

**TRAINING TOOLKIT**  
FOR  
**CRISIS PLANNING IMPLEMENTATION**  
**FOR YOUTH RECEIVING BEHAVIORAL HEALTH SERVICES:**  
**“COLLABORATIVE CRISIS PLANNING WITH FAMILIES”**

**CRISIS PLANNING WORKSHEETS**

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### Activity: Crisis or Safety

Step 1: Mark each situation as a crisis or safety situation.

Step 2: Choose the three you feel strongest about your rating and identify why you rated as you did.

Situation	Crisis (C) Safety (S)	Why?
Young person uses alcohol illegally		
Parent threatens child after a misbehavior		
Family is likely to be evicted		
Young person gets upset when boyfriend breaks up with her		
Young person runs away		
Youth engages in survival sex while on the streets		
Parent is late to pick up toddler more than three times per week		
Young person gets suspended from school		
Young person starts over texting boy/girl friend after they break up		
Young person throws things when s/he's upset (books, pencils, etc.)		
Parent relapses over the weekend		
Parent stays out all night at a casino		
Parent is exhausted because s/he gets up several times per night to check on the child		
Young person gets arrested and is in detention		
Family member is hospitalized due to auditory hallucinations		
Family member yells and leaves loud voice mails to one of the staff		
Young person refuses to take their psychotropic medicine		

Step 3: Pair up with someone you don't know well. Compare your ratings. Use the space below to list similarities and differences.

# Risk Assessment Matrix

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Define the event in specific behavioral terms:				
Likelihood Of Occurrence	Impact/Severity			
	Catastrophic	Critical	Marginal	Minimal
Predictable	Red	Red	Yellow	Grey
Probable	Red	Red	Yellow	Grey
Possible	Red	Yellow	Grey	Green
Remote	Yellow	Grey	Grey	Green
Improbable	Grey	Grey	Grey	Green





**Proactive Prevention Planning Form**

Family Name		Staff Name		
Date Completed		Others Present:		
Event	Ten Options	Selected Options (Strengths, Community)	Who	When

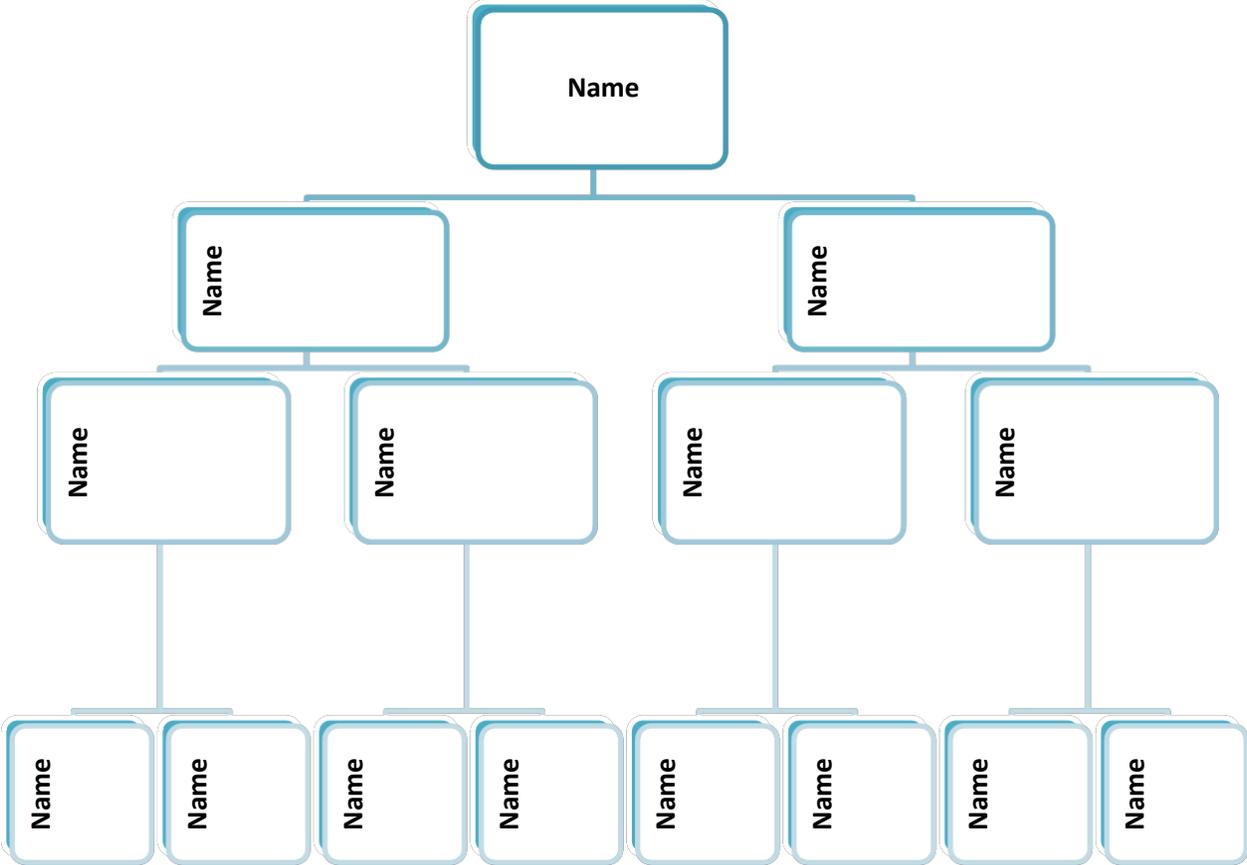
Reactive Crisis Response Worksheet		
Family Name:		Staff Name:
Date Completed		Others Present
Name The Event	Three Reactive Responses	Who Should be Responsible for This Activity
	Supportive	
	Intervention	
	Resource	
	Supportive	
	Intervention	
	Resource	

Review your plan using the following areas.

- The response can be implemented quickly and efficiently
- The family continues to be in charge even when the event is occurring
- Responsibility for response is shared
- The response will result in the event ending

# Crisis Communication Form

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**Crisis Practice Record**

<b>Date Crisis Plan Completed</b>		<b>Family Name:</b>	<b>Staff Name:</b>	
<b>Date of Practice</b>	<b>Type Planned Unplanned</b>	<b>Describe the practice including location, time of day, who was involved and length of time for completion.</b>	<b>Rate the Plan (A, B, C, D, F)</b>	<b>Suggested Improvements</b>

## Crisis Management Tracking Form

<b>Family Name</b>					<b>Staff Name</b>							
<b>Start Date:</b>					<b>Notes:</b>							
<b>Baseline</b> Where are you now?												
<b>Target</b> Where do you Hope to Be?												
<b>Measure</b> How will you know?												
TARGET												
BASELINE												
Weekly Bi-weekly Monthly (circle one)	1	2	3	4	5	6	7	8	9	10	11	

