Guidelines for Individuals/Families for Completing an "Advance Communication to Treatment Provider"

The Advance Communication to Treatment Provider (Advance Communication) allows you to communicate in writing to providers who in the future might provide crisis support or intervention for you or your child. In the Advance Communication, you can describe what is important to you or your family. You may have a good idea of what is useful to you/your child in a crisis situation and might have learned through experience what interventions make things better and what makes things worse. You might have choices for types of treatment based on the location, program style, or the kind of care you have received in the past.

The Advance Communication is NOT a legal document, and the provider does not have to do everything that you ask. For example, the type of treatment that you prefer may not be available. Or, you/your child may be hospitalized against your wishes if the provider finds that the criteria are met for involuntary treatment and alternatives are not acceptable or available.

However, many times it is possible to develop a plan for crisis support/intervention and further treatment that is in line with what you want for yourself or for your child. The Advance Communication promotes consideration of your personal choices and gives you a voice in decisions that are made.

One side of the Advance Communication is for completion by the person who will be RECEIVING the crisis service. The other side is for completion by the PARENT or GUARDIAN. Only one side of the paper or the other needs to be completed. Use the side that makes the most sense to you.

Completing the form

There are not any "wrong" answers. This is about the health and well-being of you/your family. Your beliefs about what works are important. There are often a number of ways to resolve a crisis situation, and your opinions and choices matter.

You do not need to complete every section—just the ones that are important to you. You can update the plan any time there is a change that you want to make.

Copies of the Advance Communication can be sent to a Mobile Crisis Intervention (MCI) team so that they have it on file if there is a crisis.

You can attach additional pages to this document if there is more information to share than there is room for on the form.

Additional information, accommodations, or requests

If you have specific needs, requests, or other information that would be useful for a treatment provider to know, they can be listed here. Examples include:

- Communication needs *("Both parents need a Spanish language interpreter."*)
- Physical limitations *("I cannot climb stairs."*)
- Information about people *("My husband is working out of state, but he will want to be included in this intervention by telephone.")*
- Logistical considerations *("I am a single parent of three children, and childcare is very hard to arrange. I prefer that an MCI team come to the home*.")
- Cultural, ethnic, and/or religious preferences

Advance Communication to Treatment Provider

What I experience when I am in crisis:

My priorities in a crisis:

What helps me in a crisis:

Treatment I prefer (specific programs, medications, types of intervention, alternatives to hospitalization, involvement of friends and family):

Treatment I prefer NOT to receive:

If I am admitted to a facility, I need to plan for the following (pet, child, housing, car, job, school, etc.).

Additional information, needs, or requests:

Developed by: _____ **Date completed** ___/___/___ ☐ **Initial** ☐ **Revision** **Shared with:** ☐ _____ ☐ _____ ☐ _____ ☐ _____	**This Advance Communication is for (person who will be receiving the crisis service):** ___/___/_____ _____ _____ **Date of birth** **First name** **Last name** _____ **(other information, needs, requests, accommodations)** _____**ph:**_____**ph:**_____ **Printed name of the Parent/Guardian, if applicable** _____**ph:**_____**ph:**_____ **Printed name of the Parent/Guardian, if applicable**

Advance Communication to Treatment Provider

How my/our child looks and acts when in crisis:

My/our priorities when my/our child is in crisis:

What helps my/our child during crisis support/intervention:

What helps my/our family during crisis support/intervention:

Treatment I/we prefer for my/our child:

Treatment I/we prefer my/our child NOT receive:

If I/we cannot be immediately reached if child is in crisis, please contact:

Additional information, needs, or requests:

Developed by:
_____

Date completed ___/___/___ ☐ **Initial** ☐ **Revision**

Shared with:
☐ _____
☐ _____
☐ _____
☐ _____

This Advance Communication is for (person who will be receiving the crisis service):

___/___/____ _____ _____
Date of birth **First name** **Last name**

_____
(other information, needs, requests, accommodations)

_____**ph:**_____**ph:**_____
Printed name of the Parent/Guardian, if applicable

_____**ph:**_____**ph:**_____
Printed name of the Parent/Guardian, if applicable