

Family Crisis Plan

Green Zone:	What To Say	What To Do
<p>When my child feels well, they look like and behave like:</p>	<p>“How are things going?”</p> <p>“Please know that I am always here to talk and listen.”</p>	<ul style="list-style-type: none"> • Acknowledge successes, especially small ones. • Build a relationship outside of your child’s illness. • Have fun together. • Provide reassurance.
<p>Yellow Zone:</p> <ul style="list-style-type: none"> • Withdrawing from previous activities. • Mood changing often for no specific reason. • Increases in irritability, angry, or more argumentative. Changes in sleep and/or eating patterns. <p>EVENTS to watch for:</p> <ul style="list-style-type: none"> • School failures, recent losses, including friendship losses and being bullied. • Social media conflicts, social rejection. <p>*CONFLICT WITH PARENTS, often can be a trigger for Red Zone*</p>	<p>“You seem sad to me.” (angry/anxious/irritated) “Are you feeling that way?”</p> <p>“Let me know if you are feeling unsafe. I will not be upset; I want to help you.”</p> <p>“I love you.”</p> <p>“I am proud of you.”</p> <p>“You’re important to me.”</p> <p>“Let’s sit down and talk about what’s going on.”</p> <p>What questions work best for your child: (specify below)</p>	<ul style="list-style-type: none"> • Regularly check in with your child to see how they are doing (i.e., emotions, suicidal thinking, behavior changes). • Check in with child often to see how they are feeling. • Encourage positive peer relationships and activities. • Encourage engagement in family activities with each other. • Coach your child to use coping skills from recovery action plan. • If a pattern in behavior is noted and not improving, call child’s therapist or psychiatrist for guidance or to set up an appointment as soon as possible. • Establish a school/community contact, who can provide support to and touch base on a regular basis with your child.
<p>Red Zone:</p> <ul style="list-style-type: none"> • Talking, joking, writing, or drawing about suicide. • Actively engaged in self harm. • Shutting down or refusing to discuss any item. • Being contacted by 3rd party around safety concerns. • Child running away with suicidal thoughts. 	<p>“I love you and want to make sure you stay safe.”</p> <p>“How can I help you?”</p> <p>“Are you thinking about killing yourself? How would you do it?”</p> <p>“Remember that time you felt so bad? You got through it, and you can get through this too.”</p> <p>“Let’s talk when we’re calmer. (Attempt to decrease family conflict/arguments.)</p> <p>What words will you use during this time with your child? (specify below)</p>	<ol style="list-style-type: none"> 1. Ask calmly and directly about suicidal thoughts, plans, and intent. 2. I will coach them to use the coping strategies listed on their Recovery Action Plan. 3. If my child doesn’t respond to my direct inquiry about suicidal thoughts, I will wait 15 minutes (while still monitoring them) and then will re-ask the question, while expressing my love and concern. (Repeat the same process up to one hour.) 4. If my child does not communicate with me, I will suggest that they phone their therapist or the National Suicide Prevention Lifeline to talk anonymously. [800-273-TALK (8255)] 5. If they report or I observe my child starting to implement a specific plan for suicide, if they express the intent to carry out a plan, or express the inability to keep them self safe, I will take them to the nearest emergency room. If they refuse, I will call 911.
<p>ENSURE THESE ITEMS ARE DONE IMMEDIATELY:</p> <ul style="list-style-type: none"> • Do not allow child to leave home alone. • Do not allow child to isolate in room or other areas alone. • Give space while being watchful. 	<p>Emergency Numbers:</p> <p>Therapist: _____</p> <p>Psychiatrist: _____</p> <p>Psychiatric Emergency Services: <u>734-936-5900</u></p> <p>How we will communicate safety needs together as a family:</p>	