

# CRISIS PLAN WORKSHEET

**Plan Date:**

**DOB:**

**Name:**

**Age:**

**Parent Name:**

**Phone:**

**Current Placement:**

**Diagnosis:**

**Medication:**

**Respite Home:**

**Back-up Home:**

## **Background Information:**

(Include best approaches to support parents/family during crises, using the prompts below.)

Parents/Care-givers:

Child:

## **Anticipated Problems (Home, School and Community):**

(Suicidal intentions, self-harm/mutilation, aggression, assault, property destruction, theft, substance/medication abuse, sexual activity/acting out, animal cruelty, isolation, fire setting, runaway, medical problems, use of weapons, etc.)

## **What approaches are most useful:**

(Nurturing, confrontive, directive, supportive, matter-of-fact, interactive, active, solitary, quiet, stimulating, etc.)

Parents/Care-givers:

Child:

## **Hospital Procedure (Who will hospitalize, assess for hospitalization):**

(Legal guardian must approve hospitalization...contact OFC if child is a ward.)

## **Recommended Interventions (Home, School and Community):**

(Quiet time alone, journaling, relaxation/breathing exercises, going for a walk, putting hands under cold water, listening to music, calling a friend/therapist/pastor, exercising, cold ice pack, art work, talking with an adult, reading, shower or bath, etc.)

Parents/Care-givers:

Child: