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DHHS: Crisis Team
LD 2067

My name is Hilary Carley. I have been on the crisis team for over 10 years. Prior, I worked as a correctional officer for DOC, which has this 25/55 plan, so I come with a unique perspective.

While working for DOC, we were put in very dangerous and stressful situations. There are things many people should not see and few can handle mentally. We also had a lot of support during and after these situations. We had other officers, nurses, councilors to name a few.

As a crisis worker, we are also put in some of the same stressful and dangerous situations. Some could even argue that the situations are more dangerous. In the prison they are limited in their tools for self-harm or assaultive behaviors, even if some are creative. In the community, they are able to get tools such as medications, needles and firearms to hurt themselves or others. We go into their homes or visit them in the community. We have to make quick life changing decisions usually solo or with one other crisis worker. Some of the places we go are off grid or in out of service areas so even requesting backup from other such as law enforcement or ambulances can be tricky.

Our job also does not end with the original crisis. In the hospital or prison, they are there for a short stay. However, our clients are our clients from the time they turn 18 until they pass away, hopefully at an old age. We visit them, we support them and try to build a positive working relationship with each client so that we can prevent these dangerous crisis situations.

Personally, I would say that we are very successful. However, there are some incidents, years later, we still carry with us. For example, we had a client elope from the crisis house, through the forested marshy area and run towards the highway with the intent of being hit by a car. Due to the terrain, even the safest choice was unsafe. We were lucky to stop the client, but it was in the breakdown lane on the highway. We had to not only restrain the client but also call 911 while she was actively trying to break the restraint. We had to make sure that not only we were safe, the client was safe but in the back of our mind what all the cars on the turnpike saw and experienced while driving. We did not want to cause an accident because what drivers were witnessing was unexpected and might be traumatic. We thankfully were successful this day and everyone was able to remain unharmed, but years later I still think about this day. We had to finish our shifts and we were not offered de-briefing or therapy after. The other crisis worker who was participating was so traumatized they quit the following day. This work takes a toll on our us mentally and physically. We are asking for this 25/55 plan to help keep us doing the best job we can while being mentally and physically able to.

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