Unit Guidelines

ORIENTATION

Electronic-free zone.
• All phones, iPods, etc. must be turned off and put away.
• Phones are available, if needed, for you to make one outgoing call each shift during free time. Please limit time to 5 minutes.
• Phone calls are monitored by nursing.

Keep it appropriate!
• Please stay to your own room, use furniture correctly, and keep any food to your area.
• Keep your phone number and social media information to yourself.
• Please keep your hands and feet to yourself.

Be respectful.
• Please keep language appropriate and respectful.
• Keep conversations away from drugs, alcohol, self-harming, sex, etc.
• Focus on your treatment and recovery!

Bed Times

<table>
<thead>
<tr>
<th>Ages</th>
<th>Sunday – Thursday</th>
<th>Friday and Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 – 8</td>
<td>8:30 p.m.</td>
<td>9 p.m.</td>
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<tr>
<td>9 – 12</td>
<td>9 p.m.</td>
<td>10 p.m.</td>
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<tr>
<td>13 – 17</td>
<td>10 p.m.</td>
<td>10:30 p.m.</td>
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</tbody>
</table>
Prepare for Safety Plan Review Meeting

What needs to change at home for you to remain safe?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What are you worried about happening at your meeting?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What do you think will go well in your meeting?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Complete on day of safety plan review meeting: Date: __/__/__ Time: ____

☐ Safety plan ________________________________________________________________

☐ Medications: Are you taking them? Do you feel good about the medications?

...........................................................................................................................................

☐ Thoughts of suicide and self-harm: Are you having any thoughts to hurt or kill yourself or others?

...........................................................................................................................................

☐ Are you feeling hopeful and positive today that you can stay safe and complete your safety plan if you feel overwhelmed in the future? (emotional check in)

...........................................................................................................................................
Treatment Tasks

**TASK:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How can I work on this task while here?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How can the treatment team help me with my tasks?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**TASK:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How can I work on this task while here?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How can the treatment team help me with my tasks?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Meet My Needs
How my support can help when I am feeling upset

When I am **Angry** my support can:

- **SAY**
  - _____________________________________________
  - _____________________________________________
  - _____________________________________________
  - _____________________________________________
- **DO**
  - _____________________________________________
  - _____________________________________________
  - _____________________________________________
  - _____________________________________________

When I am **Sad** my support can:

- **SAY**
  - _____________________________________________
  - _____________________________________________
  - _____________________________________________
  - _____________________________________________
- **DO**
  - _____________________________________________
  - _____________________________________________
  - _____________________________________________
  - _____________________________________________

When I am **WORRIED** my support can:

- **SAY**
  - _____________________________________________
  - _____________________________________________
  - _____________________________________________
  - _____________________________________________
- **DO**
  - _____________________________________________
  - _____________________________________________
  - _____________________________________________
  - _____________________________________________

Support Name: ________________________________
# How Awesome I Am

## Things I am good at:
- 1.
- 2.
- 3.

## What others like about me:
- 1.
- 2.
- 3.

## What I like about myself:
- 1.
- 2.
- 3.

## Challenges I have overcome:
- 1.
- 2.
- 3.

## Times I’ve made others happy:
- 1.
- 2.
- 3.

## What I value the most:
- 1.
- 2.
- 3.
Coping Skills

Practice makes perfect, and practicing coping skills while not actively in a crisis situation can help make them easier to use when needed.

Ask staff for exercises, worksheets and practice material to get started.

- Talk to friends
- Listen to music
- Do a puzzle or play a game
- Draw, color or paint

**Distraction**

- Do yoga or meditate
- Use your senses
- Practice grounding exercises

**Grounding**

- Go for a walk or run
- Scream into a pillow
- Let yourself cry
- Start journaling

**Emotional Release**

- Eat a balanced diet
- Go to your doctor appointments
- Stay active

**Health**

- Take a hot shower or bubble bath
- Cook a special meal
- Clean your room

**Self Care**

- List negative thoughts and reasons they may not be true
- Make a list of pros and cons

**Thought Challenge**

- Help someone else
- Pray
- Volunteer
- Do random acts of kindness

**Access Your Higher Self**

- Connect with nature
- Do breathing exercises
- Smell flowers
- Practice gratitude

**Mindfulness**
Identify Coping Skills

List below your favorite kinds of coping skills and some techniques or exercises you have done in the past or want to try.

