

Helping you create an effective plan: tips for youth/families

1. Select the format that works best for you or your family from the following options:
 - a) A formatted page with headings to help you
 - b) A blank page
 - c) A pocket plan that allows you to carry your plan with you
 2. Include what you know is most helpful for you now.
 3. Update your plan as you learn what is working, your goals change or you decide on new actions to take.
 4. As you complete your plan, consider including the following information:
 - list of people you can contact in a crisis (see **WHEN I NEED HELP, I CAN CALL**)
 - describe when you will use the plan and what you hope the plan will do (see **GOALS OF THIS PLAN**)
 - list actions you or other others are willing to take (see **WHAT I OR OTHERS CAN DO**)
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WHEN I NEED HELP, I CAN CALL:

*Is there anyone you feel you **MUST** notify if there is a crisis? (employer, school, other parent)*

Are there other people that may help calm the situation? (family, friend, neighbour, faith leader, Elder)

Are there any professionals you might want to contact? (current treatment provider, family doctor, community crisis service, hospital emergency department, poison control, 911)

Is there anyone to help you manage other priorities while you focus on the crisis (child care, pets, transportation, covering a shift, etc.)?

GOALS OF THIS PLAN:

I WILL USE THIS PLAN WHEN:

What would happen in the crisis situation, if the plan you made worked really well?

If you feel you cannot prevent a crisis, what is it you can do to reduce the chance of harm or injury?

What would you like to accomplish as a parent/guardian/family member in managing the crisis?

WHAT I AND/OR OTHERS CAN DO:

What things can you see yourself doing that will help you achieve your goal? Others?

What has worked in the past that you could try again?

What are the ways you think you and/or others could calm down the situation?

If you think about trying the actions, does it feel like they would work?

When I need help, I can call:

Name/role	Phone #	Name/role	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notes:

Goal of this plan is...

I will use this plan when...

_____	_____
_____	_____
_____	_____

What I and/or others can do

I want this plan to be shared with: _____ *

*Note that if you want the provider to share this plan consent must be provided.

[Empty rectangular box for sharing information]

I want this plan to be shared with: _____ *

*Note that if you want the provider to share this plan consent must be provided.

THE GOAL OF THIS PLAN IS:

I NEED TO USE THIS PLAN WHEN:

ACTIONS I CAN TAKE:

ACTIONS OTHERS CAN TAKE TO HELP ME:

WHO I AM...

NAME

ADDRESS

TELEPHONE

DATE OF BIRTH

OTHER IMPORTANT INFORMATION ABOUT ME:

SOME CONTACTS AND RESOURCES THAT ARE HELPFUL TO ME INCLUDE:

I want this plan to be shared with: _____*

*Note that if you want the provider to share this plan consent must be provided.