

Many adoptive families are facing challenging behaviors in their home that could have the potential to unsafe situations for the child or others in the home. It is important for families to be planful and prepared for any potential crisis that may arise. Therefore we recommend that families research local resources to make a plan that can fit their needs.

The following is a list of things to consider when making a plan that fits the need of an individual family. Following is a list of measures to help prevent crisis for families to consider.

## **CRISIS PLAN:**

- ❖ Should be concrete
- ❖ May need more than one plan depending on level of behaviors (“worst case scenario” plan)
- ❖ Should be individual to each child
- ❖ Should incorporate all members of the family
- ❖ Should be shared with therapist, school personnel or specific family members that need to be involved
- ❖ The plans are contingent upon the level of crisis

“Worst Case Scenario”: If your child is actively threatening you or others in the home, lock yourself and others in a room and call the police.

## **Phone Numbers (*list should be accessible to all family members*):**

### **Mental Health Assistance**

- **911**
- Local police number
- Ask for a 24-hour number for existing therapist (if applicable)
- Local 24-hour Mental Health crisis numbers:  
<http://public.health.oregon.gov/PreventionWellness/SafeLiving/SuicidePrevention/Pages/cntymap.aspx>
- National Suicide Prevention LifeLine – 1-800-273-8255
- Nearest emergency psychiatric center or emergency room (know location and phone number)

### **Medical and Educational**

- Child’s doctor
- School contact person

### **Transportation**

- Local Police
- Ambulance
- Family member or friend (they would need to have permission/authority to check a child into a hospital.

### **Other**

- List of family members numbers
- Other identified support people in the community

### Things to have in place for the child (*located all in one place*):

- List of phone numbers (see above)
- Current diagnosis for child
- Folder with all treatment records
- Medications (always have a supply) with directions
- Person on-call to transport the child or to provide a break for the child in their home
- Person on-call to care for other children in the home if one child needs to be taken elsewhere
- Copy of the child's insurance card
- Written permission for anyone else to check a minor into a facility (research ahead of time)

### Prevention:

- Seek mental health support for your child and family before it becomes a crisis.
- Have a current diagnosis of your child.
- If current services do not seem to be working, ask for another look, or assessment of your child's current functioning.
- Give all information of your child's birth history to your mental health provider.
- Share any information about possible prenatal exposure to drugs, alcohol or trauma during assessment.
- Keep open communication with the school about change in behaviors.
- Early Intervention services/assessment—[www.ode.state.or.us/search/results/?id=252](http://www.ode.state.or.us/search/results/?id=252)
- **Respite plan:**
  - For many families, an ongoing respite or “break” plan can provide space and breathing time for kids and parents. Respite should not be punitive but a normal break for families.
  - For older children: If possible, have them come up with a friend (with permission to talk to parents) that they can go stay with for a couple of hours or overnight planfully, to get respite.
  - Respite for one child in the home can allow for individual parenting time for others in the home.
  - Respite should not be a result of crisis, but a couple hours or overnight that is planful for the whole family.
  - Statewide Respite Resources: <http://www.oregon.gov/DHS/respite/Pages/index.aspx>

**Family's Safety Plan List**

\_\_\_\_\_ (family name)

**Mental Health Numbers:**

- **911**
- Local police non-emergent #: \_\_\_\_\_
- Therapist Name: \_\_\_\_\_ Therapist 24-hour #: \_\_\_\_\_
- 24-hour crisis line: \_\_\_\_\_
- Emergency psychiatric center/emergency room:  
 Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_
- Other: \_\_\_\_\_

**Medical and Educational:**

- Pediatrician Name: \_\_\_\_\_ Number: \_\_\_\_\_
- School Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_
- Other: \_\_\_\_\_

**Transportation:**

- Police non-emergent #: \_\_\_\_\_
- Secure transport: \_\_\_\_\_
- Family member/friend: \_\_\_\_\_
- Taxi Service: \_\_\_\_\_
- Other: \_\_\_\_\_

**Family Members/Community support:**

- |                    |                      |
|--------------------|----------------------|
| <b>Name:</b> _____ | <b>Number:</b> _____ |
| <b>Name:</b> _____ | <b>Number:</b> _____ |
| <b>Name:</b> _____ | <b>Number:</b> _____ |
| <b>Name:</b> _____ | <b>Number:</b> _____ |
| <b>Name:</b> _____ | <b>Number:</b> _____ |

**Emergency Item Checklist**

**Things to have in place for the child (located all in one place)**

- |   |  |
|---|--|
| <input type="checkbox"/> List of phone numbers (see above)  | <input type="checkbox"/> Current diagnosis for child                     |
| <input type="checkbox"/> Folder with all treatment records  | <input type="checkbox"/> Person on-call to transport the child           |
| <input type="checkbox"/> Medications with directions        | <input type="checkbox"/> Person on-call to care for other children       |
| <input type="checkbox"/> Copy of the child's insurance card | <input type="checkbox"/> Written permission to check child into facility |
| <input type="checkbox"/> Change of clothes for child        | <input type="checkbox"/> Other pertinent information                     |