

Example: CRISIS MANAGEMENT PLAN

Name: John Doe
Address: 123 Help Street, Crisis, ON
Phone: 888-111-1111

Emergency Contacts: Cathleen Doe (Mother): 888-222-2222
Shawn Smith (brother) 888-333-3333

Medical Contacts: Dr. Mischowsky

Vulnerable Person Registry: Yes **No**

Key Supports:

Cathleen Doe (Mother, POA)
Shawn F (brother)
Suzie M (Case Manager)
Joe S (Friend)

Triggers:

Males (who are not professional providers)
Being told they need to stay calm
Being told he is wrong
Witnessing violence or drug use

Crisis Patterns: *(physical, cognitive, emotional, behavioural)*

Pre-Crisis: Becomes very emotional, short tempered, isolates to bedroom, issues with sleep

Crisis:

1. Gets Angry very quickly
2. Has rapid/racing thoughts
3. Dissociates with reality
4. Flight response: wants to run

Coping Strategies:

Deep Breathing
Grounding Exercises
Music
Distraction
Validation
Walks

Crisis Prevention Plan:

Give space
Take a deep breath
Remind him that he is safe
Ask how you can help

Special Arrangements: (*childcare, pets, meds, rent, etc.*)

None

List of Suggestions (*Do's and Don'ts*) **that will help me:**

DO: Offer to help her with plan, use simple language, give space
DON'T: threaten to call 911 unless you are going to follow through, touch without permission

Anything else that people should know:

Have mental health crisis available, call friend for support

Signature: _____

Person Assisting to Complete Plan: _____

For more information on how to make a safety/crisis management plan refer to <https://www.suicideinfo.ca/resource/safety-plans/>.