



Mental Health Crisis Planning for Families

Learn to recognize,
manage, prevent and
plan for your child's
mental health crisis



800 Transfer Road, Suite 31
St. Paul, MN 55114
Phone: 651-645-2948
Toll Free: 1-888-NAMI HELPS
Fax 651-645-7379
E-mail: nami-mn@nami.org
Web: www.namihelps.org



Mental Health Crisis Planning for Families

Learn to Recognize, Manage, Prevent and Plan for Your Child's Mental Health Crisis

A mental health crisis is just as important to address as any other health care crisis. It can be difficult to predict just when a crisis will happen, and it can occur without warning. A crisis can occur even when a family has followed a crisis prevention plan and used techniques taught to them by mental health professionals.

We all do the best we can with the information and resources we have available at the time of the crisis. Some days we can handle more than other days; this is normal and to be expected when raising a child with challenging behaviors. You may need help when you have exhausted all your tools or means of coping with the crisis.

This booklet will help you understand what can cause a crisis, the warning signs of a crisis, the strategies to help de-escalate a crisis, resources that may be available and how to create a crisis plan. Information on communication and advocacy skills for families is included along with a sample crisis plan. The term *child* is used throughout the booklet and refers to both children and adolescents.

RECOGNIZE

What is a mental health crisis?

Any situation in which the child's behaviors puts them at risk of hurting themselves or others and/or when the parent isn't able to resolve the situation with the skills and resources available.

What causes a mental health crisis?

Many things can lead to a mental health crisis. Increased stress, changes in family situations, bullying at school or substance use may trigger an increase in behaviors that lead to a mental health crisis. Medical illnesses can also affect mental health and can lead to a crisis. Any of these things can be difficult on someone, but they can be more difficult for someone with a mental illness, especially a child who probably doesn't understand their illness and the symptoms which may appear suddenly.

Here are some examples of situations or stressors that can trigger a mental health crisis:

Home or Environmental Triggers

- Changes to family structure; parents separate, divorce or remarry
- Loss of any kind, family member or friend due to death or relocation
- Loss of family pet
- Transitions between mom's and dad's home
- Strained relationships with step-siblings / step-parents
- Changes in friendships
- Fights or arguments with siblings or friends
- Conflict or arguments with parents

School Triggers

- Worrying about tests and grades
- Overwhelmed by homework or projects
- Feeling singled out by peers or feelings of loneliness
- Pressures at school, transitions between classes and school activities
- Bullying at school
- Pressure by peers
- Suspensions, detentions or other discipline
- Use of seclusion or restraints
- Misunderstanding by teachers who may not understand that the child's behavior is a symptom of their mental illness.

Other Triggers

- Stops taking medication or misses a few doses.
- Starts new medication / new dosage of current medication
- Medication stops working
- Use of drugs or alcohol abuse
- Pending court dates
- Being in crowds / large groups of people
- Changes in relationship with boyfriend, girlfriend, partner

What are the warning signs of a mental health crisis?

Sometimes families or caregivers observe changes in a child's behavior that may indicate a crisis may be impending; while other times the crisis occurs suddenly and without warning. You may be able to de-escalate or prevent a crisis from happening by identifying the early changes in your child's behavior, an unusual reaction to daily tasks, an increase in

their stress level, etc. Families may want to keep a journal or calendar documenting what preceded the behaviors that are of concern.

Here are some warning signs of a mental health crisis:

Inability to cope with daily tasks

- Doesn't bathe, brush teeth, comb/brush hair
- Refuses to eat or eats too much
- Sleeps all day, refuses to get out of bed
- Doesn't sleep

Rapid mood swings

- Increase in energy
- Inability to stay still, pacing
- Depressed mood

Increased agitation

- Makes verbal threats
- Violent out-of-control behavior
- Destroys property
- Cruel to animals

Displays abusive behavior

- Hurting other
- Cutting self
- Alcohol or substance abuse

Loses touch with reality (psychosis)

- Unable to recognize family or friends
- Confused thinking, strange ideas
- Thinking they are someone they are not
- Not understanding what people are saying

Isolation from school, family, friends

- No or little interest in extra-curricular activities
- Changes in friendships
- Stops attending school, stops doing homework

Unexplained physical symptoms

- Eyes or facial expressions look different

- Increase in headaches, stomach aches
- Complains they don't feel well

MANAGE

What to do in a mental health crisis?

