

Tips for Crisis Evaluation of People with Intellectual Disabilities

Common acute presentations

1. New onset or escalation of existing behaviors or target symptoms
2. Any change from base line functioning
3. Changes in mental status:
 - Changes in mood, energy, sleep patterns, or ADLs
 - Lethargy or withdrawal
 - Hyperactivity
 - Confusion or disorientation
 - Clear psychotic symptoms

Crisis Evaluation suggestions

- **Evaluate people as quickly as possible;** long waits may cause behavioral deterioration
- **Conduct evaluation in a quiet private place;** seeing, hearing and being seen or heard by other patients may be frightening, distracting or over stimulating.
- **Use calming techniques with the person and caregivers and invite them to participate;** caregivers who are calm can assist in the evaluation by providing valuable information about baseline functioning, history and antecedents. The individual will feel reassured to have familiar caregivers during the evaluation.
- **Explain every step in the evaluation process simply and clearly.**
- **Primum non nocere (First do no harm). Unless absolutely necessary avoid restraint or seclusion;** these measures will only serve to increase an individual's distress.
- **Find out the reason for presenting at the crisis center.**
- **Remember, rule out medical and environmental causes before assuming psychiatric causes.**
- **Be alert for the vanishing problem.** A person who is agitated may calm down upon arrival; emergency treatment may be denied but caregivers may be fearful the return of symptoms. This situation creates a diagnostic dilemma because it is hard to treat unseen symptoms. Try to assess the underlying problem, look for the likelihood of recurrence and choose the appropriate intervention.
- **Avoid definitive diagnosis in the crisis setting.** Diagnostic determination with people who have intellectual disabilities should be undertaken over time with much input from the person and their caregivers. Not all problems can be solved in the crisis setting.

Adapted from Psychiatric Assessment of the Person with Mental Retardation: Van R Silka, MD and Mark J Hauser, MD; Psychiatric Annals 27:3/March 1997.

