

SAFETY PLAN

This document should be reviewed with Facilitators and Elders before the first session

The Listening to One Another Program focuses on positive mental health promotion. As a program facilitator, it is important to remember that your role is NOT to provide mental health counseling services. Rather, your job is to support participants' wellness through the delivery of the program.

LOW LEVEL

A participant is upset or distressed

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| <ol style="list-style-type: none"> 1. Remain calm, offer reassurance and support 2. Ask the participant to breath deeply, count to ten, or take time out 3. You may ask the Elder to talk with the participant | <ol style="list-style-type: none"> 4. If it is a youth, inform her/his guardian 5. To shift the focus, you may move on to the next activity 6. At the end of the session, you might talk about the event with the participant |
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MEDIUM LEVEL

A participant is extremely emotional

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| <ol style="list-style-type: none"> 1. Remain calm and tell participants that it is normal that sometimes someone can feel overwhelmed by feelings 2. Gently direct the participant aside to a private area and let the rest of the group continue with the week's session 3. At this point, you can give the participant one-on-one attention | <ol style="list-style-type: none"> 4. Remind yourself about the possible resources that are available in the community (see item 3) and use them immediately if the situation requires 5. File an incident report |
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HIGH LEVEL

A participant is visibly endangering her/himself or others

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| <ol style="list-style-type: none"> 1. Remain calm and make sure that all participants are safe 2. Call Emergency Responders | <ol style="list-style-type: none"> 3. File an incident report |
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Please take time to identify emergency and/or mental health treatment resources in your area. As necessary, refer the youth/guardian to the appropriate resource; if you have a cell phone, each one of the following phone numbers should be entered in your contact list and easily accessible.

RESOURCE LIST

Resource Name	Brief Description	Phone Number
1.		
2.		
3.		
4.		