



Wraparound Safety and Crisis Planning

1. Basic procedure for safety crisis intervention in Wraparound planning
 - Anticipated crises are defined and clarified in the Family Team meeting with input from all members.
 - A Safety and Crisis plan is developed with the child and family in the meeting (see below).
 - Safety and Crisis plans are proactive and reactive.
 - Families and teams are instructed to practice with dry runs.

Crisis Definition and Clarification

1. Each member of the team, including all cross-systems members, Social Worker, school personnel, etc, puts his or her concerns on the table regarding what could go wrong.
2. There is a review of history because most crises have happened before.
3. The team should identify where its plans seem most vulnerable and what the possible consequences would be if the plan does not function.
4. Alternative strategies will need to be thought through as plan “B’s”.
5. Proactive plans include tangible or intangible supports that are expected to prevent a targeted crisis from happening.
6. Reactive plans are developed by the team to prepare for what action they will take if the crisis actually occurs.
7. After each crisis occurs, the team should convene within 48-72 hours to review whether or not the plan worked: if it was effective, and if it needs modification.
8. All changes to the plan need to be team-driven, and all members who are not present must be informed immediately so that everyone is on the same page.

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Other Vital Information

(Medications, unusual circumstances, hints, tips, etc.)

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Directions and Map

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EXAMPLE

Sharp: Family Safety Plan

Child's Name: Kid Sharp **Date of Birth:** Age 10

Family Address: _____ **Family Phone:** _____

Referring Agency and contact person: _____

Facilitator Name: Fanny Facilitator **Phone:** _____ **Pager #:** _____

TEAM MEMBERS	RELATIONSHIP	PHONE/PAGER #
Mom & Dad Sharp	Parents	
Sister Sharp	Sister	
Grandma Sharp	Grandmother	
Nice Neighbor	Neighbor	
Patty Principal	Principal at Kid's School	
Connie Counselor	Sister's School-based Therapist	
Medicine Man, MD	Psychiatrist	
Thelma Therapist	Family Therapist	
Sammy Supportalist	Family Specialist (Kid)	
Susie Specialist	Family Specialist (Sister)	

ANTICIPATED CRISIS	INTERVENTION PLAN
Kid becomes upset because he feels he is not being heard and/or he is not being taken seriously. He begins to use foul language, escalating to Suicidal Ideation, and makes suicidal/hopeless statements.	<ol style="list-style-type: none"> 1. Attempt to distract, divert attention to something he is interested in. 2. Give attention, ask about his day. 3. Try to get him to verbalize his feelings. 4. Remind him of his successes and that he has learned how to express his feelings without making suicidal threats.
Kid continues to escalate and begins grabbing sharp objects and attempting to cut himself or tries running into the street.	<ol style="list-style-type: none"> 1. Knives, scissors and other sharp objects to be kept in secure box with padlock. 2. When escalation begins, Mom to work with Kid and attempt to soothe, contain and restrain him if necessary for safety. 3. A safety check will be made and all other potentially dangerous items will be quickly collected and placed in locked box. 4. Mom will immediately call for backup if she is alone. If she feels she cannot keep situation safe until help arrives she will call 911.
*Remember to check on Sister. Sometimes she	

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<p>will be able to be helpful and sometimes her own issues will necessitate her being removed from the situation to avoid having both children in crisis at the same time. She can go to a neighbor's or Grandmother's. If these are not available, send staff to take her away from the situation.</p>	<ol style="list-style-type: none"> 5. Back ups are as follows according to expected response time: <ul style="list-style-type: none"> ➤ Dad and/or Sister ➤ Next door neighbor- Jun ➤ Grandmother ➤ Wrap program 6. Back ups will support Mom by doing the safety check and locking the items away, making necessary phone calls as the need arises and other tasks. 7. If Kid does not de-escalate call MH Crisis to assess for hospitalization criteria. If safety cannot be maintained, call 911 first and call Wrap program when able.
<p>Sister may feel suicidal, make veiled or direct suicidal threats, cut on herself or threaten to run away.</p> <p>(Remember to check on how Kid is doing when his sister is in crisis. Kid has been doing very well, but may need reminding that he has learned to manage his emotions safely and without resorting to suicidal threats.)</p>	<ol style="list-style-type: none"> 1. Knives, scissors and other sharp objects and pills to be kept in secure box with padlock. Other items will be secured as warranted. 2. Encourage her to talk and help her identify her feelings. 3. If she can't talk, give her some time and then try again. 4. She can talk with therapist, Connie during school hours and Thelma after school hours. 5. She can call Wrap program staff to talk. 6. She can go to Grandmother's or a neighbor's. First ask Mom if it is appropriate 7. If crisis continues to escalate send staff to home and assess if MH crisis should be deployed or 24 hour watch be put in place. 8. If she has made suicidal threat, veiled threat, superficial cuts on self, or behavior/mood warrants - call MH crisis or psychiatrist to assess. <u>Exception:</u> Non-bleeding scratches without accompanying Suicidal Ideation that she reports within 12 hours to appropriate adult (therapist, parent, specialist, etc.) 9. If she has ingested pills or made bleeding cuts take to ER. 10. If actively attempting to or has seriously cut self, call 911. 11. Remember to support parents in keeping to plan and remind them not to take things Sister says personally.

Program On-Call Pager # 555-5555
Monday-Friday 5pm – 9am, 24 hours on Weekends

Other Vital Information
(Medications, unusual circumstances, hints, tips, etc.)

- ◆ **Medications:** Kid - Tegretol 400mgs AM & PM; Trazodone 100 mgs PM; Seroquel 25 mgs PM; Prozac 20 mgs AM;
- ◆ Kid is currently doing very well. However, he has severe separation anxiety. Be very cautious about saying things about going to the hospital, etc.
- ◆ **Medications:** Sister – Tegretol XR 400 mgs AM & PM; Depakote 500 mgs PM; Wellbutrin SR 200 mgs AM, 150 mgs PM; Trazodone 100 Mgs PM; Seroquel 25 mgs PM.
- ◆ Sister can be very dramatic and doesn't always say what she means.
- ◆ Large dog in home. He will bark, but is friendly.

Map and Directions (Please include precise location of residence)
