# CSC COMMUNITY TREATMENT INTERVENTION PLAN

Date:

| | | | | |
|---|---|---|---|---|
| **Client's Name:** | **Date of Birth:** | **Age:** | **Gender:** | **Court Support Worker:** |
| **Place of Birth:** | **Person Lives:** | | **Date of Admission:** | **Supports:** |
| **Physician:** | **Telephone:** | | **Psychiatrist:** | **Telephone:** |
| **Crown:** | | | **Defense:** | |
| **Charge(s)** | | | | |

**Summary of Presenting Concerns:**

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**Focus Area: Psychological Distress:**

**Summary:**

**Diagnosis: (confirmed or suspected)**

**PRESENTING SYMPTOMS/BEHAVIORS SUPPORTING CLIENT'S DIAGNOSIS & POSSIBLE IMPACT ON TREATMENT**

| | | | | |
|---|---|---|---|---|
| ☐ Anxiety | ☐ Paranoia | ☐ Tearful | ☐ Resistance | ☐ Panic Attacks |
| ☐ Relationship | ☐ Oppositional | ☐ IL skills | ☐ Appetite | ☐ Suicidal Ideation |
| ☐ Addictions | ☐ Aggression | ☐ Sleep Disturbance | ☐ Withdrawn | ☐ Med. Non Compliance |
| ☐ Avoidance | ☐ Isolation | ☐ Social Skills | ☐ Impulsive | ☐ Legal |
| ☐ Labile Mood | ☐ Distortion | ☐ Hallucinations | ☐ Depressed Affect | ☐ Lack of Support |
| ☐ OCD | ☐ Pain Management | ☐ Housing | ☐ Poor Hygiene | ☐ Stressors |
| ☐ | ☐ | ☐ | ☐ | ☐ |

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**Hospital admissions: (☐ None or ( list names, dates of service, location):**

**Describe Conditions that may require Police or hospitalization:**

**Immediate Crisis Intervention Plan - In case of medical or psychiatric emergency, Client will be sent to the nearest hospital. Additionally, the following individuals shall be notified:**

☐ **Case Manager** ☐ **Program Manager**
☐ **Family if required** ☐ **Psychiatrist/Physician**

| | |
|---|---|
| **Contact my family doctor or ER services if I am in a crisis? ☐ Yes ☐ No** | **Share this plan with PRHC Crisis Services? ☐ Yes ☐ No** |

**Medication(s):**

**Intervention Strategy:**

| **Focus Area: Substance Use** | **Intervention Strategy** |
|---|---|
| | |

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| **Focus Area Urine Screens** | **Intervention Strategy** |
|---|---|
| **Focus Area Accommodations** | **Intervention Strategy** |
| **Focus Area Abuse/Trauma** | **Intervention Strategy** |
| **Focus Area Legal** | **Intervention Strategy** |

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| **Focus Area Safety to Self/Others** | **Intervention Strategy** |
|---|---|
| **Focus Area Natural Supports** | **Intervention Strategy** |
| **Focus Area ED/Voc** | **Intervention Strategy** |
| **Focus Area Physical Health** | **Intervention Strategy** |

CSC COMMUNITY TREATMENT INTERVENTION PLAN

| **Focus Area Financial** | **Intervention Strategy** |
|---|---|
| | |
| **Focus Area Activities of Daily Living** | **Intervention Strategy** |
| | |
| **Focus Area** | **Intervention Strategy** |
| | |

**I participated in the development of this plan and agree to this plan being presented to the MDT: _____**

**Case Manager's Signature: _____**

**Crown's Signature: _____**