



## Individual Crisis Management Plan

Student : John Doe

Date: 10/6/12

### **Safety Concerns – Warnings (medical and physical concerns, medication, history of abuse)**

John is currently not on any psychotropic medication. He has no known medical and physical concerns.

### **Current Issues - Potential Triggers (personal, family/social, etc.)**

At times he can get over stimulated in the classroom. He will attempt to bully peers that he feels are not a threat to him. However, when peers retaliate, he becomes increasingly agitated and potentially escalates into having a physical altercation with peers. He reacts impulsively and physically when frustrated (low frustration tolerance). He has poor senses of responsibility and poor self-control. He also has poor self-esteem. He also has a history of being disrespectful to female staff. He does not like having rules imposed upon him. He has poor motivation to comply with classroom rules and class work. He does not have many friends. He lives at home with his father and younger sister. Mom lives out of state.

### **High Risk Behaviors (hitting, biting, self-injury, etc.)**

John has been known to bully students and instigate altercations with peers. He has history of hitting peers and destroys school property when angry. He has poor judgment, and often puts himself in unsafe situations. He has been known to leave classroom and building when frustrated and over stimulated with little regard for safety in his environment.

### **Intervention Strategies:**

**Pre-Crisis State/Baseline:** John is lethargic at times, especially in the morning. He may sit at his desk with his backpack on. His affect is constricted. He has poor eye contact. He is quiet most of the time, and prefers to keep to himself. *He does respond to praise and positive feedback/rewards.*

**Triggering/Agitation:** When John is triggered/agitated, he sometimes will attempt to control his environment by moving his desk and chair away from other students. He may also leave the classroom and wander about outside of class in the hallway. He will sometimes go to the social worker. He may also rip up paper and throw things on the floor when agitated. *Be aware of triggers. Allow him to move desk away from others when agitated. Check in with him to see if he can verbalize what is happening, “John, is everything ok?” “Is there something you need or want?” Check with the social worker to see when he is scheduled to meet with them.*

**Escalation/Aggressions:** When John’s problem behavior is escalating, he will raise his voice and verbally threaten peers and staff. *Validate his feelings, “John, I understand you are angry/frustrated... How can I help you with this situation?” “Do you need to take a break, walk it off?”*

**Outburst/Violence:** John will physically strike out at peers and staff and destroy school property. *Call Crisis Team to assist in removal of student from classroom when he is a danger to himself and others. Allow him to “drain off” anger and frustration away from other students in de-escalation room. Emergency contacts: Mr. Doe (father); Dr. S (Social facilitator)*

**Recovery/Calming:** When John is calm, discuss, review, practice alternative to dealing with his anger and frustration (teach coping skills, self-regulation and self-control techniques).

Adapted from Residential Child Care Project Student Workbook, Cornell University

Review Date: \_\_\_\_\_