Family Crisis Plan

Green Zone:
When my child feels well, they look like and behave like:

Yellow Zone:
- 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.

EVENTS to watch for:
- School failures, recent losses, including friendship losses and being bullied.
- Social media conflicts, social rejection.

*CONFLICT WITH PARENTS, often can be a trigger for Red Zone*

Red Zone:
- 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.

What To Say | What To Do
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“How are things going?” | • Acknowledge successes, especially small ones.
“Please know that I am always here to talk and listen.” | • Build a relationship outside of your child’s illness.
“I love you.” | • Have fun together.
“I am proud of you.” | • Provide reassurance.

What To Do | What To Say
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• Regularly check in with your child to see how they are doing (i.e., emotions, suicidal thinking, behavior changes). | "You seem sad to me." (angry/anxious/irritated) “Are you feeling that way?”
• Check in with child often to see how they are feeling. | “Let me know if you are feeling unsafe. I will not be upset; I want to help you.”
• Encourage positive peer relationships and activities. | “I love you.”
• Encourage engagement in family activities with each other. | “You’re important to me.”
• Coach your child to use coping skills from recovery action plan. | “Let’s sit down and talk about what’s going on.”
• 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. | What questions work best for your child: (specify below)
• Establish a school/community contact, who can provide support to and touch base on a regular basis with your child. | “I love you and want to make sure you stay safe.”
• Do not allow child to leave home alone. | “How can I help you?”
• Do not allow child to isolate in room or other areas alone. | “Are you thinking about killing yourself? How would you do it?”
• Give space while being watchful. | “Remember that time you felt so bad? You got through it, and you can get through this too.”

ENSURE THESE ITEMS ARE DONE IMMEDIATELY:
- 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.

Emergency Numbers:

Therapist: ________________________________
Psychiatrist: _________________________________
Psychiatric Emergency Services: 734-936-5900

How we will communicate safety needs together as a family:
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 (82555)]
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.

Created by the Inpatient Child & Adolescent Psychiatry Discharge Planning Committee. Changes or alterations to this form are not to be made without the consent of Dr. Bernard Biermann or Nicole Figueroa. 12/18/2015