

## Formulating a Crisis Treatment Plan

Following the assessment, the Mobile Responder must assist the individual in the development of a brief Crisis Treatment Plan as soon as appropriate but no later than 24 hours after the initial face-to-face intervention.

### **The plan should be:**

- Short term
- Clear
- Contain goals that are achievable
- Be developed, as much as possible, by the person in crisis
- Contain specific activities that will give the person a feeling of control over his/her life.
- Contain alternatives to harmful behaviors (e.g. who individual will call if feeling suicidal).
- Contain resources to be used (i.e. call a friend or provider).
- In writing with a copy for both the individual and the crisis responder.

### **The Crisis Plan must address:**

1. The needs and problems noted in the crisis assessment.
2. Measurable short term goals.
3. Recipients' Individual Strengths and Cultural considerations.
4. Frequency and type of services to be provided to achieve the goals and reduce or eliminate the crisis.
5. Referrals to other professionals if needed and coordination with the person's case manager or other providers. (Generally this is done after the face to face intervention.)
6. Necessary updates to reflect current goals and services. (i.e. If other providers or resources were not known at the time of the intervention).

## IV. Follow Up Services

Follow Up Services are extremely important in crisis intervention. Crisis providers should never assume that the individual in crisis will be able to follow through with the Crisis Plan without further assistance.

The individual's symptoms may change or additional stressors may occur thus preventing the person from following through on their own.

### **The purpose of Follow Up Services are two-fold :**

- I. To provide any and all additional services to the individual in crisis to assist her/him in getting connected to needed services. This may include making phone calls to existing providers or referral sources , arranging transportation or arranging another face-to-face intervention to re-evaluate the individual's needs.

If the individual is unable to follow through or services are not available soon enough to meet the individual's needs, referral to more acute services ( Emergency Room, Crisis Center or Crisis Residential) may be needed.

It is important to communicate with other crisis team members and supervisors about the status of each case as other team members may receive calls from the individual, their family or providers and continuity of care is essential.

If the crisis responder makes a referral or an appointment for the individual, it should be included in the Crisis Plan and a follow up call to the agency should be made to ensure that the individual got to the appointment.

2. To follow up with the client the day after the intervention to inquire about how he/she is doing and if further assistance is needed. ( If the individual resides in a residential program, the crisis responder will call the staff at the residence as the staff there are most often the referral source and are responsible for the on-going care of the individual.)

This phone follow- up call is also an opportunity to ask for feed back from the individual (or the program staff) on the crisis services provided and to complete any Program Evaluation Tool the Crisis Program may request.