When a mental health crisis or behavioral emergency occurs, parents often don't know what to do. A crisis can occur even when a parent has used de-escalation techniques or other options to address the crisis. It's often nobody's fault. Children's behaviors and crisis situations can be unpredictable and occur without warning.

If you are worried that your child is in or nearing a crisis, you can seek help in a number of ways. Before choosing which option to pursue, assess the situation. Consider whether your child is in danger of hurting themselves, others or property. Consider whether you need emergency assistance, guidance or support.

De-Escalation Techniques

Children cannot always communicate their thoughts, feelings or emotions clearly or understand what others are saying to them during a crisis. As a parent it is important to empathize with your child's feelings, help de-escalate the crisis, and to assess the situation to determine if you need emergency assistance, guidance or support. Seek outside resources or help when your actions are not helping.

De-escalation techniques that may help resolve a crisis:

- Keep your voice calm
- Use short sentences
- Listen to their story
- Offer options instead of trying to take control
- Ask how you can help your child
- You may want to avoid touching your child
- Remain calm, avoid overreacting
- Move slowly
- Don't argue or shout
- Express support and concern
- Keep stimulation level low
- Avoid eye contact

- Be patient and accepting
- Announce actions before initiating them
- Give them space, don't make them feel trapped

If you haven't been able to defuse the crisis yourself you may want to seek additional help. Trained mental health professionals can assess a child to determine the level of crisis intervention required and may refer families to short-term crisis stabilization services or hospitalization if appropriate. Often a trained mental health professional can help a family de-escalate a crisis before it occurs.

Remain as calm as possible and continue to seek guidance and support until the crisis is resolved. **Most importantly – safety first! In a crisis situation, when in doubt, back off or get out.**

Not in immediate danger

If you do not believe your child is in immediate danger, call a psychiatrist, clinic nurse, therapist, case manager or family physician that is familiar with the child's history. This professional can help assess the situation and offer advice. The professional may be able to obtain an appointment or may be able to admit the child to the hospital. If you cannot reach someone and the situation is worsening, do not continue to wait for a return call. Take another action, such as calling your county mental health crisis team. **If safety is a concern, call 911.**

Mental Health Crisis Phone Lines and Crisis Response Teams

In Minnesota, each county has 24-hour access to mental health crisis phone assistance for both adults and children. Some 24 hour phone lines provide service to more than one county. These crisis lines are answered by trained workers who assist callers with their mental health crisis, make referrals, and contact emergency services, if necessary. There is no charge for this service which is available to all persons in Minnesota.

In addition to 24-hour crisis phone lines, some counties are also covered by a mobile crisis response team. Some crisis teams cover more than one county. All children's mental health county crisis teams may provide short-term intervention and stabilization services for children between birth to 21 years of age that are experiencing an emotional or behavioral crisis. A child does not have to have a mental health diagnosis to receive crisis services.

Crisis teams are available 24-hours a day, seven days a week, 365 days a year to help de-escalate the immediate crisis. Crisis teams help families develop a plan to provide practical behavioral strategies to address the short term needs of the child. They may assist the family in identifying the issues that led to the crisis and suggest ideas to avoid a crisis in the future. Crisis teams will also help identify possible resources and supports to help the child or family.

County mental health mobile crisis response teams are expected to be mobile and meet families at their home, child's school, community centers, library, clinic, anywhere the family feels most comfortable or where the child is. They can also help families develop and write a crisis plan, provide phone consultation and support, and help in non-urgent situations where their guidance can prevent a future crisis. Response times for mobile teams can vary depending on your location and the location of the mobile team staff.

Crisis teams employ licensed mental health professionals and mental health practitioners who have bachelors and master's level training. Each county mobile crisis team provides on-going training for staff and when needed consultation with outside mental health professionals. Counties vary in having staff who can speak languages other than English, but they all offer interpreter services. Families who need an interpreter may have to wait additional time to receive crisis services depending on the availability of interpreter services.

When you call your county mental health crisis team they will triage the call to determine the level of crisis service needed. If the child is in immediate danger to themselves or others, the crisis team will refer to 911 and have law enforcement respond. If the situation is non-urgent the crisis team will assess the level of intervention required: information and referral, phone consultation, an emergency room visit or an immediate site visit.

