Housing First 4 Youth

Self-Help Plan

This template was developed to accompany
THIS is Housing First for Youth
Part 2 – Operations Manual.

Completed as Needed

Youth to Complete

Staff to Complete

Self-Help Plan

This form is designed to be completed in collaboration with the youth, for the youth, and can be updated as often as the youth desires and needs. A copy of the plan signed by the youth should be kept by staff and the youth should receive a copy for reference.

Self-Help Plans are used to guide youth through difficult situations and keep everyone involved safe. The goal is to help youth to work through challenges by creating space for reflection. Ultimately the plan should support youth by helping trusted people in their life to understand what they can do to support youth in their actions.

Types of risk-taking behaviours identified by the youth and support coach:
These behaviours can include…
- ❏ actions leading to injury or violence
- ❏ unsafe sexual practices/substance misuse
- ❏ actions that may harm you or others
- ❏ other risks identified by youth or staff ______________________________

Actions taken to minimize risk:
Can include…
- ❏ check-in times/self-care/coping strategies
- ❏ connecting with staff/natural supports/other trusted individuals
- ❏ means for identified supports to connect
- ❏ other initiatives identified by youth or staff

Who will support these safety measures:
Identify…
- ❏ who can help you reduce risks?
- ❏ how will they help protect you?
- ❏ when they will intervene?
- ❏ other felt needs

Ongoing support from staff:
***WILL** include…*
- ❏ all required notifications/documentation
- ❏ Distress Center/Shelter
- ❏ CIR
- ❏ other actions staff may take ____

Ongoing contributions from youth: **We always want to make sure you are safe and okay, so we won't stop checking in because we care**

***WILL** include…*

- ❏ planned check-ins/debriefing
- ❏ planned mental health/addiction support
- ❏ housing plans/revisiting goal plan
- ❏ other actions youth may take

	Signatures	**Date (MM/DD/YY)**
Youth:		
Program Staff:		
Team Lead/Manager:		

MtS Self-Care Plan

Having a self-care plan can guide you through difficult times and keep you safe by helping you to understand yourself better. It can also signify to others the things they should or should not do that will be helpful to you in your situation. It will be important to share this plan with those people that you find supportive, so they know how to help you when difficult situations arise. If your needs or triggers change, you can always revise this plan with your support person.

TRIGGERS - *Things That Set Me Off*

☐ Not being listened to
☐ Feeling bothered by noise
☐ Feeling lonely
☐ Being stared at
☐ Particular person: ____________
☐ Being touched
☐ Arguments
☐ Lack of respect for privacy
☐ Not having control
☐ Feeling hungry
☐ Suffering uncontrollable symptoms of my illness
☐ Feeling pressured/stressed by high expectations

☐ Darkness
☐ Contact with Family
☐ Particular time of day: _________
☐ Being teased
☐ Feeling angry at people
☐ Yelling
☐ Having unwanted visitors
☐ Being bored
☐ Feeling overcrowded
☐ Feeling tired/not having slept
☐ Environmental stressors
☐ Having my personal space violated
☐ Communication barriers

☐ Feeling isolated from community/family/friends/support network: ____________________
☐ Feeling ignored
☐ Violent TV shows/movies/news
☐ Violent video games
☐ Particular time of year: ________
☐ Feeling overwhelmed
☐ Feeling scared
☐ Feeling like I'm not included in decisions regarding my care
☐ Being around people who are using
☐ Other: ____________________
☐ Other: ____________________

WARNING SIGNS - *How I Show I Am Feeling Unwell or Starting to Lose Control*

Bodily Sensations

☐ Headache
☐ Racing heart/heart palpitations
☐ Tension in the neck
☐ Sweat
☐ Breathing hard
☐ Red face
☐ Clenching teeth
☐ Other: ____________________

Emotions

☐ Sad
☐ Nervous
☐ Angry
☐ Suicidal
☐ Other: ____________________

Thoughts

☐ Feeling unsafe
☐ Revisit painful experiences from the past
☐ Feel the need to use substances
☐ Other: ____________________

Behaviors

☐ Raise my voice
☐ Pacing
☐ Bouncing leg
☐ Don't eat
☐ Over-eat
☐ Isolating/avoiding people
☐ Swear
☐ Self-harm
☐ Acting hyper
☐ Being rude

☐ Singing inappropriately
☐ Wringing hands
☐ Crying
☐ Not taking care of myself
☐ Sleeping a lot
☐ Sleeping less
☐ Rocking
☐ Squatting
☐ Restlessness (can't sit still)
☐ Damaging things

