

Name: _____

Date: _____

Reviewed by: _____

My Emotional Regulation Plan

Behavior concerns: These are behaviors I sometimes show, especially when I am stressed

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Losing my temper | <input type="checkbox"/> Fighting/hurting people | <input type="checkbox"/> Withdrawing | <input type="checkbox"/> Using alcohol or drugs |
| <input type="checkbox"/> Running away | <input type="checkbox"/> Injuring myself | <input type="checkbox"/> Feeling suicidal | <input type="checkbox"/> Threatening others |
| <input type="checkbox"/> Swearing | <input type="checkbox"/> Damaging property | <input type="checkbox"/> Throwing things | <input type="checkbox"/> Attempting suicide |
| <input type="checkbox"/> Leaving the classroom | | | |

Other: _____

Triggers: When these things happen, I am more likely to feel unsafe and upset

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Not being listened to | <input type="checkbox"/> Feeling pressured | <input type="checkbox"/> Being touched | <input type="checkbox"/> People yelling |
| <input type="checkbox"/> Feeling lonely | <input type="checkbox"/> Feeling left out | <input type="checkbox"/> Being stared at | <input type="checkbox"/> Teasing |
| <input type="checkbox"/> Not having a say | <input type="checkbox"/> Particular class/subject | <input type="checkbox"/> Contact with: | <input type="checkbox"/> Not understanding work |
| <input type="checkbox"/> Arguments | <input type="checkbox"/> Particular time of day | | |

Other: _____

Warning signs: These are things other people may notice me doing if I begin to lose control

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Red face | <input type="checkbox"/> Acting hyper | <input type="checkbox"/> Being rude |
| <input type="checkbox"/> Singing/humming | <input type="checkbox"/> Breathing heavy | <input type="checkbox"/> Wringing hands | <input type="checkbox"/> Swearing |
| <input type="checkbox"/> Pacing | <input type="checkbox"/> Becoming very quiet | <input type="checkbox"/> Loud voice | <input type="checkbox"/> Bouncing legs |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Hygiene issues | <input type="checkbox"/> Clenching teeth | <input type="checkbox"/> Rocking |
| <input type="checkbox"/> Squatting | <input type="checkbox"/> Damaging things | <input type="checkbox"/> Hurting myself | <input type="checkbox"/> Isolating/avoiding others |

Other: _____

Possible ways to regulate my feelings: These are things that might help me calm down and keep myself safe when I'm feeling upset

✓ what works ☆ what to try

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Time to myself | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Singing softly | <input type="checkbox"/> Sitting with staff |
| <input type="checkbox"/> Pacing in private | <input type="checkbox"/> Talking with a support person | <input type="checkbox"/> Coloring, playing with clay | <input type="checkbox"/> Reading a book |
| <input type="checkbox"/> Run, fast walk, jumping jacks | <input type="checkbox"/> A cold splash of water | <input type="checkbox"/> Writing in a journal | <input type="checkbox"/> Punching a pillow |
| <input type="checkbox"/> Humor | <input type="checkbox"/> Push-ups, sit-ups | <input type="checkbox"/> Bouncing a ball | <input type="checkbox"/> Drawing |
| <input type="checkbox"/> Being around other people | <input type="checkbox"/> Hugging a stuffed animal | <input type="checkbox"/> Playing cards | <input type="checkbox"/> Talking to staff: |
| <input type="checkbox"/> Holding an ice cube | <input type="checkbox"/> Deep breathing | <input type="checkbox"/> Calling: | <input type="checkbox"/> Using the sensory room |
| <input type="checkbox"/> Speaking to my therapist | <input type="checkbox"/> Lying down | <input type="checkbox"/> Snapping a rubber band | <input type="checkbox"/> Using the gym |
| <input type="checkbox"/> Being in nature | <input type="checkbox"/> My designated safe space: | <input type="checkbox"/> Telling myself to relax | <input type="checkbox"/> Hearing hopeful messages |
| <input type="checkbox"/> Rocking or swinging | | | |

Other: _____

Things that make it worse for me: These are things that do NOT help me calm down or stay safe

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Being alone | <input type="checkbox"/> Being around people | <input type="checkbox"/> Humor | <input type="checkbox"/> Not being listened to |
| <input type="checkbox"/> Peers teasing | <input type="checkbox"/> Being disrespected | <input type="checkbox"/> Loud tone of voice | <input type="checkbox"/> Being ignored |
| <input type="checkbox"/> Having staff support | <input type="checkbox"/> Talking to an adult | <input type="checkbox"/> Being touched | <input type="checkbox"/> Being reminded of the rules |

Other: _____

Guidelines for using Emotional Regulation Action Plans

This plan can be used with any student showing frequent behavior issues, frequent office referrals, frequent contact with counselors, and re-entry from a community-based facility. As much as possible, we want the young person to have ownership of their own plan, rather than seeing it as some kind of routine paperwork they are required to do with the adults working with them. Give encouragement and validation if working through this plan together. Others may want to take the form and fill it out on their own and then consult with staff. A combination can work also.

Basic guidelines:

- This plan belongs to the young person and should be developed with the student during a period of calm and emotionally regulated.
- It should be done between the young person and a person or people with whom there is a relationship or a sense of trust if at all possible.
- The entire "team" need not be assembled for this to happen.
- The support team is intended to encourage the student to identify those people that will be most helpful in highly stressful moments.
- Take time to record contact information, so that additional people can be included beyond emergency contacts identified at enrollment.
- Parents/caregivers are essential in co-planning to improve the effectiveness of this plan.
- All those identified as on the student's "team" should be notified as such and given a copy of the plan with 24 hours of creation.
- The plan should be reviewed monthly between the student and the adult guide.
- It should also be taken out when an adult notices the student is exhibiting warning signs and after any outburst, after the student has returned to baseline.
- As an ongoing well-being plan, things can be added that are identified as triggers or supports, and things can be removed if found to be not accurate or unsuccessful.
- The plan should grow with the student.
- Strategize on how this plan could be accessed easily by key support team members electronically.
- For a student who has an IEP, consider the need for re-convening the team and/or updating the Behavior Intervention Plan to include this new emotional regulation plan.