

CHILD Short-Term Crisis Intervention Plan

Child /Family Information:

Child's Name:	D.O.B.	Diagnosis(s)	Date of Plan:
Medications:	Dosage:	Physician Name / number	Pharmacy Name / Number
Mother's Name:	Phone(s)	Father's Name:	Phone(s)

Description of child/family strengths:

Description of immediate child/family needs:

Safety Concerns:

Treatment Choices:

Interventions preferred:

Interventions that have been used:

Interventions that should be avoided:

Professional involvement:

Psychiatrist Name / Phone:	Therapist Name /Phone:	School Contact / Phone:	Case Mgr Name / Phone:
Crisis Team Phone:	Family Doctor Name / Phone:	Hospital Name / Phone:	Other:

Supports to use in crisis resolution:

Name / Phone:	Name / Phone::	Name / Phone:	Name / Phone:
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Resources:

Advocacy Group:	Support Group:	MH Agency:	Other:
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CRISIS Response Action Plan

Understanding Crisis and Behaviors – In order to better understand your current crisis, look at the events that contributed to where you are at in your life. This should be done with a mental health practitioner or professional.

	What happened? (ID problem)	What was happening before? (precipitating event)	What happened next? (Chain of events)	What were the consequences? (effect of behavior)	What are the solutions? (note each place the behavior could b changed)
3 weeks ago					
1 week ago					
Yesterday					
Today					

**Look at the chain of behaviors following the prompting event & circle areas that might have contributed*

I / We agree to the above interventions goals and commitments:

Parent Signature

Date

Child/Youth Signature

Date

Crisis Staff signature

Date

Crisis Staff Signature

Date