The crisis team will need to ask questions to determine how to best help you and your child. They may ask you for your name, a phone number to call in case you are disconnected, the nature of the problem, if safety is a concern, if the child has hurt himself, what caused the crisis, the child's mental health or hospitalization history (if any), if you are currently using mental health resources and your medical insurance information. Crisis teams will respond and address the situation regardless if someone has insurance. If you have insurance the crisis team will bill

your insurance company for services they provide. Families will not be turned away or refused services for lack of insurance.

When crisis staff make a site visit expect them to conduct a safety assessment to determine if the child is at risk of harm. They may decide to have law enforcement respond, that a child should be seen at the nearest emergency room or to direct admit the child to the sub-acute unit at Fairview Riverside for ongoing care and treatment. The crisis team may do a diagnostic assessment and make on-going recommendations for crisis stabilization services.

Short-term interventions provided by the county crisis teams may include plans that help the family provide behavioral strategies to prevent future crisis, identify short-term safety needs, referrals to mental health providers and/or mental health agencies.

Stabilization services may be available for up to 14 days after crisis intervention. Stabilization involves the development of a treatment plan that is driven by the diagnostic assessment and the family's need for services. It must be medically necessary and must identify the emotional and behavioral concerns, goals and objectives. The treatment plan will also identify who is responsible for the interventions and services, the frequency or service intensity needed and the desired outcomes.

Stabilization services may also include brief solution-focused strategies, referrals to long-term care agencies, crisis psychiatric appointments, coordinated crisis plans and a referral for the counties children's mental health case management services.

In Immediate Danger

If the situation is life-threatening or if serious property damage is occurring, **call 911** and ask for law enforcement assistance. When you call 911, tell them your child is experiencing a mental health crisis and explain the nature of the emergency. Telling the law enforcement agency that it is a crisis involving a child with a mental illness increases the chance that they will send an officer trained to work with people with mental illnesses. Be sure to tell them – if you know for certain – whether your child has access to guns, knives or other weapons.

When providing information about a child in a mental health crisis, always be very specific about the behaviors you are observing. Instead

of saying “my son is behaving strangely,” for example, you might say, “My son hasn’t slept in three days, he hasn’t eaten anything substantive in over five days, and he believes that the someone is talking to him through his iPod.” Report any active psychotic behavior, huge changes in behaviors (such as not leaving the house, not taking showers), threats to other people and increase in manic behaviors or agitation (pacing, irritability). You need to describe what is going on right now, not what happened a year ago. Finally, in a crisis situation, remember: **when in doubt, back off or go out**. Do not put yourself in harm’s way.

Law Enforcement Response

When the law enforcement officer arrives, provide them with as much relevant and concise information about your child as you can, including the child’s:

- Diagnosis
- Medications
- Hospitalization history
- Previous history of violence or criminal charges

If the child has no history of violent acts, be sure to point this out. Lay out the facts efficiently and objectively, and the officer will decide the course of action.

Remember once 911 has been called and the officer arrives on the scene, you do not control the situation. Depending on the law enforcement officer involved, they may take your child to detention instead of to a hospital emergency room. Law enforcement officers have broad discretion in deciding whom to arrest, whom to hospitalize and who to ignore. You can encourage and advocate for the law enforcement officer to view the situation as a mental health crisis. Be clear about what you want to have happen without disrespecting the law enforcement officer’s authority. But remember, once 911 is called and law enforcement officers arrive on the scene, they determine if a possible crime has occurred and they have the power to arrest and take into custody a person that they suspect of committing a crime.

Law enforcement can (and often does) call the county mental health crisis teams for assistance in children’s mental health crises. The crisis team may assist police in deciding what options are available and appropriate for the child and their family. The crisis team may decide to respond with law enforcement. The police may decide to transport the

child to the emergency room.

Some counties have CIT Officers. CIT stands for Crisis Intervention Training. CIT officers are specially trained officers who have received additional education and training to recognize and work with individuals who have a mental illness. CIT officers have a better understanding that a child’s behaviors are the result of a mental illness and how to help de-escalate the situation. They recognize that those with mental illnesses are sometimes in need of a specialized response.

