A PARENT & CAREGIVER GUIDE TO

Helping Your Family
Before, During, and After a Crisis

IMPROVING CARE. CHANGING LIVES.
Asking for help doesn’t mean you’ve done anything wrong, and being prepared doesn’t mean there will be a crisis.

Sometimes asking for help is needed to keep everyone safe.

Please do not leave safety to chance.
Parents/Caregivers are most helpful to a child when the family:

- Is prepared to handle a crisis.
- Knows when and where to get help.
- Can communicate effectively with emergency first responders or other treatment providers.
- Has identified and practiced strategies that help to calm the child.
- Considers creating a safety plan. Let the child’s clinician, pediatrician, or school guidance counselor know you have safety concerns and would like help.

You may be able to de-escalate a challenging situation. Your goal is to calm the situation with your voice, body, and actions.

- Keep your voice and body calm – children take cues from your behavior.
- Be patient. Listen. Support. Ask how you can help: “What do you need right now?”
- Verbally prompt your child to use a rehearsed strategy or point to it on a list of calming skills.
- Offer choices if possible - avoid anything that may feel scary (intense eye contact, no space).
- Avoid overreacting, threatening, reasoning, or arguing with your child.
- Be prepared to offer information to the first responders or treatment team.

In a crisis, families can and should call 911. First responders are trained to know what to do in a crisis.

- Police officers take an oath to assist and serve all community members.
- Some communities have Crisis Intervention Team (CIT) officers who are skilled in helping individuals with mental health needs and substance abuse concerns.
- Once you ask for help, your role is to provide information to support the best possible outcome. Police officers will be in charge of the crisis once they arrive.
- Police officers may check in with families, calm an escalating situation, stay with a family while a clinician is reached, help with transport to the hospital, and/or calm other family members.

- Complete a Crisis Worksheet (p.5) including a list of calming skills.
- Identify and connect with trusted supports. These may include family members, neighbors, or faith community members.
- Consider connecting with your local police department before a crisis occurs. Call the non-emergency number to begin this partnership. Police officers want to know what works or doesn’t work when it comes to keeping a child safe.

FAMILIES CAN USE THIS GUIDE:

BEFORE a crisis to identify and connect with supports, and to practice strategies.

DURING a crisis to assess if you can handle the situation on your own or, if you need to call for help, use the 911 Script (p.7) and share Crisis Worksheet (p.5) with first responders.

AFTER a crisis to review what helped and what might work better next time, and to revise the crisis materials.
CRISIS ACTION PLAN

IS THERE A CHANCE OF IMMEDIATE DANGER TO YOUR CHILD, YOURSELF, OR OTHERS?

NO

CAN WE HANDLE THIS CRISIS OURSELVES?

YES

NO

OUR TOOLS

• Use de-escalation techniques
• Consult Crisis Worksheet (p.5)
• Re-evaluate your options
• Consider getting more help if crisis not resolving
• Use one of your calming strategies

YES

NO

IS MANAGING CRISIS SUSTAINABLE BEYOND TODAY?

FOLLOW CURRENT TREATMENT PLAN

• Prepare Crisis Worksheet (p.5) if you haven’t
• See therapist, take medication as prescribed
• Know your community-based supports
• Review resources now - don’t wait for a crisis

GET IMMEDIATE HELP!

• Call 911 (USE 911 CRISIS SCRIPT) (p.7)
• Go to nearest Emergency Room
• Call MA Emergency Services Program/ Mobile Crisis Intervention: 1-877-382-1609

CALL FOR HELP OR GUIDANCE. CONSIDER CALLING

• Clinician – Crisis Team – Police
• Other trusted individual (family, neighbor, faith community)
• Refer to Crisis Worksheet (p.5)
CRISIS WORKSHEET
Complete on your own or with a clinician

CHILD’S NAME ___________________________________________  DATE OF BIRTH _____________

What name and gender does your child prefer to use?
__________________________________________________________________________________________

Child’s disability/diagnosis (optional):
__________________________________________________________________________________________

Child attends (name of school):
__________________________________________________________________________________________

Medical Concerns:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Medications (optional):
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Child has the following behaviors (please describe):
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Child’s reaction to unfamiliar people (please describe):
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Child is verbal:  Yes ☐  No ☐

Child is:  Deaf ☐  Hard of Hearing ☐

Allergies:  Yes ☐  No ☐

Child may react to loud noises:  (i.e. sirens):  Yes ☐  No ☐

Child is capable of being home without an adult:  Yes ☐  No ☐

Child is able to be in the community independently:  Yes ☐  No ☐

Weapons/firearms in the home:  Yes ☐  No ☐

Child is afraid/anxious around new people:  Yes ☐  No ☐
Due to the child’s disability, child may:
(Check all that apply)

- Panic if yelled at and lash out if touched or physically restrained.
- Misinterpret things you tell or ask the child to do.
- Not be able to answer your questions.
- Appear not to be listening or paying attention.
- Tend to interpret statements literally.
- Appear rude or say things that sound tactless, especially when anxious or confused.
- Have difficulty making eye contact.
- Speak too loudly, too softly, or with unusual intonation.

- OTHER:
  
  _____________________________
  _____________________________
  _____________________________

Strategies that might help:
(Check all that apply)

- Clearly identify yourself as a law enforcement officer/first responder.
- Understand that unusual behaviors are part of the child’s disability.
- Avoid touching or restraining the child unless absolutely necessary.
- Speak to the child in normal, calm, non-confrontational tones.
- Tell child what is needed as politely, clearly, simply, literally, as possible in small step-by-step directions.

- OTHER: (i.e. favorite places to visit, toys, likes, etc.)
  
  _____________________________
  _____________________________
  _____________________________

Parent/caregiver contact information:

Name _____________________________

Phone _____________________________

Support Team information:

Community-based supports:
  
  _____________________________
  _____________________________

Therapist: _____________________________

Psychiatrist: _____________________________

Pediatrician: _____________________________

This form was adapted from
https://concordsepac.org/external-resources/concords-first-responder-information-form/
**RESOURCES**

**Massachusetts Emergency Service Program/ Mobile Crisis Intervention**
Teams of clinicians available 24/7 for mental health and substance abuse crisis assessment, intervention, and stabilization services.
1-877-382-1609
www.masspartnership.com/member/ESP.aspx

**National Suicide Prevention Lifeline**
1-800-273 - TALK (8255)
www.suicidepreventionlifeline.org

**Crisis Text Line**
text “HOME” to 741741
www.crisistextline.org

**NAMI Massachusetts Compass**
Provides help navigating mental health and related systems in Massachusetts.
1-800-370-9085
www.namimass.org/resources/compass

**Judge Baker Children's Center**
www.jbcc.harvard.edu
For copies of this guide or additional resources.

**Other Community-Based Resources:**

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**SAMPLE 911 CRISIS SCRIPT**

*If you think you may need to call for help, practice what you might say. Effectively communicating your concerns will help a first responder prepare to interact with your child.*

My child is having a mental health emergency.
Please send officers trained in crisis intervention or mental health response.

My safety concerns are: ___________________________

My child is ____________ years old.

My child’s name is ____________________________.

My child does/does not have a weapon.

My child has a medical condition: _______________________(name of medical condition if applicable)

There are _____ other people present.

There are _____ other children present.

*If possible, please tell the responding officers to come without lights and sirens and not to bring the fire department.*

*If calling from a cell phone you will need to provide your physical location.*