

Operating a Crisis Residence Using the S.A.L.T.S. Model

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The Pennsylvania model of a Crisis Residence is a short term (5 to 10 days), eight bed, voluntary alternative to hospitalization. The Crisis Residence can accept individuals experiencing thought disorders, anxiety, mood disorders, depression, suicidal thinking, and relationship problems resulting from mental illness. Exclusions from services include an inability to contract for safety, the need for 24 hour nursing care, and a primary diagnosis of substance abuse or dependency. Residents take part in day-to-day activities such as meal planning and preparation, laundry, housecleaning, and recreational activities. There are at least two awake counselors on duty at all times. Counselors have a minimum of a bachelors degree and two years mental health experience. Services include crisis resolution, psychiatric evaluation, medication assessment and monitoring, individual, group, and family counseling, psycho-education, case management and medical assessment.

The S.A.L.T.S. acronym stands for Stabilization; Assessment; Linkage; Teaching, and Safety plan. It's a crisis intervention model developed at New Perspectives Crisis Services and leans heavily on the work of Abraham Maslow, Richard Lazarus & Susan Folkman, Marsha Linehan, Patricia Deegan and Mary Ellen Copeland. This workshop will present the use of this model in the daily operation of a Crisis Residence. Specific activities will be discussed including creating a safe and secure community, defusing, event focus, carrying the hope, perceived stress minus coping, outcome measurements, coping skills inventory, connecting to needed services, DBT, Personal Medicine, modified W.R.A.P., Crisis Resolution Plan, medication compliance, relapse prevention, recovery issues.

Outcomes for this program include:

- 96 to 98% of residents self report at least a 75% improvement in symptoms related to depression, anxiety and self esteem.
- Brief Psychiatric Reporting Scale (staff measured) 94% of residents show at least an 85% improvement in symptoms Discharge vs. Admission
- < 3% hospitalized within 30 days of admission
- < 5% hospitalized within 60 days of admission