

## SAFETY PLAN - CRISIS PREVENTION PLAN

Name: \_\_\_\_\_

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

**PROBLEM BEHAVIORS:** These are behaviors I sometimes show, especially when I'm stressed:

- |   |   |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> Losing my temper               | <input type="checkbox"/> Fighting/Assaulting people | <input type="checkbox"/> Feeling suicidal   | <input type="checkbox"/> Running away  | <input type="checkbox"/> Using other drugs |
| <input type="checkbox"/> Injuring myself                | <input type="checkbox"/> Attempting suicide         | <input type="checkbox"/> Threatening others | <input type="checkbox"/> Using alcohol | <input type="checkbox"/> Feeling unsafe    |
| <input type="checkbox"/> Other (please describe): _____ |   |   |  |  |

**TRIGGERS:** When these things happen, I am more likely to feel unsafe and upset:

- |  |   |   |  |   |
|--|---|---|--|---|
| <input type="checkbox"/> Not being listened to | <input type="checkbox"/> Feeling pressured        | <input type="checkbox"/> Being touched                  | <input type="checkbox"/> Lack of privacy               | <input type="checkbox"/> People yelling                 |
| <input type="checkbox"/> Loud noises           | <input type="checkbox"/> Feeling lonely           | <input type="checkbox"/> Arguments                      | <input type="checkbox"/> Not having control            | <input type="checkbox"/> Being isolated                 |
| <input type="checkbox"/> Darkness              | <input type="checkbox"/> Being stared at          | <input type="checkbox"/> Being teased                   | <input type="checkbox"/> Particular time of day: _____ | <input type="checkbox"/> Particular time of year: _____ |
| <input type="checkbox"/> Contact with family   | <input type="checkbox"/> Particular person: _____ | <input type="checkbox"/> Other (please describe): _____ |  |   |

**WARNING SIGNS:** These are things other people may notice me doing if I begin to lose control:

- |  |  |   |  |  |
|--|--|---|--|--|
| <input type="checkbox"/> Sweating                | <input type="checkbox"/> Breathing hard      | <input type="checkbox"/> Racing heart                   | <input type="checkbox"/> Clenching teeth           | <input type="checkbox"/> Clenching fists       |
| <input type="checkbox"/> Red faced               | <input type="checkbox"/> Wringing hands      | <input type="checkbox"/> Loud voice                     | <input type="checkbox"/> Sleeping a lot            | <input type="checkbox"/> Sleeping less         |
| <input type="checkbox"/> Acting hyper            | <input type="checkbox"/> Swearing            | <input type="checkbox"/> Bouncing legs                  | <input type="checkbox"/> Rocking                   | <input type="checkbox"/> Can't sit still       |
| <input type="checkbox"/> Being Rude              | <input type="checkbox"/> Pacing              | <input type="checkbox"/> Crying                         | <input type="checkbox"/> Squatting                 | <input type="checkbox"/> Damaging things       |
| <input type="checkbox"/> Eating more             | <input type="checkbox"/> Eating less         | <input type="checkbox"/> Not taking care of myself      | <input type="checkbox"/> Isolating/avoiding people | <input type="checkbox"/> Laughing loudly/giddy |
| <input type="checkbox"/> Singing inappropriately | <input type="checkbox"/> Becoming very quiet | <input type="checkbox"/> Other (please describe): _____ |  |  |

**INTERVENTIONS:** These are things that might help me calm down and keep myself safe when I'm feeling upset:

(Check off what you know works; star things you might like to try in the future)

- |  |   |   |  |   |
|--|---|---|--|---|
| <input type="checkbox"/> Time out in my room   | <input type="checkbox"/> Listening to music             | <input type="checkbox"/> Reading a book         | <input type="checkbox"/> Sitting with staff    | <input type="checkbox"/> Pacing                   |
| <input type="checkbox"/> Talking with friends  | <input type="checkbox"/> Talking with an adult          | <input type="checkbox"/> Coloring               | <input type="checkbox"/> Molding clay          | <input type="checkbox"/> Humor                    |
| <input type="checkbox"/> Exercising            | <input type="checkbox"/> A cold cloth on face           | <input type="checkbox"/> Writing in a journal   | <input type="checkbox"/> Punching a pillow     | <input type="checkbox"/> Hugging a stuffed animal |
| <input type="checkbox"/> Taking a hot shower   | <input type="checkbox"/> Taking a cold shower           | <input type="checkbox"/> Playing cards          | <input type="checkbox"/> Video Games           | <input type="checkbox"/> Lying down               |
| <input type="checkbox"/> Ripping paper         | <input type="checkbox"/> Screaming into pillow          | <input type="checkbox"/> Holding ice in my hand | <input type="checkbox"/> Getting a hug         | <input type="checkbox"/> Using the gym            |
| <input type="checkbox"/> Bouncing a ball       | <input type="checkbox"/> Male staff support             | <input type="checkbox"/> Female staff support   | <input type="checkbox"/> Deep breathing        | <input type="checkbox"/> Speaking w/ my therapist |
| <input type="checkbox"/> Drawing               | <input type="checkbox"/> Being read a story             | <input type="checkbox"/> Making a collage       | <input type="checkbox"/> Crying                | <input type="checkbox"/> Snapping bubble wrap     |
| <input type="checkbox"/> Being around others   | <input type="checkbox"/> Doing chores/jobs              | <input type="checkbox"/> Cold water on hands    | <input type="checkbox"/> Drinking hot herb tea | <input type="checkbox"/> Using a rocking chair    |
| <input type="checkbox"/> Calling family (who?) | <input type="checkbox"/> Other (please describe): _____ |   |  |   |

