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**ABSTRACT**

The shift in mental health delivery systems from a centralized to a decentralized community-based system requires quality service standards from both a professional and a service implementation viewpoint. The present paper sets forth the basic and preliminary structure for standards for crisis outreach services. Definitions are presented which include specific standards for personnel and program delivery categories. (Author)

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**STANDARDS FOR CRISIS INTERVENTION OUTREACH SERVICES\***

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I. Introduction

The development of standards in the mental health profession is not a new endeavor (See: Bibliography on Standards). With the shift in mental health delivery systems from a centralized to a decentralized community-based system, quality service standards for unique services require attention from both a professional and a service implementation viewpoint. The present paper sets forth the basic and preliminary structure for standards for crisis outreach services. Definitions are presented which introduce various standards that relate to personnel and program delivery categories. The development of these standards has been influenced by the standards suggested by the American Psychological Association and the American Psychiatric Association for mental health services.

The guiding set of principles that were followed in developing the standards for crisis outreach services included:

- A. A commitment to offering mental health services to anyone who is in crisis wherever they need such service.
- B. A commitment that a single set of standards governing outreach service be offered to all consumers.
- C. A commitment to protect the legal and civil rights of all consumers.
- D. A commitment that the crisis outreach service be available, accessible, acceptable and accountable 24 hours per day, seven days a week.
- E. A commitment that standards should not frustrate innovative treatment.

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These principles influenced the development of specific standards under categories of personnel and program. Before these categories and standards are set forth, a list of definitions are presented in order to place boundary limits on the area of crisis outreach services.

## II. Definitions

### A. A definition of crisis includes:

1. A significant turning point, a period of disorganization.
2. Time limited.
3. Coping habits are suspended.
4. Tension and anxiety are increased.

### B. Crisis Outreach is defined as a planned, measured, mobile, crisis counseling response to individuals and families who are in crisis and cannot obtain any other assistance.

The crisis outreach response may be in the form of a visit from a crisis outreach team into the community to provide appropriate assistance, crisis counseling, assessment of a crisis situation to determine the need for referral to and intervention by a helping agency, and telephone counseling and/or consultation.

### C. A Consumer is defined as anyone who wishes to utilize the services offered.

### D. Crisis Outreach Counselors are defined as anyone holding a Ph.D., M.D., M.A., M.S., B.A., or B.S. degree from an accredited university or college program which offers degrees in the helping services (Psychology, Social Work, Counseling, Rehabilitation Counseling) and has successfully completed crisis outreach training.

### III. Crisis Outreach Standards

#### A. Personnel.

1. Crisis Outreach Counselors shall originate lines of responsibility and accountability for delivering crisis outreach services. Further, they shall be responsible for developing written procedures for delivering services.
2. Crisis Outreach Counselors shall apply the appropriate knowledge in a socially useful and ethical manner to allow for optimal service to consumers.
3. Crisis Outreach Counselors shall be responsible for the surveillance of the quality of services provided to consumers by outreach staff through continuous review of service procedures, content, and consumer records.
4. Crisis Outreach Counselors shall increase their knowledge of crisis intervention techniques and make such knowledge available.
5. Crisis Outreach Counselors shall support and take part in research and evaluation in the area of crisis outreach services.
6. Crisis Outreach Counselors shall be responsible for developing cooperative relationships with colleagues in the community.

#### B. Program.

1. Crisis outreach services shall conform to all legal standards and laws established by the state and federal government.

2. Crisis outreach services shall include a written statement of philosophy, goals and objectives.
3. Crisis outreach services shall provide sufficient resources to support crisis outreach personnel to achieve the stated program goals and objectives.
4. Crisis Outreach shall provide the following services:
  - a. 24-hour-per-day, 7-day-a-week response capability.
  - b. Provide crisis counseling anywhere in the defined geographic area of responsibility.
  - c. Assessment of suicide and homicide potentiality.
  - d. Assessment of the appropriateness of issuance of mental health warrants.
  - e. Assessment of the need for intervention of other helping services.
5. A description of the methods to achieve the goals and objectives of the service shall include:
  - a. Who is eligible for the service and criteria for providing service.
  - b. The geographical area served.
  - c. Procedures for referral to other persons or agencies and follow-up of such referrals.
  - d. Identification of staff responsible for managing individual cases.
  - e. Evaluation procedures to determine acquisition of goals and objectives.

6. There shall be records maintained for every consumer utilizing crisis outreach services.
7. There shall be a system to assure confidentiality of all records with the intention of protecting the legal and civil rights of all consumers.
8. A crisis outreach service shall maintain written personnel policies and up-to-date employment records.
9. An in-service training program shall be provided to update the knowledge of crisis outreach service staff in the latest available treatment techniques.

#### IV. Summary

The purpose of this paper was to enumerate the preliminary structure and content for standards in the area of crisis outreach services. Implementation of crisis outreach standards may be easy or formidable depending on the individuals involved and the system that wishes to provide such a service. Regardless of the intricacy or sophistication of the delivery system, workers in the area should be sensitive to the potential impact and effects of providing service standards. A list of these effects would include:

- A. Enforcement of standards through national accreditation procedures.
- B. Facilitation of more useful legislative and regulatory action.
- C. Maintenance of quality training methods and content.
- D. Provision of a firm structure for service evaluation.
- E. Requirements of continuous review and revision of the standards.

To insure quality standards and to control the above effects, workers in the area of crisis intervention must continuously provide leadership and attend to influencing the process and procedures which establish standards in this area.

BIBLIOGRAPHY ON STANDARDS

Accreditation Manual for Psychiatric Facilities, 1972, Joint Commission on Accreditation of Hospitals, 645 No. Mich. Ave., Chicago, Ill.

Guidelines and Standards for Halfway Houses and Community Treatment Centers, U.S. Dept. of Justice and Law Enforcement, Asst. Admin., Technical Asst. Div., 1973.

Motto, J. A. Development of Standards for Suicide Prevention Centers. Bulletin of Suicidology, July, 1969.

Ross, C. P. & Motto, J. A. Implementation of Standards for Suicide Prevention Centers. Bulletin of Suicidology, Vol. 8, 1971.

Standards for Organized Nursing Services. New York: American Nurses' Assoc., 1965.

"Standards for Providers of Psychological Services". A.P.A. Monitor, Vol. 5, No. 2, February 1974.

Standards for Psychiatric Facilities. The American Psychiatric Assn., 1969.

Standards for Rehabilitation Facilities and Sheltered Workshops, U.S. Dept. of Health, Education and Welfare, Social and Rehabilitation Service, Rehabilitation Services Administration.

Standards for Social Service Manpower. National Assoc. of Social Workers.

"Standards for State Residential Institutions for the Mentally Retarded", prepared by A.A.M.D. Project on Technical Planning in Mental Retardation. American Journal of Mental Deficiency (monograph supplement), Vol. 68, No. 4, January 1964.

Standards for Strengthened Services, National Accreditation Council for Agencies Serving the Blind and Visually Handicapped, 79 Madison Avenue, New York, New York, 10016,

Standards Manual, Commission on Accreditation of Rehabilitation Facilities, Chicago, Ill.

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