<table>
<thead>
<tr>
<th>Coping Skill</th>
<th>(example) Grounding</th>
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</thead>
<tbody>
<tr>
<td>• Counting backward from 100 by 10</td>
<td></td>
</tr>
<tr>
<td>• 5-4-3-2-1 technique</td>
<td></td>
</tr>
<tr>
<td>• Progressive muscle relaxation</td>
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</table>

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</table>
Building Support

IDENTIFY SUPPORTS
List people, groups or communities that provide you with support.
• 1.
• 2.
• 3.

LIST HOW THEY HELP
Describe how the supports above help you or could help you.
• 1.
• 2.
• 3.

USE YOUR SUPPORTS
What specific steps could you take to use your supports more?
• 1.
• 2.
• 3.

GET HELP NOW
Could you supports above help with your current problem?
• 1.
• 2.
• 3.
Dealing with Anger

S.T.O.P.P. Exercise

<table>
<thead>
<tr>
<th>S.T.O.P.P. Steps</th>
<th>Example</th>
<th>Your Example #1</th>
<th>Your Example #2</th>
<th>Your Example #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notice that you are angry or upset.</td>
<td>I get angry when I have to put up my phone for the night.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Stop!</strong></td>
<td>Stop yelling at Mom and trying to get my phone back.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[STOP][1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take a breath.</td>
<td>Take five deep breaths.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observe thoughts, sensations, feelings, images around you.</td>
<td>I feel that I’ll miss out on what my friends will say on SnapChat. I worry that Mom won’t give it back.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pull back. What’s the bigger picture?</td>
<td>I was on the phone since this morning. Mom said I can use the phone tomorrow.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice what works.</td>
<td>Watch a couple of TV shows with Mom and bake cookies.</td>
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Modeled from [www.getselfhelp.co.uk](http://www.getselfhelp.co.uk) © Carol Vivyan 2011. Permission to use for therapy purposes. [www.get.gg](http://www.get.gg).
Gratitude Journal Exercise

• One good thing that happened to me today:

• Something good that I saw someone do:

• Today I had fun when:

• One good thing that happened to me today:

• Something good that I saw someone do:

• Today I had fun when:

• One good thing that happened to me today:

• Something good that I saw someone do:

• Today I had fun when:
Grounding Techniques

**The 5 Senses**

What is **1** thing you can taste?

What are **2** things you can smell?

What are **3** things you can hear?

What are **4** things you can feel?

What are **5** things you can see?

Work your way up the pyramid with this mindfulness exercise.

**Body Awareness**

*(Use physical sensation to get out of your head.)*

- *Bubble breathing: slow, deep breaths like you are blowing bubbles.
- *Take five long, deep breaths in through your nose and out through fish lips.

- *Stomp your feet on the ground like you are a giant.
- *Clench your hands into fists, then release. Repeat 10 times.
- *Reach over your head like you are touching the sky. Bring your arms down and shake them. Repeat five times.*
Breathing Exercises and Meditation

**Breathing Color**

Breath in **Blue:** close your eyes as the sensation of cool air comes through your mouth or nose.

Breath out **Red:** keep your eyes closed and feel the warm air blow out of your mouth or nose.

**Progressive Muscle Relaxation**

*Sit back or lie down. Tense each of the below muscle groups and hold for five seconds, then release.*

- **Feet**
  - Curl your toes tightly.

- **Calves**
  - Point or flex your feet.

- **Thighs**
  - Squeeze your thighs together tightly.

- **Shoulders**
  - Lift and squeeze your shoulders toward your ears.

- **Back**
  - Squeeze your shoulder blades together.

- **Torso**
  - Suck in your abdomen.

- **Arms**
  - Make fists and squeeze them toward your shoulders.

- **Hands**
  - Make a fist by curling your fingers into your palm.

- **Face**
  - Raise your eyebrows as far as you can.
Journaling