**THINGS THAT MAKE IT WORSE:** These are things that do NOT help me calm down or stay safe:

- |  |  |   |  |  |
|--|--|---|--|--|
| <input type="checkbox"/> Being alone                 | <input type="checkbox"/> Being around people | <input type="checkbox"/> Humor                    | <input type="checkbox"/> Not being listened to | <input type="checkbox"/> Peers teasing       |
| <input type="checkbox"/> Being disrespected          | <input type="checkbox"/> Loud tone of voice  | <input type="checkbox"/> Being ignored            | <input type="checkbox"/> Having staff support  | <input type="checkbox"/> Talking to an adult |
| <input type="checkbox"/> Being reminded of the rules | <input type="checkbox"/> Being touched       | <input type="checkbox"/> Other (please describe): |  |  |
- 

**CRISIS PLAN:**

- 1) I will try to notice the following warning signs and triggers:
  
- 2) I'd like staff/my family to notice the following warning signs:
  
- 3) When I notice these triggers or warning signs, I will take action to prevent a crisis from developing by doing the following:
  
- 4) When staff/my family notice that I'm getting upset, I'd like them to help me prevent a crisis by doing the following:
  
- 5) When I handle a potential crisis without doing anything to make it worse, I can reward myself by:
  
- 6) Other ideas about what to do if a crisis develops:

My Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My Supporter: \_\_\_\_\_ Date: \_\_\_\_\_

**Suggestions about using this safety plan with young people who are showing frequent problem behavior:**

- Make sure the plan **belongs** to the young person. Ideally, a safety plan should be developed with a young person at a time when they are calm and well regulated. As much as possible we want to help the young person have ownership of their own plan, rather than seeing it as some kind of routine paperwork they are required to do for the adults working with them. With many young people, it will be best to work through it with them item by item, giving plenty of encouragement and validation, but others will prefer to take the form and fill it out on their own – you also might use a combination of these approaches.
- Make the plan a **living document** – The safety plan should be taken out and used when a problem is brewing and it should be revised whenever there has been an incident when safety was threatened or where a crisis was averted. As your work progresses and more is learned about triggers, warning signs, useful interventions, and what to avoid doing, all of this information should be added to the plan. You may want to take the information on the form and put it in a more easily accessible format. For example, you could make a 3X5 card with “Things to notice” on one side and “Things to try” on the other, as shown below:

My Safety Plan
<p><u>Things to notice:</u></p> <p><u>Triggers:</u> Sudden loud noises, being teased, being told “no,” being physically crowded, being reminded about the rules, dinnertime</p> <p><u>Warning signs:</u> Getting really quiet, withdrawing, clenching my fists, heart pounding, thinking “it’s not fair,” getting a headache</p>

My Safety Plan
<p><u>Things to try:</u></p> <p><u>Distractions:</u> play a videogame, do a crossword puzzle, call a friend on the phone, get some physical exercise (run around the block, play hoops, jump rope), hold on to an ice cube</p> <p><u>Self-soothing:</u> put on happy music, take a hot shower, play my guitar, have a cup of tea, say to myself “I can handle it,” do deep breathing</p> <p><u>Don’t try:</u> telling me to “chill,” giving me a hug, watching a sad movie</p>

- Safety Plans are not **just** for young people! Youth workers and counselors may find it helpful to fill out their own plan, share it with co-workers, and show it to youth. This is a way of recognizing that everyone struggles to regulate our emotions and handle stress effectively. When working with a family, it may be helpful to have parents and siblings develop and share safely plans, as well as the identified client, so that all family members can be more aware of how to help keep the home environment calm and safe for everyone.