may wish to express concerns without the patient present. A series of smaller meetings may be warranted in these situations.

A4

What type of support should be provided?

- ▶ Consider a virtual visit or telephone call for patients who would be more comfortable at home or who would have challenges getting to an appointment (e.g., transportation barriers).
- ▶ Arrange for a language interpreter as appropriate.
- ▶ Ask if communication aids would be helpful.

A5

When should I schedule a debrief meeting?

- ▶ Invite the patient and caregivers for a debrief within 2 weeks of an emergency department visit or within 1 week after discharged from inpatient hospital admission.

A6-8

What key information should I share with the patient before the debrief meeting?

- ▶ Alert the patient/caregiver to bring a list of current medications, discharge notes from the hospital, or any papers given to them in the hospital
- ▶ Local crisis supports
- ▶ Clinic hours/emergency contacts

Conversation tip:

After-hours care may include on-call services, local crisis services or EMS telephone numbers. You can also inquire about connections with case managers or other allied health team members (behavioural therapists, counsellors) that provide after-hours care.

B - Crisis debrief appointment

B1

What background information should be gathered for the debrief appointment?

Review: discharge summary, consultation reports, new referrals

B2

Discuss what happened during the crisis

- ▶ Ask about events leading to admission
- ▶ Talk about the admission event (who was there, what happened?)
- ▶ Hospital discharge date (choose latest admission)
- ▶ Discharge diagnoses
- ▶ Changes to medications

Conversation tip:

If possible, speak directly with the patient, allowing input from support people who have come to the appointment when appropriate.

Be mindful of the recent traumatic crisis experience. "I know that there was a visit to the hospital, and it was very hard. These things can sometimes happen more than once and talking about it can help us plan to make things work better if this happens again. Talking together now can also help us to try to keep this from happening again."

Some patients find it difficult to discuss traumatic events leading to hospitalization. Consider keeping this discussion brief. Avoid attempting to determine the cause of the event at the beginning of the visit.

Work together with support people and caregivers.

Avoid yes/no questions or leading questions.

B3

What happened since the hospital discharge?

- ▶ Patient's current state of well-being
- ▶ Effects of new medications

Conversation tip:

First, ask the patient directly. If the patient is able to provide consent, ask if you can ask their caregiver or other support people at the appointment how they think the patient is feeling. Discuss new medications (e.g., indications, are medications administered as prescribed, monitoring parameters for success, adverse effects).

Consider who will be the most responsible provider to follow up on medication effectiveness and the need for long term use of new medications. Consider long-term monitoring needs of medications and add appropriate reminders to the patient's chart.

B4

Identifying contributing factors See [HELP with emotional and behavioural concerns](#)^[v]

- ▶ Health
- ▶ Environment
- ▶ Lived experience
- ▶ Psychiatric disorder

Conversation tip:

The review of Health, Environment, Lived Experience, and Psychiatric disorders (HELP) as possible contributors to distress may take more than one visit to complete.

B5

Current safety risks See [Risk Assessment](#)^[iv]

- ▶ The patient and caregiver may raise ongoing concerns.

Conversation tip:

Assess risk of harm (suicidality, self-injurious behaviours, intent to harm others). Review protective factors and feasibility of current safety plans. If the situation remains unstable, urgent stabilization is warranted.

Assess patient safety in current environment, including risks of abuse, neglect, exploitation and alert appropriate authorities if needed.

B6

Keeping the patient safe See [My Coping Tool](#)^[ii]

- ▶ Triggers
- ▶ Warning signs
- ▶ Coping strategies

Conversation tip:

Review an existing safety plan and update accordingly. In case of a first crisis event, begin by focusing on the most recent event to identify triggers. Then, ask about other times the patient has become very upset and what may have precipitated those events. When discussing warning signs, review emotions (e.g., feeling sad, angry, frustrated or lonely), physical sensations (e.g., sweating, fast heartbeat, fatigue) and outward presentations of distress (e.g., restless/fidgety, less active/ lying down, louder voice or talking less).

C - Follow-Up and Monitoring

- ▶ Key crisis contacts
- ▶ Local crisis supports
- ▶ Summarize upcoming specialist appointments, tests, and date of the follow-up appointment
- ▶ Note the availability and date of the most recent crisis plan (e.g., [My Coping Tool](#)⁽ⁱⁱⁱ⁾) in the patient's CPP.

Conversation tip:

Provide instructions for seeking emergency or non-emergency after-hours care. Discuss with patient and caregiver(s) which crisis supports are available, or preferred.

For patients with recurrent crisis situations, consider referral to a psychiatrist with expertise in the care of adults with intellectual and developmental disabilities, if available.

Supporting materials

- i. **Initial Management of a Behavioural Crisis in Intellectual and Developmental Disabilities** Developmental Disabilities Primary Care Program of Surrey Place, Toronto, 2023
<https://ddprimarycare.surreyplace.ca/tools-2/mental-health/initial-management-of-behavioural-crisis-in-family-medicine/>
- ii. **My Coping Tool: How I Deal With Stress** Developmental Disabilities Primary Care Program of Surrey Place, Toronto, November 2023
<https://ddprimarycare.surreyplace.ca/tools-2/mental-health/my-coping-tool-how-i-deal-with-stress/>
- iii. **My Hospital Form: for Patients With Intellectual and Developmental Disabilities** Developmental Disabilities Primary Care Program of Surrey Place, Toronto, 2023
<https://ddprimarycare.surreyplace.ca/tools-2/mental-health/hospital-form/>
- iv. **Risk Assessment for Adults with Intellectual and Developmental Disabilities in Crisis** Developmental Disabilities Primary Care Program of Surrey Place, Toronto, 2023
<https://ddprimarycare.surreyplace.ca/tools-2/mental-health/risk-assessment-tool-for-adults-with-dd/>
- v. **HELP with Emotional and Behavioural Concerns in Adults with Intellectual and Developmental Disabilities** Developmental Disabilities Primary Care Program of Surrey Place, Toronto, 2020
<https://ddprimarycare.surreyplace.ca/tools-2/mental-health/guide-to-understanding-behaviour/>
- vi. **About My Health** Developmental Disabilities Primary Care Program of Surrey Place, Toronto, 2019

<https://ddprimarycare.surreyplace.ca/tools-2/general-health/about-my-health/>

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