



SAFETY PLAN

This Safety Plan is a plan for safety between the below mentioned parties. This plan serves as a reminder and a reference for strategies and interventions to assist in avoidance of potentially high risk situations and should be evaluated and updated as needed by the parties named below.

This plan is assist: _____ age: _____

Partners in Safety/ Supports include:

Name relationship

Name relationship

Name relationship

Name relationship

Name relationship

The follow behaviors or concerns are identified as the behaviors in need of increased safety and support:

- _____
- _____
- _____
- _____

Identified risks observed prior to these behaviors:

- _____
- _____
- _____
- _____

Potential Risk Factors:

- _____
- _____
- _____
- _____
- _____
- _____



Interventions to be used:

- Built in daily Check-ins to ask about emotions and feelings; and reinforce relaxation techniques
- Practice of relaxation/grounding techniques (See Enclosed)
- _____
- _____
- _____
- _____
- _____
- _____

Plan of Action:

- **If there is an incident of violence, sexual inappropriateness, sexualized behaviors, or moderate to high level of aggression (i.e. injury, suspension, duration of over a 15min) a call will immediately be made to:**

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Additionally:

If behaviors escalate the following will be utilized for additional assistance.

<i>Natural Supports:</i>	
<i>Name:</i>	<i>Phone:</i>
<i>Name:</i>	<i>Phone:</i>
<i>Crisis Services: 716-834-3131</i>	
<i>Spectrum CARES Team 716-882-4357</i>	
<i>CPEP- 716-898-3465</i>	

If the situation escalates and threats are made to cause harm to self or others, the family should call 911 for assistance.

SAFETY IS NON-NEGOTIABLE.

I agree to follow with this safety plan and will communicate regularly with each of the supports identified to regularly monitor and evaluate its effectiveness.

I will refrain from any SELF HARM: If I feel as though I may Harm Myself I will utilize all the resources listed and immediately Call Crisis Services at 834-3131 or 911 or go directly to C-PEP

Action Plan: Please List who will do what; what steps will be taken to set plan in motion:

- Continued Regular attendance to counseling appointments
- _____
- _____
- _____

(Use reverse side if necessary)



Signatures and Date:

Attached for review/use: Relaxation Exercises; Grounding Techniques

Relaxation Techniques/Suggestions for handling strong emotions:

1.) Create an Image

The idea is to create in your mind any image that will remind you to **CONTROL YOUR IMPULSE!**

Clearly picture the image in your mind. Examples include pulling the leash of a dog that is running away, shutting a heavy gate or door, shutting yourself off from the destruction. Sometimes it is helpful to carry an object in your pocket that reminds you of the consequences of acting on your impulse

2.) Name 6 activities to distract yourself.

Choose whatever activities that will distract you from the impulse. Whatever you choose IT MUST TAKE AT LEAST 20 MINUTES TO DO! It takes this long for your body and brain to settle down after this animal-like urge or impulse has occurred.

3.) When feeling impulsive or feel the urge to act out, I will do the following to distract me from the impulse:

1. Listen to music
2. Exercise-sit ups, push ups, run up and down stairs
3. Take a shower, either hot or cold
4. Eat something very slowly
5. Read this plan out loud

Communicate my feelings, call a significant person, use my coping skills (journaling, reading, drawing and listening to music).

Whatever you do, use all of your senses-**TOUCH IT, HEAR IT, FEEL IT, SEE IT!**

4.) File it in the folder exercise

5.) Safe Place- Guided Imagery