

Thanks to movies and tv, one is able to get a glimpse of what the inside of a prison or psychiatric hospital may look like. As for a Crisis home in the State of Maine, one can only imagine. All four of our homes, spread across the state, are pretty much all the same. Small, three-bedroom homes. Two bedrooms are occupied by a rotation of Clients. The third serves as an office where Client's documentation and medication are stored. There are no locks on the exterior doors or windows. The only areas of the home that are locked from free access are the office and basement. The living room and kitchen are set up like your average home. The Crisis homes operate under the same Clients Rights and Regulations, HCBS, as all other "group homes" within the state. As in any such home, Clients are able to live their best life within their rights. In our Crisis House, we Crisis Workers, working in the capacity of a care-giver, have zero ability to enforce basic guidelines such as regular bathing, keeping one's bedroom clean and free of bug attracting food mess, hand-washing prior to handling common food in the kitchen, smoking in designated outdoor areas and not in bedroom, and cleaning up after oneself. As the Clients have the right to refuse to follow any of the aforementioned guidelines, it is the responsibility of the Crisis Workers to step in and complete these tasks.

Our Crisis homes are staffed 24/7. Crisis Workers take turns as our schedule dictates. They are not only one of our work locations, but a second home where a significant portion of our work time is spent. Crisis Workers are responsible for all aspects of running the home from plunging a clogged toilet to managing medication and medical needs. All of this is done while maintaining the health and safety of the milieu. You may have already had the opportunity to hear about safety concerns and stressors that occur while working out in the community. I would like to share the stressors and safety concerns that occur on the regular in one of our primary work locations. It is not uncommon for our houseguests to have certain maladaptive behavior issues. This being said, following rules and guidelines is often not their priority. What this means for those of us working in the home is managing and coping with, said behaviors. The following are some recent examples of real experiences that have occurred in our Crisis house down in Gray: Houseguest ignores requests to keep food and drink out of bedroom, leading to a floor covered with food waste, dirty plates, and garbage. Amongst the trash are bottles of urine, as the houseguest did not feel like getting up to use the restroom. Houseguest refuses to clean room or allow Crisis Worker to enter and do so. Houseguest takes advantage of free access to the kitchen by riffling through and spreading large amounts of food across the counters in order to cook a meal. When requested to clean up after this, the Houseguest wipes all remnants left on counter onto the floor, piles all pots and pans in the sink, then walks away. This of course being an improvement to the "f*ck you, you do it!". This repeats the following day, as there are no consequences that would prevent them from doing the same.

Imagine yourself in this position. Crisis Workers must suppress any feelings of frustration or anger. We simply must smile and assure that all is clean and safe for our relief at the end of our shift.

Other maladaptive behaviors that have been experienced on a regular basis are being yelled at, spit on, hit, and being told to “f*ck off” while a houseguest does as they please. Crisis Workers spent their time with people who are at their worst, ie. “in crisis”. We are often the inevitable target of their worst behavior. It is not uncommon for Crisis Workers to spend their house shift walking on eggshells to keep houseguests from exhibiting said behaviors. During this time our bodies, not only our minds, are pummeled by the effects of stress. This builds on itself as each house shift passes.

Imagine experiencing the stress and anxiety that comes with trying to keep someone from exploding for a twelve-hour stretch. When this happens, Crisis Workers manage the situation within these small homes without locks or safe rooms. There are no immediate back up supports.

For especially challenging houseguests we will pull in a second Crisis Worker from the field. Even then, safety is not guaranteed. Six years ago, a houseguest attacked a coworker of mine during our shift. This houseguest had pinned the 60 year old Crisis Worker on the floor and was attempting to bite her in the face. I was able to intervene so my coworker was able to avoid injury. Unfortunately, the houseguest connected with my arm in the process. I had a significant, skin-breaking bite taken out of the soft area near my elbow on the inside of my forearm. Today I have a half moon shaped scar that is just over 2” long and 1” wide. I also have a very noticeable 2.5” long scar on the back of my right hand from being clawed at by a houseguest over ten years ago. There’s nothing that can be done to hide these scars, minus expensive plastic surgery that I certainly cannot afford.

Fortunately, not all Crisis Workers have experienced situations that resulted in physical scarring or damage. There are many, though. What I can be certain of is that **ALL** Crisis Workers have experienced significant mental and emotional effects in some way while on the job. It’s simply unavoidable.

I am 55 years old. I have been working with children and adults with developmental disabilities for over thirty years. I’d like to think that I’m pretty good at what I do. I can attribute my success to my patience, knowledge, and sense of humor. I feel like I have an excellent grasp on utilizing healthy coping skills when needed. Regardless, I have not been able to dodge the mental and emotional consequences that have come with this line of work. I cannot say with certainty that high blood pressure, headaches, problems sleeping, and digestive issues are due to my career choice. However, these are proven physical ailments that are directly related to the “fight or flight” and heightened cortisol effects of stress. For me, personally, the greatest consequence that I can

identify with confidence is anxiety. This is why I am writing to you folks today and not speaking to you in person.

I am 55 years old and have 19 years as a Crisis Worker. The 1998 Special Retirement Plan does not have a significant impact on someone with those numbers. I have seen over a dozen coworkers retire at the age of 62. As I look at my newer, younger coworkers with the majority of their career ahead of them, I can only hope that they have the opportunity to retire in better circumstances than their predecessors. Most importantly, this opportunity will allow for keeping the very best employed in this field of which there is such dire need.

I appreciate all of you and your time.

Pam Libby

Portland Crisis Team