

**COMIRB #:** 17-0845

**Project Title:** Assessing the Utility of a Crisis Plan for Individuals with Neurodevelopmental and Behavioral Dual Diagnoses

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# Crisis Plan Template

This Crisis Plan template is meant to help you and your family identify, prepare for, and prevent behavioral crises with your son or daughter. The recommended components of the template include:

**Quick Handoff Form:** This page is meant to be used as a quick information form that can be given to anyone who may interact with your son or daughter in a crisis. Examples include first responders, teachers, babysitters, and hospital/clinic staff. If possible, it is advised to give these forms to these people in advance, so they may read it and learn about your son or daughter prior to a crisis.

**Planning:** This section is meant to be completed during a time of calm. You are encouraged to include the opinions of other family members and if possible, a professional who knows your son or daughter well. This section should help you identify the triggers, de-escalation techniques, and crisis events specific to your son or daughter and family. These answers can be used to complete the "Step by Step Crisis Plan Section."

**Step by Step Crisis Plan:** This is your actual Crisis Plan. It is divided into three stages of crisis: prevention, escalation, and full crisis. You will describe what each stage may look like for your son or daughter and then list what each member of the family should be doing during each stage. These two pages should be placed somewhere that is visible to all family members and can be easily accessed during a crisis.

**Reflection:** The final section is a place for reflection following a crisis. This information can be used to adjust the Crisis Plan if necessary.

Today's Date \_\_\_\_\_

# Quick Hand-Off Form: About Us

<b>Name of son or daughter:</b>	<b>Date of Birth:</b>	<b>Gender:</b>
<b>Address:</b>		<b>Phone Number:</b>
<b>Mental Health/Behavioral Diagnoses:</b>	<b>Current Medications and Dosage:</b>  <b>During a Crisis, these medications help my son or daughter:</b>	
<b>Other Medical Problems:</b>	<b>Allergies:</b>	

**Interacting with My Son or Daughter:**

Because of [Insert son or daughter's name] diagnoses, he/she will act and respond differently than others. Please use these tips when interacting with my son or daughter:

**My son or daughter is verbal/non-verbal. Please communicate with my son or daughter by:**

- 

**Please avoid doing/saying this:**

- 
- 

**Things that help calm my son or daughter:**

- 
- 
- 

**Things that will upset my son or daughter:**

- 
- 
- 

**Typical behaviors of my son or daughter while they are in crisis.**

- 
- 
- 

**Other things to know or expect about my son or daughter when they are in a crisis:**

-

Today's Date \_\_\_\_\_

# Planning

Describe what a crisis looks like and feels like to you.


How does your son or daughter's behavior differ from other times in his or her life? How do you respond? Does it help?

Behavior During a Crisis:	Trigger for Behavior (if known):	What I did:	Was it helpful?

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In a previous crisis, what community supports have you received, or what resources have you utilized, and what did you find helpful?

Supports:	What Was Helpful:

What other adults do you trust to help you in times of crisis?

Name:	Contact Info:

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# Crisis Plan

Keep this plan in a visible place that can be quickly referenced in a crisis!

Fill this out with your entire family to prepare you for the possibility of a crisis. If possible, it may also be helpful to have someone on your child's care team (Primary Care Provider, Counselor, Psychiatrist, Mental Health Professional, etc.) review your completed plan.

Stage of Individual's Behavior	Recommended Parent Response
<p><b>Stage 1: Prevention</b> Early warning signs that individual is becoming increasingly distressed.</p> <p>Warning Signs:</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<p><b>Remain calm and work to de-escalate.</b> De-escalation techniques:</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul> <p><b>Consider if proper medications have been given or can be given now.</b> Medication: _____</p>
<p><b>Stage 2: Escalation</b> Signs that individual is progressing towards a behavioral crisis.</p> <p>Warning Signs:</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul> <div style="text-align: center; margin-top: 20px;">  </div>	<p><b>Speak calmly and directly.</b></p> <p><b>Continue De-escalation Techniques.</b></p> <p><b>Consider calling therapist or Crisis Hotline for help.</b></p> <ul style="list-style-type: none"> <li>• Crisis Hotline: 1-844-493-TALK (8255)</li> <li>• Health Care Provider: _____</li> </ul> <p><b>If able, transport to Crisis Center:</b> Nearest Crisis Center: _____</p> <p><b>Ensure safety – see chart below.</b></p>
<b>Individual:</b>	<b>Safety Plan:</b>
Son or daughter in crisis:	

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Siblings:	
Parent 1:	
Parent 2:	
Other:	
<p><b>Stage 3: Crisis</b>            Situation has escalated to the point that safety of patient, others, or environment is at risk.</p> <p>Warning Signs:</p> <ul style="list-style-type: none"> <li>• Individual is harming self or others</li> <li>•</li> <li>•</li> </ul> 	<p><b>Continue to ensure safety.</b></p> <p><b>Call 911 for Help:</b></p> <ul style="list-style-type: none"> <li>• Ask for a Crisis Intervention Trained (CIT) officer</li> <li>• Provide the first responder with the information in the quick hand off form to assist them in communicating with your son or daughter</li> </ul> <p><b>If able, transport to Nearest Emergency Room.</b>            Nearest ED: _____</p> <ul style="list-style-type: none"> <li>• Take crisis kit.</li> </ul>

**Emergency Contacts:**

Emergency Contact Name:	Relationship:	Contact Info:

**Provider List: (include physicians, therapists, or anyone who provides services for you)**

Name:	Role:	Contact Info:

Today's Date \_\_\_\_\_

# Reflection

**A few days after the crisis has resolved, please take some time to reflect on what happened.**

Do you know what triggered this crisis (consider change in routine, illness, lack of sleep, etc.)?


What did you try? What worked or did not work?


What happened? Who was called (police, ambulance)? What was the end result?


What could be done differently next time? (For example, does your environment need to be altered to make it safer for your son/daughter or the rest of your family?)


Do you think your son or daughter's current medications and treatments (including therapies and services provided) are still helping?


**If necessary, try to go back to review and alter your original Crisis Plan based on your reflections.**