Emergency Room

When you bring your child to the Emergency Room, it is important to know it does not guarantee admission. The admission criteria vary and are dependent on medical necessity as determined by a doctor. County mental health crisis teams can assist with the triage process and refer a child to the hospital for assessment. It may be easier to have your child admitted to the hospital if the county crisis team makes the referral and assists in the triage process. County mobile crisis teams do not typically transport children to emergency rooms; if transportation is needed the crisis team may contact paramedics or law enforcement or request that you provide transportation.

When families arrive at the emergency room they should be prepared to wait several hours. You may want to bring a book, your child’s favorite toy, iPod, game or activity if that helps the child stay calm. If parents have developed a crisis kit they should bring a copy with them to the emergency room or hospital. See page 16 of this booklet to learn about crisis kits.

If your child is not admitted to the hospital and the situation changes when you return home, don’t be afraid to call the crisis team back. The crisis team will re-assess the situation and make recommendations or referrals based on the current situation. Your child may meet the criteria for hospital admission later.

Emergency Holds *(a term used under the commitment law)*

Sometimes a person with a mental illness creates such a risk of injury that he/she must be held in custody before a petition for commitment can be filed or before the pre-petition screening team can review the matter. In these cases an emergency hold can be placed to temporarily confine the person in a secure facility like a hospital. Emergency holds last for 72 hours each (not including weekends and holidays). An emer-

agency hold doesn't necessarily result in starting the commitment process it only serves as a way to assess the individual to determine if commitment is necessary.

You should know that the commitment law is for people ages 18 and over. Minnesota laws are confusing about how commitment applies to teenagers ages 16 and 17. Some counties apply the commitment law to teenagers at these ages, providing all the due process requirements. Other counties may allow parents to consent to treatment, use juvenile courts or even use the CHIPS petitions for 16 or 17 year olds that are refusing treatment. Because the practice varies so much, check with your county.

PREVENT

It is possible for children who live with a mental illness to become ill even when they are following their treatment plan; however, the best way to prevent a crisis is to have a treatment plan that works and is followed. It is also important to understand that children change as their brains mature and medications that were working can suddenly stop working. Behaviors change. New behaviors occur. Parents can help prevent a crisis by noting changes in behaviors. Parents may want to document behaviors by keeping a journal, making notations on a calendar or listing common occurring behaviors. It is important to remember to note changes and early warning signs because they might be an indicator that a crisis could occur.

In order to prevent a crisis, it's also important to ask yourself:

- What situations have led to a crisis in the past?
- What has worked to help reduce my child's stress or to avoid a conflict in the first place?
- What steps can I take to keep everyone safe and calm?
- Whom can I call for support in a crisis or to help calm the situation?
- Should I consider a medic alert tag or bracelet for my child?
- What skills could I or my child learn and practice to reduce the impact of future crisis?
- Have I developed a crisis intervention plan? Does it need to be updated?
- What can I do to reduce family stressors?
- Have I utilized all available resources?

LEAP Method

Dr. Xavier Amador, in his book, *I am Not Sick, I Don't Need Help*, outlines a communication skill that can be used in times of crisis and as a way of engaging your child in calming down during a crisis. It is called the L.E.A.P. method. LEAP stands for Listen, Empathize, Agree, and form a Partnership. It is a family-friendly version of a form of therapy called Motivational Enhancement Therapy.

Listen – the goal is to listen to your child's needs without making judgment, to understand their point of view and to use reflective listening to state back to your child that you understand (not necessarily agree) what they said or need.

Example: I heard you say that you are not going to take your medication any more. I understand that your sister is being annoying and you want to hit her. I see that you are very angry with me and hear that you don't want to talk right now.

Empathize – if you want your child to consider your point of view, it is necessary for you to understand theirs. This is not the same as agreeing with your child; it's about empathizing with them about how they feel.

Example: I would be upset too if my sister played my video game without asking my permission. I would be mad if I got a C- on my test after I studied two hours for the test.

Agree – find common areas on which both you and your child can agree. Acknowledge that your child has personal choices and responsibility for the decisions he/she makes about their behaviors and the consequences of those choices.

Example: I heard you say that your sister is arguing with you and I heard you say that you want to hit her. Of course, you feel like hitting her, and I am glad you didn't. Can you think of other options?

Partner – form a partnership to achieve shared goals. This involves you and your child developing an action plan to meet agreed-upon goals.

Example: We both agree your sister is bothering you and she

*shouldn't play your video games without asking you first.
What can we do the next time she bothers you?*

Collaborative Problem Solving

Dr. Ross Greene, in his book, *The Explosive Child*, outlines a collaborative problem solving (CPS) method in which the child and parent engage in finding mutually satisfactory solutions to a problem. The emphasis is on preventing problems before they occur by recognizing triggers that occur before the crisis. Dr. Greene believes that children do as well as they can and teaches families to identify their child's lagging skills. Missing skills can be taught.

All parents need strategies to work with their child's behavior. The truth is, we need strategies to deal with problem behaviors. Fortunately, missing skills can be taught even when they are difficult to learn. But not overnight. The missing skills are what show up as "misbehavior." Our children don't know *how* to do better. We have to teach them the skills in ways that work for them.

In the CPS approach you "lend" your child your frontal lobe by breaking down the problem solving steps in a way that helps them do better in the long run.

Dr. Greene has some innovative ideas about helping children with challenging behaviors and understands what gets in the way of appropriate behavior. This book may be helpful for parents of children with persistent problem behaviors that don't respond well to typical parenting strategies or "rewards and punishment" behavioral approaches such as sticker charts or time-outs.

PLAN

Learn to Create a Crisis Plan

Children can experience a mental health crisis even when their families have utilized the best resources offered by mental health professionals, the local school system, advocacy agencies and social service organizations. A crisis plan is a short-term written plan designed to address behaviors and help prepare for a crisis. Preparing for a crisis is an individualized process. However, there are some common elements that can be found in a good crisis prevention plan.

- **Child's Information** – name and age of child, mental health diagnosis, medical history, list of child's strengths and interests.
- **Family Information** – name of parents, step-parents, list of family members who live in the home.
- **Behaviors** – things that trigger or antecedents (things that are present before the behavior occurs), a list of strategies that have worked in the past, a list of what may escalate the child's behavior, (such as actions or people that are likely to make the situation worse), a list of what helps calm the child or reduces symptoms.
- **Medication** – name and type of medication, dosage, prescribing physician's name and phone number, pharmacy name and phone number, list of medications that have not worked in the past, and known allergies.
- **Treatment Choices** – list of interventions or treatments that are being used, list of interventions that have not worked in the past, treatments that should be avoided, list of treatment preferences.
- **Professional Involvement** - phone numbers of children's crisis team, family doctor, therapist, social worker, psychiatrist, and hospitals with psychiatric units.
- **Supports** – adults the child has a trusting relationship with such as neighbors, friends, family members, favorite teacher or counselor at school, people at church or work acquaintances.
- **Safety Concerns** – access to guns, knives or weapons, access to medication: both prescription and over-the-counter, safety plan for siblings or other family members, emergency contact names and phone numbers.
- **Resources** – advocacy organizations, support groups.

Developing a crisis plan involves active involvement of all team members, including involvement of the child when possible. A crisis plan should be written down and distributed to all persons who may be involved in resolving a crisis. It should be updated whenever there is change in the child's diagnosis, medication, treatment or team members.

Remember:

- Talk with ALL family members and discuss "what to do, if this were to happen.
- Contact your local police department; provide them with a copy of

the crisis plan.

- Create a safe environment by removing any and all weapons and sharp objects.
- Lock up all medications; both over-the-counter and prescription medications.
- Create a plan that keeps other family members safe, especially younger children in the home.
- Know the number of your county mental health crisis team.

Create a Crisis Kit

Parents whose children experience frequent crises may benefit from developing a crisis kit that includes their binder and a small tote bag or backpack with snacks, games, music or books that may help the child when waiting for long periods of time.

This crisis tool kit should be kept in an easily accessible place in your home or in your car. You may want to consider packing an emergency bag that includes a change of clothes and basic hygiene supplies that can be kept in your vehicle in case a crisis occurs.

ADVOCACY

Parenting a child with a mental illness can be overwhelming. It is not easy to navigate the system or to obtain appropriate services for your child. You may need help to learn how to advocate for your child.

Parents are their child's best advocate. They know their child best and most of the time know what they need, but not always how to ask first. Learning to be an effective advocate and developing these skills takes time.

You will be involved in many meetings concerning your child. These meetings are especially stressful the first few times. The more meetings you participate in the more comfortable and assertive you will feel and you will feel more on an equal power footing with others in the room. Recognize that your opinion matters and professionals want to hear from you. Presenting yourself and ideas in the following ways will help you gain credibility with professionals and can help you effectively partner with mental health providers to help your child.

Be Organized

You will receive a lot of paper and information and documents at meetings. The number one thing to be is to be organized. Use a three-ring binder, accordion file or manila folder to organize the paperwork, documents, medical history and progress notes. Organize the binder or accordion folder with divider tabs. It helps to have current information about your child all in one place.

In your binder include the following:

- Current diagnostic assessment
- Copy of crisis plan
- Documentation of phone calls and meetings
- Hospitalization history
- List of medications and dosages
- Copies of all service plans, evaluations and progress notes including school IEP and 504 plans
- Names and phone numbers of mental health professionals and mental health agencies working with your child

Take the binder with you to all meetings. It will help you keep track of discussions, your child's progress, what questions to ask at a meeting, what actions have occurred or not occurred. Getting in the habit of writing things down will result in long term benefits. If you have documentation then it is less "he said, I said" and more "this is what I have in my notes of the conversation/email/text".

When you are at a meeting prioritize what is important. Putting too many concerns on the table can lead to confusion or a lack of focus. Go to the meeting with a list of the three things you want to accomplish. Having those items written down will help you remain focused. Clearly state your expectations and ideas, provide facts and not much emotion. Listen to what others are saying and take notes. Don't be afraid to ask questions if you don't understand what is being said. You may want to bring a friend to help listen and take notes. Bringing cookies or a snack can help break the tension and create a friendly atmosphere.

If you become overwhelmed don't hesitate to ask for a break, or excuse yourself to make a phone call or to use the restroom. Give yourself time to gather your thoughts and gain focus. If you feel your objectives cannot be met, try to negotiate and work towards a compromise. Be

willing to meet in the middle. Nothing is gained if all parties refuse to listen and work towards a solution.

Speak in terms of what is best for your child, not what you want the outcomes to be. Example: Johnny would really benefit from one to one support at school.

Be Objective

As hard as it can be – these are our children after all - try to keep the conversations and questions objective and unemotional. The more you can stay objective and unemotional, the more control you can have in the situation and the more you stay involved in the conversation and decisions about your child.

Get Support

To be an effective advocate parents need support and need to take care of themselves. You may want to join a support group. Support groups give you a way to help you take care of yourself. At a support group you meet with other parents with similar experiences and you benefit from the support they give you. You gain knowledge and learn skills. You also get a chance to support other parents by sharing your knowledge. By networking with other families, you create more support for yourself and your child, increasing your child's chances to receive appropriate services.

Be Effective

Parents should understand that good communication can help them receive appropriate services for their child. Good communication involves verbal and nonverbal language and listening skills. It is a two-way process, so you should be aware of how your words and actions influence communication. By communicating well, you are ensuring that the other person understands you and you understand them.

There are a number of skills that you can develop to enhance your ability to communicate well. This way you are tuned in not only to words, but how they are said and the nonverbal behavior that accompanies words.

Verbal and nonverbal communication work together to convey a message. You can improve your spoken communication by using nonverbal signals and gestures that reinforce and support what you are saying. This can be especially useful when speaking to a large group of people.

Some of these non-verbal techniques are:

- use good eye contact
- concentrate on your tone of voice
- watch your nonverbal gestures and hand signals which can be mis-read
- Sit next to the most important person at the meeting
- Speak slowly and clearly

You can also develop a number of verbal skills that will ensure you have understood what has been said and provide feedback to the other person that you are listening. Some of these techniques are:

- Paraphrasing - Put into your own words what the other person has said. You do this by using fewer words and providing facts.
- Reflective Listening - focuses on the feeling or emotion of what has been said. You state back what you hear and see, taking note of the nonverbal communication as well and the words that are spoken.
- Summarizing - you sum up what the other person has said. You do this after a person has spoken for a long period of time.
- Questioning - ask open-ended questions to clarify what has been said.
- I-Statements - start sentences with "I". Here you take ownership of what has been said and state back what you heard, "I heard you say . . . is that correct?"

Listening is another part of the process that helps you advocate for your child. It requires that we listen to the other person attentively without letting our own thoughts and feelings interfere. Parents can increase the chance that they will be heard by providing information about their child that is current, in the here and now, instead of telling the whole story. When information is kept to what is needed now and based on facts, not feelings or emotions, you increase the chance of being heard. Remember to keep an open mind and listen to what the other person has said. They may have good ideas that you haven't thought about.

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:
---------------	--------------	-------------	---------------

Resources:

Advocacy Group:	Support Group:	MH Agency:	Other:
-----------------	----------------	------------	--------

Common Terms

Child - refers to both children and adolescents birth to age 18.

Parent - means the birth or adoptive parent of a minor. Parent also means the child's legal guardian or any individual who has legal authority to make decisions and plans for the child.

Psychosis - loss of contact with reality: a psychiatric disorder such as schizophrenia or mania that is marked by delusions, hallucinations, incoherence, and distorted perceptions of reality.

Federal Resources

About our Children

www.aboutourkids.org

Bazelon Center for Mental Health law

www.bazelon.org

Child and Adolescent Bipolar Foundation

www.bpkids

Children with Attention Deficit Hyperactivity-Disorder

www.chadd.org

National Alliance on Mental Illness

www.nami.org

National Child Traumatic Stress Network Center

www.nctsn.org

National Federation of Families for Children' Mental Health

www.ffcmh.org

National Institute of Mental Health

www.nimh.org

Office of Juvenile Justice and Delinquency Prevention

www.ojjdp.ncjrs.org

U.S. Department of Education

www.edu.org

Social Security Administration

www.ssa.gov

Substance Abuse Mental Health Services Administration

www.samsha.org

State Resources

Arc of Minnesota
www.arcmn.org

Minnesota Association for Children's Mental Health
www.macmh.org

Minnesota Children's Mental Health Division
www.dhs.state.mn.us/cmh

Minnesota Autism Society
www.ausm.org

Minnesota Children with Special Health Needs
www.health.state.mn.us/mcshn
www.health.state.mn.us/suicideprevention

Minnesota Council of Child Caring Agencies
www.mccca.org

Minnesota Department of Corrections
www.doc.state.mn.us

Minnesota Department of Education
www.education.state.mn.us

Minnesota Disability Law Center
www.mndlc.org

Minnesota Ombudsman for Developmental Disabilities and Mental Health
www.ombudmhmr.state.mn.us

Minnesota Parent Leadership Network
www.mpln.org

National Alliance on Mental Illness of Minnesota
www.namihelps.org

Parent Advocacy Coalition for Educational Rights (PACER)
www.pacer.org

Acronyms Used in Children's Mental Health

ADHD	Attention deficit / hyperactivity disorder
ASFA	Adoption and Safe Families Act
CAFAS	Child and Adolescent Functioning Assessment Score
CHIPS	Children in need of protection or services
CMHA	Minnesota Comprehensive Children's Mental Health Act
CIT	Crisis Intervention Training
CR	Custody relinquishment
CTSS	Children's therapeutic services and support
DD/ED	Developmental delay / emotional disturbance
DHS	Department of Human Services
DSM-IV	<i>Diagnostic and Statistic Manual of Mental Disorders</i>
EBD	Emotional behavior disturbance
EBP	Evidence-based practices
GAF	Global Assessment of Functioning
IEP	Individualized education plan
IIIP	Individualized interagency intervention plan
ITP	Individual treatment plan
MA	Medical Assistance
MRJPP	Minnesota Rules of Juvenile Protection Procedure
OHPP	Out-of-home placement plan
PMAP	Prepaid Medical Assistance Plan
SED	Severe emotional disturbance
SSI	Social Security Income
TEFRA	Tax Equity and Fiscal Responsibility Act of 1962
VFCA	Voluntary foster care agreement
504 plan	Section 504 of the Americans with Disabilities Act

Funding for this booklet was provided in part by the Wasie Foundation and by the Metro Children's Crisis Service (MetrCCS) partnership, a seven county, public-private partnership working to improve the children's mental health crisis system through community based crisis intervention.