Lifespan Clinical Services

Crisis Prevention Plan for Child

Client Name___________________________________________ Case #_______

1. Some early signs or triggers that indicate my child could become upset or overwhelmed are:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. These are the behavioral signs that my child is feeling upset or overwhelmed:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. When my child is upset or overwhelmed these are some things I can do to help him or her:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. When my child is feeling upset or overwhelmed some people that I can call for additional help or support are:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. If your child has been prescribed psychotropic medication please list those medications and indicate whether they were helpful and/or what side effects your child experienced:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

6. If my child is a danger to himself or others, the closest emergency room is:

________________________________________________________________________

________________________________________________________________________
7. If there are any safety issues or concerns you would like your therapist to help with please identify them here:


8. If I ever feel like my child could hurt him or herself or others I will call 911.

Parent’s Signature ____________________________ Date ________________

Child’s Signature ____________________________ Date ________________

Therapist’s Signature __________________________ Date ________________
<table>
<thead>
<tr>
<th>Terms</th>
<th>Modifiers</th>
<th>Definition</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TFC</td>
<td>Sub-Target</td>
<td>Distraction-resistant (resulting in about 10-20% of the base rate)</td>
<td></td>
</tr>
<tr>
<td>FLC</td>
<td>Sub-Target</td>
<td>Distraction-resistant (resulting in about 10-20% of the base rate)</td>
<td></td>
</tr>
<tr>
<td>GAC</td>
<td>Sub-Target</td>
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<td></td>
</tr>
</tbody>
</table>

For example, a person with a vision of the thing they want, but he or she is distracted by something else, would be considered as a Sub-Target. However, if the distraction is so strong that the person is not even aware of the goal, it would be considered as a Distraction-resistant.