**Safety Plan Template**

**Client**: Johnny Dangerous **Date of Report**: 11/13/17

**Author**: Bodacious Behaviorist, MS, BCBA **DOB of Client**: 12/11/90

**Author’s Signature**:

**Author Contact: (phone and email)**

Challenging Behavior(s): *Operationally define each behavior. Non-examples should be given when appropriate. Can be severe behaviors identified in the plan, or behaviors that are no longer targeted but that, if they did occur, would likely require interventions in this safety plan.*

Description of situations in which the challenging behavior typically occurs: *Identify general antecedents or triggers, as well as the specific times when staff are more likely to need to implement the procedures in this safety plan (e.g., he sometimes engages in aggression when told no, but is very likely to engage in aggression when denied certain requests).*

Common warning signs and/or precursor behaviors that indicate a crisis is imminent: *If known, identify less serious behaviors that often precede the problem behavior (e.g., begore aggressing, John frequently puts his head down or pulls his hood over his head).*

Identification of staffing needed to carry out crisis curriculum procedures: *Staff trained in the provider’s crisis procedures, specific staff who are better equipped (i.e., males only, females only, staff the individual has worked with longest) to de-escalate the situation or respond most effectively should the situation escalate.*

Identification of equipment necessary: *e.g., helmet, gloves, splints, mat*

Contact information for additional staff that may be available for assistance: *if your agency has a crisis response team, what number should be called (this is a very good idea, and should be developed if not already in place)*

Specific crisis curriculum techniques to use for each challenging behavior: *Behavioral consultants must work with the approved crisis management technique trainer to identify the exact procedure(s) that are appropriate for use with the client specified.*

Protocols to access community-based crisis services to include the Georgia Crisis Response System, access emergency room care or law enforcement, if the acute crisis presents a substantial risk of imminent harm to self and others: *e.g., staff should call the Georgia Crisis Response staff whenever possible in lieu of calling 911, staff may call 911 if there is a medical emergency or as a last resort if the individual poses a significant risk to of injury to self or others. Notify the agency director if the Crisis team or 911 is called.*

Procedures for debriefing and documentation: *A functionally appropriate debriefing should occur. Behavior that is attention-maintained may have a very brief debriefing that is temporally more distant from the event than the example described here.* *For individuals that cannot vocally communicate, the staff debriefing will suffice.*

* *Debriefing should be done by the most senior staff person present. The staff will lead a discussion on what led up to the event, what could have been done differently, and how staff or the individual felt about the situations.*
* *Debriefing should occur as soon as possible after the incident. However, staff should wait until the individual is calm enough to discuss issues surrounding the incident.*
* *Debriefing must be done in a positive, constructive manner.*
* *Specifically, when debriefing with the individual, the staff will ask the individual to describe how he/she felt about the situation. Additionally, they will ask the individual to describe what could have been done differently to avoid the situation and what he or she will do in the future in a similar situation.*
* *Debriefing will be documented on the incident report.*