

Therapeutic Community Intervention Trial

CRISIS and SUPPORT PLAN

Name:
.....

Address:
.....
.....
.....

Telephone:

Home:

Mobile:

Member I.D. No:.....

Age:

Date of Birth:

Ethnic Origin:

Date:
.....

Contact Person

Name:

Relationship to Member:

Telephone Number:

Review Dates:
.....
.....
.....

Your Initials:

I.D. Number.....

GUIDE TO COMPLETING YOUR CRISIS and SUPPORT PLAN

This plan is what you can do to support yourself and try to prevent your crisis becoming an emergency.

Please write down how much time you give yourself for each step.
Some examples are set out below to help and also to provide some space for you to write more if you wish.

What happens when you struggle and/or when you are in Crisis?	Steps to take during the <u>day</u> (some examples set out below)	Steps to take during the <u>night</u> (some examples set out below)	Practical Information (e.g. useful telephone numbers or addresses)
Drinking ✓/x	<ul style="list-style-type: none"> • Steps to distract yourself (be specific) and steps to protect yourself • Telephone a friend • Meet with a friend • Contact other services • Go to A&E • Call 999 	<ul style="list-style-type: none"> • Steps to distract yourself (be specific) and steps to protect yourself • Contact others • Use the internet (chat rooms etc.,) • Telephone Crisis Lines • Go to A&E • Call 999 	
Eating ✓/x			
Drugs ✓/x			
Overdose ✓/x			
Cutting ✓/x			
Going Blank ✓/x			
<p>The space below is for you to add any other crises or things you struggle with.</p>			

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I.D. Number.....

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Drinking ✓/x			
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Drugs ✓/x			
Overdose ✓/x			
Cutting ✓/x			
Going Blank ✓/x			
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