

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: