

CRISIS INTERVENTION PLAN

Case Manager's Name _____

Date _____

Consumer's Name _____

BSU # _____

Signs/Symptoms/Causes of Crisis State (circle):

1. Anxiety
2. Depression
3. Angry Acting Out
4. Alcohol
5. Drugs
6. Sexual Problem
7. Marital Disturbance
8. Relationship Disturbance

9. Family Disturbance
10. Spouse Abuse
11. Low Self-Esteem
12. Ineffective Parenting Skills
13. Eating Disturbance
14. Sleeping Disturbance
15. Physical Problem
16. Medication Problem

17. Thought & Affect Disorder
18. Suicidal Ideation
19. Suicidal Threat/Attempt
20. Homicidal Ideation
21. Homicidal Threat/Attempt
22. Self Mutilation Ideation/
Behavior
23. Helplessness
24. Housing Problem

25. Homeless
26. Extreme Financial
Difficulties
27. Vocational Needs
28. Conduct Problem
29. School Behavior Problem
30. Criminal Charges
31. Anti-Social Behavior
32. Parental Separation/Divorce

33. Parental Neglect
34. Physical or Sexual
Abuse/Victimization
35. Social Isolation
36. Developmental Delay
37. Transportation
38. Other

	STEPS TOWARD CRISIS STATE RESOLUTION (List signs/symptoms/causes and then resources/activities/actions aimed at crisis state reduction.)	WHO IS RESPONSIBLE FOR DOING

Consumer's Signature

Date

Case Manager's Signature

Date

Supervisor's Signature

Date