

TRILLIUM SPRINGS COUNSELING

1640 Powers Ferry Road, Building 16, Suite 300, Atlanta, Georgia 30067

CRISIS RESPONSE PLAN for: _____

1. People that participate in therapy sometimes experience one or more of the following conditions:
 - Self-harm (thoughts/feelings/behaviors to cut, hit, burn self, etc.)
 - Suicidality (thoughts/feelings/behaviors to end one's life)
 - Aggression (thoughts/feelings/behaviors to yell, break things, threaten, cut, hit, burn others, etc.)
 - Homicidity (thoughts/feelings/behaviors to end some else's life)
2. If you experience such thoughts, feelings or behaviors, this document is a Crisis Response Plan intended to facilitate you in seeking help and assistance.
3. By signing this document, you are agreeing to the following statements and actions:
 - a) I understand that there are people available to help me.
 - b) I also understand that getting the help and assistance I need might take some time.
 - c) I agree not to do anything to harm myself or others in any way while I am seeking out help and assistance. This includes any kind of overt or passive acts of danger to myself or others.
 - d) Overt acts are intentional acts to harm myself or others. Passive acts involve putting myself or others in possible danger, such as not looking when crossing a street or engaging in unprotected sexual activities.
 - e) OPTIONAL: (AGREE DO NOT AGREE) I agree to not drink any alcoholic beverages in order to remain mindful of keeping myself and other as safe as possible.
 - f) OPTIONAL: (AGREE DO NOT AGREE) I agree to not partake in any illegal drugs or mind altering substances in order to remain mindful of keeping myself and others as safe as possible.
 - g) If, at any time, I should feel unable to resist impulses to self-harm, to act-out aggressively, to engage in suicidal behaviors, or to engage in homicidal behaviors, I agree to do at least one of the following:
 - Call a relative, friend, or sponsor
 - One person I can call is:
 - Name: _____
 - Telephone: _____
 - Visit a local Emergency Room
 - Call 911
 - h) I also agree to call my therapist, _____ at _____. I understand that she will return my call within 48 hours unless otherwise negotiated.
4. This Crisis Response Plan begins immediately and will remain in effect for the duration of your therapy with _____. Your agreement to this plan illustrates your commitment to work through any thoughts, feelings, and behaviors at this time as well as in the future.
5. Your signature below indicates that you have read and understand what is being requested of you, and you agree to uphold this Crisis Response Plan without exception.

Recipient of Services (Signature/Date)

Parent/Guardian (Signature/Date)

Therapist (Signature/Date)

CRISIS RESPONSE PLAN (please keep in your wallet)

- Call a relative, friend or sponsor
- One person I can call is:
 - Name: _____
 - Telephone: _____
- Visit a local Emergency Room
- Call 911
- Call your therapist, _____