

Safety Plan

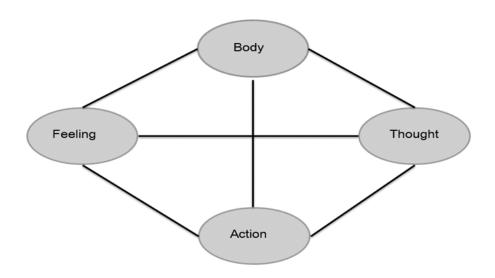
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Name:	
DOB:	
MRN:	

STEP 1: USE COPING STRATEGIES WHEN TRIGGERED

Physical signs	Emotional signs
(what does is look like when triggered)	(thoughts/feelings/statements when triggered)
Ex. "red face, sweaty clench fists"	Ex. "No one cares about me."

My coping skills	How others help me cope
Ex. Draw/color, listen to music, or journal	Ex. Listen, give 5 min break, Hug



STEP 2: DE-ESCALATION TECHNIQUES

- Listen to concerns without interruption or judgement
- Remind them of motivators and incentives
- Consider how the environment is impacting the child
- Give space, stand out of their reach
- Offer PRN (as needed) medication
- Keep firm limits, clearly explain expectations
- Avoid responding to verbal insults/inappropriate language
- Limit verbal communication, use soft voice
- Use distraction
- Validate feelings
- Provide caring gestures
- Help them communicate by requesting they use a 1-10 scale to rate symptoms







Safety Plan

Name:		
DOB: _		
MRN.		

STEP 3: CALL FRIEND/FAMILY MEMBER FOR SUPPORT Name Relationship Phone Number STEP 4: NOTIFY OUTPATIENT TEAM ALWAYS CALL 911 IN THE EVENT OF AN EMERGENCY OUTPATIENT TEAM Name Agency Phone/e-mail Next appointmer Case Manager Therapist Psychiatrist / Nurse Practitioner Primary Care Physician Caseworker (JFS/CPS) Other resources: ALTERNATIVE CRISIS LINE OPTIONS EMERGENCY SERVICES 911	Children's changing the outcome together		Page 2 of 2	DOD		
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