☐ Laughing loudly/giddy
☐ Losing my temper
☐ Acting out aggression (assault/fighting)
☐ Threatening others
☐ Running away
☐ Using substances
☐ Using alcohol
☐ Other: ____________________
☐ Other: ____________________
☐ Other: ____________________

SELF INTERVENTIONS – *Things I Can Do to Help Myself Calm Down and Feel Safe*

Art Activities

☐ Painting
☐ Drawing
☐ Molding clay
☐ Making a collage
☐ Mindfulness coloring

Exercise & Leisure

☐ Going for a walk/fresh air
☐ Relaxation breathing techniques/meditation
☐ Listen to music
☐ Reading a book/magazine
☐ Writing (journal, stories etc.)
☐ Playing video games
☐ Watching a movie
☐ Playing cards/board game
☐ Praying/spiritual activity

Substance Use

☐ Smoking a cigarette
☐ Using marijuana
☐ Using alcohol
☐ Using other substance: ________

Physiological/Sensory

☐ Lying down
☐ Taking a hot shower/bath
☐ Taking a cold shower
☐ Holistic/Alternative medicine
☐ Using cold face cloth
☐ Crying
☐ Hugging a stuffed animal
☐ Weighted blanket/being squeezed tight
☐ Holding ice in hand
☐ Cold water on hands
☐ Drinking hot herbal tea
☐ Pacing
☐ Using a rocking chair
☐ Doing jobs/chores
☐ Nutritional comfort food
☐ Ripping paper
☐ Bouncing a ball
☐ Punching a pillow
☐ Snapping bubble wrap
☐ Screaming into a pillow

Cognitive

☐ Reminding myself of my long-term goals
☐ Separating myself from a stressful situation
☐ Humor
☐ Being read a story
☐ Distract myself with positive memories/thoughts
☐ Affirmations

Social

☐ Call a crisis line
☐ Sitting with another person
☐ Being with my pet
☐ Talking with a trusted person (e.g. family, friends, peer support)
☐ Taking a time out
☐ Male staff support
☐ Female staff support
☐ Being around others/staff
☐ Speaking with my therapist

☐ Other: ________________________

SELF INTERVENTIONS – *Things I Should Avoid Doing*

☐ Be alone
☐ Be around people
☐ Watch sad movies/TV shows
☐ Watch violent movies/TV shows
☐ Other: ________________________

☐ Play violent video games
☐ Use alcohol
☐ Use other substances: _________
☐ Listen to aggressive music
☐ Other: ________________________

☐ Go on social media
☐ Be around weapons/dangerous objects
☐ Be in contact with a particular person: ____________________________

OTHER INTERVENTIONS – *Things Others Can Do to Help Me Calm Down and Feel Safe*

☐ Offer me my medication
☐ Give me a hug
☐ Give me space
☐ Ask me if I am OK
☐ Try and make me laugh
☐ Listen to me
☐ Speak in a calm and respectful tone
☐ Ask if there is anything they can do to help
☐ Call emergency services or crisis line

☐ Try and understand what is going on for me
☐ Play my favorite video or song
☐ Ensure that my physical environment is safe
☐ Keep things away from me that I might use to harm myself (e.g., razors, lighters)
☐ Offer me a hot drink
☐ Suggest that I go take a walk, shower etc.
☐ Ask if they should contact anyone for me
☐ Other: ________________________

OTHER INTERVENTION – *Things Others Should Avoid Doing*

☐ Be disrespectful
☐ Remind me of the rules
☐ Use loud tone of voice
☐ Touch me
☐ Call emergency services

☐ Ignore me
☐ Not listen to me
☐ Make jokes
☐ Tease me
☐ Ask me if I've taken my medication

☐ Tell me to relax
☐ Tell me it's going to be OK
☐ Minimize the problem
☐ Leave me along
☐ Talk about mental health

PLACES TO GET HELP – *Where Can I Go At Night or During the Day to Get Help?*

☐ Friend/Family Member's House
☐ Hospital
☐ Crisis Centre
☐ Community Centre
☐ Police

☐ Walk-in Clinic
☐ Library
☐ Drop-in Counselling
☐ School

☐
☐
☐
☐

REASONS FOR PUSHING THROUGH (e.g. people, pets, future goals, school, career, travel)

My People

*MY PEOPLE – those who I can count on to support me when I am feeling unwell or losing control. (*Support can come in many forms, think about how the people in your life support you in different ways.)*	
Someone who can take my mind off things…. Name: Contact Number: Name: Contact Number:	***Someone who is a good listener…*** Name: Contact Number: Name: Contact Number:
Someone whose place I can crash at any time…. Name: Contact Number: Name: Contact Number:	***Someone who can help me with practical things…*** Name: Contact Number: Name: Contact Number: