## CRISIS INTERVENTION PLAN

<table>
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<tr>
<th>Case Manager's Name</th>
<th>Date</th>
<th>Consumer's Name</th>
<th>BSU #</th>
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**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.)

<table>
<thead>
<tr>
<th>WHO IS RESPONSIBLE FOR DOING</th>
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- Consumer’s Signature
- Date

- Case Manager’s Signature
- Date

- Supervisor’s Signature
- Date