

# BE PREPARED: CRISIS PLAN WORKSHEET



If you or your loved one is experiencing a mental health crisis, it can be hard to make sure proper care is given. Psychiatric advance directives (PADs) are legal documents completed in a time of wellness that make it possible for people with mental illness to determine what type of care they would like to receive in a crisis, should they not be able to make decisions. PADs can be a lifesaving tool, help caregivers ensure their loved one's voice is heard, and facilitate dialogue with providers.

This worksheet outlines what you will need in order to complete a PAD, but is NOT an official PAD. In order to complete a PAD, you must check with your state about legal forms and requirements. Without legal documentation, this worksheet does not count as a PAD – but it does cover the majority of questions you or your loved one will want to consider.

After you or your loved one completes this worksheet, take the steps to complete a formal PAD - or just use this worksheet as a reference in the event of a crisis. *Please note: The questions below are meant to be directed to and answered by the person with a mental illness, not the caregiver.*

> **SIGNS OF CRISIS.** Think about the last time you knew you were in crisis, what were some of the signs or symptoms that something was wrong, or that things were getting worse? (ex: not sleeping for 4 days, drinking more than usual) Be as specific as possible.

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> **TRIGGERS FOR CRISIS.** What kinds of triggers or situations may cause you to experience a mental health crisis? Think about the last time you were in crisis, what events led up to it?

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> **HOSPITALIZATION PREVENTION.** What can help you prevent a mental health crisis? Consider what you or others can do to help keep you from an unwanted hospitalization. (ex: social support from those who may be watching out for me)

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> **EMERGENCY CONTACTS.** Who do you want to be contacted during an emergency? List any family, friends or people on your care team like your therapist or case manager.

Name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

> **LESSONS FROM PAST EXPERIENCES.** If you have been in the hospital before, share specific ways you reacted. Were there any aspects that made you uncomfortable? (ex: I do not want to be alone when I see X provider. I do not want student observers in the room.)

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> **VISITATION PERMISSION.** If you are in the hospital, who can come visit you? Remember to add them to authorization lists during intake.

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> **FACILITY PREFERENCES.** Should you need to attend a hospital, do you have a preference regarding which hospital you go to? Briefly explain why or why not.

a. I would prefer to attend the following hospital(s) in the future: \_\_\_\_\_

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b. I would *not* like to attend the following hospital(s) in the future: \_\_\_\_\_

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c. Other information/requests regarding hospitalization: \_\_\_\_\_

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> **PREFERENCES FOR STAFF INTERACTIONS.** Are there specific things staff can do that would make you feel more comfortable or relaxed? (ex: I would like to be warned before staff touch me.) Provide any information about yourself that may be helpful in aiding staff treating you in the event of a crisis.

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> **MEDICATION PREFERENCES.** Are there any psychiatric medications you would prefer or prefer not to be given in a crisis? Briefly explain why or why not (ex: bad side effects).

a. I would like to be given the following medication(s): \_\_\_\_\_

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b. I would *not* like to be given the following medication(s): \_\_\_\_\_

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c. Other information (allergies, side effects): \_\_\_\_\_

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> **TREATMENTS I DO NOT CONSENT TO.** Are there any treatments you do not wish to receive? (ex: electro-convulsive therapy (ECT))

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> **OTHER INSTRUCTIONS.** What other things may need to be taken care of if you are in the hospital? Do you need assistance taking care of pets, paying bills, watering plants, etc.? List any other instructions you may have, and any other medical conditions doctors should be aware of. If you create a PAD, you may list specific instructions regarding the sharing of your advanced directive here.

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> **LEGAL DOCUMENTATION.** In order to create a psychiatric advance directive, you must check with your state and fill out the appropriate forms. If your state does not have one, its statute should list criteria for creating your own valid form. Most states require your PAD form to be formally signed by a witness, or potentially notarized. Witnesses generally may not be family or one of your providers. Once complete, give your psychiatric advance directive to your physician and other mental health treatment providers so they may add it to your medical record. Check your state's specific requirements and forms to complete your PAD here at [www.nrc-pad.org](http://www.nrc-pad.org).