

Safety Plan

Youth: _____

Date: _____

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

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Losing control | <input type="checkbox"/> 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"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

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"/> Contact with family | <input type="checkbox"/> Time of day: _____ |
| <input type="checkbox"/> Time of year: _____ | <input type="checkbox"/> Particular person: _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

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"/> Hurting 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"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

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 a family member: _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

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 rules | <input type="checkbox"/> Being touched | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Safety Plan (cont.)

Crisis Prevention 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:*

Safety Plan (cont.)

Crisis Intervention Plan (if the prevention supports above are not effective)

SIGNS THAT I MAY NOT BE ABLE TO STAY SAFE – Thoughts, feelings, and/or actions that indicate loss of control:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

SUPPORT PEOPLE – People I can call or have someone call when I have these thoughts, feelings, or actions:

NAME	RELATIONSHIP TO YOUTH	PHONE NUMBER
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

* If you cannot reach the first person, go down the list until you reach someone.

HELP STATEMENT – This is my clear and specific statement to let my support person know what I need:

CRISIS SUPPORT – If all of my coping strategies have not worked and I cannot reach a support person, contact crisis support:

- Crisis Line: 832-3100 (Oahu) / 1-800-753-6879 (Neighbor Islands)
- Crisis Text Line: 741741
- Suicide Prevention Line: 1-800-273-TALK (8255)
- Dial 911 or go to the Emergency Room

TELL THE CRISIS WORKER:

1. If you plan to harm yourself / someone else or already have - BE SPECIFIC
2. How long you will be able to remain safe
3. Where you are and with whom (if anyone)

Signature of Youth

Date

Signature of Parent

Date

Signature of Therapist / Staff

Date