**TRIAGE ASSESSMENT FORM: CRISIS INTERVENTION**

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**CRISIS EVENT:**

Identify and describe briefly the crisis situation:

**AFFECTIVE DOMAIN**

Identify and describe briefly the affect that is present. (If more than one affect is experienced, rate them in priority order.)

ANGER/HOSTILITY:

ANXIETY/FEAR:

SADNESS/MELANCHOLY:

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**Affective Severity Scale**1

Circle the number that most closely corresponds with client’s reaction to crisis.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No  Impairment | Minimal  Impairment | | Low  Impairment | | Moderate  Impairment | | Marked  Impairment | | Severe  Impairment |
| Stable mood with normal variation or affect appropri-ate to daily functioning. | Affect appropriate to situation. Brief periods during which negative mood is experienced slightly more intensely than situation warrants. Emotions are substan-  tially under client control. | | Affect appropriate to situation, but increasingly longer periods during which negative mood is experienced slightly more intensely than situation warrants. Client perceives emotions as being substantially under control. | | Affect may be incon-  gruent with situation. Extended periods of intense negative moods. Mood is experienced noticeably more intensely than situation warrants. Lability of effect may be present. Effort required to control emotions. | | Negative affect experi-enced at markedly higher level than situation warrants. Affects may be obviously incon-  gruent with situation. Mood swings, if occurring, are pronounced. Onset of negative moods are perceived by client as not being under volitional control. | | Decompensation or depersonalization evident. |

Triage Assessment Form: Crisis Intervention

**BEHAVIORAL DOMAIN**

Identify and describe briefly which behavior is currently being used. (If more than one behavior is utilized, rate in priority order)

APPROACH:

AVOIDANCE:

IMMOBILITY:

**Behavioral Severity Scale**

Circle the number that most closely corresponds with client’ reaction to crisis.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No  Impairment | Minimal  Impairment | | Low  Impairment | | Moderate  Impairment | | Marked  Impairment | | Severe  Impairment |
| Coping behavior appropriate to crisis event. Client performs those tasks necessary for daily functioning. | Occasional utilization of ineffective coping behaviors. Client per-  forms those tasks necessary for daily functioning, but does so with noticeable effort. | | Occasional utilization of ineffective coping behaviors. Client neglects some tasks necessary for daily functioning, performs others with decreasing effectiveness. | | Client displays coping behaviors that may be ineffective and mal-adaptive. Ability to perform tasks neces-  sary for daily func-tioning is noticeably compromised. | | Client displays coping behaviors that are likely to exacerbate crisis situation. Ability to perform tasks necessary for daily functioning is markedly absent. | | Behavior is erratic, unpredictable. Client=s behaviors are harmful to self and/or others. |

Triage Assessment Form: Crisis Intervention *(continued)*

**COGNITIVE DOMAIN**

Identify if a transgression, threat, or loss has occurred in the following areas and describe briefly. (If more than one cognitive response occurs, rate in priority order.){**Transgression**=something bad is happening in the present moment; **Threat**=something bad will happen; **Loss**=something bad has occurred.}

PHYSICAL (food, water, safety, shelter, etc.):

TRANSGRESSION THREAT LOSS

PSYCHOLOGICAL (self-concept, emotional well being, identity, etc.):

TRANSGRESSION THREAT LOSS

SOCIAL RELATIONSHIPS (family, friends, co-workers, etc.):

TRANSGRESSION THREAT LOSS

MORAL/SPIRITUAL (personal integrity, values, belief system, etc.):

TRANSGRESSION THREAT LOSS

**Cognitive Severity Scale**

Circle the number that most closely corresponds with clients reaction to crisis.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No  Impairment | Minimal  Impairment | | Low  Impairment | | Moderate  Impairment | | Marked  Impairment | | Severe  Impairment |
| Concentration intact. Client displays normal problem-solving and decision-making abilities. Clients perception and interpretation of crisis event match with reality of situation. | Clients thought may drift to crisis event but focus of thoughts is under volitional control. Problem-solving and decision-making abilities minimally affected. Clients perception and interpretation of crisis event substantially match with reality of situation. | | Occasional disturbance of concentration. Client perceives diminished control over thoughts of crisis event. Client experiences recurrent difficulties with problem-solving and decision-making abilities. Clients per-ception and interpreta-tion of crisis event may differ in some respects with reality of situation. | | Frequent disturbance of concentration. Intrusive thoughts of crisis event with limited control. Problem solving and decision-making abilities adversely affected by obsessiveness, self-doubt, confusion. Clients perception and interpretation of crisis event may differ noticeably with reality of situation. | | Client plagued by intrusiveness of thought regarding crisis event. The appropriate-ness of clients problem-solving and decision-making abilities likely adversely affected by obsessiveness, self-doubt, confusion. Clients perception and interpretation of crisis event may differ substantially with reality of situation. | | Gross inability to concentrate on anything except crisis event. Client so afflicted by obsessiveness, self-doubt, confusion that problem-solving and decision-making abilities have shut down. Clients perception and interpretation of crisis event may differ so substantially from reality of situation as to constitute threat to clients welfare. |

**DOMAIN SEVERITY SCALE SUMMARY –** Transfer the highest Number when you circled the number that most closely corresponded with clients reaction to crisis in all 3 of these areas:

Affective

Behavioral

Cognitive \_\_\_\_\_

Total \_\_\_\_\_

Triage Assessment Form: Crisis Intervention *(continued)*

**Additional Notes:**