

Guidelines for Individuals/Families in Creating a Safety Plan

You can choose to write a Safety Plan on either side of this document. The formatted side of the Safety Plan has three sections. You can complete any or all of the sections as you find them useful. The Safety Plan can be updated at any time as you gain experience with what is working, change the goal of the plan, or think of new/different actions to take. Below is a description of each of the sections and some questions to think about as you complete the plan.

- 1. CONTACTS AND RESOURCES:** This is a section for you to list in one place all of the names, roles, and numbers of individuals who you think will be most helpful to you or your family in a crisis.

Questions to Consider:

- *Is there anyone you feel you MUST notify if there is a crisis situation? (employer, school, other parent)*
- *Are there any people that you think can help calm the situation? (family, friends, teachers, neighbors, clergy)*
- *Are there any support persons or professionals you might want to contact? (current treatment provider, CSA team member, MCI team, helpline, PPAL, mentor, urgent treatment center, hospital emergency department, poison control, 911)*
- *Is there anyone you might want to call who might be able to help with managing other priorities while you are focusing on the crisis (child care, pets, closing up the house, transportation, covering a shift, etc.)?*
- *If you could call/talk to anyone to calm you/your child down when (insert name of crisis/risk), who would it be?*

- 2. GOAL OF PLAN:** It isn't always possible to prevent a crisis, so sometimes the goal of a crisis plan is to manage the situation well or to keep people from getting hurt. The goal might be focused on the person in crisis or it might be focused on how other members of the family act during/respond to the crisis.

Questions to Consider:

- *What do you want the plan to accomplish for you/your family in a crisis situation?*
- *What would be a measure of success in managing a crisis episode?*
- *If you don't feel you can realistically prevent a crisis, what could you do? How could you take a step towards your long-term goal?*
- *What would you like to accomplish as a parent/guardian in managing the crisis?*
- *What could be done to reduce the chance of harm or injury?*

- 3. ACTIONS:** Knowing the goal makes it easier to think about actions that can be taken. Only list actions that people are really willing to take and that you think have a chance of working.

Questions to Consider:

- *What things can you see yourself doing that will help you achieve your goal?*
- *What has worked in the past that you could try again?*
- *What actions could (parent/guardian) take to achieve the crisis goal?*
- *What actions could (others) take to help achieve the goal?*
- *What are the ways you think you could calm down the situation?*
- *If you think about trying the actions, does it feel like they would work?*

Contacts and Resources

# _____	# _____
# _____	# _____
# _____	# _____
Name/role	Name/role
Phone	Phone

Notes:

Goal of Plan

Actions

Developed by: _____

Date Completed ___/___/___ Initial Revision

Shared With:

This plan is for:

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

(other information, needs, requests)

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

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

<p>Developed by: _____</p> <p>Date Completed ___/___/___ <input type="checkbox"/> Initial <input type="checkbox"/> Revision</p> <p>Shared with:</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p>This plan is for:</p> <p>___/___/___ _____ _____</p> <p>Date of birth First name Last name</p> <hr/> <p>(other information, needs, requests)</p> <p>_____ ph: _____ ph: _____</p> <p>Printed name of the Parent/Guardian, if applicable</p> <p>_____ ph: _____ ph: _____</p> <p>Printed name of the Parent/Guardian, if applicable</p>
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