

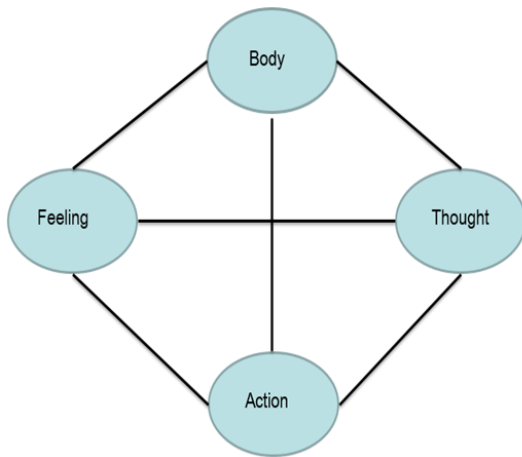
Name: _____
 DOB: _____
 MRN: _____

Date: _____

This plan is designed to help maintain my well-being and prepare me for times of high stress and/or crisis. It includes making my environment safe, identifies when I need help, and my coping strategies.

MAKING MY HOME SAFE
<input type="checkbox"/> Lock up all sharp objects, weapons, medications, choking items, and poisons
<input type="checkbox"/> Increase supervision
<input type="checkbox"/> Guardian will search child's room to ensure unsafe items are removed
<input type="checkbox"/> Follow daily routine
<input type="checkbox"/> Bedroom door remains open and bathroom door remains open/unlocked
<input type="checkbox"/>

Cognitive Behavioral Therapy Model: Helps me better understand the connections between my thoughts, feelings, body, and actions



COPING SKILLS & PROBLEM SOLVING	
What can I do on my own to make the situation better?	
<input type="checkbox"/> Draw/color	<input type="checkbox"/> Write in journal
<input type="checkbox"/> Listen to music	<input type="checkbox"/> Deep belly breaths
<input type="checkbox"/>	<input type="checkbox"/>
When my parents/caregivers notice my warning signs, what can they do to help?	
<input type="checkbox"/> Listen	<input type="checkbox"/> Spend one-on-one time
<input type="checkbox"/> Give space, but check in	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

FAMILY/FRIEND/COMMUNITY SUPPORTS

When my parents/caregivers and I struggle to resolve my crisis, who can we call for additional help?

Place/Name	Phone Number
1.	
2.	
3.	

UPCOMING APPOINTMENTS

Place/Name	Date/Time
1.	
2.	

If you or your parents/caregivers notice you are struggling or are in crisis, follow these steps:

1. Tell your parent/caregiver (or someone you trust) that you feel unsafe.
2. Parent/caregiver: ask your child how they are feeling.
3. Review the Crisis Management Plan and the intervention(s) you and your child learned (see below).
4. If you are still in need of help, call your child's outpatient mental health provider.
5. If you are in need of additional assistance call the Psychiatric Intake Response Center (PIRC) at 513-636-4124.
6. After you have tried numbers 1-4 above and feel you cannot keep your child safe call 911 or take your child to the nearest emergency room.

Name: _____
 DOB: _____
 MRN: _____

INTERVENTIONS (Please check all that apply)

- Cognitive Behavioral Therapy (CBT) Model – Diagram on page one.
 - Discussed the connection between thoughts, feelings, actions and body.
 - Outlined current symptoms and how a change in one area can impact the other areas.

- Behavioral Activation Intervention
 - Engaging in activities improves mood and combats negative thoughts.
 - Identify an activity you enjoy and identify a time to engage in the activity.
 - Specifically: _____

- Cognitive Intervention
 - Self-talk/Self instruction- change the inner dialogue: “just because _____ doesn’t mean _____.”
 - Specifically: _____

- Praise Intervention
 - Praise/attention given to a behavior increases the likelihood the behavior will occur more frequently.
 - Remember the behavior(s) you identified to work on and practice the strategies that you learned.
 - Always give Specific Praise for Compliance.
 - Specifically: _____

- Effective Directions
 - Avoid unnecessary commands, “information” questions and avoid “tone of voice” questions.
 - Specifically: _____

RESOURCES PROVIDED

Agency Name	Phone Number
1.	
2.	

ADDITIONAL COMMUNITY RESOURCES:

- National Suicide Prevention Lifeline: **1 (800) 273-TALK [8255]**
- Suicide Prevention Apps: **My3** <http://my3app.org/> | **A Friend Asks** <http://jasonfoundation.com/get-involved/student/a-friend-asks-app/>
- CCHMC Psychiatric Intake Response: **(513) 636-4124**
- Crisis Text Line: **text HOME to 741741**
- Trevor Project LGBTQ: **1-866-488-7386 or Text START to 678678**
or online **TrevorChat** at: <https://www.thetrevorproject.org/get-help-now/>
- Emergency Services: **911**

Name of persons completing form:

Patient: _____ Parent/Caregiver: _____

Clinician: _____ Other: _____